CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Epidemiology in Sub-Saharan Africa: External Evaluation

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Executive Summary

The **Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Epidemiology in Sub-Saharan Africa** were designed to help sub-Saharan Africa build the capacity to promote population-based cardiovascular health and prevent and control heart disease and stroke, while fostering a better understanding of the increasing burden of chronic diseases and risk factors in the region.

Based on document review and post-test only evaluation surveys with core faculty members, team leaders, and seminar participants, there appears to be some evidence that the underlying objective of instilling a population perspective on health regarding cardiovascular disease rather than a clinical-treatment only perspective has been embraced in word and in practice among some seminar participants.

Despite competing demands placed on participants practicing in acute care settings or working in non-medical environments, the majority of Annual Seminar survey reported that participants learned new information or strengthen their existing knowledge about population health and developing, implementing, and sustaining solid population health programs. Seminar participants reported discussing population health concepts and CVD risk reduction with patients, community members, leaders, and stakeholders. Many teams were able to develop and implement small projects and pilot programs that reflected information they learned at the Annual Seminars. Faculty members and team leaders demonstrated their commitment to the goals and process of the Annual Seminars through their continued participation and desire for continued contact with seminar participants as individuals and as team members.

While these preliminary observations would benefit from a more rigorous pre-post evaluation design and limited in their generalizability, the following recommendations are based on the observations made to date.

Recommendations

1. Conceptually and practically restructure the Annual Seminars to begin prior to and continue after the two week in-person meeting.
2. Establish clear expectations among Team Leaders regarding opportunities and limitations of IUHPE support of activities associated with the Annual Seminars.
3. Reconceptualize the Annual Seminars format to promote the Integrated chronic disease prevention and control (WHO 2008a). By using the IUHPE's experience, expertise and leadership as a model approach to capacity building in Sub-Saharan, modifications to current program content areas would lay a solid foundation of integrated chronic disease prevention and control with the potential to elaborate specific conditions such as obesity, diabetes, cancer, and hypertension.
4. Incorporate ongoing process, impact, and outcome evaluation measures for the Annual Seminars specifically.

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Evaluation Report

1. Background and Objectives

This report describes research activities designed to assess the first four CDC/IUHPE "**Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Epidemiology in Sub-Saharan Africa**" (hereafter "Annual Seminars") that took place in Accra, Ghana, Western Africa, in 2004, 2005 and 2006 and in Nairobi, Kenya, Eastern Africa, in 2007.

The purpose of the annual seminar is to help sub-Saharan Africa build the capacity to promote population-based cardiovascular health and prevent and control heart disease and stroke, while fostering a better understanding of the increasing burden of chronic diseases and risk factors in this region. To this end a series of seminars were conducted in 2004, 2005, 2006, and 2007.

2. Seminar content

Based on a review of IUHPE supplied materials such as course materials, workshop exercises, supporting literature disseminated during and after Seminars, UIC analyzed the provided educational materials to assess the underlying framework or theories guiding the development and implementation of the Annual Seminars; the key knowledge, attitude and practice outcome measures based on training materials, and; tools taught and practiced for planning and implementing local health promotion projects.

The curriculum review was conducted by Dr. Dianne Rucinski and Dr. Risè Jones. The curriculum is well organized, presented logically, and consistent with adult education practices, and combines abstract concepts with concrete examples drawn from instructor experience. The Annual Seminar framework and implementation corresponds to generally accepted approaches of health promotion and information dissemination among professionals which deliver educational materials in familiar lecture/discussion formats with sufficient opportunities for application in discussions. By providing Seminar Participants an opportunity to drawn upon personal experiences, the structure of the Annual Seminars allows participants to ground the new information into existing information structures, thereby increasing the probability that the information would be retained.

In addition, the structure of the Annual Seminars provides an opportunity for team members to work together on plans for projects to be implemented in local environments. This format benefited from being practiced with interdisciplinary teams within a supportive environment of other teams, faculty members and IUHPE staff. The challenge in using this approach is being able to anticipate the types of project and attending data and resource needs the proposed projects might require. One core faculty

member indicated that without realistic parameters some teams created plans for projects that were highly unlikely to be implemented without substantial financial support. This observation is supported by the fact that few of the projects planned during the Annual Seminars have been fully implemented.

A "train-the-trainer" approach is employed throughout the Annual Seminars with the underlying assumption that the trained health professionals and other key team members will in turn train other colleagues and people with whom the trainers come in contact. This approach is widely employed in public health dissemination efforts, however it is most successfully implemented when concrete dissemination objectives are clearly presented to the trainers. Setting concrete dissemination objectives (e.g., by the next quarterly meeting, Annual Seminar trained staff will a) present two lunch time talks on CVD risks and their prevention; b) meet with seven local community leaders to plan workshops on developing a community-hospital partnership to reduce CVD risks at the community levels, etc.), provides a set of measurable outcomes as well as expectations for dissemination activities.

The Annual Seminars were planned so that Seminar participants received education and training on general health promotion and prevention and applications specific to CVD control and prevention. Over a two-week period, Seminar participants received instruction in the following domains:

- Public health surveillance
- Case studies of public health research
- Tobacco control
- Designing research programs
- Communication & media
- Legislation and policy
- Social marketing
- Partnerships
- Assessment and program development
- Health promotion and chronic disease prevention
- Health promotion and health education in Sub-Saharan Africa
- Basic Epidemiology
- Basic Statistics
- Primary Prevention
- Risk Factor Control
- Advocacy
- Evaluation of health program
- Collection and use of qualitative data
- Collection and use of quantitative data

In addition to educational sessions about the topics listed above, the Seminars were structured to provide Seminar participants an opportunity to plan a team project that would apply specifically to their local context. This opportunity to design a practical

application of what was learned in the Annual Seminar helped participants grapple with the challenges posed when moving from abstract concepts and ideal conditions to the concrete conditions and imperfect circumstances of the field.

3. Annual Seminars Evaluation Surveys

In February 2008, IUHPE contracted with UIC to conduct a post-only evaluation of the seminar with seminar participants, course faculty, and team leaders.

The purpose of this exploratory, descriptive assessment of the CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa is to describe the self-reported impact of the annual seminars on 1) seminar participants' self-reported knowledge, attitudes and practices (Seminar Participant Survey); 2) seminar group team leaders' self-reported perceptions of group functioning and the relevance to and adaptation of seminar content to local conditions (Team Leader Interview), and; 3) core seminar faculty's self-reported perceptions of the seminar content and process (Core Faculty Survey).

Three related research activities (Seminar Participant Survey, Team Leader Interview, and Core Faculty Survey) were conducted simultaneously to meet the objectives of the evaluation. For research activity the study objectives, research design, methods & protection of human subjects, results and study specific recommendations are reported. Overall recommendations for CDC and IUHPE's consideration are presented at the end.

4. Objectives

The objective of Seminar Participant Survey is to describe a) participant perceptions of whether participation in a CDC/IUHPE Annual Seminar for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa provided participants with new information, reinforced existing information, or reiterated already known information b) perceptions of how their participation may have influenced their knowledge, attitudes and practices in cardiovascular diseases prevention; c) the functioning of teams in Seminars and in home environments regarding planning, implementation, and evaluation of health promotion programs; d) participants' perceptions of team efficacy; e) participants' perceptions of barriers to program development and implementation, and; f) reported opportunities and activities to train others.

The objective of the Team Leader Interview is to better understand how information was used and tailored to local conditions. Topics to be considered include team leader reports of activities of respective teams prior to and following seminar trainings, team dynamics, and attributes of teams that have been more or less active regarding CVD prevention activities.

The objectives of the Faculty Surveys are to assess the degree to which Seminar Faculty perceived the Seminar materials and processes to contribute to the Seminar's stated goals and objectives; perceptions of participants' baseline knowledge, attitudes and practices prior to and following the training; strengths and limitations of the team formation and functioning; subsequent contacts with seminar participants; and recommendations for future trainings in CVD prevention and health promotion, as well as other chronic diseases in sub-Saharan Africa

It should be noted that in addition to the external evaluation described in this report, each year following the Annual Seminars team leaders and faculty members met to debrief and to discuss how future Annual Seminars might be improved. These discussions resulted in adaptation and modification of the Annual Seminar content and structure, some of which were mentioned by seminar participants, team leaders, and faculty members in survey responses and interviews and therefore may appear in this report when relevant. Among the suggestions for improving function and utility of the Annual Seminars was to establish a website to facilitate continued contact among seminar participants after their return to their local communities. The website, funded under the IUHPE/CDC Cooperative Agreement, is under development. As will be further illustrated in the report below the desire to maintain contact and community with fellow Annual Seminar participants indicates a level of commitment to the topic of CVD prevention as well as to the importance of collaboration in addressing the challenge of building capacity in local environments.

5. Research Design

A post-test only assessment of the first four CDC/IUHPE "**Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Epidemiology in Sub-Saharan Africa**" (hereafter "Annual Seminars") that took place in Accra, Ghana, Western Africa, in 2004, 2005 and 2006 and in Nairobi, Kenya, Eastern Africa, in 2007 was conducted from May 2008-October 2008 using telephone interviews and email surveys.

All non-teaching seminar participants in the Annual Seminars were eligible for participation in the Seminar Participant Survey and thus "seminar participants" includes both team leaders and seminar participants without team leadership responsibilities. All team leaders who participated in the Annual Seminars were eligible for participation in the Team Leader Interview. All core faculty members who participated in the Annual Seminars were eligible for participation in the Core Faculty Survey.

i. Seminar Participant Survey

Seminar participants were sent electronically the survey instrument and study information sheets via email. The Seminar Participant Survey was electronically distributed to 107 course participants by UIC staff based upon an up-dated participant list provided by IUHPE (Appendix A). All seminar participants were contacted numerous times (six times by UIC) for inclusion in the survey, and all reasonable efforts to gain compliance

were used to ensure representative census of participants. Prior to data collection to encourage participation, IUHPE sent an email to all seminar participants alerting them to the survey, explaining the purpose of the study and informing participants how their opinions would help IUHPE improve the seminars. During the data collection period, IUHPE sent two additional emails to all seminar participants encouraging participation in the survey.

The study information sheet (Appendix B) explained the purpose of the study, seminar participants' rights to decline to participate without adverse effect on their relationship to UIC, CDC or IUHPE, and the measures UIC staff take to prevent the dissemination of linked response and respondent information. Email responses to the Seminar Participant Survey were sent to a password protected email address established for the project and accessible to the PI and UIC project staff members with UIC IRB protection of human subjects training. The emailed responses were coded and entered into a separate database that did not include respondent names nor identifying information. When the data collection period ended, the email account established for the project was closed.

A total of 35 out of 107 seminar participants completed the survey and returned the informed consent document. It must be noted that seminar participants who chose not to respond to the survey may be different in important ways than those who chose to participate, and thus, responses must be interpreted with caution. Those who respond to survey may have a greater interest in the topic of a survey than those who choose not to respond.

ii. Team Leader Interview

The Team Leader interviews were conducted using semi-structured questionnaires conducted by telephone (Appendix C). To assist in prompting Team Leaders to begin thinking about the questions prior to the interviews, an email list of survey questions for reflection were sent one week prior to the scheduled telephone interview to all nine team leaders. Email and telephone contact information was provided by IUHPE.

Prior to data collection to encourage participation IUHPE sent an email to all Team Leaders alerting them to the survey, explaining the purpose of the study and informing participants how their opinions would help IUHPE improve the seminars. During the data collection period IUHPE sent two additional emails to all Team Leaders encouraging their participation.

Team Leaders received informed consent forms via email (Appendix D). All team leaders were contacted for inclusion in the survey, and all reasonable efforts to gain compliance were used. Emailed informed consents were sent to a password protected UIC project account.

The informed consent forms explained the purpose of the study, team leaders' rights to decline to participate without adverse effect on their relationship to UIC, CDC or IUHPE,

and the measures UIC staff take to prevent the dissemination of linked response and respondent information.

In addition to contacts from IUHPE encouraging participation, team leaders were contacted by UIC eight times requesting interviews. The data collection period was extended three times in hopes that more interviews could be completed.

Despite these repeated attempts and broad opportunities for completing the interview only four team leader interviews were completed during the twice extended data collection period. While all team leaders who participated in the Annual Seminars in 2007 returned to participate in 2008, local circumstances (e.g., violence and unrest in Kenya in early 2008) may have made responding to the survey a lower priority than attending to other matters. It must be noted that Team Leaders who chose not to respond to the survey may be different in important ways than those who chose to participate, and thus, responses must be interpreted with caution.

iii. Core Faculty Survey

The Core Faculty Surveys were conducted by telephone using semi-structured questionnaires (Appendix E). To assist in prompting Seminar Faculty to think about the questions, a list of questions was sent prior to the scheduled telephone interview. The Core Faculty Survey was distributed to faculty from a list provided by IUHPE. Prior to data collection to encourage participation IUHPE sent an email to Core Faculty alerting them to the survey, explaining the purpose of the study and informing participants how their opinions would help IUHPE improve the seminars. During the data collection period IUHPE sent two additional emails to all Core Faculty encouraging participation.

Core Faculty received electronic informed consent forms (Appendix F). All core faculty were contacted for inclusion in the survey, and all reasonable efforts to gain compliance were used. Emailed informed consents were sent to a password protected UIC project account.

The informed consent forms explained the purpose of the study, core faculty members' rights to decline to participate without adverse effect on their relationship to UIC, CDC or IUHPE, and the measures UIC staff take to prevent the dissemination of linked response and respondent information. It was acknowledged that due to the small number of faculty members and that each was well known to IUHPE staff, it was not possible to fully mask the identity of the respondents, but all efforts would be made to abstract faculty responses to the survey such that the essence of the information remains intact while specific quotations were kept to a minimum. This risk was communicated to core faculty in the informed consent (Appendix F). Interviews were conducted by UIC project staff, and recorded for analysis when core faculty members approved the recording. The results of the survey are reported in summary form only and responses are not associated with identifiable characteristics of respondents.

A total of six core faculty members participated in the survey.

6. Results

The results of the Seminar Participant Survey are described below. In the absence of baseline data, one cannot draw inferences regarding the impact of the seminar on changes in knowledge, attitudes and practices.

i. Seminar Participant Survey

The purpose of the Seminar Participant Survey was to assess the extent to which participation in the annual Seminar resulted in changes in participants' perceptions of their own knowledge, attitudes and practices regarding CVD and health promotion.

Perceptions of Seminar Content

In the first section of the survey, participants were asked whether the content of the seminars provided new information, refreshed past education or reiterated known information in nineteen topical areas represented in the educational materials used in the seminars and provided to UIC. In ten of the nineteen topical areas the majority of respondents indicated that the seminars provided new information. Specifically, the seminars provided new information to the majority of respondents in the following topical areas:

- Health promotion and health education in Sub-Saharan Africa (62.9%)
- Public health surveillance (48.6%)
- Case studies of public health research (80.0%)
- Tobacco control (51.4%)
- Designing research programs (45.7%)
- Communication & media (45.7%)
- Legislation and policy (65.7%)
- Social marketing (71.4%)
- Partnerships (54.3%)
- Assessment and program development (57.1%)
- Health promotion and chronic disease prevention (42.9%) (tied see below)

The seminars also performed the important function of refreshing past education for many participants. The seminars refreshed past education to the majority of respondents in the following topical areas:

- Basic Epidemiology (51.4%)
- Basic Statistics (48.6%)
- Primary Prevention (62.9%)
- Risk Factor Control (51.4%)
- Advocacy (48.6%)

- Evaluation of health program (51.4%)
- Collection and use of qualitative data (57.1%)
- Collection and use of quantitative data (54.3%)
- Health promotion and chronic disease prevention (42.9%) (tied see above)

Few respondents indicated that seminar topics reiterated known information. However, at least twenty percent of respondents indicated that four topics reiterated known information. They included:

- Basic Statistics (20.0%)
- Primary Prevention (28.6%)
- Tobacco Control (20.0%)
- Collection and use of quantitative data (31.4%)

When asked to nominate the most valuable information learned while developing the Seminar project many participants mentioned the importance of community input and partnerships. For example, one seminar participant wrote "collective participation is key to success of any activity" and another noted the importance of the "integration of research activities into community activities."

In terms of practical information, most respondents reported that social marketing and communication material proved to be the most valuable after the seminar. One participant wrote "Social marketing and key approaches used in communicating with the public for the prevention of cardiovascular diseases, such as development of effective key messages for the public and the use of different communication channels" was the most practical information gleaned from the Seminars. Many seminar participants mentioned the value in knowing that very basic changes in lifestyle could result in health benefits and the importance of health education (e.g., "Simple things work and (are) easy to apply" and "…regular health education changes health habits over time") .

Seminar Information Dissemination

One of the primary goals of the Annual Seminar was to convince seminar participants to take a population perspective in CVD prevention. Since many of the seminar participants' schooling and daily experiences were in clinical settings the goal of developing and acting upon a population perspective can occur first in the extent to which seminar participants took information about CVD risks to settings beyond their clinical base.

Approximately two out of three respondents (62.9%) reported that the respondent's ability to counsel and educate patients, colleagues, and stakeholders about the risks of cardiovascular disease in Sub-Saharan Africa increased based on their participation in the seminar. Just over half (57.1%) said that their ability to counsel and educate patients, colleagues, and stakeholders about the practical activities that everyone can do to reduce the risk of cardiovascular disease increased based on their participation in the seminar.

When asked specifically about the frequency of discussion of cardiovascular risk with patients, colleagues, community members, community stakeholders, and government officials, the majority of respondents reported that they spoke most frequently with patients (51.7% daily 14.3% weekly) and colleagues (42.9% daily 14.3% weekly), and less frequently with community members (11.4% daily 31.4% weekly). Least frequent were conversations with community stakeholders (0.0% daily 25.7% weekly) and government officials (0.0% daily and 2.9% weekly).

A similar pattern emerges when respondents were asked about the frequency of discussion of practical activities that everyone can do to reduce the risk of cardiovascular disease. The most frequent discussions were with patients (54.3% daily 17.1% weekly) and colleagues (37.1% daily 37.1% weekly), and less frequently with community members (11.4% daily 14.3% weekly). Least frequent were conversations with community stakeholders (0.0% daily 8.6% weekly) and government officials (0.0% daily and 2.9% weekly).

When asked about the frequency of discussion on specific cardiovascular risk topics seminar participants engaged in frequent discussions with patients and community members with most talking with patients and community members about smoking cessation daily (51.4%) or weekly (11.4%); increasing fruit and vegetable consumption daily (62.9%) or weekly (17.1%); reducing saturated fat consumption daily (62.9%) or weekly (11.4%); engaging in physical activity daily (62.9%) or weekly (17.1%), and; decreasing salt intake daily (58.9%) or weekly (11.8%). Tobacco control had the lowest frequency of discussion with patients and community members with 26.6% discussing daily, 17.1% weekly, 11.4% monthly and 28.6% discussing tobacco control as infrequently as every three months or more.

The same pattern emerged when asked about discussions with colleagues, but the frequency of such discussions decreased compared with patients. When asked about the frequency of discussion on specific cardiovascular risk topics seminar participants engaged in discussions with colleagues about smoking cessation daily (31.4%) or weekly (22.9%); increasing fruit and vegetable consumption daily (45.7%) or weekly (34.3%); reducing saturated fat consumption daily (45.7%) or weekly (28.6%); engaging in physical activity daily (45.7%) or weekly (31.4%), and; decreasing salt intake daily (48.6%) or weekly (31.4%). Tobacco control had the lowest frequency of discussion with patients and community members with 22.9% discussing daily, 20.0% weekly, 22.9% monthly and 28.6% discussing tobacco control as infrequently as every three months or more.

When asked about the frequency of discussion on specific cardiovascular risk topics seminar participants engaged in frequent discussions with community stakeholders less often than they conversed with patients and community members about smoking cessation daily (8.6%) or weekly (11.4%); tobacco control daily (8.6%) or weekly (11.4%); increasing fruit and vegetable consumption daily (11.4%) or weekly (11.4%); reducing saturated fat consumption daily (14.3%) or weekly (17.1%); engaging in

physical activity daily (11.4%) or weekly (11.4%), and; decreasing salt intake daily (14.3%) or weekly (11.4%).

Finally, when asked about the frequency of discussion on specific cardiovascular risk topics seminar participants with government officials, less than ten percent of the respondents reported engaging in frequent discussions (daily or weekly) with government officials in any of the six topics. However, some of the respondents spoke with government officials at least monthly on the following topics: smoking cessation (14.3%); tobacco control (11.4%); increasing fruit and vegetable consumption (17.1%); reducing saturated fat consumption (17.1%); engaging in physical activity (17.1%), and; decreasing salt intake (17.1%).

Team Functioning

Seminar participants were asked a series of questions about how their team worked together as a team after the seminar in their local communities. By and large, seminar participants agreed with positive statements indicating productive team functioning such as "Our team shares a vision about the priority of preventing cardiovascular disease" (85.7% strongly agreeing or agreeing), "Our team focuses on problem solving, not laying blame" (77.1% strongly agreeing or agreeing) and "I can express my opinions freely to all of our team members (82.9% strongly agreeing or agreeing) while disagreeing with statements that would indicate a dysfunctional team such as "I feel my leadership skills were not used to their full potential" (60.0% strongly disagreeing or disagreeing) and "The roles and responsibilities of members of our team are not clear since we left the Seminar" (54.3% strongly agreeing or agreeing).

Many seminar participants also valued the multidisciplinary composition of the teams noting that diverse perspectives on viewing and addressing CVD led to a better understanding of taking a population perspective. Some participants mentioned the cumulative value of the seminar for regular participants. For example, one participant reported that regular attendance by the same team members allowed for "cross-pollination" of ideas within and between groups. This synergy was noted in other responses with some participants craving a regularly scheduled forum to discuss local projects and initiatives.

There were also indications that some teams had room for improvement after the seminar. For example, over one-third (37.1%) of respondents agreed that "Not everyone on our team does her or his part to make our projects work." Similarly, less than half (45.7%) of the respondents agreed that "Our team has accomplished a lot in addressing cardiovascular health in our patients and our community."

It should be noted that seminar participants mentioned the presence of competing demands for the attention of team members in describing and explaining their post-seminar efforts. For example, almost two-thirds of the respondents (62.9%) agreed or strongly agreed that "Given all the health issues facing our community, our team is not able to spend as much time and attention on cardiovascular disease prevention as we

would like" and forty percent of respondents agreed or strongly agreed with the statement "Due to other responsibilities, I've not had many opportunities to spread information of what I learned in the Seminars to my co-workers."

Nonetheless, respondents reported a number of activities in which they and team members engaged after attending the Seminars. These activities occurred both at the individual level as participants incorporated knowledge gained in the Seminars in their daily practices such as giving special emphasis to health promotion and prevention when teaching students/colleagues, and encouraging colleagues to accept and use their positions in the community to influence behavioural change and to influence policy. The importance of policy advocacy was mentioned by a number of respondents many of whom noted that the Seminar reminded them of their own power within communities and regions to influence matters concerning health.

Activities beyond the individual practice level included several activities and projects directly related to program planning and evaluation activities such as:

- A project studying knowledge and attitudes of CVD risk factors in the community with a view of providing information on which to base health education messages and lobby for policies that are heart friendly in the community
- Quarterly lectures on CVD risk and health promotion for all staff members at a university hospital
- A protocol for conducting regular monitoring of blood pressure in the workplace
- Development of a stakeholder and partnership support and formative research for a physical education intervention
- Meeting with traditional rulers and leaders about health education and prevention of cardiovascular disease
- A baseline survey measuring the prevalence of CVD in a community
- Design of intervention designed to increase fruit and vegetable intake with process and outcome measures
- Established partnership with professional association to develop educational materials for primary schools and the general public

As might be expected the aforementioned initiatives have included both activities representing the early stages of developing a planned intervention such as gathering basic information about communities, resources, and local perspectives to more advanced projects involving designs with pre- and post-tests, and intervention activities involving multiple partners and stakeholders.

Reflecting the latter, one team used focus groups to develop measures and messaging strategies and gathered baseline data using surveys to assess the impact of a 13 week media campaign on cardiovascular health promotion. The 30 minute television program aired on the National Television Authority (NTA) and included live phone in sessions as well as pre-recorded sessions. The program was aired in both English and Yoruba and

callers to the program as well as other reach indicators suggest that the program was watched throughout the Federation.

In another project team members developed and implemented a workplace wellness program that included objectives such as reducing the mean blood pressure values of members of staff; increasing awareness of cardiovascular risk factors and methods of risk reduction; reducing cardiovascular morbidity and mortality among hospital staff; facilitating increased physical activity among staff members; fostering good interpersonal relationships among various cadres of staff; improving dietary habits, and; encouraging maintenance of ideal body weight among staff members. Activities focused on reducing sodium and fat intake, increasing fruit and vegetable consumption, and increasing physical activity. The project also engaged in establishing partnerships and connections with supportive stakeholders as well as planned dissemination activities to publicize the project and garner support for similar interventions.

Another project emerging from the Annual Seminars conducted a pilot study, a household survey and population census, and based on baseline data randomized villages into clusters to receive general health education or more specific health education on reducing salt intake. Study participants were followed for six months to evaluate the effect of the education and outreach campaign on sodium excretion and blood pressure. The results of the program resulted in a publication in the journal *BMC Public Health* (vol. 6 (13)).

These activities support a sentiment expressed by almost all respondents when asked what was the most important health message presented by the seminar—that lifestyle factors are malleable and have a profound impact on individual and community health.

The Seminar Participant survey was to explore several dimensions of participants' experience of the Annual Seminars. First, the majority of respondents reported that their participation in the CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa provided them with new information or reinforced existing information, with very few indicating that the Seminars merely reiterated already known information.

Next, respondents reported that their participation in the Seminars did influence their understanding of CVD risks in Sub-Saharan Africa and the need for a population perspective in prevention, and may have influenced their knowledge, attitudes and practices in cardiovascular diseases prevention. Most respondents reported bringing the message of CVD risks and prevention strategies directly to their patients on a daily basis and communicating with other important groups (i.e., community stakeholders and government officials) less frequently. It should be noted that these reports may represent a net increase in the frequency and breadth of CVD risk and prevention, but this is impossible to detect without baseline data.

With a few exceptions, the majority of respondents reported that their teams embodied characteristics that would promote successful team work to achieve goals. Many

appreciated the composition of their teams and the multidisciplinary nature of them. That being said, some expressed frustration with the lack of full project implementation when confronted with time constraints and other resource constraints in their home environments. Some indicated that perhaps plans were overly ambitious. Many specifically mentioned the need to have continued contact with other Seminar participants, faculty members and IUHPE staff to support efforts, to brainstorm creative solutions, and to share information about existing resources.

In sum, while in the absence of baseline data it is impossible to unequivocally determine whether seminar participants gained knowledge of cardiovascular disease and its prevention, based on self-assessments, the seminars provided new information to most participants or refreshed previously known information with little to no redundancy.

In terms of disseminating information about cardiovascular disease risks and prevention most respondents indicated that their communication tended to occur more with individual patients rather than larger collectives or outside the traditional clinical setting. It should be noted, however, that without baseline data one cannot be certain that the amount and breadth of communication activities reported do not constitute an increase in such activities. Examples and comments within the survey in response to open-ended question indicate that at the Seminar some participants more fully understood and accepted the potential of their positions in professional settings and based on societal positions.

It appeared that some of the respondents were uncertain about what next steps they might be able to take, and for that and other reasons, it is recommended that IUHPE develop and institute a mechanism for sharing information, experiences, and feedback among Seminar participants and faculty (see below) several times a year, perhaps quarterly. The mechanism may take the form of email alerts in which IUHPE sends out two or three page update of what the teams are doing (based on brief email or telephone surveys with team leaders), a highlighted project that describes in greater depth issues that emerged and how the team might deal with those issues, and short news items about chronic disease prevention in Sub-Saharan Africa. These email alerts might be augmented by following the alerts with conference calls to discuss other projects and issues related to the implementation of those projects. The goal of these activities is to keep the commitment to population-based prevention in the forefront of the minds of seminar participants.

ii. Team Leader Interview

The objective of the Seminar Team Leader Study was to gather richer information from Seminar Team Leaders and provide contextual information for the Seminar Participant Survey and the Core Faculty Survey (Appendix E). The survey was comprised of structured interviews conducted with team leaders trained in 2004, 2005, 2006 and 2007. In these interviews UIC interviewers solicited more detailed reports on the activities of teams within countries prior to and following the Workshop training to gain a better understanding of team dynamics and the attributes that make teams better and less able to

launch program activities following participation in the Seminars. The interviews were to gather qualitative data on team leaders' perceptions of the workshop and training process with respect to replication of the overall approach to other chronic diseases such as diabetes or conditions like obesity.

Perceptions of Team Composition

The team leaders described a range of experiences in working with their fellow team members prior to the IUHPE/CDC initiative. A couple of team leaders knew members of their team but did not necessarily in the context of working together as a team and had not worked directly with them prior to the IUHPE/CDC initiative. Other team leaders had worked with their team members in other professional capacities prior to their attendance at the Seminar.

In the selection of team members, team leaders reported looking for individuals with diverse skills and experience able to work on the various aspects of any proposed community based initiative within a community context; individuals holding political positions that would support access and approval once the project was developed; individuals with direct access to the media to support information dissemination; and individuals with experience in working with communities from a public health perspective. In one instance, a team leader suggested the higher level of expertise of team members and the higher level of discussion generated actually may have resulted in more of an overly ambitious project as compared to a previous experience with a less experience team membership.

Challenges to Team Leadership and Progress

Interviewed team leaders reported that a lack of and/or insufficient funding posed challenges to them in their leadership capacity as well as to the progress of the team in achieving their project goals and objectives. In fact, team leaders felt or believed that they were promised funding from IUHPE but that promise was not fulfilled.

If a team leader was managing multiple teams and projects, he/she was often placed in the position of trying to determine the most advantageous way to allocate limited resources among these multiple teams (e.g. with "only enough to cover bare expenses for one of the projects"; "at a loss as how to allocate funds because there are no funds."). This was further complicated by team leaders' reflections on their budgets which they felt were non-excessive, "not frivolous, they were quite tight."

Upon returning to their home countries, team leaders have found accessing and acquiring local funds for supporting their interventions to be a barrier. Given limitations in funding, team leaders have focused on initiating community entry and issue sensitization, building community partnerships and ownership, selection of intervention setting, and initial rounds of data collection (e.g. key informant interviews, focus groups), and/or use of initial (qualitative) data collection to support evaluation instrument design. Some,

however, were not able to implement data collection instruments or conduct interventions.

Team leaders found the need to initiate projects regardless of funding restrictions in order not to lose momentum, interest and commitment of team members, especially given the other demands placed on team members' time. One team leader reported that perceived project stagnation often causes frustration among team members - "When are we going to get enough money to get this project to go?...You have collected good data but have been constrained to go on…that tends to dampen the enthusiasm of group members."

Further, in the views of the team leaders the process was prolonged because of IUHPE's practice of transferring funds to institutions rather than individuals which appeared to be misunderstood by the Team Leaders. The need for accountability and transparency and the role of institutions in ensuring those needs might be better communicated with team leaders so they understand why funds cannot be dispersed to them as individuals. In fact, the IUHPE, following earlier misunderstandings, convened meetings with team leaders devoted solely to explaining the functioning and process of obtaining seed funding as well as highlighting that the seed funding was available to initiate efforts and was not to fully fund all pilot and main projects.

In sum the team leaders interviewed for this component revealed several areas team leaders felt were in need of improvement, and the root of their complaints concerned funding to get their projects executed. Because a number of the team leaders had already adopted the population health perspective and some had a couple of years of experience in working in the Seminars, it is possible that those team members were ready to move on to what they perceived was the next level of change by engaging in specific actions.

As the fundamental focus of Annual Seminars is to build capacity within sub-Saharan African countries to develop and implement a population-based perspective on health, the challenge of developing internal support and resources devoted to this end might be more fully developed in future Seminars to avoid misunderstandings among team leaders and to help them articulate specific plans to garner such support.

As indicated in the Seminar participant surveys, compared with interviewed Team Leaders, many Seminar participant respondents felt that they were able to apply and disseminate elements of what they learned at the Annual Seminars and did not focus so exclusively on funding from IUHPE. This may have resulted from differences in expectations or from differences in the stage of change experienced by each of the two groups. Specifically, for a number of Seminar participant survey respondents the consideration of CVD as preventable condition and not only a treatable condition, the task of prevention at a community level, and the notion of prevention in non-clinical settings constituted a shift in perspective with which respondents were gaining comfort and facility. Conversely, Team Leaders who had adopted the population perspective and were ready to move on to the next stage of implementing their new perspective were frustrated by resource limitations.

iii. Core Faculty Survey

Each of the respondents provided very clear and concise reports on what each contributed to the Annual Seminars and how their section or topic directly contributed to the development of a population perspective on CVD risks and prevention. Faculty members were pleased to see the addition of social determinants of health and an emphasis on lifestyle factors, believing that these perspectives were fundamental to the development of a population perspective and a public health approach. Some faculty members thought it might be useful to include sessions on networking and more on the development of partnerships, and these topics were valued by Seminar Participants as well (see above).

Faculty members were pleased to receive background material on seminar participants in advance of the Annual Seminars noting that this was not always the case. In few instances were faculty members aware of teams' histories of working together and several expressed the importance of knowing more both about Seminar participants' baseline knowledge, attitudes and practices regarding CVD and health promotion prior to the Seminars, but also with their experiences as members of the team. This knowledge would help faculty better tailor educational materials. In addition, the idea of providing teams with tasks to accomplish prior to the Seminars was raised independently by several faculty members. The tasks would give all teams an opportunity to interact prior to the Seminar while gathering potentially important information to use in the Seminars or after.

When discussing team dynamics a couple team members mentioned that social dynamics based on social location (i.e., gender, professional role) appeared to influence group dynamics and the challenge the execution of the concept of having egalitarian teams working together toward common goals. Because of the cultural roots of these role expectations and practices, IUHPE must balance the practice of cultural sensitivity with the assumptions underlying the management model of egalitarian teams. IUHPE might consider this tension when constituting teams or when choosing team leaders.

To the dismay of faculty members, there were few contacts between faculty and Seminar participants after the Annual Seminars. When contacts between faculty and team members did occur faculty members were pleased about opportunity to help teams on specific proposals and on research design issues. In discussing a need for more opportunities for post-seminar contacts several faculty members suggested that there is an important missed opportunity for mentoring and sharing information that could be based on the bonds developed during the Annual Seminars. It should be noted that this desire for structured post-seminar contacts was shared by Seminar participants.

Finally Seminar Faculty were asked for concrete recommendations for future trainings in CVD, health promotion, and other chronic diseases in sub-Saharan Africa based on their experiences with the Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control. Faculty clearly felt that a comprehensive approach to health promotion such as integrated disease prevention and management would provide a useful framework within which IUHPE could bring in experts in diabetes, cancer, CVD,

and other non-communicable conditions. Because prevention of these and many other non-communicable conditions share the root causes, a basic framework could be developed and tailored to the specific economic and political conditions in many African nations, including French speaking African nations.

7. Recommendations

Based on the results of the Seminar Participant surveys, Team Leader interviews, and Core Faculty interviews we recommend IUHPE consider the following activities. It is recognized that additional funding may be necessary to fully implement some of these recommendations:

I. Conceptually and practically restructuring the Annual Seminars to begin prior to and continue after the two week in-person meeting.
   a. In consultation with Team Leaders and Core Faculty members, begin by giving each team a data-related task to accomplish prior to attending the Annual Seminars. Tasks might be developing a list of data resources that are publicly available and creating contacts with professionals who have non-public data sources; using available population data, creating locally specific data tables to describe population indicators associated with CVD risks and prevention or other chronic non-communicable diseases, and/or; list and describe additional information needs.
      i. Engaging in these activities will provide team members with an opportunity to work together as team in their home environments on a project similar to the types of activities in which they will participate during the Annual Seminar meetings. Thus all Annual Seminar constituted teams will have the experience of operating as a team prior to the in-person Annual Seminars meetings.
      ii. It will allow them to become familiar with local data and human resources that will be helpful to them when they return from the Annual Seminar meetings.
      iii. It is recognized that different environments will have widely varying data resources available and that the likelihood of having specific, accurate local-level data is quite low. The Annual Seminars will help participants in dealing with these challenges.
      iv. It will allow Team Leaders an opportunity to create a longer-range or more complex plan for establishing a population research protocol of baseline data collection, multi-faceted interventions, and the development of process, impact and outcome indicators across several Annual Seminar sessions.
      v. It will provide Teams an opportunity to work collectively with other health and government professionals to develop data resources over time.
      vi. It will allow for the collection of baseline data on Seminar Participants' knowledge, attitudes and practices which is necessary to demonstrate the impact of the Annual Seminars. Under the transtheoretical model of change it is likely that Seminar participants, including Team Leaders, come to the Annual Seminars at a different stage of change regarding what it means to

have a population-based perspective on disease prevention and how one acts upon that perspective. The collection of baseline data would help IUHPE track those changes.

b. Following the Annual Seminar meetings, create a series of communication opportunities to maintain contacts among Core Faculty members, Team Leaders and Seminar Participants. These structured contacts should begin very soon after the Annual Seminar meetings—perhaps as early as two or three weeks after the Annual Seminar meetings. The contacts may involve a combination of conference calls between one team and a couple Core Faculty members, calls among several teams and one or two Core Faculty members and emailed newsletter updates produced in collaboration by IUHPE and the teams including information about what each of the teams are planning, implementing, and evaluating. The precise scheduling of these post-Annual Seminar meeting contacts might be more frequent immediately following the Annual Seminar meeting to maintain the momentum and reduced as teams establish their local expectations and routines for implementing what was learned at the Annual Seminars.
    i. Engaging in these post-Annual Seminar meetings may increase the probability that the teams will continue to function as teams centered on the task of developing and implementing a population-based perspective on health and prevention.
    ii. Continued communication through post-Seminar meetings and contacts may maintain momentum and commitment developed during the Annual Seminar meetings by providing team members with encouragement while acknowledging that all team members face competing demands for their attention when they are in home environments. Providing specific examples of teams that manage to engage in activities that evince a population-based prevention perspective shows other team members that these activities are indeed possible, gives concrete "blue prints" for replication, and reinforces the notion that these activities are consistent with the team members' professional roles.
    iii. Continued communication through post-Seminar meetings and contacts will provide a formal structure for continued contacts between core Faculty members and teams, providing regular opportunities for mentoring.
    iv. Continued communication through post-Seminar meetings and contacts creates opportunities for coalition building and cross-site collaboration. By pooling intellectual resources across several teams and sites, it may be possible to develop a population research protocol of baseline data collection, multi-faceted interventions, and the development of process, impact and outcome indicators across several Annual Seminar sessions and across several locations. This level of collaboration and cooperation may attract funding that would allow for implementation of these more ambitious protocols.

v. Continued communication through post-Seminar meetings and contacts will facilitate post-Seminar data collection to measure the impact of the Annual Seminars on knowledge, attitudes, and practices in local environments. This process should recognize that individuals often begin with small changes within comfort zones—such as providing patients with acute conditions information about CVD risks and prevention or sharing information with colleagues in seminars or through personal conversation. With the continued support and mentorship by Core Faculty members and other Annual Seminar Teams, concrete steps for expanding their spheres of influence to larger collectivities and to local, regional and national policies, may be supported and nurtured.

II. Establish clear expectations among Team Leaders regarding opportunities and limitations of IUHPE support regarding activities associated with the Annual Seminars.
   a. IUHPE might consider discussing the meaning of capacity building with respect to the dimension of fundraising or the identification of in-kind support that would facilitate the implementation of projects or interventions.
   b. Establish what funding levels are available at what stage of planning to encourage planning for multi-year or multi-site collaboration to share resources.

III. Reconceptualize the Annual Seminars format to promote the Integrated chronic disease prevention and control (WHO 2008a). By using the IUHPE's experience, expertise and leadership as a model approach to capacity building in Sub-Saharan, modifications to current program content areas would lay a solid foundation of integrated chronic disease prevention and control with the potential to elaborate specific conditions such as obesity, diabetes, cancer, and hypertension.
   a. The potential for multiple teams across disease specialties might foster within and across-institutional collaborations to share resources, provide support and promote efficiencies.
   b. As suggested by one of the core faculty, the format might permit the utilization of existing data resources available under the STEPwise approach to Surveillance or STEPS program (WHO 2008b). Existing data uses might range from benchmarking, setting measurable objectives and outcome measures.

IV. Incorporate process, impact, and outcome evaluation measures for the Annual Seminars specifically. A formal evaluation process would:
   a. Allow for measurement of change in knowledge, attitudes and practices among Seminar participants and Team leader. A template for IUHPE discussion might be based on a modification of the Seminar Participant Survey conducted for this evaluation (Appendix A).
   b. Permit fine-tuning of post-Seminar activities to foster individual and team level progress.

c. Create an evidence-based approach for making modifications in the Annual Seminars as well as the pre- and post-activities if that format is adopted.
d. Develop the necessary evidence for replication in other environments and/or with other health conditions.

8. Literature

WHO (2002). Guidelines for the development of health promotion in countries of the WHO Africa Region. Republic of South Africa: WHO.

WHO (2008a) Integrated chronic disease prevention and control. Available at

WHO (2008b). STEPwise approach to Surveillance (STEPS). Available at http://www.who.int/chp/steps/resources/en/index.html

Appendix A : Seminar Participant Survey Instrument

Seminar Participant Survey

The International Union for Health Promotion and Education (IUHPE) has contracted with the University of Illinois-Chicago (UIC) to provide assistance in evaluating the Annual Seminars on Cardiovascular Health Promotion and Chronic Disease Epidemiology sponsored by the U.S. Centers for Disease Control (CDC) and the IUHPE. The objective of this survey is to help the International Union for Health Promotion and Education (IUHPE) understand the impact of participation in the Annual Seminars. Your participation is greatly appreciated.

Your answers to this survey will not be linked to your name nor to any other personally identifying information in reports to CDC/IUHPE or in public meetings, seminars or publications.

You may decline to answer any or all of the following questions without any adverse effect on your relationship with CDC, IUHPE, or UIC.

Seminar Information Topics

For each of the following topics please tell us if participation in the seminars gave you new information, refreshed your memory by elaborating on past education, or mostly reiterated information you already knew. Please place an "X" in the appropriate box

	Provided new information	Refreshed past education	Reiterated Known Information
Health Promotion and Chronic Disease prevention			
Health Promotion and Health education in Sub-Saharan Africa			
Basic Epidemiology			
Basic Statistics			
Public Health Surveillance			
Primary Prevention			
Case Studies of public health research			
Tobacco Control			
Risk Factor Control			
Designing Research Programs			
Advocacy			
Communication & Media			
Legislation and Policy			
Social Marketing			
Evaluation of health programs			
Partnerships			

Assessment & Program Development			
Collection and use of Qualitative Data			
Collection and use of Quantitative Data			

Seminar Participant Draft Perceived Knowledge and Individual Dissemination Activities

Based on your participation in the 'Annual Seminars on Cardiovascular Health Promotion and Chronic Disease Epidemiology', would you say that **your ability to counsel and educate** patients, colleagues, and stakeholders about the **risks of cardiovascular disease in Sub-Saharan Africa** increased, decreased or stayed about the same? Please type in your answer below. You participated in the program in [YEAR]

About how frequently do you discuss **risks of cardiovascular disease** with the following groups? Do you discuss DAILY, WEEKLY, MONTHLY, EVERY 3-6 MONTHS, RARELY or NEVER discuss the risks of cardiovascular disease with the following groups. Please type in your answer next to each group.

Patients	
Colleagues	
Community Members	
Community Stakeholders	
Government Officials	

Again, based on your participation in the 'Annual Seminars on Cardiovascular Health Promotion and Chronic Disease Epidemiology', would you say that **your ability to counsel and educate** patients, colleagues, and stakeholders about the **practical activities that everyone can do to reduce the risk of cardiovascular disease** increased, decreased or stayed about the same? Please type in your answer below. [If you do not see patients, please skip to the next question]

About how frequently do you discuss **practical activities that everyone can do to reduce the risk of cardiovascular disease** with the following groups? Do you discuss DAILY, WEEKLY, MONTHLY, EVERY 3-6 MONTHS, RARELY or NEVER discuss practical activities that everyone can do to reduce the risks of cardiovascular disease with the following groups. Please type in your answer next to each group

Patients	
Colleagues	
Community Members	
Community Stakeholders	
Government Officials	

How frequently do you discuss the following topics with **patients and community members**? Do you discuss DAILY, WEEKLY, MONTHLY, EVERY 3-6 MONTHS, RARELY or NEVER discuss the topics listed below with **patients and community members.** Please type in your answer next to each topic.

Smoking Cessation	
Tobacco Control	
Increasing Fruit and Vegetable Consumption	
Reducing Saturated Fat Consumption	
Engaging in physical activity	
Decreasing salt intake	

How frequently do you discuss the following topics with **colleagues**? Do you discuss DAILY, WEEKLY, MONTHLY, EVERY 3-6 MONTHS, RARELY or NEVER discuss the topics listed below with **colleagues.** Please type in your answer next to each topic.

Smoking Cessation	
Tobacco Control	
Increasing Fruit and Vegetable Consumption	
Reducing Saturated Fat Consumption	
Engaging in physical activity	
Decreasing salt intake	

How frequently do you discuss the following topics with **community stakeholders**? Do you discuss DAILY, WEEKLY, MONTHLY, EVERY 3-6 MONTHS, RARELY or NEVER discuss the topics listed below with **community stakeholders.** Please type in your answer next to each topic.

Smoking Cessation	
Tobacco Control	
Increasing Fruit and Vegetable Consumption	
Reducing Saturated Fat Consumption	
Engaging in physical activity	
Decreasing salt intake	

How frequently do you discuss the following topics with **government officials**? Do you discuss DAILY, WEEKLY, MONTHLY, EVERY 3-6 MONTHS, RARELY or NEVER discuss the topics listed below with **government officials?** Please type in your answer next to each topic.

Smoking Cessation	
Tobacco Control	
Increasing Fruit and Vegetable Consumption	
Reducing Saturated Fat Consumption	
Engaging in physical activity	
Decreasing salt intake	

We would like to know how your team has worked together on cardiovascular disease prevention and health promotion since you completed the seminar. So for the following questions, please think about how your team has operated in your local community. Your team included [NAMES OF TEAM MEMBERS]

Please indicate whether you **STRONGLY AGREE**, **AGREE, FEEL NEUTRAL, DISAGREE, STRONGLY DISAGREE** with the following statements as applied to your team.

Our team shares a vision about the priority of preventing cardiovascular disease.	
I feel my leadership skills were not used to their full potential in this team in planning our project.	
Our team focuses on problem solving, not laying blame	
The roles and responsibilities of members of our team are not clear since we left the Seminar.	
Our team accomplishes more together in planning and delivering programs to address cardiovascular disease than what we could do as individuals	
Not everyone on our team does her or his part to make our projects work	
I can express my opinions freely to all of our team members	
Our team has accomplished a lot in addressing cardiovascular health in our patients and our community.	
Due to other responsibilities, I've not had many opportunities to spread information of what I learned in the Seminars to my co-workers.	
Given all the health issues facing our community, our team is not able to spend as much time and attention on cardiovascular disease prevention as we would like.	

What was the most **valuable** thing you learned from developing your seminar project that you have used or applied in your local community?

What was the most **practical** thing you learned from your participation in the seminar that you have used or applied in your local community?

How did the structure and format of the Annual Seminars help your team develop a sense of how to work as a team in the area of cardiovascular health and health promotion? What other skills or format might be useful for developing effective teams?

Did you (or your team?) try to implement anything that you learned at the seminar? What thing(s) were you able to try or implement as soon as you returned home? Please describe.

What public health messages are most important for your community to learn or know related to cardiovascular disease prevention and health promotion? How was this supported by what was presented at the seminar?

Appendix B : Seminar Participant Study Information Sheet

University of Illinois at Chicago
School of Public Health
Institute for Health Research and Policy
Information Sheet for Seminar Participant

Study Title: CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa: External Evaluation
Principal Investigator: Dianne Rucinski, PhD
Sponsor: International Union for Health Promotion and Education

Introduction/Purpose:
The International Union for Health Promotion and Education(IUHPE) has contracted with the University of Illinois at Chicago (UIC) to provide assistance in evaluating the CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa held between 2004 and 2007. This study will interview seminar participants, team leaders and core faculty to assess the impact of participation. As a seminar participant, your participation in this study will allow for the evaluation of the seminar's content, structure, influence and effectiveness. All information collected from your survey will be de-identified and compiled with other seminar participant responses for analysis. **Your name or personal information will not be individually profiled or identified in the analysis or final report**.

Procedures:
You will have been sent a seminar participation survey via email. Upon completing and emailing your survey to (AnnSem@uic.edu), your response will be coded and entered into a database that will not include your name or identifying information. After the data collection period has ended, all participants will be provided with a short debriefing regarding the study. By completing and returning this survey, you are agreeing to participate in the research study. Please keep this information sheet for your future reference.

Risks:
This study will use surveys that do not include questions of a personal nature. The intent of the survey is not to bring about any discomfort in the respondent. Although the data collected are not likely to make the respondent uncomfortable, reveal socially undesirable traits, or portray the participant in a negative light, the principal investigator and research staff with UIC IRB protection of human subjects training cannot guarantee the above although every effort will be made to do so. Should you feel any discomfort regarding any question, you may decline to answer the question. Any personal discomfort you may feel is likely to be temporary.

Benefits:

The outcome data of this study will assist the International Union for Health Promotion and Education(IUHPE) evaluate its CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa and will provide valuable information that will be used to improve and enhance future seminars.

Voluntary Nature of the Study:
Survey participation is on a completely voluntary basis. You have the alternative to choose to not participate in this research study. Refusal will not adversely impact your relationship with the International Union for Health Promotion and Education and the University of Illinois at Chicago.

Confidentiality:
Every effort will be made by the principal investigator and project research staff to uphold the confidentiality of the participant's survey response. Participant surveys will be sent to a password protected email account that only the principal investigator and trained research staff will have access to. All surveys will be de-identified, coded and merged into a separate database that will not include participant's name or identifying information. Once the survey is received, participant's name and personal information will not be used in any stage of the study including data analysis and the final report. When the data collection period has ended, the email account established for the project will be closed.

Subject's Rights:
If you decide to participate, you are free to withdraw at any time. You may choose to decline to answer any of the individual questions. After the data collection period has ended, all participants, regardless of participation in the study, will be provided with debriefing materials regarding the study. If you have any questions, you may contact the University of Illinois at Chicago IRB at 312-996-1711 or 866-789-6215 (toll-free) or uicirb@uic.edu.

Contacts and Questions:
If at any time you have question or concerns, please contact the Principal Investigator, Dianne Rucinski at: 312-355-1769 or drucin@uic.edu

By completing and returning this survey, you are agreeing to participate in the research study. Please keep this information sheet for your future reference.

Appendix C : Team Leader Interview Guide

Team Leader Interviews

The International Union for Health Promotion and Education (IUHPE) has contracted with the University of Illinois-Chicago (UIC) to provide assistance in evaluating the Annual Seminars on Cardiovascular Health Promotion and Chronic Disease Epidemiology sponsored by the U.S. Centers for Disease Control (CDC) and the IUHPE. The objective of this survey is to help the International Union for Health Promotion and Education (IUHPE) understand the impact of participation in the Annual Seminars. Your participation is greatly appreciated.

The following questions will be asked by a trained UIC staff member by telephone at an agreed upon time. To facilitate the interview process and capture your responses, interviews will be audio-taped with your permission. Should you prefer NOT to have the conversation taped, please tell the UIC interview when she asks if she has permission to record the interview.

Your answers to this survey will be abstracted and combined with answers of other team leaders to create summaries of responses. Your responses will not be linked to your name nor to any other personally identifying information in reports to CDC/IUHPE or in public meetings, seminars or publications.

You may decline to answer any or all of the following questions without any adverse effect on your relationship with CDC, IUHPE, or UIC.

Team Leader Questions

As you may know, teams participating in the Annual Seminar ranged from teams that had been together and worked together for some time prior to the Annual Seminar while other teams were formed specifically for the Seminars.

First, can you tell me a little about your team—its history of working together, roles of the members, and the types of activities and projects you worked on **prior to** attending the Annual Seminar? What criteria or decision points did you use to select members?

Now I would like to hear about your teams activities **after** the Annual Seminar. What has your team tried to implement based on what you learned at the seminar? What things were you able to try or implement as soon as you returned home?

How did the structure and format of the Annual Seminars help your team develop a sense of how to work together as a team in the area of cardiovascular health? What other skills or format might be useful for developing effective teams?

In addition to what was presented in the Seminar, are there other skills & types of information/knowledge that leaders need to be equipped with to undertake interventions within their local context?

What would you say is the most important accomplishment your team has achieved in addressing cardiovascular health in your community since its participation in the Annual Seminar?

Were there any structures or context "realities" that constrained your implementation of public health interventions?

What resources were/are necessary for implementation of projects or interventions planned during the seminar within your local context? Were you able to leverage any institutional arrangements for supporting your projects or interventions beyond the initial seed money?

For projects and interventions implemented post-seminar, what level of organization was required beyond the immediate team? Were some environments more supportive of health action than others?

Can you please tell us about your contact with the Regional Coordinating Structure? How did these contacts help your team facilitate the development and implementation of projects or interventions? In what ways might the Regional Coordinating Structure better facilitate projects or interventions?

What do you believe is important to sustain any improvements or new perspectives that you gained as a result of your participation in the seminar?

Can you think of any suggestions for delivering these seminars in the future in other African nations, including in French-speaking African nations?

Appendix D : Team Leader Informed Consent

University of Illinois at Chicago
School of Public Health
Institute for Health Research and Policy
Consent for Team Leader

Study Title: CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa: External Evaluation
Principal Investigator: Dianne Rucinski, PhD
Sponsor: International Union for Health Promotion and Education

Introduction/Purpose:
The International Union for Health Promotion and Education(IUHPE) has contracted with the University of Illinois at Chicago (UIC) to provide assistance in evaluating the CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa held between 2004 and 2007. This study will interview seminar participants, team leaders and core faculty to assess the impact of participation. As a team leader, your participation in this study will allow for the evaluation of the seminar's contribution towards team dynamics, function, and utilization of seminar content as well as provide recommendations on improving seminar execution and implementation. All information collected from your survey will be de-identified and compiled with team leader participant responses for analysis. **Your name or personal information will not be individually profiled or identified in the analysis or final report**.

Procedures:
After reviewing, signing and submitting this electronic consent form, you will be sent a list of survey questions via email one week prior to a taped phone interview by a project research staff member with UIC IRB protection of human subjects training. All responses provided to the research staff will be abstracted so that names and personal information are not attached to responses. After the data collection period has ended, all participants will be provided with debriefing materials regarding the study.

Risks:
This study will use surveys that do not include questions of a personal nature. The intent of the survey is not to bring about any discomfort in the respondent. Although the data collected is not likely to make the respondent uncomfortable, reveal socially undesirable traits, or portray the participant in a negative light, the principal investigator and research staff cannot guarantee the above although every effort will be made to do so. Though personally identifiable information will not be included in the report, as there are only a small number of team leaders, anonymity cannot be guaranteed. While not anticipated, it is possible that you may feel discomfort when asked certain questions. You may decline to answer any or all questions. Discomfort you may feel is likely to be of a temporary nature.

Benefits:

The outcome data of this study will assist the International Union for Health Promotion and Education(IUHPE) evaluate its CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa and will provide valuable information that will be used to improve and enhance future seminars.

Voluntary Nature of the Study:
Survey participation is on a completely voluntary basis. You have the alternative to choose to not participate in this research study. Refusal will not adversely impact your relationship with the International Union for Health Promotion and Education and the University of Illinois at Chicago.

Confidentiality:
Every effort will be made by the principal investigator and project research staff to uphold the confidentiality of the participant's survey response. Due to the fact that there are a small number of team leaders and that your identity is well known by IUHPE staff, it is not possible to fully mask the identity of the participant, but all efforts will be made to abstract responses to the survey such that the essence of the information remains in tact while specific quotations are kept to a minimum and identifying comments are eliminated. Audio tapes of the interviews will be destroyed once the responses have been abstracted and summarized. The results of the survey will reported in summary form only and responses will not be associated with identifiable characteristics of respondents.

Subject's Rights:
If you decide to participate, you are free to withdraw at any time. You may choose to decline to answer any of the individual questions. After the data collection period has ended, all participants, regardless of participation in the study, will be provided with debriefing materials regarding the study. If you have any questions, you may contact the University of Illinois at Chicago IRB at 312-996-1711 or 866-789-6215 (toll-free) or uicirb@uic.edu.

Contacts and Questions:
If at any time you have question or concerns, please contact the Principal Investigator, Dianne Rucinski at: 312-355-1769 or drucin@uic.edu

Consent:
I have read and understand the above information. Any questions I had have been answered. I understand what is asked of me and consent to participate in this study. A copy of this form will be emailed to me for my personal records.

____

Respondent's Printed Name   Date

____

Printed Name of Person Obtaining Consent   Signature   Date

Appendix E : Faculty Interview Guide

Faculty Interviews

The International Union for Health Promotion and Education (IUHPE) has contracted with the University of Illinois-Chicago (UIC) to provide assistance in evaluating the Annual Seminars on Cardiovascular Health Promotion and Chronic Disease Epidemiology sponsored by the U.S. Centers for Disease Control (CDC) and the IUHPE. The objective of this survey is to help the International Union for Health Promotion and Education (IUHPE) understand the impact of participation in the Annual Seminars. Your participation is greatly appreciated.

The following questions will be asked by a trained UIC staff member by telephone at an agreed upon time. To facilitate the interview process and capture your responses, interviews will be audio-taped with your permission. Should you prefer NOT to have the conversation taped, please tell the UIC interview when she asks if she has permission to record the interview.

Your answers to this survey will be abstracted and combined with answers of other core faculty members to create summaries of responses. Your responses will not be linked to your name nor to any other personally identifying information in reports to CDC/IUHPE or in public meetings, seminars or publications. However, due to the small number of core faculty members the usual confidentiality and privacy safeguards possible when surveying very large numbers of people are not feasible in this survey of core faculty members.

You may decline to answer any or all of the following questions without any adverse effect on your relationship with CDC, IUHPE, or UIC.

Core Faculty Survey Questions

As you know, the overarching goal of the Annual Seminar is to help seminar participants develop a solid population-based perspective on addressing cardiovascular health in Sub-Saharan Africa. Considering first your own contribution, can you please tell me how your lectures and materials helped participants develop a population based perspective?

We have sent you the Seminar outline and ask that you review it this time. Are there any topics that OUGHT to be included in the Seminar that are not presently included?

Next, we'd like to hear about your perceptions of the teams and their functioning. First we'd like to hear about what you knew of the history of their working together, the roles of the members, and the types of activities and projects the team members worked on **prior to** attending the Annual Seminar? How did these experiences affect their participation in the Seminars, it at all?

Let's talk about the teams' activities **after** the Annual Seminar. Are you aware of any activities or programs the teams tried to implement based on what was learned at the seminar? Has any member of a country team or teams been in contact with you about implementation of their project or intervention or on another health related topic? For

what reasons did they contact you? Were you able to provide assistance and/or referrals? Would you have preferred more ongoing contact with the teams after the seminar ended?

Among all of the team activities and programs with which you are aware, what would you say is the most important program or intervention developed by a team participating in the Annual Seminar?

In addition to what was presented in the Seminar, what are the other skills & types of information/knowledge that leaders and seminar participants need to be equipped with to undertake interventions within their local context?

How did the structure and format of the Annual Seminars help teams develop a sense of how to work together as a team in the area of cardiovascular health and health promotion? What other skills or format might be useful for developing effective teams? Are there any team building activities or strategies you think might be useful?

Are you aware of any structures or context "realities" that constrained teams' implementation of public health interventions?

For interventions implemented post-seminar, what level of organization is required beyond the immediate team? Were some environments more supportive of health action than others?

Can you please tell us about your contact with the Regional Coordinating Structure? Would you say the Regional Coordinating Structure helped the teams facilitate the development and implementation of projects or interventions? In what ways might the Regional Coordinating Structure better facilitate projects or interventions?

What do you believe is required in order to sustain the knowledge or new perspectives that teams gained as a result of participation in the Seminar?

In addition to cardiovascular disease, what other chronic conditions do you feel are MOST important for the seminars and trainings in Sub-Saharan Africa to address? What special considerations or recommendations do you have for future course developments?

Can you think of any suggestions for delivering these seminars in the future in other African nations, including French speaking countries?

Appendix F : Core Faculty Interview Informed Consent

University of Illinois at Chicago
School of Public Health
Institute for Health Research and Policy
Consent for Core Faculty

Study Title: CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa: External Evaluation
Principal Investigator: Dianne Rucinski, PhD
Sponsor: International Union for Health Promotion and Education

Introduction/Purpose:
The International Union for Health Promotion and Education(IUHPE) has contracted with the University of Illinois at Chicago (UIC) to provide assistance in evaluating the CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa held between 2004 and 2007. This study will interview seminar participants, team leaders and core faculty to assess the impact of participation. As core faculty, your participation in this study will allow for the evaluation of the effectiveness of the seminar including achievement of goals and objectives, accommodation of seminar material to the needs of the participants, and the strengths and limitations of teams during and after the seminars. All information collected from your survey will be de-identified and compiled with other core faculty responses for analysis. **Your name or personal information will not be individually profiled or identified in the analysis or final report**.

Procedures:
After reviewing, signing and submitting this electronic consent form, you will be sent a list of survey questions via email one week prior to a taped phone interview by a project research staff member with UIC IRB protection of human subjects training. All responses provided to the research staff will be abstracted so that names and personal information are not attached to responses.

Risks:
This study will use surveys that do not include questions of a personal nature. The intent of the survey is to gather information about your perceptions and not to bring about any discomfort. Although the data collected are not likely to make you uncomfortable, it may be possible that a question may make you feel temporarily uncomfortable. The discomfort, if any, may be short term in nature. Though personally identifiable information will not be included in the report, as there are only a small number of core faculty, anonymity cannot be guaranteed

Benefits:

The outcome data of this study will assist the International Union for Health Promotion and Education(IUHPE) evaluate its CDC/IUHPE Annual Seminars for Cardiovascular Health Promotion and Chronic Disease Prevention and Control in Sub-Saharan Africa

and will provide valuable information that will be used to improve and enhance future seminars.

Voluntary Nature of the Study:
Survey participation is on a completely voluntary basis. You have the alternative to choose to not participate in this research study. Refusal will not adversely impact your relationship with the International Union for Health Promotion and Education and the University of Illinois at Chicago.

Confidentiality:
Every effort will be made by the principal investigator and project research staff to uphold the confidentiality of the participant's survey response. Due to the fact that there are a small number of core faculty and that your identity is well known by IUHPE staff, it is not possible to fully mask the identity of the participant, but all efforts will be made to abstract responses to the survey such that the essence of the information remains in tact while specific quotations are kept to a minimum and identifying comments are eliminated. Audio tapes of the interviews will be destroyed once the responses have been abstracted and summarized. The results of the survey will reported in summary form only and responses will not be associated with identifiable characteristics of respondents.

Subject's Rights:
If you decide to participate, you are free to withdraw at any time. You may choose to decline to answer any of the individual questions. After the data collection period has ended, all participants, regardless of participation in the study, will be provided with debriefing materials regarding the study. If you have any questions, you may contact the University of Illinois at Chicago IRB at 312-996-1711 or 866-789-6215 (toll-free) or uicirb@uic.edu.

Contacts and Questions:
If at any time you have question or concerns, please contact the Principal Investigator, Dianne Rucinski at: 312-355-1769 or drucin@uic.edu

Consent:
I have read and understand the above information. Any questions I had have been answered. I understand what is asked of me and consent to participate in this study. A copy of this form will be emailed to me for my personal records.

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Respondent's Printed Name Subjects signature Date

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Printed Name of Person Obtaining Consent Signature Date