

Ohio Department of Health Asthma Program



Strategic Evaluation Plan 2014-2019

August 2015

Introduction

Overview of the Strategic Evaluation Plan

This Strategic Evaluation Plan is a proposal for how evaluation will be conducted over the cooperative agreement cycle, which spans from 2014-2019. Staff of the Ohio Department of Health Asthma Program worked with its external evaluator to identify the most relevant evaluations of the three major program components—infrastructure, services and health systems.

To help guide the process, the authors of the Strategic Evaluation Plan used the Centers for Disease Control and Prevention’s (CDC) publication, *Learning and Growing through Evaluation: State Asthma Program Evaluation Guide*¹ as a template.

This Strategic Evaluation Plan includes a discussion of the Ohio Asthma Program’s background, major strategies and activities, and the proposed evaluation strategies for the planned activities to accomplish the program’s goals.

Program Background

The Ohio Department of Health Asthma Program (ODHAP) began in 1998 with funding from the Public Health Prevention Block Grant from CDC. The program is housed within the Bureau of Environmental Health and Radiation Protection. ODHAP has been granted three successive CDC grants for Addressing Asthma from a public health perspective that have enabled ODHAP to facilitate with partners the development and implementation of two Ohio Statewide Asthma Plans (OSAP) covering a span of ten years. ODHAP has also focused on development and maintenance of the Ohio Surveillance System for Asthma (OSSA) and on implementation of intervention activities. In 2002, ODHAP and the American Lung Association came together to develop the Ohio Asthma Coalition (OAC). ODHAP and OAC developed both Ohio Statewide Asthma Plans and worked to implement the plans with the full understanding that the coalition activities were a part of a larger whole of organizations in Ohio working to improve the burden of asthma. A number of activities related to work from these plans were evaluated as part of previous strategic evaluation plans, including:

- The Ohio Asthma Coalition partnership
- Several statewide initiatives
- The Ohio Surveillance System for Asthma

¹ Centers for Disease Control and Prevention. *Learning and Growing through Evaluation: State Asthma Program Evaluation Guide*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Environmental Hazards and Health Effects, Air Pollution and Respiratory Health Branch, April 2010.

In 2014, ODHAP was granted its fourth consecutive asthma grant from CDC. The focus of the new grant changed to a more service-directed approach and ODHAP will be working to improve comprehensive asthma care in Ohio toward providing a seamless alignment of the full array of services across the public health and health care sectors so that people with asthma receive all, not just some, of the services they need. The first step is to ensure the availability of and access to guidelines-based medical management and pharmacotherapy for all people with asthma generally, with a focus on populations disproportionately impacted by asthma. ODHAP will partner with the Ohio Governor’s Office of Health Transformation (OHT), which is a Center for Medicare & Medicaid Innovation (CMMI) awardee, to incentivize quality and cost effective care for asthma across the state, beginning with the areas of greatest need. ODHAP will partner with members of the Ohio Children’s Hospital Association (the six children’s hospitals in Ohio) to model evidence- and guideline-based quality initiatives that will help to provide appropriate clinical care to people with asthma. ODHAP will also be working to expand community services for home- and school-based comprehensive care and to make the linkages between clinical and community care, with a focus on the children’s hospitals and two federally qualified health center networks (FQHCs) in Southeastern Ohio, to achieve a higher level of comprehensive care for Ohioans with asthma.

Program Strategies and Key Activities

As seen in Table 1 below and continued on page 4, the ODH Asthma Program currently has seven major strategies, under the umbrella of three major program components: infrastructure, services and health systems. Each of the seven strategies consists of one to four key activities.

Table 1. Strategies and Key Activities

Program Component	Strategy	Key Activities
I. Infrastructure	1. Leadership	a. Promote statewide planning, coordination, and expansion of asthma activities and resources b. Promote adoption of evidence-based practices by payers and providers
	2. Strategic Partnerships	a. Engage strategic partners to develop, evaluate, and sustain strategies and expand reach of comprehensive asthma control services
	3. Strategic Communication	a. Support targeted dissemination of surveillance and evaluation findings tailored to key stakeholder audiences b. Conduct and/or support health communication activities for people with asthma and their caregivers
	4. Surveillance	a. Maintain and enhance existing statewide surveillance system b. Monitor and use data to guide strategic action

Program Component	Strategy	Key Activities
	5. Evaluation	<ul style="list-style-type: none"> a. Evaluate comprehensive asthma control services and expansion strategies for effectiveness and efficiency b. Build evaluation capacity and engage in cross-state evaluation and learning
II. Services	6. Expand access to comprehensive asthma control services through home-based and/or school-based strategies	<ul style="list-style-type: none"> a. Educate people with asthma in self-management skills b. Assure linkages to guidelines-based care for people with asthma c. Educate caregivers (e.g., family members, school staff, home visitors) in asthma management d. Inform stakeholders about evidence-based policies supportive of asthma control, including trigger reduction and improved air quality
III. Health Systems	7. Coordinate w/health care organizations to improve coverage, delivery and use of clinical and other services	<ul style="list-style-type: none"> a. Implement quality improvement processes to increase access to guidelines-based care b. Promote use of team-based care in health homes and other health care delivery models to improve coordination and cultural competence of asthma care across settings c. Promote coverage for and utilization of comprehensive asthma control services including medicine, devices, self-management education and home visits d. Support the development of public health-health care linkages to provide comprehensive asthma control services

Logic Model

The logic model proposed in this Strategic Evaluation Plan (SEP) provides a five-year overview of Ohio's inputs, activities, outputs and expected outcomes. This timeframe necessitates a more global, high-level perspective that does not include specific details of activities; rather, it offers a generalized overview.

Developing a clear logic model, even one that provides a generalized overview, is an important step in creating a useful and comprehensive SEP because it provides the program description that guides the evaluation process. In other words, the program logic model helps us match the evaluation to the program.

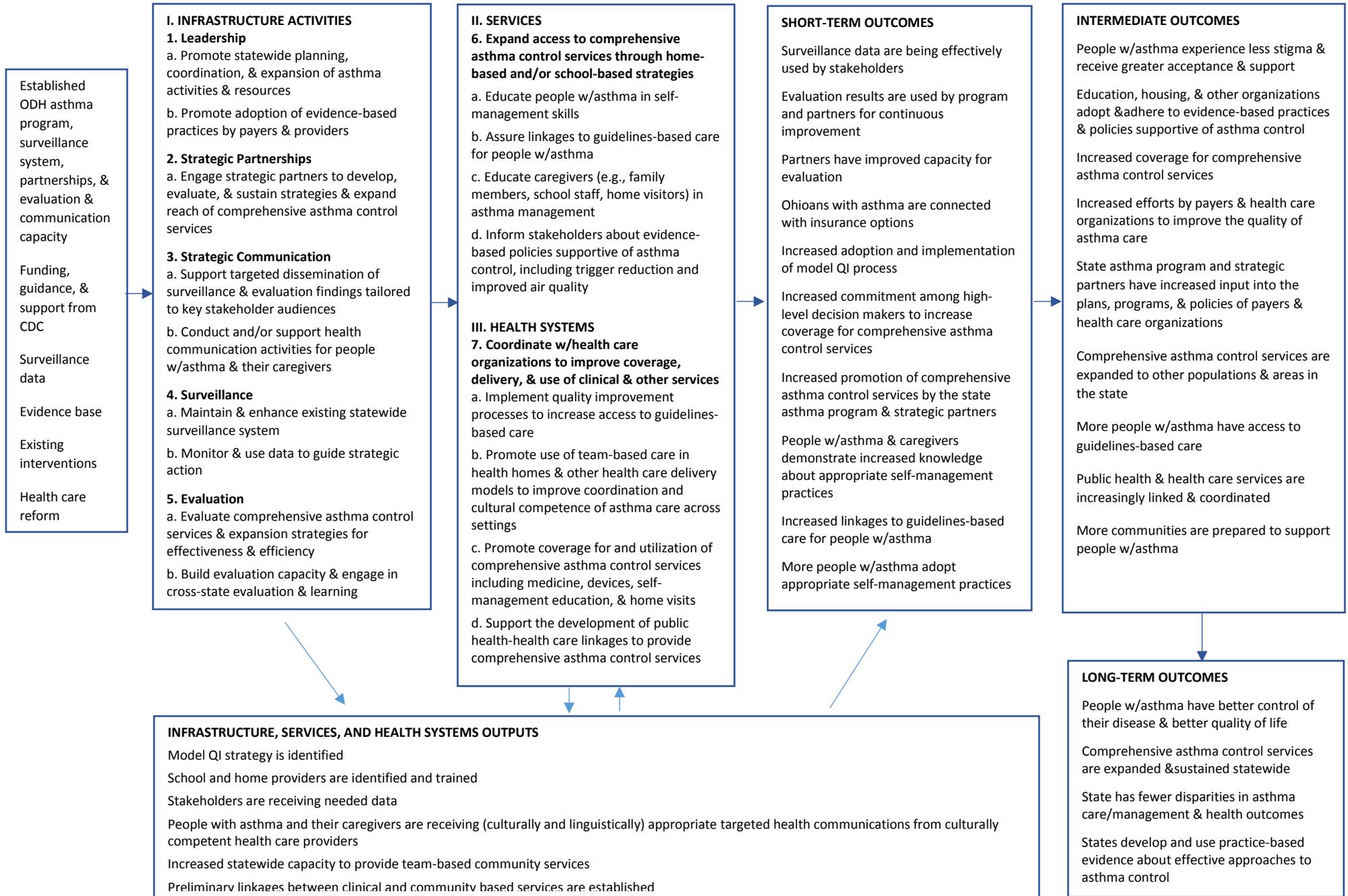
A logic model typically includes the following components:

- Inputs – These are resources that go into the program and on which it is dependent to mount its activities.

- Activities – Actual events or actions done by the program, its staff and its partners.
- Outputs – Direct products of program activities.
- Outcomes – Results or changes for individuals, groups, organizations, communities, or systems. Outcomes can be broken into three types:
 - Short-term outcomes – these tend to be changes in awareness, knowledge, attitudes, skills, opinion and behavioral intent.
 - Intermediate outcomes – these tend to be changes in behavior, decision making, policy and social action.
 - Long-term outcomes – these tend to be changes in social, environmental, health and economic conditions.

The logic model, like this SEP, must be considered as a "living document" that requires regular review and updating. As part of the process of developing this Strategic Evaluation Plan, the logic model has undergone a significant revision from the model that was developed for the 2009-2014 cooperative agreement in order to reflect the new activities and resulting expected outcomes.

Figure 1. Ohio Asthma Program Logic Model



Purpose of the Strategic Evaluation Plan

Carefully planned and executed evaluations are necessary in order to determine the extent to which ODHAP’s and its partners’ efforts are being implemented as intended and the extent to which efforts are having the intended impact. Additionally, the results of evaluation guide continuous program improvement, as the program and its partners strive to maximize their available resources to reduce the burden of asthma in Ohio.

Given the importance of evaluation, ODHAP and its partners are committed to the implementation of this plan. The Evaluation Planning Team will meet regularly to develop and carry out evaluation methodologies and to alter this plan as appropriate to provide evidence about the effectiveness of our work. Information from this process will be distributed and used to assist stakeholders in making necessary changes to improve effectiveness of activities and interventions.

Methods for Creating and Updating the Strategic Evaluation Plan

The Evaluation Planning Team

The Strategic Evaluation Plan (SEP) was drafted by the Asthma Program staff from the Ohio Department of Health and an external evaluator. Several key partners assisted in reviewing the plan and providing feedback. These partners were chosen because they offer expertise in major areas in which the program will be focusing its efforts, including home- and school-based services, children’s hospitals, and disparities. Moving forward, these key partners will assist with the planning of individual evaluations, and, when appropriate, implementing evaluation activities.

Henceforth, this team will be referred to as the “Evaluation Planning Team,” or “EPT.” The table below provides the name, title and affiliation, contribution to the SEP, and future role as it pertains to the evaluation for each member.

Table 2. Evaluation Planning Team Members

Name	Title and Affiliation	Contribution to Plan	Role for Future
Angela Norton	Section Administrator School and Adolescent Health, Ohio Department of Health	Planner; author	Assist with updates to the plan; conduct evaluation activities
Ann M. Connelly	Principle Investigator, Ohio Department of Health	Planner; author	Assist with updates to the SEP; plan individual evaluations
Delyse Vitartas	Public Health Nurse Specialist, Ohio Department of Health	Planner; author	Assist with updates to the SEP; plan individual evaluations
Cynthia Weiss	Epidemiologist, Ohio Department of Health	Planner; author	Assist with updates to the SEP; plan individual evaluations

Name	Title and Affiliation	Contribution to Plan	Role for Future
Phil Styer	Program Manager	Planner; author	Assist with updates to the Plan; plan individual evaluations
Kathleen Carr	Lead Evaluator, Strategic Research Group	Organize and coordinate Evaluation Planning Team Meetings; planner; author	Lead evaluation efforts; analyze data; report on findings; make updates to the Plan
Courtney Anderegg	Evaluator, Strategic Research Group	Assist with Evaluation Planning Team Meetings; planner; author	Assist with evaluation efforts; analyze data; report on findings; make updates to the Plan
Lisa Regnold	Asthma Coordinator, Cincinnati Children's Hospital Medical Center	Reviewer; planner	Review and provide feedback to the Plan; assist with the development of individual evaluations
Reina Sims	Program Manager, Ohio Commission on Minority Health	Reviewer; planner	Review and provide feedback to the Plan; assist with the development of individual evaluations
Kathy Strasser	Representative, National Association of School Nurses	Reviewer; planner	Review and provide feedback to the Plan; assist with the development of individual evaluations
Marilyn Walton	Program Education Coordinator, Asthma Community Outreach, Education and Support Center, Akron Children's Hospital; Chair, Ohio Asthma Coalition	Reviewer; planner	Review and provide feedback to the Plan; assist with the development of individual evaluations
Cindy Zellefrow	Vice President, Ohio Association of School Nurses	Reviewer; planner	Review and provide feedback to the Plan; assist with the development of individual evaluations

Methods Used to Develop the Strategic Evaluation Plan

This document provides the results of the first review of the Strategic Evaluation Plan. The original plan was developed by identifying infrastructure (with the exception of the evaluation), services, and health systems activities as potential candidates for evaluation, resulting in 15 evaluation candidates. Including the full range of activities helps ensure that diverse stakeholder perspectives are represented, and that some aspect of each of the three major program areas are evaluated.

Prioritization of the evaluation candidates was conducted by first evaluating the candidate using three criteria: urgency, importance, and feasibility. Our proposed criteria definitions are:

- **Urgency:** This prioritization indicator provides us with a measure of timeliness, or how critical it is that an evaluation be conducted sooner as opposed to later. More than the other two criteria, this is a dynamic indicator in that urgency will change over time.
- **Importance:** This prioritization indicator addresses the worth or consequence of the information gained from the evaluation methodology and the extent to which it provides critical information that is needed to meet the program goals.
- **Feasibility:** This prioritization indicator takes into consideration the amount of effort and cost required to carry out the particular evaluation methodology.

Each evaluation candidate was assigned a score of low, moderate, or high for each of the three prioritization criteria by the EPT. Ratings were determined by group discussion and consensus.

Table 3. Definitions of Criteria Scores and the Information Used to Support the Determination of Scores for Each Criterion

Criteria Used	How Criteria Are Applied	Information Supporting Criteria Determination
Urgency	<p>High: The evaluation methodology provides time-critical information.</p> <p>Moderate: The evaluation methodology provides somewhat time-critical information.</p> <p>Low: The evaluation methodology does not provide currently time-critical information.</p>	<p>ODHAP Work Plan Timeline for CDC grant.</p> <p>Span of influence.</p>
Importance	<p>High: Evaluation methodologies that are deemed critical to the successful implementation of the ODHAP Work Plan.</p> <p>Moderate: Evaluation methodologies that are deemed somewhat critical to the successful implementation of the work plan.</p> <p>Low: Evaluation methodologies that are deemed useful but less critical than other methodologies.</p>	<p>Criticalness in meeting the objective.</p> <p>Stakeholder/partner priorities.</p> <p>Impact on the burden of asthma.</p>
Feasibility	<p>High: Evaluation methodologies require a minimum of effort and cost to implement.</p> <p>Moderate: Evaluation methodologies require a moderate amount of effort and cost to implement.</p> <p>Low: Evaluation methodologies require a high amount of effort and cost to implement.</p>	<p>Evaluation budget amount.</p> <p>ODH Asthma Program; partners’ level of effort.</p>

In addition to ranking the evaluation candidates on the three prioritization criteria, the team also applied a “weighting” criterion to each activity, by which the team ranked the criticalness of each activity for completing the work of the grant. Each activity was scored on a scale from 1 to 5, with higher scores indicating a higher level of criticalness. (It should be noted none of the activities were ranked lower than a 3.) To derive the final score, the scores for the three prioritization criteria were summed, and the result was multiplied by the weighting criterion.

This second revised Strategic Evaluation Plan was developed following feedback from CDC and a meeting of the stakeholders to further discuss the evaluation priorities. Each of the initial evaluation priorities were reviewed. In addition, because of a change in leadership and staff of the asthma program, and following discussions with CDC staff, new potential evaluation activities were added to the list. The list was then scored and five activities were chosen as priorities.

Proposed Methods for Updating the Strategic Evaluation Plan

The Strategic Evaluation Plan will be reviewed and updated as needed on a biannual basis, starting at the end of Year 1 (August 2015). In particular, as a part of each review, the EPT will revisit the prioritization of the evaluation candidates, and make adjustments as needed. The evaluation candidate profiles (discussed in the next section) will continue to get more detailed, additional evaluation candidates will be profiled and the timeline will be updated.

Proposed Priority Evaluations

As was mentioned previously, each time the Strategic Evaluation Plan is updated, the evaluation candidates are reprioritized using a scoring scheme. In this section, we have selected the five highest-ranking activities and begun to flesh out details for evaluation of each one. The profiles are preliminary and will become more detailed over time. The five highest-ranked activities include three infrastructure activities and two services activities. It is important to note that future iterations of this plan are likely to include profiles of some of the other activities that are currently ranked relatively low, as priorities, resources and the program may change over time.

Tables 4 through 8 provide draft evaluation candidate profiles, following the order they appear in the logic model (i.e., infrastructure, services and health systems).

Table 4. Prioritized Evaluation 1

Activity being evaluated: Engage strategic partners to develop, evaluate and sustain strategies and expand reach of comprehensive asthma control services	
Program Component	Infrastructure (Strategic Partnerships, Workgroups and Outcomes)
Evaluation Justification	One of the strategies to encourage the engagement of strategic partners is working to integrate asthma onto the agenda of several existing workgroups. Integrating asthma into existing workgroups (such as the ODH Chronic Disease Workgroup and the ODH Diversity Workgroup) is an essential strategy to build on existing infrastructure and expand current services and health systems activities. Additionally, the asthma program will depend on these workgroup members for information (area expertise, data, performance measures, etc.). Thus, it is critical that there is strong buy-in from members of these workgroups.
Evaluation Purpose and Use	An evaluation to determine the level of integration that is being achieved in the workgroups is important to assess the effectiveness of current strategies and to revise strategies to expand the reach of comprehensive asthma control services. Consequently it is important to determine whether asthma is becoming more integrated into their planning and program implementation, and to ensure that the workgroup members are engaged and motivated, that asthma is part of the discussion when implementing programs and policies.
Possible Evaluation Questions	Potential evaluation questions might include: <ol style="list-style-type: none"> 1. Is asthma being considered in the workgroups programs and discussions? 2. Are members engaged? 3. Are there any barriers to progress? 4. What strategies are effective in promoting asthma to stakeholder workgroups? 5. What actions are workgroups taking to further increase program effectiveness based on prior evaluation findings?
Relevant Performance Measures	A – Prioritized list for expansion of comprehensive asthma control services available by leveraging HC reform. B – Meetings with high-level decision makers to educate about asthma burden and evidence-based strategies. F – Descriptions of actions taken to increase program effectiveness based on evaluation findings.
Timing of Evaluation	The workgroups are central components in the efforts to improving outcomes. Therefore, the evaluation will span Years 2 to 3 in order to understand whether these workgroup strategies are achieving desired outcomes in the grant period.
Suggested Evaluation Design	This will be primarily a process evaluation, with both quantitative and qualitative data collection.
Potential Data Sources	Workgroup members, ODHAP staff, strategic partners.
Potential Data Collection Methods	Surveys and interviews with workgroup members, ODHAP staff, and strategic partners. Data will be collected by the external evaluator. Surveys/interviews would be conducted at least twice for each workgroup. The EPT will identify existing instruments

Activity being evaluated: Engage strategic partners to develop, evaluate and sustain strategies and expand reach of comprehensive asthma control services	
	related to partnership evaluation and customize them as needed; the EPT will also work to identify a methodology for identifying instances in which the efforts of the workgroups and other key partnerships led to the expansion of services.
Cultural or Contextual Factors	Because workgroups focus on diverse topics, experiences, and so on, it will be important during the evaluation to capture this diversity when obtaining information about their experiences and perspectives about the workgroups. The activities implemented by the workgroup will be evaluated in terms of their success in impacting proposed outcomes.
Potential Audiences	ODHAP, workgroup members, health care organizations, community-based partners (e.g., schools, healthy homes)
Estimated Evaluation Cost	TBD

Table 5. Prioritized Evaluation 2

Activity being evaluated: Enhance the existing surveillance system and support targeted dissemination of surveillance and evaluation	
Program Component	Infrastructure (Surveillance and Strategic Communication)
Evaluation Justification	The Ohio Surveillance System for Asthma is essential for numerous reasons, including targeting efforts to fight asthma, documenting differences in risk exposure, evaluating the impact of advances in treatment, monitoring the progress of efforts, and demonstrating the need for funding. Surveillance and evaluation efforts and products are only useful if they are appropriately targeted to relevant stakeholder audiences, reaching those audiences, and being used by those audiences.
Evaluation Purpose and Use	The purpose of the evaluation is to determine that the data/datasets that the ODHAP obtains are useful, accurate, and enable the ODHAP to meet its objectives and requirements. Additionally, the purpose of this prioritized evaluation is to determine whether key partners have utilized program surveillance findings in order to appropriately address disparities in asthma burden.
Possible Evaluation Questions	<ol style="list-style-type: none"> 1. Are indicators measured in ways that are appropriate and useful to the program? 2. Are surveillance and evaluation findings reaching key stakeholder audiences, and in a timely manner? 3. What are the efforts by the ODHAP to improve the accuracy and usefulness of the data and how effective are those efforts? 4. Did any stakeholders and/or key partners develop or revise an intervention activity or target a new disparate population for an intervention due to surveillance findings provided to them?
Relevant Performance Measures	<p>C – Total enrollment, including racial, ethnic and SES breakdown of schools or districts covered by MOAs, MOUs or other formal agreements</p> <p>E – Map, chart, or other tool demonstrating the overlap between existing program activities and areas with poor asthma</p>

Activity being evaluated: Enhance the existing surveillance system and support targeted dissemination of surveillance and evaluation	
	outcomes as indicated by most recent surveillance data. F – Descriptions of actions taken to increase program effectiveness based on evaluation findings.
Timing of Evaluation	Years 2 through 5.
Suggested Evaluation Design	Process evaluation, with both quantitative and qualitative data collection.
Potential Data Sources	ODHAP staff, stakeholders, key stakeholder audiences, secondary data (e.g., OSSA holdings).
Potential Data Collection Methods	Surveys/interviews with ODHAP staff, stakeholders, review of surveillance databases and evaluation products.
Cultural or Contextual Factors	The evaluation will be sure to gather information from members of groups who can assess the appropriateness of information from diverse perspectives.
Potential Audiences	ODHAP, health care organizations, payers, community-based providers (e.g., schools and healthy homes programs), community navigators, children’s hospitals, Federal Qualified Health Centers.
Estimated Evaluation Cost	TBD.

Table 6. Prioritized Evaluation 3

Activity being evaluated: Spur awareness of the importance of controlling asthma in parents of asthmatic children via radio spots in children’s hospital regions	
Program Component	Infrastructure (Strategic Communication)
Evaluation Justification	Parents need to understand the importance of having an Asthma Action Plan for their asthmatic child. This information can be shared with a wide array of parents via radio spot in children’s hospital regions.
Evaluation Purpose and Use	The evaluation will examine and compare the frequency of hospital visits before and after the radio spots are delivered to the public. These measures will help to understand whether the spots may have encouraged parents to seek out hospitals for information on Asthma Action Plans for their child(ren).
Possible Evaluation Questions	Potential evaluation questions might include: 1. In what regions and during what times were the radio spot delivered? Is their alignment between areas with the most

Activity being evaluated: Spur awareness of the importance of controlling asthma in parents of asthmatic children via radio spots in children’s hospital regions	
	<p>asthma indicators and where radio spots are delivered?</p> <ol style="list-style-type: none"> 2. What are the demographics of the individuals who reside in these regions? 3. What is the frequency of hospitals visits both before and after the radio spots were delivered to the public? 4. Do hits to the ODH Asthma website increase during radio spots?
Relevant Performance Measures	<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> <p>S – Changes in asthma-related hospitalizations and ED visits among the population of people with asthma served by partner health care organizations providing comprehensive asthma control services.</p>
Timing of Evaluation	Years 2 through 5.
Suggested Evaluation Design	Process and outcome evaluation; both quantitative and qualitative data.
Potential Data Sources	ODHAP staff, secondary data (e.g., OSSA holdings), data from hospitals and health care organizations on patient visits (e.g., frequency).
Potential Data Collection Methods	Data on demographics in radio spot areas and frequency of radio spots; hospital and health care organization data on number of patient visits in specified time frames (i.e., before and after radio spots were delivered to the public).
Cultural or Contextual Factors	Possible barriers with regard to information/data sharing from the hospitals and health care organizations.
Potential Audiences	ODHAP, health care organizations, hospitals, payers, community-based providers (e.g., schools and healthy homes programs), Federal Qualified Health Centers.
Estimated Evaluation Cost	TBD.

Table 7. Prioritized Evaluation 4

Activity being evaluated: Train the trainer to provide self-management health information to the public	
Program Component	Services
Evaluation Justification	In order to expand the number of people who receive appropriate self-management training.
Evaluation Purpose and Use	This evaluation will help identify barriers and challenges with the system; the information will be used to expand the number of people who are trained in self-management techniques.
Possible Evaluation Questions	<p>Potential evaluation questions might include:</p> <ol style="list-style-type: none"> 1. Are training sessions following the supported curriculum (fidelity)? 2. How effective are training sessions? 3. Are participants in the training following the supported curriculum when training individuals with asthma? 4. Are there differences in the number of ER visits before and after training?
Relevant Performance Measures	<p>I – Number and percent of program participants without a regular health care provider who are referred to and access care.</p> <p>L – The number and percent of participants who report their asthma is “well-controlled” or have shown a meaningful improvement in control one month or more after receiving intensive self-management education (with or without a home visit).</p>
Timing of Evaluation	Years 2 and 3.
Suggested Evaluation Design	Process and outcome evaluation; mainly quantitative data collection with some qualitative data.
Potential Data Sources	Original data collection via surveys and interviews; secondary data sources from health care organizations and community-based providers with certified asthma trainers.
Potential Data Collection Methods	Surveys/interviews with certified asthma trainers from health care organizations and community-based programs (e.g., schools, healthy homes programs), document review of referrals (paper or electronic, depending on what is available), survey/interviews with a sample of patients/caregivers, secondary data measures provided by health care organizations, schools, and healthy homes programs.
Cultural or Contextual Factors	There are likely to be barriers with regard to information/data sharing. Maintaining patient privacy/confidentiality when conducting the evaluation is essential, but the program also needs a mechanism that allows people to be “followed” through the system and monitored for outcomes. In general, some of the needed data will be challenging to collect.
Potential Audiences	ODHAP, health care organizations, payers, community-based providers (e.g., schools and healthy homes programs), patients and caregivers, Federally Qualified Health Centers.

Activity being evaluated: Train the trainer to provide self-management health information to the public	
Estimated Evaluation Cost	TBD.

Table 8. Prioritized Evaluation 5

Activity being evaluated: Implement quality improvement processes “Pilot” to increase access to guidelines-based care	
Program Component	Services
Evaluation Justification	The model QI process is intended to be a set of consistent guidelines that leads to uniformity across the state. An evaluation of the model QI process is essential to determine whether a process has been developed that is feasible to implement with fidelity, replicable and sustainable, and effective.
Evaluation Purpose and Use	An evaluation of a “pilot” of a school and children’s hospital relationship will uncover what is working and what is not in the QI model, so changes/improvements can be made to the process. This evaluation will be helpful in developing a standardized QI protocol for asthma that could be promoted and adopted by other school/healthcare organizations around the state.
Possible Evaluation Questions	<p>Potential evaluation questions might include:</p> <ol style="list-style-type: none"> 1. Is the process easy for schools/health care organizations to implement? 2. Is the process being implemented with fidelity? 3. What are the barriers to implementation? 4. Is the process replicable and sustainable? 5. Are there fewer ED visits, revisits, more routine visits, increased self-management, increased number of people connected to long-term care, etc., as a result of the QI process? 6. Is the health care organization using the process seeing reduced costs? 7. Is the QI process leading to improved team-based care (e.g., use of community resources to support asthma control)?
Relevant Performance Measures	<p>K – Percent of program participants with poorly controlled asthma who report better adherence to long-term control medication one month or more post intensive self-management education.</p> <p>N – Number of health care organizations influenced by the State Asthma Program to implement an asthma quality improvement process.</p> <p>R – Number and percent of participants in a partnering home- or school-based program who were referred by a health care organization during the reporting period.</p>

Activity being evaluated: Implement quality improvement processes “Pilot” to increase access to guidelines-based care	
Timing of Evaluation	Years 2 and 3.
Suggested Evaluation Design	Process and outcome evaluation; mainly quantitative data but some qualitative data.
Potential Data Sources	Surveys/interviews, secondary data, observations.
Potential Data Collection Methods	Surveys/interviews with staff from school/health care organizations that are implementing the model QI and secondary measures provided by health care organizations and community-based partners.
Cultural or Contextual Factors	Even in schools/health care organizations that are willing to implement the model QI process, they might be resistant to participating in evaluation activities and providing needed data. However, focusing on one “pilot” relationship between a school and a children’s hospital may eliminate this barrier. Additionally, the organizations are likely to be using different systems (e.g., different software, they may or may not use EMRs), and the evaluation will have to consider this when assessing fidelity of implementation.
Potential Audiences	Schools, health care organizations using the model QI, health care organizations considering using the model QI, payers, Governor’s Office of Health Transformation, QI workgroup members, Ohio Children’s Hospital Association, Ohio Association of Health Plans, schools.
Estimated Evaluation Cost	TBD.

Communication Plan

The EPT will make the latest version of the SEP available to anyone who is interested. There will be a link to the SEP on the program website, and hard copies will be available by request. The program and the external evaluator will also incorporate evaluation (the process and relevant findings) into the workgroups; it is our belief that evaluation should be woven into the program’s and key partners’ work from the start. Evaluation findings will be disseminated widely to all stakeholder groups (e.g., via websites, newsletters, etc.); however, the EPT will also take time to present and discuss the results with the key partners who are decision-makers, and use the results to make any needed changes to the implementation of strategies.

Follow-up Efforts

The Strategic Evaluation Plan is regarded as a “living document” that will be adapted over time to address programmatic changes. Just as programs change over time, current thinking about evaluation and best practices for the process may evolve as well. As the SEP is reviewed biennially, it will be essential to reflect back on the process; what worked well, what did not work so well, and to document the lessons learned. These lessons will be discussed in each subsequent version of the SEP. ODHAP and the external evaluator will also keep a more detailed, written account of lessons learned in order to make improvements to the evaluation planning process for subsequent funding cycles, and also to share with new staff.

A second type of follow-up that is essential to address is acknowledging the contributions of planning team members and those who contributed to the successful implementation of the SEP. ODHAP will make efforts throughout the duration of the grant cycle to recognize these contributions, as voluntary partner input is absolutely essential to the successful planning and implementation of evaluation efforts. Contributing partners will be listed on all products and publications.

A third type of follow-up to address is action planning. At the conclusion of individual evaluations, ODHAP, the external evaluator, and appropriate key partners will work together to develop an action plan, which will present major evaluation findings, recommendations for next steps, a timeline, and identification of the people/groups responsible. Preliminary action plans will also be drafted at the conclusion of major evaluation activities (rather than after an entire evaluation and especially for long-term evaluations) so recommendations can get underway and changes can be monitored.