Strategic Evaluation Plan
2009-2014
Ohio Asthma Program
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Introduction

This Strategic Evaluation Plan is a proposal for how evaluation will be conducted over the cooperative agreement cycle, which spans from 2009-2014. Staff of the Ohio Department of Health Asthma Program and members of the Ohio Asthma Coalition worked with evaluators to identify the most relevant evaluation of the three major program components—surveillance, interventions, and partnerships.

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

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

Program Background

The Ohio Department of Health Asthma Program (ODHAP) began in 1998 with funding from the Public Health Prevention Block Grant from the Centers for Disease Control and Prevention (CDC). The program is housed within the Bureau of Environmental Health in the Indoor Environments Section. ODHAP has been granted three successive CDC grants for Addressing Asthma from a Public Health Perspective which have enabled the ODHAP to facilitate with partners the development and implementation of the Ohio Statewide Asthma Plan (OSAP). ODHAP also focuses on development and maintenance of the Ohio Surveillance System for Asthma (OSSA) and on implementation of intervention activities.

In 2002, the Ohio Department of Health Asthma Program (ODHAP) and the American Lung Association came together to develop the Ohio Asthma Coalition (OAC). ODHAP and OAC developed the first Ohio Statewide Asthma Plan in 2004. During the successive 5 year period, committees of the coalition worked to implement the plan 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.

Some of the accomplishments from the first statewide plan are:

- **Advocacy**
  - Developed a legislative caucus to respond to the many issues requiring legislative solutions to problems or issues.
  - Participated in development and improvement of the asthma laws to allow students to carry and use medications and Epi-Pen in schools and to establish school environmental health and safety inspection legislation.

- **Data/Research**
  - Participated in planning and producing three Ohio Asthma Education and Research Conferences.

- **Education**
  - Produced Managing Asthma in Ohio Child Care Facilities: A Resource Guide, worked with the ODH Help Me Grow program to provide nurses to teach a continuing series of classes to child care providers on asthma and allergies. To date an average of 700 child care providers have been taught per year since 2004.
  - Three biennial asthma education and research conferences.

- **Environmental Quality**
  - Developed and implemented rules governing enforcement of the Ohio Smoke Free Workplace and rules for Jardar’s Law (School Environmental Health and Safety Inspection).
  - Trained all local health departments in inspecting schools using the Ohio School Inspection Manual. This manual was used in the development of the U.S. EPA’s Healthy SEAT tool. Local health departments inspected schools for two years using these rules (repealed in 2009).
■ Public Awareness

• Conducted Childhood Asthma Awareness Campaign using the U.S. EPA's and Ad Council's goldfish campaign in the Appalachian counties of Ohio.

• Conducted a Childhood Asthma Awareness Campaign in Northwest Ohio.

• Produced County data profiles for each county in Ohio with asthma data from Ohio Surveillance System for Asthma.

• Coordinated a press session for the coalition in which media representatives discussed information about working with the media in print, radio and television environments.

• Developed the Ohio Asthma Coalition Website (www.ohioasthmacoalition.org).

In the fall of 2008, ODHAP and the steering committee of the coalition began the OSAP revision by engaging members in the process to guide activities from 2009 to 2014 through a survey of the membership which received almost 100 responses. ODHAP and OAC steering committee members worked diligently to incorporate the responses and lessons learned during the implementation of the first statewide plan and to produce a workable current statewide asthma plan that reflects what all partners believe to be the priority issues for organizations and individuals working on asthma in Ohio. Priorities were identified through discussions of partners at coalition meetings.

Program Goals and Objectives

The ODH Asthma Program currently has seven goals and one to four corresponding objectives. For each objective, there is a set of planned activities that will be updated annually. Because activities change each year, whereas the goals and objectives are less variable (still allowing, of course, for revisions when needed), specific activities are not discussed in this Plan. Table 1 presents the program goals and objectives.
Table 1. ODH Asthma Program Goals and Objectives

<table>
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<tr>
<th>Program Goals</th>
<th>Program Objectives</th>
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<tbody>
<tr>
<td>1. Assess the burden of asthma in Ohio.</td>
<td>1.1. Improve ability to track and report asthma deaths, hospitalizations and disabilities through identification and linkage of existing data collection tools.</td>
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<td></td>
<td>1.2. Increase access to Ohio asthma data through identification and implementation of new communication strategies.</td>
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<tr>
<td>2. Reduce asthma disparities among disproportionately affected population segments in Ohio.</td>
<td>2.1. Improve capacity to control asthma in communities affected by health care disparities through identification of culturally competent clinical and education approaches for asthma care.</td>
</tr>
<tr>
<td>3. Decrease the number of asthma hospitalizations, emergency department and urgent care visits.</td>
<td>3.1. Increase the percentage of asthma patients who receive self-management education, including developing and using a customized self-management plan, recognizing early signs or symptoms of an asthma episode, understanding what to do during an asthma episode or attack, and using a peak flow meter to adjust daily medications.</td>
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<tr>
<td></td>
<td>3.2. Improve systems and policies to support asthma management in schools, clinical and home settings.</td>
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<td></td>
<td>3.3. Identify and reduce exposure to outdoor asthma triggers.</td>
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<tr>
<td>4. Develop, facilitate, and strengthen partnerships and collaborations to improve Ohio's ability to address the burden of asthma in Ohio.</td>
<td>4.1. Develop internal partnerships (within the Ohio Department of Health) to raise awareness of the burden of asthma in Ohio and to facilitate the inclusion of asthma in public health initiatives.</td>
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<tr>
<td></td>
<td>4.2. Develop partnerships with local individuals, agencies or organizations to facilitate addressing the burden of asthma in Ohio.</td>
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<tr>
<td></td>
<td>4.3. Develop state-level partnerships to leverage accomplishment of the Ohio Statewide Asthma Plan and to facilitate the inclusion of asthma in public health initiatives.</td>
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<td></td>
<td>4.4. Participate in and strengthen partnership efforts on a federal or national level to promote reducing the burden of asthma in Ohio.</td>
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<td>5. Facilitate the conduct and impact of research in Ohio.</td>
<td>5.1. Increase research in Ohio on causes, triggers, and management of asthma.</td>
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<tr>
<td></td>
<td>5.2. Increase access to and utilization of Ohio research through identification of new communication and networking strategies.</td>
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<tr>
<td>6. Review and enhance the Ohio Asthma Program, Ohio Surveillance System for Asthma (OSSA) and Asthma partnerships including the Ohio Asthma Coalition (OAC) through comprehensive, ongoing evaluation.</td>
<td>6.1. Develop, implement, and maintain Strategic Evaluation Plan.</td>
</tr>
<tr>
<td>7. Advocate for people with asthma.</td>
<td>7.1. Increase advocacy for asthma-friendly laws and administrative rules.</td>
</tr>
<tr>
<td></td>
<td>7.2. Increase advocacy for community activities to reduce the burden of asthma.</td>
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<tr>
<td></td>
<td>7.3. Increase awareness of Ohio residents about asthma.</td>
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</tbody>
</table>
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, often measured in countable terms.

- **Outcomes** – Results or changes for individuals, groups, organizations, communities, or systems. Outcomes can be broken into three types:
  - **Short-term outcomes** – e.g., changes in awareness, knowledge, attitudes, skills, opinion, behavioral intent.
  - **Intermediate outcomes** – e.g., changes in behavior, decision making, policy, social action.
  - **Long-term outcomes** – e.g., 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 updating the Strategic Evaluation Plan, the logic model has undergone a significant revision from the original model that was published in the first version of the Plan (Figure 1). These revisions were made to present a more dynamic picture of Ohio’s Asthma Program and to more clearly delineate the connections between the inputs, activities, outputs, and outcomes.
Figure 1. Ohio Asthma Program Logic Model
Purpose

Those who live with asthma and those who work on issues of asthma within the State of Ohio are intent on maximizing the use of resources to decrease the burden of this disease in our state. Therefore, stakeholders are committed to the implementation of this plan. The Evaluation Planning Team meets 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.

2. Creating the Strategic Evaluation Plan

The Strategic Evaluation Plan was drafted by the Asthma Program staff from the Ohio Department of Health, the Chair-elect of the Ohio Asthma Coalition, and two external evaluators. Henceforth, this team will be referred to as the “Evaluation Planning Team,” or “EPT.”

In Year 2, the Chair-elect of the Ohio Asthma Coalition resigned his position on the coalition. His role on the Evaluation Planning Team was assumed by another member of the coalition, Karen Florkey. Beginning in summer 2011, Ms. Florkey participates in the regular EPT meetings and provides input and feedback on updates to the Plan as well as Individual Evaluation Plans.

The table below provides the name, title and affiliation, contribution to the Plan, and future role as it pertains to the evaluation for each member.
Table 2. Evaluation Planning Team Members

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE AND AFFILIATION</th>
<th>CONTRIBUTION TO PLAN</th>
<th>ROLE FOR FUTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandy Burkett</td>
<td>Chief, Indoor Environments Section, Ohio Department of Health; Principal Investigator</td>
<td>Organize and coordinate Evaluation Planning Team Meetings; planner; author</td>
<td>Assist with updates to the Plan; conduct evaluation activities</td>
</tr>
<tr>
<td>Barbara Hickcox</td>
<td>Asthma Coordinator, Ohio Department of Health</td>
<td>Planner; author</td>
<td>Assist with updates to the Plan; conduct evaluation activities</td>
</tr>
<tr>
<td>Karen Florkey</td>
<td>Ohio Asthma Coalition Steering Committee Member</td>
<td>Reviewer</td>
<td>Assist with updates to the Plan; provide feedback on Individual Evaluation Plans</td>
</tr>
<tr>
<td>Andrew Thomas*</td>
<td>Asthma Program Sanitarian, Ohio Department of Health</td>
<td>Planner; author</td>
<td>Assist with updates to the Plan; conduct evaluation activities</td>
</tr>
<tr>
<td>Cynthia Weiss</td>
<td>Asthma Epidemiologist, Ohio Department of Health</td>
<td>Planner; author</td>
<td>Assist with updates to the Plan; conduct evaluation activities</td>
</tr>
<tr>
<td>Kristen Heimdal</td>
<td>Lead Evaluator, Strategic Research Group</td>
<td>Organize and coordinate Evaluation Planning Team Meetings; planner; author</td>
<td>Lead evaluation efforts; analyze data; report on findings; make updates to the Plan</td>
</tr>
<tr>
<td>Kathleen Carr,</td>
<td>Consultant Evaluator, Strategic Research Group</td>
<td>Planner; author</td>
<td>Provide consultation during evaluation efforts; assist in interpretation of findings</td>
</tr>
</tbody>
</table>

* Note: Mr. Thomas left the ODH Asthma Program in late 2011.

Drafting the Initial Strategic Evaluation Plan

The EPT met at least weekly, and often twice a week from early July, 2010 through October, 2010 in order to draft the initial version of the SEP.

Once the external evaluators were brought on board, their first task was to gain an understanding of the program. This was done through discussions with the ODHAP staff; reviewing documents such as the Ohio Statewide Asthma Plan (OSAP), the workplans for years one and two of the CDC funding period, and the Interim Report submitted to the CDC; attending OAC meetings; and attending initiative committee meetings.

Next, the EPT carefully reviewed the goals and objectives developed collaboratively by the OAC and ODHAP. These goals and objectives were undergoing some revision at the time the EPT meetings began, as part of the revision to the OSAP. In addition to the revisions made by ODHAP, the EPT made small wording changes. The revisions were subsequently shared with and approved by the OAC Steering Committee.

Once the goals and objectives were identified, the EPT began brainstorming potential evaluation questions for each objective. Evaluation questions were designed to help: 1) assess how well the program is functioning, 2) identify any gaps in program scope and any areas for improvement, 3) assess program effectiveness and 4) ensure that program objectives are being met.
Following the development of the evaluation questions, the EPT developed the methodological approaches that would best answer the evaluation questions. Some of the approaches addressed multiple evaluation questions simultaneously.

The next step was to review and modify the logic model originally created for the 2004 version of the Ohio Statewide Asthma Plan to address the five-year perspective covered in the Strategic Evaluation Plan. The EPT began by reviewing the inputs, activities, and outputs, making sure that all goals and objectives were addressed. The final phase of the logic model update was to identify the short-term, intermediate, and long-term outcomes. As mentioned previously, this step helped ensure that the external evaluators and ODHAP both shared a common understanding of the program and that the proposed evaluation methodologies were relevant and appropriate.

The EPT then turned back to the evaluation questions and methodologies. At this stage, approximately 60 potential methodological approaches had been identified that would address one or more of the evaluation questions. The next step was to prioritize these evaluation candidates. Prioritization was conducted by taking into account each objective within a goal and the evaluation questions generated for each objective, and then evaluating the candidate using three criteria: urgency, importance, and feasibility. Each evaluation candidate was assigned a score of low, moderate, or high for each of the three prioritization criteria by the EPT. Once prioritization was complete, the EPT created a matrix that listed the program goals, objectives, evaluation questions, methodological approaches, prioritization ratings, a timeline for each methodology, and an indication of who would have primary responsibility for executing the particular methodologies (i.e., SRG and/or ODHAP).
Updating the Plan

As mentioned previously, the Strategic Evaluation Plan is intended to be a living document. It is updated on a formal basis biannually, following the deliverable schedule of the Interim and Final Progress Reports submitted by ODHAP to the CDC. This revised SEP reflects the lessons learned during the second year of the cooperative agreement.

First, over the course of Year 2, the EPT got a better sense of what is feasible with regard to the scope of the evaluation. During the first several months of Year 2, at each ETP meeting the team would review all of the evaluation activities the team had proposed to carry out (or start) in Year 2. Although some of the evaluation activities were proceeding on schedule and without any major challenges, the EPT was experiencing some difficulties carrying out all of the activities it had proposed, even when just focusing on the activities that had received the highest ratings during the prioritization phase. Further, the team realized that some of the activities, particularly a few of the tracking/monitoring activities, are not currently possible (e.g., there is not a mechanism in place to monitor traffic on the ODHAP website).

More importantly, the team came to realize that our initial approach to designing the five-year evaluation—in which we developed evaluation questions and methodologies for each of the program’s objectives—had resulted in a somewhat fragmented plan with too many tracking and monitoring activities rather than focused, “big picture” evaluations of targeted program activities that work through all six steps of the CDC Framework for Program Evaluation (as shown in Figure 2).

Six Steps in the CDC Framework for Evaluating Public Health Programs:
1. Determine key stakeholders and get their involvement in the evaluation process.
2. Develop comprehensive program description clarifies the need of the program, the activities undertaken to address the identified needs, and the program’s intended outcomes.
3. Determine important evaluation questions, and the most appropriate design and data collection methods for an evaluation, given time and resource constraints.
4. Gather data to answer the evaluation questions.
5. Analyze and synthesize the data and report the findings.
6. Consider the timing, format, and key audiences for sharing information about the evaluation process and findings.

Reproduced from CDC, 2005
It is important to note that the initial design of the SEP had certain strengths that have aided the revision process. First, the original SEP was very comprehensive. The EPT devoted quite a bit of time during the initial planning process to generate numerous evaluation questions and potential methodologies for all of the program’s objectives within each goal. As a result, this revision of the SEP did not require developing new evaluations or evaluations that differ significantly from those originally planned. Second, our initial approach ensured that the evaluation would very closely mirror Ohio’s Statewide Asthma Plan, given that evaluation questions and methodologies were developed for all of the program’s objectives. Thus, despite having identified areas for improvement to the SEP, a critical review of the initial SEP led the EPT to conclude that a major revision was not necessary; rather, what was needed was some re-arranging and re-focusing.

As a result of this re-arranging and re-focusing, the EPT identified seven evaluations that can feasibly be conducted over the course of the funding period: two for surveillance, three for interventions, and two for partnerships. The next section provides a description of each of these evaluations.

Proposed Evaluations

Table 4 provides an overview of the seven evaluations that will be designed and implemented during the course of the funding period, including the program component that the evaluation centers on (i.e., surveillance, interventions, or partnerships), the evaluation questions, corresponding evaluation activities and timing, and the particular objective(s) that the evaluation addresses. Following Table 4 are brief narratives of the seven evaluations. It is important to note that these evaluations are in different stages of planning and implementation; thus, the descriptions here will vary in their completeness. It is also important to note that an Individual Evaluation Plan will be developed for each of the seven evaluations that will provide more specific details about the design of the evaluation than is provided here.
### Table 4. Evaluation Questions and Methodologies by Objective

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Evaluation Candidate</th>
<th>Evaluation Questions</th>
<th>Potential Evaluation Activities/Methodologies and Timing</th>
<th>Program Objective(s) Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surveillance</strong></td>
<td></td>
<td>■ What are the gaps in the data? What does the ODHAP need to know that we already do not?</td>
<td>■ Interview OHDAP staff members who work with asthma data. (Winter—All Years)</td>
<td>Objective 1.1— Improve ability to track and report asthma deaths, hospitalizations and disabilities through identification and linkage of existing data collection tools.</td>
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<td></td>
<td></td>
<td>■ For example, demographic information such as race, income, etc.</td>
<td>■ Document review. (Winter—All Years)</td>
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<td></td>
<td></td>
<td>■ Is the ODHAP able to identify disparately impacted populations?</td>
<td>■ Creation and maintenance of a database outlining the datasets, indicators, how they are measured, gaps, etc. (Winter—All Years)</td>
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<tr>
<td></td>
<td></td>
<td>■ Are data regularly available?</td>
<td>■</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>■ Data may be available but do we analyze and distribute them on a regular basis?</td>
<td>■</td>
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<tr>
<td></td>
<td></td>
<td>■ Are data measured in ways that are appropriate and useful to the ODHAP?</td>
<td>■</td>
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<tr>
<td></td>
<td></td>
<td>■ What are the efforts by the ODHAP to improve the accuracy and usefulness of the data and how effective are those efforts?</td>
<td>■</td>
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<tr>
<td></td>
<td></td>
<td>■ Is the ODHAP working with other data collection agencies and divisions to improve data accuracy and usefulness?</td>
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<td></td>
<td></td>
<td>■ Are data management policies that protect privileged information being followed by OSSA (Ohio Surveillance System for Asthma)?</td>
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<tr>
<td><strong>Data Users’ Perceptions About and Use of Ohio Asthma Surveillance Data</strong></td>
<td></td>
<td>■ Are the people who need the data aware of it?</td>
<td>■ Survey participants of conferences such as the education research conference or public health conference. (When possible—All Years)</td>
<td>Objective 1.2— Increase access to Ohio asthma data through identification and implementation of new communication strategies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ Does the ODHAP get the data people want/need?</td>
<td>■ Interview OHDAP staff members who work with asthma data. (Winter—All Years)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>■ What are the most useful formats do we provide the data in the most useful formats (e.g., web, print)?</td>
<td>■ Document review. (Winter—All Years)</td>
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<tr>
<td></td>
<td></td>
<td>■ Are the data accessible to different populations and in the most appropriate format (e.g., factsheets, datasets, reports)?</td>
<td>■ Track data requests. (Ongoing—Years 3-5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ Are data management policies that protect privileged information being followed by OSSA (Ohio Surveillance System for Asthma)?</td>
<td>■ Focus groups of people who use data reports. (Spring—Year 4)</td>
<td></td>
</tr>
<tr>
<td>Program Component</td>
<td>Evaluation Candidate</td>
<td>Evaluation Questions</td>
<td>Potential Evaluation Activities/Methodologies and Timing</td>
<td>Program Objective(s) Addressed</td>
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| **Interventions** | **Evaluation of the Home Visit Initiative** | **Planning and Design Phase:**  
- Are resources available to support the implementation of the initiatives?  
- Are initiative committee members engaged in and satisfied with the planning process?  
**Limited Implementation Phase:**  
- Are the initiative design and materials based on evidence-based programs or those that show promising practice for self-management?  
  - Is the initiative effectively gaining participation (e.g., entry into schools; clinics, homes, health plans)?  
  - Are the initiatives being administered as intended?  
- Does the OHDAP have resources to provide technical assistance to implement initiatives?  
- Are the initiatives sustainable?  
- Are the initiatives replicable (i.e., once we move to statewide implementation)?  
- Are the initiatives effective? For example, have asthma hospitalizations, emergency department and urgent care visits decreased? *(Note: specific outcomes will vary by initiative.)* | **Planning and Design Phase:**  
- Create a check-list of factors to be considered by committees when designing each intervention. *(Fall—Year 2)*  
- Assess planning stage by obtaining feedback from initiative committee members through web-based surveys. *(Summer—Year 2)*  
**Limited Implementation Phase:**  
- Conduct surveys of people who are implementing the initiatives (e.g., school staff, healthcare practitioners). *(Year 3)*  
- Conduct surveys of initiative participants (e.g., students, families, patients). *(Year 3)*  
- Collect and analyze data from secondary sources. *(Year 3)* | **Objective 3.1**—Increase the percentage of asthma patients who receive self-management education, including developing and using a customized self-management plan, recognizing early signs or symptoms of an asthma episode, understanding what to do during an asthma episode or attack, and using a peak flow meter to adjust daily medications. |
|                    | **Evaluation of the School Initiative** | *(Note: specific outcomes will vary by initiative.)* | *(Note: specific outcomes will vary by initiative.)* | *(Note: specific outcomes will vary by initiative.)* |
|                    | **Evaluation of the Clinical Initiative** | *(Note: specific outcomes will vary by initiative.)* | *(Note: specific outcomes will vary by initiative.)* | *(Note: specific outcomes will vary by initiative.)* |
| **Partnerships**   | **Evaluation of the Ohio Asthma Coalition** | **What gaps are there in OAC membership (both in terms of individuals and organizational representation)?**  
- To what extent does the OAC have an active, engaged membership?  
- Are members satisfied with how the OAC operates (e.g., decision-making, leadership, communication, the work of the OAC, etc.)?  
- How and to what degree are members contributing toward asthma-related work?  
- To what extent is the current monitoring of partnership functioning effective (e.g., what types of records are kept, are they up to date and accurate, are there areas of improvement)? | **Web-based survey of OAC members.** *(Fall—Years 3 & 5)*  
- **In-depth interviews with OAC leadership.** *(Winter—Years 3 & 5)*  
- **Meeting satisfaction surveys of OAC members.** *(Quarterly—Years 3-5)*  
- **Evaluator observations at meetings.** *(Monthly for Steering Committee meetings and Quarterly for OAC meetings—Years 3-5)*  
- **Document review, including: meeting minutes, progress reports, and records of agency representation.** *(Spring—Years 3-5)* | **Objective 4.2**—Develop partnerships with local individuals, agencies or organizations to facilitate addressing the burden of asthma in Ohio.  
**Objective 4.3**—Develop statewide partnerships to leverage accomplishment of the Ohio Statewide Asthma Plan and to facilitate the inclusion of asthma in public health initiatives. |
| **Evaluating the Extent to Which the Ohio Statewide Asthma Plan Directs Asthma Activities** **(Tentative)** | **Have not yet been developed.** | **Have not yet been developed.** | *(Note: specific outcomes will vary by initiative.)* | *(Note: specific outcomes will vary by initiative.)* | *(Note: specific outcomes will vary by initiative.)* |
Surveillance Evaluations

In the most general terms, the Ohio Surveillance System for Asthma (OSSA) has two major functions. The first is to maintain its current databases and increase the number of databases available. The second function is to make these data and the results of the analyses of these data available to stakeholders, for purposes including education, awareness, advocacy, and the implementation of public initiatives—all with the ultimate goal of reducing the burden of asthma. Each of the two evaluations for surveillance addresses one of these overarching functions.

1. Evaluation of the Ohio Surveillance System for Asthma

The purpose of this evaluation is to examine the type, quality, frequency, and so forth, of the data/datasets that the ODHAP obtains; the extent to which those data are useful, accurate, and enable the ODHAP to meet its objectives and requirements. There will be three primary data collection methodologies that will help address the evaluation questions: 1) Interview OHDAP staff members who work with asthma surveillance data, 2) Document Review, and 3) Creation and maintenance of a database outlining the datasets, indicators, how they are measured, gaps, and so forth.

The first round of these activities was carried out during Year 2. First, SRG evaluators designed a survey instrument that captures the aforementioned issues (data type, quality, frequency, etc.). This survey was administered in the form of a face-to-face in-depth interview with the ODHAP’s Asthma Epidemiologist and the Principal Investigator of the grant. The initial survey included both open- and close-ended questions and followed a semi-structured interviewing format. This format was chosen because it was appropriate given the exploratory nature of the interview. In developing the survey items, SRG reviewed existing surveys and used or adapted any items that were appropriate. For example, SRG obtained the 2008 “Module 2: Surveillance” of the “State Asthma Control Program Evaluation” document which is available online. This document provides some examples of evaluation questions regarding asthma surveillance systems and surveillance evaluation tools that have been used by other states. Also in designing the survey, SRG reviewed relevant documents, such as the Year 2 Interim Progress Report the ODHAP submitted to the CDC, which provides a description of the surveillance activities recently undertaken as well as a list of available asthma-related data sources, details about the datasets, any limitations, and which year(s) the datasets are expected to be made available over the course of the cooperative agreement.

All three activities will be carried out on an annual basis, in January and February. The results from the interview in Year 2 will be used as a benchmark detailing the current state of the collection and dissemination of asthma surveillance data in Ohio. Subsequent interviews will assess any changes in the type, quality, frequency, usefulness, and accuracy of the surveillance data the ODHAP obtains.
2. Data Users’ Perceptions About and Use of Ohio Asthma Surveillance Data

This evaluation will investigate who is using asthma data in Ohio, which data are being used, how data are being used, and data users’ perceptions about the data. Further, the evaluation will explore ways in which data users and asthma researchers network with one another and strategies for improving communication. In this way, this evaluation also addresses a research component; specifically, Objective 5.2: “Increase access to and utilization of Ohio research through identification of new communication and networking strategies.”

In order to gain a better understanding of awareness and usefulness of current asthma data publications such as factsheets, asthma oriented data reports, and datasets for healthcare practitioners and asthma educators, we will survey attendees at appropriate conferences taking place in Ohio. A self-administered questionnaire was developed that captures use of and opinions about the current asthma datasets and data-oriented publications for different categories of consumers such as individuals who only read summary reports, individuals who want to read more comprehensive scientifically oriented research reports, individuals who analyze secondary datasets, and researchers who collect asthma data. Each user category was asked a separate series of questions focusing on their specific needs. The questionnaire was administered for the first time at the Ohio Asthma Coalition Education and Research Conference in October, 2010. Based on the responses, the baseline survey was further refined and it will be administered at future conferences as appropriate.

The annual interview with OHDAP staff members who work with asthma surveillance data and document review discussed previously also will help address this evaluation’s questions. This interview includes questions about how data and data reports are disseminated and the timeliness of dissemination (which was identified as an area for improvement in the first interview in Year 2).

Beginning in Year 3, the ODHAP will develop and use a system to track requests for asthma data. An electronic questionnaire/form will be developed and will be completed with each request for asthma data. Data collected will help the program to track whether requests are being fulfilled in a timely and accurate manner, and to gather information about what kinds of data people are using and in what format they prefer to receive the data.

Additionally, in Year 4, we will conduct a focus group of data users in order to get a more in-depth understanding of their needs and preferences regarding asthma data.
Intervention Evaluations

The results of a 2008 survey of OAC members indicated that they felt the priorities for action of the coalition were clinical areas, schools, and working with people in their homes. Subsequently, three committees were formed: Clinical, School, and Home Visit. The committees are assisting the ODHAP with developing evidence-based interventions that will first be implemented on a limited basis before being implemented statewide. Ultimately, the interventions are intended to result in systems and policies that support asthma management in clinical, schools, and home settings.

All three interventions are currently in the design stage. As the interventions are being designed, so is the evaluation component for each intervention. During Year 2, evaluation sub-committees were formed for the Home Visit and Clinical interventions, and one will be formed for the School intervention early in Year 3. These sub-committees are comprised of committee members who volunteered to assist with the development of the evaluation for that intervention.

For all three interventions, both the planning process and limited implementation phase will be evaluated. Evaluation of the planning process began for the Home Visit and School interventions in the summer of Year 2 with web surveys of committee members. The surveys gathered information about issues such as committee members’ perceptions about ODHAP staff members’ effectiveness in facilitating meetings, satisfaction with the time it is taking to develop the interventions, and members’ perceptions of the effectiveness of the collaborative nature of the committees.

The evaluation of the limited implementation of the interventions will each include a process and an outcome component. The process component will assess how the intervention was implemented and what strengths and challenges emerged that can be used to inform the implementation of the intervention on a statewide basis. In order to assess these issues, we will conduct interviews with people who are involved in the limited implementation phase, as well as conduct monitoring and documenting of various objective performance measures (e.g., how partners were identified, how materials were developed and disseminated, how participants were identified and recruited, the number of participants that were recruited, and so forth). The outcome component will address the effectiveness of the intervention. The specific outcome measures examined will vary by intervention, but the evaluation for all three interventions will attempt to ascertain whether asthma hospitalizations, emergency department and urgent care visits decreased. To assess the various outcomes, we anticipate collecting original data, as well as analyzing of existing data sources. Data sources such as the National Asthma Survey, health plan data, state hospital discharge data, and school absentee data will provide baseline information, allow for comparisons, and help determine the appropriateness and effectiveness of the interventions.
Partnership Evaluations

Once the details for the second partnership evaluation are more fully developed, add a brief introduction here.

6. Evaluation of the Ohio Asthma Coalition

Although ODHAP has numerous partnerships, including regional asthma coalitions, the OAC represents the largest and most ambitious collaboration for the program. The OAC drafts each version of the Ohio Statewide Asthma Plan and directs the implementation of the activities laid out in the plan. Thus, the vitality and sustainability of the OAC is of major importance in achieving the long-term goal of sustained and improved statewide asthma efforts and decreasing the burden of asthma in Ohio. Given this, as well as the fact that prior evaluation efforts have been limited in scope, the potential utility of an evaluation of the OAC is evident. The results will be used for purposes such as improving the functioning of the coalition, determining whether the goals and mission of the OAC are being met, promoting the public image of the OAC, and providing accountability to funders and members.

This evaluation will include a number of different activities that, together, will address all of the evaluation questions. First, a web-based survey of OAC members will be administered early in Years 3 and 5. The survey will capture members’ opinions and experiences about issues such as coalition leadership, communication, conflict, decision-making, and coalition sustainability. Second, in-depth interviews will be conducted with OAC leadership (including, potentially, former leadership), also in Years 3 and 5. Third, meeting satisfaction surveys will be administered to members at quarterly OAC meetings beginning with the fall 2011 meeting in Year 3. Also at these quarterly meetings, evaluators from Strategic Research Group will conduct observations. Finally, in the spring of Years 3 and 5, evaluators will review existing documentation, such as meeting minutes, progress reports, and records of agency representation.

7. Second Partnership Evaluation

Details coming soon.
4. Building Evaluation Capacity

Although ODHAP has chosen to utilize the services of external evaluators, both SRG and ODHAP recognize the importance and value of building evaluation capacity among ODHAP staff, partners, and other key stakeholders. Close collaboration among all relevant and interested parties will ensure that the evaluation is designed and implemented in a way that is both transparent and useful, will promote the acquisition of evaluation knowledge and skills, and will foster a culture that promotes ongoing evaluation.

As part of the effort to build evaluation capacity, the EPT will form multiple individual evaluation teams. During Year 2, teams were formed for the Home Visit and Clinical Interventions. During Year 3, a team will be formed for the School Intervention. The EPT will also explore whether it is feasible to form teams for the surveillance and partnership evaluations. These teams will be comprised of the SRG evaluators, relevant ODHAP staff members, and any other interested parties, such as members from the OAC, intervention committee members, or other partners throughout the state. With guidance from the SRG evaluators, these teams will work together on tasks such as creating individual evaluation plans, reviewing evaluation tools such as data collection instruments, and implementing evaluation activities.

Additionally, SRG evaluators will provide support to stakeholders in interpreting the findings generated by evaluation activities and assisting stakeholders in understanding how these results can be used.

EPT members also will actively work to continually strengthen their own evaluation skills by participating in CDC-designed events related to evaluation such as teleconferences, webinars, and conferences, as well as any other relevant evaluation activities.
5. Communication Plan

Evaluations are only worthwhile if they are designed in collaboration with key stakeholders, keeping in mind the intended users of the evaluation. Further, the results must be presented as actionable strategies that are communicated to appropriate individuals or entities that have the capacity and initiative to implement the strategies.

As part of the development of this Strategic Evaluation Plan, the EPT met with the OAC Steering Committee in September, 2010, and presented an overview of the Plan thus far, solicited input, and discussed with the Steering Committee strategies for keeping the OAC, the Steering Committee, and other key stakeholders up-to-date on the progress of the evaluation. Together, it was decided that the EPT would provide a quarterly update on evaluation activities. In addition, the EPT will create summaries of evaluation activities and results of evaluation activities as the evaluation methodologies are carried out. These summaries will be made available through multiple distribution methods, such as websites, e-mails, presentations, and professional conferences. Further, biannual revisions of the Plan will be shared with the OAC Steering Committee, and members’ input will be solicited.

Finally, as mentioned previously, the EPT intends to meet at least monthly throughout the duration of the funding period, and more frequently if needed. The team will also correspond through e-mail and telephone discussions as often as needed.
John Kasich, Governor
Theodore E. Wymsylo, M.D., Director of Health

To protect and improve the health of Ohioans