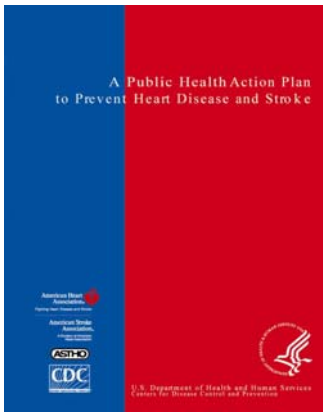


A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

Translating the Plan into Action

Public health experts, key partners, and heart disease and stroke prevention specialists participated in extensive collaboration to create a comprehensive plan that addresses the need for action in curbing the epidemic of heart disease and stroke in America and the world. As a result, *A Public Health Action Plan to Prevent Heart Disease and Stroke* was released and first disseminated in April 2003.

The **purpose** of the *Action Plan* is:

> "to chart a course for the Centers for Disease Control and Prevention (CDC) and collaborating public health agencies, with all interested partners and the public at large, to help in promoting achievement of national goals for preventing heart disease and stroke over the next two decades – through 2020 and beyond." (Page 1)

The *Action Plan* is driven by **two fundamental requirements** and **five essential components** that together define **seven action areas** (see Figure 1):

1. Effective communication
2. Strategic leadership, partnership, and organization
3. Taking action
4. Strengthening capacity
5. Evaluating impact
6. Advancing knowledge through prevention research
7. Engaging in regional and global partnerships

Implementing the *Action Plan*:

Early in the course of disseminating the *Action Plan*, a practical implementation strategy was developed. This process, building on collaboration among *Action Plan* partners, established priorities and set forth immediate goals.

As part of this process, the **National Forum for Prevention of Heart Disease and Stroke** was reconvened in April 2003. The **National Forum**:

- Comprises over 100 representatives from national and international organizations, from multiple sectors and constituencies
- Serves as the principal vehicle for implementing the *Action Plan*

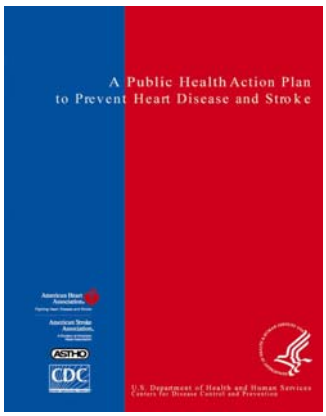
Translating the plan into action:

- 75 **proposed action steps** were derived from the complete *Action Plan*
- 22 **priority action steps** were identified by the Working Group and presented to the National Forum for discussion in April 2004
- 8 **concrete tasks** were selected as the principal focus of National Forum activities through April 2005

The identified concrete tasks, as well as certain of the additional priority action steps, are now being undertaken through the efforts of the National Forum and other partners.

Figure 1: The 7 thematic areas of the *Action Plan*

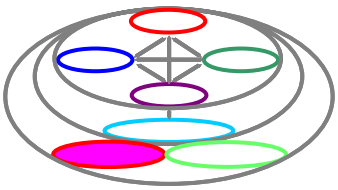
A full report of the translation process is available in the related document, *Setting Priorities for Implementation of A Public Health Action Plan to Prevent Heart Disease and Stroke* – prepared for CDC by Concept Systems, Inc., August 2004.



A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

Guidance for Task Groups

Task 1: Effective Communication



Effective Communication

Action: Establish a media task force
Task: Develop a long-term information strategy
Outcome, April 2005: Presentation of a comprehensive communications plan

Rationale

This task is intended to advance implementation of the *Action Plan* by addressing the need for communications approaches that will effectively provide information and education to the public, health professionals, and policy makers about heart disease and stroke. Such improvements are needed to address prevention of heart disease and stroke – its urgency, its promise, and the cost of failing to take needed action now.

What success will look like

A proposal for improved communication will include a *review of the major current communication strategies at the national level* relating to prevention of heart disease, stroke, atherosclerosis, and hypertension, including risk factor prevention, detection and control; *preliminary identification of the principal messages needed* (e.g., those emphasizing investment in prevention, desired action at personal, health professional, and policy levels, etc.); and a recommended *long-term information*

strategy for creating and disseminating these and subsequently developed messages. This proposal should anticipate, but is not yet expected to address, the other priority action steps in the area of effective communications: creating a social marketing strategy, gaining consensus on key messages across state and national levels, and sharing information about effective materials and campaigns. Finally, *strategies to achieve implementation and estimated resource requirements* (e.g., budget, personnel, and training) should be addressed.

The place of this task in the larger picture

The place of this specific task in the broader context of e*ffective communication* is shown in the attached summary. The many potential linkages of this task with the other themes of the *Action Plan* are illustrated by the following:

Strategic leadership, partnerships, and organization – Improved communication strategies can make leadership more compelling, partnerships more concretely focused on marketing strategies, and organizations more accountable in terms of effective messages for target audiences.

Taking action – Priorities for policies and programs can be defined and articulated more rigorously when effective marketing strategies are in place to target policy makers. Effective communications could contribute importantly to the process of setting objectives for Healthy People 2020, by putting heart disease and stroke in the forefront as a priority for planners.

Strengthening capacity – A more effective communication strategy will support public health agencies and their partners in building public health infrastructure and will call on them to develop and maintain stronger competencies in communication.

Evaluating Impact – Moving beyond the conventional age-standardized mortality data as a measure of disease burden, for example, by use of age-specific incidence and quality of life data for each major stratum of the population, can aid greatly in communicating the importance, urgency, and potential measurable impact of heart disease and stroke prevention.

Advancing knowledge – As the needed research on questions of program evaluation and policy development is carried out, its results can be translated into public information and advancement of policy more quickly with effective communication strategies in place.

Engaging in regional and global partnerships – Sharing effective communication strategies to regional and global partners will support efforts in heart disease and stroke prevention everywhere. Common communications systems will in turn facilitate collaboration and communication among regional or global partners.

Approach to the task

While the approach to be taken should be determined by judgment of the leaders and members of the task group, the following suggested ten-step list may be helpful:

1. Define the scope of activity to be pursued through April 2005, within the overall statement of the task, above.
2. Prepare a preliminary outline of the anticipated report.
3. Identify the main source materials that will support the group's work.
4. Take account of related work by others, whether completed or in progress.
5. Consider whether expertise or consultation beyond the task group will be needed, whether within the National Forum or beyond, and arrange to obtain the needed input.
6. Divide responsibilities for components of the work among all members of the group.
7. Utilize CDC support staff to assist in logistics and communications.
8. Maintain frequent contact with the group and monitor progress, including a cumulative record of meetings and accomplishments.
9. Draft the task group report.
10. Present the report to the 3rd National Forum, April 2005.

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A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

The Context of the Concrete Tasks
Task 1: Effective Communication

Action:	Establish a media task force
Task:	Develop a long-term information strategy
Expected Outcome:	Presentation of a comprehensive communication plan

The above task is 1 of the 8 concrete tasks for the National Forum to implement during the current year. This task emerged from 1 of 4 priority action steps in the area of *effective communication* designated by Working Group 4 in January 2004. These 4 action steps are to:

- ***Establish a media task force to assess requirements and set the agenda for a long-term national information strategy conveying the urgency and feasibility of prevention and reaching the public, health professionals, policy makers and other key stakeholders.

- Create a social marketing strategy to identify audiences, craft clear and compelling messages, and determine the most effective media channels.

- Gain consensus across state and national levels on consistent media messages that will create public demand for heart-healthy options.

- Share information, research and experience about effective educational materials and campaigns.

***** denotes the selected concrete task for immediate implementation

Task 1 and its related priority action steps were developed from the following recommendation in the full *Action Plan*:

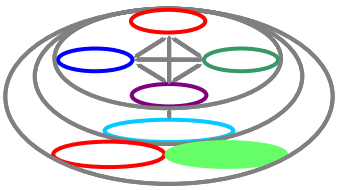
> "The urgency and promise of preventing heart disease and stroke and their precursors (i.e. atherosclerosis, high blood pressure, and their risk factors and determinants) must be communicated effectively by the public health community through a new long-term strategy of public information and education. This new strategy must engage national, state, and local policy makers and other stakeholders." (page 46)

The background of this task can be found in *A Public Health Action Plan to Prevent Heart Disease and Stroke* in Section 3. Recommendations, p. 46, and Section 4. Implementation: Mobilizing for Action, pp. 57-58.

A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

Guidance for Task Groups

Task 2: Strategic Leadership, Partnership and Organization



Strategic Leadership, Partnership and Organization

Action:	Convene public health agencies at national, state and local levels
Task:	Develop implementation plans at state and local levels, to include fostering within-agency collaborations and assessment of the competencies needed for creating and maintaining strong partnerships
Outcome, April 2005:	Presentation of a progress report including examples of state and local implementation, internal and external agency collaborations, and an inventory of needed competencies, with a plan for periodic convening of public health agencies

Rationale

This task is intended to advance implementation of the *Action Plan* by fostering development of implementation plans at the state and local community levels. By citing examples of successful implementation and collaboration, and by addressing competencies specifically for convening and leading partnerships for heart disease and stroke prevention, completion of this task will help to position health agencies and their partners to take the needed leadership roles. It will also set the stage for organizational change to establish a focal point for CVH within each health agency.

What success will look like

The report will include an *assessment of existing implementation plans and current activities* of public health agencies at state and local levels in heart disease and stroke prevention. Strengths and limitations of leadership, partnerships, and internal collaboration and organizational arrangements for these prevention activities will be addressed. Competencies needed to enhance effective leadership by public health agencies will be a particular focus. Guidance can be offered to state and local public health agencies in effective development and implementation of their own plans At the present stage a comprehensive assessment is unlikely to be feasible as the basis for this early report; rather, illustrative examples will serve to guide current thinking and to shape further assessment, to be considered subsequently. Ultimately, best practices can be identified that will make health agencies in general more effective in the roles required for successful long-term intervention to prevent heart disease and stroke.

The place of this task in the larger picture

The place of this specific task in the broader context of *strategic leadership, partnerships, and organization* is shown in the attached summary. The many potential linkages of this task with the other themes of the *Action Plan* are illustrated by the following:

Effective communication – The right messages communicated effectively will aid in mobilizing support for public health leadership, stimulating growth and maturation of partnerships, and developing improved organizational arrangements for heart disease and stroke prevention. Newly energized and supported public health agencies, effectively convening and leading appropriate partnerships, can contribute importantly to the task of devising and implementing needed communication strategies.

Taking action – Opportunities for effective action will become clearer as state and local leadership, partnerships, and organizational arrangements are enhanced and well-guided partnerships become engaged in identifying and prioritizing these opportunities.

Strengthening capacity – While the present task addresses capacity in terms of leadership, partnerships, and organization, and the specific competencies needed in these areas, additional capacity development in the several areas of competency addressed in the *Action Plan* will add to the readiness of public health agencies to take on their expected new roles. And as leadership, partnerships, and organizational arrangements for heart disease and stroke prevention become more fully established, the need for strengthening capacity in public health agencies will become more widely recognized and more adequately supported.

Evaluating Impact – Improved data systems and utilization can make leadership better informed, partnerships more concretely focused on outcomes, and organization more accountable in terms of relevant indicators of effectiveness of policies and programs. Effective public health leaders will be better able to make the case for improvement of health data systems, in turn.

Advancing knowledge – More effective leadership, partnerships, and organization will better enable articulating the policy issues that require further research and to argue for timely implementation of the evolving research agenda. Based on the results of continuing research, informed leaders and constituencies will be prepared to put new knowledge to work more rapidly and effectively than in the past.

Engaging in regional and global partnerships – Regional and global dimensions of heart disease and stroke place especially great reliance on leadership, partnerships, and organizational strengths of public health agencies. Advances in this area as a result of task 2 and its subsequent development will contribute importantly to partnership activities beyond the national scale alone. Widespread collaboration in heart disease and stroke prevention will accelerate and streamline this work through sharing of knowledge, experience, and resources.

Approach to the task

While the approach to be taken should be determined by judgment of the leaders and members of the task group, the following suggested ten-step list may be helpful:

1. Define the scope of activity to be pursued through April 2005, within the overall statement of the task, above.
2. Prepare a preliminary outline of the anticipated report.
3. Identify the main source materials that will support the group's work.
4. Take account of related work by others, whether completed or in progress.
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9. Draft the task group report.
10. Present the report to the 3rd National Forum, April 2005.

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The Context of the Concrete Tasks

Task 2: Strategic Leadership, Partnerships and Organization

Action:	Convene public health agencies at national, state and local levels
Task:	Develop implementation plans at state and local levels, to include fostering within-agency collaborations and assessment of competencies needed for creating and maintaining strong partnerships
Expected Outcome:	Presentation of a progress report including examples of state and local implementation, internal and external agency collaborations, and an inventory of needed competencies, with a plan for periodic convening of public health agencies

The above task is 1 of the 8 concrete tasks for the National Forum to implement during the current year. This task emerged from 1 of 4 priority action statements in the area of *strategic leadership, partnerships, and organization* designated by Working Group 4 in January 2004. These action statements are:

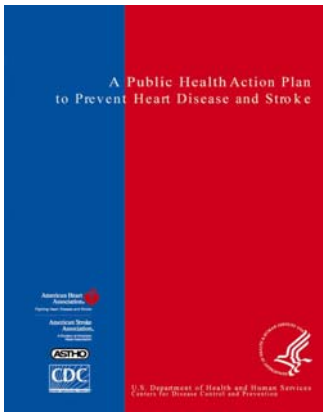
- Broaden, strengthen, and sustain multi-sector, inclusive public health partnerships and CVH policy coalitions for implementing and institutionalizing the *Action Plan*.
- *Convene public health agencies to help develop implementation plans at national, state and local levels.
- Foster collaboration within state health departments among complementary CVH-related programs.
- Acquire organizational skills and competencies in new approaches to communication, collaboration and negotiation to create and maintain strong partnerships.

***** denotes the selected concrete task for immediate implementation

Task 2 and its related priority action steps were developed from the following recommendation in the full *Action Plan*:

> "The nation's public health agencies and their partners must provide the necessary leadership for a comprehensive public health strategy to prevent heart disease and stroke." (page 46)

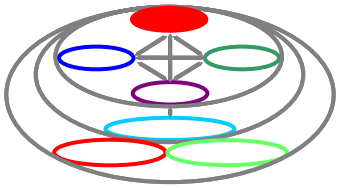
The background of this task can be found in *A Public Health Action Plan to Prevent Heart Disease and Stroke* in Section 3. Recommendations, pp. 46-47, and Section 4. Implementation: Mobilizing for Action, pages 58-59.



A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

Guidance for Task Groups

Task 3: Taking Action



Taking Action

Action:	Commission a group to address priority policies for heart disease and stroke prevention
Task:	Create an inventory and prioritize policies, in relation to the *Action Plan* framework, in one or more areas specific to heart disease and stroke prevention
Outcome, April 2005:	Presentation of identified policies and proposed priorities for implementation and support through state and local action, communications, and other means

Rationale

This task is intended to advance implementation of the *Action Plan* by stimulating and supporting policy development in cardiovascular health promotion and cardiovascular disease prevention at national, state, and local levels. Alignment of identified policy options with the *Action Plan* framework is encouraged in order to track the range of potential areas of policy development that is addressed. Although a comprehensive policy profile is the ultimate goal, a selective approach to one or more distinct policy areas may be more practical for the immediate phase of this task.

What success will look like

A valuable first product of this task will be a *listing of policy initiatives* derived from current experience. *Priorities should be assigned* (by category, if not individually) to the listed policies as to their potential for immediate implementation and impact. Existing *policies across a variety of sectors* potentially relevant to heart disease and stroke prevention (e.g., health care, education, agriculture, transportation, community planning,

etc.) will add value to the initial report. S*trategies for facilitating adoption of the prioritized policies* at the national, state, and local levels should also be addressed. This phase will set the stage for a more comprehensive policy assessment, establishment of a clearinghouse to maintain current information on new policy initiatives, and development of research and demonstration activities to evaluate the impact of policy change.

The place of this task in the larger picture

The place of this specific task in the broader context of *taking action* is shown in the attached summary. The many potential linkages of this task with the other themes of the *Action Plan* are illustrated by the following:

Effective communication – Establishing a prioritized list of pertinent policies will support creation and reinforce dissemination of consistent messages across audience sectors.

Strategic leadership, partnerships, and organization – A prioritized policy plan can help make leadership, partnerships, and organizations at all levels more focused on implementing the most promising policies and programs for heart disease and stroke prevention.

Strengthening capacity – Future infrastructure transformation within public health must include the necessary competencies of policy development and implementation in order to adequately address cardiovascular disease and related chronic conditions. This task will help to establish the critical importance of these competencies in public health agencies and their partnerships. In addition, new policies will entail new areas of action for which capacity must continually be developed.

Evaluating impact – In order to more fully measure the impact of policies and programs, a comprehensive inventory of policies must exist. Such a development will facilitate identifying gaps in data collection, management and reporting.

Advancing knowledge – Where policy-related questions are identified, such that critical investigations could resolve these questions, they will contribute significantly to the evolving research agenda for cardiovascular health.

Engaging in regional and global partnerships – An inventory of effective or newly proposed policies addressing cardiovascular health within the United States could be used and adapted for collaboration in regional and global efforts to prevent heart disease and stroke.

Approach to the task

While the approach to be taken should be determined by judgment of the leaders and members of the task group, the following suggested ten-step list may be helpful:

1. Define the scope of activity to be pursued through April 2005, within the overall statement of the task, above.

2. Prepare a preliminary outline of the anticipated report.
3. Identify the main source materials that will support the group's work.
4. Take account of related work by others, whether completed or in progress.
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7. Utilize support staff to assist in logistics and communications.
8. Maintain frequent contact and monitor progress, including a cumulative record of meetings and accomplishments.
9. Draft the task group report.
10. Present the report to the 3rd National Forum, April 2005.

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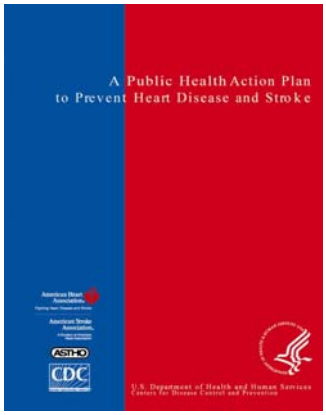


A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

The Context of the Concrete Tasks

Task 3: Taking Action

Action:	Commission a group to address priority policies for heart disease and stroke prevention
Concrete Task:	Create an inventory and prioritize policies, in relation to the *Action Plan* framework, in one or more areas specific to heart disease and stroke prevention
Expected Outcome:	Presentation of a identified policies and proposed priorities for implementation and support through state and local action, communications, and other means

The above task is 1 of the 8 concrete tasks for the National Forum to implement during the current year. This task emerged from 1 of 3 priority action statements in the area of *taking action* designated by Working Group 4 in January 2004. These action statements are:

- *Adopt an agreed-upon array of priority policies for action by National Forum members.

- Establish a web-based clearinghouse of information (policies, experiences, materials, etc.) on demonstration projects and model programs, especially comprehensive population-based efforts using the CVH Council and CDC websites.

- Identify and pursue funding for one or more major demonstration projects in which multiple program components are coordinated and integrated for maximum impact.

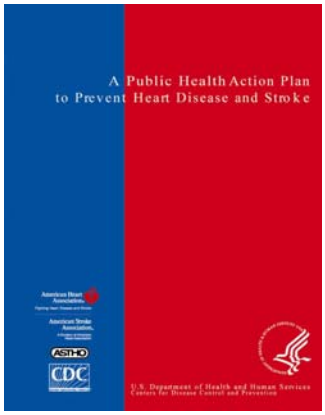
***** denotes the selected concrete task for immediate implementation

Task 3 and its related priority action steps were developed from the following recommendation in the full *Action Plan*:

> "Initiate policy development in CVH promotion and CVD prevention at national, state, and local levels to assure effective public health action against heart disease and stroke. In addition, evaluate policies in non-health sectors (e.g. education, agriculture, transportation, community planning) for their potential impact on health, especially with respect to CVD." (page 47)

The background of this task can be found in *A Public Health Action Plan to Prevent Heart Disease and Stroke* in Section 2. A Comprehensive Public Health Strategy, pp

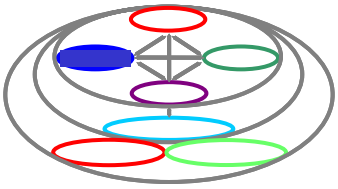
39-40, Section 3. Recommendations, pp. 47-49, and Section 4. Implementation, pp. 59-61.



A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

Guidance for Task Groups

Task 4: Strengthening Capacity



Strengthening Capacity

Action:	Commission a group to define infrastructure and staff competencies required for the full range of CVH activities by state and local health agencies
Task:	Determine these requirements and propose plans by which state and local health agencies can meet them
Outcome, April 2005:	Presentation of a report of findings regarding current health agency structure and function for heart disease and stroke prevention and of recommendations for addressing areas of needed strengthening

Rationale

This task is intended to advance implementation of the *Action Plan* by addressing the need for improved public health infrastructure to address requirements for cardiovascular public health programs. Such improvements will both increase the effectiveness of heart disease and stroke prevention services to communities and enable monitoring of the public health workforce to assure its competencies and resources are sufficient.

What success will look like

Proposals for improving public health infrastructure will include *recommended core competencies for heart disease and stroke prevention*; identification of those *new competencies that require innovative approaches* to training and support; and plans by which *all required competencies can be acquired, maintained, and improved*

through training, technical support, and programs for professional development. Further aspects of infrastructure include *organizational arrangements* providing appropriate focus for CVH activities, and *requirements for laboratory competence* for present and future programs. Additional considerations include *estimated resource requirements* (e.g., budget, personnel, and training) for effective implementation of the recommended approaches.

The place of this task in the larger picture

The place of this specific task in the broader context of s*trengthening capacity* is shown in the attached summary. The many potential linkages of this task with the other themes of the *Action Plan* are illustrated by the following:

Effective communication – The recommended key competencies for CVH program activities will likely address the need for communicating the urgency and potential of heart disease and stroke prevention and the cost of failure to act now. Providing for the skills, organizational arrangements, and resources to permit public health agencies to meet this need will be an important consequence of this task.

Strategic leadership, partnerships, and organization – Clearly defining and assuring core competencies for CVH programmatic activities can make pubic health agencies and their partnerships increasingly effective in implementing recommended action. Conversely, leadership can lend critical support to strengthening public health infrastructure as the requirements are more clearly articulated and widely recognized.

Taking action – Once priorities for policies and programs have been defined and adopted, success in their implementation will depend on the readiness of public health agencies and partnerships to do the needed work. Such readiness will in turn create an environment in which policy and program possibilities are seen in a new light, with greater expectation that new initiatives can in fact be undertaken and will be implemented.

Evaluating Impact – The case for including competencies in data collection, data management, and reporting in infrastructure development will gain from critical assessment of needs and current limitations in health information systems for cardiovascular health and related chronic conditions. Strengthened infrastructure in this respect will enable public health agencies and partnerships to utilize newly available data to maximum effect, thereby demonstrating the value of improved data systems.

Advancing knowledge – Strengthened capacity of public health agencies and partnerships will enable some agencies to collaborate actively in prevention research with academic institutions and others, while other agencies will be positioned to contribute by collecting, managing, and reporting the population data on which much of the needed research is based.

Engaging in regional and global partnerships – Further refining core competency and other infrastructure requirements and devising means to achieve

them in varied settings will gain from the experience of others throughout the world. In addition, their efforts in heart disease and stroke prevention will be enhanced through exchange of information and experience as to what competencies and organizational arrangements work best under particular conditions and circumstances.

Approach to the task

While the approach to be taken should be determined by judgment of the leaders and members of the task group, the following suggested ten-step list may be helpful:

1. Define the scope of activity to be pursued through April 2005, within the overall statement of the task, above.
2. Prepare a preliminary outline of the anticipated report.
3. Identify the main source materials that will support the group's work.
4. Take account of related work by others, whether completed or in progress.
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8. Maintain frequent contact and monitor progress, including a cumulative record of meetings and accomplishments.
9. Draft the task group report.
10. Present the report to the 3rd National Forum, April 2005.

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The Context of the Concrete Tasks

Task 4: Strengthening Capacity

Action:	Commission a group to define infrastructure and staff competencies required for the full range of CVH activities by state and local health agencies
Concrete Task:	Determine these requirements and propose plans by which state and local health agencies can meet them
Expected Outcome:	Presentation of a report of findings regarding current health agency structure and function for heart disease and stroke prevention and of recommendations for addressing areas of needed strengthening

The above task is 1 of the 8 concrete tasks for the National Forum to implement over the following year. This task emerged from 1 of 3 priority action statements in the area of *strengthening capacity* designated by Working Group 4 in January 2004. These action statements are:

- *Define the infrastructure requirements for CVH units, including laboratory support, in public health agencies at local and state levels.
- *Identify key competencies for the full range of CVH practitioners, from entry to expert levels.
- Develop an asset map of current training resources and opportunities, to determine both traditional and innovative approaches to training in the needed competencies.

***** denotes the selected concrete task for immediate implementation

Task 4 and its related priority action steps were developed from the following recommendation in the full *Action Plan*:

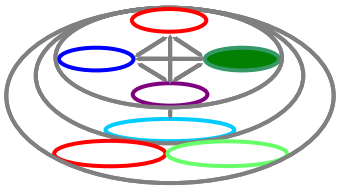
> "Develop and disseminate model performance standards and core competencies in CVD prevention and CVH promotion for national, state, and local public health agencies, including their laboratories." (page 50)

The background of this task can be found in *A Public Health Action Plan to Prevent Heart Disease and Stroke* in Section 2, A Comprehensive Public Health Strategy, p 40, Section 3. Recommendations, pp 49-50, and Section 4. Implementation, pp 61-64.

A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

Guidance for Task Groups

Task 5(a): Evaluating impact



Evaluating Impact (a)

Action:	Bring key partners and stakeholders together to address gaps in heart disease and stroke-related data systems
Task:	Identify data requirements and gaps and propose remedies to insure optimum data collection, management, and reporting
Outcome, April 2005:	Presentation of proposals for improved heart disease and stroke-related health data systems

Rationale

This task is intended to advance implementation of the *Action Plan* by addressing the need for improved cardiovascular health data systems. Such improvements are needed both to monitor more adequately the burden and disparities attributable to heart disease and stroke in the population as a whole and to create the potential for evaluating the impact of preventive programs and policies at the level of communities or larger units of observation.

What success will look like

Proposals for improved data systems will include an *inventory of the relevant existing data sources* (e.g., those relating to cardiovascular events and conditions, risk factors, behaviors, underlying determinants, and current practices, programs, and policies) and their principal collective strengths and limitations; a listing of the *most critical data elements that are lacking* (e.g., incidence of heart disease and stroke, incidence of risk factors, estimates based on adequate sample sizes for population subgroups, etc.); and

a proposed *approach to filling these gaps* (e.g., by strengthening existing systems or creating new ones (e.g., building in longitudinal components of NHANES, BRFSS, or YRBS, increasing sample sizes in existing surveys, or establishing comprehensive surveillance of quality of life, events, risk factors, treatments, and other elements, in multiple sentinel communities). Additional considerations include *estimated resource requirements* (e.g., budget, personnel, training) for effective implementation and utilization of the enhanced data systems that are proposed. Finally, *strategies to achieve implementation* of the needed improvements should be addressed.

The place of this task in the larger picture

The place of this specific task in the broader context of e*valuating impact* is shown in the attached summary. The many potential linkages of this task with the other themes of the *Action Plan* are illustrated by the following:

Effective communication – Moving beyond the conventional age-standardized mortality data as a measure of disease burden, for example, by use of age-specific incidence and quality of life data for each major stratum of the population, can aid greatly in communicating the importance, urgency, and potential measurable impact of heart disease and stroke prevention.

Strategic leadership, partnerships, and organization – Improved data systems and utilization can make leadership more compelling, partnerships more concretely focused on outcomes, and organization more accountable in terms of relevant indicators of effectiveness of policies and programs.

Taking action – Priorities for policies and programs can be defined and articulated more rigorously when the needed data are available and are utilized in a timely and effective manner. The nature of available data will shape the setting of Healthy People 2020 objectives, which will advance beyond those for 2010 only insofar as new data sources are in place within the current decade. Planning of major demonstration projects must include well-documented argument for data collection that will support effective program evaluation.

Strengthening capacity – The case for infrastructure development that includes competencies in data collection, data management, and reporting requires critical assessment of current limitations and needs in health information systems for cardiovascular health and related chronic conditions.

Advancing knowledge – Much of the needed research to address questions of program evaluation and policy development will be facilitated greatly by enhancement or establishment of data systems that reflect the anticipated proposals. Some methodologic research may be required beforehand, in order to know the most effective and feasible means of collecting newly proposed health data.

Engaging in regional and global partnerships – Further refining core data requirements and standardizing their collection and reporting will support efforts in heart disease and stroke prevention everywhere. Widespread collaboration in development of data systems will accelerate and streamline this work through sharing of knowledge, experience, and resources. Common core data systems will in turn facilitate collaboration and communication among regional or global partners.

Approach to the task

While the approach to be taken should be determined by judgment of the leaders and members of the task group, the following ten-step list may be helpful:

1. Define the scope of activity to be pursued through April 2005, within the overall statement of the task, above.
2. Prepare a preliminary outline of the anticipated report.
3. Identify the main source materials that will support the group's work.
4. Take account of related work by others, whether completed or in progress.
5. Consider whether expertise or consultation beyond the task group will be needed, whether within the National Forum or beyond, and arrange to obtain the needed input.
6. Divide responsibilities for components of the work among all members of the group.
7. Utilize support staff to assist in logistics and communications.
8. Maintain frequent contact and monitor progress, including a cumulative record of meetings and accomplishments.
9. Draft the task group report.
10. Present the report to the 3rd National Forum, April 2005.

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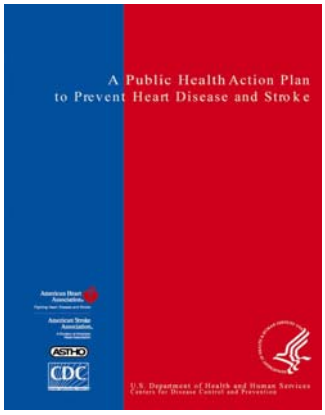


The Context of the Concrete Tasks

Task 5a and 5b: Evaluating Impact

(a) Action:	Bring key partners and stakeholders together to address gaps in heart disease and stroke-related data systems.
Concrete Task:	Identify data requirements and gaps and propose remedies to insure optimum data collection, management, and reporting.
Expected Outcome:	Presentation of proposals for improved heart disease and stroke-related health data systems.
(b) Action:	Convene a planning committee for a "watershed" conference to address the science of evaluating public health programs for policy and environmental change.
Concrete Task:	Plan a seminal conference to establish the need, impact, and research career opportunities in evaluation of such programs.
Expected Outcome: or	Report on plans for such a conference to take place in 2005 2006

Tasks 5a and 5b are 2 of the 8 concrete tasks for the National Forum to implement during the current year. These tasks emerged from 2 priority action statements in the area of *evaluating impact* designated by Working Group 4 in January 2004. These action statements are:

- Convene public health agencies to determine what is needed to fill identified CVH-related information gaps (e.g., surveillance systems) and establish a planning committee of National Forum members to select and convene key experts.

- Develop guidelines for the content and format of evaluations of public health programs in heart disease and stroke prevention, especially those based on policy and environmental change.

These tasks and their related priority action steps were developed from the following recommendations in the full *Action Plan*:

> "Expand and standardize population-wide evaluation and surveillance data sources and activities to assure adequate assessment of CVD indicators and change in the nation's CVD burden. Examples include mortality, incidence,

prevalence, disability, selected biomarkers, risk factors and risk behaviors, economic burden, community and environmental characteristics, current policies and programs, and sociodemographic factors (e.g., age, race/ethnicity, sex, and ZIP code)." (page 50)

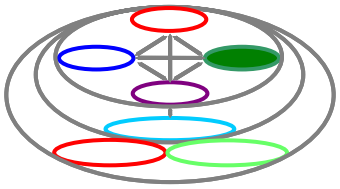
"Establish a network of data systems for evaluation of policy and program interventions that can track the progress of evolving best practices and signal the need for changes in policies and programs over time. This network would support the full development, collection, and analysis of the data needed to examine program effectiveness." (page 50)

The background of these tasks can be found in *A Public Health Action Plan to Prevent Heart Disease and Stroke* in Section 2. A Comprehensive Public Health Strategy, p 40, Section 3. Recommendations, pp 50-51, and Section 4. Implementation, pp 65-67.

A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

Guidance for Task Groups

Task 5(b): Evaluating impact



Evaluating Impact (b)

Action:	Convene a planning committee for a "watershed" conference to address the science of evaluating public health programs for policy and environmental change.
Task:	Plan a seminal conference to establish the need, impact, and research career opportunities in evaluation of such programs.
Outcome, April 2005:	Report on plans for such a conference to take place in 2005 or 2006.

Rationale

This task is intended to advance implementation of the *Action Plan* by recognizing the critical importance of evaluation research addressing public health policies and programs for heart disease and stroke prevention. Evaluation research remains to be fully valued as an essential discipline in public health and preventive medicine and lacks sufficient institutional support, funding, and peer recognition. Therefore this is not yet as appealing a career focus as is necessary if the research agenda in this area is to be addressed adequately. A watershed conference that presents the principles, methods, contributions, research agenda, and career potential in this area can have significant impact in strengthening this much-needed field of research.

What success will look like

Plans for such a "watershed" conference would include a *list of key participants* (who will host the conference, speakers, discussion leaders, key parties to be invited); an *agenda* for the conference (specifics topics to be discussed, format for discussion); a *list of set goals and expected outcomes* of the conference; *specific details* for the conference (when the conference will take place, where it will take place, who will fund it); and a *method for reporting* the proceedings of the conference. Additionally, plans for the conference should outline important *next steps* so that the work of the participants is used to further progress in the implementation of the *Action Plan*.

The place of this task in the larger picture

The place of this specific task in the broader context of e*valuating impact* is shown in the attached summary. The many potential linkages of this task with the other themes of the *Action Plan* are illustrated by the following:

Effective communication – A more vigorous discipline of evaluation research for public health policies and programs will continually strengthen the scientific basis for heart disease and stroke prevention and will therefore allow for more effective communication of both progress made through policy interventions and the need for additional programs to further that progress.

Strategic leadership, partnerships, and organization – Improved evaluation of policies and programs will lead to more informed leaderships, partnerships that are strategically created to create policies and programs that address specific needs, and organizations that have a solid foundation on which to build their programs.

Taking action – A proper scientific method of evaluation is vital to properly assess whether actions are yielding the desired results. Additionally, evaluation of the policies and programs can shape future actions by defining what specific goals have not been met by previous policies and programs.

Strengthening capacity – A more universal method of evaluating the impact of policies and programs will lead to a more developed public health infrastructure and allow public health officials at the local, state, national, and global levels to develop common tools for assessing their interventions.

Advancing knowledge – Much of the needed research will focus on the development of new policies, programs, and interventions to reduce the incidence of heart disease and stroke. The products of this new research will need to be evaluated in a systematic fashion to assess the applicability of the research to public health and to guide future research initiatives.

Engaging in regional and global partnerships – Systematic methods for evaluating programs and policies aimed at reducing heart disease and stroke will be useful in every community ranging from local health departments to the global population. Collaboration will allow for sharing of prior evaluation systems and rapid dissemination of newer, more useful methods for assessing outcomes of public health interventions.

Approach to the task

While the approach to be taken should be determined by judgment of the leaders and members of the task group, the following suggested ten-step list may be helpful:

1. Define the scope of activity to be pursued through April 2005, within the overall statement of the task, above.
2. Prepare a preliminary outline of the anticipated report.
3. Identify the main source materials that will support the group's work.
4. Take account of related work by others, whether completed or in progress.
5. Consider whether expertise or consultation beyond the task group will be needed, whether within the National Forum or beyond, and arrange to obtain the needed input.
6. Divide responsibilities for components of the work among all members of the group.
7. Utilize support staff to assist in logistics and communications.
8. Maintain frequent contact and monitor progress, including a cumulative record of meetings and accomplishments.
9. Draft the task group report.
10. Present the report to the 3rd National Forum, April 2005.

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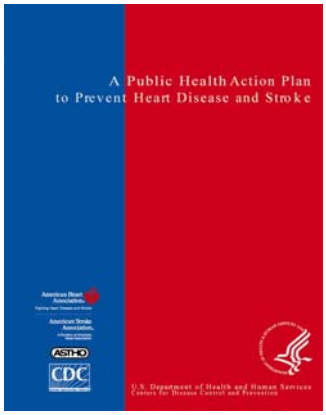


The Context of the Concrete Tasks

Task 5a and 5b: Evaluating Impact

(a) Action:	Bring key partners and stakeholders together to address gaps in heart disease and stroke-related data systems.
Concrete Task:	Identify data requirements and gaps and propose remedies to insure optimum data collection, management, and reporting.
Expected Outcome:	Presentation of proposals for improved heart disease and stroke-related health data systems.
(b) Action:	Convene a planning committee for a "watershed" conference to address the science of evaluating public health programs for policy and environmental change.
Concrete Task:	Plan a seminal conference to establish the need, impact, and research career opportunities in evaluation of such programs.
Expected Outcome: or	Report on plans for such a conference to take place in 2005 2006

Tasks 5a and 5b are 2 of the 8 concrete tasks for the National Forum to implement during the current year. These tasks emerged from 2 priority action statements in the area of *evaluating impact* designated by Working Group 4 in January 2004. These action statements are:

- Convene public health agencies to determine what is needed to fill identified CVH-related information gaps (e.g., surveillance systems) and establish a planning committee of National Forum members to select and convene key experts.

- Develop guidelines for the content and format of evaluations of public health programs in heart disease and stroke prevention, especially those based on policy and environmental change.

These tasks and their related priority action steps were developed from the following recommendations in the full *Action Plan*:

> "Expand and standardize population-wide evaluation and surveillance data sources and activities to assure adequate assessment of CVD indicators and change in the nation's CVD burden. Examples include mortality, incidence,

prevalence, disability, selected biomarkers, risk factors and risk behaviors, economic burden, community and environmental characteristics, current policies and programs, and sociodemographic factors (e.g., age, race/ethnicity, sex, and ZIP code)." (page 50)

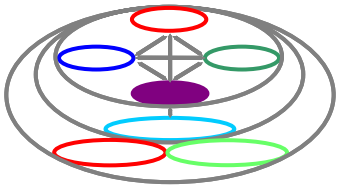
"Establish a network of data systems for evaluation of policy and program interventions that can track the progress of evolving best practices and signal the need for changes in policies and programs over time. This network would support the full development, collection, and analysis of the data needed to examine program effectiveness." (page 50)

The background of these tasks can be found in *A Public Health Action Plan to Prevent Heart Disease and Stroke* in Section 2. A Comprehensive Public Health Strategy, p 40, Section 3. Recommendations, pp 50-51, and Section 4. Implementation, pp 65-67.

A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

Guidance for Task Groups

Task 6: Advancing Knowledge



Advancing Knowledge

Action:	Convene a group to address the prevention research agenda for heart disease and stroke prevention
Task:	Collate relevant existing research agendas, identify gaps, and develop a comprehensive research plan
Outcome, April 2005:	Report of recommended research priorities and strategies including prevention in youth and early adulthood, with specific research topics, proposed funding and timelines, and addressing research training requirements

Rationale

This task is intended to advance implementation of the *Action Plan* by addressing the continual need for research in areas that contribute to the prevention of heart disease and stroke. While current knowledge fully supports taking action, furthering of that knowledge through a comprehensive prevention research agenda will remain necessary for continued progress. Especially important for such progress is pursuit of a research agenda that addresses questions critical for policy development and decision making in heart disease and stroke prevention. This policy-targeted prevention research agenda is an essential component of the *Action Plan* and one in which multiple partners have strong interest and much to contribute.

What success will look like

The report will include an *assessment of current research agendas* (e.g. agendas for various organizations, which knowledge gaps are addresses and which are not addressed by current research); *recommended research priorities* (including specific research areas, e.g., risk factors and prevention in youth and early adulthood, methods of translating research into action, cost-effectiveness of screening and prevention policies and programs); *potential sources of institutional sponsorship and funding*; *timelines for initiation and completion* of the various research activities; and an *assessment of training requirements* necessary to fulfill the proposed research goals. Additionally, the report should include the *next steps* that will be necessary to address the research priorities that are identified in the report.

The place of this task in the larger picture

The place of this specific task in the broader context of *advancing knowledge* is shown in the attached summary. The many potential linkages of this task with the other themes of the *Action Plan* are illustrated by the following:

Effective communication – New research will further define the possibility and need for early interventions to prevent heart disease and stroke, demonstrate the potential economic impact of prevention, and indicate new ways to translate science into practice. Each of these new discoveries will further underscore the importance of cardiovascular health to the general population.

Strategic leadership, partnerships, and organization – A defined research agenda can identify current and future leaders in heart disease and stroke prevention, forge additional partnerships by promoting research collaborations, and ensure that the myriad organizations involved in cardiovascular disease prevention are actively involved in furthering knowledge.

Taking action – While current knowledge has long provided the basis for public health policies and programs, additional research in areas such as risk factors in youth, translating science to action, and cost-effectiveness of various prevention strategies will lead to the creation of policies and programs that more effectively reduce the burden and disparities of heart disease and stroke.

Strengthening capacity – Standards and competencies for data collection, analysis, and dissemination must be based on relevant information. New research to further define what type of data should be collected and how it should be analyzed will strengthen the standards upon which heart disease and stroke prevention efforts will be based. Capacity to address the research agenda will need to be strengthened.

Evaluating Impact – Further prevention research will lead to better understanding of means to prevent risk factors for heart disease and stroke and to improvements in

techniques for translating scientific information into public health practice. The result will be new public health policies and programs aimed at reversing the epidemic of heart disease and stroke.

Engaging in regional and global partnerships – Scientists and public health officials everywhere need to become increasingly focused on advancing knowledge of risk factors and improved methods of reducing the heart disease and stroke burden on the global population. Engaging the global community in the prevention research effort is a key component of progress.

Approach to the task

While the approach to be taken should be determined by judgment of the leaders and members of the task group, the following suggested ten-step list may be helpful:

1. Define the scope of activity to be pursued through April 2005, within the overall statement of the task, above.
2. Prepare a preliminary outline of the anticipated report.
3. Identify the main source materials that will support the group's work.
4. Take account of related work by others, whether completed or in progress.
5. Consider whether expertise or consultation beyond the task group will be needed, whether within the National Forum or beyond, and arrange to obtain the needed input.
6. Divide responsibilities for components of the work among all members of the group.
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8. Maintain frequent contact and monitor progress, including a cumulative record of meetings and accomplishments.
9. Draft the task group report.
10. Present the report to the 3rd National Forum, April 2005.

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The Context of the Concrete Tasks

Task 6: Advancing Knowledge

Action:	Convene a group to address the prevention research agenda for heart disease and stroke prevention.
Concrete Task:	Collate relevant existing research agendas, identify gaps, and develop a comprehensive research plan.
Expected Outcome:	Report on recommended research priorities and strategies including prevention in youth and early adulthood, with specific research topics, proposed funding and timelines, and addressing research training requirements.

The above task is 1 of the 8 concrete tasks for the National Forum to implement during the current year. This task emerged from 2 of 3 priority action steps in the area of *advancing knowledge* designated by Working Group 4 in January 2004. These 3 action steps are to:

- ***Convene National Forum members and others with relevant expertise to develop a comprehensive and prioritized prevention research agenda for CVH.
- *Identify National Forum members and others with expertise specifically in CVD prevention in youth and early adulthood and charge this group to define a research agenda and timeline for major progress in this area.
- Charge a group of experts within and beyond the National Forum to identify or foster establishment of a center of excellence in evaluation planning.

***** denotes the selected concrete task for immediate implementation

Task 6 and its related priority action steps were developed from the following recommendation in the full *Action Plan*:

> "Conduct and facilitate research by means of collaboration among interested parties to identify new policy, environmental, and sociocultural priorities for CVH promotion. Once the priorities are identified, determine the best methods for translating, disseminating, and sustaining them. Fund research to identify barriers and effective interventions in order to translate science into practice and thereby improve access to and use of quality health care and improve outcomes for patients with or at risk for CVD. Conduct economics research, including cost-effectiveness studies and

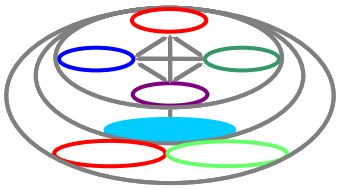
comprehensive economic models that assess the return on investment for CVH promotion as well as primary and secondary CVD prevention." (page 51)

The background of this task can be found in *A Public Health Action Plan to Prevent Heart Disease and Stroke* in Section 2. A Comprehensive Public Health Strategy, p 41, Section 3. Recommendations, pp 51-53, and Section 4. Implementation, pp 67-70.

A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

Guidance for Task Groups

Task 7: Engaging in Regional and Global Partnerships



Engaging in Regional and Global Partnerships

Action:	Establish a steering group to oversee assessment of U.S. policies directly relevant to global heart disease and stroke prevention
Task: Survey	U.S. federal agencies and national non-governmental organizations to assess current policies regarding global heart disease and stroke prevention
Outcome, April 2005:	Report on findings concerning U.S. governmental and non-governmental organizational policies and on recommendations for a coherent U.S. policy framework for heart disease and stroke prevention

Rationale

This task is intended to advance implementation of the *Action Plan* by addressing the growing need for expanded collaboration in global efforts to prevent heart disease and stroke. An important step in this process from the perspective beyond the United States is to assess the degree to which policies of U.S. organizations and agencies recognize the global dimensions of heart disease and stroke in their policies and whether there is general concordance among such policies. From this starting point, further development of partnerships and collaboration will be greatly facilitated.

What success will look like

Findings will include a *survey of existing U.S. policies* (e.g., governmental and non-governmental) addressing heart disease and stroke at the global level; an *assessment of the current policies;* and *recommendations for a policy framework within the U.S.* to

promote cardiovascular health worldwide. S*trategies to achieve implementation* of the proposed policy framework should also be addressed.

The place of this task in the larger picture

The place of this specific task in the broader context of e*valuating impact* is shown in the attached summary. The many potential linkages of this task with the other themes of the *Action Plan* are illustrated by the following:

Effective communication – Establishing a U.S. policy framework for addressing heart disease and stroke internationally can advance global messages and communications regarding the importance, urgency, and impact of heart disease and stroke prevention.

Strategic leadership, partnerships, and organization – Initiating a global outlook for U.S. policies addressing heart disease and stroke prevention can further facilitate global leadership endeavors and promote future international partnerships among an array of organizations and programs.

Taking action – Priorities for policies and programs within the U.S. can be supported through a global agenda that identifies the necessity of aggressively promoting cardiovascular health in countries across the world.

Strengthening capacity – The case for infrastructure development that expands competencies to include global perspectives requires an assessment of current activities within organizations and agencies that are addressing health issues beyond U.S. borders.

Evaluating impact – A comprehensive perspective of global policies and initiatives will facilitate the establishment of international methods of data collection, management and reporting.

Advancing knowledge – Much of the needed research to address questions of program evaluation and policy development will be facilitated by an increased understanding of existing global policies and programs. The resulting collaborations can expand the range of research cooperation that will benefit all.

Approach to the task

While the approach to be taken should be determined by judgment of the leaders and members of the task group, the following suggested ten-step list may be helpful:

1. Define the scope of activity to be pursued through April 2005, within the overall statement of the task, above.

2. Prepare a preliminary outline of the anticipated report.
3. Identify the main source materials that will support the group's work.
4. Take account of related work by others, whether completed or in progress.
5. Consider whether expertise or consultation beyond the task group will be needed, whether within the National Forum or beyond, and arrange to obtain the needed input.
6. Divide responsibilities for components of the work among all members of the group.
7. Utilize support staff to assist in logistics and communications.
8. Maintain frequent contact and monitor progress, including a cumulative record of meetings and accomplishments.
9. Draft the task group report.
10. Present the report to the 3rd National Forum, April 2005.

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A PUBLIC HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

The Context of the Concrete Tasks

Task 7: Engaging in Regional and Global Partnerships

Action:	Establish a steering group to oversee assessment of U.S. policies directly relevant to global heart disease and stroke prevention.
Concrete Task:	Survey U.S. federal agencies and national nongovernmental organizations to assess current policies regarding global heart disease and stroke prevention.
Expected Outcome:	Report on findings concerning U.S. governmental and nongovernmental organizational policies and on recommendations for a coherent U.S. policy framework for heart disease and stroke prevention.

The above task is 1 of the 8 concrete tasks for the National Forum to implement during the current year. This task emerged from 1 of 3 priority action statements in the area of *engaging in regional and global partnerships* designated by Working Group 4 in January 2004. These action statements are:

- ***Develop a U.S. position, role and interest regarding global needs and opportunities in CVH.

- Encourage all relevant professional societies to include population sciences (the population-wide perspective on prevention) in their congresses and other activities.

- Develop and maintain a current inventory of global CVH partners and activities.

***** denotes the selected concrete task for immediate implementation

Task 7 and its related priority action steps were developed from the following recommendation in the full *Action Plan*:

"Engage with regional and global partners to mobilize resources in CVH promotion and CVD prevention, develop and implement global CVH policies, and establish or strengthen liaison with the partners identified in these recommendations." (page 53*)*

The background of this task can be found in *A Public Health Action Plan to Prevent Heart Disease and Stroke* in section 2. A Comprehensive Public Health Strategy, pp 41-42, Section 3. Recommendations, pp 53-54, and Section 4. Implementation, pp 70-73.