

# Utah Asthma Program Strategic Evaluation Plan 2014-2019

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## Table of Contents

<b>Program Background and Purpose of Strategic Evaluation Plan</b> .....	1
Program Background .....	1
Primary Program Goals.....	1
Impact Model .....	1
Purpose of the Plan .....	3
<b>Methods for Developing and Updating the Strategic Evaluation Plan</b> .....	3
Stakeholders .....	3
Methods Used to Develop the Strategic Evaluation Plan.....	5
<b>Proposed Priority Evaluations and Timeline</b> .....	6
Priority Evaluations.....	6
Overarching Timeline .....	7
Summarized Prioritization Activities and Proposed Evaluation .....	8
Capacity-building activities to support evaluation .....	16
<b>Communication Plan</b> .....	17
Wrapping Up.....	19
Appendix A.....	20
Prioritization Worksheet .....	21

# Program Background and Purpose of Strategic Evaluation Plan

## Program Background

The Utah Asthma Program (UAP) has worked for over 14 years to build partnerships and increase capacity throughout the state to address asthma. During this time, the UAP focused on the key areas of education, environment, policy, health systems, surveillance, and evaluation. Partnerships were built with key stakeholders interested in addressing asthma in Utah. These partners formed the Utah Asthma Task Force (UATF) which met quarterly to work on asthma projects. Key accomplishments included passing and promoting policy to allow children to self-administer asthma medications in schools; developing a Recess Guidance for schools on poor air quality days; training over 4,300 school faculty on how to handle asthma episodes in school; holding 18 Asthma Telehealth Sessions to provide continuing education to health care professionals; and completing numerous surveillance and evaluation projects to guide program activities.

Moving forward, the UAP will continue to maintain a strong infrastructure by building strategic partnerships and conducting surveillance and evaluation activities. Future efforts will focus on providing comprehensive asthma services to targeted populations disproportionately affected by asthma. Comprehensive asthma services will include providing home- and school-based asthma self-management education and connecting families to in-home trigger reduction services. The UAP will leverage health care reform to improve the reimbursement structure for asthma services and link individuals to health insurance and clinical care. In addition, the UAP will work with health systems to improve quality of asthma care and promote team-based care.

## Primary Program Goals

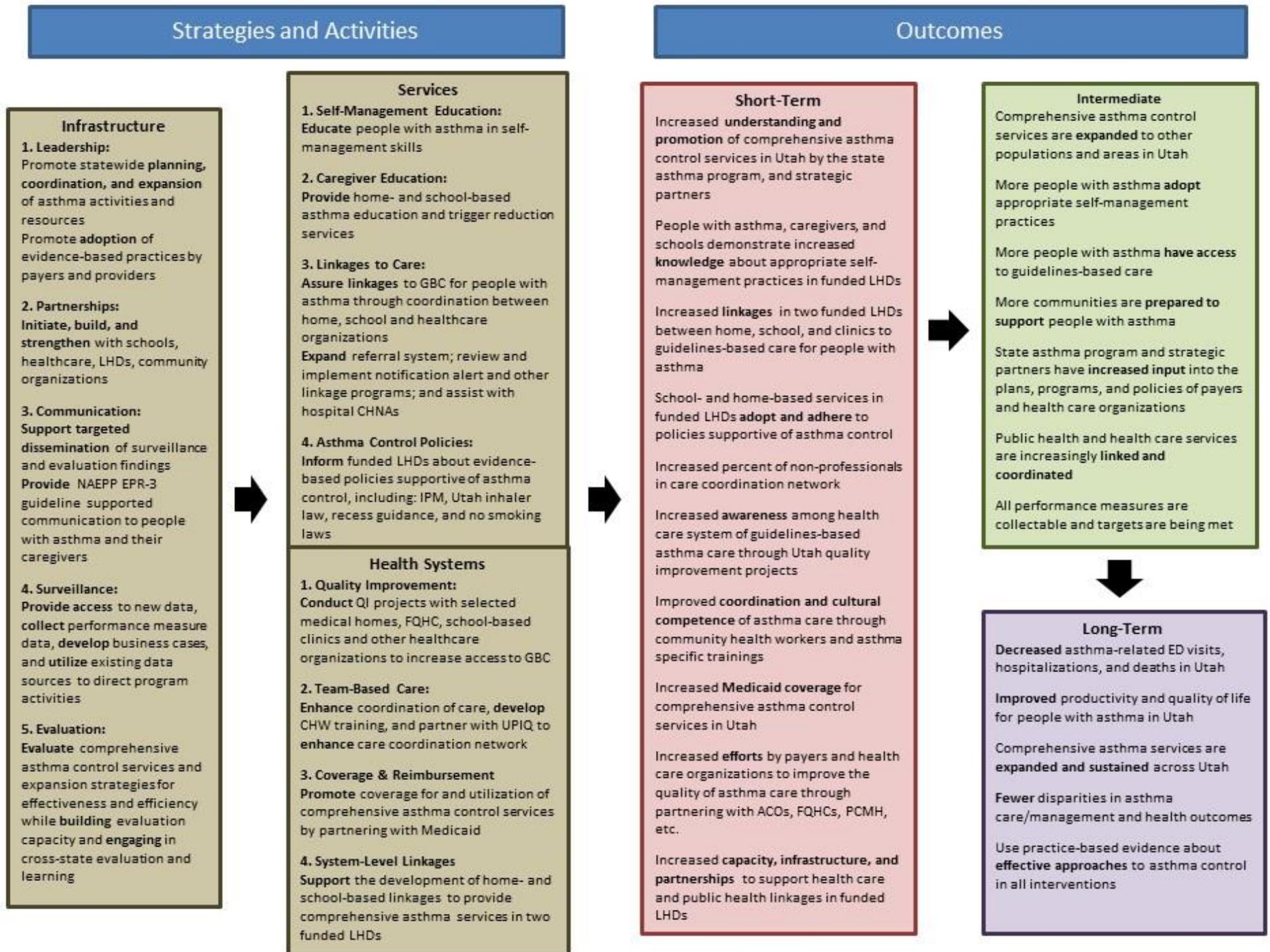
The overarching purpose of the UAP is to maximize the reach, impact, efficiency, and sustainability of comprehensive asthma control services in the state of Utah in order to improve the quality of life for people with asthma. The primary program goals include:

- Maintain an infrastructure to address asthma from a public health perspective
- Maintain a public health assessment and monitoring system for asthma
- Initiate, build, and strengthen partnerships between schools, healthcare, local health districts, and community organizations
- Inform, educate, and improve adherence to evidence-based policies supportive of asthma control
- Reduce the asthma burden by expanding, reaching, and engaging the target population in comprehensive home- and/or school-based asthma control services
- Improve collaboration with healthcare organizations through coordination of care to improve coverage, delivery, and use of clinical and other services

## Impact Model

The impact model was created and then UAP staff collaborated to refine the model. The impact model describes the primary strategies and activities that the UAP plans to accomplish in the five-year period. Within the strategies and activities, the UAP will focus on developing infrastructure, which will impact the services and health system activities and strategies. These completed activities will produce the SMART outputs, which will lead to completion of the identified short-term, intermediate, and long-term outcomes for improved asthma care in Utah. The UAP impact model can be found below in Figure 1.

Figure 1 Utah Asthma Program Impact Model



## Purpose of the Plan

The Strategic Evaluation Plan (SEP) and individual evaluations (IE) will assist in meeting the purpose of the UAP as outlined in the program background section. The purpose of this SEP is to outline evaluation strategies to be implemented during the next four years of the CDC cooperative agreement. This evaluation plan includes stakeholder-prioritized evaluations and should be representative of the collective needs of area stakeholders. The IEs will critically examine interventions and other program activities in order to inform program decisions, improve effectiveness, demonstrate program impact, and establish evidence for best practices. Ultimately, the evaluations will ensure that the most effective means are utilized in order to make certain that the purpose of the UAP is realized.

The SEP is a living document which will need to be reevaluated annually and adjusted to meet changing needs. It is anticipated that UAP staff and area stakeholders will use this plan as a roadmap in structuring evaluation efforts over the next four years. Preparing and executing this plan will assist in building a culture of evaluation among those who work with the Asthma Program. Stakeholders have engaged in the SEP planning process and will continue to assist with IE efforts. Ideally, the SEP and subsequent evaluations will improve program credibility, increase stakeholder buy-in and funding opportunities.

## Methods for Developing and Updating the Strategic Evaluation Plan

### Stakeholders

The UAP has an internal evaluator who facilitated the strategic planning process and wrote the strategic plan. This person will continue by implementing the SEP and completing IEs. Stakeholders were selected based on expertise in the categories of focus for this grant cycle. These stakeholders represent diverse perspectives and are able to provide local context. Asthma program staff shared expertise on current and future programs and provided support for evaluation efforts. The two asthma funded local health departments (LHD) shared area specific perspectives on interventions and evaluation questions in the *Services* category. Two UDOH personnel were selected based on their experience working with *Health Systems*. Other selected stakeholders represent asthma champions in their area of expertise. Table 1 provides information on stakeholder contributions to the strategic planning process and roles for future evaluation efforts. **Five of the evaluation team members have moved on to new jobs and are no longer on the evaluation team. The UAP Evaluator will work to add new and relevant stakeholders to the evaluation planning/review team before reviewing the SEP in 2017.**

**Table 1: Evaluation Planning Team**

Stakeholder Name	Title and Affiliation	Contribution to Evaluation Planning	Role in Future Evaluations
Lori Sugiyama	Utah Asthma Program Evaluator	-Coordinate meetings and direct the creation of the SEP -Lead meetings and share evaluation expertise	-Implement and make necessary adjustments to the SEP -Guide the creation and execution of each IE -Assure dissemination and use of findings

New PM- Nichole Shepard	Utah Asthma Program Manager	-Provide support and leadership to improve stakeholder support for evaluation efforts.	-Oversight on all evaluation activities -Support ECB activities -Promote use of evaluation reports and recommendations
Holly Uphold	Utah Asthma Program Epidemiologist	-Provide expertise on surveillance projects and evaluations	-Assist in writing data analysis sections of the IE plans -Assist in construction of data collection instruments and data analysis
Kellie Baxter	Asthma Program Specialist	-Provide insight into interventions and represent the interests of the UAP	-Assist with IEs and implement evaluation recommendations
Chuck Norlin, MD	Director of Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ)	-Provide information on QI projects and role in evaluation -Represent UPIQ and share experiences working with health systems	-Assist with creation of IE plans and data collection
Andrea Jensen	Utah County LHD- Asthma Coordinator	-Represent LHD area needs - Provide insight as a parent of children with asthma	-Provide support and guidance as needed -Coordinate data collection at the community level
Catherine Sparks, MSN, RN	UDOH School Nurse Consultant	-Share the school nurse perspective and current coordination efforts	-Liaise between school nurses and the UAP -Assist in implementation of IE plans
Karen Coats	UDOH EPICC Program: Health Program Specialist	-Provide insight into collaboration between health departments and health systems	-Provide expertise on health system IE plans
Carolyn Reynolds APRN, MS	Operations Director at Intermountain Pediatric	-Represent medical professionals and share experience with community connections	-Be a champion for evaluation activities among health professionals
Beverly Hyatt Neville, PhD, MPH	Salt Lake County Health Promotion Director	-Represent the local health district by sharing insight on local capacity and areas for collaboration	-Provide support and guidance as needed -Coordinate data collection at the community level
Susan Fox	Salt Lake County Outreach Coordinator	-Share ideas on home visiting and GHHI activities	-Assist in writing and implementing IE plans
Tania Charette, MPH	UDOH EPICC Program: Health Program Specialist	-Provide information on community health workers and possible evaluation opportunities	-Assist with CHW evaluation

## Methods Used to Develop the Strategic Evaluation Plan

A description of the evaluation group meetings will be provided below in order to explain the development of the SEP. Before starting the meetings, the evaluator prepared program profiles which included performance measures and background information on evaluation steps so that everyone would feel comfortable giving input during the meetings. Next, local asthma champions with knowledge of asthma services and/or health systems were selected to participate in the evaluation group. Because of strong relationships built by the asthma program manager, almost all those invited agreed to participate in the group.

At the beginning of each meeting, evaluation concepts and processes were explained. This provided each participant with the necessary basic evaluation skills to allow them to participate in discussions. Doing this greatly improved discussion and collaboration because meeting participants were empowered with enough evaluation knowledge to freely share their individual perspectives. During the first meeting, the evaluator shared the program profiles and the group familiarized themselves with current and future programs. Then, the CDC Standards for Effective Evaluation were shared along with the steps in the prioritization process. Then a brainstorming session of relevant criteria began, followed by voting to select four prioritization criteria. The group finished with a discussion of the selected criteria in order to confirm them as the most important.

Between the first and second meetings, group members were asked to rank evaluation candidates using the criteria weighting method. This was accomplished using a grid which listed rows of evaluation candidates and columns of the criteria. Using the criteria, each candidate was scored from 1-3 with one being low and three being high. The full table can be found in Appendix A. This method allowed each evaluation group member to rank evaluations based on their own diverse perspectives and be unbiased by others' priorities. Table 2 shares the criteria used and how each were applied in the criteria weighing process.

**Table 2: Prioritization Criteria**

Criteria Used	How Criteria Were Applied
Sustainability	More sustainable activities were a higher priority for evaluation
Focus/Reach	Activities/interventions with a larger reach within the focus area were a higher evaluation priority
Information Need	Being that many of the interventions are new, information needed related to implementation or improvement was a higher priority.
Stakeholder Interest	In order to engage stakeholders more fully during the next five years, participants reflected on their own interests as well as the Asthma Task Force as a whole in order to rank activities of highest interest by stakeholders.

The group members primarily used their own perspectives and experience working with the UAP to prioritize each evaluation candidate. The program profiles were the only information source given to group participants. The main reason for limited information sources was that many of the evaluation

candidates were programs or projects that haven't been started yet. Also, the evaluator wanted group members to rely on individual interests and perspectives in order to gain more ownership of the candidates that were chosen. Ideally, this interest will spill over into participation in the IEs. The CDC performance measures were relevant in the prioritization process and data from those measures will be used in the IEs.

During the last two meetings, the group pinned down evaluation purposes and questions for the IEs. The group also discussed current and future data sources.

### Proposed Methods for Updating the Strategic Evaluation Plan

The consensus of the Evaluation Group was to review the strategic evaluation plan annually. The Evaluation Group will meet at the beginning of each calendar year to make evaluation decisions prior to writing the CDC Work Plan for the upcoming fiscal year. This will allow for timely changes to be made to the SEP, Evaluator's work plan, and also the work plans of other UAP personnel who may be assisting in the evaluation. During the annual review of the SEP, the evaluation candidates for the upcoming year will first be reviewed based on the previously determined prioritization criteria. These criteria represent stakeholder interests and will assist in ensuring that planned evaluations are still the most relevant. The next step will be to review the timeline to confirm that program milestones have been met and that necessary data are being collected before the evaluation is planned to begin. The performance measure data will play a critical role in guaranteeing that relevant data are being collected for individual evaluations and milestones are being met.

As performance measures and portions of the SEP change, revisions will be made annually to the SEP and submitted to the CDC. Any changes made to the SEP will be added using a green font and a reason for changes will also be included. These changes will be presented to the Asthma Task Force during the June meeting in order to keep members informed of upcoming evaluation activities.

## Proposed Priority Evaluations and Timeline

### Priority Evaluations

After discussing possible evaluation candidates, there were 12 candidates included in the prioritization process. All of the candidates are listed in rank-order in Table 3 below. All of the candidates were listed in case priorities changed or to identify the next priority evaluation should time become available for more individual evaluations to be completed during the next four years.

**Table 3: Rank-ordered List of Priority Evaluation Candidates**

Infrastructure	Services	Health Systems
1. Business Cases	1. Feedback/Referral mechanisms	1. Coverage and reimbursement
2. Expansion of services in target areas	2. Green and Healthy Homes/Home interventions	2. Community health workers
3. Performance measure data collection/data base security	3. School-based asthma education	3. Care coordination/health systems partnerships
4. Meetings with high-level decision-makers	4. Comprehensive policies	4. QI use: long-term follow-up

## Overarching Timeline

Establishing a timeline for this five year plan was quite difficult because most of the interventions/activities have not been started yet and some may not be fully running for a few years. For this reason, program milestones were included in the timeline to confirm that elements were in place to be evaluated. Evaluation capacity building (ECB) opportunities were also listed to ensure successful implementation of evaluations and to improve stakeholder participation. More information on ECB can be found on page 16. Each evaluation is color coded so that the corresponding program milestones and capacity building activities can be easily connected. Table 4 contains the full timeline for this SEP.

**Table 4: Timeline for Evaluations including Program Milestones and Capacity Building Efforts**

	Year 1 (15)	Year 2 (16)	Year 3 (17)	Year 4 (18)	Year 5 (19)
<b>Evaluations</b>		Expansion of services in target areas	Quality Improvement Impact Evaluation	Feedback/Referral mechanisms	Care coordination/partnerships
		GHHI/Home interventions	Community Health Workers	Business Cases	
<b>Program Milestones</b>	Health Equity Review completed	APCD data stewards feel confident that the data will be available	Linkages between home, school and healthcare are embedded practices	Care coordination and partnerships well established	
	Partners involved and the program is running	CHW training completed and organizations using CHWs	Molina Project Business Case created and one more		
<b>Capacity Building</b>	Educate stakeholders about a system scan	General ECB with GHHI to reduce threat		Educate stakeholders on causal loop diagrams	Complete a presentation on the design chosen for the care coordination evaluation

## Summarized Prioritization Activities and Proposed Evaluation

Describing each proposed evaluation provides relevant details necessary for reassessing the SEP each year. The summaries have been prepared as tables containing information such as: the evaluation purpose; possible evaluation questions; related performance measures; suggested designs and approaches; potential data sources and collection methods; cultural or contextual factors; potential audiences and uses of information; and estimated costs. Proposed evaluation activity profiles are listed below in order by year in Table 5.

**Table 5: Evaluation Profiles for Prioritized Evaluations**

<b>Activity Name</b>	System scan for expansion of asthma services in target areas
<b>Program Component</b>	Infrastructure
<b>Evaluation Purpose</b>	The purpose of the evaluation is to better understand system conditions and dynamics across community layers including: community mindset, service components, regulations, resources, and connections to identify opportunities for expansion of comprehensive asthma services in target areas.
<b>Possible Evaluation Questions</b>	<p>How well does the community understand systems level asthma control services?</p> <p>In what ways are the systems unique when comparing the Utah County target area and SLC target area?</p> <p>To what extent have community leaders influenced the ability to link and implement comprehensive asthma services?</p> <p>In what ways have past and current partner connections influenced the ability to implement comprehensive asthma services in these areas?</p> <p>To what extent have school district characteristics assisted or undermined the implementation of asthma services and referrals?</p> <p>Inhaler law-compare LHD level and school level using all surveys with inhaler law data</p> <p>To what extent do the participants in the referral system understand their role and does this help improve the referral process?</p> <p>What clinic characteristics exist that would facilitate expansion of services to other areas?</p>
<b>Relevant Performance Measures</b>	<p>A. Prioritized list and description of opportunities for expansion of comprehensive asthma control services available by leveraging health care reform; to be completed within the first six months of the award and updated in each subsequent year</p> <p>E. Map, chart, or other tool demonstrating the overlap between existing program activities and areas with poor asthma outcomes as indicated by most recent surveillance data</p>
<b>Timing of Evaluation</b>	Year 2

<b>Suggested Evaluation Design</b>	Process evaluation-System Scan
<b>Potential Data Sources</b>	Health Equity Review, BRFSS, School Health Profiles data, School Nurse Survey data, Health Systems Partnership Survey data, Previous UCCPU Evaluation
<b>Potential Data Collection Methods</b>	Key informant interviews or focus groups
<b>Cultural or Contextual Factors</b>	With so many potential groups for data collection, it isn't possible to identify cultural factors at this point. However, cultural and contextual factors will be more fully discussed in the IEP.
<b>Potential Audiences</b>	Local Health Departments, healthy homes organizations, clinic administration, school administrators, Epidemiologist/Evaluator BHP Workgroup, and Utah Asthma Task Force (UATF)
<b>Possible uses of Information</b>	The results of this evaluation will inform expansion of comprehensive asthma services to other target areas. It will also include information to improve current asthma services in the target areas.
<b>Estimated Evaluation Cost</b>	Evaluator and other UAP staff time and \$100 in incentives for interviews

<b>Activity Name</b>	Green and Healthy Homes/Home Interventions (GHHI)
<b>Program Component</b>	Services
<b>Evaluation Purpose</b>	Thus far, implementation of a specific curriculum for asthma and standardization of data collection requisite for an ROI evaluation has been difficult. The purpose of this evaluation is to look at the current status of the program/partnership from an asthma perspective in order to pave the way for development of a business case for in-home asthma services, data collection for PMs, future evaluations, and program expansion.
<b>Possible Evaluation Questions</b>	<p>In what ways is the education models/material sharing mechanisms most effective for the intervention? (comparison of two different implementation models-GHHI vs Utah Co.)</p> <p>In what ways is the curriculum addressing performance measures?</p> <p>In what ways have stakeholders influenced implementation of the program?</p> <p>To what extent has the program been implemented as planned?</p> <p>What methods have been successful in identifying and referring participants? (explore collaboration with CHW programs)</p> <p>What are barriers/facilitating factors to getting necessary components for an ROI evaluation?</p>

<b>Relevant Performance Measures</b>	<p>G. Number and demographics of program participants (a) initiating and (b) completing guidelines-based intensive self-management education</p> <p>H. Percent of program participants demonstrating a meaningful increase in knowledge of asthma self- management practices (pre/post)</p> <p>I. Number and percent of program participants without a regular health care provider who are referred to and access care</p> <p>K. Percent of program participants with poorly controlled asthma who are using long-term control medication (pre/post)</p> <p>L. Percent of program participants reporting well- controlled asthma (pre/post) using a validated asthma control composite score (The specific tool to be determined in the post-award period.)</p>
<b>Timing of Evaluation</b>	Year 2
<b>Suggested Evaluation Design</b>	Empowerment Evaluation/ Theory-based evaluation
<b>Potential Data Sources</b>	GHHI visit database, document review of other GHHI programs, GHHI program documents
<b>Potential Data Collection Methods</b>	Interviews, case study
<b>Cultural or Contextual Factors</b>	This evaluation will require delicate maneuvering. GHHI is not a program funded by the UAP, and the partnership with GHHI is still in its early stages. The evaluator will need to conduct capacity building activities with GHHI so they understand what is being evaluated and are not threatened.
<b>Potential Audiences</b>	GHHI, UAP, BHP
<b>Possible Uses of Information</b>	Future ROI evaluation, development of a business case for in-home asthma services, programmatic course corrections, and program expansion
<b>Estimated Evaluation Cost</b>	Evaluator and other UAP staff time

<b>Activity Name</b>	Quality Improvement (QI) Impact Evaluation
<b>Program Component</b>	Health Systems
<b>Evaluation Purpose</b>	The purpose of this evaluation will be to measure the impact of QI projects on healthcare utilization and clinic processes.
<b>Possible Evaluation Questions</b>	<p>How does change in healthcare utilization (ED visits, hospitalizations, prescription filling patterns) differ between clinics that participate in QI projects compared to those who don't over?</p> <p>How have outcomes measured during QI projects improved patient care?</p> <p>To what extent have practices who participated in QI sessions maintained</p>

	<p>the asthma registry?</p> <p>To what extent have processes that were improved during the QI project been maintained several years after the training?</p> <p>What benefits have clinics perceived based on implementation and maintenance of QI training?</p> <p>What components need to be added to the QI process (on the clinic or school side) in order to loop school nurses back into the feedback and referral loops?</p>
<b>Relevant Performance Measures</b>	<p>N. Number of health care organizations (HCOs) influenced by the State Asthma Program to implement an asthma quality improvement process</p> <p>S. Changes in health care utilization among the population of people with asthma served by partner health care organizations providing comprehensive asthma control services</p>
<b>Timing of Evaluation</b>	Year 3
<b>Suggested Evaluation Design</b>	Impact Evaluation, quasi-experimental
<b>Potential Data Sources</b>	All Payer Claims Database (APCD) clinic level data, UPIQ evaluation data, Payers Database, possibly Medicaid clinic level data.
<b>Potential Data Collection Methods</b>	Key-informant interviews and a questionnaire
<b>Cultural or Contextual Factors</b>	<p>In the past, APCD has not come through with data or provided low quality data. However, the database stewards have changed and data appears to be more available and better quality. Discussions will begin in year 2 with APCD data stewards to ensure that data will be available in Year 3 as needed.</p> <p>The cultural dynamics of clinical work will need to be understood by the evaluator before engaging in the key-informant interviews.</p>
<b>Potential Audiences</b>	Results of this evaluation will be used by the UAP, UPIQ, other BHP programs, BHP Health System workgroup, payers, and providers.
<b>Possible Uses of Information</b>	Improve QI processes, justify QI funding, business cases for payers, and improving clinic willingness to participate in QI projects.
<b>Estimated Evaluation Cost</b>	Evaluator and Epidemiologist staff time and incentives for interviews at clinics

<b>Activity Name</b>	Community Health Workers
<b>Program Component</b>	Health Systems
<b>Evaluation Purpose</b>	This evaluation is aimed at assessing the delivery and quality of the CHW

	training; utilization of learned asthma concepts by CHWs; and use of CHWs by the health system.
<b>Possible Evaluation Questions</b>	<p>To what extent has progress been made in using CHWs, especially for people with asthma?</p> <p>To what extent did the training prepare CHW to work within the community, among the health system and with people with asthma?</p> <p>To what extent have CHWs utilized training principles when working with people with asthma?</p> <p>What were barriers or facilitators to CHWs working with asthma, joining the CHW network and attending the training?</p> <p>How successful is the referral process in promoting use of CHWs within the healthcare system?</p> <p>To what extent have CHWs been able to connect with the people that they serve?</p>
<b>Relevant Performance Measures</b>	O. Number of health care organizations influenced by the state program to implement a team-based approach to asthma
<b>Timing of Evaluation</b>	Year 3
<b>Suggested Evaluation Design</b>	Quasi-experimental design using pretest-posttest control-group design comparing CHWs who attend training and those who do not. Success Case Method for implementation of training
<b>Potential Data Sources</b>	CHW scan, Reimbursement evaluation (2016-17) and Molina evaluation (2015)
<b>Potential Data Collection Methods</b>	Pre/post test, survey, and document review
<b>Cultural or Contextual Factors</b>	This training will contain a section on cultural awareness specifically targeting the demographic and cultural spread in Utah, which will need to be evaluated. The evaluator will also need to research how to assess strength of connection between CHWs and those they work with.
<b>Potential Audiences</b>	UAP, BHP programs, insurance companies
<b>Possible Uses of Information</b>	The results will be used to build a stronger practice base for CHW programs, including the development of business cases to promote the adoption of CHWs by providers and the reimbursement for CHW visits by payers.
<b>Estimated Evaluation Cost</b>	Evaluator and other UAP staff time

<b>Activity Name</b>	Feedback/Referral mechanisms
<b>Program Component</b>	Services

<b>Evaluation Purpose</b>	The purpose of the evaluation is to assess the feedback and referral infrastructure of information sharing in order to make corrections to improve quality, delivery, and use.
<b>Possible Evaluation Questions</b>	<p>In what ways has the streamlined system been successful in reaching the target population?</p> <p>Looking at data identification, in what ways can we improve identification mechanisms for referral?</p> <p>What are barriers to identifying students who need referral?</p> <p>To what extent is the feedback and referral mechanisms reaching the target population?</p> <p>To what extent does having a primary care provider or continuous insurance coverage affect the referral or feedback loop?</p> <p>To what extent has communication between key partners involved in the feedback loop (community/schools, primary care, and LHDs) enhanced or hindered the process?</p>
<b>Relevant Performance Measures</b>	Q. Number of health care organizations influenced by the state program to implement systems that streamline referrals to (a) community-based asthma self-management training, (b) home-based trigger reduction services, (c) both (a) and (b)
<b>Timing of Evaluation</b>	Year 4
<b>Suggested Evaluation Design</b>	Non-experimental: Causal loop mapping, Ripple Effect Mapping, or Social Network Analysis
<b>Potential Data Sources</b>	Home referral program numbers, asthma action plans on file, Year 2 System Scan Evaluation
<b>Potential Data Collection Methods</b>	Surveys, key-informant interviews
<b>Cultural or Contextual Factors</b>	This evaluation involves many stakeholders and will be difficult to coordinate. It will be important to have concise, well-designed questionnaires with information that stakeholders feel is worthwhile and pertinent to the process. Also, it has been traditionally difficult to get accurate information from schools because administrative personnel do not always communicate fully with staff and because inaccurate information is reported to maintain the school's reputation.
<b>Potential Audiences</b>	All stakeholders involved in this evaluation-schools, health care, LHDs, and UAP. Others not directly involved include: BHP programs, BHP health systems workgroup, and insurance providers.
<b>Possible Uses of Information</b>	The UAP will use it for program improvement and some results may be used in future business cases. Other BHP programs are working on similar projects within the health care system and may be interested in results.

<b>Estimated Evaluation Cost</b>	Evaluator and other UAP staff time
<b>Activity Name</b>	Business Cases
<b>Program Component</b>	Infrastructure
<b>Evaluation Purpose</b>	The purpose of evaluating the business cases is to improve the effectiveness, quality, delivery, and use of business cases. The evaluation will also provide information that will clarify best uses of business cases specific to stakeholders and contexts.
<b>Possible Evaluation Questions</b>	<p>In what manner did partners and other stakeholders use the information in the business case?</p> <p>In what ways have business cases impacted the quality and use of programs and outcomes of the UAP?</p> <p>To what extent were all of the business case data components relevant and useful?</p> <p>To what extent was the UAP able to set up meetings with key stakeholders in order to share business cases?</p> <p>To what extent were business cases shared in a medium that provided both quality and utility while influencing partners to action?</p> <p>To what extent has follow-up communication after meetings improved use of information, thus impacting program outcomes?</p>
<b>Relevant Performance Measures</b>	<p>N. Number of health care organizations influenced by the State Asthma Program to implement an asthma quality improvement process</p> <p>O. Number of health care organizations influenced by the state program to implement a team-based approach to asthma</p> <p>T. Description of strategic communication activities and dissemination methods for communication materials.</p>
<b>Timing of Evaluation</b>	Year 4
<b>Suggested Evaluation Design</b>	Possibly use a quasi-experimental design using pretest-posttest control-group design. The UAP would give a “test” of questions about intentions to act on an intervention before and after sharing a business case with the partner. These data could be compared with work among similar partners that were not given the business case. Many factors (such as sample size, information need, stakeholder interest in this design, etc.) will be used to determine if this is a feasible/useful design. Another design will be used to answer the rest of the evaluation questions.
<b>Potential Data Sources</b>	Other CDC funded asthma programs and the literature

<b>Potential Data Collection Methods</b>	Document review, pre/post-test, key-informant interviews
<b>Cultural or Contextual Factors</b>	The design is a bit of a stretch in order to have a more rigorous evaluation design. The evaluation planning team will need to discuss whether a Utilization-Focused or Participatory evaluation approach would be more effective in meeting the purpose of the evaluation and the goals, objectives, and activities of the UAP.
<b>Potential Audiences</b>	Partners who receive business cases, the UAP, CDC workgroup that created the business case template, BHP programs, and the BHP health systems workgroup.
<b>Possible Uses of Information</b>	The information will be used by the UAP and perhaps the CDC workgroup to improve effectiveness, quality, delivery, and use of business cases. The BHP workgroup may be interested in data on business cases and adapting them for best use.
<b>Estimated Evaluation Cost</b>	Evaluator and other UAP staff time

<b>Activity Name</b>	Care coordination/partnerships
<b>Program Component</b>	Health Systems
<b>Evaluation Purpose</b>	The purpose of this evaluation is to identify successful mechanisms of care coordination in order to increase meaningful use of care coordinators and demonstrate achievement of program outcomes.
<b>Possible Evaluation Questions</b>	<p>In what manner has care coordination changed over the years of this funding cycle?</p> <p>To what extent have delivery, use, and billing of care coordinators across sectors been improved?</p> <p>What factors have led to more successful implementation of care coordination among sectors?</p> <p>To what extent have communication systems been put in place for care coordination within and across sectors?</p> <p>To what extent have community networks facilitated progress towards achieving the long-term outcomes associated with asthma control?</p> <p>In what ways has the portal for care coordinators influenced the work?</p> <p>What does care coordination mean to the practice (definition/role)?</p> <p>In comparison with other programs or models, how successful has this care coordination/partnership been?</p>
<b>Relevant Performance Measures</b>	N. Number of health care organizations influenced by

	the State Asthma Program to implement an asthma quality improvement process  O. Number of health care organizations influenced by the state program to implement a team-based approach to asthma
<b>Timing of Evaluation</b>	Year 5
<b>Suggested Evaluation Design</b>	Non-experimental
<b>Potential Data Sources</b>	APCD- claims for care coordination, Care coordination survey, UPIQ evaluations and projects
<b>Potential Data Collection Methods</b>	Case study, impact mapping, and document review
<b>Cultural or Contextual Factors</b>	This evaluation will require a large amount of coordination from very busy stakeholders. Also, it hinges on data availability from sources outside of those currently available to the UAP. These factors may change the design once the IEP is constructed.
<b>Potential Audiences</b>	The UAP, UPIQ, health care organizations, BHP health systems workgroup, and BHP Health System Partnership workgroup.
<b>Possible Uses of Information</b>	This information will be used to improve care coordination and to promote the use of care coordination in the health care system.
<b>Estimated Evaluation Cost</b>	Evaluator and other UAP staff time

### Capacity-building activities to support evaluation

The UAP is uniquely poised for successful evaluation because the program manager and other staff see evaluation as a critical component for effective programs. However, as staff changes occur, it will be important to continue to maintain that mindset. For this reason, the evaluator will continue to share evaluation results with UAP staff and at UATF meetings.

The implementation of the first SEP assisted in improving evaluation capacity among UAP staff and related stakeholders. In order to build upon this foundation, the UAP has chosen to scale back from eleven evaluations in the five year period to seven evaluations in hopes of including more stakeholders in the evaluation process. There will also be four ECB activities which were listed earlier in **Table 4** and relate to critical components of the intended evaluations. The ECB activity will be to teach and engage UAP staff and relevant stakeholders in the system scan process. This is a new activity for the UAP and staff who assist in the evaluation will need guidance in order to fully participate in the evaluation. The second ECB activity will involve coaching and participation of GHHI personnel in order to increase understanding and support for evaluation while also reducing perceived threat.

The third ECB activity is aimed at educating UAP staff and UATF members about causal loop mapping. This is another new method for collecting/sharing results, and so stakeholder buy-in will be critical in producing meaningful action. This training will also assist UAP staff in building an understanding of the diagrams and

how to make changes based on them. The last ECB activity will be mentoring, coaching or training on the approach/data collection methods for the care coordination/partnership evaluation. At this time, no specific approach has been identified, but it is anticipated that one will be chosen at least two years before the evaluation is scheduled to begin.

The UAP Evaluator will rely on the CDC for ECB through the quarterly evaluation calls, CDC Grantees Meeting, participation in cross-site evaluations. In combination with these activities, the evaluator will engage in coffee-break webinars, blog posts, and other resources provided by the American Evaluation Association. The last ECB resource for the program evaluator will be the SEED workgroup, which is the BHP workgroup for epidemiologists and evaluators. This group occasionally shares program specific evaluation results and sometimes has evaluation training opportunities.

## Communication Plan

### Strategic Planning Process

While preparing the overall SEP, the evaluator will provide the evaluation planning team with updates on the profiles and will send a copy of the draft evaluation plan once it has been completed. By *sharing the draft SEP*, the evaluator hopes to keep the planning team engaged in evaluation, assist them in seeing how the pieces they have been working on fit together as a complete product, and receive advice on revisions to the plan. The UAP evaluator will be responsible for all communication activities while planning, implementing and reporting on the completion of the SEP. The evaluator will also offer support and communicate progress on the SEP to other state asthma programs as needed or requested.

### During Individual Evaluations

Clear and open communication will be essential to realizing stakeholder involvement in IEs. The UAP Evaluator will use *web-based project management tools* (Google Applications) during IEs to facilitate stakeholder communication and idea sharing outside of meetings. The UAP Evaluator will experiment in using Google Groups, Docs, Sheets, and Hangouts to continue discussions, make assignments, share information, facilitate collaboration and review evaluation instruments.

### After completing evaluations

After evaluations are completed, communication of results and recommendations will be critical. Evaluations results will be shared through *Evaluation Reports and Success Stories and Conference Abstracts and Presentations*. The UAP Evaluator will work to publish all evaluation reports on the UAP website and share results with stakeholders in relevant meetings. The evaluator will obtain short evaluation success stories on ECB, IE successes, or use of results by recording short video of selected participants. These videos may be posted on the UAP Evaluation Page and in Power Point (PPT) presentations. The UAP has a rich tradition of presenting at in-state and national conferences. The UAP evaluator will work with stakeholders and partners to communicate evaluation-related results at in-state and national conferences.

Additionally, without implementation of evaluation recommendations, the process will be incomplete. In order to improve implementation of recommendations, the UAP Evaluator will create a Recommendation Implementation Guide after each evaluation. This guide will be shared with the relevant UAP staff member and facilitate in the implementation of these recommendations. A year after meeting with the UAP staff member, the UAP Evaluator will follow-up on implementation of the recommendations.

**Table 6: Communication Plan Summary**

Purpose	Audience	Possible Formats	Timing	Person Responsible
Present final SEP	UAP and UATF	PPT presentation	October 2015 Task Force Mtg.	UAP Evaluator
Update SEP annually	Evaluation Planning Team	In-person meeting/discussion	Annually (January)	UAP Evaluator
Provide updates and collaborate on IEs	UATF and stakeholders engaged in the IEs	Google Applications, PPT presentation, Listserv email	As needed during IEs	UAP Evaluator and UAP HPS
Share IE results	UAP staff (staff meeting) Relevant stakeholders (in-person meeting)	Reports, PPT presentation, conference abstracts	After IE is completed	UAP Evaluator, UAP HPS, and relevant stakeholders
Discuss IE recommendations with relevant staff and stakeholders	UAP staff and Relevant stakeholders	In-person meeting/discussion	After IE is completed	UAP Evaluator
Follow-up with implementation of recommendations	UAP staff and Relevant stakeholders	In-person meeting/discussion	1 year after evaluation completion	UAP Evaluator

## Wrapping Up

Members of the planning team will be shown appreciation throughout the five year funding period. After the SEP is completed, group members will receive a copy of the document and a sincere note of thanks. After the completion of each IE, all those who participate will be given recognition when results are shared and thanked personally by the UAP evaluator. Other acknowledgements of contributions will be discussed by UAP staff at the end of the cooperative agreement.

Upon completion of the first SEP, the evaluation planning team met to review the strengths, weaknesses, opportunities, and challenges associated with writing and implementing the plan and implementing the recommendations. This modified SWOT empowered the UAP with information for this SEP. Because the modified SWOT was so helpful in preparing this next SEP, it is recommended that a modified SWOT or similar activity be done after completion of this SEP.

## Appendix A

## Prioritization Worksheet

1 = Low      2 = Medium      3 = High

	Prioritization Criteria				Total
	Sustainability	Focus/Reach	Information Need	Stakeholder Interest	
Infrastructure					
Data agreement					
Meetings with high-level					
Business cases					
Strategic communication activities					
Data collection instruments for new interventions					
Services					
Green and Healthy Homes/Home interventions					
School-based education					
Feedback/Referral mechanisms (school absenteeism as a component)					
Comprehensive policies					
Health Systems					
Community Health Workers					
Coverage and reimbursement					
QI use-long term follow-up					
Care coordination/health systems partnership					