

AREB Coffee Breaks 2023

THE BEST PRACTICES GUIDE FOR HEART DISEASE AND STROKE: EXPLORING WHAT'S NEW

Cheryl A. Williams, MPH, RDN, CHES and Cidney Wilson, MPH, CHES

February 14th, 2023

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion



Hello and 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.

My name is Ally Chase, and I am an ORISE Fellow and I will be acting as today's moderator. Our presenters today are Cheryl A. Williams, a contract Public Health Analyst, and Cidney Wilson, a contract Health Communication Research Specialist, both on the Applied Research and Translation Team within the Division for Heart Disease and Stroke Prevention's Applied Research and Evaluation Branch.

Before we begin...

- Any issues or questions?
 - Use Q & A box on your screen
 - Email AREBheartinfo@cdc.gov



2

Before we begin, there are some housekeeping items. 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. Please hold your questions until we reach the end of the presentation. Since this is a training series on applied research and evaluation, we hope you will complete the poll at the end of the presentation 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.

3

As a 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.

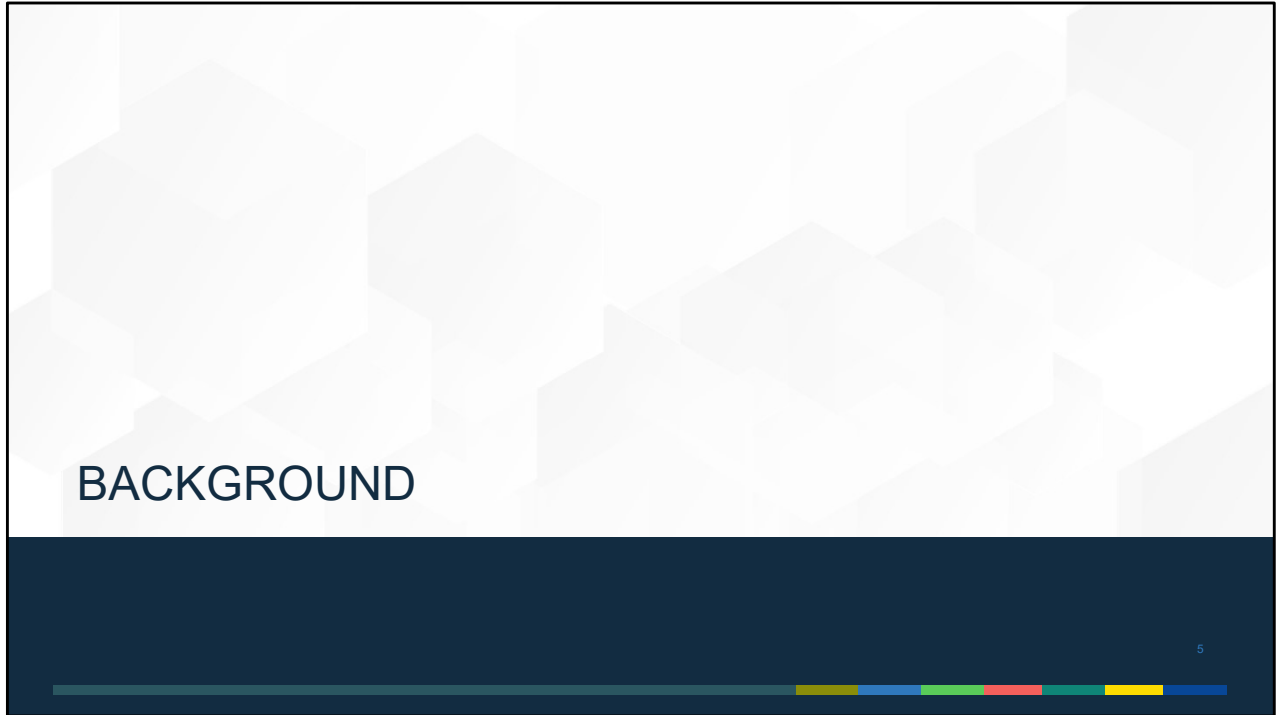
So, without further delay. Let's get started. Cheryl and Cidney, the floor is yours.

Background
What's New
How to Navigate The Best Practices Guide Content
Public Health Implications
The Best Practices Clearinghouse Sneak Peek
Q&A

4

Thank you, Ally. Again, my name is Cheryl Williams, I would describe myself as a Black woman with brown skin and dark brown hair. Today I am wearing a white-colored blouse in front of a blue background.

- In today's presentation, we will start with some background on the burden of Cardiovascular Disease before we provide a brief overview of The Best Practices Guide for Heart Disease and Stroke
- We will then discuss what's new in the most recent iteration of the Guide.
- We will also discuss how to navigate The Best Practices Guide content.
- Public Health Implications of the Best Practices Guide
- And lastly, we will provide a brief sneak peek of the Best Practices Clearinghouse



So, before we dive into an overview of the Best Practices Guide, I want to level-set with a brief overview of the burden of cardiovascular disease.

THE BURDEN OF CARDIOVASCULAR DISEASE

Together, heart disease, stroke, and other vascular conditions contribute to:



931,538 lives lost each year¹



696,962 lives lost each year attributed to heart disease^{1,2}



\$378 billion spent annually towards costs and lost productivity from premature death each year¹

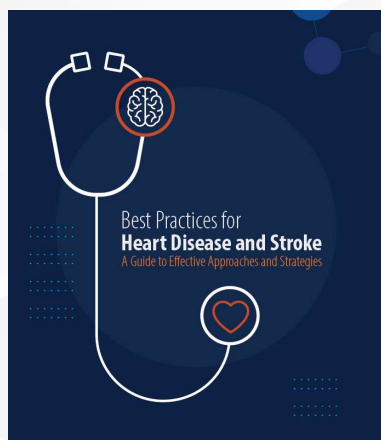


1 in 9 U.S. dollars spent on health care goes towards cardiovascular disease (CVD)³

1. NATIONAL CENTER FOR HEALTH STATISTICS. MULTIPLE CAUSE OF DEATH 1999–2020 ON CDC WONDER ONLINE DATABASE WEBSITE. ACCESSED SEPTEMBER 22, 2022. [HTTPS://WONDER.CDC.GOV/MCD-ICD10.HTML](https://wonder.cdc.gov/mcd-icd10.html)
2. TSAO CW, ADAY AW, ALMARZOOQI ZI, ET AL. HEART DISEASE AND STROKE STATISTICS-2022 UPDATE: A REPORT FROM THE AMERICAN HEART ASSOCIATION. *CIRCULATION*. FEB 22 2022;145(8):E153-E639. DOI:10.1161/CIR.0000000000001052
3. QUALITY AFHRA. MEDICAL EXPENDITURE PANEL SURVEY (MEPS)-HOUSEHOLD COMPONENT SUMMARY TABLES: MEDICAL CONDITIONS, UNITED STATES. ACCESSED APRIL 8, 2021. [HTTPS://MEPS.AHRQ.GOV/MEPSTRENDS/HOME/INDEX.HTML](https://meps.ahrq.gov/mepsstrends/home/index.html)

- We know that cardiovascular disease places substantial health and economic burdens on the United States.
- Approximately 930,000 people lost their lives to cardiovascular disease in 2020.
- Cardiovascular disease costs the nation hundreds of billions of dollars each year, including direct healthcare costs and the loss of productivity due to premature death.
- Despite efforts made by state and local health departments, health workers, and policymakers—system-based barriers continue to impede progress toward reducing the health and economic burdens associated with heart disease and stroke.

INTRODUCTION TO THE BEST PRACTICES GUIDE



The Best Practices Guide for Heart Disease and Stroke aims to inform decision-making by translating complex evidence into specific actions public health practitioners can take to address heart disease and stroke within their practices and communities

- CDC’s Division for Heart Disease and Stroke Prevention’s mission is to “provide public health leadership to improve cardiovascular health for all, reduce the burden, and eliminate disparities associated with heart disease and stroke.”
- The Best Practices Guide for Heart Disease and Stroke is a part of D-H-D-S-P’s portfolio of work
- With the first iteration of the Guide being published in December 2017.
- The second version of the Guide, which this presentation focuses on, was published in November 2022.
- The Guide aims to inform decision-making by translating a complex body of evidence into specific public health actions that public health practitioners can take to address heart disease, stroke, and other cardiovascular conditions within their practices and communities.



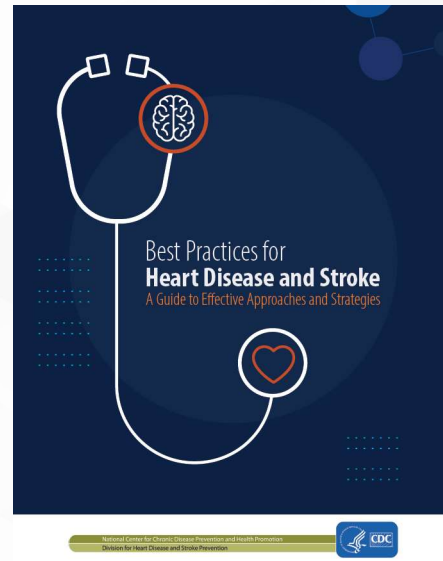
Since its first iteration the Best Practices Guide has and continues to serve as a resource for:

- State and local health departments
- Decision makers
- Public health professionals
- Clinicians
- And others interested in implementing effective public health strategies to improve cardiovascular health

Where to Find the Best Practices Guide

The Best Practices for Heart Disease and Stroke Guide can be found at this link:

<https://www.cdc.gov/dhdsp/pubs/guides/best-practices/index.htm>



Centers for Disease Control and Prevention. Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies. Centers for Disease Control and Prevention; 2022. doi:10.15620/cdc:122290

9

This most recent version of the Best Practices Guide can be found, in PDF format at the link provided in the chat box.



BEST PRACTICES GUIDE UPDATE

Over the next few slides, I am going to highlight what's new in the updated Guide and provide a brief overview of the current Best Practice Strategies.

WHAT'S NEW



Updated evidence reviews for original eight strategies



Strategies reorganized by approaches to care



Ten new evidence-based strategies



Expanded focus on stroke, heart failure, and heart attack



Health disparities content expanded to include health equity



Expansion to include “Promising” practices



Section on importance of program evaluation



Focus on continuum of cardiovascular and cerebrovascular care

11

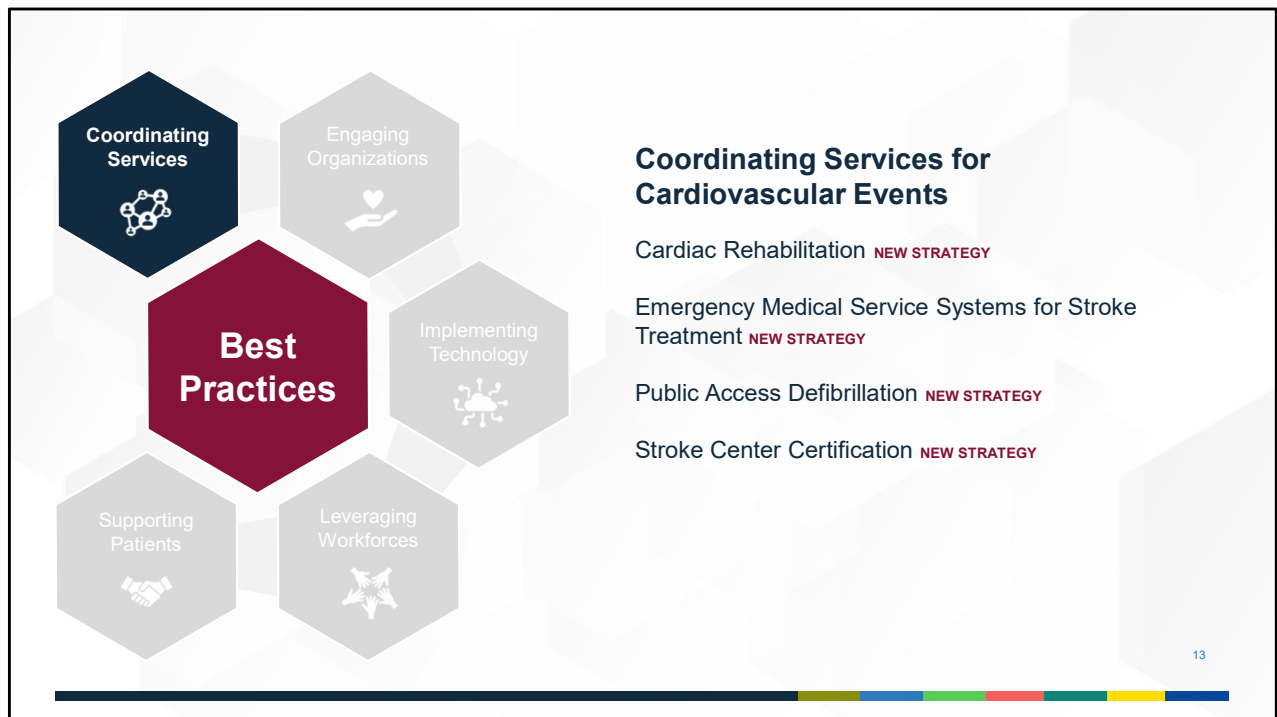
So, let's talk about the exciting updates we've made to the Guide.

- First off, the latest Guide includes updated evidence reviews for the original eight strategies included in the 2017 version.
- In addition, we added 10 new evidence-based strategies. The new strategies were selected based on a thorough review process, which included subject matter expertise input.
 - Similar, to the original eight strategies, these new strategies aim to prevent and manage complications related to heart disease and stroke however, their application to health is more comprehensive and far-reaching.
- Another notable update is—discussions around health disparities for each strategy, have been expanded to include health equity, to better highlight the drivers of inequities.
- In addition, a section on program evaluation has been added, which highlights how end-users can measure their program's impact by using CDC's Framework for Program Evaluation.

- Also, all 18 strategies have been reorganized into distinct areas, based on specific approaches to care, some of you may recall that in the 2017 version of the Guide, strategies were organized by broader key domains.
- And there's also been an intentional expansion beyond a focus on blood pressure and serum cholesterol to an emphasis on the prevention, treatment, and recovery from stroke, heart failure, and heart attack, which is reflected in several new strategies (*including Cardiac Rehab, Emergency Medical Service Systems, Tailored-pharmacy-based Interventions, Stroke Center Certification, and Workplace Health Promotion*)
- We've also expanded our definition of "Best Practices" to also include "Promising Practices", which include favorable strategies with slightly less than robust evidence of effectiveness and impact
- And lastly, the updated Guide focuses more intently on the continuum of cardiovascular and cerebrovascular care from prevention to management to recovery



- Again, in the updated Guide, all 18 strategies have been grouped into
- These five distinct areas, based on commonalities they share with respect to specific approaches to care.
- These groupings, serve as the overarching approaches that public health practitioners can take to address heart disease and stroke.
- Now, let's briefly explore these five approaches and their strategy groupings.



The first approach, Coordinating Services for Cardiovascular Events, include strategies that explore the aspects of medical care provided, following a cardiovascular event.

This grouping includes the newly added:

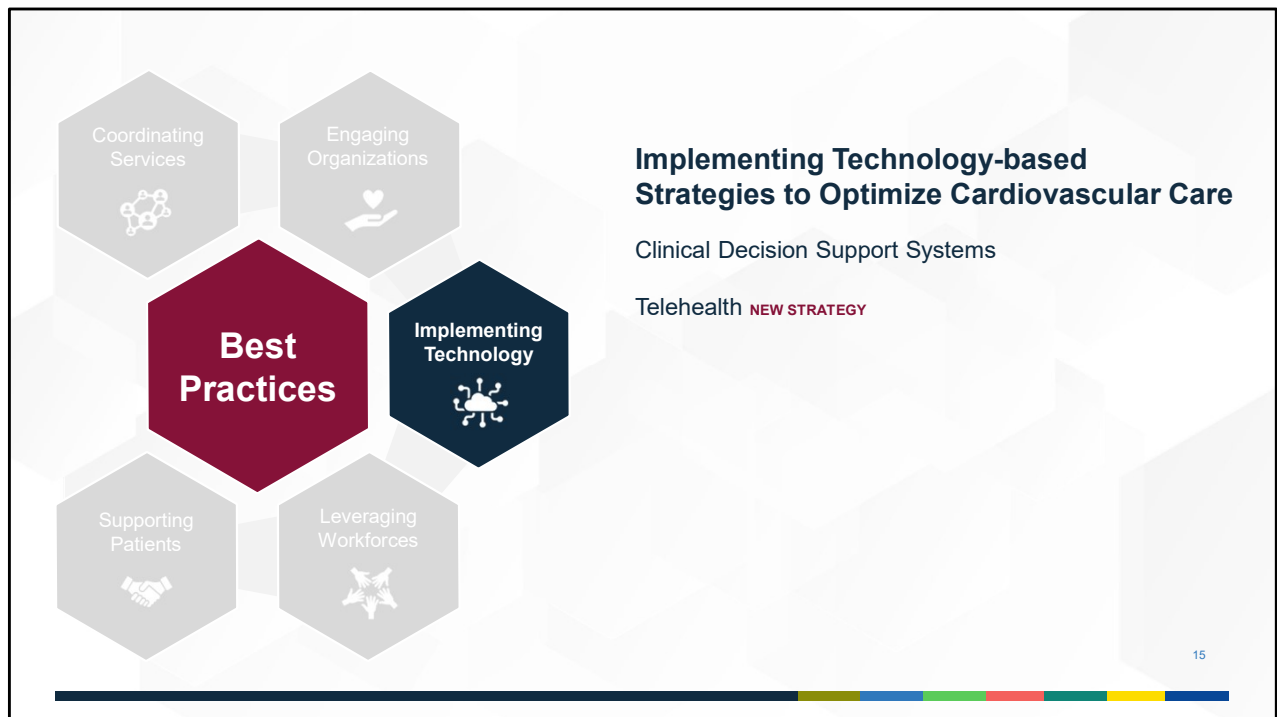
- Cardiac Rehabilitation*
- Emergency medical service (EMS) systems for Stroke Treatment*
- Public Access Defibrillation (PAD)*
- and Stroke Center Certification*



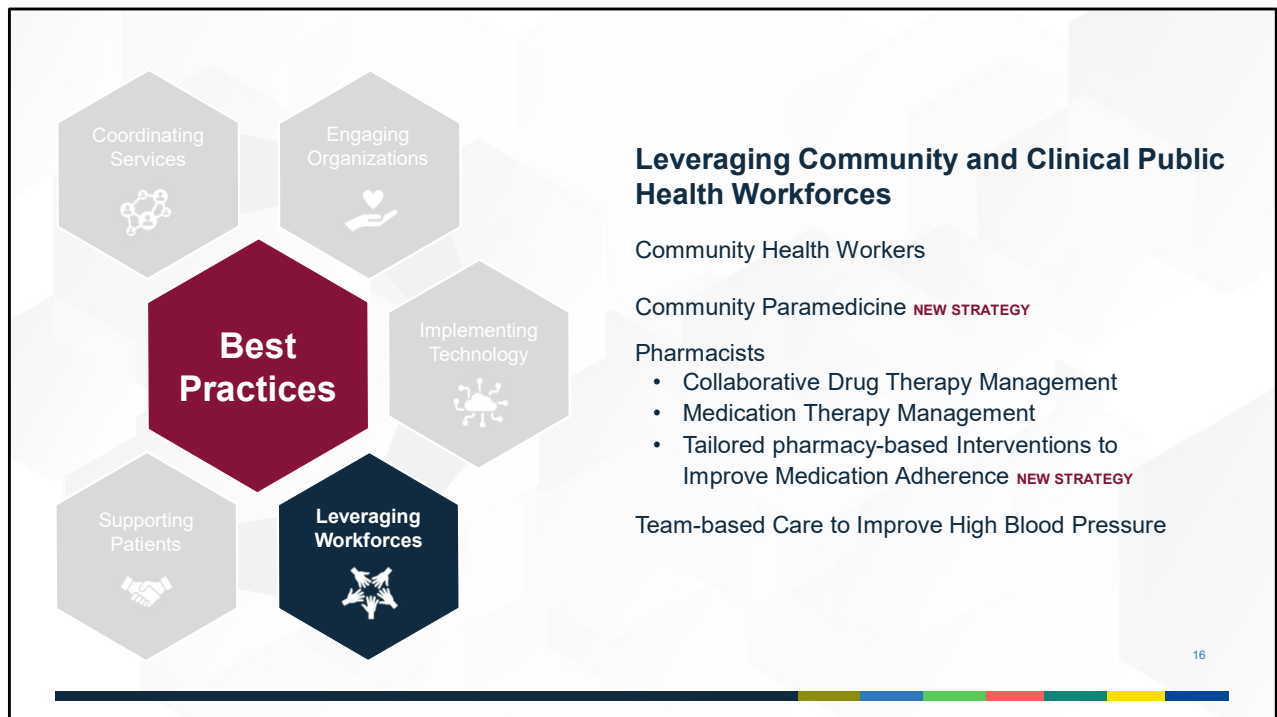
The next approach, Engaging Organizations to Promote Cardiovascular Health, include strategies that explore activities and approaches for promoting cardiovascular and cerebrovascular health, such as policies and programs implemented in organizational settings and food environments, such as community institutions.

This approach includes the new strategies:

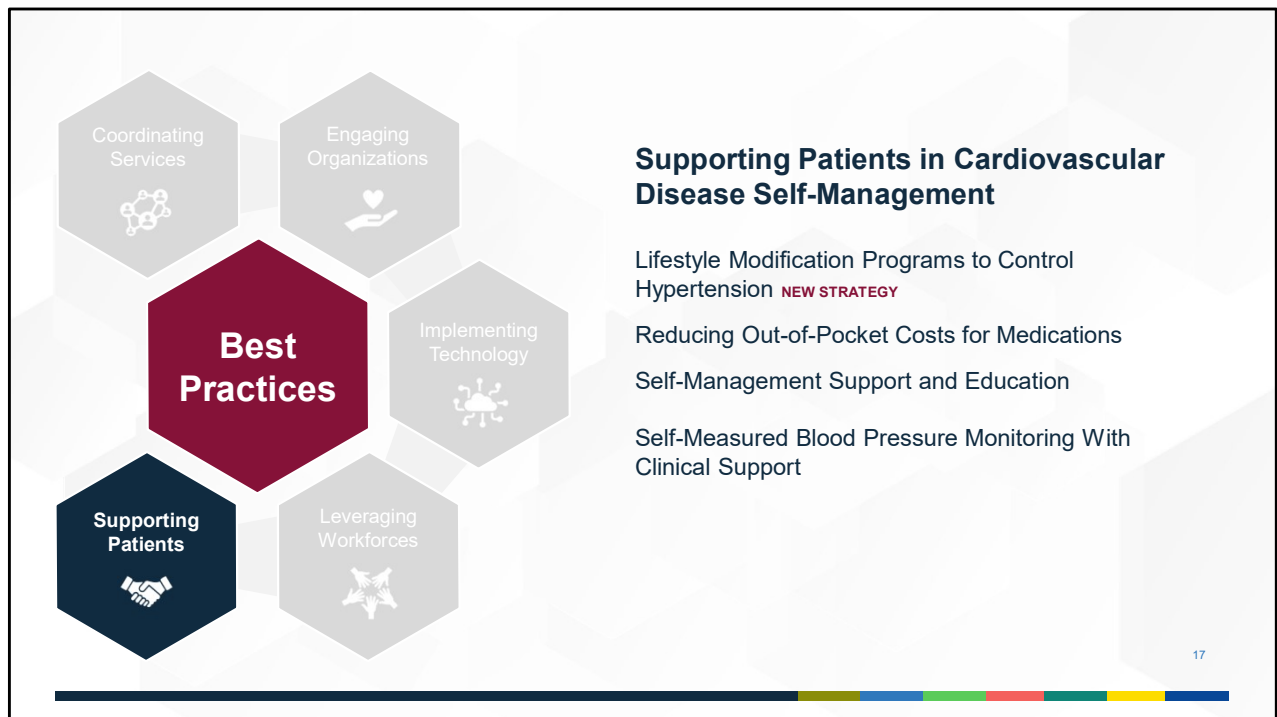
- Reducing Sodium to Prevent and Manage Hypertension*
- And Workplace Health Promotion to Prevent and Manage Heart Disease and Stroke*



- The third approach, Implementing Technology-based Strategies to Optimize Cardiovascular Care, includes the original strategy Clinical Decision Support Systems (CDSS), and the new strategy Telehealth.
- This grouping conveys a set of strategies that use technology to inform clinical decision making to support patients in maintaining their cardiovascular and cerebrovascular health.



- Our fourth approach, Leveraging Community and Clinical Public Health Workforces is comprised of six strategies, two of which are new.
- These strategies include Community Health Workers, the newly added Community Paramedicine
- Pharmacist-Based strategies, which include Collaborative Drug Therapy Management, Medication Therapy Management, and the newly added Tailored pharmacy-based Interventions to Improve Medication Adherence
- And the last strategy in this grouping is Team-Based Care to Improve High Blood Pressure.
- This grouping recognizes that by leveraging and combining different sectors of the health workforce, professionals can provide more streamlined and quality care to prevent and/or manage complications from heart disease and stroke and improve health outcomes.



- And the fifth and final approach is Supporting Patients in Cardiovascular Disease Self-Management
- This approach includes strategies that enable patients to better manage their cardiovascular and cerebrovascular disease by expanding access to medical care and through support, counseling, tools and education provided by clinicians and public health professionals.
- This grouping includes the newly added Lifestyle Modification Programs to Control Hypertension, and original strategies, Reducing Out-of-Pocket Costs for Medications, Self-Management Support and Education and Self-Measured Blood Pressure Monitoring with Clinical Support.
- And I will now pass the virtual mic to my colleague Cidney to further explore Best Practices Guide content.



Thank you, Cheryl!

I will now discuss how you can navigate the content provided in the Guide. I will share some snapshots to give you an idea of what it looks like, but please don't strain to read the tiny font.

BEST PRACTICES GUIDE CONTENT AND STRUCTURE

TABLE OF CONTENTS

Executive Summary	5	Collaborative Drug Therapy Management	84
A New Approach to Best Practices	7	Community Pharmacists and Medication Therapy Management	90
What's New?	10	Tasked Pharmacy-Based Interventions to Improve Medication Adherence	95
Intended Audience	12	Team-Based Care to Improve Blood Pressure Control	101
Guide Development	13	Supporting Patients in Cardiovascular Disease Self-Management	106
Interpreting the Results: Best Practice Strategy Template	14	Chronic Medication Programs to Control Hypertension	107
Considerations for This Guide	18	Reducing Use of Pocket Cards for Medications	112
Coordinating Services for Cardiovascular Events	31	Self-Management Support and Education	117
Cardiac Rehabilitation to Support Recovery from Cardiac Events	32	Self-Measured Blood Pressure Monitoring With Clinical Support	123
Emergency Medical Service Systems for Stroke Treatment	38	Evaluation	129
Public Access Defibrillation	34	Introduction	130
Stroke Center Certification	39	Evaluation at DHDSP	130
Engaging Organizations to Promote Cardiovascular Health	44	CDC Framework for Evaluation, Steps 1-6	131
Reducing Sodium to Prevent and Manage Hypertension	45	Additional Evaluation Resources	136
Workplace Health Promotion to Prevent and Manage Heart Disease and Stroke	51	Appendices	139
Implementing Technology-Based Strategies to Optimize Cardiovascular Care	57	Appendix A: Summary of Effective Strategies to Address Heart Disease and Stroke	140
Clinical Decision Support Systems	58	Appendix B: Rapid Synthesis and Translation Process (RTST)	142
Telehealth	63	Appendix C: Understanding the Continuum of Evidence of Effectiveness Tool	144
Leveraging Community and Clinical Public Health Workforces	69	Appendix D: Glossary	151
Community Health Workers	70		
Community Paramedicine	77		
Best Practices for Heart Disease and Stroke			4

Executive Summary

A New Approach to Best Practices

18 Best Practice Strategies

Evaluation

Appendices

19

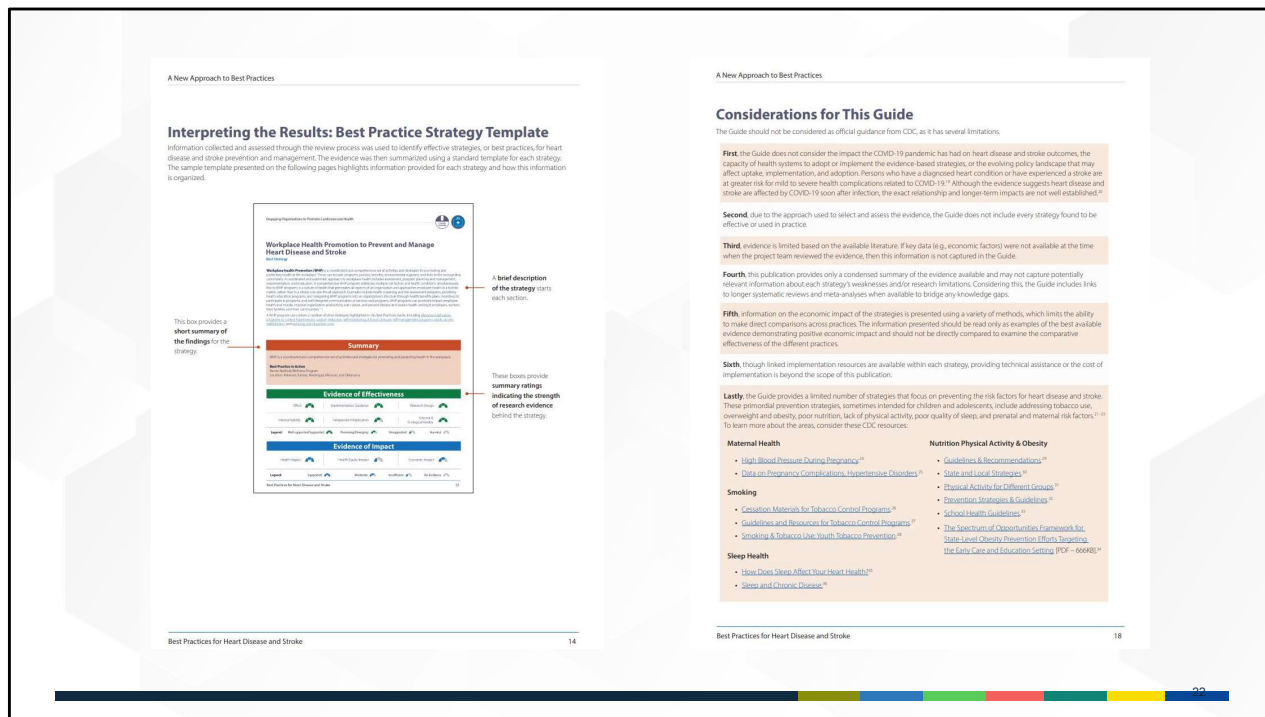
When you open the Guide, you will notice in the table of contents that this iteration includes the following major sections: an executive summary, a section describing the new approach, the 18 strategies themselves, a section on evaluation, and finally the appendices.



Let's begin with the *Executive summary*. This is where you will be able to read about CDC's Division for Heart Disease and Stroke Prevention, the place where the Guide was created. It details the Division's mission, vision, and goals and how the Guide fits within this context. The executive summary also provides a brief overview of the Guide's development processes and what you can expect when delving into its contents.



The next section of the report, *A New Approach to Best Practices*, will detail the new information and features provided within the updated guide. It begins with the latest data, findings and impacts of heart disease and stroke; it discusses how the approach to develop the strategies differed from the first iteration; it contains an infographic that depicts all 18 strategies and highlights those that are new; and describes how the extensive review process and several theoretical models influenced the Guide’s development.



The *New Approach* section also provides a very useful key to the strategy summaries that describes how each one is formatted. You can see this depicted on the left. I will use something similar in a few seconds when we get to the strategy summaries. Finally, this section ends with considerations for the Guide. This is depicted on the right.

The screenshot shows a webpage with the following sections and callouts:

- Callout 1:** "A brief description of the strategy starts each section." points to the introductory paragraph.
- Callout 2:** "This box provides a short summary of the findings for the strategy." points to the 'Summary' box.
- Callout 3:** "Highlighted icon for each strategy." points to a blue icon in the top navigation bar.
- Callout 4:** "Here we provide summary ratings indicating the strength of research evidence behind the strategy." points to the 'Evidence of Effectiveness' and 'Evidence of Impact' sections.

The webpage content includes:

- Section Header:** Cardiac Rehabilitation to Support Recovery From Cardiac Events
- Best Strategy:** Cardiac rehabilitation is a supervised program that includes physical activity, health education, and counseling to help individuals recovering from a heart attack, heart failure, or other cardiac event that required surgery or medical care.
- Summary:** Cardiac rehabilitation is a supervised program that includes physical activity, health education, and counseling to help anyone recovering from a heart attack, heart failure, or other cardiac event that required surgery or medical care.
- Best Practice in Action:** Henry Ford Health System Cardiac Rehabilitation Program, Location: Detroit, Michigan
- Evidence of Effectiveness:**
 - Effect: Supported
 - Implementation Guidance: Supported
 - Research Design: Supported
 - Internal Validity: Supported
 - Independent Replication: Supported
 - External & Ecological Validity: Supported
- Evidence of Impact:**
 - Health Impact: Supported
 - Health Equity Impact: Supported
 - Economic Impact: Supported

Next, I'm thrilled to discuss the strategy summaries themselves. Each one contains several features. They include:

- An icon highlighted blue that represents the strategy you are currently reviewing
- A brief description of the strategy
- A short summary of the findings
- And ratings indicating the strength of research evidence behind the strategy. These ratings are developed using the *Continuum of Evidence of Effectiveness* and the *Evidence of Impact*. I will expand on these shortly.

Summary of the Continuum of Evidence of Effectiveness ratings determined by the reviewers.

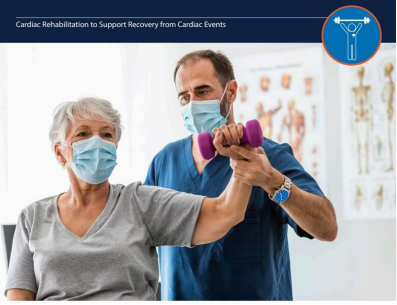
The Health Impact section describes the evidence from the research literature and provides a rationale for the rating for health impact.

The Health Equity Impact section describes the evidence from the research literature and provides a rationale for the rating for health disparity impact.

The Economic Impact section describes the evidence available on a variety of economic factors, including overall cost-effectiveness; cost savings to health systems, patients, or other payers; net benefit; and return on investment (ROI).

A summary of the *Continuum of Evidence of Effectiveness* findings is on this page for each strategy summary. It is a tool designed to assess the quality of the research evidence available and the effectiveness of each strategy according to six dimensions. These dimensions include effect, implementation guidance, research design, internal validity, independent replication, and external & ecological validity. This process informed the ratings depicted on the previous slide.

A written summary of the evidence of impact is also provided on this page. To assess the *Evidence of Impact*, reviewers examined the research literature for evidence of a strategy's potential to improve health, reduce health disparities, and show economic sustainability. This process also informed the ratings depicted on the previous slide.



Cardiac Rehabilitation to Support Recovery from Cardiac Events

Best Practice in Action Story

Based in Detroit, the Henry Ford Cardiac Rehabilitation (CR) Program is a referral-based education and exercise program designed to care for patients recovering from a cardiac event. Leveraging the expertise of clinical exercise physiologists, registered dietitians, and physicians, the program focuses on risk reduction, supervised exercise, stress management, depression, and goal setting.¹ To address barriers to participation, physicians refer patients to a facility close to their home and for those not able to attend CR in person, Henry Ford offers a videoconferencing option. The program serves a predominantly older male African American population (average age of 61 years, 58% male, and 79% African American) in 2016, patients experienced, on average, a greater than 50% increase in fitness, which is associated with a reduced risk for future cardiac events. Patients also self-reported improved perceived health status (-0.56) and quality of life (-0.33) using the Dartmouth COOP instrument, and depression (-0.20) using the PHQ-9 instrument. For both the Dartmouth COOP and PHQ-9, lower scores are better. In 2021, time from discharge to starting the program was reduced to 24 days, compared to 28 to 35 days in years prior, due to earlier patient engagement. The program's coordination also took other hospitals on how to design and implement a virtual cardiac rehabilitation program to advance reach and use.

For more information

Website: <https://www.henryford.com/services/cardiology/support/cardiac-rehab>

Best Practices for Heart Disease and Stroke 24

This section describes the strategy as it is being applied in a specific community, clinical, or health care setting

25

The strategy summaries also contain brief stories called, *Best Practices in Action*, to describe the strategy as it is being applied in a specific community, clinical, or health care setting.

Current, high-level considerations related to policy and laws relevant to implementing the strategy.

Available resources, such as guides, examples, and guidelines that support implementation of the strategy.

Coordinating Services for Cardiovascular Events
Cardiac Rehabilitation to Support Recovery From Cardiac Events

Four Considerations for Implementation

- 1 Settings**

Cardiac rehabilitation programs have been successfully implemented in dedicated cardiac rehabilitation clinics and managed care systems (e.g., U.S. Department of Veterans Affairs clinics, Kaiser Permanente centers). Virtual cardiac rehabilitation programs have also shown to be potentially effective.¹⁰
- 2 Policy- and Law-Related Considerations**

Efforts in legislation to expand payment options and access to cardiac rehabilitation programs are underway.

 - In December 2021, CMS issued a final rule updating Medicare payment options under the Physician Fee Schedule that includes certain cardiac and intensive cardiac rehabilitation codes for telehealth through the end of calendar year 2023.¹¹
 - The Increasing Access to Quality Cardiac Rehabilitation Care Act ([H.R. 3321](#)) bill, originally introduced to the 116th Congress in July 2019, was reintroduced to 117th Congress in June 2021 to authorize physician assistants, nurse practitioners, and clinical nurse specialists to supervise cardiac, intensive cardiac, and pulmonary rehabilitation programs under Medicare.¹²
 - The Increasing Access to Quality Cardiac Rehabilitation Care Act of 2021 ([H.R. 1920](#)) was introduced to the 117th Congress in March 2021 to authorize physician assistants, nurse practitioners, and advanced practice providers to begin supervising patients day-to-day cardiac rehabilitation and would authorize advanced practice providers to order cardiac rehabilitation for patients, a function currently limited to physicians.¹³
 - The SDCS Sustaining Outpatient Services Act ([H.R. 1340](#)) was also introduced to the 117th Congress in May 2021 to allow for the creation, relocation, or expansion of hospital outpatient cardiac rehabilitation programs at any on- or off-campus location without a Medicare payment reduction.¹⁴
- 3 Implementation Guidance**

Resources for planning and implementing cardiac rehabilitation programs include:

 - [2022 AHA/ACC/CPSCA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines](#)¹⁵
 - [Cardiac Rehabilitation Change Package](#)¹⁶
 - [TDRcases](#)¹⁷
 - [Ethnocultural Diversity in Cardiac Rehabilitation](#)¹⁸
 - [Underutilization of Cardiac Rehabilitation in Women: Barriers and Solutions](#)¹⁹
 - [Cardiac Rehab Information for Physicians Webinar Series](#)²⁰
- 4 Additional Resources**

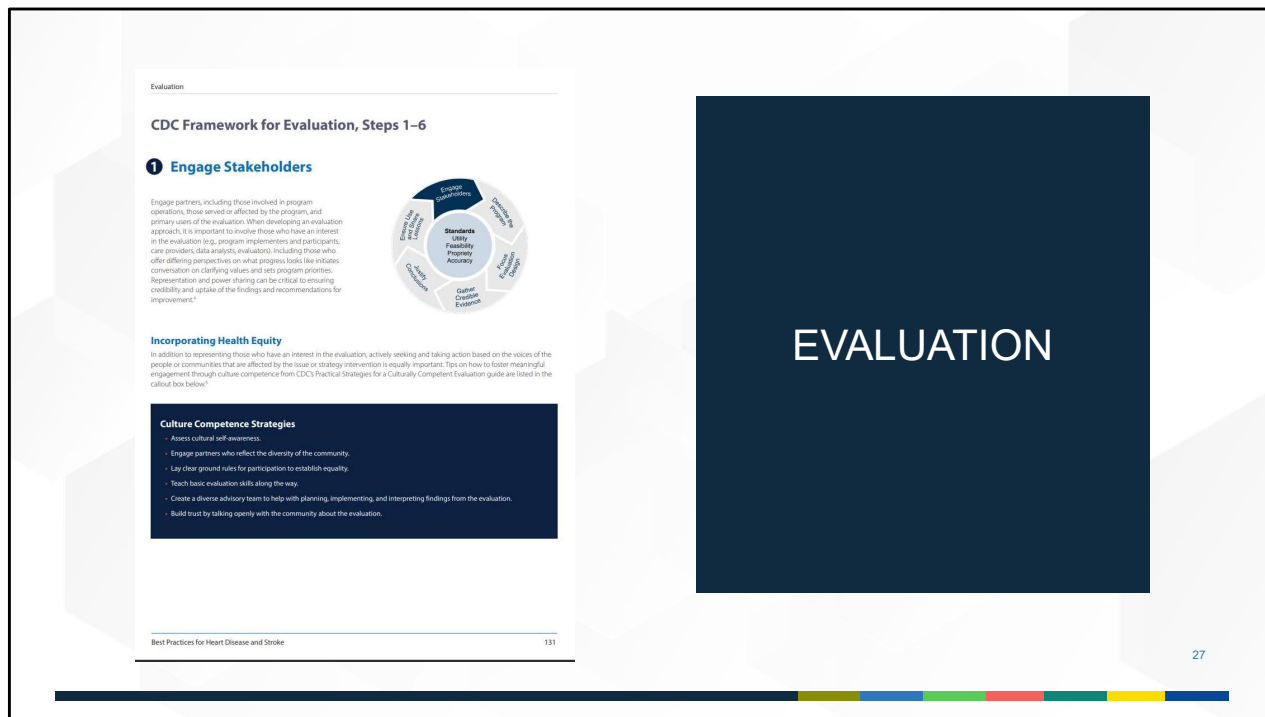
The [Million Hearts® Cardiac Rehabilitation Collaborative](#) is a national forum for multidisciplinary professionals who are working to achieve the goal of 70% cardiac rehabilitation participation in eligible patients.²¹

Best Practices for Heart Disease and Stroke 25

Settings in which the strategy was successfully implemented.

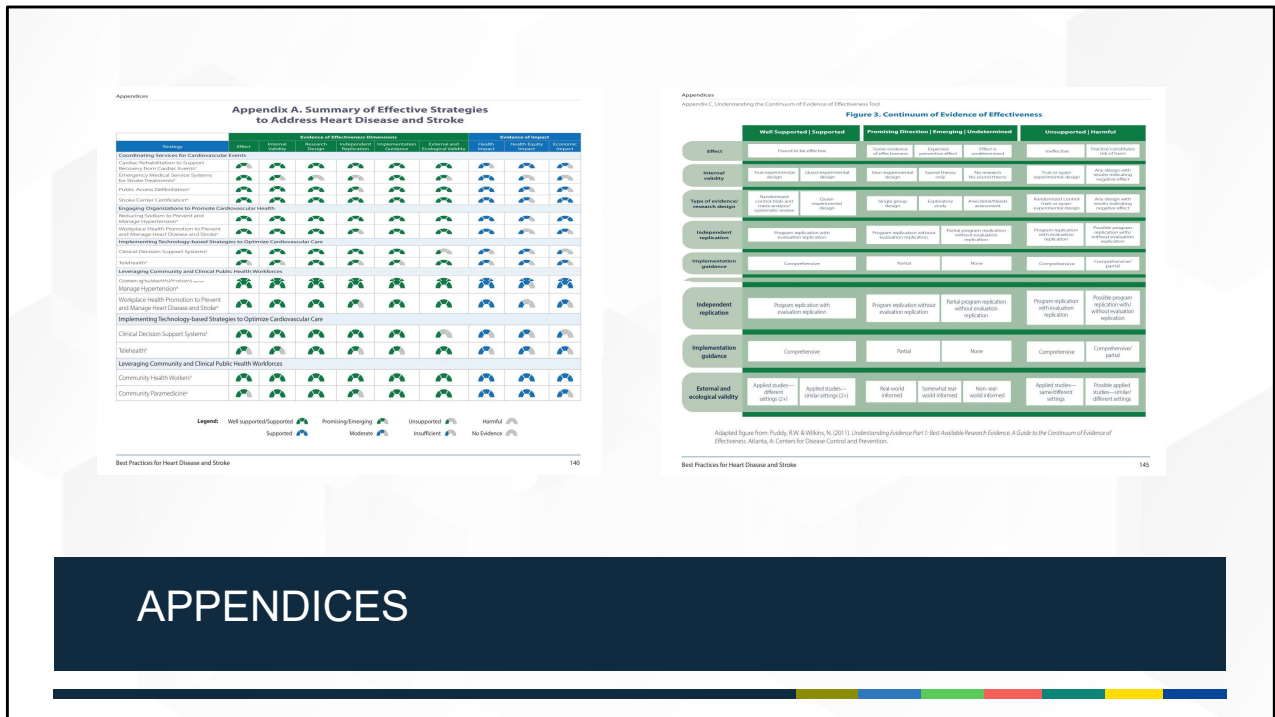
Current implementation guidance available to assist with implementation of the strategy.

This page has four considerations for the implementation of the strategy, including settings where the strategy has been successfully implemented, policy and law-related considerations, implementation guidance, and additional resources.



After the 18 summaries, you will find the evaluation section. This section is intended to be a starting point for program evaluators to execute evaluation practices for the best practices outlined in the Guide. It lists evaluation resources that can be referred to throughout the evaluation process and provides specific examples on how evaluations of these strategies were implemented and adapted. It includes:

- Information on evaluation practices at DHDSP
- A six-step CDC Framework for Evaluation
- Additional Resources



APPENDICES

Last but not least are the appendices. Here is where you will find:

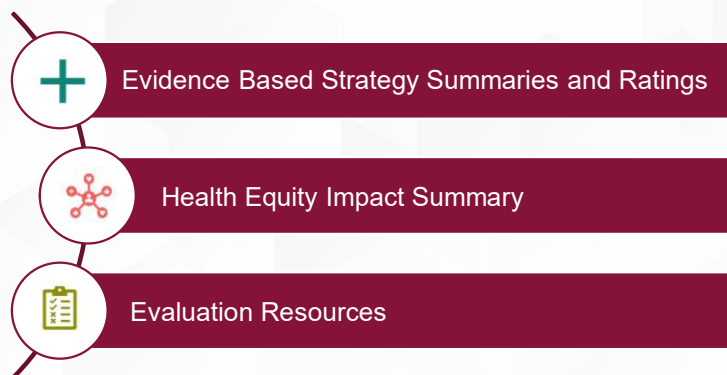
- A summary of the continuum tool ratings for the effective strategies
- A description of the rapid Synthesis and Translation Process (RSTP) which was one of the methods used to develop this publication.
- A section on how to better understand the Continuum of Evidence of Effectiveness Tool which includes graphics and tables detailing the tool and the meaning of the results.
- And a glossary of the key terms used throughout the Guide.

PUBLIC HEALTH IMPLICATIONS

29

Now I will discuss the public health implications of the Guide.

HOW DOES THE *NEW* BEST PRACTICES GUIDE ADVANCE CARDIOVASCULAR PUBLIC HEALTH?



30

So how does the *new* Best Practices Guide advance cardiovascular public health?

- As mentioned at the top of this presentation, the Guide aims to inform decision-making by translating complex evidence into specific actions
 - This includes within the house in which it was developed, The Division for Heart Disease and Stroke Prevention or DHDSP. DHDSP works to improve cardiovascular health through their support of states and local public health leaders by providing technical assistance, funding opportunities, and publishing resources. DHDSP also develops resources for clinicians, community health workers, pharmacists, and other health workers. The evidence provided in the Guide will be valuable to these efforts.
- Additionally, applying a health equity lens has been a focus of this update that can help our intended audiences better understand and align their efforts towards promoting the health of *all* populations.
- Finally, the evaluation resources and steps in the Guide may be used for planning effective public health strategies, improving existing programs, and demonstrating the results of resource investments.

KEY CONSIDERATIONS

THE BEST PRACTICES GUIDE...

Does not consider the impact of COVID-19

Does not include every effective strategy

Has evidence based on available literature

Contains a condensed summary of the evidence

Presents economic impact using various methods

Does not incorporate technical assistance or the cost of implementation considerations

31

Key considerations for the Guide are as follows:

- First, the Guide does not consider the impact the COVID-19 pandemic on heart disease and stroke outcomes, or the evolving policy landscape that may affect uptake, implementation, and adoption of the strategies.
- Next, the Guide does not include every strategy found to be effective or used in practice. This includes early prevention strategies such as addressing tobacco use, overweight and obesity, and prenatal and maternal risk factors.
- Also, if key data were not available at the time when the project team reviewed the evidence, then this information was not captured in the Guide.
- Additionally, this publication provides only a condensed summary of the evidence available. The Guide includes links to longer systematic reviews and meta-analyses to bridge any knowledge gaps.
- Because the economic impact of the strategies is presented using various methods, it limits the ability to make direct comparisons across practices.
- Finally, though linked implementation resources are available within each strategy, providing technical assistance or the cost of implementation is beyond the scope of this publication.

NEXT STEPS AND FUTURE ITERATIONS



Evaluate the Guide

Expand the research agenda

Add more health equity data and research

Incorporate strategy specific evaluation resources

32

We have considered some opportunities to improve future iterations of the Guide. If you are familiar with DHDSP's CORE goals, much of these align with them. We plan to:

1. Evaluate the Guide to improve use, reach, partnerships, and potential impact among priority populations.
2. Dive deeper into an expanded "research agenda" to include more about early prevention strategies and implementation costs.
3. Search for different avenues and topics of health equity data and research to incorporate into each strategy.
4. Add strategy-specific evaluation resources.

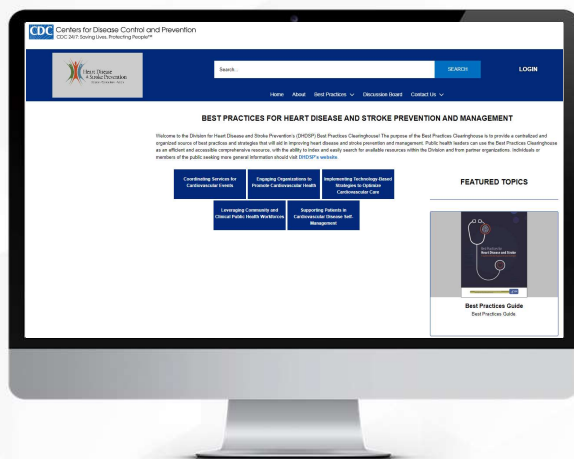


BEST PRACTICES CLEARINGHOUSE




33

Thank you for allowing us to share some of the exciting features provided on the updated Best Practices Guide. Lastly, I want to give you a sneak peak of what I unofficially consider a sister product to the Guide, the Best Practices for Heart Disease and Stroke Prevention and Management Clearinghouse!

BEST PRACTICES CLEARINGHOUSE



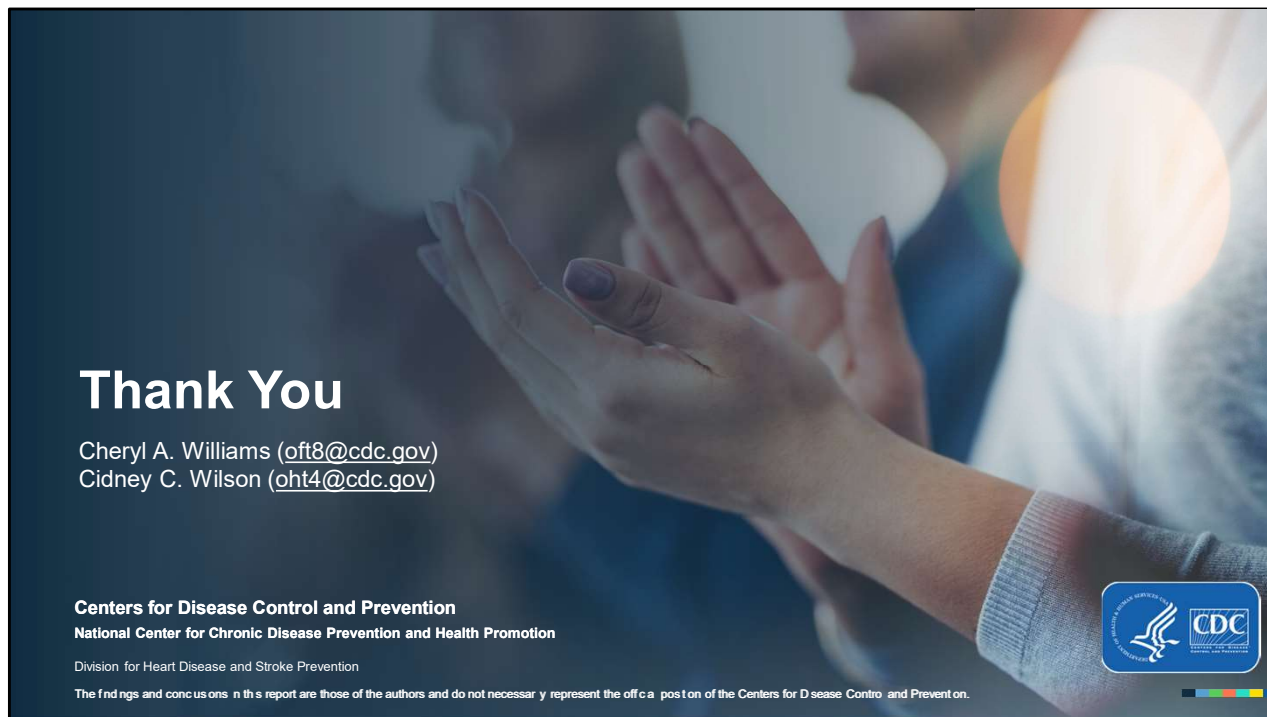
A web-based repository of best practices resources to help improve heart disease and stroke prevention and reduce health disparities.

-  User-friendly, updatable, best practices resource center
-  Searchable, downloadable and shareable resources
-  Interactive discussion board to promote engagement

34

I call this a sister product because the Guide content will be featured in the Best Practices Clearinghouse, which is a web-based repository of best practice resources to help improve heart disease and stroke prevention and reduce health disparities.

This clearinghouse is a user-friendly, updatable, resource center that contains searchable, downloadable and shareable resources. It also features an interactive discussion board to promote engagement with peers.



Thank you, Cheryl and Cidney! At this time, we'll take questions. First, we'll check to see if any questions have come in through the Q&A box.

Question #1: How can recipients use this Guide?

Answer #1: Recipients can reference the strategies for how they may approach a NOFO strategy. For example, a NOFO strategy may be geared specifically towards engaging CHWs, thus recipients could reference the CHW Strategy and use it as a starting point/foundation. Likewise, if a recipient wants to engage with pharmacists, but is unsure of how considering the wide variety of ways they can be engaged and even the wide variety of services they can provide, they can review the Guide for more information as it contains three Strategies that highlight Pharmacist-related services. Let me add that the Best Practices Guide is not official guidance from the CDC and should not be taken as such; however, it is a tool that can be used to aid in planning, implementing, or evaluating your intervention.

Question #2: Why overarching approaches and not continuing with NCCDPHP Domains or some other framework?

Answer #2: We decided to group strategies by overarching approaches based on the commonalities they share with respect to specific methods of care, as opposed to the Chronic Center's domains, which are broader areas of chronic disease prevention and health promotion work. This more practical grouping, by approaches to care, lends to

better ease of use and navigation for users, by highlighting overlaps between strategies and strategy implementation, as well as distinctions.