

AREB Coffee Breaks 2023

THE BEST PRACTICES CLEARINGHOUSE FOR HEART DISEASE AND STROKE: A ONE-STOP SHOP FOR PREVENTION AND MANAGEMENT RESOURCES

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March 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 are Dr. Ami Bhatt, a contracted health scientist 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



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Before we begin, there are some housekeeping items. If you are having issues with audio or seeing the presentation, please message us using the Q&A or send us an email at AREBheartinfo@cdc.gov. Please submit any questions for the presenters using the Q&A as well. 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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So, without further delay. Let's get started. Ami, the floor is yours.

Best Practices Guide Overview & What's New
Best Practices Clearinghouse Overview
Structure & Content
Registering & Logging In
Public Health Implications
Q&A

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Thank you, Ally. Again, my name is Ami Bhatt...

In today's presentation, we will start with a brief overview of the Best Practices Guide and highlight new additions made within the recent update.

We will then focus on an overview Best Practices Clearinghouse, before going into its structure and content.

Next, we will discuss how to register and/or login to the Best Practices Clearinghouse.

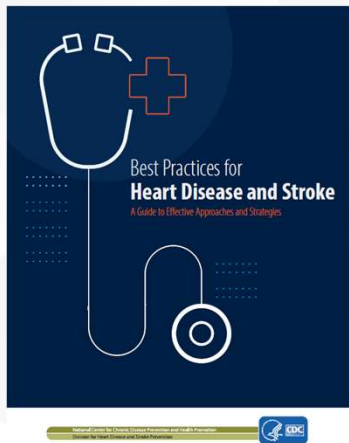
And finally, end with a discussion on the Public Health Implications of the Clearinghouse and touch on a few next steps as well.



BEST PRACTICES GUIDE: OVERVIEW

So, let's start things off with a brief overview of the Best Practices Guide. A coffee break on the Best Practices Guide was presented in February, so I won't go in depth but I will share the link in the chat for those who want to take a closer look at it.

The Best Practices Guide for Heart Disease and Stroke



Aim: 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

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The Best Practices Guide for Heart Disease and Stroke Prevention 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.

This most recent version of the Best Practices Guide was published November 2022 and can be found, in PDF format at the link provided in the chat box.

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

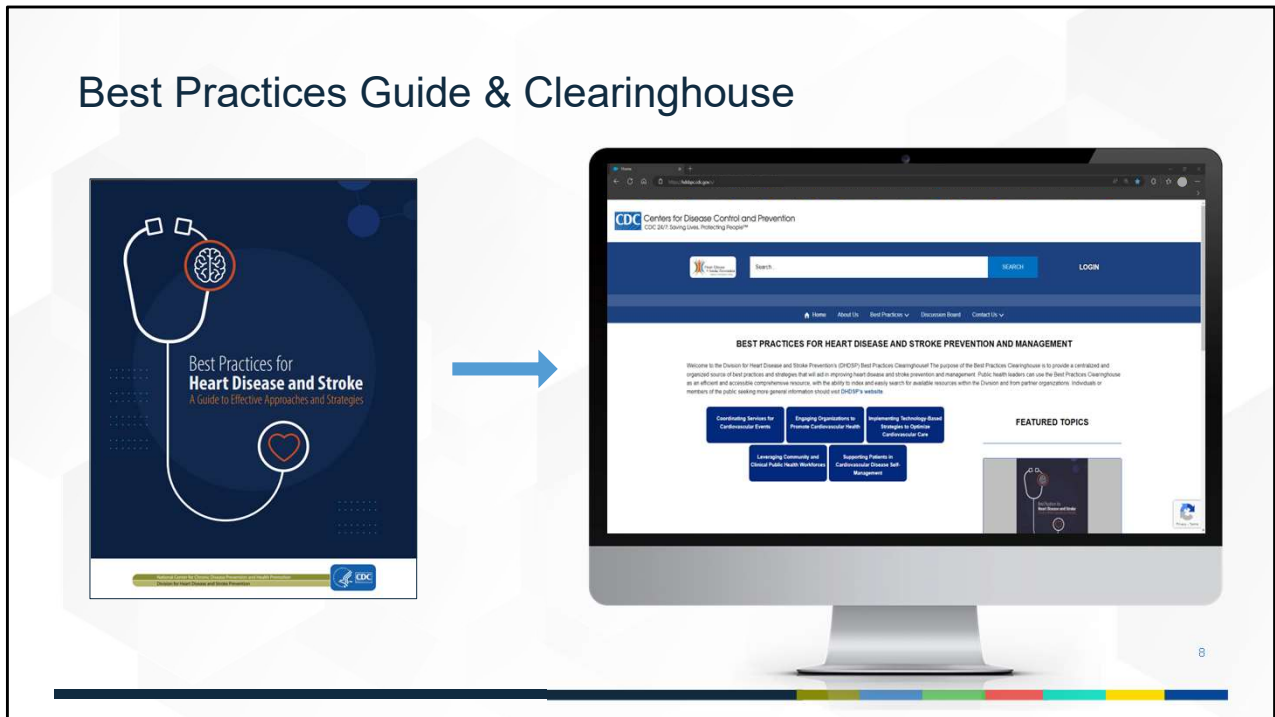
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We've made some notable changes to the 2022 version.

- First off, the latest Best Practices Guide includes updated evidence reviews for the original eight strategies included in the 2017 version and 10 new evidence-based strategies for a total of 18 strategies. These strategies are organized into 5 approaches to care.
- The 2022 iteration of the guide expanded its focus to emphasize prevention, treatment, and recovery from stroke, heart failure, and heart attack.
- We also expanded discussions around health disparities to include health equity, so that we may highlight the drivers of inequities.
- We've also included "Promising Practices", which include favorable strategies with slightly less than robust evidence of effectiveness and impact
- new section on program evaluation highlights how end-users can measure their program's impact by using CDC's Framework for Program Evaluation.

- And lastly, the updated Guide focuses more intently on the continuum of care from prevention to management to recovery

Best Practices Guide & Clearinghouse



The second version of the Best Practices Guide is complemented by the Best Practices Clearinghouse for Heart Disease and Stroke, also known as the Best Practices Clearinghouse, Clearinghouse, or BPC.

The Clearinghouse serves as a dynamic web-based repository of best practices resources.

So, the content and resources found in the Guide, some of which we just previewed, are also available within the Clearinghouse, in a more adaptable format.



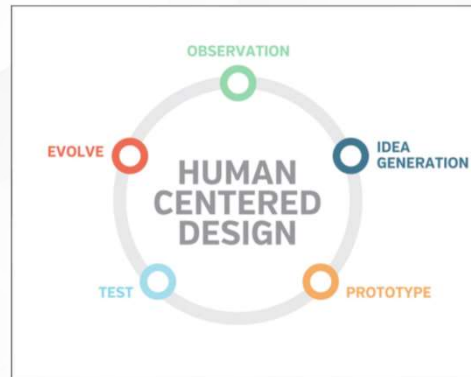
BEST PRACTICES CLEARINGHOUSE: OVERVIEW

Now let's discuss, in more detail, what the Best Practices Clearinghouse is and all its exciting features!

The Clearinghouse launch will take place in the coming weeks, so we don't have a link to share with you just yet, but hope to do so soon!

Human-Centered Design Approach

- Engaged with leadership, end users, (researchers and public health practitioners) and proxy end users (subject matter experts)
- Wanted to gain a deep understanding of their needs, expectations, and challenges with their current state digital experiences
- Translated end user and proxy end users' ideal future state digital experience into functional and technical requirements to build the Best Practices Clearinghouse (BPC) site



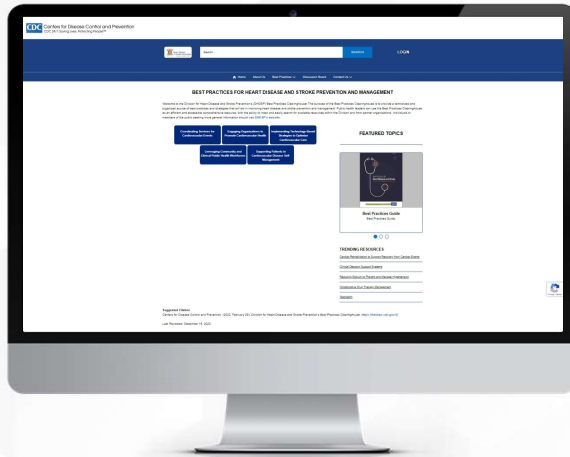
10

So first let me start by introducing the approach we used to develop the Clearinghouse.




We applied a human-centered design lens to conceptualize and build the Clearinghouse. This approach places the end-user at the forefront of our decisions to ensure the site best met their needs.

To understand their needs, expectations, and the challenges they face with current digital interfaces, we connected with folks from across the Division and our external partners to gather their ideal vision for the Clearinghouse.

The 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

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This resulted in the online one-stop-shop that is the BPC that allows end-users to delve deeper into the evidence and considerations when planning, implementing, and evaluating a best practices strategy. The intention was to create a central hub for pretty much everyone that our Division typically engages, including but not limited to our funded recipients, researchers, public health practitioners, public health organizations at the national, state, and local levels, and the general public.

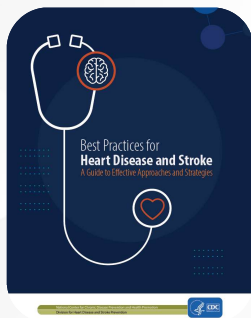
The webpage allows the user to search, download, and share specific resources within the best practices guide as opposed to downloading the whole 150 page pdf.

The clearinghouse also includes an interactive discussion board to encourage users to engage with one another, ask questions, and tag strategies as needed.

I'd also like to note that the Clearinghouse will grow and evolve over time, depending on the feedback we receive from end-users and the growing body of evidence and resources.

The Best Practices Clearinghouse

18 evidence-based strategies...



...across 5 approaches...



...with evidence organized into several sections.

- Evidence of Effectiveness
- Evidence of Impact
- Implementation Considerations
- Policy and Law related considerations
- Best Practices in Action

[HTTPS://WWW.CDC.GOV/DHOSP/PUBS/GUIDES/BEST-PRACTICES/INDEX.HTM](https://www.cdc.gov/dhosp/pubs/guides/best-practices/index.htm)

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Just like the best practices guide, the BPC organizes the 18 strategies into 5 approaches. Within each approach, each of the strategies highlights evidence across the following sections

1. Evidence of Effectiveness
2. Evidence of Impact
3. Implementation considerations
4. Policy and Law related considerations, and
5. Best Practices in Action stories, which are case studies of how the strategy has been implemented.

We've organized the site by strategies themselves and then by sub-sections, rationale being that users are knowledgeable about the strategies and are ready to act/implement.



STRUCTURE & CONTENT

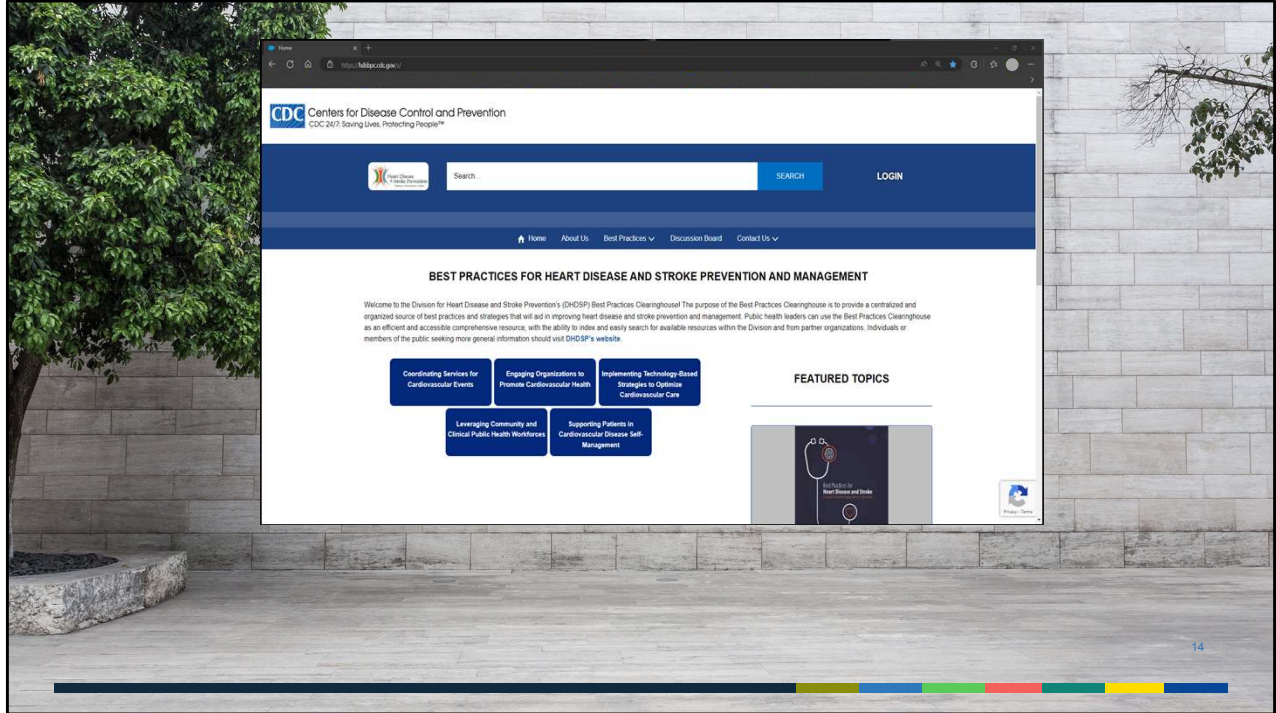
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So now let's get into the actual structure and content of the clearinghouse!

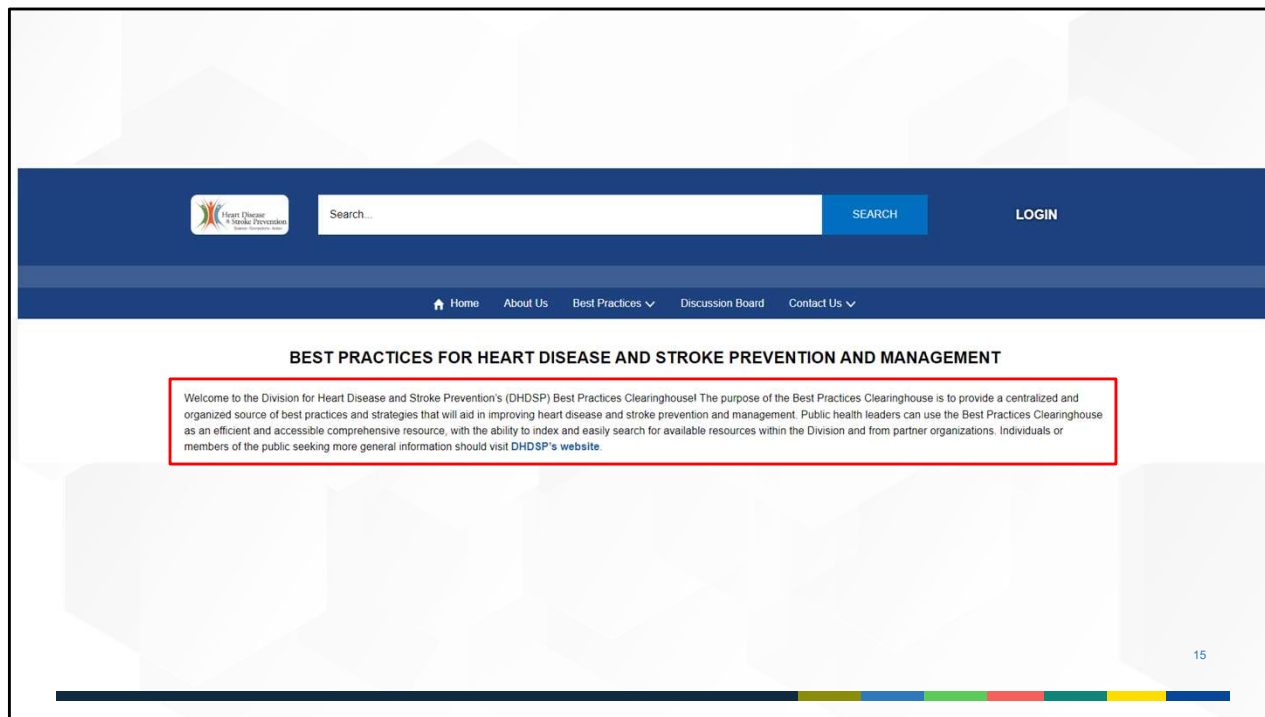
A quick note that we're going to go through a lot of information, but the clearinghouse also includes a User Guide that acts as a manual for the BPC and covers all of this information.

You can access the User Guide under the "Featured Topics" section of the landing page.



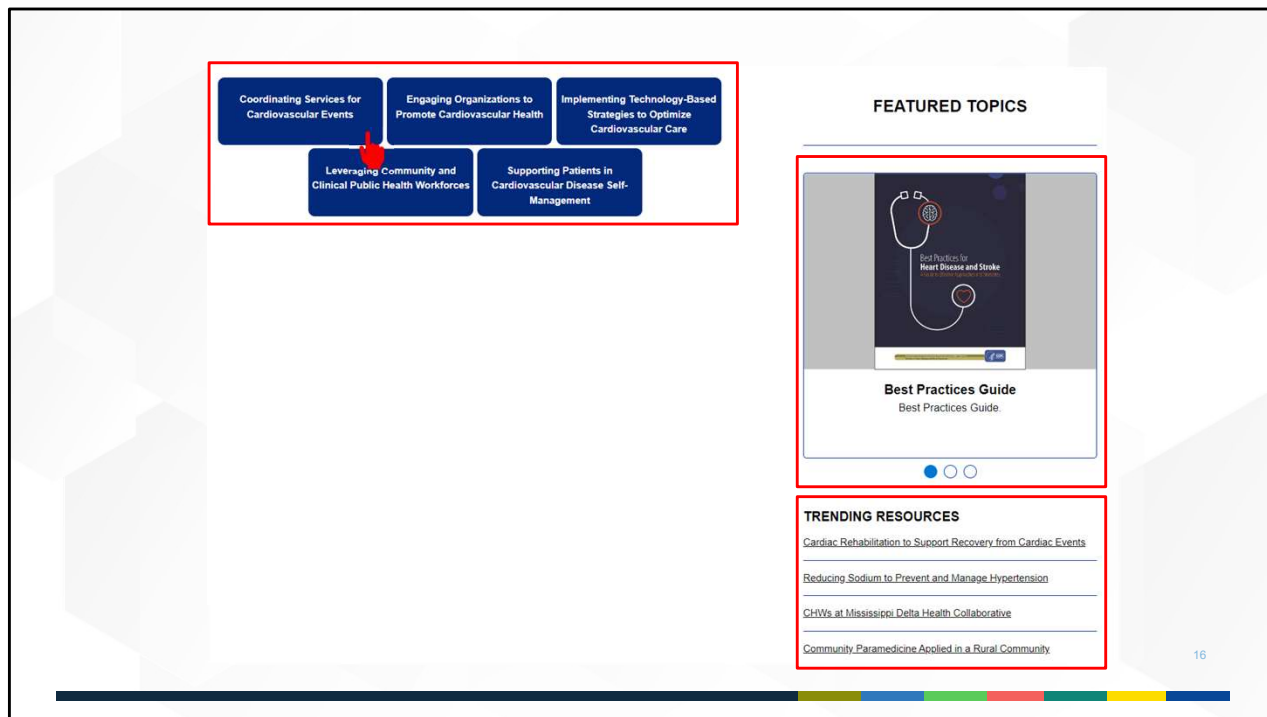
So lets start with the Home page!

It provides three ways to navigate the site, which I'll describe in depth later in the presentation.



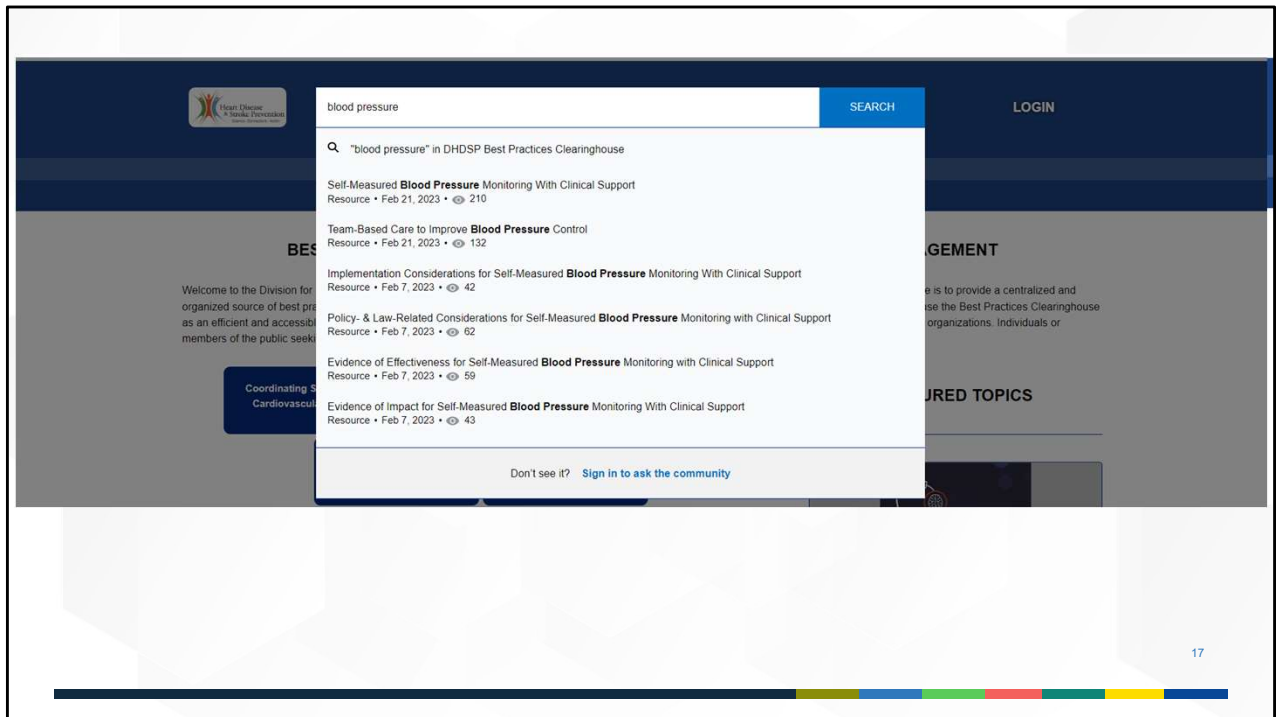
The first thing you'll see under on the landing page is a brief introduction which states the purpose of the Clearinghouse.

Our hope is that public health users can use the site as an efficient and accessible comprehensive resource for heart disease and stroke.

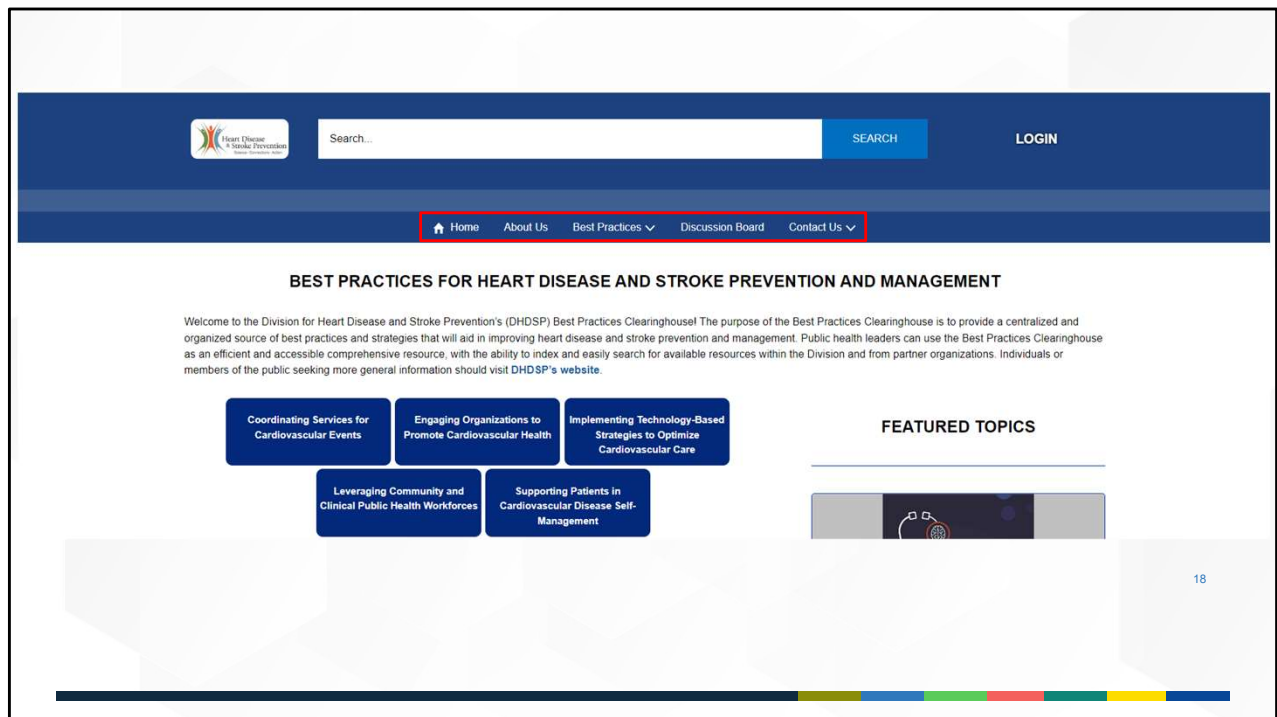


As you scroll down the page, you'll notice the approaches we've included in the Guide. When you click on the approaches, you are shown the associated strategies.

And on the right-hand side of the page; we have a carousel of our featured topics. Below that, we have our trending resources which feature some of our "hot topics" on the Clearinghouse.

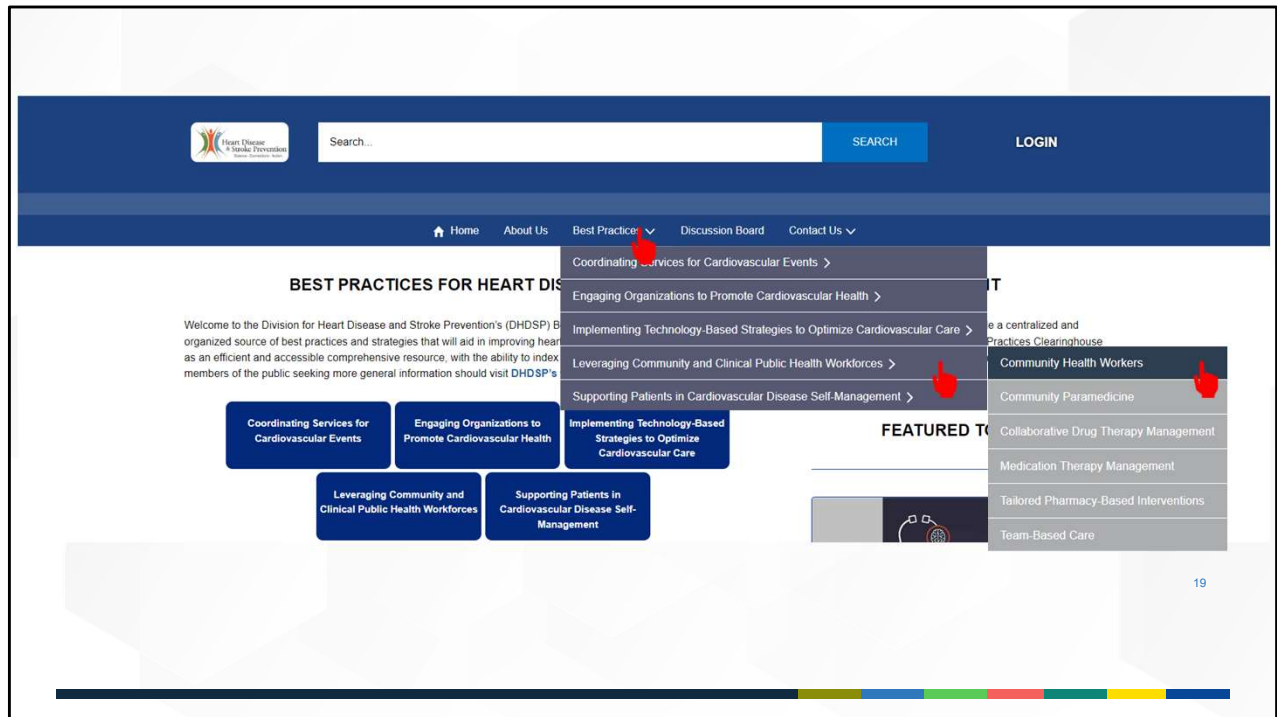


Now, I want to guide us back to the top of the site – at the very top, you’ll notice our search bar. Here, you can type in some key words - let’s do blood pressure – and the Clearinghouse will auto populate related resources that include those terms.



Along the banner, we have our navigation bar – here, you can access:

- The home page which will bring you right to this landing page,
- The about page which reflects the intents and purposes of the Clearinghouse, and describes the methods we used to develop the Guide,
- All of the approaches and best practices strategies,
- Our discussion board, and
- Two contact forms for web support or providing feedback.



Now, let's navigate the strategies! Of course, we won't have time to go through each one today, but I hope by touring one of the strategies, this will give you all a better idea of how to engage with the site. Today, we'll dive into Community Health Workers!

Again, you can either use tiles on the landing page or the navigation bar to select Leveraging Community and Clinical Public Health Workforces and then Community Health Workers.

Community Health Workers

Feb 6, 2023 · Resource

TITLE
Community Health Workers

DETAILS
This is considered a *Best Practice*, based on evidence of effectiveness and impact. To learn more, check out the [About Us](#) page.

Community health worker (CHW) is an umbrella term that has several other job titles, including **promoters and community health representative**.¹ CHWs are frontline public health professionals who come from, are trusted members of, and have a close understanding of the community served.² Fundamentally, CHWs promote health equity and social justice within the communities they serve.³ They leverage their trusting relationships to act as liaisons between health and social services and the community, facilitate access to services, improve the quality and cultural competence of service delivery, and build individual and community capacity to improve health outcomes.² CHWs take on a wide range of roles in the community and clinical sectors, including cultural mediation, care coordination, social support, advocacy, research, and evaluation.²

Summary

CHWs are frontline public health professionals who come from, are trusted members of, and have a close understanding of the community served. Fundamental to what they do, CHWs promote health equity and social justice within the communities they serve.

Best Practice in Action
Name: Mi Corazón, Mi Comunidad (My Heart, My Community) Program
Location: El Paso, Texas

References

1. National Association of Community Health Workers. The National Association of Community Health Workers Calls on Public and Private Institutions to Respect, Protect, and Partner with Community Health Workers to Ensure Equity During the Pandemic and Beyond. NACHW website. Accessed May 8, 2022. <https://nachw.org/wp-content/uploads/2021/03/NACHW-National-Policy-Platform-2021.pdf> [PDF – 371K]
2. American Public Health Association. Community Health Workers. APHA website. Accessed May 8, 2022. <https://www.apha.org/apha-communities/member-sections/community-health-workers>
3. Community Health Worker Core Consensus Project. C3 Project's Findings: Roles & Competencies. C3 Project website. Accessed May 8, 2022. <https://www.c3project.org/roles-competencies>

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RELATED RESOURCES

- Implementation Considerations for Community Health Workers 71
- Evidence of Impact for Community Health Workers 50
- Evidence of Effectiveness for Community Health Workers 57
- Policy- & Law-Related Considerations for Community Health Workers 57
- CHWs at Mississippi Delta Health Collaborative 78

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So, this is generally what a strategy page looks like.

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3. Community Health Worker Core Consensus Project. C3 Project's Findings: Roles & Competencies. C3 Project website. Accessed May 8, 2022. <https://www.c3project.org/roles-competencies>

RELATED RESOURCES

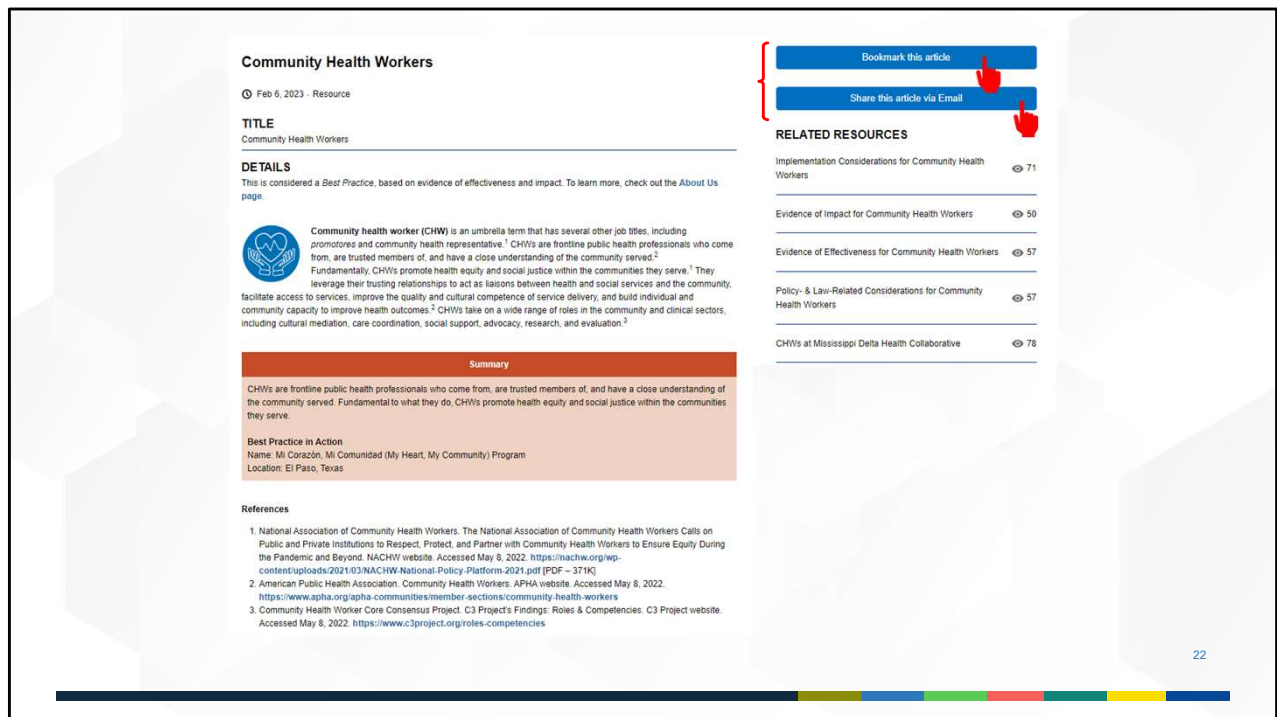
- Implementation Considerations for Community Health Workers 71
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- Policy- & Law-Related Considerations for Community Health Workers 57
- CHWs at Mississippi Delta Health Collaborative 78

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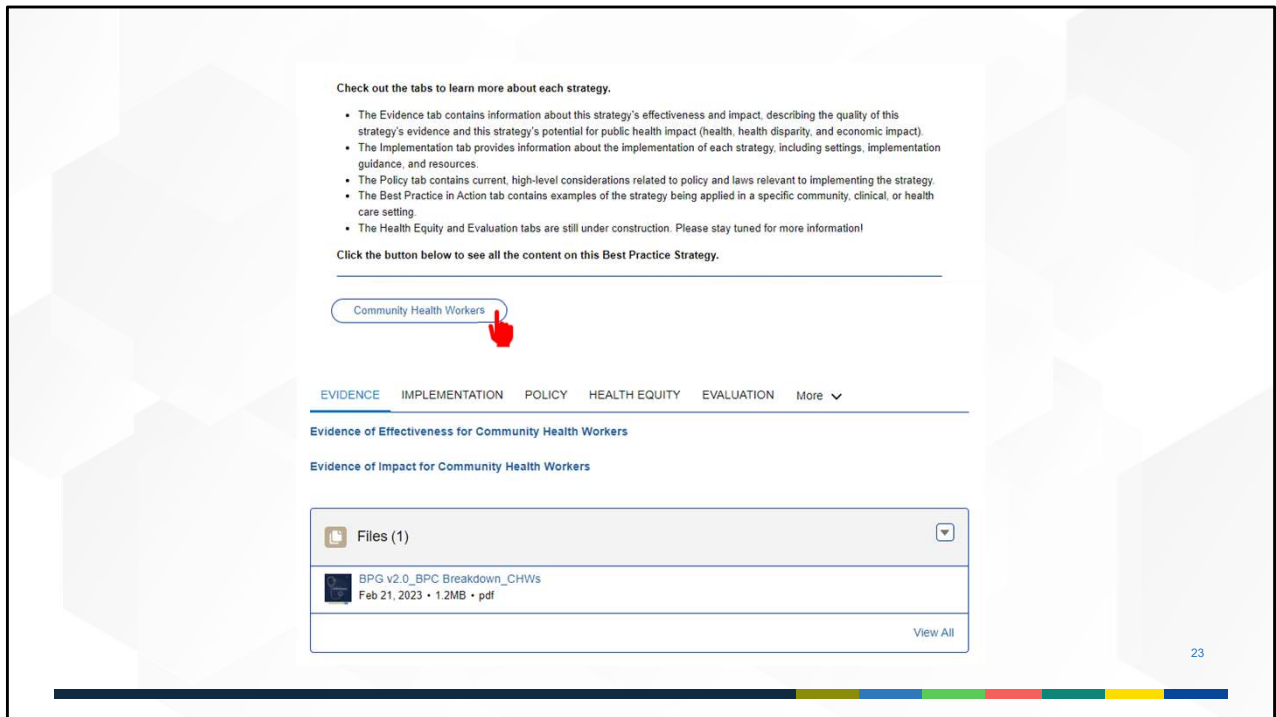
By going into the strategy, you'll first notice the details section, which provides a summary of the strategy and associated references.



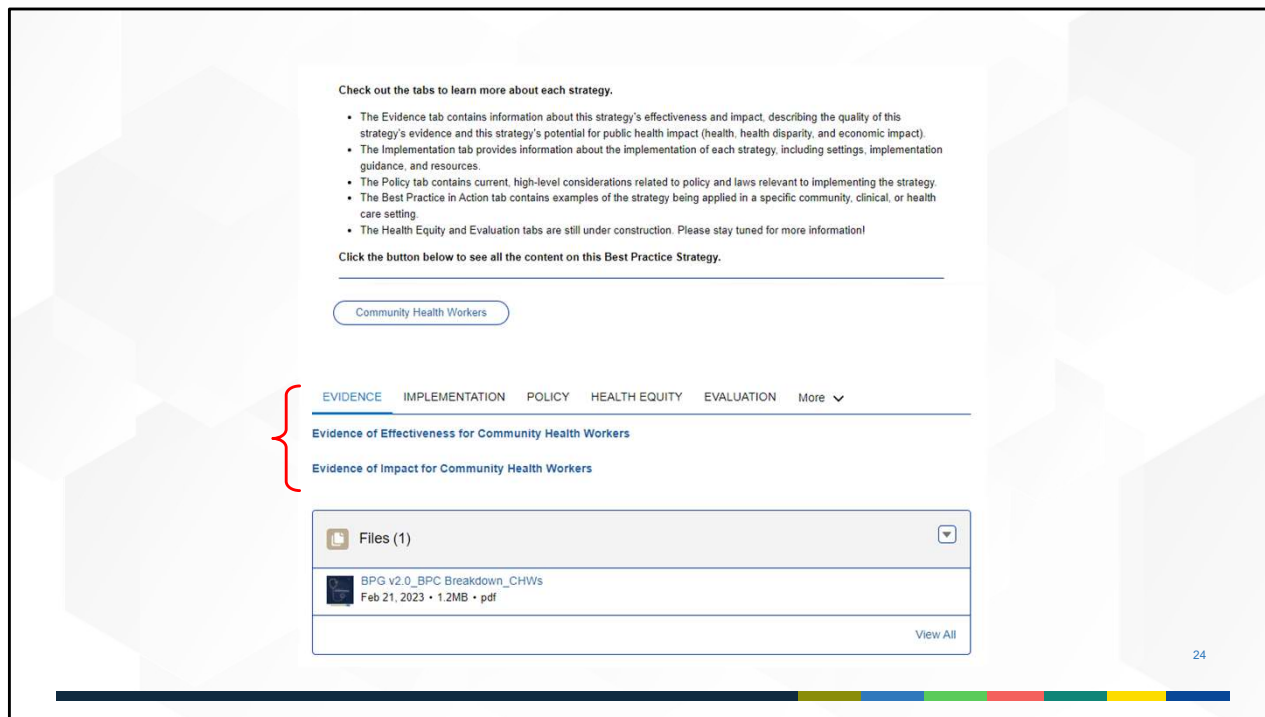
At the top right section of the page, you'll notice two blue buttons.

The first is a bookmark feature that allows users to save this page under their profile. This is only available to folks who are logged into their account. So, let's say I want to begin collecting resources related to CHWs and not necessarily download them to my personal folders – I can bookmark it all and organize them according to my personal preference here in the Clearinghouse.

The second button allows users to share an article or resource via email. This feature is available to everyone. Once you click on the share this article button, it opens a pop-up window on the Clearinghouse. Enter the email address of the person with whom you would like to share the page and select the SEND button.



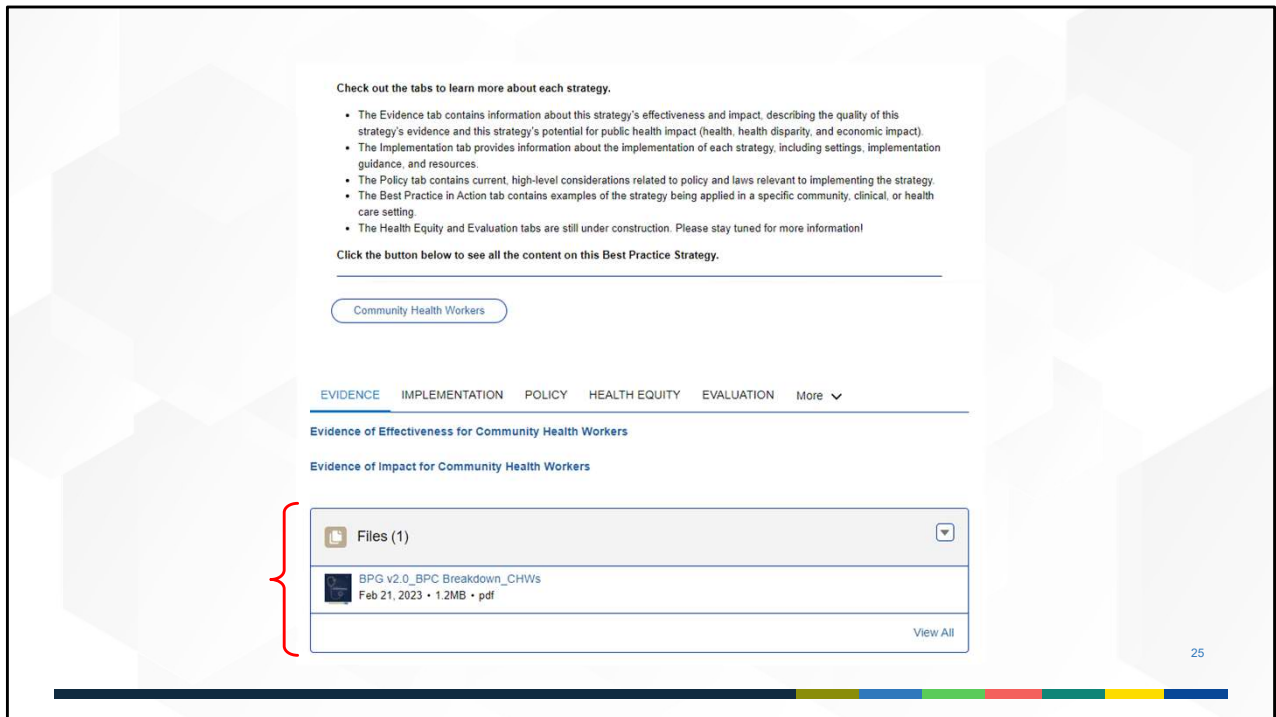
If you scroll down a little further, you'll see a tag button. This allows users to see any and all content on the strategy that is housed on the Clearinghouse. So, all articles that are related to this topic will sit here and users can follow this topic to stay updated by turning on email notifications.



Under the tag button, we have sub-tabs which exist on every strategy page.

These sub-tabs include:

- Evidence – contains information about the strategy’s evidence of effectiveness and public health impact,
- Implementation – provides considerations and resources when implementing a strategy,
- Policy – contains current, high-level considerations related to policy and law,
- Health Equity (& Evaluation) are currently under construction, but they will contain strategy-specific information, and
- Best Practices in Action – provides examples of the strategy being applied in a specific community, clinical, or health care setting.



At the bottom here where it says Files, users will be able to download PDF versions of resources that are included in the Clearinghouse.

Evidence of Effectiveness for Community Health Workers

Feb 6, 2023 Resource

TITLE
Evidence of Effectiveness for Community Health Workers

DETAILS
This is considered a *Best Practice*, based on evidence of effectiveness and impact. To learn more, check out the [About Us](#) page.

The evidence demonstrating the effectiveness of interventions that engage community health workers (CHWs) in clinical and community care teams to prevent cardiovascular disease is very strong. Based on strong evidence of effectiveness, engaging CHWs in a team-based care model is recommended by the Community Preventive Services Task Force (CPSTF).¹ Based on sufficient evidence, engaging CHWs for health education, outreach, enrollment, and information sharing is recommended by the CPSTF.² It is also a cost-effective strategy.³ Research studies examining the effectiveness of this strategy have had strong internal and external validity; systematic reviews and studies with strong research designs have concluded that this strategy is effective, and this strategy has been replicated with positive results. In the last two decades, there has been substantial interest in CHWs, reflected by implementation guidance in numerous documents, including peer-reviewed journal articles and gray literature such as briefs, guides, toolkits, and websites.^{3,4}

Evidence of Effectiveness

Effect	Implementation Guidance	Research Design
Internal Validity	Independent Replication	External & Ecological Validity

Legend: Well supported/Supported (Green), Promising/Emerging (Yellow), Unsupported (Grey), Harmful (Red)

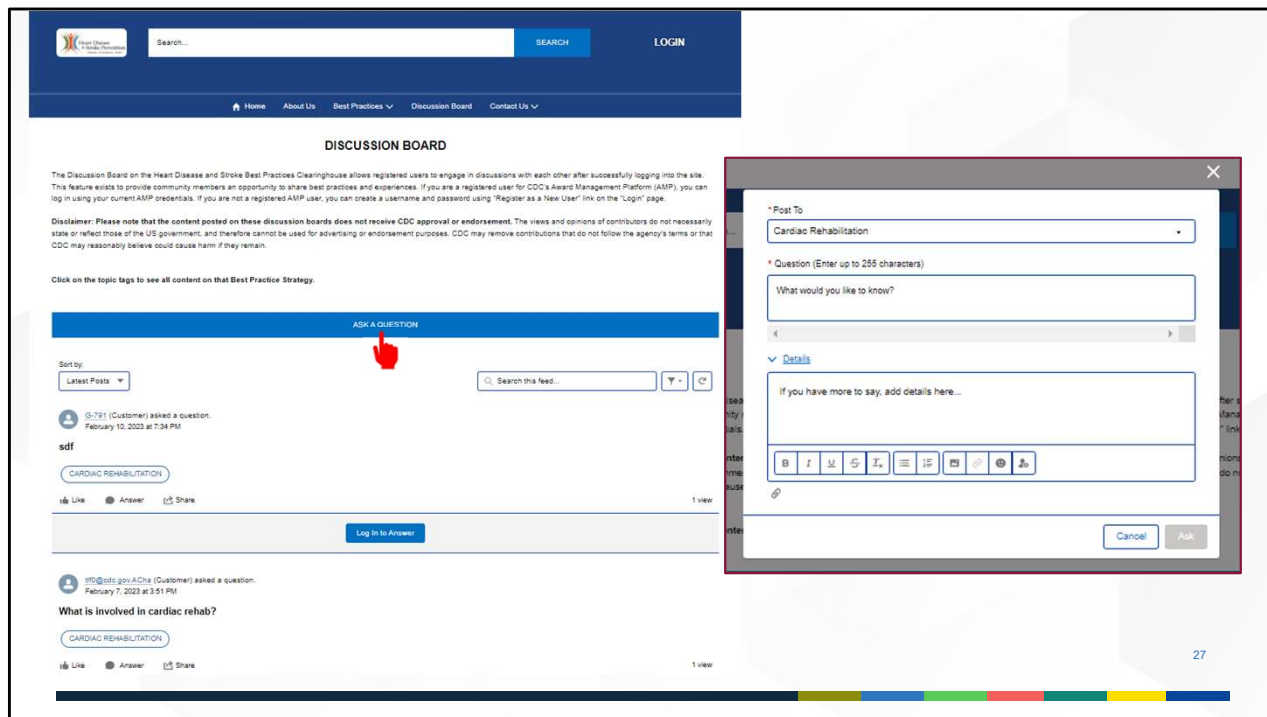
References

- Community Preventive Services Task Force. Heart Disease and Stroke Prevention: Interventions Engaging Community Health Workers. The Community Guide website. Accessed May 8, 2022. <https://www.thecommunityguide.org/findings/heart-disease-stroke-prevention-interventions-engaging-community-health-workers>
- Jacob V, Chittooradhyay SK, Hopkins DP, Reynolds JA, Xiong KZ, Jones CD, et al. Economics of community health workers for chronic disease: findings from Community Guide systematic reviews. *Am J Prev Med*. 2019;55(3):e95-106. doi:10.1016/j.amepre.2019.10.009
- Association of State and Territorial Health Officials and National Association of Community Health Workers. *Community Health Workers: Evidence of Their Effectiveness*. Accessed May 8, 2022. <https://www.astho.org/globalassets/pdf/community-health-workers-summary-evidence.pdf> [PDF – 281K]
- Guidance: Kaijehem M, Campbell J. *Best Practice Guidelines for Implementing and Evaluating Community Health Worker Programs in Health Care Settings*. Sinai Urban Health Institute; 2014.

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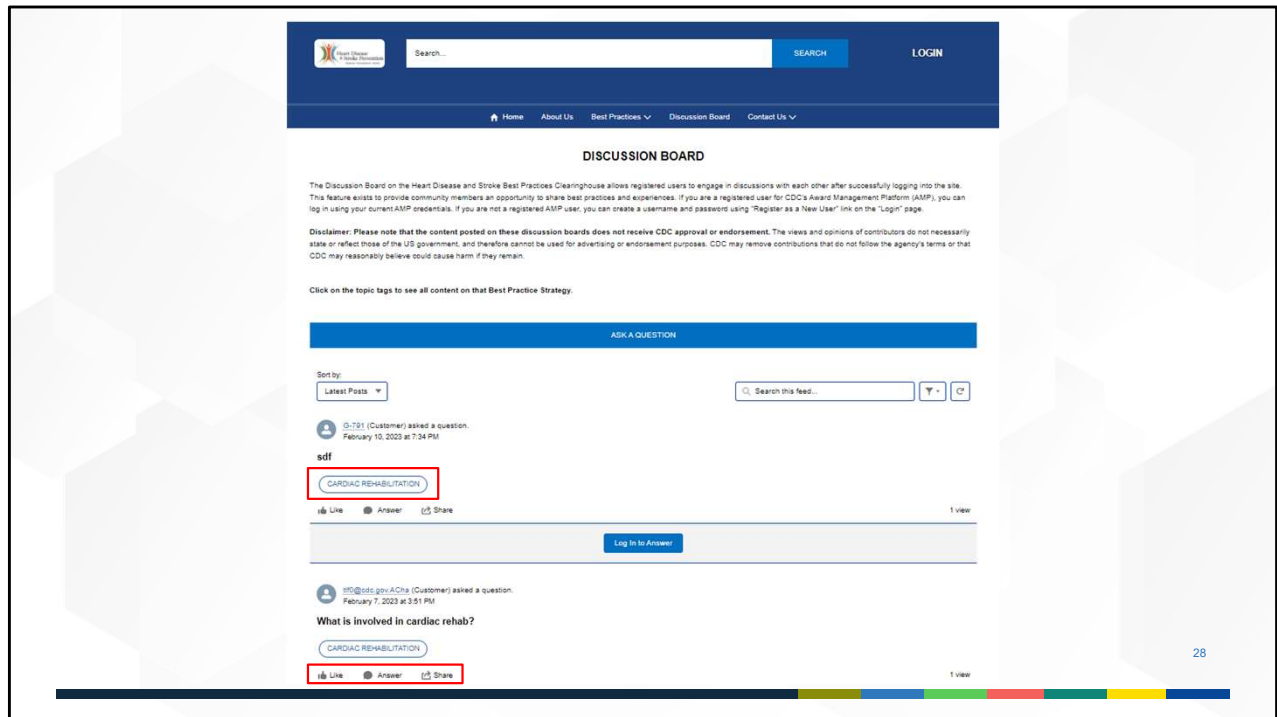
So, going into one of those items under the evidence sub-tab, this is an example of the Evidence of Effectiveness page for integrating CHW's on clinical care teams and in the community. Much like the strategy page I showcased previously, we have a summary of the evidence but also a figure to show the different dimensions by which we examined the literature.

Most of the pages on the Clearinghouse follow this same format.



Next, we are moving onto the discussion board! This page allows registered users to post and engage in discussions.

Let's say a user has a question they could not answer themselves by browsing the site. They can utilize the discussion board by asking a question. This will result in a pop up to add details.



Or they can search through the existing questions and use the topic button to find all relevant information about a strategy of interest.

Or simply use the “like, answer, or share” features. Again, only users that are logged in can use this feature but all users can view the discussion board. The discussion board also allows users to select a best answer so others can view the top posts.

REGISTERING & LOGGING IN

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I talked a bit about some features that were restricted to logged in users. I'd like to show you all the different ways you can log in depending on your specific user type.

Salesforce and Single Sign On (SSO) Users

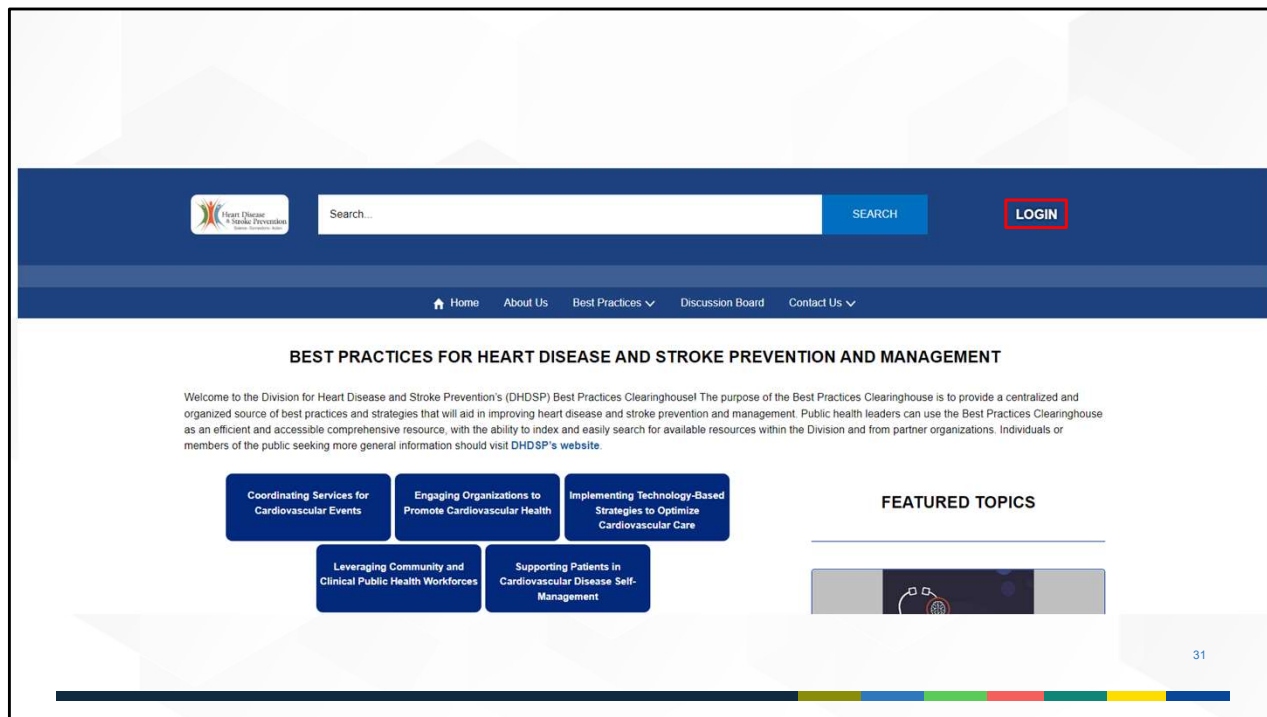
- Three ways to login
 - Register as a new user (external users)
 - Use SAMS (CDC Staff or Funded Recipients)
 - AMP (Funded Recipients)



So let's start with the options to login.

There are three ways to login. The first is to simply register as a new user, the second way is to use the SAMS login, and the final is AMP.

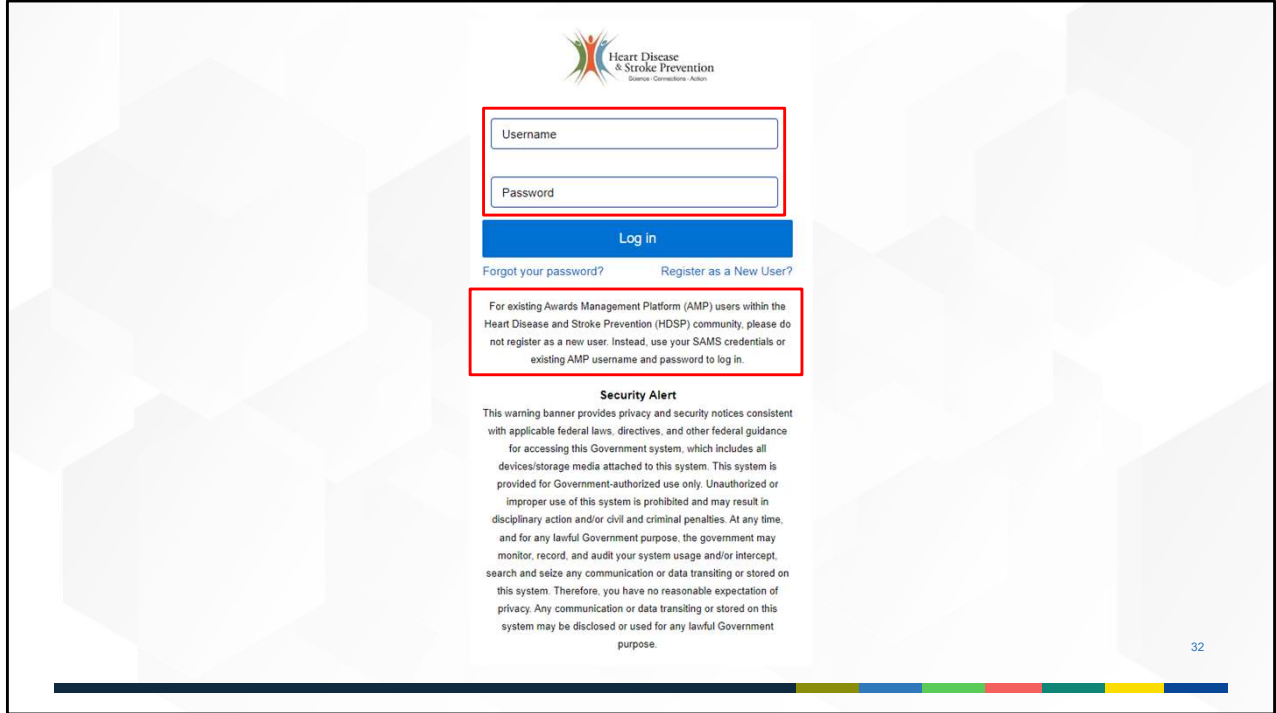
I also want to take a moment to cover the graphic on the bottom. For those who are familiar with the jargon... we've built the Clearinghouse on the AMP org in Salesforce (largely because of the existing infrastructure). But this also allows users, both with in the Division and those on AMP, to use their same SAMS log in to access either the Clearinghouse or the NOFO communities. But I do want to make it clear that access to one side does not equate access to the other, so there is not "cross-pollination," so to speak.



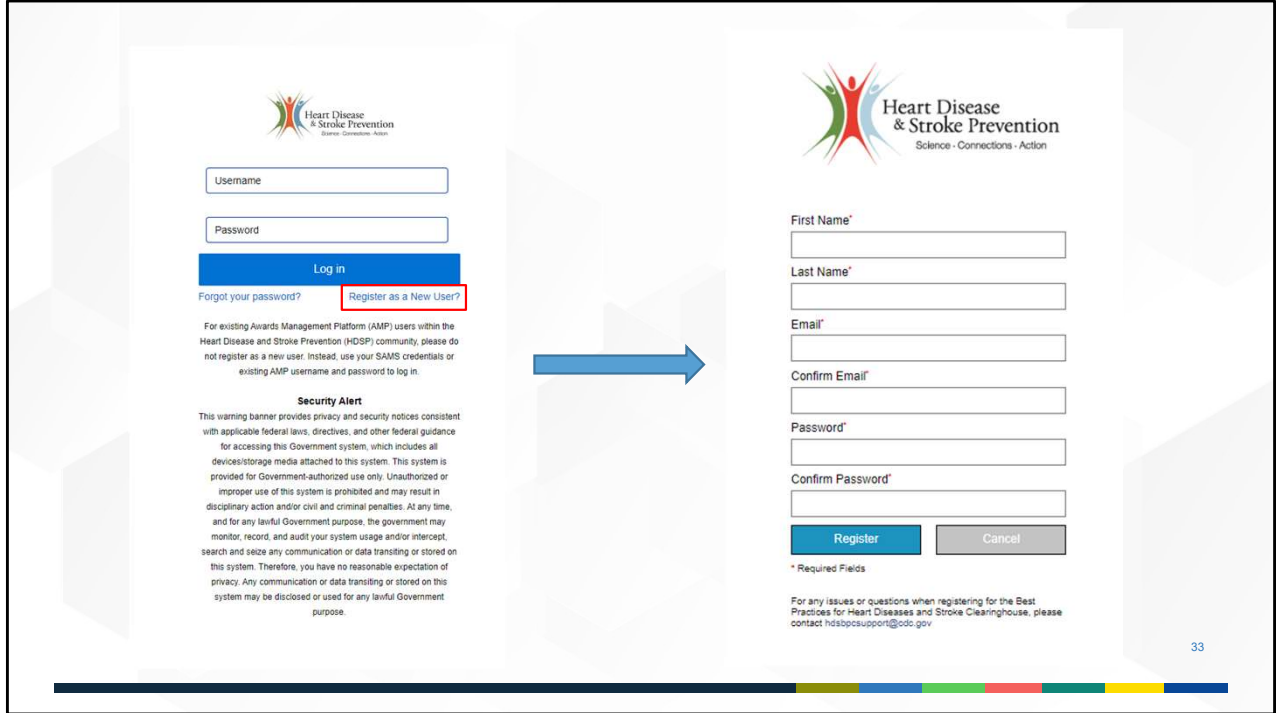
At the top righthand corner of the page, we have a login button for users to log into their profile or who want to register as a new user.

Again, registered users have access to a broader array of Clearinghouse features, whereas Public users without an account can only view content on the site.

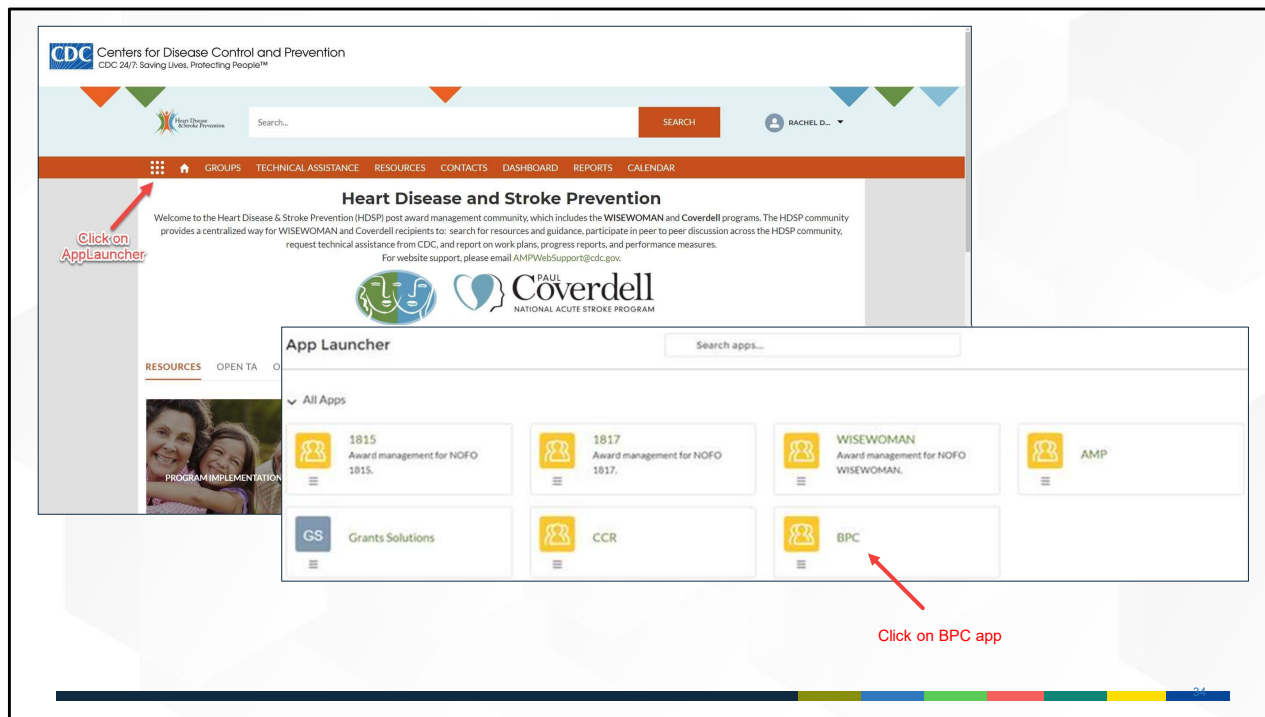
By clicking on the “Login” button...



You will be directed to the login page, where you can log in by typing in your username and password or by entering your SAMS credentials. AMP users can enter their same username and password, as well.



If you're registering for the first time, you simply select that option and you'll be asked to fill out a form and verify your registration.



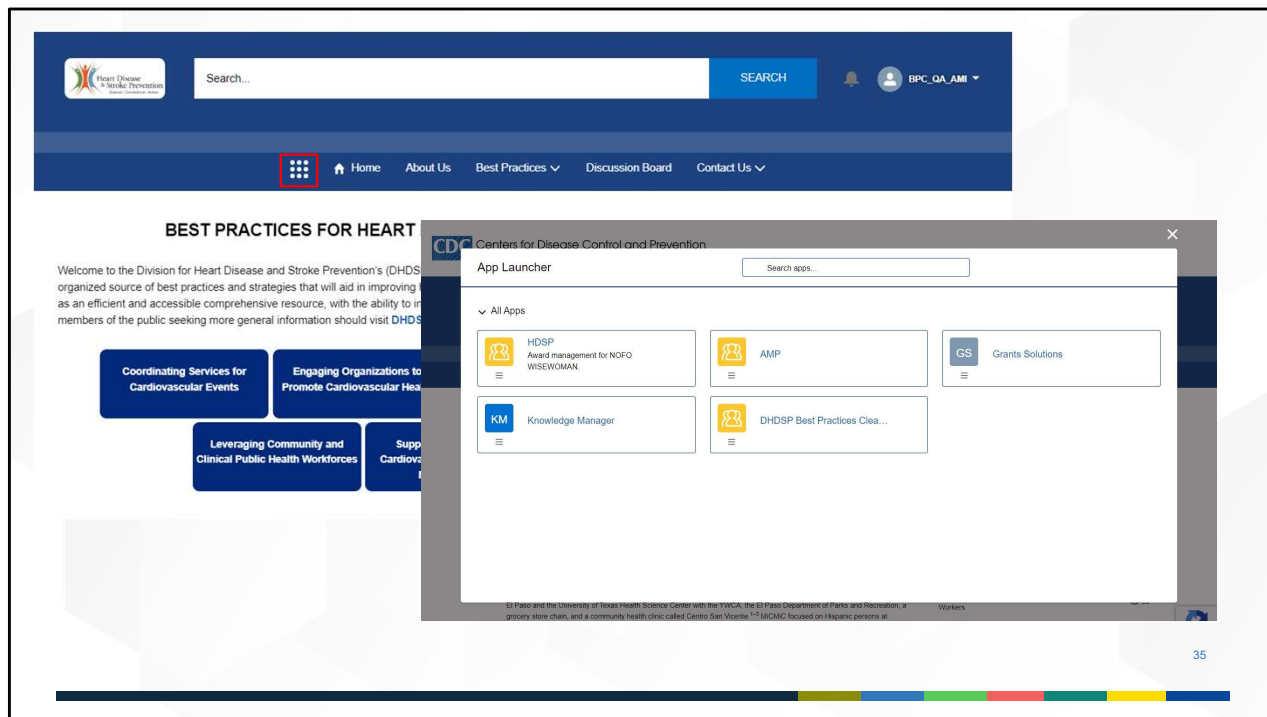
The third way is as an AMP user. And there are actually two ways to do this.

Either through logging in via AMP and switching over, or using your SAMS login. Once logged in, we have this nifty feature where you can switch from BPC to AMP and vice versa!

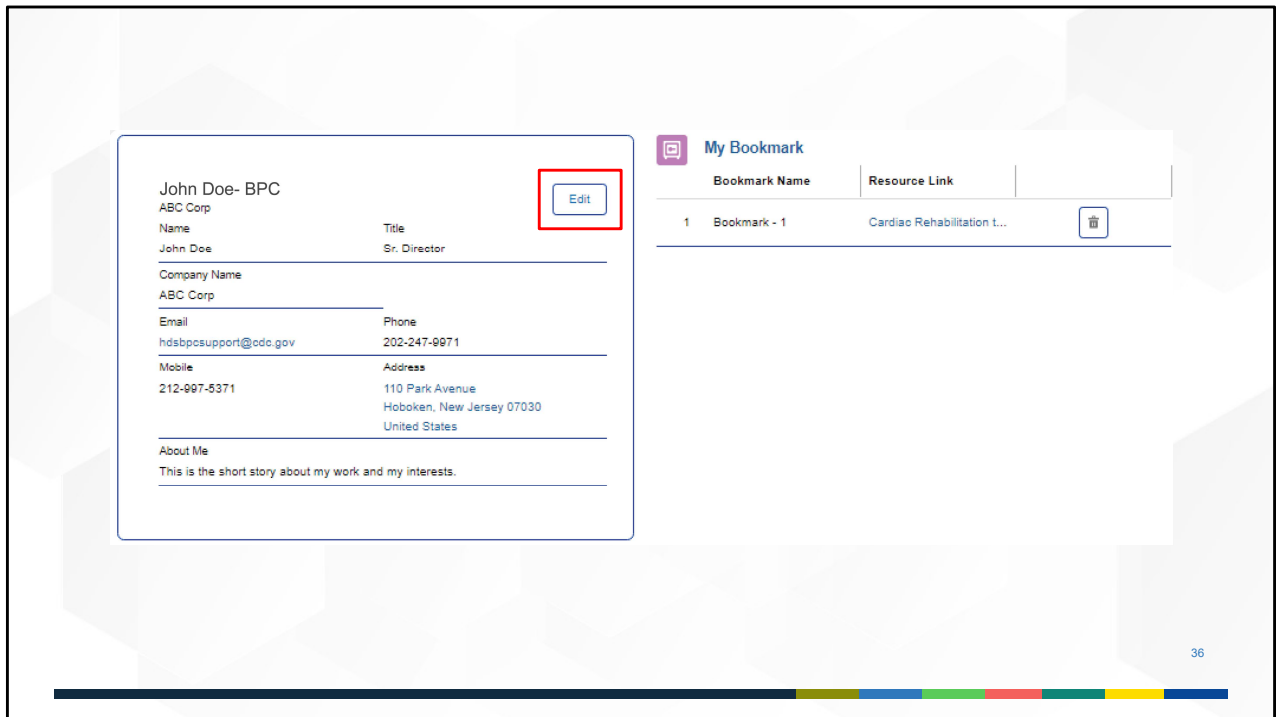
So lets assume you started off on AMP. On the AMP landing page, use the app launcher icon in the top left.

Once the app launcher is open, simply select the “BPC” icon to be redirected to the BPC page.

You’ll already be logged in once you reach the BPC webpage so you will be free to start browsing!



Now lets assume you want to access AMP from the BPC. To do so, just navigate to the grid on the navigation bar and click on it to open all the AMP communities you have access to.



Another cool feature for logged in users is the ability to open up their profiles and make edits or access their saved bookmarks.



PUBLIC HEALTH IMPLICATIONS

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So now I'd like to take a moment to speak about what implications the BPC has for public health, specifically within the context of DHDSP. This section will touch on what is currently a part of the BPC, what's in the pipeline for BPC, and what we can expect in the future.



The expectation of the BPC and the BPG is to be responsive to new evidence and user feedback and share resources from other organizations.

I want to highlight a few ways that folks can leverage the BPC and share it with their partners.

The first is to update the content: Unlike the pdf version of the guide which may be updated as a whole in longer intervals, the clearinghouse is dynamic and can have more minor updates based on user feedback, internal evaluation, and new evidence.

DHDSP could use the BPC to support NOFO applicants. Project officers and evaluators can also use the BPC to provide technical assistance to the recipients.

One of the primary purposes of the BPC is to centralize resources; the clearinghouse can be used to link out to existing content across the CDC and beyond. Additionally, the user guide will support users to engage with the site based on their personal interests. This will optimize user experience with the BPC.

The BPC is an excellent tool to improve dissemination. Features like the Discussion

Board offer an opportunity for users to share products and updates on new evidence between updates to the BPC. In the future, we hope for the landing page's trending and featured resources to be used to "blast" new resources as they become available or align promotions with monthly health observances.

As a part of the consistent process evaluation that runs along with the BPC, we can easily share more stories from our partners and host other non-CDC generated content.

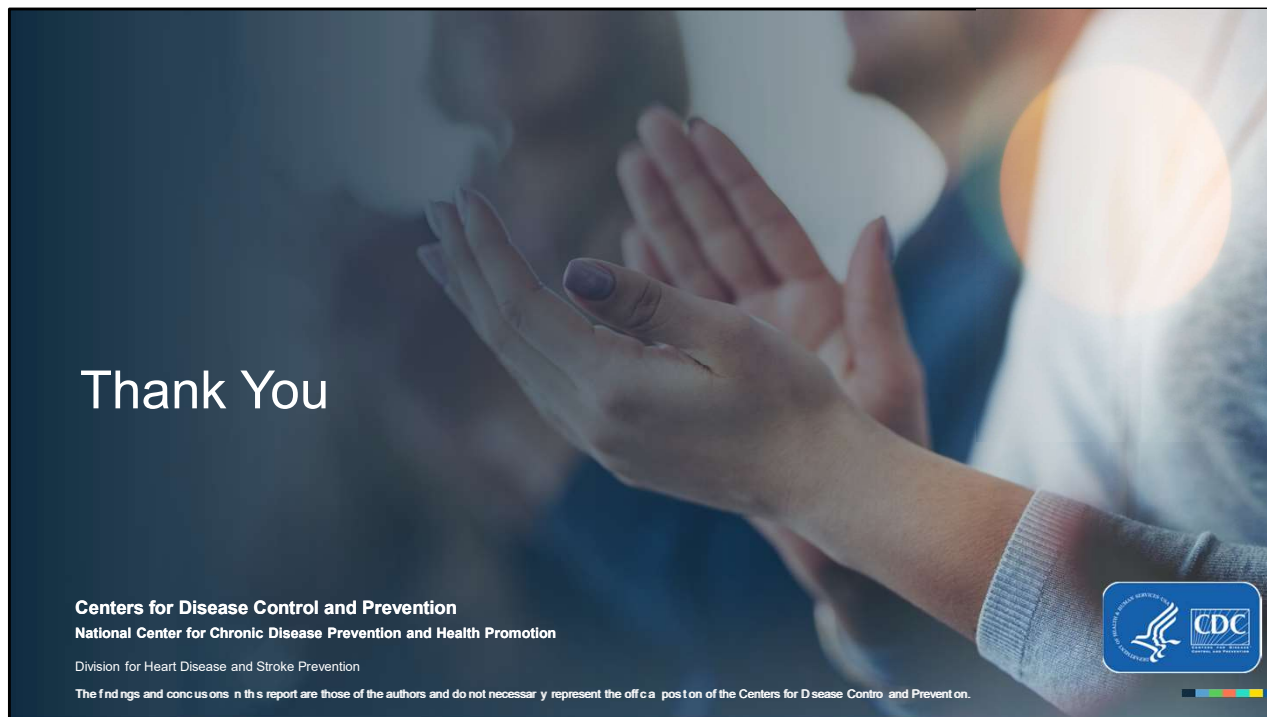
NEXT STEPS AND OPPORTUNITIES

- Evaluate the Guide to improve use, reach, partnerships and potential impact
- Expand the research agenda to include more primordial prevention strategies and implementation costs
- Incorporate even more health equity data and research
- Develop a sustainable system of identifying, collecting, and reviewing “best practices” resources in heart disease and stroke prevention
 - Tracking evolution of evidence
 - Best Practices in Action (BPiA)

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But we’re not done with the clearinghouse just yet! We have many opportunities for future iterations of the BPC. We plan to:

1. Evaluate the Guide and Clearinghouse to improve use, reach, partnerships, and potential impact among priority populations.
2. Dive deeper into an expanded “research agenda” to include more strategies, health equity information and evaluation research in heart disease and stroke for each strategy.
3. And finally, we have a few ideas on how to improve user experience and site engagement:
 1. We hope to showcase progress to highlight the changes in the available literature over the years.
 2. Upload more Best Practices in Action stories to highlight work in the field.



This concludes today's Coffee Break presentation. At this time, we will take questions from the audience. Please enter your question into the Q/A feature at the bottom of your screen. As we wait for questions from the audience, I'll ask our presenters a question to help start the discussion.

Question: Is there any literature out there for developing a Clearinghouse like this?

Answer: Not so much in the health or public health space, though we did find a few articles around influenza & geriatrics-focused health professionals. Most papers were really geared towards hosting the research literature, not creating a platform that supported implementation or conversation and engagement. So we really paved the way for that but we did use a few well known strategies to develop the clearinghouse, namely using Human Centered Design. There are a ton of resources for Human Centered Design online, including from HHS and Harvard business school.