

Florida Asthma Prevention and Control Program

Florida Department of Health



Strategic Evaluation Plan 2009-2014

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List of Acronyms

ALA	American Lung Association
CDC	Centers for Disease Control and Prevention
CHD	Florida Department of Health County Health Departments
EPR-3	Expert Panel Report 3 Clinical Guidelines
FAC	Florida Asthma Coalition
FLAPCP	Florida Asthma Prevention and Control Program
NHLBI	National Heart, Lung and Blood Institute

1. Introduction: Program Background and Purpose of the Strategic Evaluation Plan

Program Background

In September 2009, the Florida Department of Health (DOH), Division of Environmental Health, Bureau of Environmental Public Health Medicine entered into a five-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) for the implementation of asthma surveillance and control interventions. The interventions and statewide surveillance system are carried out in collaboration with statewide asthma partners by the Florida Asthma Prevention and Control Program (FLAPCP). The FLAPCP is housed jointly with the Division of Family Health Services, Bureau of Chronic Disease Prevention and Health Promotion.

The goals of the program are to reduce asthma disparities and hospitalization rates, and increase the number of people with asthma receiving self-management education. The program is taking a comprehensive approach to preventing and reducing asthma disparities in Florida by following an integrated approach (where each component reinforces the other) as set forth by the CDC’s National Asthma Control Program. To this end, programmatic initiatives/activities have been developed and integrated into the three component areas – partnerships, surveillance, and interventions.

The Florida Asthma Coalition (FAC) was also established in 2009. The coalition developed the Florida Asthma Plan 2009-2014, a five-year strategic plan to address asthma in Florida. The FLAPCP’s work plan is closely aligned with the overarching Florida Asthma Plan. Table 1 below shows how each of the program’s work plan goals correlate to a goal outlined in the Florida Asthma Plan.

Table 1: Comparison of FLAPCP’s goals to the State Asthma Plan

FLAPCP Program Goals	Florida Asthma Plan Goals	
<p><u>Goal 1:</u> Build and maintain a diverse and representative group of partners and stakeholders to address the burden of asthma in the state.</p>	<p><u>Goal 1:</u> Florida has a strong and sustainable statewide coalition that works together to improve the efficacy of asthma treatment through education, program expansion, policy development, fundraising, and administrative system changes.</p>	
<p><u>Goal 2:</u> Identify, prioritize, and implement interventions for clinical, environmental and community-based initiatives that increase capacity to address asthma from a public health perspective</p> <p>Goal two includes five priority interventions. The major goals for each of the priority intervention are:</p>	<p>Encompasses Goals 3-7 listed below.</p>	
<p><u>Intervention 1: Public Service Announcement:</u> Improve the management and self-management of asthma in Florida to reduce the burden of disease.</p>	<p><u>Goal 3:</u> Florida residents with current asthma will receive self-management education and the general public will be aware of resources for information about asthma management and control.</p>	<p><u>Goal 5:</u> Asthma disparities within all populations throughout the State of Florida will be reduced.</p>

<p><i>Intervention 2: Daycare Center Operator Training:</i> Increase the capacity of health and child care providers and other relevant professionals to reduce or control environmental risk factors and improve asthma management/self-management in the schools and daycares.</p>	<p><u>Goal 4:</u> Indoor Air Quality in schools, homes, commercial buildings and regulated facilities (group care and day care centers) will be safe for Children and Adults with asthma and preventable outdoor air triggers will be minimized through policy and management practices.</p>	<p><u>Goal 6:</u> Clinicians will follow best practices, guidelines, and data related to the diagnosis and management of asthma of children, adolescents and adults.</p>
<p><i>Intervention 3: Open Airways:</i> Increase the capacity of individuals with asthma, families, health care providers, school personnel and others to reduce or control environmental risk factors and improve asthma management in schools.</p>	<p><u>Goal 3:</u> Florida residents with current asthma will receive self-management education and the general public will be aware of resources for information about asthma management and control.</p>	<p><u>Goal 5:</u> Asthma disparities within all populations throughout the State of Florida will be reduced.</p>
<p><i>Intervention 4: Wee Wheezers:</i> Increase the capacity of children ages 0-7 and their parents to control asthma through self-management education.</p>	<p><u>Goal 3:</u> Florida residents with current asthma will receive self-management education and the general public will be aware of resources for information about asthma management and control.</p>	<p><u>Goal 5:</u> Asthma disparities within all populations throughout the State of Florida will be reduced.</p>
<p><i>Intervention 5: Clinical Management Education:</i> Increase the number of registered nurses and respiratory therapists that understand the pathophysiology of asthma and allergy.</p>	<p><u>Goal 6:</u> Clinicians will follow best practices, guidelines, and data related to the diagnosis and management of asthma of children, adolescents and adults.</p>	
<p><u>Goal 3:</u> Maintain and enhance the current asthma surveillance activities.</p>	<p><u>Goal 2:</u> Asthma surveillance in Florida will fulfill stakeholder asthma related data needs for application to program planning, education, evaluation, policy development and system change.</p>	
<p><u>Goal 4:</u> Monitor and evaluate the effectiveness of FLAPCP activities.</p>	<p>Not explicit in the <i>State Asthma Plan</i> but the Plan does outline the framework for evaluation.</p>	

Program Description

FLAPCP’s Overarching Logic Model is shown below to better describe the program. The model is a high level view of what the program is doing and expects to achieve. The model should be read left to right; where the items on the left guide those on the right. The logic model illustrates the relationship between program activities and their intended effects.

The following figures and text explain how to read the logic model (*See Figures 1.A – 1.F*).

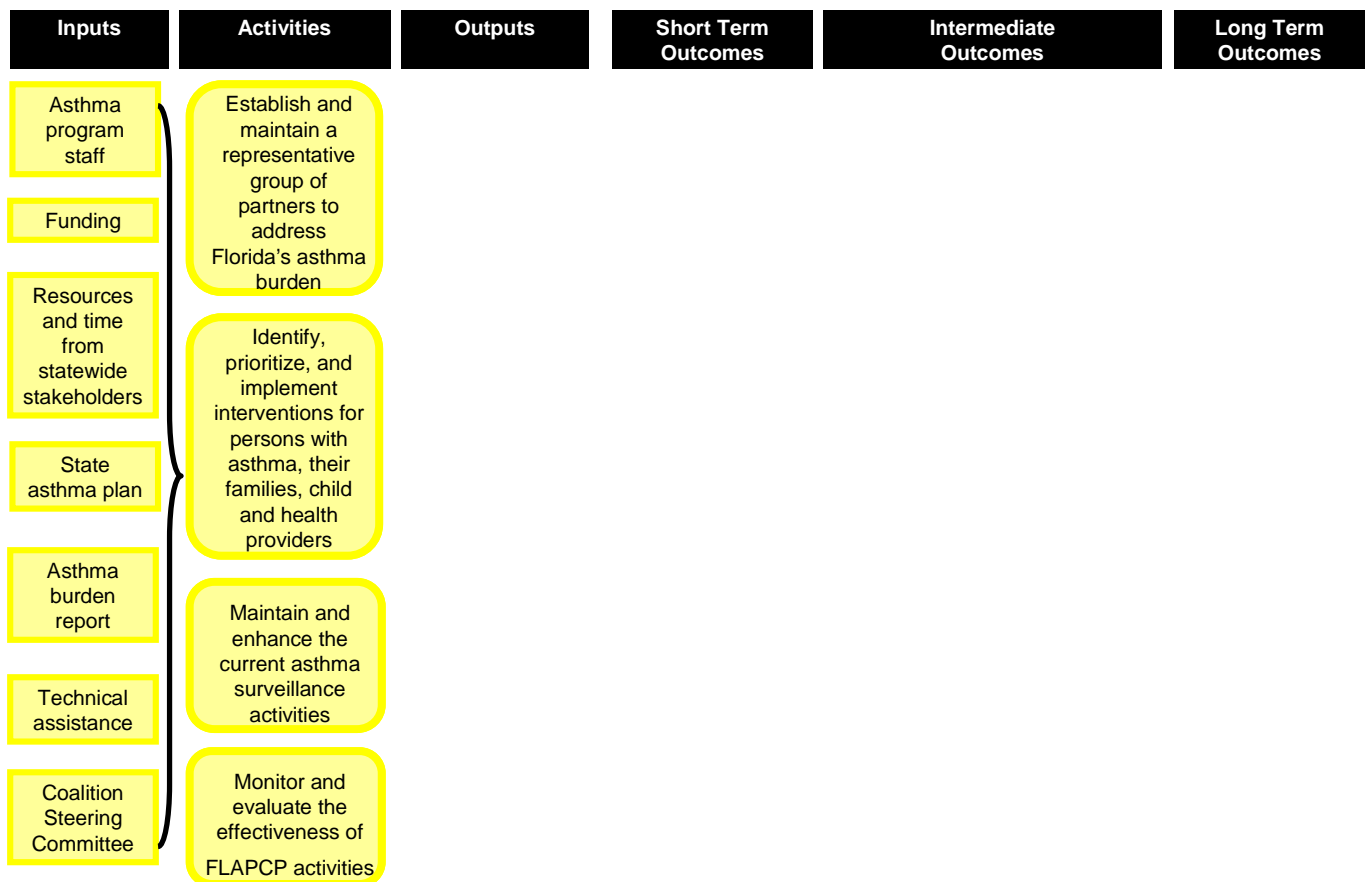
Figure 1.A Asthma Program Inputs
 Florida Asthma Prevention and Control Program Logic Model



- **If** the program has an adequate amount of personnel and sufficient funds, and resources and time from statewide asthma stakeholders and support for program partners, and if plans are in place to guide and inform the program; **and**

Figure 1.B Asthma Program Activities

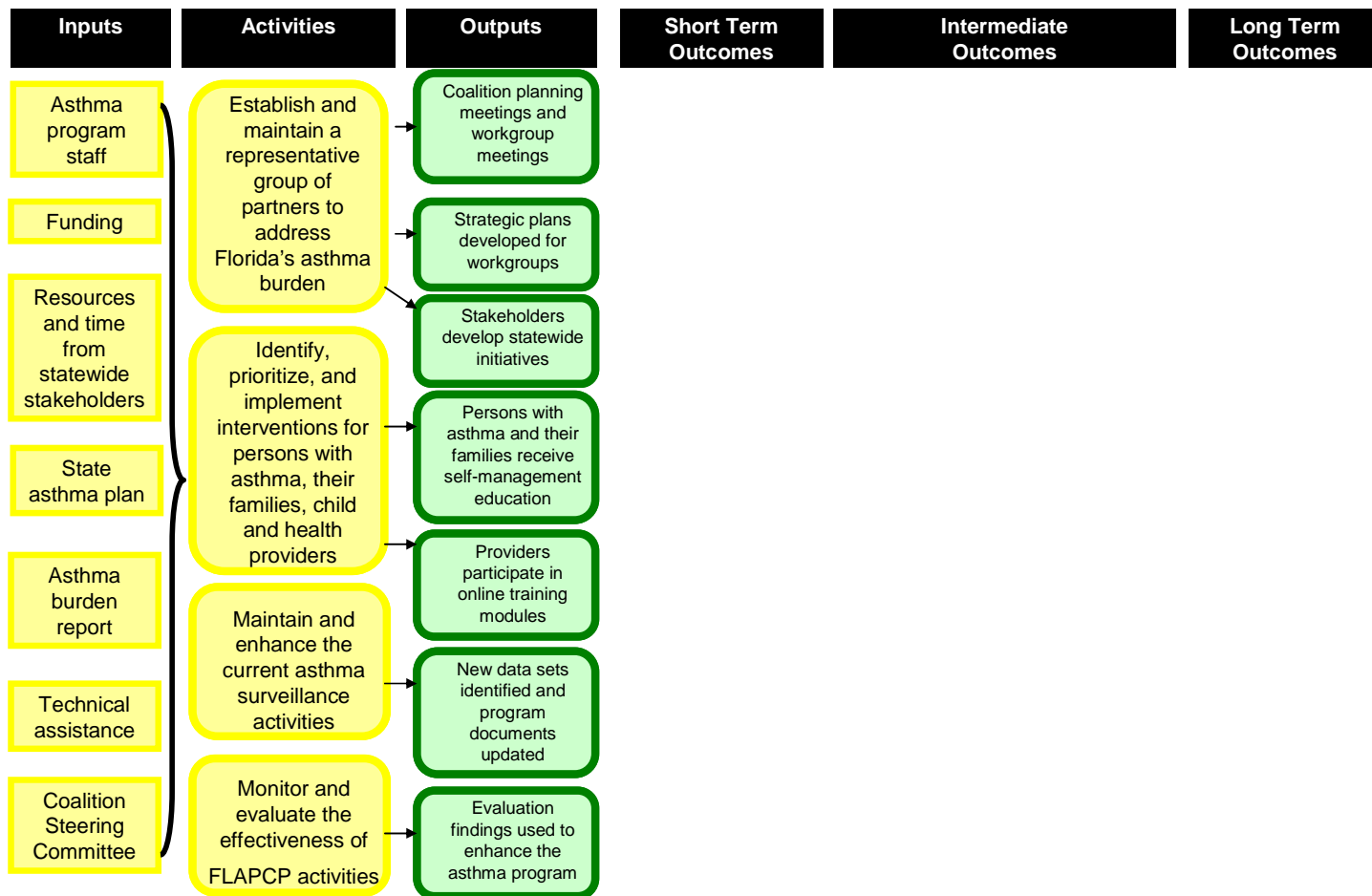
Florida Asthma Prevention and Control Program Logic Model



- **If** a representative group of partners and stakeholders to address the burden of asthma in the state are built and maintained, and if interventions are identified, prioritized, and implemented that address clinical, environmental and community-based initiatives that increase capacity to address asthma from a public health perspective, and if asthma related activities among partners in the state are coordinated, and if current asthma surveillance activities are maintained and enhanced, and if FLAPCP monitors and evaluates the effectiveness of its activities; **and**

Figure 1.C Asthma Program Outputs

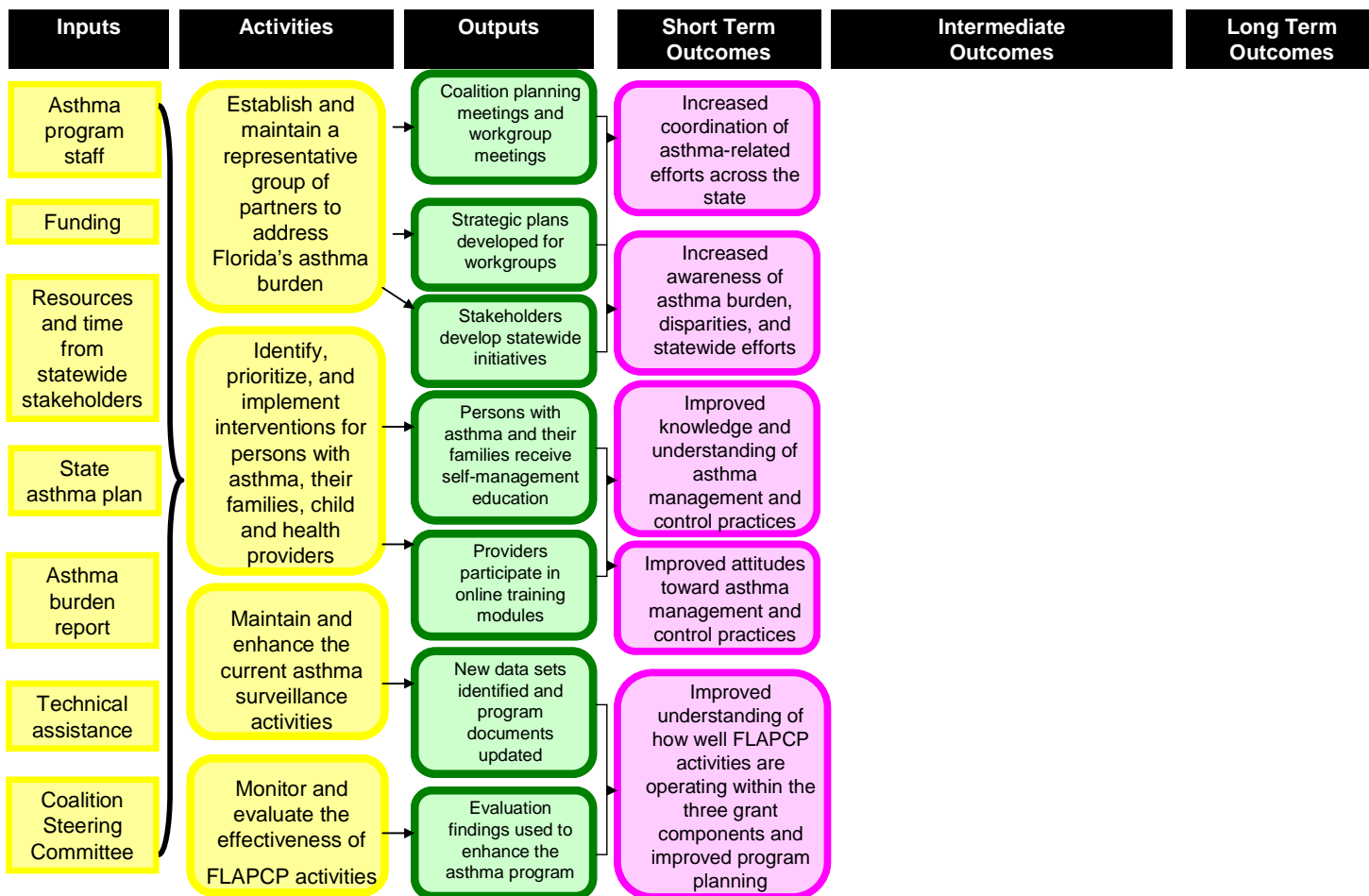
Florida Asthma Prevention and Control Program Logic Model



- If** as a result of these activities, the coalition convenes planning and workgroup meetings, and if strategic plans are developed for the workgroups, and if stakeholders develop statewide initiatives, and if persons with asthma and their families receive self-management education, and if healthcare providers participate in the online training modules, and if new data sets are identified and program documents are updated, and if FLAPCP and its partners use evaluation findings to enhance the state asthma program; **then**

Figure 1.D Asthma Program Short-Term Outcomes

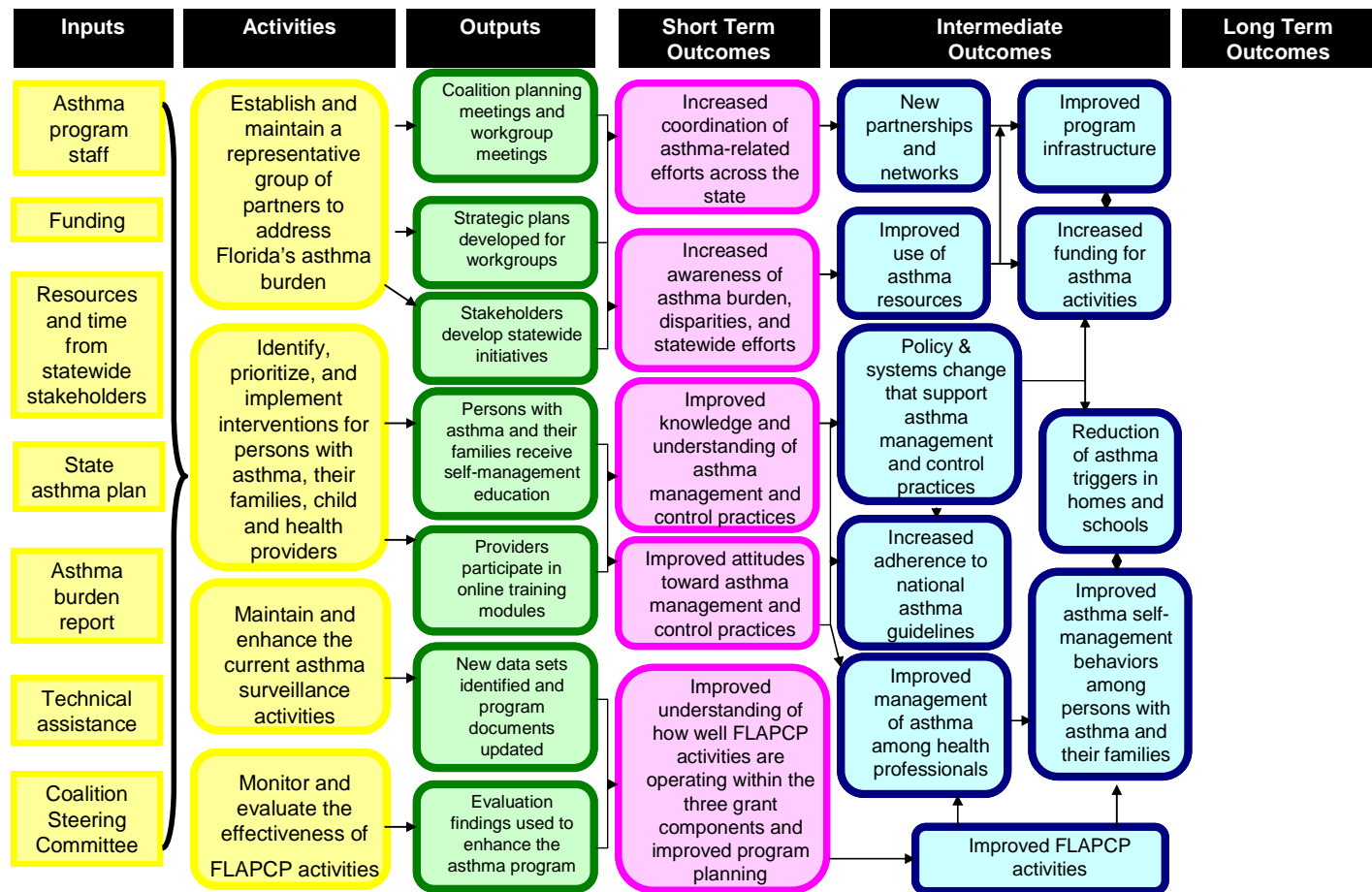
Florida Asthma Prevention and Control Program Logic Model



- There will be increased coordination of asthma-related efforts across the state; increased awareness of the burden of asthma, disparities, and statewide asthma efforts; improved knowledge and understanding of asthma management and control practices; and improved attitudes toward asthma management and control practices; and improved understanding of how well FLAPCP activities are operating within the three grant components and improved program planning; **then**

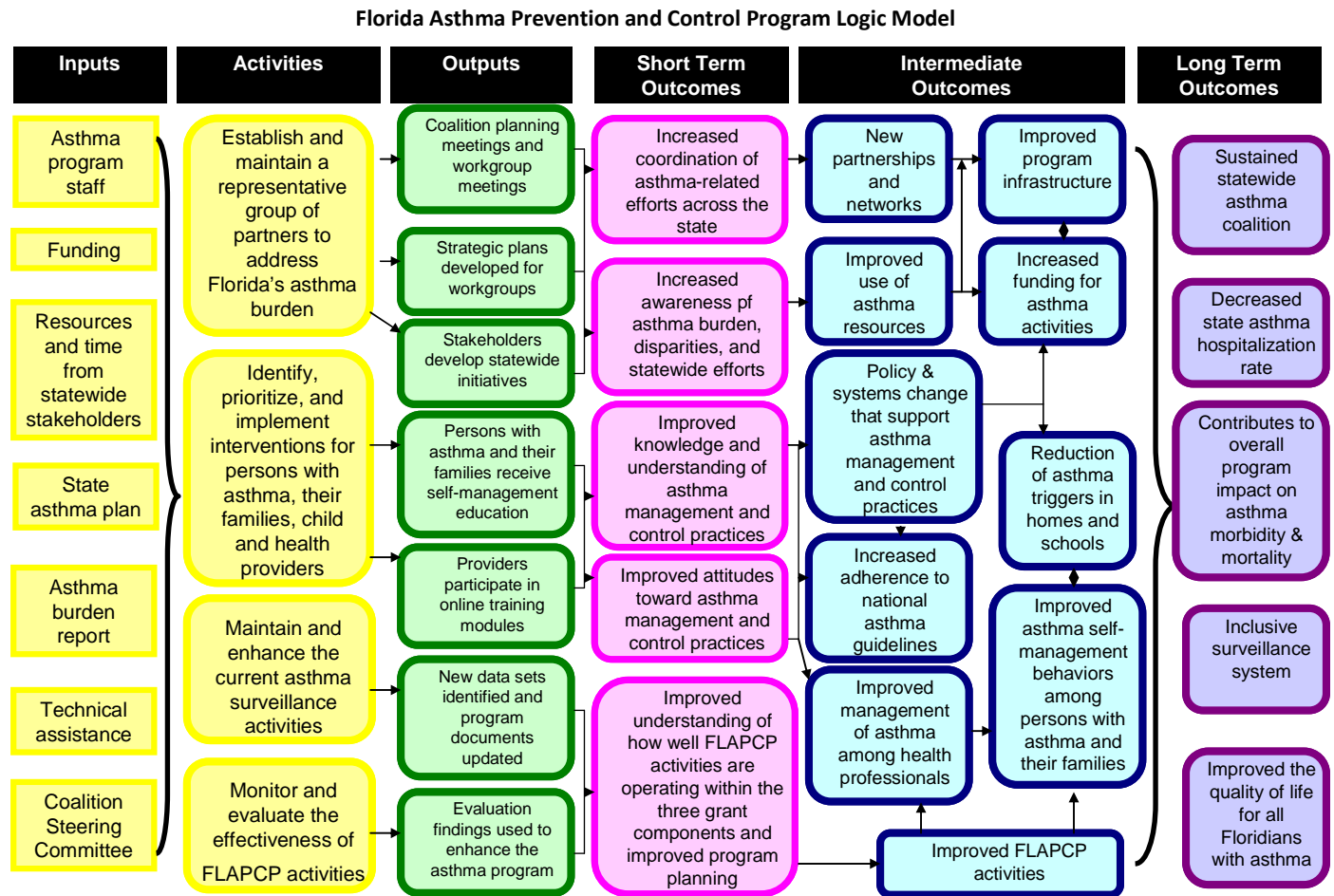
Figure 1.E Asthma Program Intermediate Outcomes

Florida Asthma Prevention and Control Program Logic Model

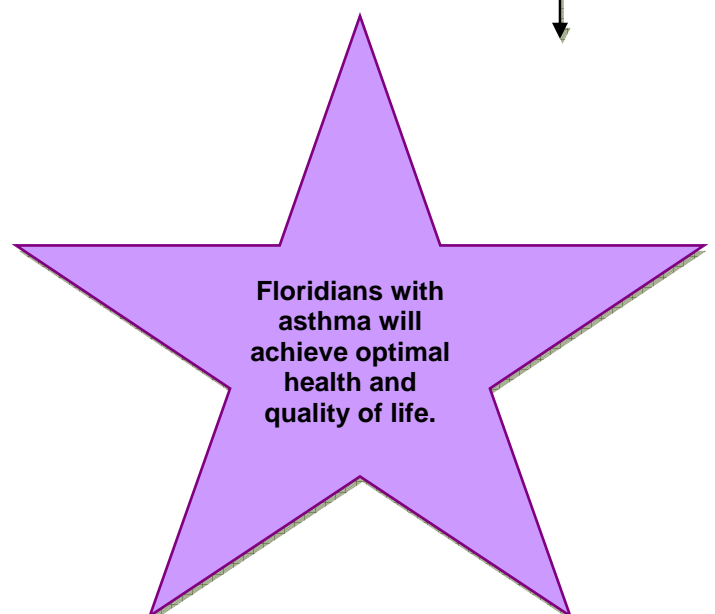


- New partnerships and networks will be formed; there will be improved use of asthma resources; there will be policy and systems change in place that support asthma management and control practices; there will be increased adherence to national asthma guidelines **which will result in**
- Improved program infrastructure, increased funding to support asthma activities, a reduction of asthma triggers in homes and schools, and improved asthma self-management behaviors among persons with asthma and their families **which will lead to**

Figure 1.F Asthma Program Long-Term Outcomes



- Sustained statewide asthma coalition and state program, decreased state asthma hospitalizations, program impact on asthma morbidity and mortality, inclusive surveillance system, improved quality of life for all Floridians with asthma **which will ultimately result in**



Purpose of Plan

The overall purpose of the evaluation plan is to measure the extent to which goals and objectives of the five-year, statewide Florida Asthma Plan are met. The evaluation plan is designed to inform and provide evidence to stakeholders and funding agencies about progress being made in Florida on reducing the burden of asthma. The evaluation plan will be carried out through the use of surveillance systems and routine monitoring, measurement, and assessment of interventions and activities that support the plan.

The evaluation plan is guided by what partners and stakeholders want to know, within the limits of resources available to conduct evaluation and data already collected as part of the regular state surveillance system. As the plan is implemented, the intent is to identify and secure additional funding to build upon the accomplishments of the five-year plan, using evaluation data to support applications for new or continued funding. An important outcome of the evaluation plan is to contribute to the evidence base of successful interventions addressing asthma by testing and further refining strategies to improve self-management behaviors and reducing asthma-related disparities in Florida.

This strategic evaluation plan will be a resource for the FLAPCP and its partners to guide evaluation activities and will continue to be updated as needed. The plan is to be used by program staff and stakeholders to identify successes and weaknesses of program implementation and develop improvement strategies as needed. The evaluation plan also serves as a guide for continuous referral by the individual evaluation planning teams while they develop plans for their prioritized activities.

2. Methods for Developing and Updating the Strategic Evaluation Plan

Stakeholder Involvement

An evaluation workgroup¹ was formed by soliciting individuals involved in writing the State Asthma Plan to determine the best method(s) to collect accurate evaluation information from partners. The state plan and accompanying logic model, upon which the evaluation plan is based, are products of the organized input of multiple partners, and were developed using evidence-based practices and the collective knowledge of state health program staff and individuals from the community. This team is responsible for developing and monitoring the progress of implementing the evaluation plan. The asthma program evaluator served as the leader/facilitator of the team. Other members included the asthma program manager, the asthma program epidemiologist, the asthma program nurse educator, Pinellas county school health nurse, university representative, and a representative from Broward county school district. Each member of the team played a different role in developing the strategic evaluation plan, which is depicted in the table below. Stakeholders from the strategic evaluation plan will play critical roles in implementing future evaluations based on their area of expertise related to activities being conducted. Table 2 depicts the various stakeholder contributions and roles in developing the evaluation plan.

¹ Current evaluation workgroup is not diverse therefore further membership solicitation will be conducted. Solicitations will target individuals who play a key role in each program component – partnerships, surveillance, and interventions.

Table 2. Evaluation Planning Team – Contributions, Roles, and Future Involvement

Stakeholder Name, Title and Affiliation	Contribution to Evaluation Planning	Role for Future
Julie Dudley, FLAPCP Program Manager	Author, planner, expert in all FLAPCP activities; provided context and background on various program activities, familiarity with environmental initiatives	Inform the development of individual evaluation plans; use evaluation findings to make improvement in the activities and overall program; and assist in collecting data needed for the evaluations.
Rita Bechetti, DOE School Health Nurse	Reviewer, collaborator, represented the Education workgroup	Assist with data collection for school-level interventions
Stephen Henry, ² FLAPCP Program Epidemiologist	Knowledgeable of data sources, represented the Surveillance workgroup	Primary lead for implementing FLAPCP's surveillance evaluations, assist with development of individual evaluation plans for prioritized activities
Brandi Knight, FLAPCP Program Evaluator	Author, convened and facilitated evaluation team meetings	Primary lead for implementing some of FLAPCP's evaluations and oversees the implementation of all FLAPCP evaluations.
Donna Russell, Broward County School District, DASH Coordinator	Reviewer collaborator, involved in implementing FLAPCP activities	Assist with data collection for school-level interventions
Glenique Hampshire, FLAPCP Program Nurse Educator	Planner, knowledgeable about most program activities particularly those targeting health care providers, represented the Clinical Management workgroup	Inform the development of individual evaluation plans; use evaluation findings to make improvement in program activities; and assist in collecting data needed for the evaluations.
Carina Blackmore, Bureau Chief and Principal Investigator	Reviewer, collaborator, knowledgeable about most program activities particularly those targeting the environment	Inform the development of individual evaluation plans; use evaluation findings to make improvement in program activities; and assist in collecting data needed for the evaluations.

Developing the Strategic Evaluation Plan

The FLAPCP's Strategic Evaluation Plan was developed using the methods outlined in CDC's *Learning and Growing through Evaluation: State Asthma Program Evaluation Guide*. An outline of the steps that were taken and methods used to develop this plan is provided below.

Step 1: To initially describe the program, the evaluator reviewed FLAPCP's year 1 work plan, 2009-2014 State Asthma Plan, 2009 Burden Report, the most recent Funding Opportunity Announcement (FOA), and the finalized CDC cooperative agreement grant application. An overall logic model for the program was developed based on the information provided in these documents.

Step 2: An evaluation team was formed from the Florida Asthma Coalition, particularly with contributors to the State Asthma Plan. The program evaluator provided a summary of information learned from program documents and convened an initial conference call with team members. During the call, the program evaluator outlined the purpose of developing a strategic evaluation plan and the process for developing the plan. The team was given copies

² As this document was finalized, the program epidemiologist position became vacant.

and a brief overview of the program's year-1 work plan, the *2009-2014 State Asthma Plan*, and the overall program logic model shown in Figure 1.F.

Step 3: Activity profile tables were completed for major program activities identified in the program documents, as described in Chapter 2 of *Learning and Growing*. Activity profiles that describe the different aspects of the proposed activity can be found in Appendix I. A total of 13 were developed. One of the requirements of FLAPCP's cooperative agreement with CDC is to conduct at least one evaluation in each of the program's components - partnerships; interventions; and surveillance by August 31, 2014. Therefore, the 13 activities needed to be prioritized within each of these program components based on need and resources availability.

Step 4: Based on the program goals, the evaluation team selected five criteria for ranking program activities: 1. sustainability for the program, 2. opportunity for programmatic improvement, 3. reach of the activity, 4. potential challenges, and 5. the extent to which the information gained through the evaluation would be used by stakeholders. Table 3 shows the criteria, how they were applied and the information supporting criteria determination. 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. Appendix II shows how these criteria were applied to the 13 activity profiles.

Table 3: Prioritization Criteria

Criteria Used	How Criteria were Applied	Information Supporting Criteria Determination
Sustainability	Activities critical to sustaining the program were a higher priority for evaluation	Program Logic Model Survey of stakeholders during May Webinar Asthma State Plan
Improvements	Evaluating this activity will likely result in recommendations for programmatic improvement	Program Logic Model Survey of stakeholders during May Webinar
Reach	Activities estimated to reach a substantial amount of individuals were a higher priority for evaluation	Activity implementation plans
Challenges	Anticipated struggles with conducting an activity evaluation were a lower priority for evaluation	Program Workplan
Stakeholder Interest	Activities receiving majority of stakeholder interest were a higher priority for evaluation	Survey of stakeholders during May Webinar

Step 5: Once the top priority activities were identified for each program component (see table 4), evaluation questions were developed for each of these activities. The evaluation questions were then shared with relevant program stakeholders for feedback. After input from the other stakeholders was received, the evaluation team ranked the questions based on which ones would likely result in information that would help improve the activity and inform program staff. The team sought to include at minimum two process and two outcome questions per activity. The question ranking sheet is included as Appendix III.

Step 6: Next the evaluation team identified the evaluation design, data collection methods and sources, sketched out a timeline for the evaluation, and identified the resources that were needed to answer the questions identified in step 5. (See Evaluation Profiles and Methods Section)

Step 7: A cross evaluation process was conducted to tie together information compiled through the evaluation planning process into a coherent evaluation strategy for the next five years of the program. This was done to determine which evaluation questions and data collection efforts could be done concurrently to create efficiency and minimize the number of interviews/surveys and other data collection activities that partners/participants would be involved in. The evaluation team also evaluated the feasibility of conducting all proposed evaluation activities given the current capacity of the FLAPCP, stakeholders, and partners. Through this process the team merged the five activities listed under Partnerships into two and all surveillance activities into one. See section 3, Proposed Priority Evaluations, for additional information.

Step 8: Lastly, a process for updating the strategic evaluation plan was developed and a communication plan that outlined with whom and how information about the strategic evaluation plan and individual evaluations would be shared. This is discussed below.

Updating the Strategic Evaluation Plan

The FLAPCP in collaboration with the FAC will oversee the implementation of the evaluation plan using a combination of program epidemiology and evaluation resources plus partners' evaluation resources. The strategic evaluation plan will be reviewed annually, coinciding with the development of the Coalition's Annual Operational Plan. At this time the evaluation team and FAC will assess if the proposed evaluations are on track and still relevant. The plan will be updated based on information from program staff on their progress in implementing activities, the evaluation team's progress in implementing the individual evaluation plans, and emerging program needs based on input from the FAC, workgroups, CDC and other relevant stakeholders. The program evaluator 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 FAC members. Individual evaluation plans will be discussed at that time as well. All updates to the Strategic Evaluation Plan and Individuals plans will be completed prior to the end of each calendar year.

3. Proposed Priority Evaluations

Selection of Priority Evaluations

After identifying criteria for choosing priority evaluation activities, each activity was ranked and scored. The team then conducted a cross evaluation process. This process resulted in collapsing or merging several partnership activities into two priority areas, and the three surveillance activities into one. Table 3 shows the results of the prioritization and cross evaluation processes. Activities are categorized by the three components of the cooperative agreement with CDC: surveillance, partnerships and interventions.

A timeline as to when these evaluations will take place is shown in Table 5. The evaluation team determined that for years two through three of the grant period we would design and implement an evaluation plan for FLAPCP’s process of establishing a statewide coalition and in years four and five we will evaluate the coordination of statewide asthma initiatives with partners. One surveillance activity was prioritized: analyze and disseminate information on surveillance indicators. This activity will be evaluated during grant years two and three. An individual evaluation plan will be developed and implemented for two interventions; Wee Wheezers, and Open Airways. Furthermore, the highest ranked evaluation for intervention, Open Airways, requires some time for data collection and fine tuning of the program. Therefore, we determined that this evaluation would not be complete until at least a year of data collection had taken place. It should be noted that as the program evolves and begins to learn valuable information from its efforts, other activities may become a priority for evaluation, at which time the evaluation team will begin the evaluation plan development process with input from stakeholders. Should stakeholders decide and if time is available, one or more individual evaluation plans may be added to this Strategic Evaluation Plan.

Table 4. Priority Evaluations

Partnerships	Surveillance	Interventions
1. Establish a statewide coalition	1. Analyze and disseminate information on surveillance indicators	1. Wee Wheezers
2. Coordinate statewide asthma initiatives with partners		2. Open Airways

Overarching Timeline

Table 5 below is a timeline showing the sequencing of implementing the proposed evaluation activities. As the program monitors and evaluates activities, this timeline may change based on what is learned from programmatic efforts and the needs of the Evaluation Workgroup and the FAC.

Table 5. Overarching Timeline for Proposed Evaluation Activities (2009-2014)

Evaluation Candidate	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Partnerships					
Establish a statewide asthma coalition		Develop an individual evaluation plan March 2011 Begin data collection: June 2011	Finalize data collection: June 2012	Write a final report on FLAPCP's progress toward establishing a coalition: 9/2012	
Coordinate asthma initiatives among partners			Develop an individual evaluation plan Sep 2011	Collect data Feb 2012 and develop a process evaluation report	Collect data Feb. 2013 Write an outcome evaluation report Aug. 2013
Surveillance					
Analyze and disseminate information on surveillance indicators		Develop Evaluation Plan June 2011 and start collection data by Sep 2011 Write preliminary reports Sep 2012.		Final Report due Dec 2013	
Interventions					
Wee Wheezers		Develop an individual evaluation plan April 2011 Organize data already collected, and continue to collect data	Continue to collect data. Write final report by Aug. 2012		
Open Airways		Begin data collection: June 2011	Develop Evaluation Plan Jan 2011, organize data already collected and continue to collect data	Continue to collect data. Write preliminary reports by Oct 2011 and Oct 2012	Final report due Dec 2013.
Capacity Building Activities					
Obtain any necessary software and additional training needed to conduct planned evaluations		Obtain software by the end of year 2. Identify any training needed to implement evaluations by the end of year 2.	Participate in any necessary training to carry out proposed evaluations.		
Identify partners who will be instrumental in collecting evaluation data and train them as necessary on the data collection tools that are developed		Identify partners who will be instrumental in data collection for evaluation. Conduct trainings as needed on data collection tools.	Conduct trainings as needed on data collection tools.		
Develop capacity among program staff and partners to disseminate and use evaluation findings		Identify dissemination methods that partners and staff would like to know more about.	Identify trainings and individuals who can help disseminate findings using various methods.	Disseminate findings using various methods.	

Evaluation Profiles and Methods

Individual evaluation plans will be designed for each prioritized activity; however the following tables provide a brief summary of each prioritized individual evaluation.

PROGRAM COMPONENT: Partnership		
Title of Evaluation	Establish a statewide asthma coalition	Coordinate asthma initiatives among partners
Evaluation Questions	1) What representation do we have on the coalition? 2) Who is not actively participating and why? 3) How does the structure of the coalition encourage active participation? 4) What is the participation level of coalition members? 5) How do the meetings help achieve state asthma plan goals?	1) To what extent does the partnership have a clearly stated vision that is shared? 2) To what extent are partner resources leveraged to accomplish state asthma plan goals? 3) How are asthma-related activities streamlined? 4) To what extent does the state asthma program interface with other state or federally funded programs or agencies?
Timing of Evaluation	Dec. 2010 – Aug. 2012	Dec. 2010 - Aug 2013
Evaluation Design	Case-study	Case-study
Data Sources	Coalition Members – members are receptive to providing their perspective on how well the coalition is functioning. Coalition Documents – currently available but need more systematic methods of documentation.	Evaluation of Interventions – Several evaluations will be completed throughout the implementation of this evaluation. Program Documents – currently available but need more systematic methods of documentation. Partner Records – We will need to create a data collection form for partners to complete based on their records.
Data Collection Methods	Survey/Interviews Members – Evaluator will conduct 2 survey/interviews (Jun. 2011 and Feb. 2012) Review Program Documents (e.g., progress reports, meeting notes) – Evaluator and Program Manager will summarize results up to 4 times per year; just before and after the Coalition meets	Survey/Interviews Members – Evaluator will conduct 3 survey/interviews (Feb. 2012 and 2013) Document Review (e.g., meeting notes, state plans, work plans, budgets) – Evaluator and program partner will conduct an annual review of documents to determine who has created partnerships to conduct joint projects.
Audience(s)	Members of the Coalition and other Program Partners/Stakeholders FLAPCP CDC	FLAPCP FLAPCP Partners CDC
Cost of Evaluation	Estimated Total Cost = \$3,000 from CDC annually for staff time	Estimated Total Cost = \$3,000 from CDC annually for staff time

PROGRAM COMPONENT: Surveillance	
Title of Evaluation	Analyze and disseminate information on surveillance indicators
Evaluation Questions	1) How was surveillance data disseminated? 2) To what extent are stakeholders using our surveillance data? 3) How was surveillance data used to target populations for interventions? 4) How useful was the surveillance data in identifying program targets?
Timing of Evaluation	Sep 2011 – Nov 2013
Evaluation Design	Case-study
Data Sources	<p>Program Partners – solicit feedback on how they have used or wanted to use our data.</p> <p>Website (data users) – develop a survey to post on website for data users</p> <p>Program Records – develop database to: track asthma data requests; records indicating when data was discussed in work groups and coalition meetings.</p> <p>Literature – these is literature on the use of claims data for surveillance</p> <p>Data Epidemiologist/Analysts –how they think these data could be used or if they don't think it is useful. May need to look to other state agencies and other states for their use of these data.</p> <p>Recipients of data analysis – program partners are willing to share their thoughts on how useful the analyses that have been produced are from their perspective.</p>
Data Collection Methods	<p>Survey/Interview partners – Evaluator will conduct 2 survey/interviews (Nov 2011 and May 2013)</p> <p>Review Program Records –Evaluator will review program documents in May 2011 and 2012.</p> <p>Survey data users through program website – Evaluator will track completion of surveys monthly from Sep 2011 through Nov 2013.</p> <p>Literature review – Evaluator will conduct literature review from May 2011 through Aug 2011.</p> <p>Interview data analysts and recipients of data analysis – Evaluator will conduct interviews between Dec 2011 through Feb 2012.</p>
Audience(s)	Program Partners Surveillance workgroup FL Asthma Control Program CDC
Cost of Evaluation	Estimated Total Cost = \$3,000 from CDC annually for staff time

PROGRAM COMPONENT: Interventions		
Title of Evaluation	Wee Wheezers	Open Airways for Schools (OAS)
Evaluation Questions	<ol style="list-style-type: none"> 1) Are members of the target population being involved in program sessions? In what counties? 2) What level of satisfaction did participants have with the facilitator? 3) What were barriers and enablers that made the difference between successful and unsuccessful implementation outcomes? 4) To what extent did parental knowledge of asthma triggers increase? 5) How strong is the program’s sustainability? Can it survive/grow with limited additional resources? 	<ol style="list-style-type: none"> 1) What challenges or barriers, if any, impacted successful implementation of OAS in all counties? 2) To what extent did participant knowledge of asthma and asthma triggers increase? 3) What impact did the program have on asthma-related absenteeism among participants?
Timing of Evaluation	Aug 2010-Dec 2012	Jan 2012 – Dec 2013
Evaluation Design	Case-study	Case-study
Data Sources	<p>Parent Participants – not necessarily receptive to continued follow-up on progress of managing their child’s asthma.</p> <p>Program Facilitator (CHD staff) - currently available and receptive to providing their perspective on the implementation and sustainability of the Wee Wheezers Program. There may be some issues with turnover among facilitators.</p>	<p>Program Participants – potential follow-up to look at absenteeism rates post OAS program.</p> <p>Program Facilitator – currently willing to participate in interviews and surveys</p> <p>American Lung Association (Florida) – implementation reports from the organization indicating barriers and enablers of success for OAS.</p>
Data Collection Methods	<p>Survey/Interview parent participants – Evaluator will conduct 2 survey/interviews (June 2011 and June 2012)</p> <p>Facilitator Self-Assessment – Facilitator will complete a quarterly checklist/self-assessment.</p> <p>Review Program Documents – Evaluator and FLAPCP will review program documents annually</p>	<p>Survey/Interview participants – Facilitator will conduct surveys after each OAS program</p> <p>Facilitator Self-Assessment – Facilitator will complete an annual checklist/self-assessment.</p> <p>Review Program Documents – Evaluator and FLAPCP will review program documents annually</p> <p>Review School Records – Evaluator, OAS facilitator, and schools will review available school records</p>
Audience(s)	FAC FLAPCP. CHD staff facilitators CDC	FAC FLAPCP ALA CDC
Cost of Evaluation	Estimated Total Cost = \$4,911 from CDC over the project period on staff time for data collection and analysis	Estimated Total Cost =\$7,200 from CDC during the project period on staff time for data collection and analysis

4. Capacity Building

In order to improve our evaluation of the program and encourage new ideas and projects, FLAPCP employees and FAC 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, FLAPCP staff will attend evaluation conferences and trainings. FAC members will regularly be exposed to evaluations the FLAPCP is conducting and will be invited to participate as full partners in the development, implementation and interpretation of evaluation activities that relate to their own work. Throughout this process, FLAPCP staff will provide technical assistance and support to FLAPCP 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 FLAPCP evaluator and staff will respond to these training needs as they arise.

5. Communication Plan

The FLAPCP developed a plan for communicating evaluation progress and results (Table 6). All programmatic information is available on our website and is regularly communicated through email and Webinars with FAC members and other partners. FLAPCP staff will update partners as needed with information specific to their projects, including evaluation. This communication will occur via email, conference call, website updates, and Webinars, as well as through FAC meetings. Information provided in Table 6 describes how evaluation findings will be shared with the different audiences of the program, 1. Evaluation Workgroup, 2. Program Partners and the FAC, and 3. The CDC.

Table 6: Communication Plan

Audience 1: Evaluation Workgroup			
Information and Purpose	Possible Formats	Timing	Who Responsible
Provide a draft strategic evaluation plan for review	Email Meeting	January 2011	Program Evaluator
Once program partners have reviewed the draft plan, provide an opportunity for a final review and approval of plan	Email	January 2011	Program Evaluator
Present final strategic evaluation plan	Email Webinar	February 2011	Program Evaluator
Notify when the plan needs to be reviewed and possibly updated	Email Meeting	Every Jan and July	Program Evaluator
Share revisions	Email	As needed	Program Evaluator
Keep apprised of the status of evaluations proposed in the plan	Email and Webinar	Quarterly	Program Evaluator
Review evaluation findings, how the strategic plan is being implemented and lessons learned	Webinar/meeting	Every Jan and July	Program Evaluator

Audience 2: Program Partners/FAC			
Information and Purpose	Possible Formats	Timing	Who Responsible
Provide an opportunity for program partners to have input on evaluations being proposed that are related to their area of expertise or program working group	At regularly scheduled meetings	April – June 2010	Lead Program Evaluator
Provide an opportunity for partners to review and provide comments on a draft of the strategic evaluation plan	Email	January 2011	Program Evaluator
Present final strategic evaluation plan	Webinar	February 2011	Program Evaluator
Keep apprised of the status of evaluations proposed in the plan that are related to their area of expertise or program working group	Email, Workgroup meetings	As needed (min 4 times per year)	Program Evaluator/Eval workgroup members
Share evaluation findings	Email Website Reports/publications Formal Meeting	as needed throughout the year Upon completion of interim and final evaluation report	All Program Partners Program Evaluator

Audience 3: CDC			
Information and Purpose	Possible Formats	Timing	Who Responsible
Provide an opportunity for CDC to review and provide comments on a draft of the strategic evaluation plan	Email	January 2011	Program Evaluator
Present final strategic evaluation plan	Email	February 2011	Program Evaluator
Keep apprised of the status of evaluations proposed in the plan	Email	As needed (min 4 times per year)	Program Evaluator
Share evaluation findings	Email Possible Conference Call	As needed throughout the year Upon completion of interim and final evaluation report	All Program Partners Program Evaluator
Share revised versions of the strategic evaluation plan	Email	As needed	Program Evaluator

6. Conclusion

The FLAPCP strives to improve asthma control and quality of life among Floridians with asthma and increase asthma awareness among the general public, working specifically in the areas of surveillance, partnerships and interventions. Over the course of the grant period, the program will implement activities outlined in the grant work plan and in the Florida Asthma Plan in order to reach short term objectives and long term goals. The FLAPCP 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.

This strategic evaluation plan will be a resource for the FLAPCP and its partners to guide evaluation activities and will continue to be updated as needed. While this document lays out plans for evaluating individual programs conducted by the FLAPCP, efforts will be made to do 'cross evaluation' at critical points in the program's development. 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.

Appendix I: Activity Profiles

Program Component	Partnership
Title of Activity	1. Establish a statewide asthma coalition
Description of Activity	Form a statewide coalition that works together to improve the efficacy of asthma management and control through education, program expansion, policy development, fundraising, and administrative system changes
Duration of Activity	Ongoing
Partner Involvement	FLAPCP program staff, FAC steering committee, and other asthma-related stakeholders
Cost of Activity	Estimate \$6,000 annually to convene face-to-face meetings
Contribution to Intended Program Outcomes	State Plan Collaboration and Coordination Objectives 1.2 and 1.3, and Year 1 Work Plan Objective 1.2
Known Challenges in Conducting the Activity	Coordinating meetings at times when stakeholders are available, obtaining travel and meeting approval, maintaining interest and participation with a diverse group of individuals.
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	Partnership
Title of Activity	2. Identify membership gaps and recruit
Description of Activity	Determine which key stakeholder groups are not involved in FLAPCP activities and developing relationships with representatives from these groups
Duration of Activity	Ongoing
Partner Involvement	FAC steering committee, members, and other partners assist in identifying gaps and making linkages to new groups
Cost of Activity	None
Contribution to Intended Program Outcomes	State Plan Objective 1.2 and Year 1 Work Plan Objective 1.2
Known Challenges in Conducting the Activity	Various organizations throughout a large state
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	Partnership
Title of Activity	3. Coordinate asthma-related activities among partners
Description of Activity	Regularly host meetings with FAC steering committee, FAC members, and other partners to discuss collaboration for activity implementation throughout the state
Duration of Activity	Ongoing
Partner Involvement	FLAPCP staff, FAC steering committee and members, other partners and interested individuals
Cost of Activity	Estimate \$6,000 annually to convene face-to-face meetings
Contribution to Intended Program Outcomes	State Plan Objective 1.3 and Year 1 Work Plan Objective 1.5
Known Challenges in Conducting the Activity	Various organizations throughout a large state
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	Partnership
Title of Activity	4. Update state asthma plan
Description of Activity	Review objectives and strategies listed in the current version of the plan, determine feasibility of implementation and modify if necessary.
Duration of Activity	Year 4
Partner Involvement	FLAPCP staff, FAC steering committee and members, other partners and interested individuals
Cost of Activity	None (part of face-to-face meetings budgeted above)
Contribution to Intended Program Outcomes	State Plan Objective 1.4 and Year 1 Work Plan Objective 1.5
Known Challenges in Conducting the Activity	Obtaining consensus from a diverse group of individuals with varying interest in asthma control
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	Partnership
Title of Activity	5. Increase 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	FLAPCP staff, key stakeholders including FAC members and other asthma related groups, organizations and individuals
Cost of Activity	Estimated time and resources of program staff
Contribution to Intended Program Outcomes	State Plan Objectives 1.3, 2.3, 2.4, and 3.2 and Year 1 Work Plan Objective 2.2
Known Challenges in Conducting the Activity	Developing tools to solicit partner feedback, maintaining stakeholder engagement, developing and implementing a strong communication plan
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	Surveillance
Title of Activity	6. Analyze and disseminate information on surveillance indicators
Description of Activity	Complete requests as needed for stakeholders and analyze available data. Give presentations and produce reports on data findings.
Duration of Activity	Ongoing
Partner Involvement	FLAPCP epidemiologist
Cost of Activity	\$15,000 in staff time annually
Contribution to Intended Program Outcomes	State Plan Objective 2.4
Known Challenges in Conducting the Activity	Data may not be available to complete request
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	Surveillance
Title of Activity	7. Identify and fill gaps in existing data sources
Description of Activity	Assess current data, including completeness to identify areas that could be enhanced or valuable data sources for development
Duration of Activity	Ongoing
Partner Involvement	FLAPCP epidemiologist and surveillance workgroup
Cost of Activity	\$15000 in staff time annually
Contribution to Intended Program Outcomes	State Plan Objective 2.1
Known Challenges in Conducting the Activity	Developing data sharing agreements with partners to gain access to data that is not currently available
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	Surveillance
Title of Activity	8. Identify target populations for interventions and support evaluation
Description of Activity	Work with program staff to implement intervention targeting appropriate audiences based on asthma surveillance data and assist in developing the strategic evaluation plan and conducting associated evaluation activities
Duration of Activity	Ongoing
Partner Involvement	FLAPCP epidemiologist, evaluator, and program staff
Cost of Activity	\$15,000 in staff time annually
Contribution to Intended Program Outcomes	State Plan Objective 2.1
Known Challenges in Conducting the Activity	None
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	Asthma Self-Management Education Intervention
Title of Activity	9. Wee Wheezers
Description of Activity	Wee Wheezers was selected as an intervention based on the need to reduce school absenteeism among children in Florida by increasing the number of parents who receive asthma self-management education. Low-income children ages 4 to 7 with asthma and their parents are the target population for the Wee Wheezers program.
Duration of Activity	Ongoing
Partner Involvement	County Health Departments
Cost of Activity	\$16,500 annually
Contribution to Intended Program Outcomes	State Plan Objective 3.5
Known Challenges in Conducting the Activity	Working with county health department staff that may have other duties
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	Asthma Self-Management Education Intervention
Title of Activity	10. Open Airways for Schools
Description of Activity	The ALA Open Airways program, a best practice, will be used in the state to reach children with asthma in the school setting
Duration of Activity	Ongoing
Partner Involvement	American Lung Association, Inc.
Cost of Activity	\$24,000 annually
Contribution to Intended Program Outcomes	State Plan Objective 3.5
Known Challenges in Conducting the Activity	Scheduling timeframes for classes can be challenging
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	School and Childcare Intervention
Title of Activity	11. Daycare Center Operator Training
Description of Activity	The FAPCP plans to train daycare providers statewide on how to identify and reduce asthma triggers in the indoor environment
Duration of Activity	Ongoing
Partner Involvement	Duval CHD, Department of Children and Families, St. Pete College
Cost of Activity	\$3,500 annually
Contribution to Intended Program Outcomes	State Plan Objectives 3.6 and 4.1
Known Challenges in Conducting the Activity	Marketing the availability of the program
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	12. Healthcare Intervention
Title of Activity	Clinical Management Online Education Module
Description of Activity	The FLAPCP will promote this training to raise health care provider awareness of the latest clinical guidelines for asthma, and to improve patient disease management and education.
Duration of Activity	Ongoing
Partner Involvement	Asthma & Allergy Foundation of America and FL Nurses Association
Cost of Activity	\$5000 annually in staff time to reconcile data from AAFA
Contribution to Intended Program Outcomes	State Plan Objectives 3.3 and 6.2
Known Challenges in Conducting the Activity	None
Prior Evaluation	No prior evaluation conducted by FLAPCP

Program Component	13. Media Intervention
Title of Activity	Public Service Announcement
Description of Activity	This intervention strategy will be used to educate the public about asthma triggers and promote healthy behavior changes.
Duration of Activity	April 2011 – May 2011
Partner Involvement	Cumulus Broadcasting, FLDOH Marketing Department, EPA
Cost of Activity	\$10,000 one time cost
Contribution to Intended Program Outcomes	State Plan Objectives 3.1 and 3.4
Known Challenges in Conducting the Activity	None
Prior Evaluation	No prior evaluation conducted by FLAPCP

Appendix II: Activity Prioritization Results

Activity	Criteria					Total Score
	Sustainability	Improvement	Reach	Challenges	Stakeholder Interest	
Partnerships						
Establish a statewide asthma coalition	High	High	High	Moderate	High	14
Coordinate asthma-related activities	High	High	High	Low	High	13
Update asthma state plan	High	High	Moderate	Low	High	12
Identify membership gaps and recruit	High	Low	Low	Moderate	High	12
Maintain membership involvement in statewide coalition	High	Low	Low	Low	High	9
Surveillance						
Identify surveillance indicators	High	High	Moderate	Low	High	12
Evaluate surveillance data	High	High	Moderate	Low	High	12
Analyze surveillance indicators and respond to data requests	High	Low	High	Low	Low	9
Disseminate information on surveillance indicators	High	Low	High	Low	High	11
Identify and fill data gaps	High	High	High	Low	High	13
Develop data sharing agreements	High	High	High	Low	Low	11
Identify target population for interventions and support evaluation	High	High	High	Low	High	13
Interventions						
Wee Wheezers	High	High	High	High	High	15
Open Airways for Schools	High	High	High	High	High	15
Daycare Center Operator Training	High	Moderate	High	Low	High	12
Clinical Management Online Education Module	High	Low	High	Low	High	11
Public Service Announcement	Low	Low	High	Low	High	9

Appendix III: Evaluation Question Development

Evaluation Candidate	Question Type	Questions	Question Priority
Surveillance			
Analyze and disseminate information on surveillance indicators	Process	What measures has the program taken to identify gaps in our asthma surveillance data? How are findings disseminated to stakeholders?	High
	Process	How will the program fill the gaps in existing data? How feasible is it to fill the gaps?	Medium
	Outcome	How was surveillance data used to meet the needs of stakeholders?	High
	Outcome	To what extent are stakeholders using our surveillance data?	High
Partnerships			
Establish a statewide asthma coalition	Process	What representation do we have on the coalition?	High
	Process	Who is not actively participating and why?	Medium
	Process	How does the structure of the coalition encourage active participation?	Medium
	Outcome	What is the participation level of coalition members?	High
	Outcome	How do the meetings help achieve state asthma plan goals?	High
Coordinate asthma related activities among partners	Process	How are asthma-related activities streamlined?	High
	Process	To what extent does the state asthma program interface with other state or federally funded programs or agencies?	High
	Outcome	To what extent does the partnership have a clearly stated vision that is shared?	High
	Outcome	To what extent are partner resources leveraged to accomplish state asthma plan goals?	High
Interventions			
Wee Wheezers	Process	Are the members of the target population involved in program sessions?	High
	Process	How effective is the curriculum (content/quality) in educating participants on asthma and asthma triggers?	High
	Process	What were barriers and enablers that made the difference between successful and unsuccessful implementation outcomes?	High
	Outcome	What level of satisfaction did participants have with the facilitator?	Medium
	Outcome	To what extent did parental knowledge of asthma triggers increase?	High
	Outcome	How strong is the program’s sustainability? Can it survive/grow with limited additional resources?	High
Interventions			
Open Airways	Process	What challenges or barriers, if any, impacted successful implementation of OAS in all counties?	High
	Process	To what extent did participant knowledge of asthma and asthma triggers increase?	High
	Outcome	What impact did the program have on asthma-related absenteeism among participants?	High

Addendum 1: October 2011 Updates

Note: This document serves as a summary of the Strategic Evaluation Plan sections that have been updated since the original publishing in February 2011. The sections in the table of contents below are the sections that have been updated.

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1. Introduction: Program Background

Program Update

The goals of the Florida Asthma Prevention and Control Program (FLAPCP) remain the same: 1. reduce asthma disparities and hospitalization rates; and 2. increase the number of people with asthma receiving self-management education. The program continues to take a comprehensive approach to preventing and reducing asthma disparities in Florida by following an integrated approach (where each component reinforces the other) as set forth by the CDC’s National Asthma Control Program. The FLAPCP’s updated work plan (as of August 2011) is closely aligned with the overarching Florida Asthma Plan. Table 1 below shows how each of the program’s work plan goals correlate to a goal outlined in the Florida Asthma Plan.

Table 1: Comparison of FLAPCP’s goals to the State Asthma Plan

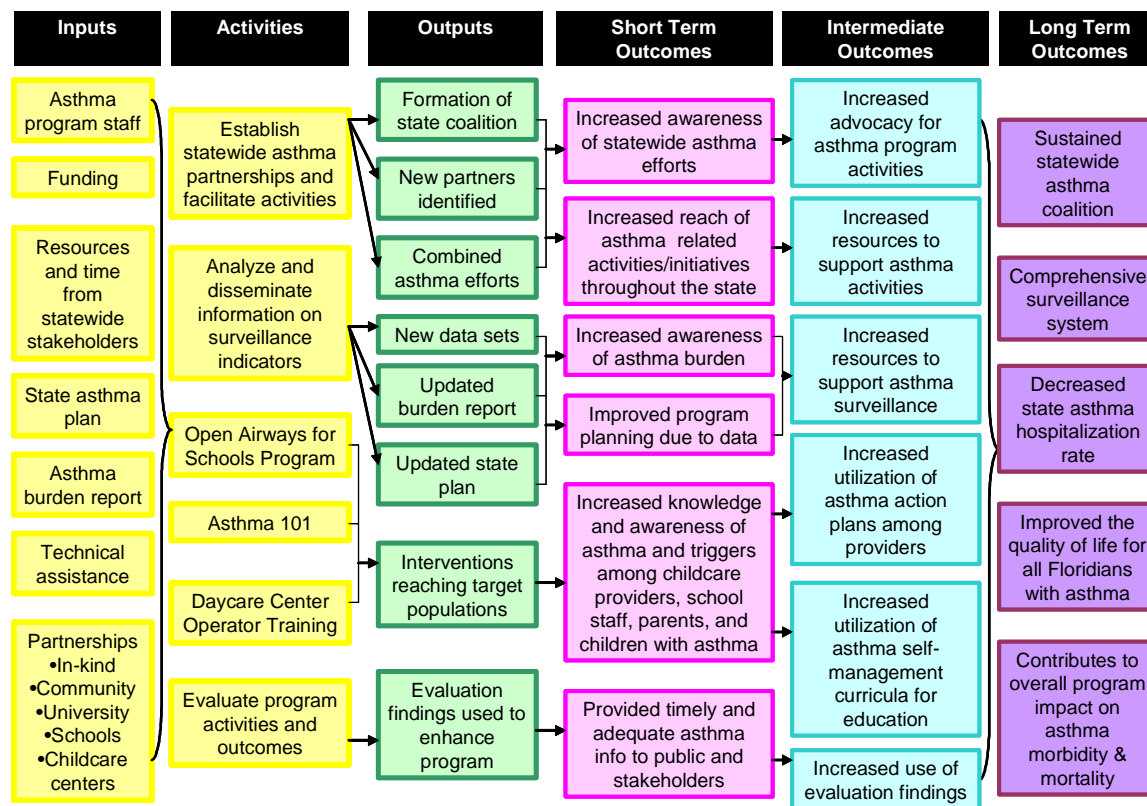
FLAPCP Program Work Plan Goals	Florida Asthma Plan Goals	
<p><u>Goal 1- Statewide Collaboration and Coordination:</u> Florida has a strong and sustainable statewide coalition that works together to improve the efficacy of asthma treatment through education, program expansion, policy development, systems and environmental change.</p>	<p><u>Goal 1:</u> Florida has a strong and sustainable statewide coalition that works together to improve the efficacy of asthma treatment through education, program expansion, policy development, fundraising, and administrative system changes.</p>	
<p><u>Goal 2- Education Goal:</u> Florida residents with current asthma will receive self-management education and the general public will be aware of resources for information about asthma management and control.</p> <p>Goal 6- Environment Goal: (Same as Florida Asthma Plan Goal 4)</p> <p>Goal 7-Disparities Goal: (Same As Asthma Plan Goal 5)</p> <p>Workplan Goals 2, 6 and 7 cover three priority interventions. The objectives for each priority intervention are:</p>	<p>Encompasses Goals 3-7 listed below.</p>	
<p><u>Intervention 1: Asthma 101:</u> Increase the capacity of parents of children with asthma and school personnel to reduce or control environmental risk factors and improve asthma management in schools.</p>	<p><u>Goal 3:</u> Florida residents with current asthma will receive self-management education and the general public will be aware of resources for information about asthma management and control.</p>	<p><u>Goal 5:</u> Asthma disparities within all populations throughout the State of Florida will be reduced.</p>
<p><u>Intervention 2: Daycare Center Operator Training:</u> Increase the capacity of health and child care providers and other relevant professionals to reduce or control environmental risk factors and improve asthma management/self-management in the schools and daycares.</p>	<p><u>Goal 4:</u> Indoor Air Quality in schools, homes, commercial buildings and regulated facilities (group care and day care centers) will be safe for Children and Adults with asthma and preventable outdoor air triggers will be minimized through policy and management practices.</p>	

<p><i>Intervention 3: Open Airways for Schools Program: Increase the capacity of children ages 8-11 with asthma to utilize proper asthma manage and control practices during school hours and at home.</i></p>	<p><u>Goal 3:</u> Florida residents with current asthma will receive self-management education and the general public will be aware of resources for information about asthma management and control.</p>	<p><u>Goal 5:</u> Asthma disparities within all populations throughout the State of Florida will be reduced.</p>
<p><u>Goal 3- Surveillance:</u> Asthma surveillance in Florida will fulfill stakeholder asthma related data needs for application to program planning, education, evaluation, policy development and system change.</p>	<p><u>Goal 2:</u> Asthma surveillance in Florida will fulfill stakeholder asthma related data needs for application to program planning, education, evaluation, policy development and system change.</p>	
<p><u>Goal 4- Evaluation:</u> Increase the capacity of the Florida Asthma Coalition to prevent and control asthma by using findings from evaluation and monitoring to improve and enhance the program.</p>	<p>Not explicit in the <i>State Asthma Plan</i> but the Plan does outline the framework for evaluation.</p>	

Program Description

The FLAPCP Overarching Logic Model has been updated to better depict the activities of the program within each component – partnerships, surveillance, interventions, and evaluation. The model should be read left to right; where the items on the left guide those on the right. The logic model illustrates the relationships between program activities and the intended outcomes.

Florida Asthma Prevention and Control Program Logic Model



2. Methods for Developing and Updating the Strategic Evaluation Plan

Stakeholder Involvement in this update to the Strategic Evaluation Plan

The membership of the original evaluation workgroup evolved to include individuals involved in writing the State Asthma Plan and individuals who later joined the FLAPCP and coalition. Several members of the original group are no longer in their former positions and are no longer taking an active role in the coalition, therefore additional members were recruited. The role of the current group is to determine the best method(s) to collect accurate evaluation information in collaboration with coalition members and partners. The state plan and accompanying logic model, upon which the evaluation plan is based, are products of the organized input of several members of the evaluation workgroup, and were developed using evidence-based practices and the collective knowledge of state health program staff and individuals from the coalition. The evaluation workgroup is responsible for developing and monitoring the progress of implementing the evaluation plan. The asthma program evaluator served as the leader/facilitator of the workgroup. Other members included the asthma program manager, the asthma program epidemiologist, the asthma program nurse educator, Pinellas county school health nurse, a Healthy Homes program representative, cooperative agreement principal investigator, and a senior health policy analyst from the Department. Each member of the workgroup played a different role in updating the strategic evaluation plan, which is depicted in table 2 below. Stakeholders involved in these updates will play critical roles in implementing future evaluations based on their areas of expertise related to activities being conducted. Table 2 depicts the various stakeholder contributions and roles in updating and implementing the Strategic Evaluation Plan.

Table 2. Evaluation Planning Team – Contributions, Roles, and Future Involvement

Stakeholder Name, Title and Affiliation	Contribution to Evaluation Planning	Role for Future
Julie Dudley, FLAPCP Program Manager	Author, planner, expert in all FLAPCP activities; provides context and background on various program activities.	Inform the development of individual evaluation plans; use evaluation findings to make improvement in the activities and overall program; and assist in collecting data needed for the evaluations.
Rita Bechetti, DOE School Health Nurse	Reviewer, collaborator, represents the Asthma Management in Schools Workgroup	Assist with data collection for school-level interventions
Jamie Forrest, ³ FLAPCP Program Epidemiologist	Knowledgeable of data sources, represents the Surveillance workgroup and the surveillance evaluation subgroup.	Primary lead for implementing FLAPCP's surveillance evaluations, assist with development of individual evaluation plans for prioritized activities
Brandi Knight, FLAPCP Program Evaluator	Author, convened and facilitated evaluation team meetings	Primary lead for implementing the partnership and intervention evaluations and oversees the implementation of all FLAPCP evaluations.
Cheryl Urbas, Healthy Homes	Reviewer and collaborator	Assist with developing data collection for instruments for individual evaluation plans
Glenique Hampshire, FLAPCP Program Nurse Educator	Planner, reviewer and collaborator. Knowledgeable about most program activities particularly those targeting schools and childcare centers.	Inform the development of individual evaluation plans; use evaluation findings to make improvement in program activities; and assist in collecting data needed for the evaluations.

³ The program epidemiologist position was filled April 2011.

Carina Blackmore, Bureau Chief and Principal Investigator	Reviewer, collaborator, knowledgeable about most program activities particularly those targeting the environment	Inform the development of individual evaluation plans; use evaluation findings to make improvement in program activities; and assist in collecting data needed for the evaluations.
Dr. Elizabeth Serow, Senior Health Policy Analyst – FL-DOH	Reviewer and collaborator	Inform the development of individual evaluation plans; use evaluation findings to make improvement in program activities; and assist in collecting data needed for the evaluations.

3. Proposed Priority Evaluations

Re-Selection of Priority Evaluations

During the initial planning process, each activity was ranked and scored after identifying criteria for choosing priority evaluation activities. The team then conducted a cross evaluation process. Once program staff and evaluation subcommittees began working on individual evaluation plans, it was evident that the previous priority evaluations were overly ambitious based on current resources and program status in implementing activities. Therefore, evaluations were either merged together to maximize the available resources or scaled back to ensure they were able to be completed given the available resources. Table 3 shows the results of the re-prioritization of individual evaluations. Activities are categorized by the three components of the cooperative agreement with CDC: surveillance, partnerships and interventions.

A timeline showing when these evaluations will take place is shown in Table 4. The evaluation team determined that for years two through three of the grant period we would design and implement an evaluation plan for three things. The first is the process of establishing a statewide coalition and coordination of statewide asthma initiatives with partners. One surveillance activity was prioritized: analyze and disseminate asthma surveillance data. This activity will be evaluated during grant years two and three. An individual evaluation plan will be developed and implemented for one intervention: Open Airways for Schools (OAS) Program as this was the highest ranked evaluation for the intervention category. This intervention will be implemented during the complete cooperative agreement cycle with CDC thus requires some time for data collection and fine tuning.

It should be noted that as the program evolves and begins to learn valuable information from its efforts, other activities may become a priority for evaluation, at which time the evaluation team will begin the evaluation plan development process with input from stakeholders. Should stakeholders decide and if time is available, one or more individual evaluation plans may be added to this Strategic Evaluation Plan.

Table 3. Re-prioritized Evaluations

Partnerships	Surveillance	Interventions
Establish a statewide asthma coalition and facilitate activities	Analyze and disseminate information on surveillance indicators	Open Airways for Schools Program

Overarching Timeline

Table 4 below is a timeline showing the sequencing of implementing the proposed evaluation activities. As the program monitors and evaluates activities, this timeline may change based on what is learned from programmatic efforts and the needs of the Evaluation Workgroup and the FAC.

Table 4. Overarching Timeline for Proposed Evaluation Activities (2009-2014)

Evaluation	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Partnerships					
Establish a statewide asthma coalition and facilitate activities		Develop an individual evaluation plan August 2011	Begin data collection: September 2011 Write interim evaluation reports: January 2012 and August 2012	Collect data: Jan 2012 Write interim evaluation reports: January 2012 and August 2013	Write a final report: January 2014
Surveillance					
Analyze and disseminate information on surveillance indicators			Develop Evaluation Plan: September 2011 Develop data collection instruments: October 2011 Begin data collection: November/December 2011 Write preliminary report and improvement plan by February 2012	Collect data on Yr 3 reports and data requests. Preliminary report and improvement plan by February 2013	Collect data on Year 4 reports and data requests. Write Final Report: February 2014
Interventions					
Open Airways for Schools Program		Begin data collection: January 2011	Develop Evaluation Plan Jan 2012. Organize data already collected and continue to collect data	Continue to collect data. Write preliminary report by Oct 2012	Write preliminary report and improvement plan by Oct 2013 Write Final report: August 2014

Evaluation Profiles and Methods

Individual evaluation plans will be designed for each prioritized activity; however the following tables provide a brief summary of each prioritized individual evaluation.

PROGRAM COMPONENT: Partnership	
Title of Evaluation	Establish a statewide asthma coalition and facilitate activities
Evaluation Questions	<p>1. To what extent is the Florida Asthma Coalition operating in a way that will enable independence and sustainability?</p> <ul style="list-style-type: none"> ○ What representation do we have on the coalition? ○ Who is not actively participating and why? ○ How does the structure of the coalition encourage active participation? ○ How does the operation of the coalition help achieve state asthma plan goals? ○ To what extent does the partnership have a clearly stated vision that is shared? <p>2. How is the Florida Asthma Coalition achieving its established goals?</p> <ul style="list-style-type: none"> ○ To what extent are partners providing resources to accomplish state asthma plan goals? ○ To what extent are coalition members collaborating on asthma-related activities? ○ Is the coalition influencing policies, practices, or systems? If not, where are the barriers?
Timing of Evaluation	September 2011 – January 2014
Evaluation Design	Case-study
Data Sources	<ul style="list-style-type: none"> • Coalition members – members are receptive to providing their perspective on how well the coalition is functioning. • Coalition and program documents – Operational Plan progress reports, attendance logs, membership roster.
Data Collection Methods	<ul style="list-style-type: none"> • Member survey – Evaluator will administer an annual member survey in August 2011, July 2012, and July 2013. • Structured interviews with members – Evaluator will commence interviews with stakeholders in October 2011, and June 2012, and Jan 2013. • Document review (e.g., progress reports, meeting notes) – Evaluator and Program Manager will summarize results up to 4 times per year; just before and after the Coalition meets. Evaluator and program partner will conduct an annual review of documents each January to determine who has created partnerships to conduct joint projects.
Audience(s)	Members of the Coalition and other Program Partners/Stakeholders FLAPCP, CDC, FDOH
Cost of Evaluation	Estimated Total Cost = \$6,875 from CDC annually for staff time

PROGRAM COMPONENT: Surveillance	
Title of Evaluation	Analyze and disseminate information on surveillance indicators
Evaluation Questions	<ol style="list-style-type: none"> 1. How was surveillance data disseminated and accessed? 2. To what extent are stakeholders satisfied with and using our surveillance data? 3. To what extent did surveillance data help the program, coalition, and stakeholders establish or enhance policies, programs, interventions, or system changes?
Timing of Evaluation	Sep 2011 –February 2014
Evaluation Design	Case-study
Data Sources	<ul style="list-style-type: none"> • Program Partners – solicit feedback on how they have used or wanted to use our data. • Website (data users) – develop a survey to post on website for data users • Program Records – develop database to: track asthma data requests; records indicating when data was discussed in work groups and coalition meetings. • Data Epidemiologist/Analysts –how they think these data could be used or if they don't think it is useful. May need to look to other state agencies and other states for their use of these data. • Recipients of data requests – program partners are willing to share their thoughts on how useful the analyses that have been produced are from their perspective.
Data Collection Methods	<ul style="list-style-type: none"> • Survey/Interview partners – Evaluator will conduct 3 survey/interviews (November 2011, October 2012 and October 2013) • Review Program Records –Evaluator will review program documents in Nov/Dec 2011, Nov/Dec 2012 and Nov/Dec 2013. • Survey data users– Evaluator will track completion of surveys monthly from September 2011 through December 2013. • Interview program epidemiologist and recipients of data requests – Evaluator will conduct interviews between December 2011 and December 2013.
Audience(s)	Program Partners Surveillance workgroup FL Asthma Control Program CDC
Cost of Evaluation	Estimated Total Cost = \$10,500 from CDC annually for staff time

PROGRAM COMPONENT: Interventions	
Title of Evaluation	Open Airways for Schools (OAS) Program
Evaluation Questions	<ol style="list-style-type: none"> 1. What challenges or barriers, if any, impacting successful implementation of OAS in targeted counties? 2. To what extent did participant knowledge of asthma and asthma triggers increase? 3. What impact did the program have on asthma-related absenteeism among participants?
Timing of Evaluation	Jan 2011 – August 2014
Evaluation Design	Case-study
Data Sources	<ul style="list-style-type: none"> • Parents of program participants – potential follow-up to look at absenteeism rates post OAS program. • Program Facilitator – currently willing to participate in interviews and surveys • American Lung Association (Florida) – implementation reports from the organization indicating barriers and enablers of success for OAS.
Data Collection Methods	<ul style="list-style-type: none"> • Survey parents of participants – Facilitator will conduct surveys after each targeted OAS program • Facilitator Self-Assessment – Facilitator will complete an annual checklist/self-assessment. • Review Program Documents – Evaluator and FLAPCP staff will review program documents annually • Review School Records – Evaluator, OAS facilitator, and school personnel will review available school records
Audience(s)	FAC, FLAPCP, ALA, CDC, Department of Education, DOH School Health staff, School Nurses Association, School and School District Administrators.
Cost of Evaluation	Estimated Total Cost =\$15,000 from CDC during the project period on staff time for data collection and analysis