Capacity Building Performance Measures

At the time of application, States applying for funding may have already achieved various performance measures for Capacity Building. States should review the following measures, identify those already achieved, and plan to address the remaining performance measures within the first one to two years of funding.

Annually:

- Collaborate with State health department partners on the planning and implementation of at least one capacity building activity or State heart disease and stroke prevention plan activity.
- Leverage resources from external partners to facilitate the development or implementation of the State heart disease and stroke prevention plan. Provide two narrative examples.

By the end of year 1:

- Employ one full-time project manager.
- Employ one half-time chronic disease epidemiologist.
- Develop a heart disease and stroke burden profile for program planning and training.
• Establish a State partnership comprising diverse partners.
• Develop a plan for convening and maintaining a State partnership.
• Convene one partnership meeting toward the development of a State plan.

By the end of year 2:
• Complete a training needs assessment. Develop and implement a training plan to increase the capacity of staff and partners.
• Publish in hard copy a State heart disease and stroke burden report.

By the end of year 3:
• Publish in hard copy a comprehensive State plan that uses burden and assessment findings; addresses prevention of heart disease and stroke; addresses heart disease and stroke risk factors; proposes policy and systems changes as approaches to the 6 priority areas; identifies how progress toward successful achievement of the plan will be evaluated; and documents partner involvement in planning and implementing the State plan.
• Complete an evaluation of the State partnership, including, for example, partner satisfaction, commitment and involvement, infrastructure and functioning, effectiveness and outcomes, and sustainability.
• Develop an approach to implementing the State plan as part of the program work plan.
By the end of year 4:

- Implement the State plan in collaboration with partners using policy and systems change to address the 6 State HDSP Program priority areas.
- Develop an implementation plan for at least 2 population-based, policy or systems change interventions in 1 or more of the State HDSP Program priority areas, in collaboration with partners.

By the end of 5 years:

- Implement and initiate evaluation of a small scale version of at least 1 of the population-based interventions proposed in year 4.
- Update the burden profile.
- Meet all criteria for requesting Basic Implementation funds and apply for Basic Implementation funding.

Basic Implementation Program Performance Measures

Annually:

- Demonstrate progress toward achieving goals of the comprehensive State plan in collaboration with partners.
• Assure the State burden document has been published within the previous 5 years.

• Collaborate with State health department partners on the implementation of at least one State heart disease and stroke prevention plan activity.

• Collaborate with State health department partners on the implementation of at least one activity related to priority areas 1-6.

• Leverage resources from external partners to implement at least one State heart disease and stroke prevention plan activity. Provide a narrative example.

• Leverage resources from external partners to implement at least one intervention activity related to priority areas 1-6. Provide a narrative example.

By the end of year 1:

• Maintain one full-time project manager.

• Maintain one half-time chronic disease epidemiologist.

• Provide for one half-time evaluator or equivalent.

• Complete a training needs assessment of staff and partners. Develop and implement a training plan based on needs assessment.

• Update as needed a State heart disease and stroke burden profile for program planning.

By the end of year 2:
• Implement and initiate evaluation of at least 2 population-based policy/system change interventions to control high blood pressure and/or high blood cholesterol in the healthcare or worksite setting. This should include consideration of Priority Populations.

• Evaluate the State partnership. Include an evaluation of the effectiveness of the partnership in leveraging resources and implementing interventions.

By the end of year 3:

• Implement and initiate evaluation of at least one additional population-based policy/systems change intervention strategy in one of the remaining program priority areas (quality of care (other than high blood pressure or high cholesterol), emergency response, signs and symptoms in the healthcare or worksite setting). This should include consideration of Priority Populations.

• Update State heart disease and stroke burden profile.

• Document contributions of partners (leveraged resources) to implementing priority area policy and system change interventions.

By the end of year 4:

• Document continued progress on implementing and evaluating population-based interventions using the MIS.

• As applicable, evaluate interventions among Priority Populations.
• Use evaluation findings for program improvement. Submit a brief summary of intervention evaluation findings that includes an improvement plan.

By the end of the year 5:

• Expand existing or implement new population-based policy/systems change interventions in the program priority areas. As applicable, evaluate interventions among Priority Populations.
• Update State heart disease and stroke burden profile.
• Complete an executive summary of program accomplishments that covers the funding cycle including policy and systems changes, impact of policy and systems changes, and contributions of the partners (leveraged resources) to implementing priority area policy and systems change interventions.

Stroke Network Performance Measures

By the end of Project Year 1:

1. Hire a project coordinator.

2. Convene a stroke network structure that may be composed of an advisory group with supporting work groups and committees.

3. Demonstrate evidence of diverse partnerships with key stakeholders across member States and the region.

5. Develop a strategic plan with timelines that describes policy and systems change strategies that will be implemented in years 2 and 3.

By the end of Project Year 2:

1. Utilize the strategic plan, timeline, burden data, and other assessment data (e.g., of policies, systems of care) to develop a stroke regional plan that defines goals, objectives, priorities and policy and systems approaches, and describes participation and commitment by partners across the region and within member States.

2. Prioritize and select policy and systems level activities that will be implemented in a coordinated and uniform fashion across the region.

3. Develop an evaluation strategy that will be used to assess the selected activities.

By the end of Project Year 3:

1. Provide evidence of the implementation of uniform policy and systems change activities across the region.

2. Demonstrate the effectiveness of stroke network structure and partnerships.

3. Utilize network data to engage stakeholders in promoting policy and systems change activities. Promote stroke network accomplishments through such means as reports, journal articles, presentations, best practices, website, etc.
4. Evaluate stroke network impact on the regional stroke burden, Statewide or organizational policies, or policy and decision makers.

5. Enhance stroke network partnership and leverage resources to ensure sustainability of activities.