



**World Heart Federation Emerging Leaders Think Tank Seminar Summary Report**  
*Population Health Research Institute at McMaster University*  
*March 23-28, 2014*

General

The inaugural World Heart Federation Emerging Leaders (WHFEL) think tank seminar was held on March 23-28, 2014 at the Population Health Research Institute at McMaster University in Hamilton, Ontario. The seminar was hosted by Dr. Salim Yusuf and included 25 Emerging Leaders (ELs) from 16 countries (Canada, US, Brazil, Chile, UK, Ireland, Italy, France, Netherlands, Palestine, Saudi Arabia, Nigeria, India, Bangladesh, China, Australia) and 15 faculty from 6 countries (Canada, US, Brazil, UK, Switzerland, India). The ELs came from diverse backgrounds, including working as academic and clinical cardiologists, primary care physicians, pharmacists, and public health nutrition experts. The seminar's overarching theme was secondary cardiovascular disease (CVD) prevention to help achieve the WHF's goal of reducing the risk of premature (30-69 years) mortality from CVD by 25% by 2025 through three related methodological streams of 1) implementation science/knowledge translation; 2) health systems; and 3) health policy.

Emerging Leaders (ELs)

The ELs were competitively selected by the WHFEL Selection Committee with approval from the WHFEL Steering Committee in January 2014 based on their leadership, communication, absolute and relative productivity, creativity, career goals, collaboration(s) with current stakeholders (including WHF member organizations), mentors, and local institutions. While the ELs had demonstrated success in these domains and productivity in their respective fields, most ELs had interest but limited experience in the streams of implementation science/knowledge translation, health systems evaluation, and health policy research, which made the think tank seminar training novel and relevant. Nearly half (48%) of all ELs secured partial or complete air travel support to help minimize seminar costs.

Seminar

The seminar included a 1:1 mix of interactive lectures (Table) and small group activities (see Appendix for agenda). The small group activities built on one another from research priority setting (pre-seminar work) to developing a shared research question to culminating in three research proposals (written and oral) related to secondary CVD prevention. Groups provided written and oral feedback to one another as a form of peer review/education. The groups' project titles were:

**Implementation science/knowledge translation:** TAKEmeds Study: The Adherence and Knowledge Exchange heart and stroke medicines study

**Health systems:** WikiMeds: Increasing transparency to promote use of medicines for secondary prevention of cardiovascular disease

**Health policy:** CARdiovascular Disease: Identification of Obstacles and facilitators to Maximize secondary Prevention Policy and Strategies (CARDIOMAPPS)

These proposals are under peer review with seed funding decisions planned for mid-May 2014. Faculty feedback will be provided by April 15; responses to reviewers will be due by

April 30; and final decisions will be made by May 15. The link between seminar activities, grant development, and seed funding (approximately US\$5,000 per EL; or ~\$40,000 per project) increases the likelihood of success in developing sustainable, global collaborative research projects to help achieve “25 x 25” beyond typical seminars. Additional activities during the seminar included: social activities including a visit to Niagara Falls and dinners at the McMaster Faculty Club and Trius winery at Hillebrand; faculty interviews for development of online training modules across the three streams; and video capture of promotional material for development of a promotional video.

### Seminar Feedback

Based on anonymous feedback about the think tank seminar from the ELs through an online survey, 88% rated the overall seminar experience as “excellent”, while the remaining 12% reported rated the seminar as “good”. Nearly all (94%) rated the seminar’s relevance as “excellent”, and at least three out of every four ELs reported the usefulness (75%) and quality (81%) of information presented as “excellent”. Most (69%) ELs reported that the balance of lectures and small groups was “just right” with a nearly even balance between those who reported wanting more small group (19%) or more lecture (13%) time. The ELs reported that they would have liked more advance notice of the application process and materials for the seminar, which are areas that we will readily address for the 2015 seminar. Through a separate online survey, two out of five (40%) ELs reported that they are interested in collaborating with the WHF on other programs, including its Prevention Roadmap initiative, with a mix of interest among secondary prevention (46%), blood pressure control (38%), and tobacco control (17%). The EL program has the potential to link ELs from WHF member organizations to the WHF and its activities in a substantive, potentially sustainable, manner.

The WHFEL program leadership team, Drs. Mark Huffman (senior program advisor), Darwin Labarthe (senior consultant), and Salim Yusuf (WHF president-elect) are in active discussions with the 2015 WHFEL think tank seminar host, Dr. Jaime Miranda from the CRONICAS Centre of Excellence for Chronic Diseases at the Universidad Peruana Cayetano Heredia in Lima, Peru. The WHFEL program will announce its 2015 dates at the World Cardiology Congress (WCC) meeting in Melbourne in May 2014 and will accelerate its timeline for recruiting and selecting its next round of ELs (planned recruitment period: September-October 2014; planned selection period: November 2014). The WHFEL program team has also received suggestions from ELs regarding additional topics to cover for future seminars, which will be incorporated where feasible. Future WHFEL think tank seminars will address other WHF priority topics, such as tobacco or blood pressure treatment and control to complement the activities of the current ELs.

### Next Steps

The WHFEL program leadership team will produce and finalize the promotional video to attract more applicants and more funding support to the EL program with a target release at the 2014 WCC meeting in Melbourne. The team will also develop online training modules by editing the faculty interviews and linking these interviews with pre-reading and post-module evaluations to assess understanding and competencies. These online training modules will be made available to the 2014 ELs but will be targeted to the 2015 ELs, who will be required to complete the modules prior to the 2015 think tank seminar. The WHFEL program leadership team will also need to recruit local, regional, and international faculty to participate in the 2015 WHEF think tank seminar in consultation with the WHFEL Operations Committee and the 2015 host.

The WHFEL program leadership team will also continue to seek funds to support local costs of the first cohort of ELs to participate in the 2015 seminar to ensure continuity. We will

also host opportunistic meetings at major cardiovascular society and other meetings, including the May 2014 World Cardiology Congress in Melbourne, to serve as investigators' meetings for each of the streams. Teams will be required to complete their projects by May 14, 2015 with reporting to the WHF within 30 days of completing their projects. Final reports should include updated knowledge translation plans and specific funding sources that will be sought to further develop these projects.

**Table.** Faculty and topic titles for the 2014 WHFEL inaugural think tank seminar.

<b>Faculty</b>	<b>Topic title(s)</b>
D Prabhakaran Centre for Chronic Disease Control New Delhi, India	Asking an answerable research question to contribute to “25 x 25”  Cardiovascular research needs to achieve “25 x 25” in India
Sharon Straus University of Toronto Toronto, Canada	Competencies for knowledge translation research for “25 x 25”  Developing, evaluating, and comparing complex interventions for “25 x 25”
Dina Balabanova London School of Hygiene and Tropical Medicine London, UK	Good health at low cost: how some countries will achieve “25 x 25”  Methods to evaluate the effect of health systems on “25 x 25” targets and indicators
Vasanthi Srinivasan Ontario Strategic Patient-Oriented Research SUPPORT Unit Ottawa, Canada	Health system strategy development  Health policy development: turning evidence into intersectoral action in Ontario for “25 x 25”
Clara Chow George Institute for Global Health Sydney, Australia	Standards, strategies, and evaluation of CVD secondary prevention programs for “25 x 25”  Methods to evaluate a community’s cardiovascular health for “25 x 25”
John Lavis McMaster University Hamilton, Canada	Guidance for evidence-informed policies about health systems to achieve “25 x 25”
Amir Attaran University of Ottawa Ottawa, Canada	Laws and regulations to improve access to safe, essential medicines to achieve “25 x 25”
Donald Lloyd-Jones Northwestern University Chicago, USA	Development, implementation and comparison of US and European/UK cardiovascular clinical practice guidelines  Managing, pooling, and evaluating large datasets
David Wood Imperial College London	Development, implementation and comparison of US and European/UK cardiovascular clinical

London, UK	practice guidelines  EUROACTION: a model for secondary preventive care to achieve “25 x 25”
Salim Yusuf McMaster University Hamilton, Canada	Fixed-dose combination therapy: past, present, and future for “25 x 25”
Darwin Labarthe Northwestern University Chicago, USA	Cardiovascular health: a quiet revolution
Alvaro Avezum Dante Pazzanese Institute of Cardiology São Paulo, Brazil	How to scale up CVD prevention and control for “25 x 25”: a national Emerging Leaders program in Brazil
Prabhat Jha University of Toronto Toronto, Canada	Global effects of smoking, of quitting, and of taxing tobacco
Johanna Ralston, Pablo Perel World Heart Federation Geneva, Switzerland	World Heart Federation’s strategies and programs to help achieve “25 x 25”

**Appendix.** 2014 WHF Emerging Leaders Inaugural Think Tank Seminar agenda.



**World Heart Federation Emerging Leaders Think Tank Seminar Agenda**  
*Population Health Research Institute at McMaster University*  
*Hamilton, Ontario*

**Sunday, March 23**

Pre-reading

1. Guyatt GH, et al. *GRADE: an emerging consensus on rating quality of evidence and strength of evidence. BMJ 2008;336:924-926.*
2. Shepperd S, et al. *Can we systematically review studies that evaluate complex interventions? PLoS Med 2009; 6(8): e1000086.*
3. Straus S, et al. *Core competencies in the science and practice of knowledge translation: description of a Canadian strategic training initiative. Implementation Science 2011; 6:127.*
4. Balabanova D, et al. *Good health at low cost 25 years on: lessons for the future of health systems strengthening. Lancet 2013; 381(9883):2118-33.*

8:00 – 8:15 am	Welcome and introductions <i>Salim Yusuf</i> <i>McMaster University</i>
8:15 – 8:30 am	World Heart Federation's "25 x 25" goal <i>Mark Huffman</i> <i>Northwestern University</i>
8:30 – 9:15 am	Asking an answerable research question to contribute to "25 x 25" <i>D Prabhakaran</i> <i>Centre for Chronic Disease Control</i>
9:15 – 10:00 am	Competencies for knowledge translation research for "25 x 25" <i>Sharon Straus</i> <i>University of Toronto</i>
10:00 – 10:20 am	Tea/coffee

- 10:20 – 11:00 am    Developing, evaluating, and comparing complex interventions for “25 x 25”  
*Sharon Straus*  
*University of Toronto*
- 11:00 – 12:00 pm    Small group exercise #1: selecting a research question to contribute to “25 x 25”  
*The purpose of this small group activity is for ELs to get to know each other and begin selecting a priority research question that will form the basis of their shared grant protocol for the seminar.*
- 12:00 – 1:00 pm    Lunch
- 1:00 – 1:50 pm    Good health at low cost: how some countries will achieve “25 x 25”  
*Dina Balabanova*  
*London School of Hygiene and Tropical Medicine*
- 1:50 – 2:15pm    Rapid feedback from faculty and peers regarding research questions  
*All*
- 2:15 – 2:50 pm    Small group exercise #2: revising research questions based on rapid feedback  
*The purpose of this small group activity is to incorporate verbal feedback from faculty and peers to refine the groups’ research questions.*
- 2:50 – 3:10 pm    Tea/coffee break
- 3:10 – 4:00 pm    Small group exercise #3: writing specific aims  
*The purpose of this small group activity is to write a one-page specific aims page.*
- 4:00 – 5:00 pm    Health system strategy development  
*Vasanthi Srinivasan*  
*Ontario Strategic Patient-Oriented Research SUPPORT Unit*
- 5:15 pm    Shuttle back to Homewood Suites for dinner
- 7:45 pm    Viewing of the film, “Amour”, at Homewood Suites Rosedale North room

## Monday, March 24

### *Pre-reading:*

1. *Dhillon PK et al. Status of epidemiology in the WHO South-East Asia region: burden of disease, determinants of health and epidemiological research, workforce and training capacity. Int J Epidemiol. 2012; 41(3):847-60.*

3. *Lavis JN, et al. Guidance for evidence-informed policies about health systems: linking guidance development to policy development. PLoS Med 2012; 9(3): e1001186.*

4. *Chow CK, et al. Environmental profile of a community's health (EPOCH): an instrument to measure environmental determinants of cardiovascular health in five countries. PLoS ONE 2010; 5(12): e14294.*

4. *Attaran A. How to achieve international action on falsified and substandard medicines. BMJ 2012; 345:e7381.*

5. *Mason RP, et al. Atorvastatin generics obtained from multiple sources worldwide contain a methylated impurity that reduces their HMG-CoA reductase inhibitory effects. (abstract).*

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| 8:00 – 8:45 am   | Cardiovascular research needs to achieve “25 x 25” in India<br><i>D Prabhakaran</i><br><i>Centre for Chronic Disease Control</i>  |
| 8:45 – 9:30 am   | Standards, strategies, and evaluation of CVD secondary prevention programs for “25 x 25”<br><i>Clara Chow</i><br><i>George Institute for Global Health</i>  |
| 9:30 – 10:00 am  | Small group exercise #4: peer review of specific aims<br><i>The purpose of this activity is for groups to peer review each others' specific aims and provide feedback on how to improve the aims.</i> |
| 10:00 – 10:20 am | Tea/coffee  |
| 10:20 – 11:00 am | Guidance for evidence-informed policies about health systems to achieve “25 x 25”<br><i>John Lavis</i><br><i>McMaster University</i>  |

- 11:00 – 12:00 pm Small group exercise #5: responding to peer review feedback on specific aims and identifying data source(s) and methods for protocol  
*The purpose of this activity is for groups to respond to written feedback from faculty and peers on their specific aims and to identify data sources and methods for developing their protocols.*
- 12:00 – 12:45 pm Lunch
- 12:45 – 1:30 pm Laws and regulations to improve access to safe, essential medicines to achieve “25 x 25”  
*Amir Attaran  
University of Ottawa*
- 1:30 – 2:15 pm Methods to evaluate a community’s cardiovascular health for “25 x 25”  
*Clara Chow  
George Institute for Global Health*
- 2:15 – 2:35 pm Tea/coffee break
- 2:35 – 4:30 pm Small group exercise #6: drafting written protocols  
The purpose of this activity is for groups to start writing their protocol.
- 4:30 – 5:30 pm Development, implementation and comparison of US and European/UK cardiovascular clinical practice guidelines  
*Don Lloyd-Jones  
Northwestern University*  
  
*David Wood  
Imperial College London*  
  
Discussion: How to effectively adapt, adopt, or create clinical practice guidelines for implementation for “25 x 25”  
*Group*
- 6:00 pm Dinner at McMaster Faculty Club

**Tuesday, March 25**

Pre-reading

1. Maimaris W, et al. *The influence of health systems on hypertension awareness, treatment, and control: a systematic literature review.* PLoS Med 2013; 10(7): e1001490.

2. Berry JD, et al. *Lifetime risks of cardiovascular diseases.* N Engl J Med 2012; 366:321-9.

3. *Working Group on the Summit on Combination Therapy for CVD. Combination pharmacotherapy to prevent cardiovascular disease: present status and challenges.* Eur Heart J. 2014 Feb;35(6):353-64.

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| 8:00 – 8:45 am   | Methods to evaluate the effect of health systems on “25 x 25” targets and indicators<br><i>Dina Balabanova</i><br><i>London School of Hygiene and Tropical Medicine</i>                                 |
| 8:45 – 9:30 am   | Managing, pooling, and evaluating large datasets<br><i>Don Lloyd-Jones</i><br><i>Northwestern University</i>  |
| 9:30 – 10:00 am  | Small group exercise #7: peer review of protocols #1<br><i>The purpose of this activity is for groups to peer review each others’ protocols and provide feedback on how to improve them.</i>            |
| 10:00 – 10:20 am | Tea/coffee  |
| 10:20 – 10:30 am | Rapid research update: costs of essential medicines for secondary prevention<br><i>Rasha Khatib</i><br><i>McMaster University</i>   |
| 10:30 – 11:00 am | Fixed-dose combination therapy: past, present, and future for “25 x 25”<br><i>Salim Yusuf</i><br><i>McMaster University</i>   |
| 11:00 – 12:00 pm | Small group exercise #8: responding to peer review feedback on protocols<br><i>The purpose of this activity is for groups to respond to written feedback from faculty and peers on their protocols.</i> |
| 12:00 – 12:45 pm | Lunch   |

- 12:45 – 1:30 pm Health policy development: turning evidence into intersectoral action in Ontario for “25 x 25”  
*Vasanthi Srinivasan*  
*Ontario Strategic Patient-Oriented Research SUPPORT Unit*
- 1:30 – 2:30 pm Media training 101  
*TBN*
- 2:45 pm Shuttle leaves for Niagara Falls  
*All*
- 7:00 pm Dinner at Hillebrand Winery  
*All*

### **Wednesday, March 26**

#### Pre-reading

1. *Labarthe DR. From cardiovascular disease to cardiovascular health: a quiet revolution? Circ Cardiovasc Qual Outcomes. 2012; 5(6):e86-92.*
2. *Wood DA, et al. Nurse-coordinated multidisciplinary, family-based cardiovascular disease prevention programme (EUROACTION) for patients with coronary heart disease and asymptomatic individuals at high risk of cardiovascular disease: a paired, cluster-randomised controlled trial. Lancet 2008; 371(9629):1999-2012.*
3. *World Health Organization (2013). Global action plan for the prevention and control of non-communicable chronic diseases 2013-2020.*
4. *World Health Organization (2013). Global monitoring framework. Available at: [http://www.who.int/nmh/global\\_monitoring\\_framework/en/](http://www.who.int/nmh/global_monitoring_framework/en/)*
5. *Jha P, Peto R. Global effects of smoking, of quitting, and of taxing tobacco. N Engl J Med 2014; 370:60-8.*

- 8:00 – 8:45 am Cardiovascular health: a quiet revolution  
*Darwin Labarthe*  
*Northwestern University*
- 8:45 – 9:30 am How to scale up CVD prevention and control for “25 x 25”: a national Emerging Leaders program in Brazil  
*Alvaro Avezum*  
*Dante Pazzanese Institute of Cardiology*

- 9:30 – 10:00 am Small group exercise #9: peer review of protocols #2  
*The purpose of this activity is for groups to peer review each others' protocols and provide feedback on how to improve them.*
- 10:00 – 10:20 am Tea/coffee
- 10:20 – 11:00 am EUROACTION: a model for secondary preventive care to achieve  
"25 x 25"  
*David Wood*  
*Imperial College London*
- 11:00 – 12:00 pm World Heart Federation's strategies and programs to help achieve  
"25 x 25"  
*Johanna Ralston, Pablo Perel*  
*World Heart Federation*
- 12:00 – 12:45 pm Lunch
- 12: 45 – 2:45 pm Small group exercise #10: responding to peer review feedback on  
protocols  
*The purpose of this activity is for groups to respond to written  
feedback from faculty and peers on their protocols.*
- 2:40 – 3:00 pm Tea/coffee break
- 3:00 – 4:30 pm Health policy debate: implementation of MPOWER tobacco control  
*All, moderated by Prabhat Jha*
- 4:30 – 5:00 pm Large group: opportunity to ask questions before presentations  
*All*
- 5:15 pm Shuttle back to Homewood Suites for dinner and small group work  
in Hamilton East, West, and Centre rooms

#### **Thursday, March 27**

- 8:30 – 9:00 am Presentation set-up

9:00 – 9:45 am	Presentation #1 (20 minute presentation; 25 minute Q&A with feedback)
9:45 – 10:30 am	Presentation #2 (20 minute presentation; 25 minute Q&A with feedback)
10:30 – 11:00 am	Tea/coffee break
11:00 – 11:45 am	Presentation #3 (20 minute presentation; 25 minute Q&A with feedback)
11:45 – 12:30 pm	Small group exercise #11: incorporating verbal feedback into written protocols <i>The purpose of this activity is to incorporate feedback during oral presentations into written protocols and proposals.</i>
12:30 – 1:15 pm	Lunch
1:15 – 2:00 pm	Large group exercise: external feedback on grant protocols, seeking funding, and timelines and milestone for next steps
2:00 – 2:30 pm	Emerging Leaders programmatic feedback, verbal and written
2:30 pm	Adjourn and depart