

Overview of Applied Research and Translation Team

AREB COFFEE BREAKS 2021

Adebola Popoola, JD, MPH, MBS

Sharada Shantharam, MPH

April 13th, 2021

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



MODERATOR:

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

We are fortunate to have **Bola Popoola** and **Sharada Shantharam** as today's presenters. **Bola** and **Sharada** both work as **Health Scientists** with the team.

My name is **Allison White**, and I will be acting as today's moderator. I am an **ORISE Policy Research and Health Communications Fellow** within the Applied Research and Evaluation Branch, with this team.

Before we begin...

- All phones have been placed in SILENT mode.
- Any issues or questions?
 - Use Q & A box on your screen
 - Email AREBheartinfo@cdc.gov



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MODERATOR:

Before we begin, there are some housekeeping items.

All participants have been muted; however, to improve audio quality please mute your phones and microphones throughout the webinar until prompted.

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 into the Q/A box located at the bottom of your screen. Please hold your questions until we reach the end of the presentation until prompted.

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.

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MODERATOR:

Just as a disclaimer, the information presented in the webinar 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. **Sharada**, the floor is yours.



SHARADA

Thanks, **Allison!** Alright, so for today's presentation, Bola and I wanted to introduce our team in terms of who we are and what we do, and describe our portfolio of work and how it's structured along with and provide a few examples of our products. And then we'll run through a demonstration of how to find our work on the Division for Heart Disease and Stroke Prevention's website. And, of course, we'll have time for Q&A at the end.

Mission

To promote the use of the best available evidence to enhance knowledge and decision-making for the planning, development, and implementation of cardiovascular disease prevention and management strategies.

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SHARADA

So, who are we? We are the Applied Research and Translation Team. We sit within the Applied Research and Evaluation Branch, alongside the Evaluation and Program Effectiveness Team. We work collaboratively with our Division's program branch and epidemiology and surveillance branch.

Our mission is to promote the use of the best available evidence to enhance knowledge and decision-making for the planning, development and implementation of CVD prevention and management strategies.



Applied Research and Translation (ART) Team

Refilwe Moeti
Acting Team Lead

Adebola Popoola
Health Scientist

Andrew Rosenberg
REAL Student

Desmond Banks
Communication Specialist IV

Rachel Neenan
REAL Student

Allison White
ORISE Fellow

Aysha Rasool
ORISE Fellow

Erika Fulmer
Policy Analyst

Refilwe Moeti
Health Ed Specialist

Amanda Brown
Public Health Policy Analyst

Brittany Lue
ORISE Fellow

Nicole Therrien
Pharmacist Consultant

Sharada Shantharam
Health Scientist

Ami Bhatt
Health Scientist II

Bruce Donald
Health Economist

Nina Omeaku
Public Health Policy Analyst

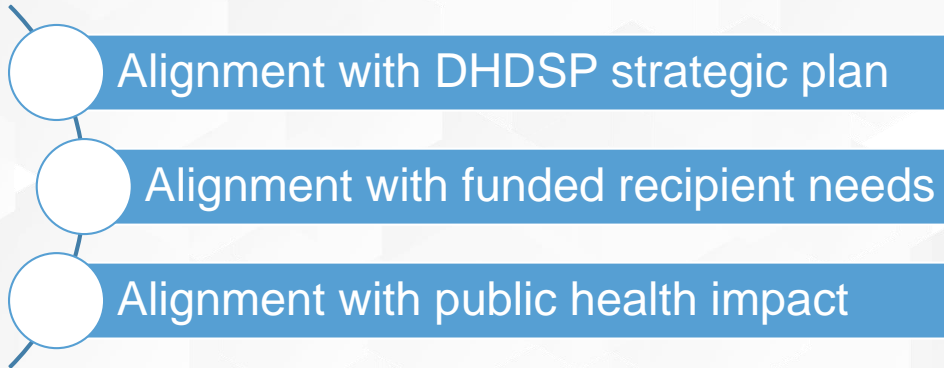
Siobhan Gilchrist
Policy Analyst

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SHARADA

Behind all our great work is a great team! For a visual, here is a snapshot of our Team. As you can see, our Team consists of professionals and experts in public health, policy, economics, and communications.

Prioritization of our work



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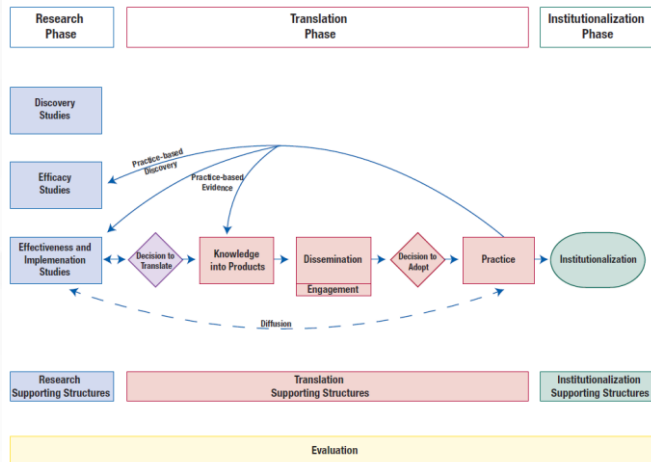
SHARADA

Our team prioritizes our work by focusing in 3 areas:

- First, we consider alignment with the Division's strategic plan's objectives and activities, while also considering funding, feasibility, and topic relevance.
- Secondly, we look at alignment with our funded recipients' needs and interests via the topic and product deliverables.
- Finally, we examine the work's alignment with potential public health impact, considering if the work takes into account health equity, reach, and efficacy.

And this is to reach our key audiences of state and local health departments, public health practitioners, national organizations, and others.

Knowledge to Action (K2A) Framework



WILSON KM, BRADY TJ, LESESNE C, ON BEHALF OF THE NCCDPHP WORK GROUP ON TRANSLATION. AN ORGANIZING FRAMEWORK FOR TRANSLATION IN PUBLIC HEALTH: THE KNOWLEDGE TO ACTION FRAMEWORK. PREV CHRONIC DIS 2011;8(2):A46. [HTTP://WWW.CDC.GOV/PCD/ISSUES/2011/MAR/10_0012.HTM](http://www.cdc.gov/pcd/issues/2011/mar/10_0012.htm). ACCESSED MARCH 14, 2017.

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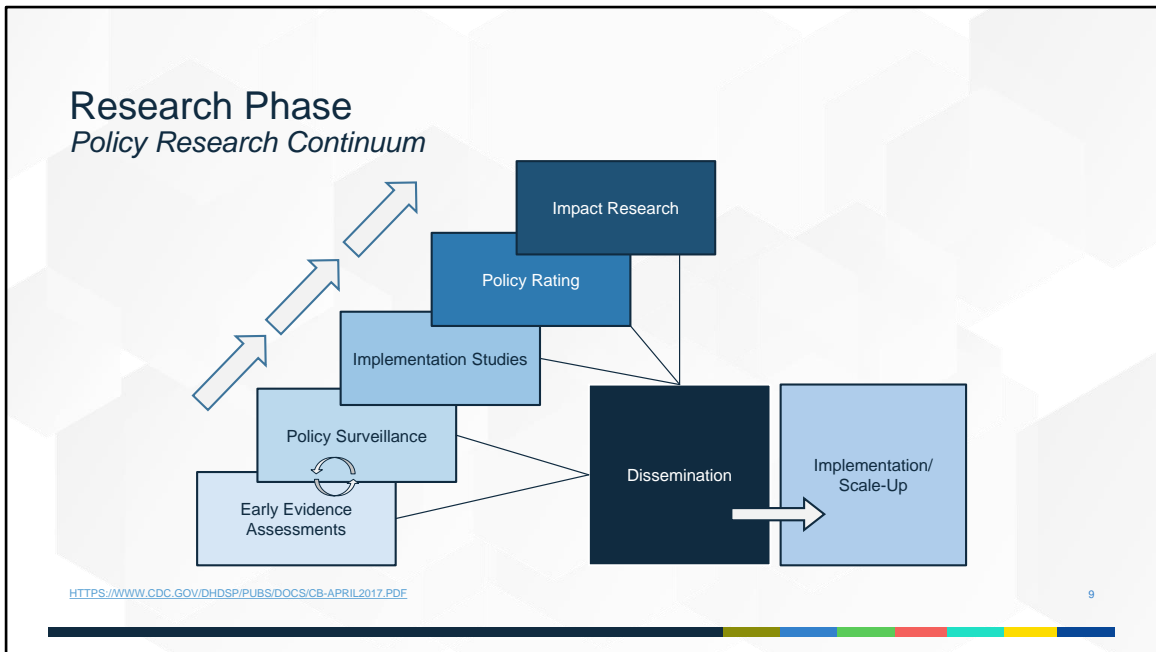
SHARADA

Our team focuses on developing actionable resources and products that our priority audiences can use to make informed, evidence-based decisions. For example, our policy evidence assessment reports prioritize policy interventions by varying evidence levels so that policymakers, public health practitioners, and researchers can understand what can be taken up to the next step or perhaps needs more research.

So, our team uses the Knowledge to Action (K2A) framework to guide a lot of our work. The three phases you can see here are: research, translation, and institutionalization. In order to move knowledge to sustainable action, we have various decision points, interactions, and supporting structures that help guide this process.

And evaluation supports the entire K2A process, as you can see at the bottom.

We also work in other areas of implementation science, such as with our systematic reviews with the Community Preventive Services Task Force and we're currently wrapping up rigorous evaluation on community pharmacist practices.



SHARADA

Within the research phase of the K2A Framework, we conduct **policy research**, which is largely guided by our policy research continuum. The aim of the continuum is to help the team examine and understand policy interventions that are evidence-based and likely to make the greatest impacts on cardiovascular health. We produce a number of products across this continuum as we move from the early evidence assessments, which happen simultaneously with our policy surveillance work, to the policy implementation studies, policy ratings, impact research, dissemination, and implementation.

And as with all our work, we collaborate with various stakeholders who help define our research questions, carry out recommended interventions, and take the evidence and our work to the next level at the policy-making stage.

If you want to learn more about our policy research continuum, Erika Fulmer and Siobhan Gilchrist from our team presented a Coffee Break about it. And that's available on our website, using the link on this slide.

I'll pass it over to Bola to talk about the other sides of our work.

<https://www.cdc.gov/dhdsp/pubs/docs/CB-April2017.pdf>

Translation Phase

Translation Research



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BOLA

Thanks, Sharada! Continuing along the Knowledge to Action framework, our work within the translation phase focuses on the larger evidence base of CVD prevention and management. We use systematic processes to turn scientific evidence into user-friendly tools and products, which can then be used by our partners and others to put science into practice.

As you can see on the slide, we produce several publications such as:

- Toolkits,
- Research and reports,
- Guides,
- Science-in-Briefs,
- Webinars and webcasts, and
- Policy resources.

Institutionalization Phase

Partner Engagement

Internal Partnerships

DHDSP's Branches

Million Hearts ®

NCCDPPH's Divisions

NCCDPPH's Workgroups

Other CDC Divisions

External Partnerships

American Heart Association

American Medical Association

National Association of Community Health Workers

National Alliance of State Pharmacy Associations

Universities

Subject Matter Expertise

Community Health Workers

Community Clinical Linkages

Worksite Health Promotion

Health Policy

Pharmacy

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BOLA

Our work in the research and translation phases lead us towards the institutionalization phase. We contribute to this side of the K2A Framework by working closely with our partners and providing subject matter expertise.

The breadth of partnerships are critical to informing our priority audiences, clarifying product format and intended use, as well as advising on modes of delivery, all of which are important factors in our dissemination.

As mentioned in the beginning, we collaborate with other branches in our Division, including the Million Hearts Initiative. We also work with other divisions within CDC.

Our external partners include organizations such as the American Heart Association, the National Alliance of State Pharmacy Associations, and universities, such as Temple University, George Washington University, and the University of Maryland.

In addition to our partnerships, we're really proud of the technical assistance that we offer due to our staff's subject matter expertise in health policy and law, pharmacy,

community health, worksite health promotion, and community clinical linkages.



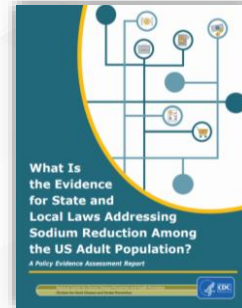
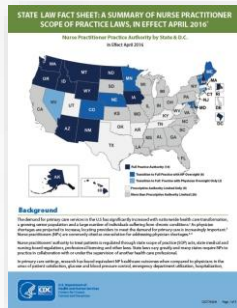
BOLA

Our team provide a wide range of expertise in areas such as:

- Community clinical linkages
- Community health workers
- Health system interventions (team-based care, self-management education, clinical decision support)
- Hypertension (self-measured home blood pressure monitoring)
- Nurse practitioner scope of practice
- Pharmacy (medication therapy management, collaborative practice agreements. Collaborative drug therapy management, prescription drug cost sharing, medication adherence)
- Public access defibrillation
- Sodium reduction
- Stroke (stroke systems of care, home rule)
- Telehealth
- Workplace health promotion

And so much more!

Sample Work Policy Research



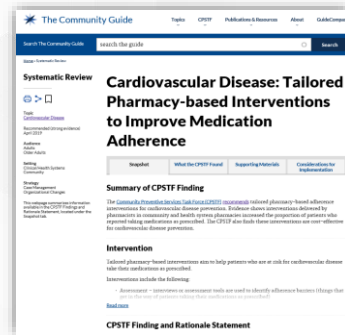
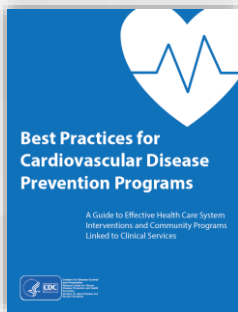
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BOLA

I will now provide examples of some of our policy research work.

- Our policy research continuum really operates in the legal epidemiology space, where we apply scientific methods to study the impact of laws on public health. Last year, our team published a special supplement in the Journal of Public Health Management & Practice highlighting some of our work. We also just launched a complementary webpage that links our work to the supplement on the Division's Policy Resources page.
- A primary method for disseminating our policy surveillance information is through our state law fact sheets. This one is an example of a fact sheet on nurse practitioner scope of practice laws.
- We've also recently published reports assessing the evidence behind policy interventions focused on sodium reduction.

Sample Work Translation Research



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BOLA

As you can guess, we are a productive group and create a lot of products. But what we're particularly proud of is the substance of our work and its potential to move the field forward based on scientific evidence. Here are some select examples of our efforts on this slide.

1). **Best Practices Guide:** In 2017, we published a best practices guide for cardiovascular disease prevention programs. This guide highlights the evidence behind eight strategies for lowering high blood pressure and cholesterol levels that can be implemented in health care systems and engage community-clinical linkages. The guide has been used by numerous partners, including our funded recipients, national public health organizations, and public health practitioners.

Up next is our:

2). **Science-in-Briefs.** Our monthly SIBs are concise and user-friendly publication summaries that highlight new research findings and emphasize the application potential for our public health partners. Science-in-Briefs cover a wide range of

topics, including community health workers, stroke systems of care, pharmacy, and the economics of cardiovascular disease.

Lastly is our collaboration with:

3). **The Community Guide**, which has led to the development of two webpages. The webpages provide implementation resource to help communities and health systems implement tailored pharmacy-based interventions to improve medication adherence for cardiovascular disease prevention.

Thank You

ADEBOLA POPOOLA, JD, MPH, MBS | NCI9@CDC.GOV

SHARADA SHANTHARAM, MPH | KTQ4@CDC.GOV

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National Center for Chronic Disease Prevention and Health Promotion

Division for Heart Disease and Stroke Prevention

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



MODERATOR:

At this time, we'll take questions, but first we'll check to see if any questions have come in through the Q&A box.

If we have questions ask the questions posed by the attendees to the presenter



Moderator present poll question. Make sure to read the following after presenting each.

The **[first, second]** question should be showing, it read **[read question and potential answers]**

Please respond with the appropriate answer at this time.

The level of information was

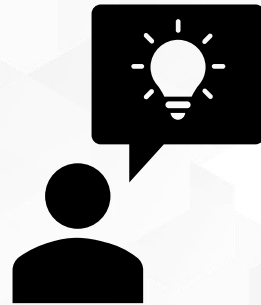
- Too basic
- About right
- Beyond my needs

The information presented was helpful to me.

- Yes
- Somewhat
- No not at all

Reminders

- All sessions are archived, and the slides and script can be accessed at <https://www.cdc.gov/dhdsp/pubs/webcasts.htm>
- If you have any questions, comments, or topic ideas send an email to AREBheartinfo@cdc.gov



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MODERATOR:

Thank you for your participation!

As a reminder, all sessions are archived, and the slides and script can be accessed at our Division website at the link shown. Today's slides will be available in about 2-3 weeks.

If you have any ideas for future topics or questions, please feel free to contact us at the listed email address on this slide, AREBheartinfo@cdc.gov.

Next Coffee Break

- When: Tuesday, May 11th
- Topic: How to Become an Evaluation Champion and Win People Over
- Presenter: Michael Schooley, MPH and Aysha Rasool, MPH.



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MODERATOR:

Our next Coffee Break is scheduled for Tuesday, **May 11th** and will be focused on how to become an evaluation champion and win people over, presented by Michael Schooley and Aysha Rasool

Thank you for joining us. Have a terrific day, everyone. This concludes today's call.
hang up