



Strategic Evaluation Plan:

Systematically evaluating
five years of asthma
control activities in
Montana

2
0
1
0

Montana Asthma Advisory Group

Strategic Evaluation Plan

Table of Contents

Acknowledgements & Acronyms_____	1
Introduction _____	4
Program Background_____	4
Purpose_____	6
Methods _____	7
Priority Evaluation Candidates _____	9
Capacity Building_____	16
Communication Plan_____	17
Conclusion_____	18
Appendix A: Activity Profiles_____	19
Appendix B: Evaluation Question Devlpmnt__	25
Appendix C: Evaluation Profiles_____	27

Acknowledgements

The Montana Asthma Control Program would like to acknowledge the following individuals who contributed to the development of the Strategic Evaluation Plan. This document is a result of their input and expertise, without which the plan could not have been produced.

Diane Arave, Montana Diabetes Project
Laura Biazzo, MPH, Montana Tobacco Use Prevention Program
Karin Billings, Montana Office of Public Instruction
Paula Block, RN, Montana Primary Care Association
Sue Buswell, RN, MS, NCSN, Montana Association of School Nurses
Jeanne Cannon, RHIA, CPT, Montana Asthma Control Program
Dora Cardillo, RRT, BS, Saint Vincent Healthcare
Thomas Ellerhoff, Montana Department of Environmental Quality
Carlene Gandara, Northern Cheyenne Tribes
Janice Gomersall, MD, Montana Medicaid
Taryn Hall, MPH, Montana Diabetes Project
Todd Harwell, MPH, Montana Department of Public Health and Human Services
Matthew Herington, JD, MPH, Montana Asthma Control Program
Dewey Hahlbohm, PA-C, AE-C, Helena Ear Nose and Throat Clinic
Caitlin Hall, MD, Indian Health Service
Lori Kostelecky, RN, AE-C, Billings Clinic
Katie Loveland, MPH, MSW, Montana Asthma Control Program
Jerimiah Lysinger, MD, Billings Clinic
Mary Millin, Montana Rural Health Institute
Curtis Noonan, PhD, Center for Environmental Health Sciences, University of Montana
Carrie Oser, MPH, Montana Cardiovascular Health Program
Cherith Smith, PharmD, Target Pharmacy



Acronyms

AAP	Asthma Action Plan
ACA	Asthma Cooperative Agreement
ACMS	Asthma Care Monitoring System
AE-C	Certified Asthma Educator
AHEAD	Asthma Hospital and Emergency Department Patient Education, Action Plan and Discharge Program
ALA	American Lung Association
CDC	Centers for Disease Control and Prevention
DPHHS	Montana Department of Public Health and Human Services
ED	Emergency Department
EPR-3	Expert Panel Report 3 Clinical Asthma Guidelines
ETS	Environmental Tobacco Smoke
IAQ	Indoor Air Quality
MAAG	Montana Asthma Advisory Group
MACP	Montana Asthma Control Program
MTUPP	Montana Tobacco Use Prevention Program
NAECB	National Asthma Educator Certification Board
NHLBI	National Heart, Lung and Blood Institute
SABA	Short Acting Beta Agonist

Introduction

Program Background

Over the last several decades, the prevalence of asthma has been increasing nationwide and in Montana. In 2008, 9.6% of Montana adults and 10.4% of high school students report currently living with asthma. In all, an estimated 70,600 adults and 17,100 children (0-17) in the state currently have the disease.

In 2007, the Montana State Legislature provided funding to create the Montana Asthma Control Program (MACP) in the Department of Public Health and Human Services (DPHHS). This program is responsible for developing an asthma surveillance system for the state and for coordinating a statewide asthma control effort. In 2008, the MACP and its partners convened a statewide group of stakeholders, the Montana Asthma Advisory Group (MAAG), which meets three times per year. In 2009, the MAAG and MACP released the Montana State Asthma Plan, which strategically outlined the activities needed to improve asthma control in Montana over the next three to five years. This plan was the basis of the application that the MACP submitted to the Centers for Disease Control and Prevention for five years of funding, which was awarded to the state in September, 2010.

The MACP logic model, included in the Montana State Asthma Plan, describes the activities and intended outcomes of the program (Figure 1). The program utilizes several resources including strong partnerships, the MAAG, MACP staff, and financial support from the State Legislature and the Centers for Disease Control and Prevention (CDC) to implement a coordinated effort to improve asthma control across Montana by following the state asthma plan. The MACP staff and their partners perform a variety of activities within five priority areas: surveillance and evaluation, maintaining and developing partnerships, healthcare, environment, and school/child care interventions. While the MACP focuses on the CDC defined core areas (surveillance, partnerships and interventions), all program activities include a focus on disparities, sustainability, and evaluation.

By implementing the Montana State Asthma Plan in a systematic manner, the MACP expects to achieve a number of short term outcomes related to improved asthma control in Montana. We raise public awareness of asthma by producing surveillance reports, giving presentations to audiences across the state, and maintaining strong partnerships. Through our healthcare, environmental, and school/childcare interventions, the MACP promotes policy and environmental changes that create systems with increased capacity to manage asthma. A focus on promoting asthma education empowers persons with asthma to manage their disease and quality improvement projects in healthcare settings improves the quality of clinical care provided to asthma patients.

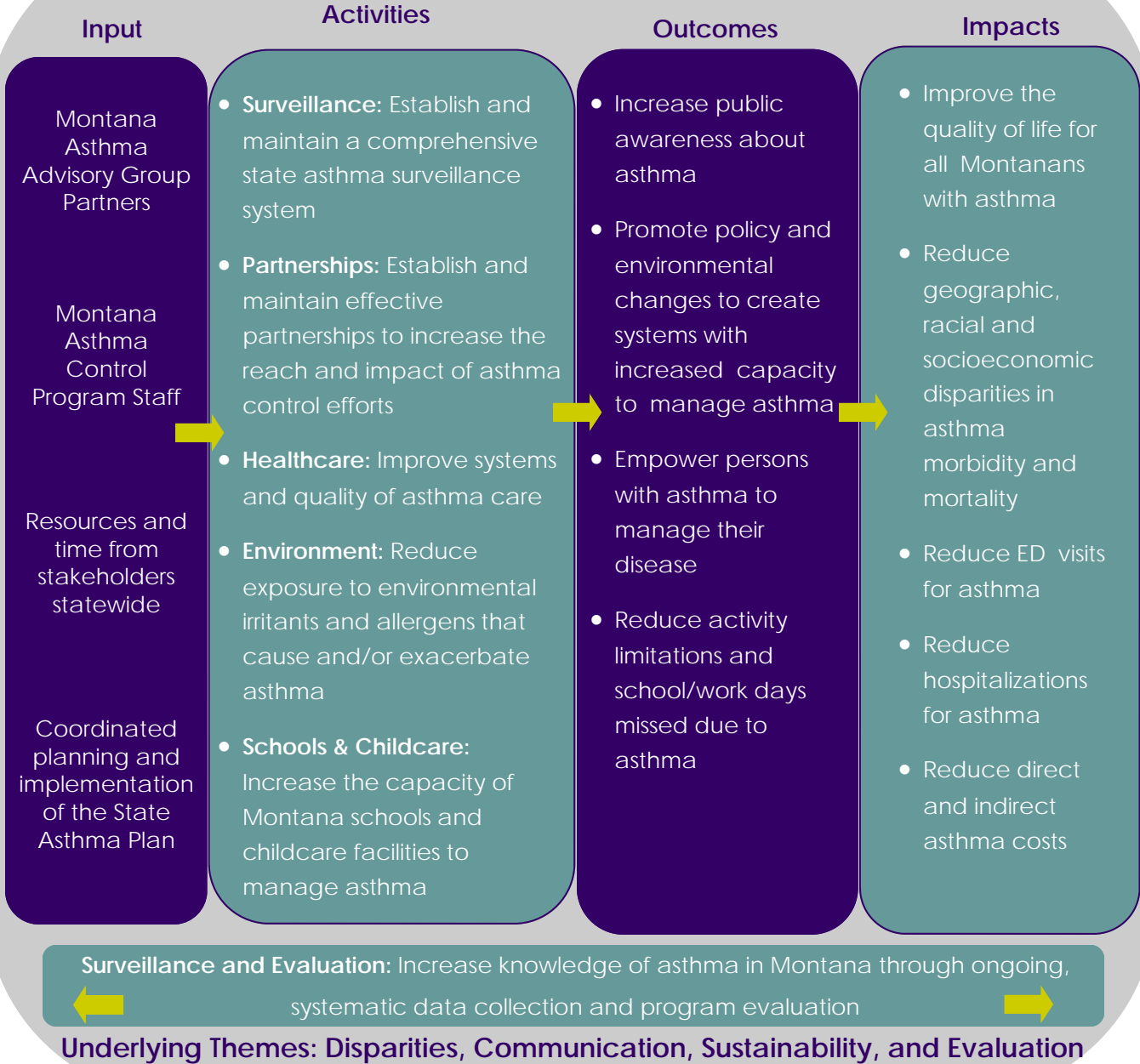
“In all, an estimated 70,600 adults and 17,100 children in Montana have asthma.”

Source: 2009 BRFSS

Introduction

Finally, projects to raise environmental awareness in child care and work place settings reduce the number of days of school and work missed due to asthma.

Figure 1: Montana State Asthma Plan Logic Model



Introduction

Program Background Continued

By conducting planned activities, the MACP's overall goal is to increase asthma control among Montanans with asthma. Specifically, in the long term, we hope to improve quality of life for Montanans with asthma and reduce the number of severe health events due to asthma, including emergency department visits, hospitalizations, and deaths. These activities reduce the direct and indirect costs associated with asthma health care and increase understanding of asthma for the general population in Montana.

While some program goals are more long-term, the MACP has identified several primary goals to accomplish over the next five years. Because the program is newly funded, the MACP has outlined a number of measurable objectives in the Year One Work Plan submitted to the Centers for Disease Control and Prevention. One objective in the Year One Work Plan is to fully staff the program. Once the new staff members are oriented, the next goal is to finalize and roll-out the asthma registry called the Asthma Control Monitoring System (ACMS). Another clinical goal is to pilot the Asthma Hospital and Emergency Department Patient Education, Action Plan, and Discharge Program (AHEAD). The MACP plans to offers several small grants to school nurses, run a public education campaign highlighting the link between tobacco use and asthma, and conduct trainings for schools and child care facilities on asthma control and awareness. Each year of the 5 year cooperative agreement with the CDC, the MACP will develop a work plan specifically outlining how the MACP and its partners will continue to implement the key strategies in the state asthma plan.

Purpose

Evaluation is a significant part of assessing whether the MACP is reaching its goals. This 5 year strategic evaluation plan is a roadmap assessing the direction, feasibility, and significance of the projected projects and associated objectives. Evaluation results will be used to feed information back into our initiatives about what is and is not working so that changes can be made to improve outcomes and guide program development. The following plan includes information on specific activities that will be evaluated using the chosen evaluation design and timeline, as well as a communication plan to relay information on evaluation and outcomes of the evaluation. This is a living document that will be enhanced and updated annually to fit the growing needs of the MACP and its partners. As new projects are implemented, individual evaluation plans will be created to assess each major project. All MACP staff will remain involved in producing new individual plans and updating the strategic plan. MACP partners will also play an integral role in designing and implementing individual evaluation plans and updating the strategic plan as needed.

Creating the strategic plan

Following CDC guidance documents and the CDC Evaluation Framework, we created this 5 year strategic evaluation plan for the MACP. All four of the MACP employees as well as the Principle Investigator for the MACP were heavily involved with the development of the strategic evaluation plan, acting as the internal evaluation team. Once initial development and program description had taken place, other stakeholders were invited to take part in the plan's development. Other stakeholders included epidemiologists and evaluators in the Bureau of Chronic Disease Prevention and Health Promotion, participants of the Montana Asthma Advisory Group (MAAG), and our CDC Technical Advisors. Bureau epidemiologists and evaluators provided insight to lessons learned, strategies for plan development, and feedback on proposed evaluation designs. MAAG members reviewed sections of the documents and offered suggestions and editorial comments. All stakeholders who participated in the production of this plan are listed in Table 1. In the future, program staff, MAAG members and other Bureau staff will be asked to provide feedback on updates to the plan and newly developed individual evaluation plans as needed.

Table 1: Evaluation Planning Team Participants

Name	Title and Affiliation	Contribution to Plan	Role for Future
Jessie Frazier	Epidemiologist/Evaluator	Author	Data analyst, author
Katie Loveland	Program Manager	Author, planner	Program planning
Matthew Herington	Health Education Specialist	Author, planner	Evaluation design, data collection, data analysis
Jeanne Cannon	Quality Improvement Specialist	Author, planner	Evaluation design, data collection, data analysis
Mark Niebylski	MACP Principle Investigator	Reviewer, collaborator	Program planning, document review
Todd Harwell	CDPHP Bureau Chief	Reviewer, collaborator	Program planning, document review
Taryn Hall	Epidemiologist/Evaluator	Reviewer, provide feedback on best practices	Document review, feedback on newly drafted plans
Laura Biazzo	Epidemiologist/Evaluator	Reviewer, provide feedback on best practices	Document review, feedback on newly drafted plans
Carrie Oser	Epidemiologist/Evaluator	Reviewer, provide feedback on best practices	Document review, feedback on newly drafted plans
Paula Block	MAAG Member	Reviewer	Document review
Jeri Lysinger	MAAG Member	Reviewer	Document review

Methods

To initially describe the program, the internal evaluation team met three different times over a three month period to gather information and synthesize program plans. During the first “evaluation retreat” day, logic models for each major activity were designed and detailed. In addition, activity profile tables were completed for each logic model and criteria for ranking the activities to be evaluated were selected based on the need for information. Activity profiles can be found in Appendix A.

Based on the program goals, we selected five criteria for ranking program activities: need for the evaluation information in the community, extent to which the information gained through the evaluation would be used by stakeholders, reach of the activity, cost and time investment of the activity, and whether the activity addressed disparities. Table 2 shows how these criteria were applied. We then conducted a prioritization of activities based on selected criteria. Each activity was ranked by importance of criterion as high, medium, and low. Three points were assigned for a high ranking, 2 points for medium, and 1 point for low. Activities with the most points in each core area were selected as priorities for evaluation.

Table 2. Prioritization Criteria

Criteria Used	How Criteria were Applied	Information Supporting Criteria Determination
Information Need	Activities that would benefit from changes or expansion due to successes were higher priority	Is the program new? Would the results lead to quick changes that would improve the program?
Use of Information	Evaluation results that would be put into practice by program coordinators were higher priority	Would involved persons make changes if they had results from an evaluation?
Reach of Activity	Programs that affected higher numbers of people were higher priority	Proposed number of participants
Cost and Time Investment of Activity	Higher cost activities were higher priority	Budget forms
Disparities Addressed	Activities that addressed asthma disparities were higher priority	Proposed target audience of activity

After selecting the priority activities for evaluation, we selected 3-5 evaluation questions for each proposed individual evaluation, selecting a good mixture of process and outcome measures. We chose questions based on the importance of the information and its potential to help the program. Selected questions for each prioritized evaluation are displayed in Appendix B.

Finally, we developed a timeline for updating the strategic evaluation plan. Every spring the MACP will convene to review the plan and make suggestions for updates and improvements. The Lead Evaluator (Jessie Frazier) will be responsible for making any changes to the plan. Any changes will be reviewed by other evaluators internally, as well as sent for review to MAAG members. Plans for development of individual evaluation plans will be discussed at that time as well.

Priority Evaluation Candidates

After identifying criteria for choosing evaluation candidates, each activity was ranked and scored. Table 3 shows the results of the prioritization. Activities were categorized under the three overarching tasks conducted by the MACP: surveillance, partnerships and interventions. A timeline as to when these evaluations will take place is shown in Table 4. The MACP determined that at one time during the five year period, we would design and implement an evaluation plan for all partnership activities and, separately, all surveillance activities. However, for interventions, due to the complexity of the activities and varied timing of projects, individual evaluation plans will be developed and implemented for each major project over the 5 year period. While the ranking of the Environmental Tobacco Smoke campaign was fourth out of all interventions, due to the timing of this campaign, the evaluation will be conducted sooner than other higher priority interventions. Furthermore, the highest ranked evaluations for interventions require some time for data collection and fine tuning of the programs. Therefore, we determined that those evaluations would not be finalized until at least a year of data collection had taken place.

Table 3. Rank order prioritization candidates

Surveillance	Partnerships	Interventions
1. Analyze data	1. Montana Asthma Advisory Group	1. ACMS
2. Data Dissemination	2. Identifying partnership gaps and cultivating new partners	2. Home Visiting Initiative
3. Identify gaps, new sources and support legislation for new data sources	3. Improving communication with stakeholders	3. AHEAD Protocol
4. Respond to data requests		4. ETS Campaign
		5. School Nurse Mini-grants
		6. Asthma Educator Initiative
		7. Creating Asthma Friendly Schools and Childcare Trainings

Methods

Table 4. Overarching Timeline for Proposed Evaluation Activities

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Evaluations	H1N1 Outreach project	Environmental Tobacco Smoke Awareness Campaign	AHEAD Protocol	Home Visiting Program	School Nurse Mini Grants
	Strategic Evaluation Plan		ACMS	Surveillance	Asthma Educator Initiative
				Partnerships	
Capacity Building	Write Evaluation Plan	Provide basic evaluation information to MAAG	Attend Evaluation conference		
	Hire/train staff		Consider hiring an intern		
	Attend CDC Conference/training				

Individual evaluation plans will be designed for each prioritized topic; however the following descriptions provide some details for each proposed evaluation. Summarized evaluation profiles can be accessed in Appendix C.



H1N1 Outreach Project

Due to the sudden onset of H1N1 influenza in the spring of 2009, the MACP developed an outreach project to target high risk individuals with asthma and other underlying conditions. The purpose of the project was to encourage these individuals to receive the H1N1 influenza vaccination. In order to carry out the project, the MACP partnered with several other programs in the department to reach out to children on Medicaid at high risk for H1N1, including asthma. Medicaid data was used to identify children with asthma, send letters and make phone calls to high risk children and their parents. This data will be matched to the State of Montana's Immunization Registry (WIZRD) to identify recipients of the letters who also received one or two doses of the H1N1 vaccine. By looking at matching rates, we plan to evaluate whether the group receiving the letters and phone calls was more likely to receive an H1N1 vaccine than a control population that did not. We also plan to ask whether the phone calls that were made to homes of children with asthma and other known risks for influenza were more successful in encouraging vaccination than a letter alone. This information is important for deciding how to disseminate future information and outreach in Montana, not only for the MACP, but for other programs as well. A final report is expected by the end of 2010. The cost of this evaluation will be about \$2,000 in staff time, evaluation development, and result reporting.

Environmental Tobacco Smoke Awareness Campaign

The environmental tobacco smoke (ETS) awareness campaign is a media campaign designed to raise awareness about the link between tobacco smoke and asthma, particularly in children. The campaign will include billboards and a radio spot. Educational flyers, window clings, and magnets will also be mailed to the families of children with asthma that are enrolled in Medicaid. This will be a one-time campaign during this funding cycle and will last six weeks, starting and ending in the summer of 2010. Two sets of materials will be developed, one targeting American Indians and one targeting non-American Indians. We plan to evaluate the reach of the campaign, as well as to measure whether or not people have been encouraged not to smoke or to not smoke near children with asthma. The proposed evaluation will include a case study and a pre-post design review of data. Beginning in May 2010, the Montana Quit Line will add a question to their intake survey. Along with the question, 'Do you have asthma?', they will also ask, 'Do you live with someone with asthma?' Data will be collected from the beginning of the campaign to a few months after the campaign. These data will be analyzed to try to determine whether calls to the Montana Quit Line among people with asthma, or people who live with someone with asthma, increased during or after the campaign; the total number of calls will also be examined. After the campaign, the coordinating advertising company will provide us with the estimated number of people reached by the campaign. Along with program records on the number of successful mailings, we plan to be able to answer: 'Was the program successful in reaching the intended audience?' A final report will be done by 8/31/2011 and will be presented in report and oral form to MAAG members and our tobacco cessation partners. The cost of this evaluation will be approximately \$1,500 in staff time. The Montana Tobacco Use Prevention Program will continue to include asthma education and outreach to people with asthma as part of their program, which may lead to further evaluations in the future.

ACMS: Asthma Care Monitoring System

The Asthma Care Monitoring System (ACMS) is an information technology and quality improvement software designed to support medical clinics in improving care to patients with asthma using the Expert Panel Report-3 (EPR-3) clinical asthma guidelines. ACMS allows clinics to track their asthma patients, capturing each patient's level of asthma control, exacerbations, medications, self-management education, and other clinically useful data at each visit. Through this system, areas for improvement can be identified and quality improvement projects designed. We plan to evaluate the effectiveness of this program and whether the tool is useful for improving asthma care. Through the use of quarterly reports from each site's ACMS system, we will collect data on certain asthma outcomes. The system is scheduled to be piloted in the summer of 2010 and data collection will continue quarterly. Interim reports with specific indicators will be provided to clinics based on summary data from quarterly reports. These reports will enable clinics to assess their quality of care and areas for improvement. A full report of the outcomes of the system is scheduled to be completed by August 31st, 2012. The report will be provided to interested parties including MAAG members and ACMS users. The cost of this evaluation will be approximately \$10,000.

Asthma Hospital and Emergency Department Patient Education, Action Plan and Discharge Program (AHEAD)

The AHEAD program is designed to facilitate the implementation of EPR-3 recommendations for patient education upon discharge from Montana Emergency Departments. The goals of the program are to provide useful self-management education to people with asthma, prevent hospital readmissions for asthma exacerbations, and increase referrals for follow-up care to a primary care provider. We plan to evaluate the usefulness of the materials and the system as well as try to identify whether the protocol increases the provision of asthma self-management education and decreases the number of subsequent asthma exacerbations. The program is scheduled to begin in the summer of 2010 at a few emergency departments in Montana. Interim evaluation of the program will take place and other emergency departments will be added to the program as time goes on. Case studies will be performed to survey and interview hospital staff to ensure the program is meeting their needs and functioning as best possible. A pre-post design study will also be conducted through chart reviews to assess whether asthma patients are discharged with appropriate self-management education and whether there are repeat visits after being provided care according to the protocol. A final report will be produced by 8/31/2012 and provided to participating emergency departments, MAAG members, and other stakeholders. The cost of the planned evaluation will be about \$3,000 in staff time and travel expenses.

Home Visiting Initiative

This program is designed to support self-management education on environmental triggers in the homes of children with asthma. The MACP staff will fund two sites to implement the program in the homes of at-risk children with asthma using an evidence-based home visiting protocol. We plan to evaluate this program using a pre-post design with questionnaires. Our evaluation questions are focused on measuring whether children with asthma are experiencing fewer symptoms and days of school missed, and whether children and parents/guardians feel more equipped to handle asthma in the home because of the program. A cost-effectiveness analysis will also be conducted, comparing monetary costs of the program with outcomes obtained. Quarterly reports submitted by the home visiting staff with data on process measures such as the number of children served and visits conducted will also be collected. The evaluation will begin at the beginning of 2011 and a final report will be prepared at the end of the year in 2012. The report will be available to public health nurses, MAAG members and staff, as well as put on the MACP website. The cost of this evaluation is estimated at \$2,000 in staff time and material development.

Partnerships

The MAAG supports the MACP by providing expertise and guidance on a variety of asthma topics. The group is made up of a diverse group of asthma stakeholders including physicians, nurses, pharmacists, people with asthma, and coordinators of programs supporting asthma control and wellness. The group meets three times a year. One time during the five year evaluation period, we plan to evaluate this key partnership group, including the satisfaction of members and analysis of partnership gaps and suggestions for programmatic improvement. We will conduct this evaluation using a survey and by interviewing members. This investigation will take place in the summer of 2013, and a final report will be available to MAAG members and program staff by 8/31/2013. The cost of this evaluation will be about \$1,000, including costs associated with staff time, survey production and printing, and report generation.



Surveillance

Surveillance is an important part of the MACP, providing data to assess the problem of asthma in Montana, target interventions to groups most at risk, make program decisions, and secure funding. The MACP produces three surveillance reports each year, submits journal abstracts on pertinent topics, and responds to data requests. During the five year evaluation plan period, we will evaluate the asthma surveillance system in Montana one time. We will assess whether it is being used to its fullest, what data gaps that exist, what topics have not been covered, and how well the data is being used by MACP partners and consumers. In 2013, we will conduct a case study using data logs and surveys to assess our evaluation questions. A final report will be provided to MAAG members and other data users. The cost of this evaluation will be minimal and will require only the evaluator's time.

School Nurse Mini Grants

Beginning in 2010, the MACP will award several grants to school nurses to conduct one of five prescribed asthma-related activities. Each mini-grant recipient will use data collection tools and reports developed by the MACP, which are then submitted to our program for evaluation purposes. Because of the variation in the types of projects that can be performed, this evaluation will not take place until 2014, when there are sufficient data to assess the program. This evaluation will look into the number of nurses who participated, number of children affected, and whether specific outcomes for each activity were reached. Data from the outcome reports due after completion of each grant will provide information for the final evaluation report due 8/31/2014. This report will be provided to school nurses, MAAG members, program staff, and other interested parties. The cost of this evaluation will be about \$1,000 in staff time and report generation.

Asthma Educator Initiative

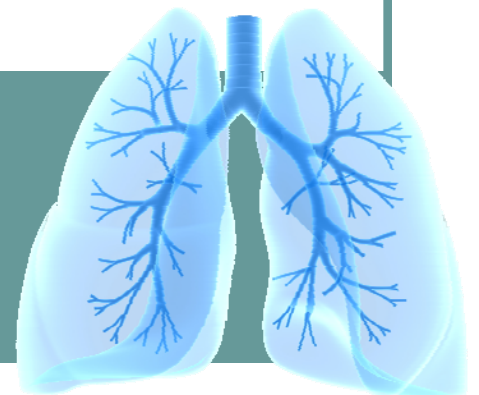
The MACP is committed to increasing the number of trained individuals providing asthma education in Montana by offering classes and a lending library. We plan to evaluate this program in the fall of 2013 by answering the questions: “to what extent are the lending library and classes being used?” and “is self-reported provision of asthma education increasing?”. We will collect information over the next several years about the number of people who take MACP sponsored asthma educator classes, the number who pass the Certified Asthma Educator exam, and the frequency of use of our lending library of study materials. We also plan to compare the frequency that respondents in the Asthma Call Back Survey report having been given self-management asthma education from before the Asthma Educator Initiative began through 2013. These evaluation results will be made available to MAAG members, health care providers, insurance companies and other interested stakeholders. The cost of this evaluation will be around \$1,000 of staff time for data analysis and data collection.



Capacity Building

In order to improve our evaluation of the program and encourage new ideas and projects, MACP employees and MAAG members will undergo training and capacity building activities to support a culture of evaluation. Staff members will participate in CDC designed evaluation trainings and other workshops, webinars, and teleconferences. As necessary and available, MACP staff will attend evaluation conferences and trainings. MAAG members will regularly be exposed to evaluations the MACP is conducting and will be invited to participate as full partners in the development, implementation and interpretation of evaluations activities that relate to their own work. Throughout this process, MACP staff will provide technical assistance and support to MACP partners on data collection and evaluation. For some interventions, interim evaluation reports will be provided to collaborators. There may need to be some capacity building for these groups on the meaning of the results, how to translate them to practice, and other opportunities for evaluation. The MACP evaluator and staff will respond to these training needs as they arise. Finally, the MACP may hire an intern to increase capacity to conduct data collection and synthesis for some evaluations.

“The MACP is committed to building a culture of evaluation.”



Communication Plan

The MACP has developed a plan for communicating our evaluation progress and results (Table 5). All programmatic information is available on our website and is regularly communicated through email with MAAG members and other partners. MACP staff will be updating partners as needed with information specific to their projects, including evaluation. This communication will occur via email, phone conversations and website updates, as well as through MAAG meetings.

Table 5. Communication Plan

Activity	Format	Timeline	Notes
Present complete strategic evaluation plan	Meeting	August 2010	
Post evaluation plan to website	Website	August 2010	
Submit evaluation plans to CDC for suggestions	Email	As necessary	
Notify need to update evaluation plan	Email	March 2011	
Share outcomes of evaluations to interested parties	Presentation report	End of timeline in individual evaluation plan	MAAG, topic specialists
Publish results, when warranted	Journal articles or poster presentations at scientific conferences	As available	
Legislative talking points	Written report	Fall 2012	Legislature starts Jan 2013
Contact individual evaluation planning teams of writing, progress, and final report	Email	Every other month during writing and reporting phase	Establish email lists

Conclusion

The MACP strives to improve asthma control and quality of life among Montanans with asthma and increase asthma awareness among the general public, working specifically in the areas of surveillance, partnerships and interventions. Over the next five years, the program will implement activities outlined in the Montana State Asthma Plan in order to reach short term objectives and long term goals. The MACP and its partners are committed to systematically evaluating all major program components, as evaluation activities are critical to ensuring that our initiatives are producing the intended outcomes and that we are using resources to the highest efficiency and with the best results.

While this document lays out plans for evaluating individual programs conducted by the MACP, efforts will be made to do ‘cross evaluation’. We plan to include data from multiple programs in individual evaluations when available and of interest. This will allow us to evaluate how programs may be affecting each other. Linking results from multiple programmatic activities will help us measure overall programmatic outcomes. This strategic evaluation plan will be a resource for the MACP and its partners to guide evaluation activities and will continue to be updated as needed.

“Evaluation activities are critical to ensure that our initiatives are producing the intended outcomes and that we are using resources to the highest efficiency and with the best results.”

Appendix A: Activity Profiles

Surveillance Activities Profiles

Program Component	Surveillance
Title of Activity	Respond to data requests
Description of Activity	Complete requests as needed for stakeholders
Duration of Activity	Ongoing
Partner Involvement	MACP epidemiologist
Cost of Activity	\$2500 in staff time annually-CDC ACA
Contribution to Intended Program Outcomes	Surveillance Objective 1: Analyze existing asthma data sources to assess the burden of asthma in Montana Surveillance Objective 3: Regularly communicate surveillance findings
Challenges	Data may not be available to complete request
Prior Evaluation	None

Program Component	Surveillance
Title of Activity	Data analysis
Description of Activity	Analyze data
Duration of Activity	Ongoing
Partner Involvement	Bureau epidemiologists, MACP epidemiologist
Cost of Activity	\$15,000 staff time annually-CDC ACA
Contribution to Intended Program Outcomes	Surveillance Objective 1: Analyze existing asthma data sources to assess the burden of asthma in Montana
Challenges	None
Prior Evaluation	None

Program Component	Surveillance
Title of Activity	Identifying gaps in data, identify new sources, and support legislation to improve sources
Description of Activity	Assess current data, including completeness, to identify areas that could be enhanced or valuable data sources that could be developed
Duration of Activity	Ongoing
Partner Involvement	Bureau epidemiologists, program staff, MAAG
Cost of Activity	\$3500 in staff time annually-CDC Asthma Cooperative Agreement (ACA)
Contribution to Intended Program Outcomes	Surveillance Objective 2: Improving existing data sources and development of new sources
Challenges	Legislative will, developing partnerships to gain access to data that is not currently available
Prior Evaluation	None

Appendix A: Activity Profiles

Program Component	Surveillance
Title of Activity	Data dissemination
Description of Activity	Give presentations and produce reports on data findings
Duration of Activity	Ongoing
Partner Involvement	Bureau epidemiologists, MACP epidemiologist
Cost of Activity	\$20,000 annually: \$5,000 in printing/dissemination, \$15,000 staff time-State of Montana and CDC ACA
Contribution to Intended Program Outcomes	Surveillance Objective 3: Regularly communicate surveillance findings with stakeholders
Challenges	None
Prior Evaluation	Process measures assessed for number sent and returned, number of presentations made

Program Component	Surveillance
Title of Activity	Evaluation
Description of Activity	Produce evaluation plan, update annually, and evaluate activities
Duration of Activity	Ongoing
Partner Involvement	Bureau epidemiologists, MACP program staff, MAAP
Cost of Activity	\$5,000 staff time-CDC ACA annually
Contribution to Intended Program Outcomes	Surveillance Objective 4: Evaluate the impact of asthma control activities in Montana
Challenges	None
Prior Evaluation	No plan produced previously

Partnership Activity Profiles

Program Component	Partnerships
Title of Activity	Maintaining the Montana Asthma Advisory Group
Description of Activity	Facilitate three meetings of the Montana Asthma Advisory Group each year, maintaining an active diverse membership
Duration of Activity	Ongoing
Partner Involvement	MACP staff, key stakeholders including MAAG members and other asthma related groups, organizations and individuals
Cost of Activity	~\$10,000 annually primarily from CDC ACA
Contribution to Intended Program Outcomes	State Plan Partnership Objective 1 and CDC Year 1 Work Plan Partnership Objective 1
Challenges	Coordinating meetings at times when stakeholders are available, travel in a large rural state, difficulty with travel in inclement weather, maintaining interest and participation with a diverse group with varied interests
Prior Evaluation	Feedback forms and electronic surveys of group members

Appendix A: Activity Profiles

Program Component	Partnerships
Title of Activity	Identifying partnership gaps and cultivating new partners
Description of Activity	Determining which key stakeholder groups are not involved in MACP activities and developing relationships with representatives from these groups
Duration of Activity	Ongoing
Partner Involvement	MAAG members and other partners assist in identifying gaps and making linkages to new groups
Cost of Activity	Minimal
Contribution to Intended Program Outcomes	State Plan Objective 2 and CDC Year 1 Work Plan Partnership Objective 2
Challenges	Fewer and smaller organizations in a rural state (e.g. ALA has only 1 staff member who also works in WY)
Prior Evaluation	Feedback forms at MAAG meetings solicited feedback on missing partners

Program Component	Partnerships
Title of Activity	Improving communication with stakeholders
Description of Activity	Regularly disseminate surveillance reports (three annually), evaluation findings and programmatic information to stakeholders through e-mails, publications and website. Systematically solicit stakeholder feedback and use to improve asthma activities.
Duration of Activity	Ongoing
Partner Involvement	MACP staff, key stakeholders including MAAG members and other asthma related groups, organizations and individuals
Cost of Activity	~\$10,000 annually split between CDC ACA and state funds
Contribution to Intended Program Outcomes	State Plan Surveillance Objective 3, Partnerships Objective 1-2, CDC Asthma Work Plan Surveillance Objectives 1 and 3, Partnerships Objective `1
Challenges	Developing tools to solicit partner feedback, maintaining stakeholder engagement, developing and implementing a robust communication plan
Prior Evaluation	Tracked process indicators (number of surveillance reports printed, number and types of stakeholders receiving mailings, etc.)

Appendix A: Activity Profiles

Childcare Activity Profiles

Program Component	School and Childcare Interventions
Title of Activity	School Nurse Mini-Grant Program
Description of Activity	Award mini-grants to 20 school nurses to provide evidence-based school asthma management to 100 or more students with asthma and/or asthma training to 300 or more school staff
Duration of Activity	Ongoing
Partner Involvement	Montana Association of School Nurses
Cost of Activity	\$10,000 annually from CDC ACA and state funds
Contribution to Intended Program Outcomes	CDC Work Plan School and Childcare Objective 1
Challenges	Since there are five different activities for school nurses to choose from, different forms of evaluation are required for each activity, will take time to increase sample size enough to draw representative conclusions
Prior Evaluation	-

Program Component	School and Childcare Intervention
Title of Activity	Creating Asthma Friendly Schools and Childcare Trainings
Description of Activity	Train 200 school staff to use the Creating Asthma Friendly School resource guide and 100 child care providers to use the Asthma Education for Childcare providers guide
Duration of Activity	Ongoing
Partner Involvement	Day Care Licensing Bureau, Montana Team Asthma partnerships, Montana Association of School Nurses
Cost of Activity	\$6,000: \$5,000 CDC, \$1,000 MT Asthma Control Program annually
Contribution to Intended Program Outcomes	CDC Work Plan School and Childcare Objective 3
Challenges	Scheduling training times can be challenging, reaching providers in a large rural state requires use of information technology
Prior Evaluation	Prior evaluations of presentations in years past have been completed

Healthcare Activity Profiles

Program Component	Healthcare Intervention
Title of Activity	Asthma Care Monitoring System (ACMS)
Description of Activity	Develop and install quality improvement and tracking software at clinics in Montana
Duration of Activity	Ongoing
Partner Involvement	EERC University of North Dakota; clinics across MT and their asthma champions

Appendix A: Activity Profiles

Cost of Activity (ACMS Continued)	Approximately \$60,000.00 annually; Split between CDC and state money
Contribution to Intended Program Outcomes	Support delivery of evidence-based healthcare according to EPR-3 Asthma Guidelines in the primary care setting
Challenges	Computer system compatibility between ACMS system and providers' computer systems, including potential differences between ACMS and electronic health record systems (EHR).
Prior Evaluation	No

Program Component	Healthcare Intervention
Title of Activity	The Asthma Educator Initiative
Description of Activity	Work across the continuum of care to provide quality education to people with asthma
Duration of Activity	Ongoing
Partner Involvement	Certified Asthma Educators; asthma care providers
Cost of Activity	Approximately \$14,000 annually. Approximately 80% CDC monies & 20% state monies
Contribution to Intended Program Outcomes	Increase access to quality asthma education at multiple points of care
Challenges	Currently no asthma education reimbursement in MT; cost of taking test is a barrier for some people; because of the rural nature of MT, limited access to specialty care; few certified educators; therefore limited promotion
Prior Evaluation	Some trainings have been provided in the past with small evaluation pieces included

Program Component	Healthcare Intervention
Title of Activity	The AHEAD Protocol
Description of Activity	Pilot an ED/hospital education program that ensures patients receive standardized self management education upon discharge from the ED, including written discharge instructions, an AAP, a prescription for ICS, education on using asthma devices, and either an appointment or instruction to seek follow up care with a PCP or asthma specialist
Duration of Activity	Ongoing
Partner Involvement	Emergency Departments and Critical Access Hospitals in MT
Cost of Activity	Approximately \$20,000 annually from CDC and state monies, also have some funding from the Montana Hospital Association to work with critical access care hospitals
Contribution to Intended Program Outcomes	Support delivery of evidence-based healthcare according to EPR-3 Asthma Guidelines in Emergency Departments and hospitals
Challenges	Recruiting hospitals, implementing program at small hospitals without large support teams or 24 hour respiratory therapy or pharmacy staff
Prior Evaluation	No

Appendix A: Activity Profiles

Environmental Disparities Activity Profiles

Program Component	Environmental Disparities
Title of Activity	Smoking and Asthma Campaign: <i>Before you light up, consider this</i>
Description of Activity	Fund a media campaign to bring awareness to the link between tobacco smoke and asthma and encourage people to quit smoking
Duration of Activity	May 2010-Sept 2010
Partner Involvement	Montana Medicaid Program, Arnold Advertising Agency, MAAG members living with asthma
Cost of Activity	\$82,000, one time cost
Contribution to Intended Program Outcomes	Environmental Objective 1: Reduce exposure to environmental tobacco smoke and decrease percentage of persons with asthma who are current smokers
Challenges	Process for establishing contracts is extensive, difficulty getting necessary questions added to Quitline intake survey
Prior Evaluation	None

Program Component	Environmental Disparities
Title of Activity	Home Visiting Program
Description of Activity	Fund two pilot sites to begin implementing a home visiting program for at-risk children with uncontrolled asthma
Duration of Activity	Ongoing
Partner Involvement	Montana Medicaid Disease Management Program; Montana Public Health Home Visiting Program
Cost of Activity	\$45,000 annually
Contribution to Intended Program Outcomes	Environmental Objective 5: Support initiatives that focus on Montana populations most at risk for exposure to asthma triggers and provide education directly to persons with asthma
Challenges	Homes in Montana can be located at great distances from another; extensive travel time can be required, having enough patients in a rural area to justify the cost of maintaining the program
Prior Evaluation	None

Appendix B: Evaluation Question Development

Evaluation Candidate	Type	Question	Priority
Surveillance			
Analyze Data	Process	What types of surveillance products have we produced? Data sets used? Measures?	Medium
	Outcome	To what extent does the MACP and its partners value the evaluation data and use it to leverage funding or drive program decisions?	High
Data Dissemination	Process	How many people receive surveillance reports? How many data requests are received annually?	Low
	Outcome	To what extent does the MACP and its partners value the evaluation data and make efforts to make it available to consumers?	High
Partnership			
MAAG Evaluation	Process	How many people participate? How many organizations do they represent? Do those organizations represent the people at highest risk for asthma? Are there key organizations or individuals that are not currently participating?	Medium
	Outcome	How satisfied are partners and do they feel like the MAAG is a forum that helps them to increase the scope of their work? Do they feel involved in directing asthma control activities in the state?	High
Health Care Interventions			
ACMS	Process	How many clinics are implementing ACMS? How many asthma patients are being managed with the software?	High
	Process	How useful/functional is the software? What barriers are partner clinics experiencing?	High
	Process	Are clinics submitting complete and timely data and in a suitable format?	High
	Outcome	Are patients at ACMS clinics receiving care as outlined in the EPR-3 guidelines?	High
	Outcome	Of the people seen at ACMS clinics, are their asthma outcomes improving?	High
AHEAD Protocol	Process	How many EDs are implementing AHEAD? How many asthma patients have been affected by the AHEAD protocol?	High
	Process	How useful/functional are the materials? Are EDs able to implement the protocol with all asthma ED visits?	High
	Outcome	Upon discharge, are asthma patients receiving care according to the EPR-3 Guidelines?	High
	Outcome	Of the people who receive the protocol, are they having improved asthma outcomes?	High

Appendix B: Evaluation Question Development

Evaluation Candidate	Type	Question	Priority
Environmental Interventions			
ETS Awareness Campaign	Process	Was the program successful in reaching the intended audience?	Medium
	Outcome	Were there increased calls to the MT Quit Line among people with asthma or who have an asthmatic in their household?	Medium
Home Visiting Program	Process	How many children with asthma received a home visit? How many visits did each child receive?	High
	Process	What amount of services/education was provided for children with asthma?	Medium
	Outcome	Was there a decrease in symptoms, days of school missed, etc.?	High
	Outcome	Does the family feel more equipped to handle asthma in the home?	High
	Outcome	Does the project have a positive return on investment?	High
School and Childcare Interventions			
School-Nurse mini grants	Process	How many grants awarded? How many nurses participated?	High
	Process	How many students, parents, and school staff reached and by which activity?	High
	Process	How useful/utilized was each type of activity?	Medium
	Outcome	Were specific outcomes reached for each activity?	High

Appendix C: Evaluation Profiles

Surveillance Evaluation Profile

Title of Evaluation	Systematic Review of Montana Asthma Control Program Surveillance System
Title of Activity	Data analysis and dissemination
Program Component	Surveillance
Evaluation Questions	What types of surveillance products have we produced? Data sets used? Measures used? To what extent does the MACP and its partners value the evaluation data and use it to leverage funding or drive program decisions? How many people receive surveillance reports? How many data requests are received annually? To what extent does the MACP and its partners value the evaluation data and make efforts to make it available to consumers?
Timing of Evaluation	Start 9/1/2009-End 8/31/2013
Evaluation Design	Case-Study
Data Sources	Data logs, MAAG member responses, MACP staff responses
Data collection Methods	Document reviews, surveys, interviews
Audience	MACP staff and MAAG members
Cost	Minimal

Partnership Evaluation Profile

Title of Evaluation	Montana Asthma Advisory Group Survey and Feedback
Title of Activity	MAAG membership
Program Component	Partnerships
Evaluation Questions	How many people participate? How many organizations do they represent? Do those organizations represent the people at highest risk for asthma? Are there key organizations or individuals that are not currently participating? How satisfied are partners and do they feel like the MAAG is a forum that helps them to increase the scope of their work? Do they feel involved in directing asthma control activities in the state?
Timing of Evaluation	Start Summer 2013-End 8/31/2013
Evaluation Design	Case Study
Data Sources	MAAG members
Data collection Methods	Survey, interviews
Audience	MACP program staff, MAAG members
Cost	\$1,000

Appendix C: Evaluation Profiles

Healthcare Evaluation Profiles

Title of Evaluation	Outcomes from the Asthma Care Monitoring System Initiative
Title of Activity	Asthma Care Monitoring System
Program Component	Interventions
Evaluation Questions	How many clinics are implementing ACMS? How many asthma patients are being managed with the software? Are clinics submitting complete and timely data and in a suitable format? Are patients at ACMS clinics receiving care as outlined in the EPR-3 guidelines? Of the people seen at ACMS clinics, are their asthma outcomes improving?
Timing of Evaluation	Start 4/1/2010-Ongoing Final Report 8/31/2012
Evaluation Design	Non-experimental
Data Sources	Quarterly reports
Data collection Methods	Document submission
Audience	MACP program staff, ACMS users
Cost	~\$10,000
Title of Evaluation	Outcomes from the AHEAD Protocol
Title of Activity	Implementation of the AHEAD protocol
Program Component	Intervention
Evaluation Questions	How useful/functional are the materials? Are EDs able to implement the protocol with all asthma ED visits? How many EDs are implementing AHEAD? How many asthma patients have been affected by the AHEAD protocol? Upon discharge, are asthma patients receiving care according to the EPR-3 Guidelines? Of the people who receive the protocol, are they having improved asthma outcomes?
Timing of Evaluation	Start Summer 2010. Final Report Summer 2012
Evaluation Design	Mixed methods: Case Study, pre-post design
Data Sources	Survey, interviews, chart review, interviews of ED staff
Data collection Methods	AHEAD protocol users
Audience	AHEAD protocol users, physicians, MACP staff, MAAG members
Cost	~\$3,000

Appendix C: Evaluation Profiles

Title of Evaluation	Results of the Efforts to Increase Asthma Education in Montana
Title of Activity	Asthma Educator Initiative
Program Component	Intervention
Evaluation Questions	To what extent is the lending library and classes being used? Is self-reporting of provision of asthma education increasing? Is the number of certified asthma educators in MT increasing?
Timing of Evaluation	Starting Fall of 2013, Ending beginning of 2014
Evaluation Design	Mixed methods: Case Study, pre-post design
Data Sources	Data logs, Asthma Call Back survey
Data collection Methods	Data logs of class participants, library users, Asthma Call Back Survey
Audience	Health Care Providers, Insurance Companies, MAAG, MACP
Cost	~\$1,000

Title of Evaluation	Evaluation of the H1N1 Outreach Efforts
Title of Activity	H1N1 Outreach Project
Program Component	Intervention
Evaluation Questions	What was the reach and success of contacting children with asthma on Medicaid? Were children who received the intervention more likely to get the H1N1 vaccine than other children? Was there a difference in H1N1 vaccine utilization in the children who received a letter vs those who also received a phone call?
Timing of Evaluation	Starting Summer 2010, ending Fall 2010
Evaluation Design	Non-equivalent control group design
Data Sources	WIZRD Registry, Medicaid data, data logs
Data collection Methods	Data logs, WIZRD report forms, Medicaid database
Audience	MACP staff, Medicaid program staff, Immunization program staff
Cost	~\$2,000

Appendix C: Evaluation Profiles

Environmental Disparities Evaluation Profiles

Title of Evaluation	Results from the Public Education Campaign Linking Asthma and Secondhand Smoke in Children: <i>Consider this, before you light up</i>
Title of Activity	Environmental Tobacco Smoke Awareness Campaign
Program Component	Intervention
Evaluation Questions	Was the program successful in reaching the intended audience? Were there increased calls to the MT Quit Line among people with asthma or who have an asthmatic in their household?
Timing of Evaluation	Start May 2010 Final report 8/31/2011
Evaluation Design	Mixed Methods: Case study, pre-post design
Data Sources	Data review , Validated advertising reach collection tool
Data collection Methods	MT quit line, Arnold Agency report
Audience	Environmental advocates, anti-smoking partners, Medicaid staff, Montana Tobacco Use Prevention Program staff, MACP staff, MAAG members
Cost	~\$1,500

Title of Evaluation	Asthma Education Home Visiting Results
Title of Activity	Home Visiting Initiative
Program Component	Intervention
Evaluation Questions	How many children with asthma received a home visit? How many visits did each child receive? What amount of services/education was provided for children with asthma? Was there a decrease in symptoms, days of school missed, etc.? Does the family feel more equipped to handle asthma in the home? Has the family's financial commitment to asthma decreased?
Timing of Evaluation	Start 1/1/2011 Final report 8/31/2012
Evaluation Design	Mixed methods: Case study, Pre-post design, non-experimental
Data Sources	Public Health Nurses logs, program participant surveys
Data collection Methods	Document review, data logs, questionnaires, quarterly reports
Audience	Public Health nurses, MACP staff, MAAG members, local public health and tribal health departments, payers looking to reduce costs for patients with asthma
Cost	~\$2,000

Appendix C: Evaluation Profiles

School and Childcare Evaluation Profile

Title of Evaluation	Outcomes of School Nurse Directed Asthma Control Projects
Title of Activity	School Nurse Mini Grants
Program Component	Intervention
Evaluation Questions	How many grants awarded? How many nurses participated? How many students, parents, and school staff reached and by which activity? How useful/utilized was each type of activity? Were specific outcomes reached for each activity?
Timing of Evaluation	Start 4/1/2010 Final Report 8/31/2014
Evaluation Design	Case Study
Data Sources	Outcome reports
Data collection Methods	Document review
Audience	School nurses, MACP staff, MAAG members, School Boards
Cost	\$1,000

This publication was supported through funding from the Montana Legislature. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the US Department of Health and Human Services.

The Montana Department of Public Health and Human Services attempts to provide reasonable accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Department. Alternative accessible formats of this document will be provided upon request. For more information call (406)-444-7304.

100 copies of this public document were published at an estimated cost of \$X per copy, for a total cost of \$X which includes \$X for printing and \$0.00 for distribution.

