

**CDC Coffee Break:**

**Overview of DHDSP's  
Applied Research and Translation Team**



**Chris Jones, PhD, MSW**  
Lead Health Scientist

**Division for Heart Disease and Stroke Prevention  
Applied Research and Evaluation Branch**

**January 12, 2016**

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



MODERATOR: Happy New Year, 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.

I am Alberta Mirambeau an evaluator from the Evaluation & Program Effectiveness Team. I am serving as your moderator today.

I am honored to introduce today's presenter Chris Jones, who is a Lead Health Scientist working 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.



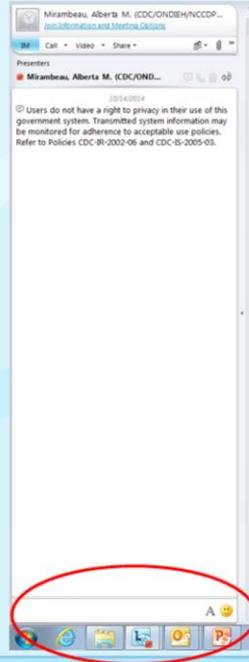
MODERATOR: Before we begin we have a few housekeeping items.

All phones have been placed in silent mode for this presentation which will last about 12 minutes. If you have a questions, please enter it on the Q & A tab at the top of your screen. As time permits, we'll address your questions at the end of the session.

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

## Before we begin...

- To ask a question, simply click in the chat box located in the bottom left corner of your screen
- Time permitting, your question will be answered at the end of the presentation



MODERATOR:

**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. Chris the floor is yours.

## **Overview**

- Who we are**
- What we do**
- Implementation Science**
- Knowledge Translation**
- Dissemination**
- Tools and Products**

Thank you for joining this month's coffee break. ....

**Who We Are**

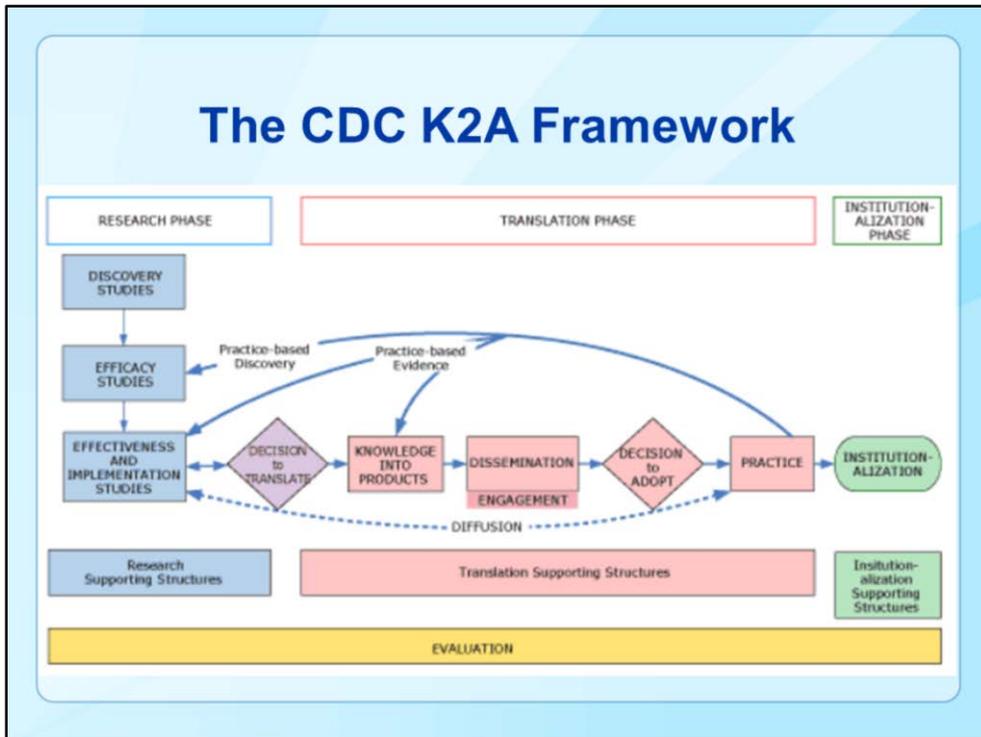
**The Applied Research and Translation Team**

**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 strategies.**

So, who are we. We are the applied research and translation team.

We are in the same branch with the Evaluation team & we work collaboratively with Evaluation, our program branch, and our epi/surveil branch.

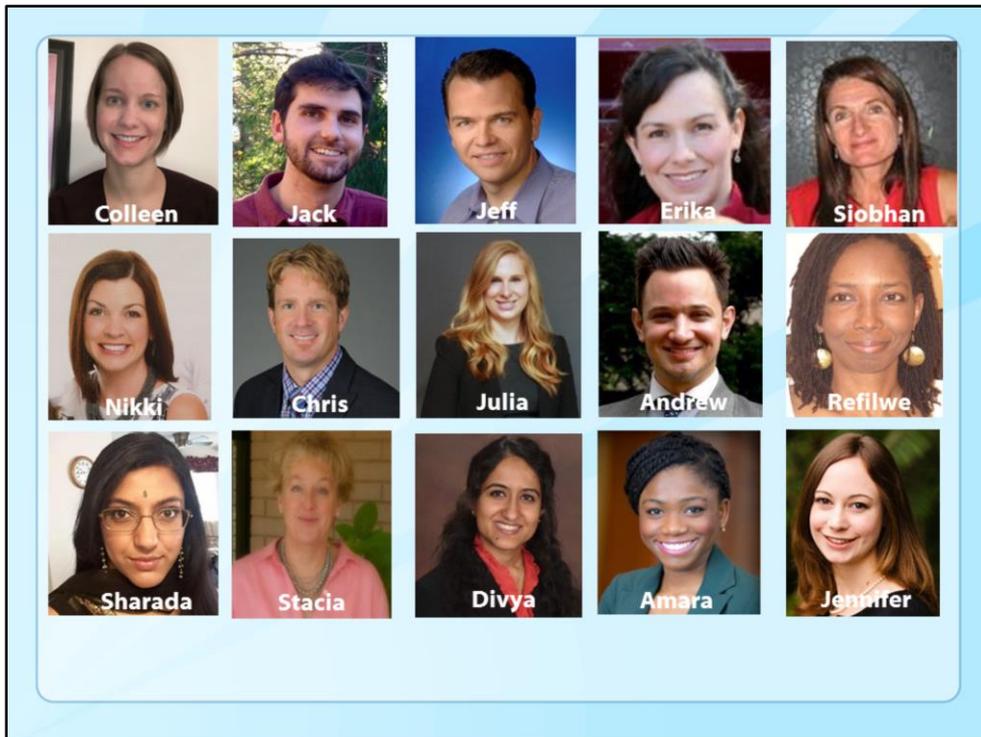


Our branch uses the Knowledge to Action Framework to guide our work. The ART team uses this framework to guide our translation work. You will hear more about this framework in upcoming coffee breaks this year. I won't go into the details of this, but wanted mention & offer a teaser for our upcoming coffee breaks.

Citation for the article:

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)



In order to put faces with names, here we are in alphabetical order.

From left to right we have:

Colleen Barbero, Jack Chapel, Jeff Durthaler, Erika Fulmer, Siobhan Gilchrist, Nikki Hawkins, Chris Jones, Julia Jordan, Andrew Kunka, Refilwe Moeti, Sharada Shantharam, Stacia Spridgen, Divya Srinath, Amara Ugwu, Jennifer VanderVeur, and Farah Chowdury who is on detail & not pictured

You may recognize Jack, Julia, & Refilwe from other work in our branch. These 3 folks work with ART team on projects relevant to their expertise.

## Team Expertise

- ❑ **Dissemination & Implementation Science**
- ❑ **Policy Analysis & Research**
- ❑ **Subject Matter Expertise**
  - Examples: Pharmacy, Community Health Worker

Our staff have expertise in 3 main areas:

- Dissemination & Implementation Science – from health communication strategy to implementation strategy to applied research methodology
- Policy analysis & research – from legal expertise to policy analysis to policy research methodology
- Subject matter expertise – 2 community pharmacist on the team (Jeff & Stacia), community health worker expertise, and expertise in other CVD topics



Dissemination & implementation science is how we categorize our work. The 3 “buckets” we use to categorize our projects are:

- Implementation science & research
- Knowledge translation
- Dissemination

## Implementation Science & Research

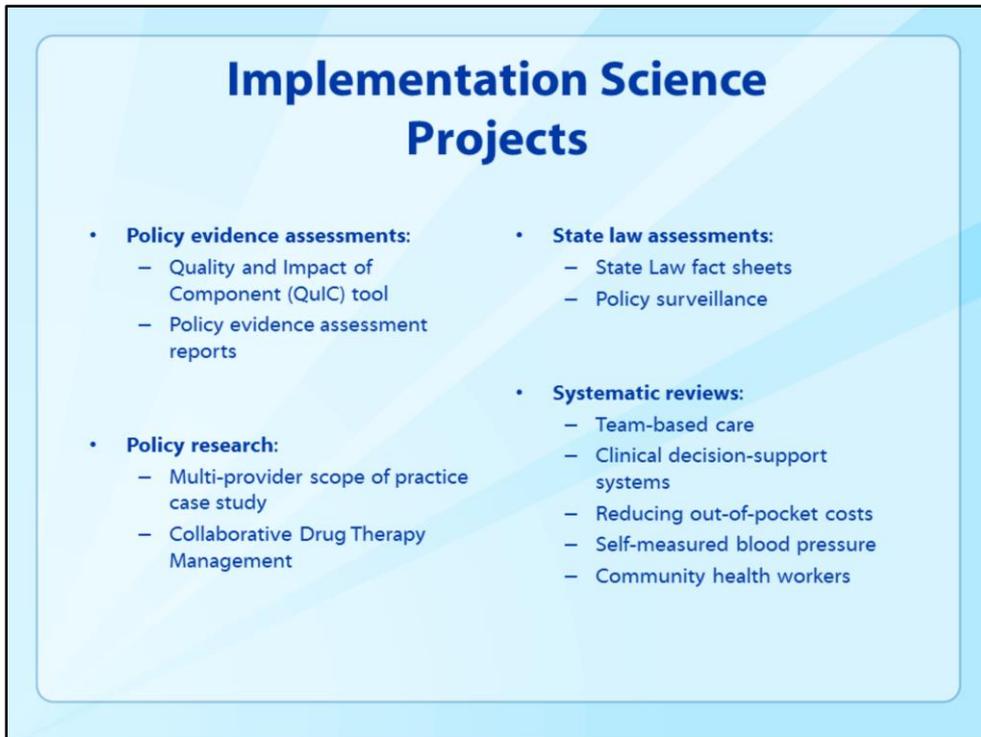


- The study of methods to promote the integration of research findings and evidence into healthcare policy and practice.
- Research on implementation addresses the level to which health interventions can fit within real-world public health and clinical service systems.

Implementation science is the:

- Study of methods to promote the integration of research findings and evidence into healthcare policy and practice
- Research on implementation addresses the level to which health interventions can fit within real-world public health and clinical service systems

Basically, this means we work to support the use of the best available evidence in practice AND seek to better understand real-world considerations of implementing CVD interventions.



**Policy evidence assessments:** Examines the best available evidence behind policy components to inform researchers, evaluators, and practitioners about the strengths and limitations of the evidence bases for individual components of chronic disease policy.

**State law assessments:** Review evidence to identify policy approaches and legal interventions that support cardiovascular health and assess the extent to which all 50 states and D.C. have enacted laws aligned with the best available evidence.

**Policy research:** ART conducts research projects on the implementation of policy strategies to investigate barriers to implementation, test new approaches, and assess the impact of the strategies (e.g., Multi-provider scope of practice case study).

**Systematic reviews:** ART partners with the Community Guide to conduct systematic and economic reviews for cardiovascular disease prevention topics.

## Knowledge Translation



- Translating knowledge is the systematic process of turning the scientific evidence and research into tools and products to assist and support public health practitioners in putting science into practice.

Our next bucket is knowledge translation:

- Systematic process of turning the scientific evidence and research into tools and products to assist and support public health practitioners in putting science into practice.

For these projects we work closely with the other branches in our division and our partner organizations to decide on the relevant products to develop.

## Knowledge Translation Projects

- **Legislative tracking tools and fact sheets:**
  - ART tracks state law data in all 50 states and Washington D.C. relevant to cardiovascular disease prevention
  - Fact sheets
- **Best practices guide:**
  - Best Practices for Heart Disease and Stroke Prevention
- **Tools and resources:**
  - Translation guides
  - CHW toolkit
  - Community Pharmacy resource guide
  - Collaborative Practice Agreement toolkit
  - Medication Adherence technical assistance guide
  - Surveillance and Evaluation Data Resource Guide
  - CHW training resource and E-learning course
  - Health Systems Scorecard

**Legislative tracking tools and fact sheets:** ART tracks state law data in all 50 states and Washington D.C. relevant to cardiovascular disease prevention, and develops fact sheets summarizing the evidence supporting the law and extent to which states have enacted such laws.

**Best practices guide:** ART is partnering with other DHDSP branches in the development of a best practices guide for cardiovascular disease prevention, focused on health systems interventions and community clinical linkages.

**Tools and resources:** ART develops educational materials, resource guides, and toolkits to support DHDSP's grantees implementation of cardiovascular disease prevention strategies (e.g., CHW toolkit, Community Pharmacy resources, Collaborative Practice Agreement toolkit, Medication Adherence technical assistance guide)

## Dissemination

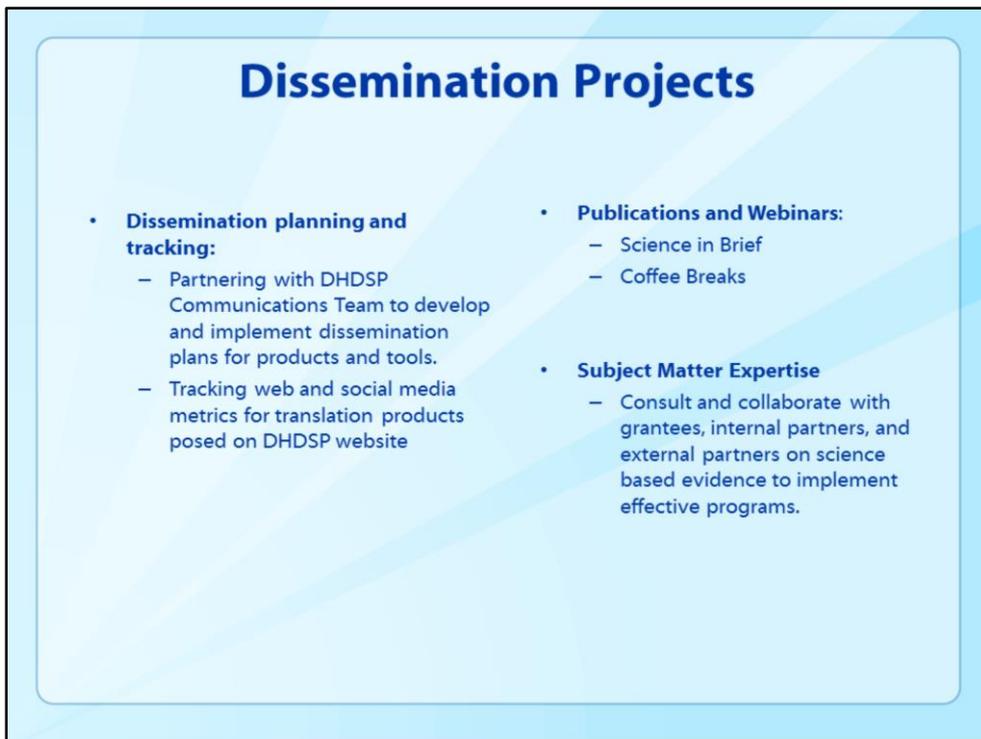


- Dissemination is the purposeful process of distributing products and tools to organizations and individuals who can use them to improve health.
- Collaborative effort with Division Communications Team

Our third bucket is dissemination:

- Purposeful process of distributing products and tools to organizations and individuals who can use them to improve health

For these projects we collaborate with our Health Communications team to produce & share our products.



**Dissemination planning and tracking:** ART partners with DHDSP Communications Team to develop and implement dissemination plans for team products and tools. ART partners with the Community Guide to disseminate review findings. ART also collaborates with DHDSP’s Communication team to track web and social media metrics for translation products posted on DHDSP website.

**Science-in-Brief:** User-friendly publication summaries intended to enhance the understanding and application of current research findings.

**Coffee Break Webinars:** ART collaborates with EPET on the development of short presentations designed to help participants gain an understanding of evaluation, program or policy strategies, and current evidence.

**Subject Matter Expertise:** ART team members consult and collaborate with grantees, internal partners, and external partners on science based evidence to implement effective programs. Current team members have expertise in pharmacy, policy, CHW, health communications, worksite health promotion, and health equity.

# Sample Products

## SCIENCE-IN-BRIEF

TURNING SCIENCE INTO ACTION

### Variation in Local Health Department Primary Care Services as a Function of Health Center Availability

The following is a synopsis of "Community-Wide Cardiovascular Disease Prevention Programs and Health Outcomes in a Rural County, 1970-2010," published online in January 2015 in *The Journal of the American Medical Association*.



#### What is already known on this topic?

Many people rely on health-care safety-net providers to access

local health departments are delivering primary care and preventive services. Specifically, the authors analyzed 2107 local health departments' provision of screening for heart

## STATE LAW FACT SHEET

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

#### Background

The Patient-Centered Medical Home (PCMH) health care delivery model is considered a promising approach to delivering high-quality, cost-effective primary care.<sup>1,2</sup> Using a culturally appropriate, patient-centered, team-based approach, the PCMH model coordinates care across the health system.<sup>3</sup> Originally designed to manage the care of children with chronic illnesses, the PCMH model has proven effective in a number of areas such as chronic disease management, patient and provider satisfaction, cost savings, improved quality of care measures, and increased preventive care and other metrics.<sup>4-7</sup> Access, continuity of care, and health information technology are core principles of the PCMH model.<sup>8</sup>

The National Committee for Quality Assurance (NCQA) is dedicated to improving health care quality and systems by developing standards and measurement tools that promote positive and healthful outcomes for better performance.

#### Data Collection

Laws (statutes and regulations) were collected and reviewed in the 50 states and Washington, DC, collectively referred to as "states", using the legal search engine, Westlaw (Thomson Reuters, Eugene, Minnesota, in effect as of December 31, 2013) (Table 1). Search terms included "medical home," "health care home," "health home," and "patient-centered primary care home." Laws are coded according to the level of authority (eg, required, authorized or encouraged), or prohibited (specified in the text with respect to 17 policy elements identified in a review of scientific literature (Table 2).

#### State Laws

As of December 31, 2013, a total of 36 states have been authorizing or affecting PCMH (Figure 1, Table 1). Results of the 17 policy elements are explained below (Table 2).

## POLICY EVIDENCE ASSESSMENT REPORT: Community Health Worker Policy Components



CHW Home

About CHW

Programs

Maps

Publications & Products

Online Ordering

CHW Toolkit

Promoting Policy and System Change to Expand Employment of Community Health Workers (CHW)

CDC - OASDHHS - Diseases & Health

Community Health Worker (CHW) Toolkit

Facebook

Twitter

YouTube

LinkedIn

Google+

Print

Download

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Privacy

Terms

Contact

Feedback

Help

Privacy

#### On the Page

- CHW Tools and Resources
- Recent Articles

#### CHW Tools and Resources

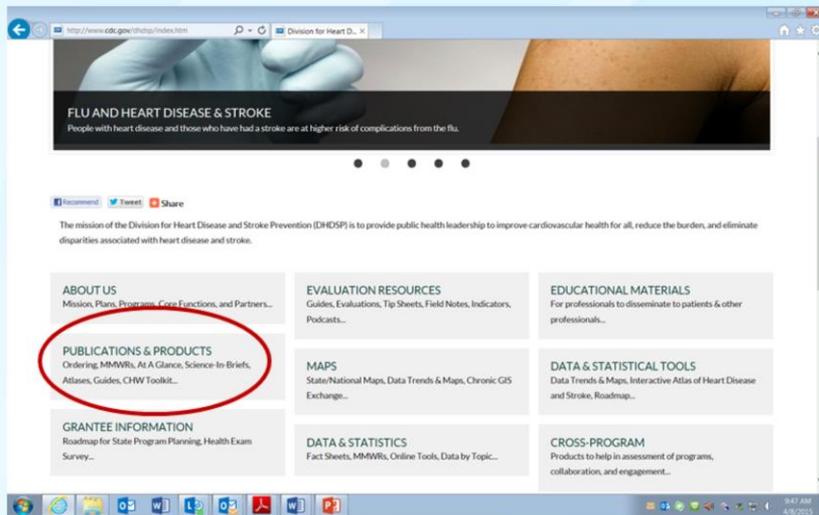
- [Community Preventive Services Task Force \(CHW\) Recommendation #4](#)
- [Community Health Worker Training Resources for Preventing Heart Disease and Stroke](#)
- [CHW Technical Assistance Guide for HHS Grantees](#) (PDF 11/14)

Example of some tools and products currently available from the ART team:

- Science-in-brief
- Policy evidence assessment report
- State law fact sheet
- CHW toolkit

# How do I Access the Tools and Resources?

<http://www.cdc.gov/dhdsp/>



So, you now may be asking where you can access all of these products. They are very easy to find—simply go to the Division for Heart Disease and Stroke Prevention home page using the following link: [www.cdc.gov/dhdsp/](http://www.cdc.gov/dhdsp/). Once you're on the page you'll notice under the "Heart Disease and Stroke Topics" section you'll see the "Publications & Products" subsection.

## How do I Access the Tools and Resources?

The screenshot shows the CDC website for the Division for Heart Disease and Stroke Prevention. The main navigation menu on the left includes: DHDSP Home, About Us, Programs, Maps, Publications & Products (expanded), Online Ordering, CHW Toolkit, MMWRs, Journal Articles, Atlases, Guides, Podcasts/Webinars, Science-in-Brief, Policy Resources, Global Health Reports, Employer/Worksite Tools, Evaluation Resources, Data & Statistics, Grantee Information, and Educational Materials. The 'Publications and Products' section is expanded, showing several resource categories. Four of these categories are circled in red: 'CHW TOOLKIT' (Evidence-based research products that support CHWs in the CHW Toolkit), 'PODCASTS AND WEBINARS' (Coffee Breaks, Evaluation Mini-Trainings, etc.), 'SCIENCE-IN-BRIEF: TURNING SCIENCE INTO ACTION' (Concise summaries intended to enhance the application of research findings), and 'POLICY RESOURCES' (Policy analyses, guidelines, and recommendations). Other visible categories include 'ONLINE ORDERING', 'MORBIDITY AND MORTALITY WEEKLY REPORTS (MMWRs)', 'JOURNAL ARTICLES', 'ATLASES', 'GUIDES', 'GLOBAL HEALTH REPORTS', and 'EMPLOYER/WORKSITE TOOLS'. A 'Get Email Updates' button is located at the bottom left of the main content area.

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

Under “publications & products” you will find links to our resources. For example several of the resources mentioned today are circled:

- CHW toolkit
- Coffee breaks,
- Science-in-brief
- Policy resources

# The Community Guide

The screenshot shows the homepage of the Community Preventive Services Task Force's The Community Guide. A red arrow points to the logo. The page includes a navigation menu, a 'Priorities' section with a 'NEXT EXIT' sign, a 'Nominate Topics for Task Force Review' section, a 'Task Force' section with meeting dates, a 'Get Email Updates' form, a 'Topics' grid, and a 'What is The Community Guide?' section.

- **Credible source of systematic reviews and findings of an independent US Task Force:**
  - Community Preventive Services Task Force
- **A focus on population-based interventions in:**
  - Communities
  - Health Care systems
- **Provides evidence-based findings and recommendations regarding use**

<http://www.thecommunityguide.org/index.html>

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The Community Guide reviews for CVD interventions can be found on their website. Simply navigation to the topics tab and select “cardiovascular disease.”

## How will I know that there are new products?



- ❑ Blast Emails
- ❑ Heart to Heart newsletter
- ❑ Dear Colleague emails
- ❑ Social Media
  - Million Hearts and Chronic Twitter
  - DHDSP and Million Hearts websites

We do our best to make sure you know about our new tools and products. We send blast emails, publish a periodic newsletter, send dear colleague emails, and use social media.

## Summary

- ❑ **The DHDSP ART team is here to support your knowledge translation, dissemination, and implementation efforts**
  - Translation guides, toolkits and resources
  - Implementation guides and resources
  - Dissemination planning and communication
  - Policy research and assessment
  - Pharmacy specific guides and toolkits
  
- ❑ **Tools and resources for all areas of expertise available on DHDSP website, and social media sites**

In summary, the ART team is here to provide tools and resources to support the implementation of CVD interventions.

Please visit our website & social media sites to learn more about our products.



- ❑ **What ART products have you found most useful?**
- ❑ **What other kinds of tools would you find useful?**
- ❑ **What are your knowledge translation, implementation and dissemination TA needs?**

**Please send your feedback to: [AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov)**

Please let us know if there are other resources that would be useful to you. Also, you can let us know which products you find most useful so that we can prioritize those efforts. Also, let us know any additional evaluation technical assistance a broader audience would benefit from.

You can send your suggestions to the Coffee Breaks email address [AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov)

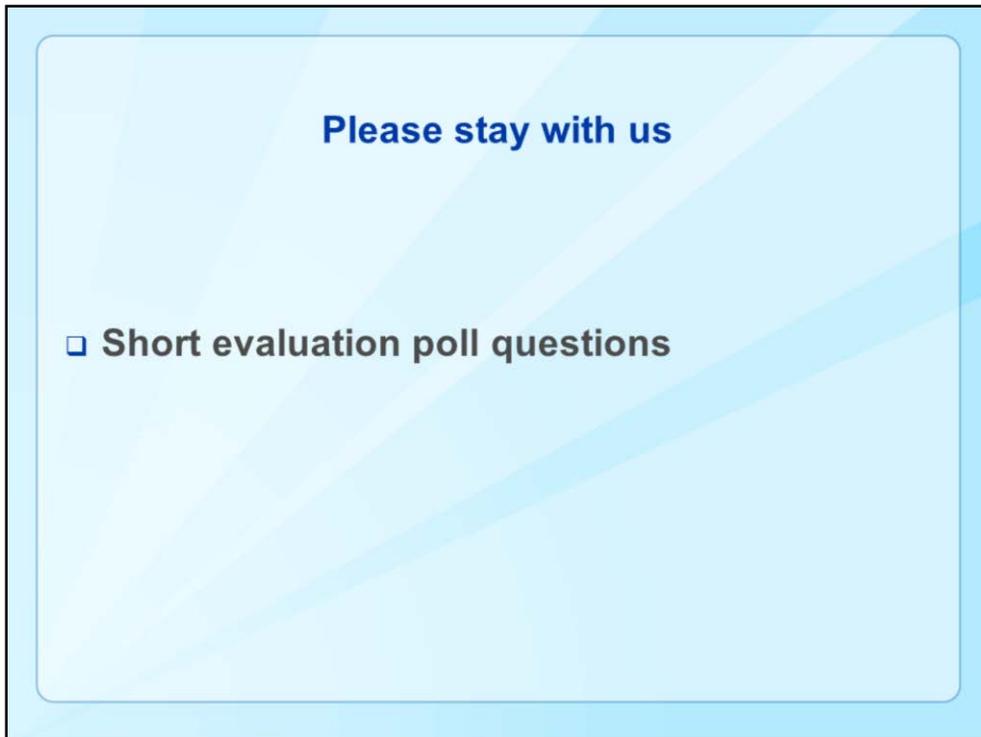
## Any Questions?



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

Question 1: How will we learn about current tools and resources when they are completed?

Question 2: How can we learn more about knowledge translation and dissemination?



Please stay with us a few poll questions.

**This coffee break was worthwhile for me.**

Yes

very worthwhile

Somewhat

A little

No not at all

**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

**If you have suggestions for future  
topics or questions in general,  
please email us at:**

**[AREBHeartInfo@cdc.gov](mailto:AREBHeartInfo@cdc.gov)**

If you have specific questions related to today's presentation that have not been addressed please send them to [AREBHeartInfo@cdc.gov](mailto:AREBHeartInfo@cdc.gov) and we'll be happy to respond.

As we are always looking for feedback and input if you have suggestions for future topics or questions in general, please use this same e-mail address as well.

## 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](mailto:AREBheartinfo@cdc.gov)**

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 questions, please contact us at the listed email address on this slide.

## Next Coffee Break

**When: February 9<sup>th</sup>, 2016**

**Topic: Reporting Evaluation Findings and Ensuring Use of the Results**

**Presenter: Jasmin Minaya- Junca and John Whitehill**



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



Our next Coffee Break is scheduled for Tuesday, February 9th and is entitled “Reporting Evaluation Findings and Ensuring Use of the Results”.

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