

MODERATOR:

Welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

We are fortunate to have **Erika Fulmer and Siobhan Gilchrist** as today's presenters, they are both from the CDC's Division for Heart Disease and Stroke Prevention on the Applied Research and Translation Team. Erika is a Policy Analyst and Siobhan is a health policy researcher on the team.


My name is **Amara Ugwu** and I am today's moderator. I am on the Applied Research and Translation team within the **Applied Research and Evaluation Branch**.

Before we begin

All phones have been placed in SILENT mode.

Issues or questions:

- Q & A box on your screen
- AREBheartinfo@cdc.gov



MODERATOR:

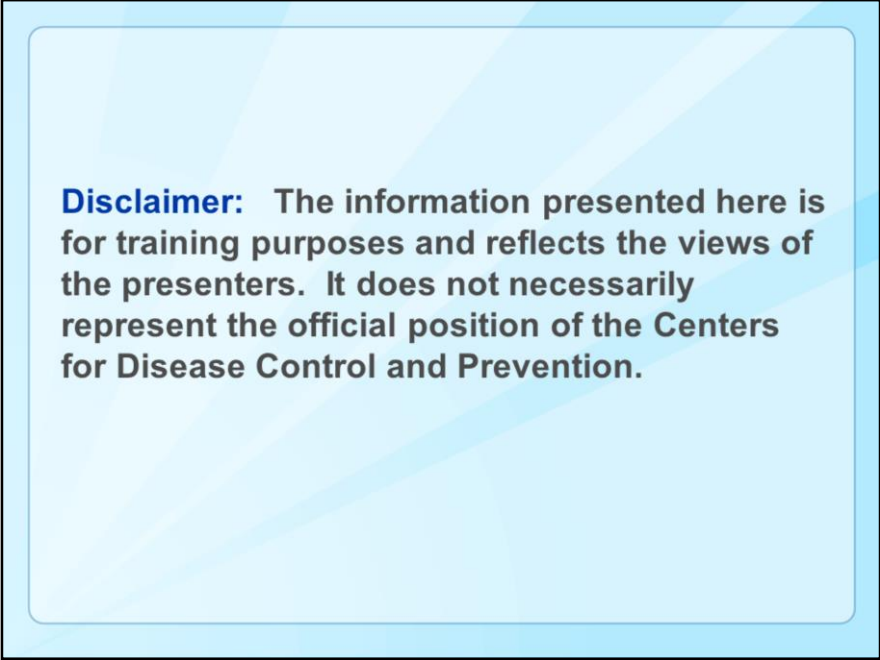
Before we begin we have a few housekeeping items.

All participants have been muted. However, to improve audio quality please mute your phones and microphones.

If you are having issues with audio or seeing the presentation, please message us using the chat box or send us an email at AREBheartinfo@cdc.gov

If you have questions during the presentation, please enter it on the chat box on your screen. We will address your questions at the end of the session.

Since this is a training series on applied research and evaluation, we do hope you will complete the poll and provide us with your feedback.



Disclaimer: The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

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So, without further delay. Let's get started. Erika and Siobhan, the floor is yours.

The Translation Imperative: “Using What Works” in a Complicated World



Bradbury, Jon. Globe. 2008. Photograph. flickr.com Web. 13 Aug 2013.

Thank you, Amara. Hello everyone, we are here today to provide an overview of the origins, content and application of the Applied Research and Translation (ART) Team’s policy research continuum as well as highlight some recent and forthcoming ART resources across several CVD-related topic areas.

DHDSP’s ART Team mission is to promote the use of the best available evidence to enhance knowledge and decision-making for the planning, development, implementation, and evaluation of cardiovascular disease prevention strategies.

One of our key roles is to foster the movement of research knowledge into the hands of public health practitioners who often lack the time or resources to find timely, relevant context-specific evidence or the best approach to implement evidence-informed interventions. To fill these gaps, our team is focused on developing tools and resources for local practitioners to help them decide which interventions are best suited for their jurisdiction to improve public health impact, use resources wisely, and account for dollars spent.

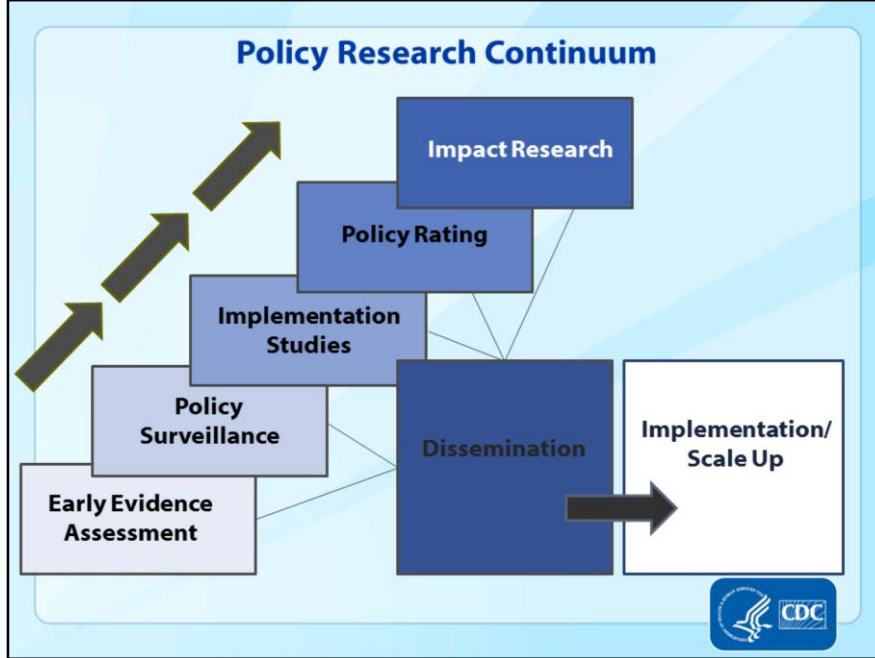
Expert Panel Objectives

- ❑ Understand DHDSP policy research context and capacity
- ❑ Assess relevance, quality and impact of policy research
- ❑ Identify gaps in CVD policy evidence base
- ❑ Identify approaches to assess health and economic impact of state policy
- ❑ Identify policy research translation products and methods of dissemination



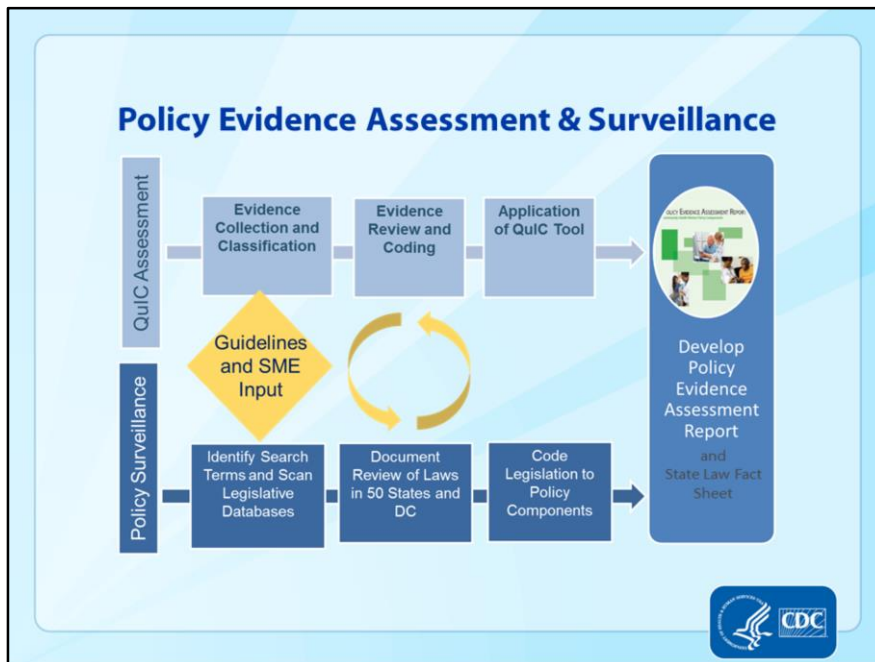
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To better shape the role our team plays in the translation of knowledge to practice, we convened an expert panel to inform DHDSP's efforts in conducting research and translation on evidence based policy and legal strategies. In 2015, we partnered with the Robert Wood Johnson Foundation's Public Health Law Research program to convene a small panel of experts in state health policy from academic, government and nonprofit organizations. We asked the panel to evaluate the relevance, quality and impact of our work, to identify potential gaps in subject matter and policy research methods, as well as to aid in filling those gaps and ways to ensure the successful dissemination of useful products. We also sought guidance from an internal CDC steering review committee. This process resulted in the development of our 5-year policy research agenda.



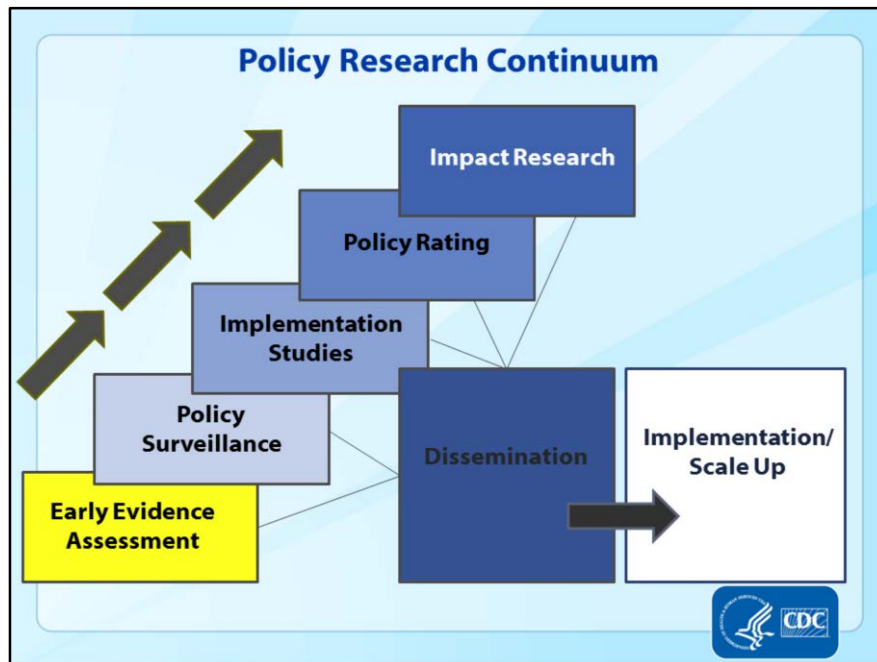
The primary recommendation from the expert panel was to view our work across a policy research continuum.

This diagram shows the elements of that continuum. Within each element, the expert panel provided advice. In **the following slides, we'll discuss those recommendations** as well as some of our current and forthcoming work in the area.

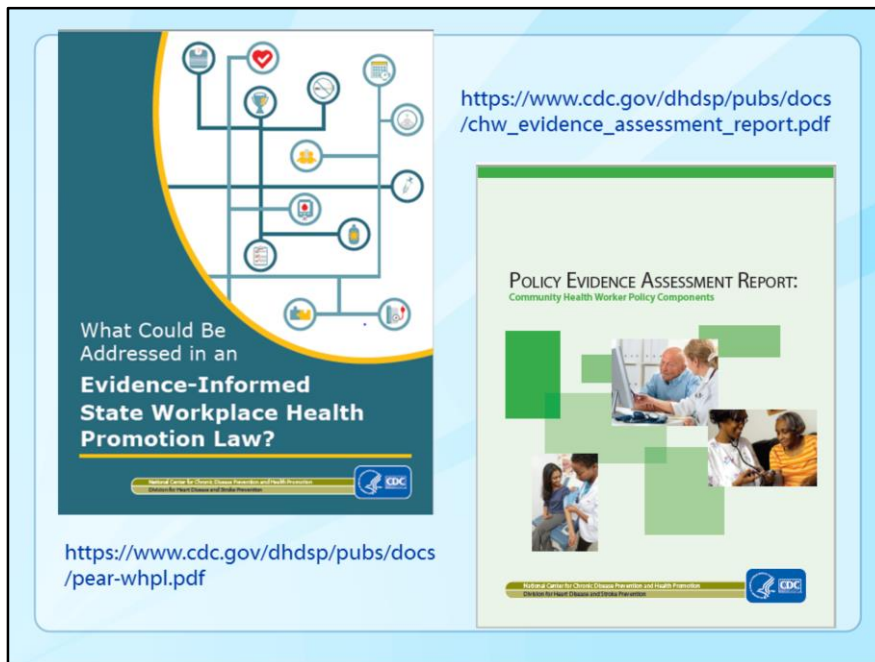


In much of our work there is coordination between and across steps to ensure that we're building onto and complementing projects across the ART team portfolio.

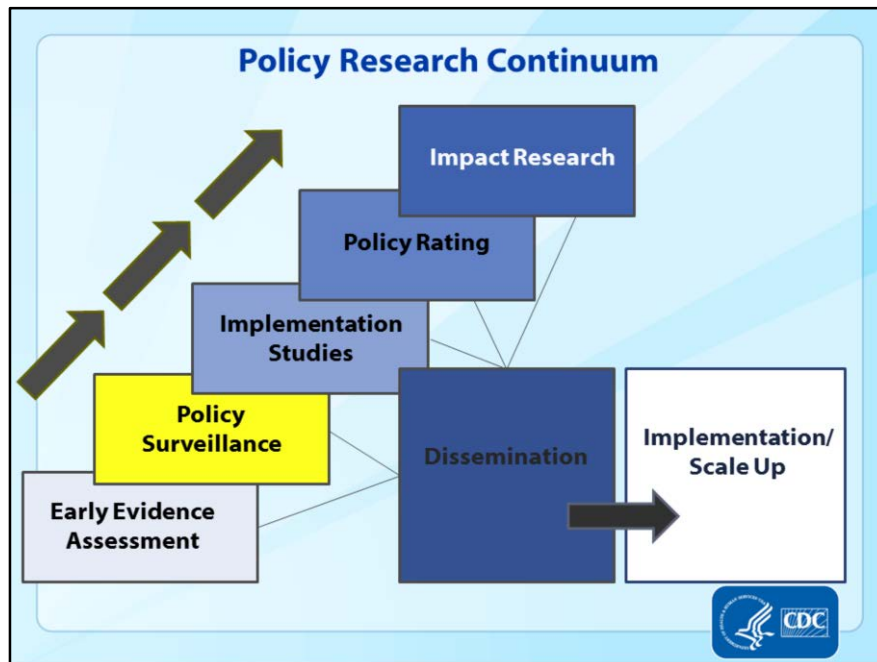
For example, we complete our early evidence assessments and policy surveillance work concurrently. This ensures that our work is grounded in both evidence as well as real world application. It also enhances our ability to efficiently engage subject matter experts and produce timely products that are needed when taking public health action.



So let's discuss each element of the continuum a bit more. Recommendations from the expert panel encouraged implementing emerging evidence assessment tools to guide deployment of new and innovative policy interventions.



Our early evidence assessment findings are summarized and shared through a set of Policy Evidence Assessment Reports (PEAR for short). We already have several on our website, including a Worksite Health Promotion (WHP) PEAR released in March and will be posting several others in the coming weeks and months. These include an update related to Community Health Worker (CHW) Certification, a public access defibrillation PEAR, and, eventually a stroke policy PEAR.



For our policy surveillance efforts, we use the evidence assessments to identify the types of public health interventions that can be scaled up to state level policies. We analyze statutes and regulations (mostly) in the 50 states and DC to understand if laws are becoming more evidence-informed over time. After capturing multiple years of policy surveillance data, we can link state law to health outcome data to analyze the association between law and improved CVD outcomes as part of our impact research.

State Law Fact Sheets

STATE LAW FACT SHEET

Prescription Drug Cost-Sharing and
Antihypertensive Drug Access among
State Medicaid Fee for Service Plans, 2012

STATE LAW FACT SHEET

A Summary of State Patient-Centered Medical
Home Laws, December 2013

STATE LAW FACT SHEET

A Summary of State Community Health
Worker Laws

■ State contains statutory or regulatory authorization for PCMHs
■ State authorization includes PCMHs for adult patients with chronic conditions
■ No law identified or legal authority unclear

https://www.cdc.gov/dhdsp/pubs/policy_resources.htm

We have numerous policy surveillance projects that are summarized in State Law Fact Sheets available on our website as well as peer reviewed journal articles. Forthcoming work includes fact sheets in the following topic areas: patient-centered medical homes, community health worker certification, public access defibrillation, nurse practitioner scope of practice, collaborative drug therapy management, worksite health promotion, and stroke policy. In addition to the State Law Fact Sheets, ART Team policy surveillance is also sometimes disseminated via Law Atlas datasets.



So now that we are halfway through the presentation, we want to pause and get some feedback from you all.

We have just summarized the state law factsheet, and we want to learn how aware you all are of our products.

Poll Question: Have you previously heard of OR used the State Law Factsheet product line?

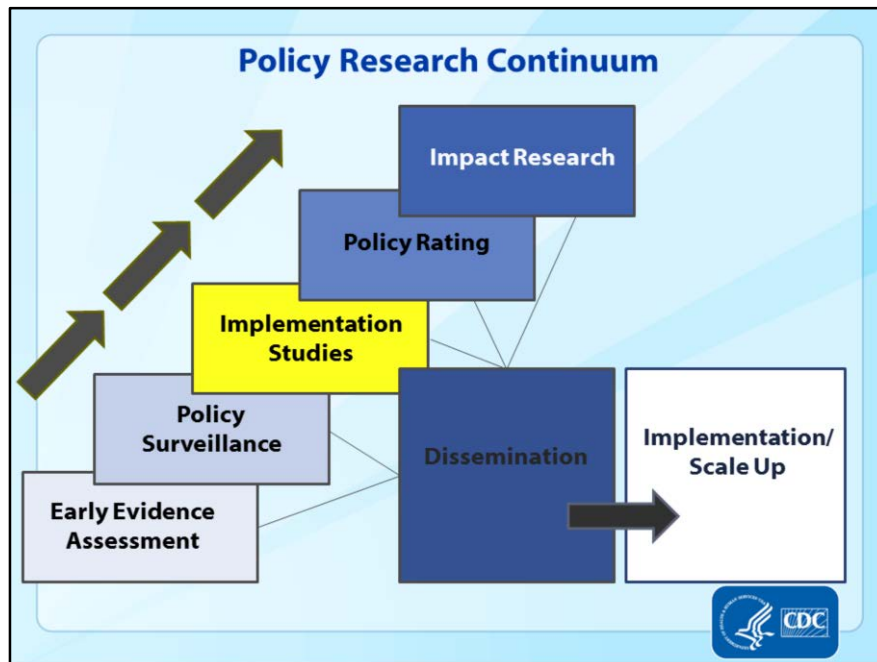
Yes, I have used it/shared it

Yes, I have seen it/ heard of it

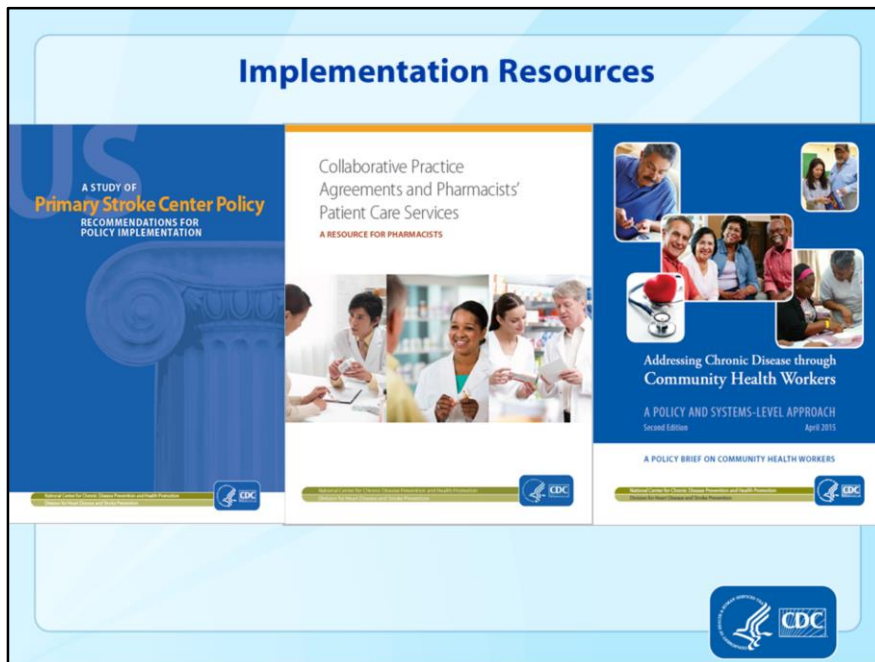
No, I have not see it/ heard of it

I don't understand how to use it

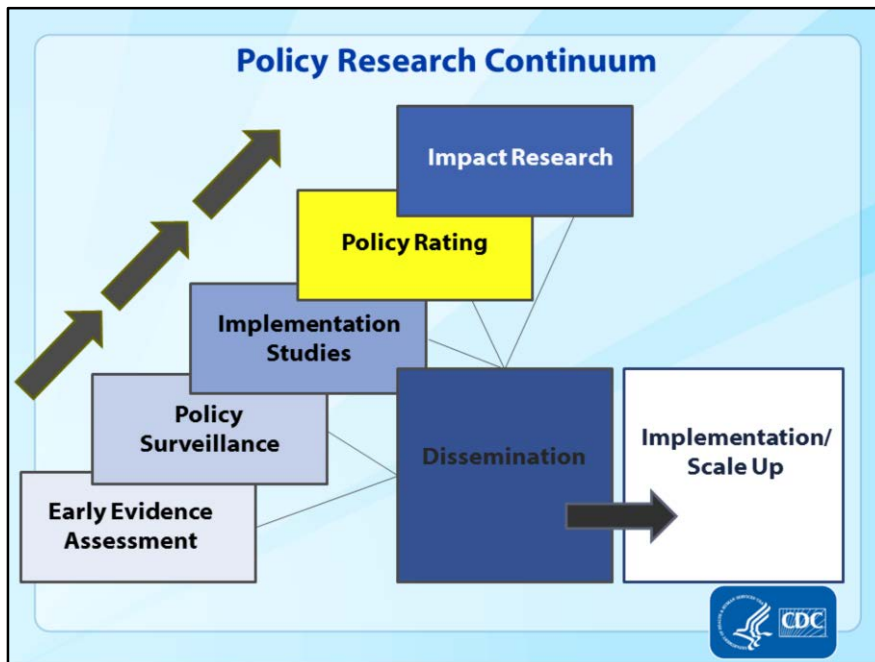
Thank you for your response. Now do we have any other follow up questions about the state law factsheets, or any of our other products.



Through policy implementation studies, we work to identify barriers and facilitators of wide-scale implementation, typically through case studies. Our work in this area is typically disseminated via technical assistance guides and resources as well as professional journal publications and presentations.



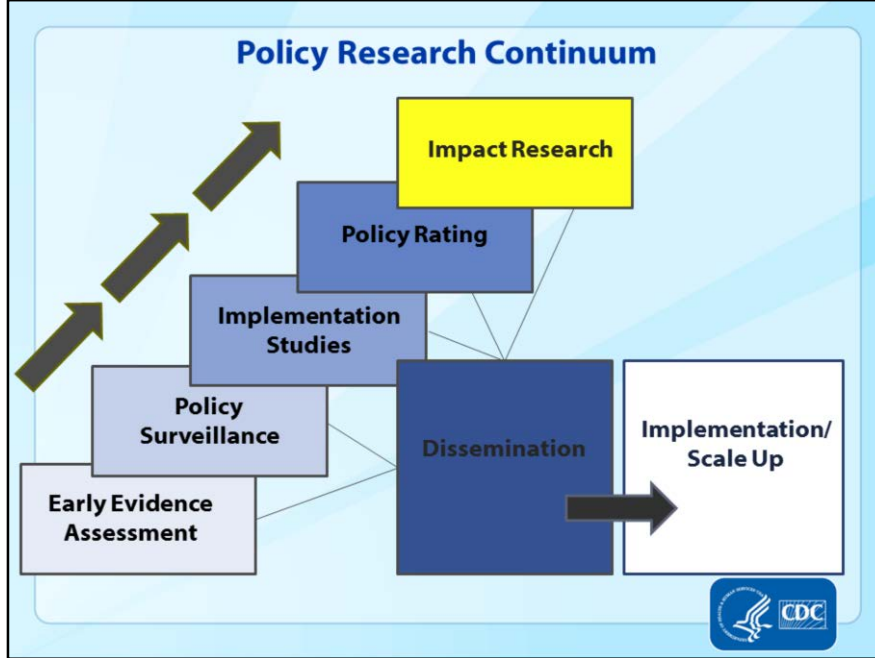
We have a number of resources online and are currently working on implementation studies related to community health worker certification. We have completed implementation studies related to pharmacist collaborative practice agreements and nurse practitioner scope of practice.



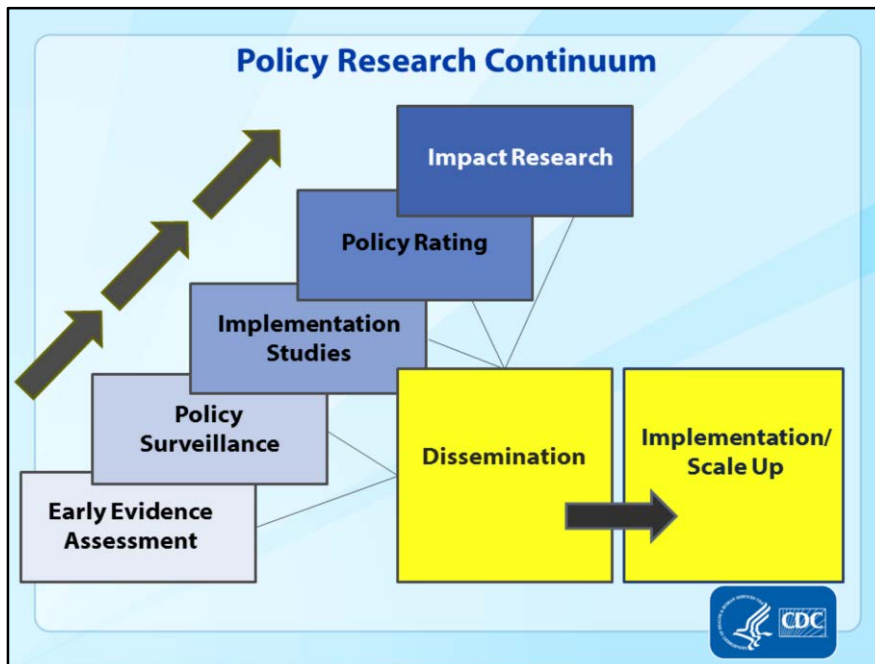
Our work on policy rating addresses the expert panel’s recommendation to clarify policies and policy levers that are effective and those that are not.

We are developing two policy rating approaches. The first is a “legal feature rating” which evaluates the observable features of the law. The second is an “outcome-informed rating” which considers the impact of policies on health outcomes. We’ve begun efforts to complete legal feature ratings in several topic areas. The outcome-informed ratings are more challenging because they require access

to national data sets with meaningful CVD outcome information attributable to variation in policies across **jurisdictions. We're currently working our way to this goal** by building partnerships with internal and external subject matter experts.



The pinnacle of course is policy impact research where we assess the impact of policies on health and related outcomes. As mentioned earlier, we can link state policy surveillance data to health outcome data to analyze the association between law and improved CVD outcomes. We are currently examining the relationship between variations in nurse practitioner scope of practice laws and anti-hypertensive prescribing patterns attributed to physicians, NPs and other prescribers. To further our policy impact research, we will also likely work with external partners to apply system science and modeling to estimate the impact of emerging policies.



In terms of dissemination, we think carefully about how we can create products to aid implementation and scale up of effective policies. We attempt to focus on areas where diffusion and sustainability may not have occurred yet. We are very interested in hearing from state and local practitioners to see if our policy research products are useful and how they can be improved. We are also interested in finding out if we are missing important policy topics for future projects.

Our intent is to monitor the implementation and scale up of

specific policies and practices shown to be promising or effective and to do all that we can to provide the evidence needed to facilitate and accelerate this work.



Next steps include completing work on and disseminating a number of assessments and policy surveillance efforts. We will continue to consider how our products are used and disseminated and whether there are other approaches or formats for sharing information that could help facilitate the transfer of knowledge to public health practice.

For more information

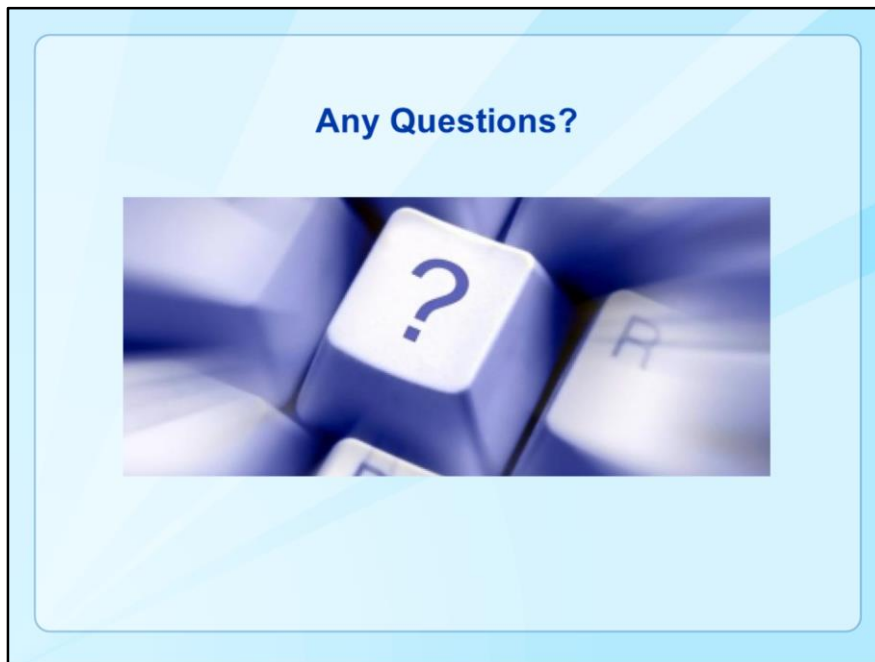
- ❑ **DHDSP Policy Resources:**
https://www.cdc.gov/dhdsp/pubs/policy_resources.htm
- ❑ **Contact Erika Fulmer at duj2@cdc.gov**

If you are interested in any of the products we highlighted today or have questions about the methods we discussed, please feel free to visit our web page or reach out with questions. Erika's contact information is included on the slide if you would like to follow up with us after today's webinar.

Together we can impact public health through policy



Thank you for attending our Coffee Break today. Hopefully you are now more familiar with the policy research continuum as well as some recent and forthcoming ART resources across the different elements of the continuum. By putting the different pieces together, we can facilitate the translation of research into public health practice and work towards mitigating the burden of cardiovascular disease.



MODERATOR: At this time, we'll take any questions that the audience may have. You may submit questions through the Q&A box.

Here we have a few questions.

Question 1: How will I know when new products are released?

Answer: We work with DHDSP's Communication and Program Services Branches to alert state grantees and others when new policy research products are released on the DHDSP website. We include a longer list of both technical assistance resources and peer reviewed publications in the Applied Research and Evaluation Branch newsletter, "Heart to Heart" and, whenever possible, use mechanisms such as this Coffee Break series and partner meetings to alert you when we release new materials.

Question 2: Does the ART team's policy research focus at the federal, state or local level?

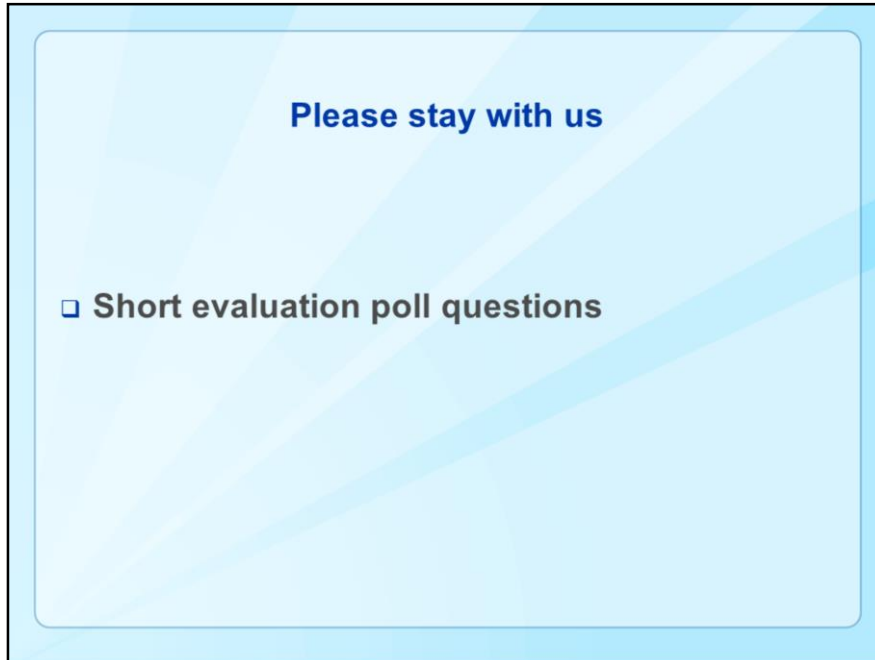
Answer: Currently, all of the ART Team's policy work focuses at the state level. There are instances where we may scan for innovative practices at the local level and times when we work with partners to determine how federal policy may influence state-level

action. However, our focus is at the state level.

Question 3: Various stakeholder organizations in my state are discussing the role of community health workers in chronic disease management. How can I find out what policies other states have enacted to support community health workers and whether those policies are effective?

Answer: Community Health Worker state policy is a key focus of our work. We have an updated state law fact sheet that will be released this spring that you can consult to see which states have enacted laws around certification, financing, workforce development and other features. We also have an updated PEAR that provides the evidence base for the various CHW policy interventions that states have enacted in law. Together, the state law fact sheet and the PEAR can be used to help your stakeholders understand which evidence-informed laws exist in your and other states and what you might want to consider to strengthen state law.

Thank you Siobhan and Erika.



MODERATOR: Please stay with us for a three short poll questions.

NOTE (don't read) Pull up on polls and pause for 15 seconds after each poll question.

Poll 1. This coffee break was worthwhile for me.

Yes, very worthwhile

Somewhat

A little

No, not at all

Poll 2. The level of information fit my needs.

Yes

Somewhat

No not at all

Poll 3. The information presented was helpful to me.

Yes

Somewhat

No not at all

ADD Three EVAL questions

Reminders!

All sessions are archived and
the slides and script can be accessed at:

<http://www.cdc.gov/dhdsp/pubs/podcasts.htm>

If you have any questions, comments, or topic
ideas send an email to:

AREBheartinfo@cdc.gov

MODERATOR:

All sessions are archived and the slides and script can be accessed at our
Division website. Today's slides will be available in 2-3 weeks.


If you have any ideas for future topics or have any questions, please contact us
at the listed email address on this slide.

Next Coffee Break


When: May 9th at 2:30pm

Topic: Health Systems Score Card

Presenter: Joanna Elmi and Jack Chapel



Division for Heart Disease and Stroke Prevention
National Center for Chronic Disease Prevention and Health Promotion



MODERATOR:

Our next Coffee Break is scheduled for Tuesday, May 9th and discusses the **“Health Systems Score Card”** that was developed by the AREB branch.

Thank you for joining us. Have a terrific day everyone. This concludes today’s call.