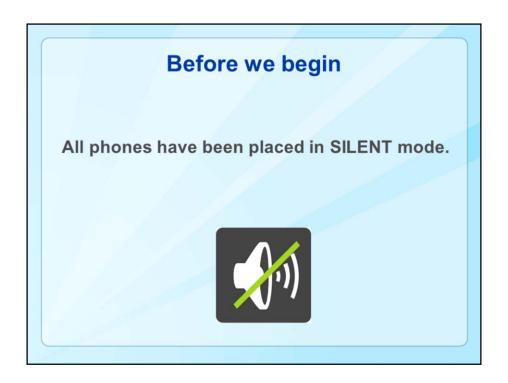


MODERATOR:

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.

We are fortunate to have **Julia Jordan** as today's presenter. **Julia** is from the CDC's Division for Heart Disease and Stroke Prevention and is an ORISE fellow on the **Evaluation and Program Effectiveness Team**.

My name is **Amara Ugwu** and I am today's moderator. I am an ORISE Fellow within the **Applied Research and Evaluation Branch**.



MODERATOR:

Before we begin we have a few housekeeping items.

All participants on the phone, please place your phone on mute. All participants listening through your computer, you have been muted.

If you are having issues with audio or seeing the presentation please message us using the Q&A box or send us an email.

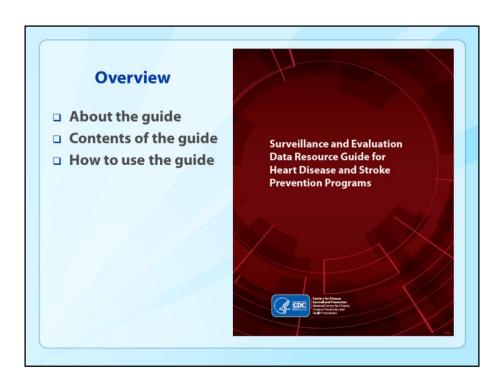
If you have questions during the presentation, please enter it on the Q & A box on your screen. We will address your questions at the end of the session.

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

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.

MODERATOR: 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.

So, without further delay. Let's get started. Julia, the floor is yours.

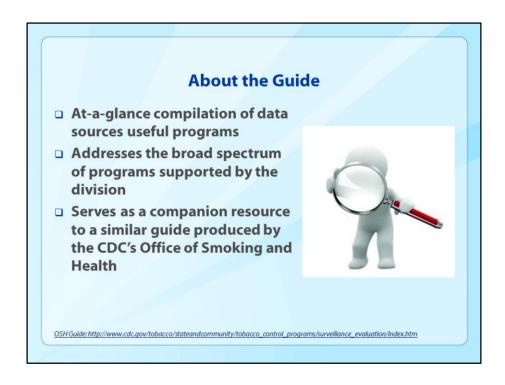


Thank you Amara.

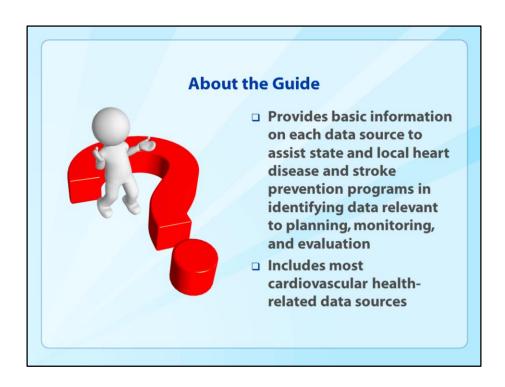
Hi, I'm Julia Jordan and today I'll be talking about the Surveillance and Evaluation Data Resource Guide for Heart Disease and Stroke Prevention Programs.

This guide was developed by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at CDC and was released in mid-March of 2016.

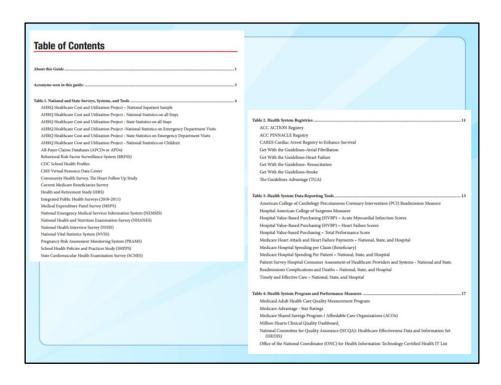
In this presentation, I'll go over some key points about the guide, the contents of the guide, and how to use this guide in your own heart disease and stroke prevention programs.



The Surveillance and Evaluation Data Resource Guide for Heart Disease and Stroke Prevention Programs serves as an at-a-glance compilation of data sources useful for heart disease and stroke prevention programs. This guide addresses the broad spectrum of programs supported by the Division for Heart Disease and Stroke Prevention. Please keep in mind that not all sources in the guide will be relevant to all programs but there are some sources that apply to each of our divisional programs. This guide serves as a companion to a similar guide that was produced by CDC's Office of Smoking and Health. If you are interested in looking at that guide, the link is at the bottom of this slide.



The Surveillance and Evaluation Data Resource Guide for Heart Disease and Stroke Prevention Programs contains almost 100 data sources. This guide provides basic information on each data source to assist state and local heart disease and stroke prevention programs in identifying data relevant to planning, monitoring, and evaluation. We attempted to include the majority of cardiovascular health-related data sources in this guide. However, because this is an ever-changing field, it is impossible to include all sources available at any point in time.



The guide includes 8 different tables of data sources.

Table 1 is National and State Surveys, Systems, and Tools.

Table 2 is Health System Registries

Table 3 is Health System Data Reporting Tools

Table 4 is Health System Program and Performance Measures

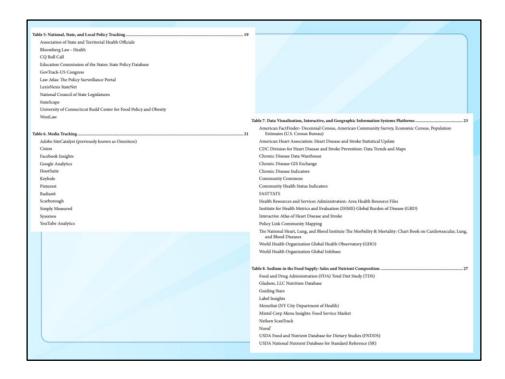


Table 5 is National, State, and Local Policy Tracking

Table 6 is Media Tracking

Table 7 is Data Visualization, Interactive, and Geographic Information Systems Platforms Table 8 is Sodium in the Food Supply: Sales and Nutrient Composition

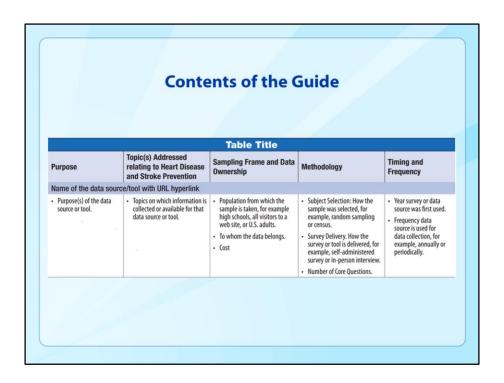
As you can see, we have a wide variety of tools included in this guide, including surveillance tools, geographic information systems or GIS, performance measures for hypertension, media tools, and tools for planning, implementing, and evaluating programs in heart disease prevention and control. We also have one topic specific table related to sodium.

Contents of the Guide

Commonly used sources:

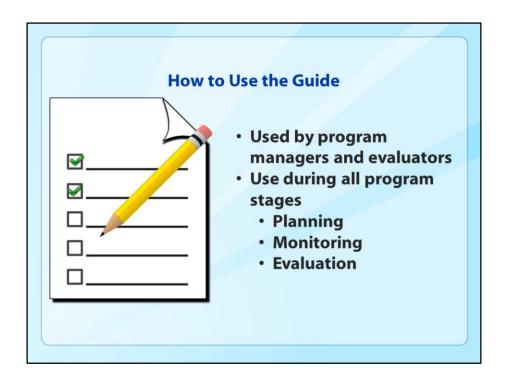
- Behavioral Risk Factor Surveillance System (BRFSS)
- All-Payer Claims Database
- FASTTATS
- Interactive Atlas of Heart Disease and Stroke
- Million Hearts Clinical Quality Measures Dashboard
- Healthcare Effectiveness Data and Information Set (HEDIS)
- National Vital Statistics System (NVSS)
- Chronic Disease GIS Exchange

Some of the most commonly used data sources included in this guide are the Behavioral Risk Factor Surveillance System (BRFSS), the All-Payer Claims Database, FASTTATS, the Interactive Atlas of Heart Disease and Stroke, the Million Hearts Clinical Quality Measures Dashboard, the Healthcare Effectiveness Data and Information Set (HEDIS), the National Vital Statistics System (NVSS), and the Chronic Disease GIS Exchange



For each of the data sources, the guide contains information on:

- The purpose of the data source or tool
- The topics addressed as they relate to heart disease and stroke prevention
- The sampling frame and data ownership
 - The population from which the sample is being taken (for example high school students, US adults, etc).
 - To whom the data belongs
 - The cost associated with using the data (if there is one)
- Methodology
 - Subject selection-how the sample was selected
 - Survey delivery-how the survey or tool was delivered (self-administered, by phone, etc)
 - Number of Core Questions in the survey
- Timing and Frequency
 - Year survey or data source was first used
 - Frequency data source is used for data collection (annually, periodically, etc)



The guide is meant to be used by program monitors and evaluators and should be used during the planning, monitoring, and evaluation stages of your programs. Before choosing to use a data source, review and assess the appropriateness of the listed resources in meeting your program needs.

Data from these sources can be used to compare program impact and outcomes with those of other states and the nation as a whole.

| Purpose | e 1. National and Sta Topic(s) Addressed relating to Heart Disease and Stroke Prevention | Sampling Frame and Data Ownership | Methodology | Timing and Frequency |
|--|---|---|--|---|
| To provide descriptive data and health-related risk behaviors and events, chronic health conditions, and use of preventive services To provide a web-platform that allows for simple statistics | Clinical diagnosis of heart attack, coronary heart disease, and stroke High blood pressure and cholesterol Aspirin Use Cardiac Rehabilitation | State level Adults aged 18 years or older Data ownership: CDC Cost: No cost | Random design, telephone survey (landline and cell phone) Annual core survey has 3 questions related to heart cardiovascular health Rotating core includes question on blood pressure and cholesterol State-specific modules may be used and can include Actions to Control Blood Pressure, Cardiovascular Health, and Sodium Consumption States may add questions at their discretion | Initiated in 1984 Frequency: annually |

Let's go through an example. Here, you can see what is included in the resource guide for the Behavioral Risk Factor Surveillance System or BRFSS. The data guide describes the purpose of BRFSS, the topics addressed related to heart disease and stroke prevention, the sampling frame, the data ownership, the methodology, and the timing and the frequency.

The purpose of BRFSS is to provide descriptive data on health-related risk behaviors and events, chronic conditions, and use of preventive services and to provide a web-platform that allows for simple statistics.

The topics addressed by BRFSS include information on clinical diagnosis of heart attack, coronary heart disease, and stroke, high blood pressure and cholesterol, aspirin use, sodium intake, and cardiac rehabilitation. Many other topics are addressed by BRFSS but in this guide, we just included those related to heart disease and stroke.

Related to the sampling frame and data ownership, BRFSS provides data at the state level and samples adults aged 18 and older. The data is owned by CDC and is available at no cost.

For the methodology, BRFSS is administered as a random telephone survey (by landline and cell phone). The core survey has 3 questions related to heart and cardiovascular health and

there are rotating core questions on blood pressure and cholesterol. There are also state-specific modules that may be used and include actions to control blood pressure, cardiovascular health, and sodium consumption. States may also add questions at their discretion.

Finally, BRFSS was initiated in 1984 and is administered annually.

The information from this data source may be used in the planning phase of your programs as a method to understand your state's population. It may also be used during the monitoring and evaluation phases of your programs as comparison data to understand the outcomes and impact of your program.

Find the Guide Here:

http://www.cdc.gov/dhdsp/evaluation_resources.htm

http://www.cdc.gov/dhdsp/pubs/guides.htm

You may find the guide on CDC's Division for Heart Disease and Stroke Prevention Program's website in two locations. The first is on the *Evaluation Resources* page and the second is on the *Publications* page under Guides.



MODERATOR: At this time, we'll take any questions that the audience may have. You may submit questions through the Q&A box.

Here we have a few questions.

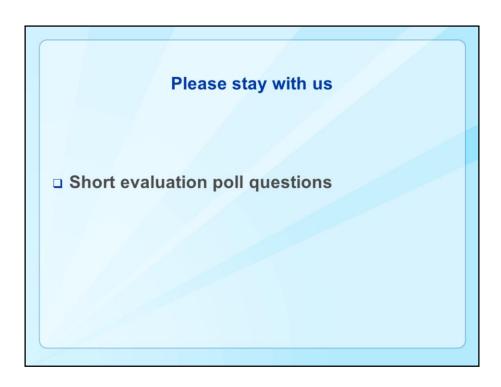
1) How broadly will this guide be distributed?

This guide will be distributed through a Dear Colleague letter and through our newsletters. Please feel free to share the guide with your partners

2) How do these data sources relate to our program evaluations?

These data sources can be used in a variety of ways for your evaluations. CDC provides technical assistance on your evaluations so if you would like to consider using the sources in this guide in your evaluations, please reach out to your TA provider about how these relate to your performance measures and evaluations. Remember that not all data sources in this guide are relevant to all programs.

Thank you Julia



MODERATOR: Please stay with us for a three short poll questions.

NOTE (don't read) Pull up on lync and pause for 15 seconds after each poll question.

This coffee break was worthwhile for me.

Yes very worthwhile Somewhat A little No not at all

The quality of the presentation was:

Excellent Good Fair Poor

I plan to attend future Coffee Break sessions

Yes Maybe

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

MODERATOR:

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



MODERATOR:

Our next Coffee Break is scheduled for Tuesday, May 10th, 2016 and is entitled "Community-Clinical Linkages: A Practitioner's Guide".

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