

Florida Asthma Program

Florida Department of Health



Strategic Evaluation Plan 2009-2014

Updated January 2013

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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
DOH	Florida Department of Health
EPR-3	Expert Panel Report 3 Clinical Guidelines
FAC	Florida Asthma Coalition
FAP	Florida Asthma Program
FSUCOM	Florida State University College of Medicine
NHLBI	National Heart, Lung and Blood Institute

January 2013: Section by Section Summary of Changes

Section	Subsection or Table	Description of Change
1. Introduction	Program Background	Updated to describe the 2012 reorganization of the Florida Asthma Program within the Florida Department of Health
	Table 1: FAP Goals Compared to State Asthma Plan Goals	Updated to reflect the 2011 and 2012 changes in FAP program interventions.
	Table 2: Comparison of FAP's interventions to State Asthma Plan Goals	Added to more clearly show the relationship between program interventions and Florida State Plan Goals.
	Program Description	The Overarching Logic Model updated to better depict the activities of the program within each component – partnerships, surveillance, interventions, and evaluation.
2. Methods for Developing and Updating the SEP	Stakeholder Involvement	Updated to show how stakeholders changed over time.
	Table 3: Evaluation Planning Team	Includes new evaluation workgroup members and years of service for all current and past members.
3. Proposed Priority Evaluations	Selection of Priority Evaluations	Paragraph added to describe re-prioritized evaluations in 2011 and 2012.
	Table 6: Re-prioritized Interventions	Added to show changes in prioritized evaluations
4. Capacity Building		Updated to describe the process of developing an annual capacity development plan. (Process started in 2012)
5. Communication Plan		No updates
6. Conclusion		No updates

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 Program (FAP). The FAP was housed jointly between the Division of Environmental Health and Division of Family Health Services, Bureau of Chronic Disease Prevention and Health Promotion through 2012 when it was moved fully to the 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 takes 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 FAP’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 FAP’s goals to the State Asthma Plan

FAP 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><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>

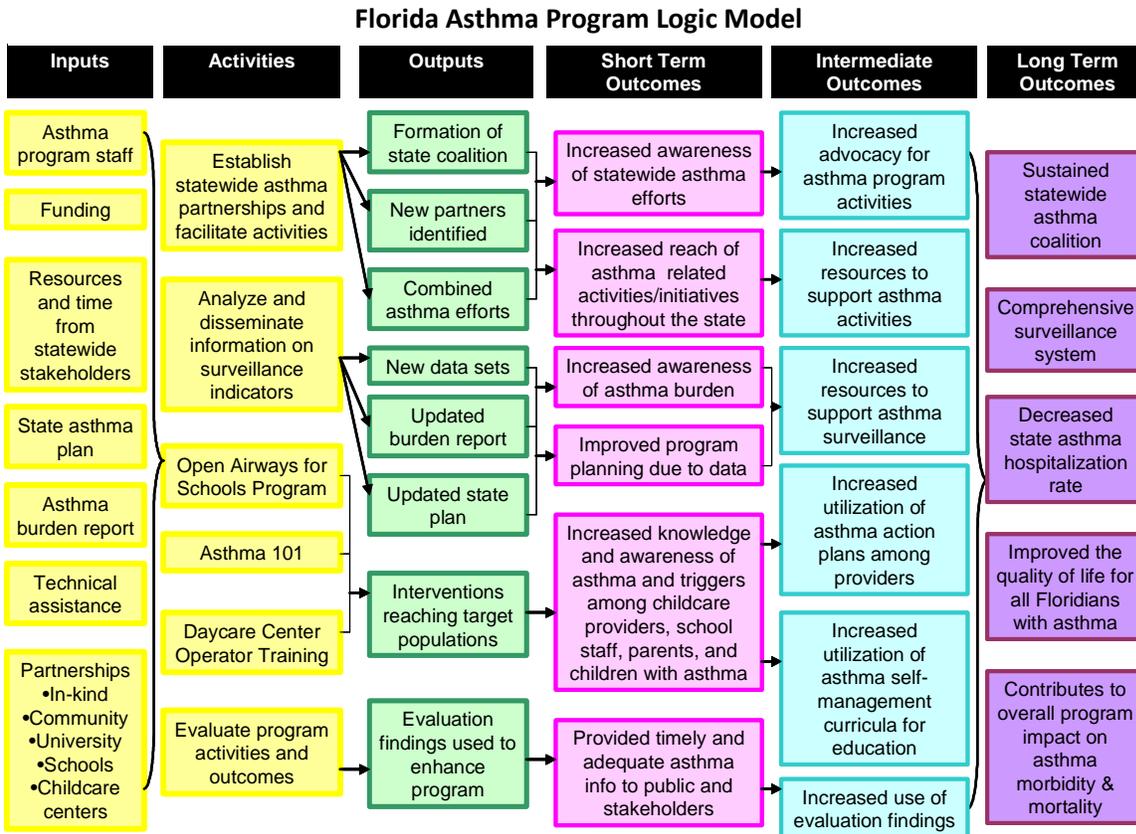
<p><u>Goal 4- Evaluation:</u> Increase the capacity of the Florida Asthma Coalition to prevent and control asthma by using findings from evaluation and monitoring to improve and enhance the program.</p>	<p>Not explicit in the <i>State Asthma Plan</i> but the Plan does outline the framework for evaluation.</p>
<p><u>Goal 6- Environment Goal:</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. (Same as Florida Asthma Plan Goal 4)</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 7-Disparities Goal:</u> Asthma disparities within all populations throughout the State of Florida will be reduced. (Same As Asthma Plan Goal 5)</p>	<p><u>Goal 5:</u> Asthma disparities within all populations throughout the State of Florida will be reduced.</p>

Table 2: Comparison of FAP’s interventions to the *State Asthma Plan* Goals

Workplan Goals	Workplan Interventions	Florida Asthma Plan Goals	
<p>Workplan Goals 2, 6 and 7 cover three priority interventions.</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><u>Goal 6- Environment Goal:</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. (Same as Florida Asthma Plan Goal 4)</p> <p><u>Goal 7-Disparities Goal:</u> Asthma disparities within all populations throughout the State of Florida will be reduced.</p>	<p><i>Intervention 1: Asthma 101:</i> 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><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><i>Intervention 3: Open Airways for Schools Program:</i> Increase the capacity of children ages 8-11 with asthma to utilize proper asthma management and control practices during school hours and at home.</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 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 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 5:</u> Asthma disparities within all populations throughout the State of Florida will be reduced.</p>

Program Description

FAP’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. Items on the left guide those on the right. The logic model illustrates the relationship between program activities and their intended effects.



- **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, an asthma burden report, and if plans are in place to guide and inform the program; **and**
- **If** a representative group of partners and stakeholders to address the burden of asthma in the state are built and maintained, and if data are analyzed and distributed and interventions are identified, prioritized, and implemented (Open Airways for Schools, Asthma 101, Childcare center training, and if asthma related activities among partners in the state are coordinated, and if current asthma surveillance activities are maintained and enhanced, and if FAP monitors and evaluates the effectiveness of its activities; **and**
- **If** as a result of these activities, the program convenes planning and workgroup meetings of a state coalition, new partners are identified, 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 new data sets are identified and program documents are updated, and if FAP and its partners use evaluation findings to enhance the state asthma program; **then**

- There will be increased awareness of statewide asthma efforts, increased reach of asthma related activities across the state, increased knowledge 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 FAP activities are operating within the three grant components and improved program planning; **then**
- New partnerships and networks will be formed; there will be increased support of and 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**
- Sustained statewide asthma coalition, sustained asthma surveillance system, sustained state asthma program, decreased state asthma hospitalizations and emergency department visits, program impact on asthma morbidity and mortality, 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 define priorities for measuring 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 FAP 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. 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 for the original SEP. Other members included the asthma program manager, the asthma program epidemiologist, the asthma program nurse educator, Pinellas county school health nurse, a 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.

The membership of the original evaluation workgroup evolved to include individuals involved in writing the State Asthma Plan and individuals who later joined the FAP 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. Table 3 depicts the various stakeholder contributions and roles in developing the evaluation plan.

Table 3. Evaluation Planning Team – Contributions, Roles, and Future Involvement

Stakeholder Name, Title and Affiliation	Contribution to Strategic Evaluation Planning	Evaluation Role	Years of Involvement
Julie Dudley, FAP Program Manager	Author, planner, provided context and background on various program activities, advised on evaluation strategies	Author, inform the development of individual evaluation plans; use evaluation findings to make improvement in the activities and overall program; assist in collecting data needed for the evaluations.	2011-present

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.

Rita Bechetti, DOE School Nurse	Reviewer, represented the Education workgroup	Assist with data collection for school-level interventions.	2019-2012
Stephen Henry, ² FAP Program Epidemiologist	Advised on data sources, represents the Surveillance workgroup	Primary lead for implementing FAP's surveillance evaluations	2010
Brandi Knight, FAP Program Evaluator	Author, convened and facilitated eval meetings	Primary lead for implementing some of FAP's evaluations and oversees the implementation of all FAP evaluations.	2010-2011
Donna Russell, Broward School District, DASH	Reviewer collaborator	Assist with data collection for school-level interventions	2010
Glenique Hampshire, FAP Nurse Educator	Planner, represented the Clinical workgroup	Assist in collecting data; use evaluation findings to make improvements	2010-2011
Carina Blackmore, Bureau Chief and Principal Investigator	Reviewer, collaborator	Inform the development of individual evaluation plans; use evaluation findings to make improvement in program activities	2009-2012
Dr. Elizabeth Serow, Senior Health Policy Analyst – FL-DOH	Reviewer and collaborator for SEP Updates	Advise on the development of individual evaluation plans and SEP updates	2011-2012
Cheryl Urbas, Healthy Homes	Reviewer and collaborator for SEP Updates	Assist with developing data collection for instruments for individual evaluation plans	2011-2012
Jamie Forrest, ³ FAP Program Epidemiologist	Collaborator for SEP updates, represents the Surveillance workgroup	Primary lead for implementing surveillance evaluations, assist with individual evaluation plans; assist with data collection	2011-present
Dr. Henry Carretta, Program Evaluator, FSUCOM	Author, coordinated SEP updates	Lead all program evaluation efforts	2012 - present
Xan Nowakowsk, Program Evaluator, FSUCOM	Author, coordinated SEP updates	Co-lead all program evaluation efforts	2012 - present
Daphne Holden	Reviewer and collaborator for SEP Updates	Advise on the development of individual evaluation plans and SEP updates	2012 - present
Julie Fitz, Bureau of Chronic Disease Evaluator	Reviewer and collaborator for SEP Updates	Advise on the development of individual evaluation plans and SEP updates	2012 - present
Dr. Mary Martinasek, University of Tampa	Reviewer and collaborator for SEP Updates	Advise on the development of individual evaluation plans and SEP updates	2012 - present
Dr. Lani Wheeler, Consultant	Advisor on School Evaluation Efforts	Advise on the development of individual evaluation plans and SEP updates	2011 - present

Developing the Strategic Evaluation Plan

The FAP'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 the original SEP is provided below.

Step 1: To initially describe the program, the evaluator reviewed FAP'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

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

³ The program epidemiologist position was filled April 2011.

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

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 FAP’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 4: 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	Program Workplan

	activity evaluation were a lower priority for evaluation	
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 FAP, 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 FAP 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 5 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.

Table 5. Priority Evaluations

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

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 6 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.

Table 6. 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

In 2012, the Evaluation workgroup also increased efforts to evaluate other interventions being carried out as part of the FAP. These additional efforts cover the following programs. However, the Open Airways for Schools Evaluation remains the workgroup's top evaluation priority under the intervention category.

Additional Intervention Evaluations

- Asthma 101
- Asthma-Friendly Childcare Center Training
- Emergency Departments Webinar

As the program continues to evolve and learn valuable information from its efforts, other activities may become a priority for evaluation, at which time the evaluation team will begin planning for those evaluations with input from stakeholders.

Overarching Timeline

Table 7 below is a timeline showing the sequencing of implementing the proposed evaluation activities. The evaluation team determined that for years two through three of the grant period we would design and implement an evaluation plan for FAP’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 the Open Airways for School Interventions. This highest ranked evaluation required some time for data collection and fine tuning of the program. Therefore, this evaluation would not be complete until after at least a year of data collection had taken place. 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 7. 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: December 2011 Write preliminary report / improvement plan by 2/12	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

Evaluation	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
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
Asthma 101 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 Sept 2012	Write preliminary report and improvement plan by Oct 2013 Write Final report: August 2014
Asthma-Friendly Childcare Centers Program		Begin data collection: January 2011	Develop Evaluation Plan Jun 2012. Organize data already collected and continue to collect data	Continue to collect data. Write preliminary report by Sept 2012	Write preliminary report and improvement plan by Oct 2013 Write Final report: August 2014
Emergency Department Webinar				Begin data collection: March 2013 End data collection: July 2013	Write final report and share findings with key stakeholders and discuss next steps in September 2013.

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	<ol style="list-style-type: none"> 1. <i>To what extent is the Florida Asthma Coalition operating in a way that will enable independence and sustainability?</i> <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? 2. <i>How is the Florida Asthma Coalition achieving its established goals?</i> <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, what 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, October 2012, and October 2013. • Structured interviews with members – Evaluator will commence interviews with stakeholders in Jan 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 FAP, 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. • 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	<ul style="list-style-type: none"> • Survey/Interview partners – Evaluator will conduct 3 survey/interviews (November

Methods	<p>2011, October 2012 and October 2013)</p> <ul style="list-style-type: none"> Review Program Records –Evaluators will review program documents in Nov/Dec 2011, Nov/Dec 2012 and Nov/Dec 2013. Survey data users– Evaluators will track completion of surveys monthly from September 2011 through December 2013. Interview program epidemiologist and recipients of data requests – Evaluators will conduct interviews between December 2011 and December 2013.
Audience(s)	<p>Program Partners Surveillance workgroup FL Asthma Control Program CDC</p>
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 level of participation did the target audience have in program sessions? 2. What factors impacted successful implementation and evaluation of OAS for the target population? 3. To what extent did participant knowledge of asthma management and asthma triggers increase? 4. To what extent did participants perceive and report gaining skills and confidence in managing their asthma?
Timing of Evaluation	Jan 2011 – August 2014
Evaluation Design	Pre-post with follow-up
Data Sources	<ul style="list-style-type: none"> 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. Student pre and post tests
Data Collection Methods	<ul style="list-style-type: none"> Facilitator Self-Assessment – Facilitator will complete an annual checklist/self-assessment. Review Program Documents – Evaluators and FAP staff will review program documents monthly
Audience(s)	FAC, FAP, 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

PROGRAM COMPONENT: Interventions	
Title of Evaluation	Asthma 101 Program
Evaluation Questions	<ol style="list-style-type: none"> 1. What is the reach of the training? Is it reaching the target audience? Why or why not? 2. How satisfied were participants with the quality of the Asthma 101 program?
Timing of Evaluation	Jan 2011 – August 2014
Evaluation Design	Pre-post with follow-up
Data Sources	<ul style="list-style-type: none"> American Lung Association (Florida) – implementation reports from the organization indicating barriers and enablers of success for 101. American Lung Association (Florida) – Participant pre-tests, post-tests, and follow-up surveys Program Facilitators
Data Collection Methods	<ul style="list-style-type: none"> Review Program Documents – Evaluators and FAP staff will review program documents monthly
Audience(s)	FAC, FAP, 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

PROGRAM COMPONENT: Interventions	
Title of Evaluation	Asthma-Friendly Childcare Centers (AFCC) Training
Evaluation Questions	<ol style="list-style-type: none"> 1. What is the reach of the training? Is it reaching the target audience? Why or why not? 2. How much knowledge are participants gaining from the AFCC training? 3. How satisfied are participants with the AFCC training? 4. How much have participants changed their behavior/taken action since participating in the AFCC training?
Timing of Evaluation	Sept 2011 – July 2014 Reports will cover: <ol style="list-style-type: none"> 1. September 1, 2011- July 31, 2012 2. August 1, 2012 – July 31, 2013 3. August 1, 2013 – July 31, 2014
Evaluation Design	Pre-post with follow-up
Data Sources	<ul style="list-style-type: none"> • Enrollment statistics for training course • Participant pre-tests • Participant post-tests • Satisfaction assessments • Follow up survey responses from participants
Data Collection Methods	<ul style="list-style-type: none"> • Review of enrollment counts and demographics from training database (ongoing) • Participant pre-test (start of program) • Participant post-test (end of program) • Assessment of participant satisfaction (end of program) • Online survey of participants (2 months post)
Audience(s)	Training participants, program partners, Childcare Center Workgroup, Local Asthma Coalitions, FAP, Evaluation workgroup, CDC
Cost of Evaluation	Estimated Total Cost =\$10,000 from CDC during the project period on staff time for data collection and analysis

PROGRAM COMPONENT: Interventions	
Title of Evaluation	Hospital Emergency Department Webinar
Evaluation Questions	<ol style="list-style-type: none"> 1. What is the reach of the training? Did it reach the target audience? Why or why not? 2. How satisfied were participants with the content & format of the ED webinar? 3. What changes did webinar participants plan to make based on what they have learned?
Timing of Evaluation	February 2012 – August 2013
Evaluation Design	Case-study
Data Sources	<ul style="list-style-type: none"> • Webinar Registrations - Registration form • Webinar participants - Post Webinar Survey
Data Collection Methods	<ul style="list-style-type: none"> • Conduct online (SurveyMonkey) survey with participating hospital administrators and care providers to measure satisfaction with each webinar session
Audience(s)	FAC, FAP, ALA, CDC, Clinical Care Workgroup, Evaluation Workgroup, FHA, Participating hospitals
Cost of Evaluation	Estimated Total Cost =\$2,000 from CDC during the project period on staff time for data collection and analysis

4. Capacity Building

In order to improve program evaluation efforts and encourage new ideas and projects, FAP 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, FAP staff will attend evaluation conferences and trainings. FAC members will regularly be exposed to evaluations the FAP 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, FAP staff will provide technical assistance and support to FAP 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 FAP evaluator and staff will respond to these training needs as they arise.

Starting in 2012 the FAP and the Evaluation Workgroup took steps to organize capacity development efforts through the development of an annual evaluation capacity development plan. The plan details out the actions that will be take by the evaluators to increase the capacity of coalition members and FAP staff. It focuses on creating a culture of evaluation in every FAC member's workplace, and also on giving FAC members opportunities to get recognition for evaluation activities they do. In 2013 and beyond, active sharing of evaluation efforts and outcomes will be strongly emphasized in routine workgroup and all members meetings to underscore the importance of evaluation and to demonstrate its usefulness across multiple areas of interest.

5. Communication Plan

The FAP 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. FAP 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 8: 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,	Email	January 2011	Program

provide an opportunity for a final review and approval of plan			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
Share evaluation findings	Email Website Reports/publications Formal Meeting	as needed 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, monthly conference calls	As needed (min 4 times per year)	Program Evaluator
Share evaluation findings	Email Possible Conference Call	As needed Upon completion of reports	All Program Partners Program Evaluator
Share revised versions of the strategic evaluation plan	Email	As needed	Program Evaluator

6. Conclusion

The FAP 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 FAP and its partners are committed to systematically evaluating all prioritized aspects of the program components, as evaluation activities are critical to ensuring that the initiatives are producing the intended outcomes and that the program is using resources to the highest efficiency and with the best results.

This strategic evaluation plan will be a resource for the FAP 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 FAP, 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 (2011)

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	FAP 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 FAP

Program Component	Partnership
Title of Activity	2. Identify membership gaps and recruit
Description of Activity	Determine which key stakeholder groups are not involved in FAP 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 FAP

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	FAP 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 FAP

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	FAP 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 FAP

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	FAP 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 FAP

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	FAP 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 FAP

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	FAP 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 FAP

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	FAP 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 FAP

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 FAP

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 FAP

Program Component	School and Childcare Intervention
Title of Activity	11. Daycare Center Operator Training
Description of Activity	The FAP 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 FAP

Program Component	12. Healthcare Intervention
Title of Activity	Clinical Management Online Education Module
Description of Activity	The FAP 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 FAP

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 FAP

Appendix II: Activity Prioritization Results (2011)

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 (2011)

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