



# Cardiovascular Health Area Network (CAN)

## EVALUATION BRIEF

NACDD conducted an evaluation to explore strengths and challenges of connecting colleagues via a peer networking model and assess effectiveness of NACDD consultant management of CVH Area Networks.

### Top 5 Recommendations

#### 1. Continue the CAN peer networking opportunity.

CAN increases opportunities for members to network within and across geographical areas, and with their peers and other state and local colleagues. Ensuring the CAN approach is flexible and responsive recognizes that priorities can change for many health departments for a variety of important reasons.

#### 2. Reimagine the geographic grouping approach to CAN.

It may be beneficial to permanently or occasionally re-group CANs based on topical areas, population characteristics, regions, strategy, etc. Keeping the approach fresh and meaningful, and standardizing CAN meeting schedules, meaningful to health departments may help increase engagement and impact.

#### 3. Create a dedicated CAN page on the NACDD website.

Include a description of CAN and instructions for how to join, post upcoming and past meeting agendas, and other documents and information pertinent to CAN members.

#### 4. Identify and communicate CAN quarterly call outcomes.

Identifying call outcomes, relevance, and content can help organize quarterly calls and set expectations for attendees.

#### 5. Identify and execute opportunities for feedback to CDC.

Health departments want their voices to be heard at CDC. NACDD, as a facilitator of the CANs, can clarify how questions and feedback that arise during meetings will be communicated to CDC and update health departments/CANs on these efforts.



### What did we do?

- A **mini-feedback session** with CAN Liaisons in December 2021.
- **Key Informant Interviews** scheduled and conducted in January 2022.
- A **CAN feedback survey** was announced in the NACDD [Off the Cuff](#) Newsletter, followed by a personalized email invitation sent to the CAN member list in January 2022.
- Ultimately, 73 CAN members completed a survey.

*“Thank you for doing this survey! I can’t wait to hear what feedback you get.”*



# Summary of Major Findings

## EVALUATION BRIEF

What were the major findings of this process evaluation?

### Peer Networking is Effective

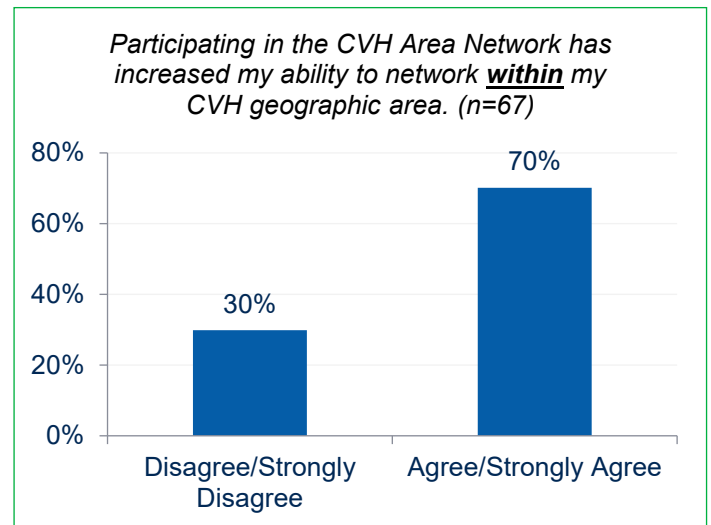
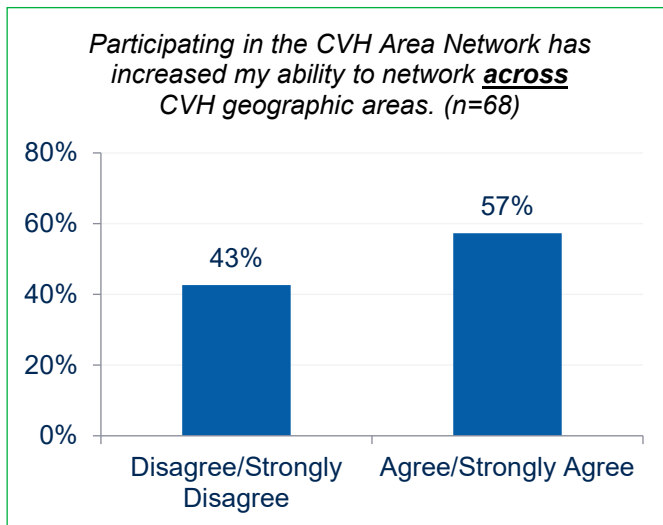
CAN has created a positive opportunity for health departments to collaborate and network with their peers. When asked what they liked best about participating in the CVH Area Network, many respondents reported they appreciated connecting with their peers and learning from other states.

*"I've had some great networking and idea sharing come out of these meetings. They have led to follow-up emails and meetings with neighboring states."*

*"I really enjoy hearing what other states are doing. It helps me do a better job as it helps me brainstorm new ideas and improve on current activities."*

### CAN Meetings Support Peer Networking

Most agree CAN meetings are valuable, help connect states, and provide new and unique opportunities for learning and collaboration.



*"It's good to hear what other states are doing to address CVH."*

*"These meetings are valuable because we are learning what our peers are doing and we are able to find and understand different ways to make a difference in the cardiovascular field."*

*"The opportunity for connecting with others is good and doesn't really exist outside of this venue."*



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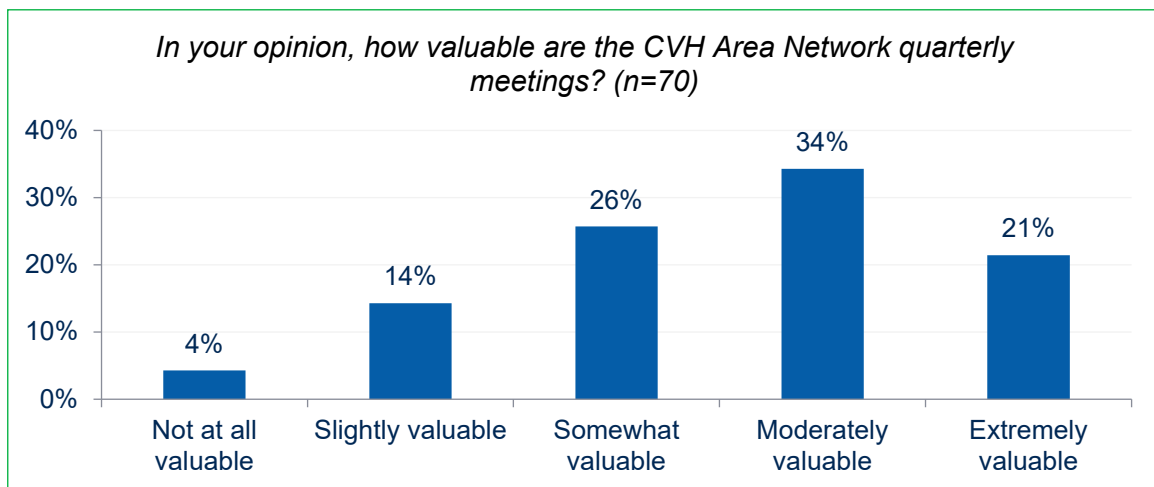
### NACDD Support Adds Value

NACDD provides a significant amount of administrative support to CAN Liaisons, including active notetaking, summative notes, templates for agendas, resource libraries, reminders, meeting logistics such as Zoom invitations and hosting, and topical ideas. NACDD also provides a consistent thread for all CAN meetings – helping to identify cross-cutting issues and provide context and additional information on what other CANs are working on, challenges they’re facing, and successes they’ve shared out.

*They’ve [NACDD Consultants] done a really good job!”*

*“If [our CAN is] talking about something similar to the other CANs, it’s really helpful [when NACDD Consultants on the call] share that out.”*

*“Your services are valuable. I haven’t seen NACDD as prominently as I used to in providing guidance to implementing strategies in the health care setting.”*



### Lessons Learned

Having **states facilitating CAN calls with a co-facilitator and/or co-lead** can alleviate the workload, increase accountability, and provide a local thought partner to discuss topics, engagement strategies, and other issues pertaining to the CAN. Many survey respondents and Liaisons mentioned the **challenge of engaging members during CAN quarterly calls**. The effectiveness of any peer networking event is inherently dependent on the makeup of the group; there is limited ability to control who attends and their level of participation. **Time zones are an inherent and unavoidable challenge** for nation-wide activities. Grouping states into a CAN based on time zones running north to south may not be a meaningful characteristic, while grouping states in different time zones can present scheduling challenges.



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### Reimagining the CAN Grouping

Many reported that re-grouping and/or revised attendance based on shared characteristics of their Area Networks as an element that could be improved about the CANs. For example, grouping by strategy (such as 1815, 1816, 1817, or Category B), specific public health topics, and rural, urban, and/or frontier populations.

*“Switching up the area groups would be good now that we’ve had a year with the same people. It will give us an opportunity to hear more from other states that might have more in common with our own.”*

*“Would like the chance to talk with states outside of our CVH Area Network on specific strategies/topics.”*

Characteristic	%	n
Strategies (1815, 1816, 1817, Category B)	76.1%	51
Rural, Urban, and/or Frontier	59.7%	40
Specific Public Health Topics (e.g., community health workers, self-measured blood pressure, health equity, etc.)	58.2%	39
Black and/or Hispanic Populations	37.3%	25
State Population Size	32.8%	22
Other Underrepresented Groups (LGBTBQ+, low-income and low-resource communities)	29.9%	20
Tribal and Indigenous Focus/American Indian and Alaska Native Communities	25.4%	17
Other Underrepresented Races/Ethnicities (e.g., Hmong, Russian, Chinese, Filipino, East Indian, Korean, Japanese, etc.)	10.5%	7
Other (please specify)	5.97%	4

Totals do not add up to 100% because respondents were permitted to select more than one answer.



## The Cardiovascular Health Area Network Improves Peer Networking



NACDD launched the [Cardiovascular Health \(CVH\) Area Network \(CAN\)](#) in January 2021 to build connections within eight areas.

Quarterly calls are held to facilitate sharing of promising ideas and state-developed resources among those working on 1815 and 1817 Category B strategies.



Full results available upon request.  
For more information, please visit our website at [www.chronicdisease.org/page/cardiovascularhealth/cvh-council/CAN](http://www.chronicdisease.org/page/cardiovascularhealth/cvh-council/CAN)

### For More Information

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