Welcome to today’s Coffee Break, presented by the Evaluation and Program Effectiveness Team and the Division for Heart Disease and Stroke Prevention (DHDSP) at CDC. We’re fortunate today to have Eileen Chappelle (echappelle@cdc.gov) as today’s presenter. Eileen is from DHDSP and is a health scientist on the Evaluation Team. My name is Alberta Mirambeau and I’m going to serve as your moderator today. I’m also a member of the Evaluation Team.
The presentation today represents the opinion of the presenter and does not necessarily represent the official position of CDC.
Today’s Coffee Break, we’re going to talk about establishing a baseline for your evaluation, the importance of capturing a baseline, planning ahead to get that baseline, considerations on the type of data source that you plan to use, ways to estimate baseline data, examples, and lessons learned. The information presented will apply to both evaluation and performance measures, but we’re just going to consistently talk about “evaluation” for the rest of the presentation.
What is a baseline? It’s the initial measurement of information collected prior to the start of the intervention of your program.

The value of having a baseline is it really serves as a point of reference. Your evaluation is made stronger by having a point of reference; otherwise you just have the one point in time, and that won’t tell you if you’ve made improvements in your program, and by having a baseline you can determine what progress has been made.

The purpose of the baseline information is to assess the effect of the program and to compare what happens before and after the program has been implemented. Without baseline data, it’s difficult to estimate any changes or to demonstrate progress, so it’s best to capture baseline whenever possible.

Before capturing your baseline, you want to think about what you want your evaluation to highlight. Therefore, you have to have some initial evaluation planning take place.
“Planning your evaluation early”: this is a message that you have all heard. We encourage programs to plan their evaluation as they’re building or implementing their program. We’re not going to go into the steps of the CDC framework, but we want to mention a couple things.

It’s important to develop your program logic model, because that helps you describe your program efforts and get a sense of the key outcomes of interest. You want to determine your key evaluation questions. Without having those questions, it’s hard to establish a baseline because you don’t know what you need to gather. You want to make sure you know what your key questions are so you’re gathering the right type of information.

You want to be clear about the purpose of your evaluation to make sure that your baseline meets the needs. Make sure that you identify and work with your key stakeholders. Working with stakeholders in the beginning can help you identify indicators, figure how to establish what is success for your program, and potentially identify data sources. So it’s important to keep them in mind so the evaluation is not happening in a bubble.
It’s important to think about what data sources are available and take an informed and systematic approach.

There are three types of data:

- Current data that you have access to. This is information that you may be very familiar with, already have the necessary consents for, and can run reports from.
- Existing data that you don’t have access to. This could be information from a different organization or information from a practice – electronic health records.
- Primary data collection, where the information you’re looking for does not exist and you need to develop a new way to gather that information.

Each one of these data sources has implications with regard to cost and time.

You want to be systemic and informed in how you capture a baseline. Make sure you prepare, because you’re going to need to get the information for future data collection points. You want to make sure to capture the information you need depending on your evaluation questions. Take the time to be systematic because you’re going to have to collect that information the same way in the future.

If you’re considering primary data collection, really take a second look to make sure you’re not missing an existing source. Talk to your epidemiologist. Talk to any partners or stakeholders that might know of data sources that might need your needs. Take a good scan of what’s out there before committing to primary data collection.
Even though you have access to data, it’s still important to review any consents or agreements to make sure you’re using the information in a way that’s consistent with what you’ve agreed to. You might have to modify those consents depending on what you’re planning to do.

Be mindful of the frequency of the data collection. Does it work for what you’re trying to evaluate? For example, if the information’s gathered every three or four years and your program starts between those years, will you have enough time to have at least two data collection points to indicate change over time?

Be aware of any gaps that the existing data source has. Identify sources that meet your evaluation questions. If there are gaps, you may need to look for other data sources or revisit your key questions.
When you’re thinking about using existing data that you don’t have access to, establish the necessary agreements. Often, this takes more time than initially planned, so give yourself as much time as you can. Sometimes working with stakeholders or partners to gain access can make the process easier.

Become familiar with the limitations of the data set. You want to understand the data, make sure that it will address your questions, and plan ahead for any gaps.

Think about the scope of the existing data set. For example, does the data reflect the entire state, but the program focuses on a county or region? Consider whether or not this is appropriate.
If you have a key question and there is no data source, stop and do another thorough scan before committing to primary data collection, because it takes time and is expensive – not just to gather the information but to gather the appropriate consents. If you do decide to collect new information, streamline the way you’re gathering the data so it’s not seen as an add-on but as something embedded in the overall process of the program efforts.

For those who are part of FOA 1305, if you decide to conduct primary data collection, consult with your project officer and evaluation lead to make sure it’s appropriate.
If you don’t have access to an existing data source or you feel like the data truly doesn’t exist, what can you do to estimate a baseline?

• Look at past performance.

• Determine a timeframe. For example, if your funding year started in July, and you’re about to start your evaluation, you might decide that May is the best time to start your baseline.

• Think about a proxy, if it’s appropriate. You might not have access to specific information about hypertension control measurement, for example, but you might have categories of that or other information that might serve as a proxy.
I wanted to give you an example of the different data sources. Thinking about team-based care in health care systems with the outcome of interest being hypertension control...

- You can look at current data – for example, HEDIS (Healthcare Effectiveness Data and Information Set). This is a public data set you could potentially use.

- If you know that there’s data but there’s no access, maybe you could look at practice or clinic information on hypertension control rates and then work on getting access to that. To do that, you might need to talk to partners to help them understand what you’re trying to achieve.

- Maybe you decide that you need new data, so you decide to administer a survey with health care providers.

- Or you don’t have the time or the funds to commit to primary data collection, and you’re looking at a proxy. For example, you’re estimating by looking at claims data to see if medication costs have decreased. That doesn’t tell you if hypertension control is improving, but it serves as a proxy to see if there’s change in that area.
I wanted to share a couple of lessons learned: Plan early. Be realistic in terms of what you want to achieve. Estimating a baseline is better than not having any baseline information. Whenever you need help, reach out to your project officers and liaison leads.
On this slide there are resources that might be helpful as you’re trying to establish a baseline.

- **DHDSP Evaluation Guides:**

- **1305 Evaluation Tips:** Establishing Baseline and Target Measures (September 2013)

- **Community ToolBox**
Question 1: How do you establish a baseline if the program or intervention has already started?

Response: That’s a very good question, and it’s often a case that evaluators have to deal with. If a program has already started and you want to establish a baseline, you can see if there’s past performance information or some administrative information that the organization has that can serve as a baseline. Or you can decide “next month is our baseline period” and just collect information. Even though it’s not a true baseline, it’s better than not having a baseline.

Question 2: Can you provide a few suggestions for searching for existing data sets?

Response: I think the best way to find data sources is to speak with your colleagues, partners external and internal to your organization. Don’t forget about your internal colleagues. Often we think of partners and we think of folks outside our organization, but sometimes your colleagues or your counterparts within other units of your organization may be very helpful.

Also, take a look at the sources of reports. Conduct a quick search through a university or through Google. If you do decide to do a Google search, please be careful of the source.
All sessions are archived and can be accessed on-demand 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

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