

Peer Review: *Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies*

CDC/ATSDR's Scientific Information Quality—Peer Review Agenda

Required Elements for Public Posting

Title: *Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies*

(Formerly titled: *Best Practices for Cardiovascular Disease Prevention Programs: A Guide to Effective Health Care System Interventions and Community Programs Linked to Clinical Services*)

Anticipated Date of Dissemination: November 30, 2022

Subject of Planned Report: Originally published in 2017, the *Best Practices Guide for Heart Disease and Stroke* aims to showcase evidence-based interventions that address the continuum of cardiovascular health, from preventing or controlling risk factors to addressing a patients' health after experiencing a cardiac event. This second iteration of the Guide includes updated evidence reviews for the original eight strategies, along with new content, including:

- 10 additional evidence-based strategies.
- A health equity impact summary section for each strategy.
- A section on the importance of evaluation.

The current Guide uses the same processes that were applied when the 2017 version was developed. Previously organized by the Key Domains of Chronic Disease and Health Promotion, strategies included in this second iteration of the Guide are grouped by commonalities they share (i.e., similarities in timing of care provided, entities and workforces engaged in implementing the strategies, and the technology used). These groupings serve as the overarching approaches that public health practitioners can take to prevent and manage heart disease and stroke. All strategies were identified and vetted by end users, funding recipients, evaluators, content subject matter experts, and program specialists and are aligned with the strategic priorities of the Division for Heart Disease and Stroke Prevention (DHDSP). In addition, a peer review for the Guide to be considered Influential Scientific Information (ISI) was conducted in June and July 2022 to ensure that appropriate research methods were applied and the highest level of data quality was used.

This Guide describes the strength of the evidence behind each strategy and the reported outcomes related to cardiovascular disease prevention and management. It also highlights the public health and economic impacts of each strategy, including whether it improves health outcomes and health equity. In addition, the Guide lists important issues related to the implementation of each strategy, including settings in which the strategies have been implemented, resources available to support implementation, and policy- and law-related considerations. Additionally, Best Practice in Action Stories highlight specific programs or initiatives where the strategies have been successfully implemented. Following the strategy descriptions, the publication includes a section for conducting evaluation, outlining the six steps featured in [CDC's Framework for Program Evaluation](#) that can be applied to all strategies.

Purpose of Planned Report: The aim of the report is to describe best practices to address public health activities for heart disease and stroke prevention at state and local levels. The Guide aims to serve as a resource that includes heart disease and stroke prevention strategies focused on coordinating services for cardiovascular events, engaging organizations to promote cardiovascular health, implementing technology to optimize cardiovascular care, leveraging community and clinical public health workforces, and supporting patients in cardiovascular disease self-management.

Type of Dissemination: Influential

Timing of Review (including deferrals): June–July 2022

Primary Disciplines or Expertise: Public health, cardiovascular disease, implementation science, community health, health equity, social determinants of health

Type of Review (panel, individual, or alternative procedure): Individual and Panel

Number of Reviewers: 5 reviewers

Reviewers Selected by: Centers for Disease Control and Prevention/Agency

Public Nominations Requested for Reviewers: No

Opportunities for the Public to Comment (how and when): No

Peer Reviewers Provided with Public Comments Before their Review: Not applicable

Peer Reviewers

1. Yvonne Commodore-Mensah	
Academic and Professional Credentials	PhD, MHS, RN, FAAN, FAHA, FPCNA
Current Position Title	Associate Professor
Organization Affiliation(s)	Johns Hopkins University School of Nursing
Areas of Expertise/Discipline/Relevant Experiences	Dr. Yvonne Commodore-Mensah is a cardiovascular nurse epidemiologist whose current program of research seeks to reduce the burden of cardiovascular disease risk among Africans locally (United States) and globally (sub-Saharan Africa) through community-engaged research. Her research expertise includes immigrant health, global health, cardiovascular disease epidemiology, and social determinants of health. She is a fellow of the American Heart Association and a fellow and board member of the Preventive Cardiovascular Nurses Association.
Recommended by Scientific/Professional Society or General Public	Scientific/Professional Society

2. Darwin Labarthe	
Academic and Professional Credentials	MD, MPH, PhD
Current Position Title	Professor of Preventive Medicine
Organization Affiliation(s)	Feinberg School of Medicine, Northwestern University
Areas of Expertise/Discipline/Relevant Experiences	Previously Director of the Division for Heart Disease and Stroke Prevention, Dr. Labarthe led the development and implementation of the long-range public health strategic plan, <i>A Public Health Action Plan to Prevent Heart Disease and Stroke</i> . Current research and teaching activities are in the area of cardiovascular diseases and their prevention.
Recommended by Scientific/Professional Society or General Public	Scientific/Professional Society

3. Joyce Lopez	
Academic and Professional Credentials	RN, MS, BSN
Current Position Title	Program Manager
Organization Affiliation(s)	Oklahoma State Department of Health, Chronic Disease Service
Areas of Expertise/Discipline/Relevant Experiences	Joyce Lopez is one of the Administrative Program Managers in the Chronic Disease Service at the Oklahoma State Department of Health (OSDH); she has been with OSDH since 2014. She has more than 20 years of nursing experience.
Recommended by Scientific/Professional Society or General Public	Scientific/Professional Society

4. Miriam Patanian	
Academic and Professional Credentials	MPH
Current Position Title	Lead Consultant for Cardiovascular Health and Health Systems
Organization Affiliation(s)	National Association of Chronic Disease Directors (NACDD)
Areas of Expertise/Discipline/Relevant Experiences	Leads NACDD's Cardiovascular Health (CVH) Council, which supports health departments in implementing population health improvement strategies for cardiovascular disease prevention. The CVH Council is a resource for state-based cardiovascular health and heart disease and stroke prevention (HDSP) program managers and staff. It provides technical assistance, resources, and networking opportunities to HDSP staff. She has more than 20 years of public health experience focused on chronic disease prevention and control at both the state and national levels.
Recommended by Scientific/Professional Society or General Public	Scientific/Professional Society

5. Laurie P. Whitsel	
Academic and Professional Credentials	PhD, FAHA
Current Position Title	Vice President of Policy Research and Translation; Senior Advisor, Physical Activity Alliance
Organization Affiliation(s)	American Heart Association (AHA)
Areas of Expertise/Discipline/Relevant Experiences	Works to translate science into policy at a national level in the areas of cardiovascular disease, stroke prevention, and health promotion.
Recommended by Scientific/Professional Society or General Public	Scientific/Professional Society

Charge to Peer Reviewers

The overall goal of the peer review is to enhance scientific quality by ensuring that the research methods, evidence, and data support the information provided in the Guide. The charge to the peer reviewers is to assess the scientific and technical validity of the information, not matters of style or usage.

As part of the review of this publication, reviewers were asked to:

- Review a draft of the updated version of the Guide and a table outlining Best Practice in Action Stories.
- Submit written feedback on the items below and attend a virtual meeting to discuss feedback.
 - Content-related edits and comments, not copyediting.
 - Introduction, Audience, Guide Development, Interpreting Results, Guide Limitations, and Evaluation sections.
 - Strategies that aligned with each peer reviewer’s expertise, particularly for health equity impact and considerations for implementation.

Peer Reviewers’ Comments

Overall Comments

Peer Reviewers’ Comment	CDC/ATSDR’s Response
Suggestions to make specific changes in wording and fix typos.	We have addressed typos and suggested word changes.
Consider a companion piece to the Guide outlining which DHDSP-funded recipients have implemented these strategies.	This is outside of the scope of this publication. However, this is being considered for the Best Practices Clearinghouse, an upcoming online resource that will house the information presented in the Guide.
Add a disclaimer about the Guide not being official CDC guidance.	The following disclaimer was added to indicate that the Guide is not official guidance from CDC: “The <i>Best Practices Guide for Heart Disease and Stroke</i> should not be considered as official guidance from the Centers for Disease Control and Prevention.”
One reviewer suggested creating brief digestible summaries for each strategy and for the overall document.	PDFs describing each strategy will be included in the Best Practices Clearinghouse.
Consider showing the change in evidence of effectiveness and impact over time via the graphics.	This is outside of the scope of this publication. However, consideration will be given to developing future products related to this topic.

Peer Reviewers' Comment	CDC/ATSDR's Response
<p>Several reviewers mentioned that the limited information on prevention areas like commercial tobacco use, physical inactivity, and poor nutrition was a gap in the Guide, and they suggested including more information on primary and primordial prevention.</p>	<p>The "Limitations" section has been revised to the "Considerations for this Guide" section, which articulates that the Guide does not include many strategies that focus on preventing the risk factors for heart disease and stroke (e.g., primordial prevention strategies, often intended for children and adolescents, including addressing tobacco use, overweight and obesity, prenatal and maternal risk factors). Resources for consideration on these strategies are included. Consideration will be given to a more explicit focus on upstream factors and social determinants of health in future products and materials.</p>
<p>Include current gaps in research and knowledge in strategy writeups.</p>	<p>Throughout each strategy summary, we have included language describing the gaps in current literature for health, health equity, and economic impact, as well as limitations in implementation resources and information.</p>
<p>Incorporate information in the "Evaluation" section on how the use of the Guide will be evaluated. For example, include a plan to assess who uses it and what impact the Guide has on addressing heart disease and stroke.</p>	<p>DHDSP plans to conduct an evaluation of the use of the Guide, to be facilitated by the ability to track metrics on its use via the Best Practices Clearinghouse, an interactive online hub. Qualitative information on the utility of the Guide will also be collected from users. This information may be included in future updates to the Guide.</p>
<p>One reviewer suggested defining health disparities earlier in the document, potentially in the Introduction, rather than having the first mention in the "Advancing Health Equity" section.</p>	<p>Health disparities are defined in the "A New Approach to Best Practices" section: "...<i>health disparities</i> refers to a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage..."</p>
<p>Include guidance on how to achieve health equity.</p>	<p>The following language has been included in the "A New Approach to Best Practices" section: "Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. As it relates to evidence-based interventions addressing heart disease and stroke prevention and management, applying a health equity lens can help our intended audiences better understand and align their implementation efforts toward promoting the health of all populations."</p>

Peer Reviewers' Comment	CDC/ATSDR's Response
Overall, reviewers appreciated the expansion of the Guide with new strategies and health equity sections and thought the Guide would be a useful resource for the intended audience, including DHDSP recipients.	Thank you for this feedback.

Strategy-specific Comments

Peer Reviewers' Comment	CDC/ATSDR's Response
Consider addressing stroke coverage and access in cardiac rehabilitation strategy.	Language discussing access to and coverage for cardiac rehabilitation has been included in the Cardiac Rehabilitation summary.
Add content on maternal and cardiovascular brain health as well as mental health.	This is outside of the scope of this publication. However, it is noted in the "Considerations for this Guide" section that mental and maternal health are closely linked to cardiovascular health in primary prevention. Consideration will be given to developing future products related to these topics.
Acknowledge barriers, like surprise billing, to calling emergency medical service systems (EMSS) for stroke, especially for communities of color.	Barriers to EMSS usage described in the evidence were included in the EMSS summary.
Embed any available literature on the importance of public access defibrillation training curricula being culturally sensitive (e.g., mannequins with diverse skin tones and body sizes).	Language was added to the Public Access Defibrillation summary indicating that "there were no substantial research findings or recommendations found regarding using mannequins with diverse skin tones and body sizes."
Broaden the sodium reduction strategy to include systemic approaches to manage diet beyond just one nutrient.	The following statement was added to the Reducing Sodium summary: "The Dietary Guidelines for Americans recommend that sodium intake be limited as part of a healthy dietary pattern that provides a variety of nutrient-dense foods and beverages."
Include information and/or strategies addressing the prevention of risk factors and detection and treatment of risk factors.	This is outside of the scope of this publication. However, consideration will be given to developing future products related to these topics.
Incorporate content on strategies that may be connected (e.g., telehealth, self-measured blood pressure monitoring, lifestyle interventions).	We have included direct links to the strategy summaries that are connected to one another.

Peer Reviewers' Comment	CDC/ATSDR's Response
Mention virtual as a possible setting for cardiac rehabilitation programs.	The following statement has been added to the Cardiac Rehabilitation summary: "Virtual cardiac rehabilitation programs have also shown to be potentially effective."
Reference AHRQ Technical Brief No. 34, Impact of Community Health Worker Certification on Workforce and Service Delivery for Asthma and Other Selected Chronic Diseases.	This report is now cited in the Community Health Workers summary.

The ISI/HISA Dissemination Itself: Centers for Disease Control and Prevention. *Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2022. Available at <https://www.cdc.gov/dhdsp/pubs/docs/Best-Practices-Guide-508.pdf>.