

Florida Asthma Program

Individual Evaluation Plan for 2019-2024

Florida Asthma Coalition

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1. INTRODUCTION AND STAKEHOLDER ENGAGEMENT

Evaluation Purpose

Evaluation Goals

Evaluation of the Florida Asthma Coalition (FAC) for 2019-2024 will achieve two priority goals: assessing any strengthened internal operations and demonstrating any strengthened external collaboration through system-level linkages (including referral and communication systems) that enable sustainable coordination of care. Evaluation efforts will focus on the interpersonal and instrumental dynamics of processes for working toward these shared goals, as well as the achievement and impact of success with planned activities.

Purpose of Evaluation

Evaluation of the FAC will support the development of Asthma Friendly Community environments through purposive engagement of stakeholders for planning, implementation, and feedback. Focused Coalition activities will be carried out at the local level with the leadership of a contracted facilitator who has recent experience implementing collaborative, community-based, health improvement projects. Each local partnership will comprise multi-disciplinary and multi sector representatives from a provider group (such as a Federally Qualified Health Center or private practice), school, hospital, pharmacy, local public health agency, and housing entity. Other partners the community deems beneficial will also be included; these will vary by location.

Using the Individual Evaluation Plan Findings

In evaluating the FAC, we seek to identify factors that enable and hinder cross-disciplinary, team-based collaboration to create truly Asthma Friendly Communities. We will evaluate our recruitment of different partner organizations, maintenance of active collaboration with each partner group, strengths and weaknesses of the process for individual collaborative activities, outcomes from planned activities in partner communities, and formation of linkages with public health systems as well as use of FL DOH data products for high impact.

Because our evaluation activities for the FAC will use a highly interactive, narrative-intensive approach, we also gain from our proposed evaluation strategy a means of promoting the ACTs framework with other Florida communities that may wish to join. Likewise, the success stories we will gather offer a natural opportunity for raising awareness of these stakeholder engagement and action strategies across all CDC Asthma Program partner states. Finally, in sharing success stories gathered during the evaluation process we aim to influence public policy discourse and formation by providing a clear evidence basis in support of community engagement resources for comprehensive asthma management.

Contribution of Findings to CCARE Goals

Our programmatic approach and associated evaluation efforts for 2019-2024 align perfectly with CDC's newly released CCARE initiative. In our response to the 2019-2024 NOFO, we proposed continuing work on two different evidence-based interventions tailored for the needs of marginalized Floridians: Asthma Friendly Schools (AFS) and Asthma Friendly Homes (AFH).

Both of these programs center the principles of the EXHALE technical package and incorporate good clinical practices from Expert Panel Report 3 Guidelines and other supportive resources from the National Heart, Lung, and Blood Institute as well as the American Lung Association. In 2014-2019, we developed a much more robust version of our original AFS program and pioneered the brand new AFH program with small numbers of households. We continued refining both programs throughout the previous funding period and are now poised to leverage partners to use these approaches to expand implementation of EXHALE strategies across Florida.

Our evaluations of these programs demonstrated their ability—even early on in the 2014-2019 Cooperative Agreement—to not only reduce emergency department visits but also help schoolchildren stay in class and out of the nursing office. Likewise, we captured narrative data about how good practices learned in school came back home with students and vice versa. Transfer of knowledge between school and home settings proved crucial in our ability to promote comprehensive asthma management going beyond a single microenvironment. Our AFS and AFH programs thus target both the “Controlling Childhood Asthma” and “Reducing Emergencies” elements of CCARE.

We also proposed a wraparound infrastructure for our work in expanding EXHALE: the Florida Asthma Coalition. Because of work that we did in the final two years of our 2014-2019 Cooperative Agreement, we now have a revitalized and energized Coalition ready to take on new challenges and provide targeted support for the EXHALE expansion strategies outlined above. In addition, our FAC workgroups are constantly developing and implementing both community-level and sector-specific initiatives that bridge gaps between our clinical services programs. Examples from 2014-2019 include early development efforts on an Asthma Friendly Pharmacy program, drafting school bus idling policies, and partnerships to expand AFH beyond English and Spanish speaking communities. Through our FAC minigrant program in 2017-2018 and 2019-2020, we brought both AFS and AFH to new communities, and also conducted activities supporting other asthmatic populations such as infants and adolescents.

Although we did not have an individual evaluation plan (IEP) for the FAC in 2014-2019, our Coalition provided the overarching infrastructure for the Community Asthma Care Teams (ACTs) intervention that we implemented during those years. Each ACT worked in tandem with Coalition workgroups and leadership to expand our core strategies from the 2014-2019 NOFO response and work plan in novel ways. For 2019-2024, we are returning to a more centralized infrastructure strategy focused on vigorous FAC engagement and revitalized workgroups. FAC’s workgroups focus on symptom control and emergency department visits reduction, with dedicated groups for school, home-visiting, provider, and hospital initiatives. Our FAC infrastructure strategy thus likewise targets both the “Controlling Childhood Asthma” and “Reducing Emergencies” elements of CCARE.

Alignment with Overarching Evaluation Questions in NOFO

Our online “Evaluation Lab” community will provide a supportive infrastructure for continuous, dynamic stakeholder collaboration supporting the four overarching evaluation questions outlined in the 2019-2024 NOFO. The general architecture for this online platform will come from the evaluation questions and the specific performance measures that speak to them, as well as the core content areas for the EXHALE package. Our Evaluation Lab offers functionality for

organizing content by time window, activity, and measure. Elements related to the AFS program are shown in **bolded red text** below.

Question 1. To what extent has the recipient strengthened and expanded programmatic infrastructure to support optimizing services and health systems?

Evaluations impacted: Florida Asthma Coalition and any potential quality improvement initiatives developed in 2019-2024 in partnership with FAC workgroups.

Question 2. To what extent has the recipient leveraged partnerships and policies to expand the EXHALE strategies to ensure availability, efficiency, effectiveness, and health equity?

Evaluations impacted: **Florida Asthma Coalition (for partnerships and policies); any potential quality improvement initiatives developed in 2019-2024 in partnership with FAC workgroups (for implementation of partnership and policy recommendations towards availability, efficiency, effectiveness, and health equity);** AFS program (for implementation of partnership and policy recommendations toward availability, efficiency, effectiveness, and health equity); and AFH program (for implementation of partnership and policy recommendations toward availability, efficiency, effectiveness, and health equity).

Question 3. To what extent has the recipient successfully engaged with health plans or health care practices in efforts to improve quality of care?

Evaluations impacted: Florida Asthma Coalition (hospitals workgroup, provider workgroup, and potential quality focused workgroup) (we are not adding this group for this cycle); any potential quality improvement initiatives developed in 2019-2024 in partnership with FAC workgroups. (the QI project is a partnership with Children’s Medical Services, University of South Florida, and possibly Nicklaus Children’s Hospital and Lakeland Memorial Hospital)

Question 4. To what extent has the recipient made progress toward achieving the long-term outcomes associated with asthma control, including the reduction of asthma disparities?

Evaluations impacted: **Florida Asthma Coalition; any potential quality improvement initiatives developed in 2019-2024 in partnership with FAC workgroups;** AFS program; AFH program.

Performance Measures associated with each question will be nested therein and linked to their program and EXHALE areas. For each measure, there will be a “submit your quantitative data” box and then a “submit your qualitative data” box where folks can provide background and enrichment beyond the numbers. Programs and wraparound strategies will also be linked directly to evaluation questions as indicated in the above list. We will develop the Evaluation Lab platform in Year 2 using lessons learned from pilot activities with the SurveyMonkey software suite in Year 1.

We will then build on this basic infrastructure by building a culture of regular in depth interviewing with project partners as described previously. We will complement these team calls by offering team members regular opportunities for rapid-format interviews each quarter, coupled with in-depth interviews once per calendar year for reflection and more detailed sharing

about successes and challenges. Through this combination of personal narrative engagement and online data reporting, we will create and maintain a living, breathing ecology of evaluation in which everyone participates continuously.

Congruence with Data Management Plan and Work Plan

FAP's data management plan (DMP) and work plan (WP) both focus extensively on protecting and affirming intersectionally marginalized populations impacted by asthma. Because many of our own evaluation team (E-Team) members and implementation partners are impacted personally by asthma and other respiratory-involved diseases, we brought a sense of urgency to our SEP development process that is likewise reflected in both the DMP and WP documents. In the SEP and WP, we have prioritized activities with high value that we can implement immediately starting in Year 1 for the benefit of Floridians living with asthma across all social and economic sectors, focusing extensively on those most vulnerable to adverse outcomes from the disease.

Because of this, we have structured our DMP to reflect awareness of confidentiality and privacy issues that loom especially large for people experiencing multiple types of social and economic vulnerability beyond just living with asthma. We will uphold the values identified in the SEP and the action strategies from the work plan that address the needs of intersectionally marginalized Floridians with asthma by practicing careful and thoughtful stewardship of any personal data we collect during the evaluation process. And whenever possible, we will collect data for evaluation without capturing any identifying information. When identifying information is necessary for meaningful interpretation of data, we will collect the minimum needed amount of such information.

Stakeholders

Interested Groups

We believe that our results will interest the following people: asthma educators, school health personnel, teachers, school administrators, ALA program mentors, people with asthma, families of patients, environmental health professionals, pharmacists, media outlets, Department of Health (DOH) program staff, academic evaluators, and Centers for Disease Control and Prevention (CDC) funders. That said, we welcome any and all organizations and individuals interested in getting involved with our Coalition to come aboard and collaborate. FAC partnership efforts serving particular local communities will likewise take an inclusive approach to recruitment, engagement, and retention of members.

Individual Perspectives

We intend to share program process and evaluation outcomes with all of the above groups. Some groups may have especially strong interests in particular areas of the evaluation. We will tailor our reporting of results to suit the interests and goals of our partners for this intervention, as outlined in Table F.1.

Roles and Responsibilities

Our planning team includes people with asthma, families of patients, key partners for other funded interventions such as Asthma Friendly Schools and Asthma Friendly Homes, community stakeholders, DOH program staff, and CDC funders. These individuals are not directly involved in data analysis, but will interpret findings and receive results. The academic evaluators on our planning team design and refine the data collection process and handle the majority of data analysis tasks. Our team also includes both our current and past Chairs for the FAC, who represent the interests of the diverse partners who will lead day-to-day activities for this intervention. Our close work with the broader membership of the Florida Asthma Coalition (FAC) invites input from environmental health professionals and community health experts. We also engage the HCSEF staff who to manage the Coalition’s daily operations. Both Coalition leadership and HCSEF staff will help us in keeping media outlets informed about results from this evaluation.

Table F.1. Stakeholder Assessment and Engagement Plan

Stakeholder Name	Stakeholder Category	Interest or Perspective	Role in the Evaluation
Xan Nowakowski	Primary	Evaluation	Lead Evaluator
Wanda Rodríguez-Donham	Primary	Implementation	Outreach
Debra Weiss	Primary	Leadership	Coalition Chair
John Prpich	Primary	Leadership	Coalition Chair
Brittani Coore	Primary	Management	Monitoring
Ricardo Jaramillo	Primary	Management	Monitoring
Tiffany Parrish	Primary	Management	Monitoring
Joseph Rombough	Primary	Management	Monitoring
Andrea Stephenson Royster	Secondary	Communication	Dissemination
Carolina Alcala	Secondary	Communication	Dissemination
Darrell Barfield	Secondary	Communication	Dissemination
Keren Joseph	Secondary	Communication	Dissemination
Enid Santiago	Secondary	Communication	Dissemination
Annette Thomas	Secondary	Communication	Dissemination
Other AFS Mentors	Secondary	Communication	Dissemination
School Nurses	Secondary	Communication	Dissemination
Tara Hylton	Tertiary	Oversight	Admin Support
Jamie Forrest	Tertiary	Oversight	Admin Support
Jennifer Sousa	Tertiary	Oversight	Admin Support
Mary Martinasek	Tertiary	Linkages	General Planning

We also receive guidance from our Evaluation Technical Advisor at CDC, Dr. Ayana Perkins.

Cultural Competence

Engagement of Representative Stakeholders

Our Lead Evaluator is a medical sociologist whose work focuses strongly on cultural and contextual disparities in health. We have thus attempted to build cultural awareness and affirmation into every aspect of our planned work. By bringing together a diverse E-Team that

includes people of many backgrounds and experiences, we believe we have provided excellent support for an evaluation process that is inclusive and responsive for people of all cultural backgrounds and life circumstances. Collaboration with our 150+ FAC members will also prove crucial for creating a culturally and contextually affirming environment with our evaluation activities. Members of the FAC also come from diverse backgrounds and places, representing many of the cultures and life experiences of Florida's highly heterogeneous population.

Incorporating Diverse Perspectives

Our evaluators work actively and continuously to solicit feedback from all E-Team members, using a combination of telephone calls, email follow-ups, and monthly and quarterly surveys. Members have multiple opportunities to contribute their ideas and concerns and recommend action strategies on which evaluators can follow up. The Lead Evaluator also discusses cultural and linguistic competency issues explicitly on team calls, as well as other social structural inequalities that can impact not only the ease of doing work that benefits all children with asthma according to their need, but also the extent to which E-Team members may feel safe discussing specific issues during team activities.

Addressing Cultural and Contextual Factors

We have thought proactively about potential barriers to participation in evaluation that might affect particular population groups, and attempted to exclude those barriers from our materials altogether. We will be working closely in partnership with each engaged community to ensure that everyone who stands to benefit from the Coalition's activities gets fruitful opportunities for involvement, collaboration, and innovation.

That said, we realize that affirmation is a continuous process. We expect to receive feedback from our participants that will help us enhance the content of our program components and evaluation materials. We will revise our materials as needed given participant feedback, and note these changes in updated versions of our SEP and this IEP. As we improve the program and its evaluation strategy to better account for the cultural and contextual characteristics of our participants, we will share these new developments with our FAC members and community partners.

2. DESCRIPTION OF THE FLORIDA ASTHMA COALITION

Need

Our evaluation activities in 2009-2014 demonstrated a strong need for community-based, systems-focused approaches to public health promotion and symptom mitigation for Floridians with asthma. These aims prove especially important in a social and environmental landscape in which health disparities for people with asthma continue to grow wider. Indeed, the number of Floridians who experience the devastating effects of undiagnosed and poorly controlled asthma continues to rise each year.

Managing Florida's nationally representative burden of asthma proves challenging due to a hot, humid climate with a myriad of environmental triggers as well as high levels of racial and economic inequality. With these pervasive disparities in resource access and life circumstances

come additional factors, such as living in substandard housing and being exposed to environmental toxicants, that require a comprehensive approach to transforming communities from the ground up for effective asthma control, better quality of life, and the achievement of true social justice in health.

Context

Environmental Factors

In Florida, we aim to focus intensively on the specific cultural and contextual factors that contribute most prominently to marginalization of groups at high risk for poor asthma outcomes. These include, but are not limited to: racial discrimination, language barriers, income and wealth disparities between people of different cultural backgrounds, and poor housing quality in lower-resource neighborhoods.

While its climate can prove challenging for people who live with asthma, Florida possesses unique public health and health system assets that, if appropriately leveraged, can relieve the burden of asthma for disadvantaged and privileged residents alike. Results from current FDOH efforts show tremendous promise for improved health outcomes at the individual, community, and state levels. Likewise, we believe that we can actually begin to make an impact in some of the fundamental forms of social disadvantage that contribute to asthma prevalence and severity in our state.

Inclusive engagement in collaborative, team-based asthma management activities can help to heal social and economic rifts in our diverse communities. While we have taken on some new and ambitious initiatives for the Coalition in 2019, we have built this approach on demonstrated successes and robust linkages from our very successful first two project cycles' worth of work with the FAC. We believe we can succeed with this new phase of the FAC by implementing lessons learned from our last 10 years of evaluating the activities, successes, and challenges negotiated by this diverse and dynamic group of asthma management allies.

Alignment with EXHALE Strategies

The core elements of EXHALE are outlined below, with relevant elements for the FAC offset in **red text**.

E: Education on asthma self-management

Expanding access to and delivery of asthma self-management education (AS-ME)

X: X-tinguishing smoking and secondhand smoke

Reducing tobacco smoking

Reducing exposure to secondhand smoke

H: Home visits for trigger reduction and asthma self-management education

Expanding access to and delivery of home visits (as needed) for asthma trigger reduction and AS-ME

A: Achievement of guidelines-based medical management

Strengthening systems supporting guidelines-based medical care, including appropriate prescribing and use of inhaled corticosteroids
Improving access and adherence to asthma medications and devices

L: Linkages and coordination of care across settings

Promoting coordinated care for people with asthma

E: Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources

Facilitating home energy efficiency, including home weatherization assistance programs

Facilitating smokefree policies

Facilitating clean diesel school buses

Eliminating exposure to asthma triggers in the workplace whenever possible

Reducing exposure to asthma triggers in the workplace (if eliminating exposures is not possible)

The Coalition incorporates elements of our Asthma Friendly Homes and Asthma Friendly Schools programs targeting Home Visits and AS-ME respectively, as well as other recognitions targeting sectors like child care, provider offices, and hospitals. This speaks to the FAC’s role in linking and coordinating care across settings as well as advocating on broader policy issues. Because tobacco exposure reduction advocacy is part of the FAC’s overall collaboration strategy for nurturing Asthma Friendly Communities, the Coalition effort addresses all six pillars of EXHALE integratively.

Population Addressed

We are focusing strongly on working with communities that experience high levels of income inequality. Many of the people we serve through Coalition programming are likely to live in low-income and culturally marginalized neighborhoods. Overarching structural inequalities limit access to and utilization of chronic disease management services. Likewise, living in low-resource areas and being exposed to persistent asthma triggers are highly correlated experiences.

A grassroots, community-centered approach thus offers an optimal strategy for reaching a large population of Floridians with high need for effective asthma services, as well as making a substantial difference in quality of life. This strategy overlaps with the Asthma Friendly Schools Program we described in detail in our first IEP for 2019-2024, as well as the Asthma Friendly Homes Program we outlined in our second IEP for the current project period.

Stage of Development

Program History

Our Coalition is substantially expanded from its incarnations in the 2009-2014 and 2014-2019 funding cycles. For 2019-2024 we are working on a diverse array of specific projects with the FAC, listed in the Activities section below. Here we provide some general context about the history and ethos of the Coalition, and the connections of these background elements with our SEP for 2019-2024.

Established in 2009, the FAC works to improve asthma outcomes and reduce associated costs for Floridians through various interventions. The Coalition has a designated Steering Committee

and four Workgroups. Membership includes State and local governmental agencies, schools, clinicians, advocacy groups, parents, and many non-government organizations.

The Coalition was established with the following specifications for collaborative activity:

Vision: Floridians with asthma will achieve optimal health and quality of life.

Mission: To reduce the overall burden of asthma, with a focus on minimizing the disproportionate impact of asthma in racial/ethnic and low-income populations, by promoting asthma awareness and disease prevention at the community level and expanding and improving the quality of asthma education, management, and services through system and policy changes.

Goals:

- Increase awareness and early detection of asthma.
- Increase the number of patients with asthma who have a dedicated asthma care-provider (either primary care provider within a medical home or asthma specialist) who provides consistent self-management planning and education.
- Reduce the number of deaths, hospitalizations, emergency department visits, school or work days missed, and limitations on activity due to asthma.
- Reduce asthma disparities among populations disproportionately affected by asthma.

In later portions of the 2014-2019 funding cycle, the FAC underwent a reinvigoration process that expanded its membership and partnerships. FAC membership is currently higher than at any previous time in the Coalition's 12-year history, with additional new members joining each month!

Our general approach and three specific interventions (Coalition plus Asthma Friendly Homes and Asthma Friendly Schools) outlined in the SEP share a strong focus on achieving health equity for Floridians with asthma. The SEP outlines an approach for reducing asthma-related health disparities by bridging gaps identified by our previous five-year evaluation project. Consequently, our focus on meeting and engaging people in their own home communities is crucial. Emphasizing partnership-building and intervention delivery with partner organizations and individual supporters in underserved communities represents an essential component of an integrated strategy for promoting health equity among Floridians with asthma.

Our FAC represents a crucial support for our schools. With our School Based Programs, our goal is to make asthma management easier for students so that they can focus their energy on other aspects of their schooling, such as succeeding in coursework and performing strongly on the annual FCAT standardized tests. This benefits children individually by increasing their chances of success in future study and career paths, and also collectively by helping their schools stand a better chance of getting adequate funding during the annual State and County budgeting processes.

Similarly, the FAC works to create transformational change in the financial and logistical sustainability of our hospitals here in Florida. Linkages with our Asthma Friendly Homes Program, which uses a combination of case management, environmental assessment, and home visiting follow-up by asthma educators to help children and their families master the basics of effective asthma control, promote reduced utilization of hospital emergency departments and inpatient units. In turn, this can help to control care costs for hospitals, as well as freeing bed

space for people whose conditions indicate acute care. As a chronic condition, asthma is best managed in the context of a supportive, integrative framework that allows people to remain active in their community, home, and professional lives.

This approach saves fiduciary costs in addition to quantity and quality of life, always with the happiness and satisfaction of our service users as the very top priority. Our SEP articulates an inclusive perspective that views people with asthma as customers and partners in their own care, deserving of affirming solutions that are easy to access. The Asthma Friendly Schools Program, Asthma Friendly Homes Program, and their component educational curricula embody these principles. These programs pursue the core goals of asthma management in ways specifically designed to improve health systems linkage, and by consequence build capacity for effective asthma care, in the environments where affected children and families spend a large portion of their day.

Implementation Status

All of the above projects are currently active. The structure and tools for the AFS and AFH programs were modified and streamlined for statewide standardization and quality control during Year 1 of the 2019-2024 funding period. New projects introduced during later years of the funding period will build on existing resource and activity networks in communities where we already have a presence with our planned interventions for 2019-2024. The approach for the FAC in 2019-2024 also builds strongly on mechanisms used, linkages created, and successes achieved by the FAC in the 2009-2014 and 2014-2019 project periods. The new State Asthma Plan presently in development in Spring 2021 also meshes with core Coalition strategies for the current project period. Strong interface between FAC membership and leadership with DOH program and HCSEF Coalition operations staff via the integrative E-Team group that meets quarterly will help to ensure successful continued development and implementation of FAC activities and partnerships. Could you add that due to COVID-19 response the Asthma Friendly Homes education moved virtually?

Resources/Inputs

Resources and inputs for the FAC are primarily human. This project is an example of using capacity building and meaningful engagement to create value without leveraging large amounts of financial resources, instead creating opportunities to seek additional financial inputs in future program years. A key goal of the FAC is for partner individuals and organizations to collaborate in grant seeking, fundraising, and other activities that promote financial sustainability. People working on the project do so either as volunteers or as part of their paid time with participating employers. DOH program staff are paid out of the CDC Asthma Program grant to Florida for the 2019-2024 project period. Some overhead support for outreach and capacity building activities is also provided in the Asthma Program grant. Evaluators are paid out of a subcontract from the FAP's operating support grant from CDC for 2019-2024.

Activities

A series of mutually supportive activities comprise the core of the Coalition's programming. FAC members and partner organizations are presently working together on the following initiatives:

- Asthma Friendly training and recognition programs
 - Schools
 - Homes
 - Child Care Centers
 - Providers
 - Hospitals
 - Pharmacies (in development)
- Coalition workgroups
 - Schools & Child Care Workgroup
 - Provider Workgroup
 - Hospital Workgroup
 - Asthma Home Visiting
- All Members learning opportunities
 - Webinars
 - E-blasts
 - Social media
 - Lunch & Learns
 - Blogs
 - Podcast
 - Journal Club
 - Annual Summit when safe to hold Virtual for 2021
- Quality Improvement projects
 - Novartis partnership
 - Title V/CMS
- New partnership efforts in core service areas
 - Orange County area mini coalition
- Prior community partnerships
 - Bithlo
 - Liberty City
 - Tampa Bay Asthma Coalition
 - Jacksonville / Wolfson Children's Hospital
- Ground efforts in main County hubs
 - Gadsden
 - Orange
 - Miami-Dade
 - Seminole
- Expansion efforts to other counties
 - Volusia
 - Osceola
 - Brevard
 - Lake
 - Leon
 - Broward
- Advocacy efforts statewide
 - Surveys to understand needs of PCP/Specialists
 - Outreach to workgroups/recognition applicants to understand their interests
 - Outreach to likeminded organizations

Evaluation activities for 2019-2024 will assess the FAC's success in helping partner communities develop, implement, and sustain ACTs of their own. By extension, evaluation efforts will explore demonstration regions' outcomes from implementing these strategies for creating truly comprehensive Asthma Friendly Communities.

Outputs

Activities to achieve core FAC objectives will produce the following general outputs:

- Increase teachers and school nurses' awareness and knowledge of asthma management
- Increase hospital staff's knowledge of asthma management
- Increase providers' knowledge of asthma management
- Increase pharmacy staff's knowledge of asthma management
- Increase the community at large's awareness and understanding of asthma

Tracking these activities and their outputs will also produce a series of program implementation progress reports. FL DOH program staff and external evaluators will use these documents to assess the reach and impact of Coalition programming in each partner community.

Outcomes

Intended Outcomes

The key intended outcomes of the FAC focus on linkages and teamwork between community stakeholder organizations and individuals for the creation of comprehensively Asthma Friendly Communities. In the short term, related outcomes hinge on recruitment and participation. Intermediate stage outcomes focus on increased partnership and collaboration between schools and other community health support resources, as well as overarching state-level groups like the FAP and FAC. Over the long term, outcomes will take the form of broad, wide-ranging changes in community asthma management resources and culture. These outcomes are likely to vary substantially across partner communities because resource needs and contextual factors often differ from one county to the next.

Contribution to CCARE Goals

The FAC contributes equally to the two core CCARE goals of Controlling Childhood Asthma and Reducing Emergencies. AS-ME activities and general educational content for the AFS and AFH programs help students achieve effective asthma control each day without needing intensive oversight by a school nurse. Exposure reduction efforts and controller medication use improvements also help to reduce visits to the school nursing office and/or emergency room, enabling students to stay in class and keep learning instead of having to take time away for asthma emergency response. Advocacy and partnership efforts also ensure that necessary infrastructure for focused activities to achieve outcome-specific goals in both daily asthma control and acute emergency reduction.

Vision for Change

Over the long term, we want the FAC to transform partner communities into well-coordinated networks that are empowered and excited about comprehensive asthma management, and ready

to provide those resources and linkages on a daily basis. Living with asthma and enjoying good health are by no means mutually exclusive. With our Coalition we aim to create opportunities for Floridians with asthma to cultivate and sustain wellness at all times and in all spaces. With our work in partner districts during the 2019-2024 funding cycle, we seek to simultaneously enhance programming in specific localities and clusters of counties within Florida and provide overarching support for these partnership efforts through communication and advocacy at the State level.

Process for Achieving Outcomes

The first component of our pathway to better asthma management for people in Florida involves building relationships with partner organizations and individuals, people with asthma, FAP staff, and external evaluators. As we refine this process with our partner communities over the five-year project period, we will learn more about how to make it generalizable and viable for other counties in Florida. The second component involves identifying and bridging gaps in FAC capacity as communities work toward their preliminary objectives. The third component involves monitoring process and early-term outcome data from each Coalition partnership. The fourth component involves evaluation of longer-term outcome data and recommendation of next steps by the evaluators in collaboration with FAP and HCSEF staff as well as Coalition management and leadership. The fifth component involves changes to FAC programming based on evaluation findings.

Table F.2. Program Description Template

Resources/Inputs	Activities		Outputs	Outcomes	
	Initial	Subsequent		Short-Term/Intermediate	Long-Term
Community organizations <ul style="list-style-type: none"> • Faith-based • Hospitals • FQHCs • Primary care • Specialty medicine • Community health workers • Advocacy • GIS • Environmental • Medical devices • Pharmaceuticals • Early childhood education • K-12 schools • Colleges and universities • Businesses 	Form partnerships <ul style="list-style-type: none"> • Bring together representatives from each organization • Outline desired activities 	Implement focus activities for partnerships addressing barriers to asthma care <ul style="list-style-type: none"> • Increase access to self-management resources • Raise awareness of asthma in the community • Get funds for asthma management • Collect and share data • Create website • Work in partnership with FAP and E-Team • Submit Monthly 	<ul style="list-style-type: none"> • Website linking community members to needed resources • Community events • Professional partnerships • Marketing materials • Data for publicity and evaluation 	<ul style="list-style-type: none"> • Internal community collaboration • Increased opportunities for getting funding • Higher awareness of key issues in asthma management • Ability to manage triggers in the workplace • Better communication across asthma stakeholders • Linkages with helpful resources • Recommendations for policy development • Sharing of stories about successful policy action 	<ul style="list-style-type: none"> • Policy action to address identified issues • People with asthma and their families achieve better health and quality of life • Families develop autonomy in helping patients self-manage • Sustainable partnerships between organizations and individuals • Culture of asthma friendliness

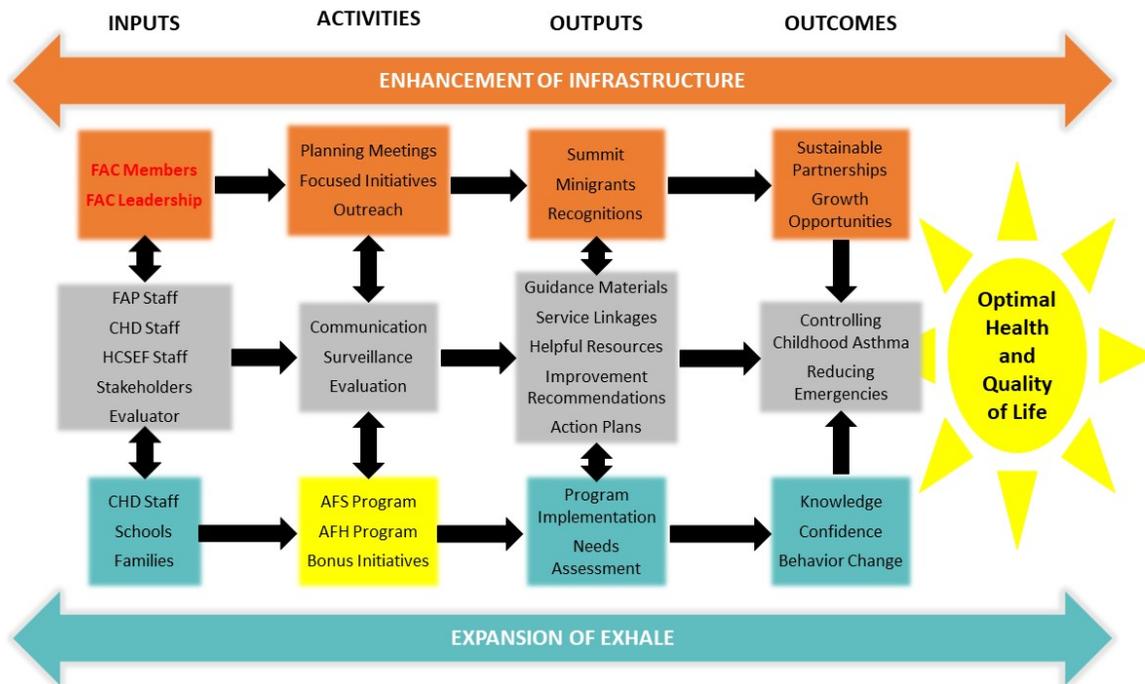
		<p>Activities data every few weeks</p> <ul style="list-style-type: none"> • Submit Performance Measures data every quarter • Participate in semi-structured interviews 			
Families of people with asthma	<p>Provide support</p> <ul style="list-style-type: none"> • Raise awareness of FAC • Link Coalition management with interested patients • Participate in FAC as members if interested 	<ul style="list-style-type: none"> • Share helpful resources • Discover and share data with other families • Help other families learn about asthma control • Implement asthma management steps at home 	<ul style="list-style-type: none"> • Feedback on the program • Socialization with diverse groups interested in asthma • Asthma management competencies • Increased publicity for the Coalition • Linkages between different organizations and people 	<ul style="list-style-type: none"> • Ability to manage triggers at home • Increased confidence about family members' asthma management skills • Better communication across asthma stakeholders • Environmental awareness • Linkages with helpful resources 	<ul style="list-style-type: none"> • Reduced stress through participation in community-based wellness promoting activities • Lower financial and time-based care costs • Better quality of life • Families develop autonomy in helping patients self-manage • Sustainable partnerships between organizations and individuals • Increased participation and representation in policy development and advocacy
People with asthma	<p>Build relationships with FAC members and partners</p> <ul style="list-style-type: none"> • Help spread the word • Become Coalition members • Participate in planning and activity 	<p>Conduct asthma education</p> <ul style="list-style-type: none"> • Inhaler technique • Medication management • Breathing techniques • Safe recreation • Video testimonials in 	<ul style="list-style-type: none"> • Feedback on the FAC • Socialization with diverse groups interested in asthma • Asthma management competencies • Increased publicity for the Coalition 	<ul style="list-style-type: none"> • Improved asthma management skills • Consistent use of asthma management behaviors • Confidence about helping others manage their asthma • Better 	<ul style="list-style-type: none"> • Reduced stress through participation in community-based wellness promoting activities • Lower financial and time-based care costs • Better quality

	development	<p>multiple languages</p> <ul style="list-style-type: none"> Peer mentorship <p>Give feedback on FAC programming</p> <ul style="list-style-type: none"> Communicate with E-Team Participate in semi-structured interviews if desired Help develop storyboards 	<ul style="list-style-type: none"> Linkages between different organizations and people 	<p>communication across asthma stakeholders</p> <ul style="list-style-type: none"> Environmental awareness Linkages with helpful resources 	<p>of life</p> <ul style="list-style-type: none"> Families develop autonomy in helping patients self-manage Sustainable partnerships between organizations and individuals Increased participation and representation in policy development and advocacy
State Asthma Plan	FAP and HCSEF staff present new SAP to Coalition	<p>FAP and HCSEF staff get member feedback periodically on SAP content and implementation</p> <p>FAC working groups and partnerships work on impl???</p>	<p>SAP document</p> <ul style="list-style-type: none"> Initial version Revised versions <p>ACT Implementation Plan</p> <ul style="list-style-type: none"> One per county Revisions as needed <p>Linkages between:</p> <ul style="list-style-type: none"> FAP FAC E-Team HCSEF Partner organizations 	<ul style="list-style-type: none"> Successful implementation of prescribed activities Participating organizations feel supported in solving problems Internal community collaboration Increased opportunities for getting funding Higher awareness of key issues in asthma management Ability to manage triggers in the workplace Better communication across asthma stakeholders Linkages with helpful resources Recommendations for policy development Sharing of stories about successful policy action 	<ul style="list-style-type: none"> Policy action to address identified issues People with asthma and their families achieve better health and quality of life Families develop autonomy in helping patients self-manage Sustainable partnerships between organizations and individuals Culture of asthma friendliness
Evaluation team	Train program partners each fall	Participant satisfaction	<ul style="list-style-type: none"> Correspondence with CDC and 	<ul style="list-style-type: none"> Understand what is working and 	<ul style="list-style-type: none"> Strong program

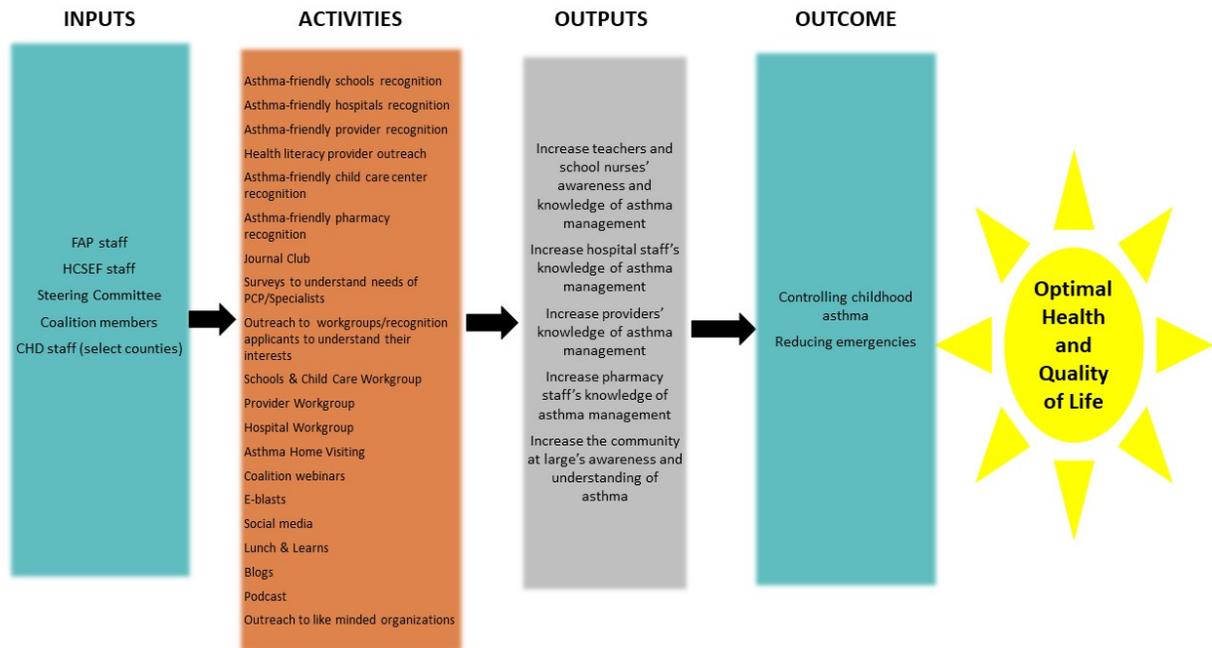
	about evaluation	assessment <ul style="list-style-type: none"> Regular communication with FAC members Focus group questions 	project stakeholders <ul style="list-style-type: none"> Interim and final program reports Recommendations for improvement Publications Conference presentations 	what needs improvement <ul style="list-style-type: none"> Suggest strategies for addressing challenges 	performance <ul style="list-style-type: none"> Generalizable data that allow other programs/states to see benefits of this approach Potential for additional funding
Funding <ul style="list-style-type: none"> CDC Minigrant partners 	<ul style="list-style-type: none"> Continuing grant applications every year to CDC Partnering organizations apply for minigrants in their sectors as available 	<ul style="list-style-type: none"> Process evaluation data go to CDC Partner organizations get interim reports and custom data products as desired 	<ul style="list-style-type: none"> Continued funding for FAP and FAC Additional funding for partner communities 	<ul style="list-style-type: none"> Collaborative grant applications for additional funding New incentives for participating in Coalition 	Financial sustainability <ul style="list-style-type: none"> Component programs Advocacy groups Partner organizations

Logic Model

We started out with Table F.2 above, then used this content during our first round of revisions to produce the visual logic model below. We also revisited the logic model for the FAP as a whole, pictured below, to produce a logic model congruent with our full program structure and alignment with NACP priorities.



Our logic model for the FAC, pictured on the next page, “explodes” the yellow highlighted block in the general FAP logic model above for the Coalition specifically. It provides a more detailed view of the core inputs, activities, outputs, and outcomes for the FAC as well as their relationships to other elements of FAP programming.



3. EVALUATION DESIGN

Evaluation Questions

Our evaluation of the FAC will address elements of all four overarching questions from the 2019-2024 NOFO via a combination of direct Coalition activities and support for component programs:

- NOFO Question 1. To what extent has the recipient strengthened and expanded programmatic infrastructure to support optimizing services and health systems?
- NOFO Question 2. To what extent has the recipient leveraged partnerships and policies to expand the EXHALE strategies to ensure availability, efficiency, effectiveness, and health equity?
- NOFO Question 3. To what extent has the recipient successfully engaged with health plans or health care practices in efforts to improve quality of care?
- NOFO Question 4. To what extent has the recipient made progress toward achieving the long-term outcomes associated with asthma control, including the reduction of asthma disparities?

To address the role of the FAC in fulfilling these overarching goals identified in the NOFO questions, we will explore the following specific evaluation questions for our Coalition:

1. To what extent has the state built programmatic infrastructure that supports collaborative, community-based asthma management?
2. To what extent have the quality, delivery and use of community-based asthma services been improved?
3. To what extent have linkages increased between public health and community-based services that support asthma control?
4. To what extent have community networks facilitated progress towards achieving the long-term outcomes associated with asthma control?
5. To what extent have community resource networks helped to reduce disparities in the burden of asthma?

Our E-Team developed these evaluation questions collaboratively, using CDC's Good Evaluation Questions Checklist for guidance.

Stakeholder Needs

Evaluation findings will be used by FAC leaders, member organizations, and allied individuals for improving the activities for interventions in specific communities. Findings from earlier years of programming will also be used by FAP staff to plan implementation of the intervention in other communities. Evaluators will use findings by sharing with other public health program planners and academic researchers. All partners will use findings by sharing widely to increase exposure for the program, and thus its potential for implementation with other Florida counties beyond those targeted for 2019-2024.

Stakeholder Learning Needs

All implementation and evaluation partners need information about the process used for delivering program activities, potential issues with this process, early-term outcomes from participant engagement, participant perceptions of the program and its benefits, and longer-term changes in community resources and opportunities for people with asthma. The collaborative approach to program and evaluation planning that we are using engages all stakeholders with every type of evaluation finding, but projects different uses for this information according to each stakeholder's role on the E-Team and/or in the larger partnership group for this project.

Use of Findings

Findings will be used to understand the impacts of FAC project implementation in target partner counties, publicize the Coalition and associated positive outcomes, strengthen partnerships between community organizations and asthma management efforts via cross-evaluation, assess the viability of implementing FAC programming in additional counties, and support these implementation efforts as needed. We will also develop a lessons learned document from the "Learning and Growing" content at the end of this IEP that can be shared widely to help other programs achieve success in implementing and evaluating school-based approaches to asthma management.

Credible Sources of Information

Because FAC member engagement is a major emphasis for evaluation, our stakeholders want to focus on information that comes directly from members themselves, as well as coordinator tracking of member recruitment and participation. We strongly emphasize stories from individual Coalition members, collaborative discussion, semi-structured interviews, and the storyboards that members will develop as teams at the end of their individual project cycles. In the process, we emphasize the relationships that participants will build and strengthen as they provide evaluation data through communication with each other. Key stakeholders want to know about how FAC programming and wraparound infrastructure efforts transform their communities as well as the lives and experiences of individual members.

Evaluation Design

Key Methods

Our approach for evaluating the FAC combines a number of different methodologies. These include case study, descriptive, and exploratory research strategies. We will use a combination of semi-structured interviews with Coalition leaders and members, document review for program implementation progress reports and FAC membership, and content analysis of any documentation individual Coalition partnership teams wish to provide illustrating their progress and outcomes. When possible, we will compare outputs from these methods to CDC performance measures for Infrastructure as tracked by DOH program staff.

Rationale for Chosen Methods

Because we are evaluating all six of the component activities that partner communities must do to realize the full potential of the FAC, we have crafted an integrative approach to assessment that supports the specific aims of each program component. With the semi-structured interviews and documentation provided by individual Coalition partnership teams, we are also focusing on making evaluation activities an additional means of building relationships and resource linkages by having people work together in person. Mapping results to CDC performance measures will assist with both cross-evaluation for 2019-2024 and financial sustainability for future years.

4. DATA COLLECTION

Data Collection Methods

Collection of New Data

We will use a combination of primary (collected by evaluator) and secondary (collected by FAC members and leaders, organizational partners, DOH program staff, HCSEF Coalition management staff, etc.) data to explore our five evaluation questions. The following approaches will comprise the core of our data collection efforts:

- Monthly updates from HCSEF and Coalition leadership at core team meetings
- Quarterly updates from FAC Steering Committee meetings
- Implementation plans and annual progress reports for the Coalition
- Monthly Activities survey information for the Coalition
- Quarterly Performance Measures survey information for the Coalition
- Semi-structured interviews with individual FAC members and leaders each summer
- Post-event evaluation survey data for the FAC Summit in any year it gets held

Alignment with Performance Measures

Our internal evaluation data for 2019-2024 include the Performance Measures reported to CDC by DOH program staff for the Coalition within the Enhancement of Infrastructure activity domain. They also include linkages with program elements supported by the FAC supporting the six pillars of the Expansion of EXHALE activity domain. Our required NACP Performance Measures can shed light on our achievement of important specific processes and outcomes from FAC programming. Linkages between CDC Performance Measures, our own evaluation questions, and core FAC activities are outlined in the list below. Performance Measure E (Use of Evaluation Findings) appears universally because findings on every criterion for a given year will be used to improve the FAC in future years. Data on the specific activities of each Coalition partnership will come primarily from implementation plans and progress reports.

1. Asthma Friendly training and recognition programs
 - a. Evaluation Questions: 1, 2, 3, 4, 5
 - b. Performance Measures: B, C, D, E, F, G
 - c. Tools: Survey instruments and data for Monthly Activities and Quarterly Performance Measures, program tracking documents, semi-structured interview scripts and transcripts, implementation planning and progress reporting documents, meeting minutes from update calls with HCSEF staff and Steering Committee
2. Coalition workgroups
 - a. Evaluation Questions: 1, 2, 3, 4, 5
 - b. Performance Measures: A, B, C, D, E, F, G
 - c. Tools: Survey instruments and data for Monthly Activities and Quarterly Performance Measures, Summit evaluation survey instruments and data, workgroup action planning and tracking documents, semi-structured interview scripts and transcripts, meeting minutes from workgroup calls, implementation

- planning and progress reporting documents, meeting minutes from update calls with HCSEF and Steering Committee
3. Quality Improvement projects
 - a. Evaluation Questions: 1, 2, 3, 4, 5
 - b. Performance Measures: A, B, D, E
 - c. Tools: Survey instruments and data for Monthly Activities and Quarterly Performance Measures, project team action planning and tracking documents, semi-structured interview scripts, meeting minutes from project team calls, implementation planning and progress reporting documents, meeting minutes from update calls with HCSEF and Steering Committee
 4. New partnership efforts in core service areas
 - a. Evaluation Questions: 1, 2, 3, 4, 5
 - b. Performance Measures: A, B, C, D, E, F, G
 - c. Tools: Survey instruments and data for Monthly Activities and Quarterly Performance Measures, Summit evaluation survey instruments and data, partnership team action planning and tracking documents, semi-structured interview scripts, meeting minutes from partnership team calls, implementation planning and progress reporting documents, meeting minutes from update calls with HCSEF and Steering Committee
 5. Prior community partnerships
 - a. Evaluation Questions: 1, 2, 3, 4, 5
 - b. Performance Measures: A, B, C, D, E, F, G
 - c. Tools: Survey instruments and data for Monthly Activities and Quarterly Performance Measures, Summit evaluation survey instruments and data, partnership team action planning and tracking documents, semi-structured interview scripts, meeting minutes from partnership team calls, implementation planning and progress reporting documents, meeting minutes from update calls with HCSEF and Steering Committee
 6. Ground efforts in main County hubs
 - a. Evaluation Questions: 1, 2, 3, 4, 5
 - b. Performance Measures: B, C, D, E, F, G
 - c. Tools: Survey instruments and data for Monthly Activities and Quarterly Performance Measures, service delivery team action planning and tracking documents, semi-structured interview scripts, meeting minutes from service delivery team calls, implementation planning and progress reporting documents, meeting minutes from update calls with HCSEF and Steering Committee
 7. Expansion efforts to other counties
 - a. Evaluation Questions: 1, 2, 3, 4, 5
 - b. Performance Measures: B, C, D, E, F, G
 - c. Tools: Survey instruments and data for Monthly Activities and Quarterly Performance Measures, service delivery team action planning and tracking documents, semi-structured interview scripts, meeting minutes from service delivery team calls, implementation planning and progress reporting documents, meeting minutes from update calls with HCSEF and Steering Committee
 8. Advocacy efforts statewide
 - a. Evaluation Questions: 1, 2, 3, 4, 5
 - b. Performance Measures: B, D, E
 - c. Tools: Survey instruments and data for Monthly Activities and Quarterly Performance Measures, Summit evaluation survey instruments and data,

partnership team action planning and tracking documents, semi-structured interview scripts, meeting minutes from partnership team calls, implementation planning and progress reporting documents, meeting minutes from update calls with HCSEF and Steering Committee

Because of the multifaceted focus of each of our evaluation questions, we saw relevance for each of our five questions across all eight of these activity clusters for the Coalition. For example, a given set of FAC activities like “advocacy efforts statewide” might impact overall asthma care quality via improved State-level guidance and support even if these activities do not directly impact delivery and use of asthma services in specific communities.

Data Procurement Methods

We will use three main strategies to gather data.

First, evaluators will review annual implementation plan progress reports from individual partnerships and the FAC as a whole as available at the end of each program year. These reports will offer an aggregated perspective on information obtained through monthly program updates and assist with comparison to CDC performance measures.

Second, evaluators will lead semi-structured interviews with FAC members, including leadership and anyone else who wishes to participate. Evaluators will use a series of prompts to assess collaboration processes and member perceptions of outcomes achieved for each core activity. Interviews will offer ample insight into the interpersonal elements of collaboration that are so central to the Coalition’s functioning, as well as barriers and problem-solving strategies and opportunities for growth.

Third, surveys will be used frequently to engage FAC leadership and managers via reporting of Monthly Activities and quarterly Performance Measures, and to engage the full membership of the FAC via post-Summit surveys and other periodic requests for feedback. Planning for and review of member surveys happens during monthly update meetings and quarterly Steering Committee meetings for the Coalition.

Evaluators will work with DOH and HCSEF program staff to compare and contrast our primary and secondary data from key informants with data FAP personnel have collected in support of reporting required Enhancement of Infrastructure Performance Measures to CDC. This comparison with standardized national Performance Measures will allow us to translate our findings from expanding Coalition activities in Florida into recommendations for offering similar programs nationwide. CDC conference calls provide a natural opportunity to exchange summary information; evaluators can also receive copies of team update materials directly from program staff.

Use of Sampling Strategies

We will examine data for our full participant population rather than selecting a sample. We have chosen not to sample for this evaluation because our Coalition culture has always focused on inclusive amplification of voices from all members. We also have diversified and shared the operational management of the Coalition and its partnerships to such a degree that we now maintain fairly constant contact (including the Constant Contact approach to email engagement

and also much more) with different aspects of the FAC’s work without having to schedule any special meetings or data transmissions. And through linkages between the FAC and our other flagship evaluations for the Asthma Friendly Homes and Asthma Friendly Schools programs, we now get the benefits of this culture of continuous communication for evaluating the infrastructure and daily operations of programs administered by the Coalition as well. For evaluating the FAC itself, there is simply no reason to sample because all of our evaluation efforts already include the Coalition’s full membership and its complete scope of partnership initiatives.

Data Collection Instruments

Data collection instruments have already been developed for our first (implementation plan progress reports) information gathering strategy—these are modified versions of the planning and reporting documents used by the Coalition in the 2014-2019 funding cycle. For our second strategy (semi-structured interviews) we have developed a simple prompting script, again modified from the one we used to engage members in 2014-2019. For our third strategy, we have two brand new surveys (Monthly Activities and Quarterly Performance Measures) as well as a draft Summit evaluation survey for modification in any year where we do offer a Summit event for Coalition members and interested community residents.

For 2019-2024 the evaluator is directly involved with gathering and compiling Performance Measures for reporting to NACP staff at CDC. We have even given the Performance Measures portal team at CDC (which includes our former ETA Maureen Wilce and our current ETA Dr. Ayana Perkins) access to a test version of our own Performance Measures collection tool because they expressed interest in seeing how it worked. So our development of instruments may wind up helping to enhance the overall process for reporting Performance Measures that funded State Asthma Programs complete each year!

Pilot Testing

Our large and diverse E-Team will allow us to conduct some additional pilot testing for our focus group interview script prior to implementation with Coalition members who are not part of this core internal group. We always do interviews with E-Team members first to make sure our script for a given program is fully ready for implementation with everyone else who may wish to give an interview about their program or initiative. Our survey instruments for Monthly Activities and Quarterly Performance Measures data collection have already been tested extensively and implemented in full for several months beyond the testing period with excellent results. The evaluator continues to provide technical assistance as needed for collaborators who are new to using these tools—or those who simply need a refresher. Members of the E-Team and a few of our other Coalition leaders, members, and community partners have already reviewed the interview scripts to ensure that we are asking well-crafted questions, per the guidelines included in the Good Evaluation Checklist and other key evaluation planning resources. Likewise, the Coalition implementation planning and progress reporting documents were developed collaboratively by HCSEF and DOH program staff with input from the evaluator and other E-Team members. These documents have been in use for a couple of years already, with further adjustments made as needed.

Quality Assurance

DOH program staff and the evaluator check in with FAC operations staff from HCSEF at least monthly to monitor the progress of the Coalition, its component programs, and its key partnership initiatives. Likewise, program staff keep track of implementation plans and annual progress reports for the FAC. All documents will be reviewed as available by both DOH program staff and the evaluator. This information complements other forms of data collection including periodic surveys and yearly semi-structured interviews. Quarterly E-Team meetings provide opportunities for dialogue about incoming data on the Coalition, as do FAC Steering Committee meetings and internal core team meetings between DOH program staff and the evaluator. We also meet monthly with our Project Officer Kathie Sunnarborg and ETA Dr. Ayana Perkins from CDC to give updates on all of our program and evaluation activities. These meetings often provide feedback on specific evaluation items for us to implement afterwards.

Sources of Data

To summarize from exposition given in previous sections related to evaluation data, we will gather data from the following sources: monthly program updates, implementation plan progress reports, yearly semi-structured interviews, and periodic surveys. One of these surveys provides a direct link to the Performance Measures data reported annually to CDC for the Coalition and other FAP initiatives.

Data Security

Our Lead Evaluator archives evaluation data on secure file servers at FSU College of Medicine. All confidential electronic records, such as clinical encounter data and survey responses, will be stored in password-protected folders. Any paper records collected will be stored by Xan and in locking file cabinets to which only they possess keys. DOH program management staff will also keep copies of all confidential electronic data records on their own secure file servers, again using password-protected folders to ensure data security. Data products intended for public use, such as video testimonials and written success narratives, will be archived using all of the above methods and also posted on the FAC website.

Data Collection Method – Evaluation Question Link

Table F.3. Evaluation Questions and Associated Data Collection Methods

Evaluation Question	Data Collection Method	Source of Data
1. To what extent has the state built programmatic infrastructure that supports collaborative, community-based asthma management?	Document review	Monthly updates via regular meetings with HCSEF and FAC Steering Committee
	Semi-structured interviews	
	Surveys	Implementation plan and progress reports
	FAC membership assessment	Survey data submissions monthly (Activities) / quarterly

		<p>(Performance Measures) / yearly (FAC Summit)</p> <p>Interview recordings and transcripts</p> <p>Other tracking documents from HCSEF and DOH as appropriate</p>
<p>2. To what extent have the quality, delivery and use of community-based asthma services been improved?</p>	<p>Document review</p> <p>Semi-structured interviews</p> <p>Surveys</p> <p>FAC membership assessment</p>	<p>Monthly updates via regular meetings with HCSEF and FAC Steering Committee</p> <p>Implementation plan and progress reports</p> <p>Survey data submissions monthly (Activities) / quarterly (Performance Measures) / yearly (FAC Summit)</p> <p>Interview recordings and transcripts</p> <p>Other tracking documents from HCSEF and DOH as appropriate</p>
<p>3. To what extent have linkages increased between public health and community-based services that support asthma control?</p>	<p>Document review</p> <p>Semi-structured interviews</p> <p>Surveys</p> <p>FAC membership assessment</p>	<p>Monthly updates via regular meetings with HCSEF and FAC Steering Committee</p> <p>Implementation plan and progress reports</p> <p>Survey data submissions monthly (Activities) / quarterly (Performance Measures) / yearly (FAC Summit)</p> <p>Interview recordings</p>

		<p>and transcripts</p> <p>Other tracking documents from HCSEF and DOH as appropriate</p>
<p>4. To what extent have community networks facilitated progress towards achieving the long-term outcomes associated with asthma control?</p>	<p>Document review</p> <p>Semi-structured interviews</p> <p>Surveys</p> <p>FAC membership assessment</p>	<p>Monthly updates via regular meetings with HCSEF and FAC Steering Committee</p> <p>Implementation plan and progress reports</p> <p>Survey data submissions monthly (Activities) / quarterly (Performance Measures) / yearly (FAC Summit)</p> <p>Interview recordings and transcripts</p> <p>Other tracking documents from HCSEF and DOH as appropriate</p>
<p>5. To what extent have community resource networks helped to reduce disparities in the burden of asthma?</p>	<p>Document review</p> <p>Semi-structured interviews</p> <p>Surveys</p> <p>FAC membership assessment</p>	<p>Monthly updates via regular meetings with HCSEF and FAC Steering Committee</p> <p>Implementation plan and progress reports</p> <p>Survey data submissions monthly (Activities) / quarterly (Performance Measures) / yearly (FAC Summit)</p> <p>Interview recordings and transcripts</p> <p>Other tracking documents from HCSEF and DOH as</p>

		appropriate
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5. DATA ANALYSIS AND INTERPRETATION

Indicators and Standards

Performance Indicators

We have a strong interest in evaluating the scope, dynamics, and impact of FAC member engagement in the 2019-2024 funding cycle. Recruitment and participation data on FAC membership thus be a major component of both formative and summative evaluation efforts. Likewise, we will gain insight into the reach and impact of the Coalition via monthly program updates and implementation plan progress reports submitted to FL DOH and discussed at team meetings with HCSEF.

We will gather intensive information about key processes and participant perceptions of achieved impacts of Coalition programs and partnerships via semi-structured interviews and periodic surveys alike. Specifically, we will look at successes achieved, and barriers encountered in each team's work, as well as processes for solving problems and managing collaborative workflow. FAC members and leadership can tell us about challenges and enabling factors in working with specific organizations and resources. They can share their perceptions of what is working well and what needs improvement in a variety of areas.

Examining the CDC Performance Measures data collected via our Quarterly Performance Measures survey tool offers additional ways to understand our processes and impacts from Coalition programming. FAC activities cover all six of the NACP Performance Measures outlined in the 2019-2024 NOFO either directly or indirectly.

Standards for Success

We continue to use a phased approach for developing success standards, especially in the present time—this IEP was drafted at the peak of the COVID-19 pandemic in the US and worldwide. Our team humbly admits that we have absolutely no idea what the next couple of years will look like in terms of safely holding face-to-face activities, for example. That said, we have monitored FAC member recruitment and engagement steadily throughout the duration of the pandemic with nothing but positive results to report. This has surprised and heartened us, and encouraged us to think boldly about what may be possible for the FAC in the remaining years of the 2019-2024 CDC grant funding cycle.

We also remain humble about the continued unknowns inherent in developing new community partnerships, especially in areas where our Coalition has not previously been highly active. We understand well from our prior work that cultural and contextual factors can vary substantially between different Florida cities and counties—a consequence of the wonderful diversity of the people and communities we serve. Consequently, baseline measures for a specific partnership activity in one part of the State may not translate readily to another. This is a key advantage of our member-engaged, participatory, and adaptable approach to evaluation. Semi-structured interviews always prove instrumental in understanding the dynamics of each community that may contribute to trends observed in review of monthly updates and implementation plan progress reports. Interviews thus remain a vital pillar of our data collection. These activities also help us nurture strong working relationships with Coalition managers, leaders, members, and partners.

Table F.4. Indicators and Success Standards

Evaluation Question	Indicator	Success Standard
1. To what extent has the state built programmatic infrastructure that supports collaborative, community-based asthma management?	Participation Partnerships	Statewide dispersion of focused FAC activities across partner communities FAC programming outputs for all current projects each year Perceptions of patients, families, and FAC participants
2. To what extent have the quality, delivery and use of community-based asthma services been improved?	Use – Participation Delivery – Fidelity, Participation, Partnerships Quality – Fidelity, Outcomes	Connections with people and families living with asthma Outputs from engagement of patients and families, including community partners and Coalition members/leaders Perceptions of patients, families, and FAC participants
3. To what extent have linkages increased between public health and community-based services that support asthma control?	Participation Partnerships	Connections with people and families living with asthma Outputs from engagement of patients and families, including community partners and Coalition members/leaders Perceptions of patients, families, and FAC participants

<p>4. To what extent have community networks facilitated progress towards achieving the long-term outcomes associated with asthma control?</p>	<p>Partnerships Outcomes</p>	<p>Outputs from engagement of patients and families, including community partners and Coalition members/leaders</p> <p>Perceptions of patients, families, and FAC participants</p> <p>Clinical data (where possible, e.g. health fairs) Clinical data is being collected through our partnership with Simply Health (Medicaid) e.g. asthma control test and ED visits</p> <p>Epidemiological surveillance data</p>
<p>5. To what extent have community resource networks helped to reduce disparities in the burden of asthma?</p>	<p>Partnerships Outcomes vs. Baseline</p>	<p>Outputs from engagement of patients and families, including community partners and Coalition members/leaders</p> <p>Perceptions of patients, families, and FAC participants</p> <p>Clinical data (where possible, e.g. health fairs) Same as above</p> <p>Epidemiological surveillance data</p>

Analysis

Methods for Analysis

We will use descriptive statistics to analyze county-level recruitment and participation information for the FAC. Descriptive statistics will also help us to capture a portrait of core activities and outcomes for specific Coalition partnership efforts as appropriate.

We will use content analysis to analyze transcripts from interviews with FAC members in each participating county. This process—a grounded theory approach with open coding—will allow us to trace key patterns across different elements of Coalition programming and partnerships. Doing content analysis with our interview data will help us identify barriers to successful implementation of FAC activities in partner communities, and in many cases may recommend strategies for mitigating these barriers as well as opportunities for sustaining and growing achieved successes.

Where relevant, we will use descriptive statistics to translate our required CDC Performance Measures into additional insight about the reach and impact of the FAC and its partnerships. This process may simply entail direct reporting of Performance Measures data in cases where specific metrics map perfectly to the objectives of a particular Coalition success criterion. In cases where a particular Performance Measure offers valuable insight but does not map directly to a planned element of Coalition programming, these measures will instead be used to provide commentary and context for corresponding evaluation items.

Sample Data Outputs

Samples of output from our currently implemented data collection tools for 2019-2024 are provided as appendices to this IEP. This includes the following instruments: Coalition membership reports prepared by HCSEF staff, and surveys for Monthly Activities and quarterly Performance Measures. We do not show sample interview transcripts beyond the core internal FAP E-Team—these honors the confidentiality terms we set for interviews with Coalition members and other activity partners. We also do not have a current FAC Summit evaluation survey to show for the 2019-2024 funding cycle due to COVID-19 canceling our June 2020 Summit plans; here we provide the report from our most recent Summit evaluation done in February 2019 instead.

Interpretation

People Involved in Data Analysis

Our analysis process will begin with our professional evaluators, progress to review and feedback from the larger E-Team, and conclude with solicitation of input from program delivery personnel and participating families. Results will be shared with broader stakeholder groups like FAC members and partner organizations, but these individuals will not be directly involved in data analysis.

Stakeholder Involvement Strategies

Our E-Team members all have at least some background in program evaluation, including formal training and hands-on experience. These individuals participate in the evaluation process from the ground up, offering input at every stage from preliminary planning to final data analysis and reporting. A diverse team of program managers, asthma management specialists, community health providers, civic leaders and organizers, and other interested professionals worked together to design the approach for developing and implementing FAC partnerships and activities in 2014-2019.

We have built evaluation capacity with these groups by leveraging their existing knowledge of evaluation methods, and by building connections between implementation partners and our professional evaluators. These connections will be further enhanced by the Web-based training sessions that our Lead Evaluator offers as needed using the Zoom Pro platform—including the meeting software’s recording and transcribing features to allow partners to refer back to training materials later. Key informant interviews conducted with HCSEF staff and FAC leadership will offer additional opportunities for evaluation capacity building by inviting questions from these individuals about the evaluation process and any specific areas about which they may wish to become more informed.

6. COMMUNICATION AND REPORTING

Use

Promoting Evaluation Use

Our preliminary timeline for reporting is mostly built on major grant deadlines for the FAP and planned events for FAC members, as well as key milestones for HCSEF and FAC leadership. Consequently, our timeline aligns 100 percent with timepoints at which specific information will be needed. We may develop new reporting deadlines as we learn more about activities that support the Coalition, as well as additional groups that may be interested in learning about the program and our findings from evaluating it. A key factor for timeline development and refinement in 2019-2024 is the COVID-19 pandemic. We acknowledge fully that there will be a lot of unknowns at least for the upcoming program year, and possibly longer, because of circumstances with COVID-19.

Lessons learned will be documented in interim and summary program reports as well as revised versions of this IEP. As with the SEP, we will maintain “Learning and Growing” content for this document that will evolve as the program does. These notes will allow us to track progress over time and report on lessons learned both during and after the 2019-2024 project period. We will share these lessons learned internally with E-Team members, FAP staff, FAC members, and community partners. We will also share on a wider basis via media outlets, academic conferences, and other identified opportunities for reaching broader audiences.

Use of Evaluation Findings

Evaluation findings will be used by evaluators to develop recommendations for change in implementing FAC programming in partner communities, as well as suggested strategies for expanding partnerships in other Florida counties. These recommendations will be developed in collaboration with the E-Team, which includes members of the FAP program staff and FAC operations management staff from HCSEF, as well as FAC leadership and associated FAP programs that fall under the Coalition umbrella. FAC leaders and partner organizations can use our findings to improve their activities and thus the success they are able to achieve in helping Floridians manage their asthma in diverse settings. E-Team members, especially those identified as leads on communication, will use findings to publicize the program and its results.

Responsibility for Implementation

The Lead Evaluator and Co-Evaluator will develop—and as needed, revise—an action plan to guide the implementation of evaluation recommendations. Evaluators will develop this plan in collaboration with FAP staff and other E-Team members. Responsibility for implementing findings as recommended will rest primarily with FAP staff and E-Team implementation partners, especially the Chair of the FAC.

We note that in developing plans for implementing recommendations, transferability of findings will be a major focus. We aim to help other asthma management programs—especially our CDC-funded peers in other states—learn from our work and adapt our interventions for their own use in cases where our approach fits well with the needs of other populations. Active

communication of findings across a variety of channels, including the CDC AsthmaTalk listserv and grantee webinars, will play a major role in this process.

We also engage regularly with interested program evaluators and managers from other states to assist them with evaluation capacity building and meaningful use of evaluation findings, and in the process ask our colleagues for their suggestions about how to optimize the impact of our own work. An additional mode of engagement that we are now taking advantage of is the cross-state evaluation call series offered by CDC, one track of which focuses on school-based programs.

Communication

Communicating with Partners

We will communicate regularly with all of the groups involved in developing and implementing programming and partnership initiatives for the FAC. These groups include current and past Coalition leadership, FAC members, FAP staff, CDC funders, and other E-Team members. We will also communicate regularly about Coalition progress with partners for our Asthma Friendly Homes and Asthma Friendly Schools flagship programs as well as our other training and recognition opportunities (Asthma Friendly Child Care Centers, Asthma Friendly Providers, Asthma Friendly Hospitals). Opportunities for cross-evaluation will develop throughout the project period from communication between Coalition initiatives serving our partner school districts and health care organizations. (Just a thought here, would communicating with the CDC funded NGOs be part of this Communication with partners area? We have a very tight relationship with ALA, AAFA, and NEEF. Let me know if you need more information or this is not relevant.)

Strategies for Communication

Email will be used extensively to facilitate regular communication with and between all stakeholder groups for the FAC and its component activities. We will also continue holding Coalition-focused E-Team calls periodically and inviting additional stakeholders to participate as desired. The FAC listserv and quarterly member gatherings also provide natural opportunities for sharing information and making connections between stakeholders from different organizations. At the annual Web-based evaluation trainings for project partners in target districts, the Lead Evaluator will share information from the previous year's evaluation to provide context. Results will also be shared widely with potential future stakeholders in venues such as academic conferences and hospital community benefit events as appropriate. In addition, we will work to share key results with media outlets that our stakeholders are likely to consult.

Appropriateness of Chosen Methods

Our goal with FAC is always to build networks that support comprehensive community-based asthma management, as well as expansion of this program to other communities in ways that meet the specific needs of those areas. We also strongly emphasize building connections between our Asthma Friendly Schools Program, Asthma Friendly Homes Program, and Coalition activities and participants. Consequently, we want to focus on creating opportunities for people to meet one another early on and stay connected easily.

Our work in 2009-2014 and 2014-2019 demonstrated clearly that our project partner groups prefer email to other modes of communication, as it allows for more time flexibility and continuous interaction. Email will thus form the foundation of our communication strategy and serve as a conduit for informing stakeholders about other engagement opportunities like conference calls and community events. Because of the COVID-19 pandemic, people may be more open to these modalities than in previous years. We may also pursue other modes of engagement for specific stakeholder groups where a more interactional approach is preferable and safe. One possibility is to offer learning opportunities that address results from evaluating AFS and AFH at some of the community-based events for the FAC in future years. We have also been using expanded Zoom access through our partner organizations to cultivate new partnerships through collaborative brainstorming and planning meetings.

7. EVALUATION MANAGEMENT

Evaluation Team

Implementation of Evaluation

Our evaluation team is led by Dr. Xan Nowakowski, a medical sociologist with 15 years of experience in public health program evaluation and community coalition-building. Xan enjoys working on multi-disciplinary teams and is dedicated to advancing comprehensive asthma management resources that allow all Floridians to lead healthy and happy lives.

Xan Nowakowski (Lead Evaluator) has been involved in evaluation with the National Asthma Control Program and Florida Asthma Program for nearly a decade, having joined the team in January 2012. Xan has audited, managed, and analyzed data from three different training courses; developed multiple evaluation instruments; written interim and final reports for multiple evaluation projects within the scope of previous grants; co-chaired the Florida Asthma Coalition's former Evaluation Workgroup; developed evaluation trainings for FAC members and American Lung Association (ALA) course facilitators; participated regularly in meetings with key project stakeholders; and facilitated multiple FAC Summits.

Xan serves as an Assistant Professor in the Geriatrics and Behavioral Sciences and Social Medicine departments at FSU College of Medicine. All of their work focuses on health equity in aging with chronic disease, both including and well beyond asthma. They became the evaluator in 2018 for the Florida Geriatrics Workforce Enhancement Program, which is now branded as REACH (Resources and Education for Aging, Community, and Health). Since joining the FSU COM Orlando Regional Campus in 2016, Xan has also become involved in the One Orlando Alliance and numerous collaborative support activities for queer, trans, and intersex people living and aging with chronic disease. They remain active as a patient advocate in the general chronic respiratory disease community, and also provide support groups and one-on-one counseling for LGBTQIA+ adults living with cystic fibrosis in partnership with the AttainHealth and Rock CF foundations.

Before joining the asthma project team for Florida, Xan conducted evaluation of: biomedical research capacity in Florida (with FL CURED); community health needs for multi-site urban and rural clinics in the Big Bend (with FSU College of Medicine); local health department training needs (with UMDNJ/Rutgers School of Public Health); and school-based interventions for

occupational health and safety (with New Jersey Safe Schools Program). Xan has also worked on FSU's evaluations of Medication Therapy Management and Long Term Care programs for the Florida Medicaid program. Xan also participated in a collaborative effort to start a community health center in the city of Havana, and now serves on the Orange County Community Health Improvement Board as a charter member.

Xan holds PhD and MS degrees in Medical Sociology from Florida State University, as well as an MPH in Health Systems and Policy from Rutgers University/UMDNJ. Their passion for evidence-based asthma management and patient empowerment began long before graduate school. Xan has lived with cystic fibrosis since birth, and thus deals with a variety of mucous membrane conditions including reactive airways disease. Because of their own experiences with chronic respiratory conditions, Xan finds fulfillment in helping others with chronic conditions achieve the best health and quality of life that they can.

Xan worked with a diverse team of professionals to compile the 2019-2024 Strategic Evaluation Plan for Florida. Our team currently includes:

Program Leadership:

- Program Manager
 - Wanda Rodríguez-Donham, DrHSc, MS, RRT-NPS (DOH)
- Administrator Emeritus
 - Jamie Forrest, MS (DOH)
- Administrator
 - Jennifer Sousa, MPH (DOH)
- Bureau Chief
 - Tara Hylton, MPH (DOH)

Local Implementation:

- Gadsden County
 - Darrell Barfield, BS (DOH Gadsden)
- Miami-Dade County
 - Keren Joseph, MPH (DOH Miami-Dade)
- Orange County
 - Annette Thomas, MPA, PhD(c) (DOH Orange)
- Seminole County
 - Enid Santiago, CCHW (DOH Seminole)

Florida Asthma Coalition:

- Co-Chairs
 - Debra Weiss, EdD, CHES (Community Health Educator)
 - John Prpich, MD (Nemours Children's Hospital)
- Past Chair
 - Mary Martinasek, PhD, CHES (University of Tampa)
- Operations
 - Tiffany Parrish, MPH (Health Council of Southeast Florida (HCSEF))
 - Brittani Coore, MPH (HCSEF)
 - Ricardo Jaramillo, MPH (HCSEF)
 - Joseph Rombough, MPH (HCSEF)
 - Carolina Alcalá, MPH (HCSEF)

- Andrea Stephenson Royster, MHS, MBA (HCSEF)

A short biosketch for each E-Team member is included in the “Meet Our Evaluation Team” appendix. We are supported in our work by our Evaluation Technical Advisor (ETA) at CDC (Ayana Perkins, PhD). Heather is working with the Florida team for the first time, and brings a wealth of experience with the CDC National Asthma Program and other public health initiatives. We also worked with Ayana Perkins, PhD, MS in the SEP development phase and continue to collaborate with Ayana on broader efforts supporting the NAP.

The Florida Asthma Program incorporates external review robustly at every stage of the process for developing evaluation guidance documents. We engage a variety of stakeholders through our collaborative E-Team, including community based program implementation partners and our Evaluation Technical Advisor from CDC. This enables us to get multiple, diverse perspectives on our work from people who may have very different training and experiences. We achieved strong results with our SEP development process by taking a team-based approach, and have elected to retain that approach for planning each of our individual evaluations.

Meetings and other planning activities were led by our Lead Evaluator, with ample support provided by DOH program staff and our CDC ETA. Community partners who joined the E-Team were tasked with providing detailed feedback during each phase of planning, as well as helping to shape the member engagement process itself. Each E-Team member’s unique contributions to the SEP development and evaluation planning process are detailed in Table E.1.

Member Roles for Implementing the Evaluation

Our Lead Evaluator drafts key documents like interim reports in addition to maintaining the IEPs for the FAC and other initiatives. They also lead the review and analysis process for FAC and other efforts’ data, and will work continuously with DOH program and HCSEF Coalition management staff during each program year to ensure that incoming data are as complete and of as high quality as possible. DOH program and HCSEF operations staff will oversee day-to-day activities for implementing interventions in each program area and serve as liaisons between external evaluators and program personnel for data collection. This liaison relationship will also facilitate continuous program quality improvement in later years based on evaluation findings. Our ETA from CDC will provide support and feedback as needed to help our core team revise key guidance documents and reporting strategies for data from each intervention. CDC partners will also play a role in disseminating evaluation findings.

Each community partner will have a well-defined role that can evolve as they continue working with us. We are focusing on the Each E-Team member’s unique role in implementing each of our evaluations, including the Coalition. Individuals with prominent roles in the FAC Program evaluation have their information accented in **bolded red text** below.

Table F.5 Roles and Responsibilities of the Evaluation Team Members

Stakeholder Name	Title and Affiliation	Contribution to Evaluation Planning	Role in Implementing Evaluations
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Xan Nowakowski	Assistant Professor Florida State University College of Medicine	Lead team meetings Design and implement member feedback tools Write and edit key documents	Lead evaluation team Design tools Monitor incoming data Develop reports Share results
Wanda Rodríguez- Donham	Asthma Program Manager Florida Department of Health	Provide input on program activities Help develop evaluation strategies that fit each program Review key documents Provide input on evaluation prioritization criteria Review evaluation questions Contribute to communications plan	Coordinate implementation of all programs Facilitate collection of quality data Share data with external evaluators Help ensure steady flow of evaluation data Share evaluation results with stakeholders
Jamie Forrest Jennifer Sousa Tara Hylton	Administrators Florida Department of Health	Provide occasional input on program evaluation activities	Suggest troubleshooting strategies for data collection issues Provide general guidance to external evaluators
Darrell Barfield Karen Joseph Annette Thomas Enid Santiago	Regional Asthma Coordinators Florida Department of Health – Gadsden, Miami-Dade, Orange, and Seminole (respectively)	Provide input on evaluation prioritization criteria Review evaluation questions Contribute to communications plan Offer specific feedback on AFS and AFH programs	Facilitate local implementation of AFS and AFH programs Help ensure steady flow of evaluation data Share evaluation results with stakeholders
Debra Weiss John Prpich	Coalition Co-Chairs	Provide input on evaluation prioritization criteria Review evaluation questions Contribute to communications	Facilitate implementation of FAC activities Help ensure steady flow of evaluation data Share evaluation results with

		plan Offer specific feedback on FAC management	stakeholders
Mary Martinasek	Professor University of Tampa Coalition Past Chair	Provide input on evaluation prioritization criteria Review evaluation questions Contribute to communications plan Offer specific feedback on FAC management	Facilitate implementation of FAC activities Help ensure steady flow of evaluation data Share evaluation results with stakeholders
Brittani Coore Ricardo Jaramillo Tiffany Parrish Joseph Rombough	Health Planners Health Council of Southeast Florida	Provide input on evaluation prioritization criteria Review evaluation questions Contribute to communications plan Offer specific feedback on FAC management	Facilitate implementation of FAC activities Help ensure steady flow of evaluation data Share evaluation results with stakeholders
Andrea Stephenson Royster Carolina Alcala	Executive Director Health Council of Southeast Florida	Provide input on evaluation prioritization criteria Review evaluation questions Contribute to communications plan Offer specific feedback on FAC management	Oversee implementation of FAC activities Help ensure steady flow of evaluation data Share evaluation results with stakeholders

Data Collection Management

Data Inputs

We anticipate several key sources of evaluation data: semi-structured interviews conducted by the Lead Evaluator with FAC leaders and members as well as HCSEF Coalition management staff; the implementation plan and annual progress reports for the Coalition and its partnerships; monthly and quarterly submissions by Coalition management staff and leadership on the Activities and Performance Measures instruments; survey submissions for post-event evaluations

as appropriate; and dialogue during regular meetings with DOH and HCSEF staff plus members of the FAC Steering Committee. Specific data inputs will include interview transcripts, implementation planning and progress reporting documents, SurveyMonkey data reports with analytics, and meeting minutes.

Alignment with Performance Measures Collection

For 2019-2024, we streamlined our Performance Measures data collection using an online format. Our evaluator created interactive online versions of the Microsoft Word PMs guidance documents issued by CDC. These forms were developed in SurveyMonkey for quarterly use by program partners. Each quarter, partners submit their program year to date data on key activities for any PMs relevant for their programming. Users of the survey get prompted through the forms based on their answers to simple yes/no questions about what activities they did. The final data draw for each program year provides the official submission data that get transmitted to CDC for that year's PMs. Because we do our internal PMs data collection in SurveyMonkey as of Summer 2020, we now have the ability to create custom analytics, visualizations, and reports from these data. We will use our analyses of PMs data to support our reflection on achievements with the FAC yearly, focusing on the linkages between Coalition evaluation questions and the CDC required PMs outlined earlier in this IEP.

Needed Activities

Successful evaluation will require continuous communication between FAC members within and across participating communities, as well as effective regular communication with DOH and HCSEF staff and evaluators to share data. It will also require continued effective implementation of program plans and progress tracking tools by HCSEF Coalition management staff. All activities for the program will occur on an ongoing basis in the 2019-2024 project cycle, with data reporting conducted on the specific timetable appropriate for each tool. To facilitate achievement of these objectives, our Lead Evaluator will provide Web-based training and other technical assistance as needed to internal collaborators, FAC members and leaders, and any community partners who wish to participate.

Data Collection Responsibilities

The people primarily responsible for data collection are the Lead Evaluator themselves, along with DOH and HCSEF program staff. Those with primary responsibility for data submission are: HCSEF Coalition management staff on the Monthly Activities and Quarterly Performance Measures survey tools, as well as implementation planning and progress reporting documents and annual semi-structured interviews; and FAC members, leaders, and partners on post-event surveys and annual semi-structured interviews as desired.

Interviewers trained by the Lead Evaluator will collect qualitative data from HCSEF staff and FAC leadership using a brief set of semi-structured interview questions. Our interviewers will transcribe these data and give all transcripts to the Lead Evaluator for analysis and storage. Our evaluator has always done these activities themselves in the past, but we like to build in the flexibility for them to train other interviewers at any time they may be unavailable because of hospitalization or other more intensive needed care for complications arising from their cystic fibrosis. Better to plan adaptability and not wind up needing it!

DOH program staff also play a key role by doing the official reporting on CDC required Performance Measures using data provided by the Lead Evaluator in reports from the Q4 implementation of the Quarterly Performance Measures survey tool for each program year. The evaluator provides technical assistance as needed to DOH program staff during the process of preparing the Performance Measures gathered on the FAC and other core FAP initiatives for official reporting to NACP leadership.

Table F.6. Data Collection Plan

Evaluation Question	Data Collection Method	Activities Needed	Person(s) Responsible	Due Date
1. To what extent has the state built infrastructure that supports collaborative, community-based asthma management?	Continuous document review	Review Implementation Plan progress reports and recruitment trackers from each team	HCSEF administers all Coalition partnerships, programs, and activities as well as overall FAC processes	All updates due by end of July in program year for Coalition and all component activities
	Regular communication with key informants	Correspond with FAC managers, leaders, members, and partners	DOH shares progress reports and recruitment trackers with evaluators	Analysis done on rolling basis for interim updates and by end of August for summative items (semi-structured interviews and storyboards)
	Monthly and quarterly surveys	Review monthly and quarterly survey data submitted by key informants	DOH program staff and evaluators exchange regular emails and phone calls with partners	Evaluators conduct semi-structured interviews in early summer each year, or earlier as needed
	Post-event surveys as needed	Review post-event survey data as available	Key informants contribute data monthly and quarterly	
	Yearly semi-structured interviews	Conduct semi-structured interviews near end of project year	FAC members and partners contribute post-event data as appropriate	
				Evaluators conduct semi-

			structured interviews with FAC managers, leaders, members, and partners toward end of project cycle	
2. To what extent have the quality, delivery and use of community-based asthma services been improved?	<p>Continuous document review</p> <p>Regular communication with key informants</p> <p>Monthly and quarterly surveys</p> <p>Post-event surveys as needed</p> <p>Yearly semi-structured interviews</p>	<p>Review Implementation Plan progress reports and recruitment trackers from each team</p> <p>Correspond with FAC managers, leaders, members, and partners</p> <p>Review monthly and quarterly survey data submitted by key informants</p> <p>Review post-event survey data as available</p> <p>Conduct semi-structured interviews near end of project year</p>	<p>HCSEF administers all Coalition partnerships, programs, and activities as well as overall FAC processes</p> <p>DOH shares progress reports and recruitment trackers with evaluators</p> <p>DOH program staff and evaluators exchange regular emails and phone calls with partners</p> <p>Key informants contribute data monthly and quarterly</p> <p>FAC members and partners contribute post-event data as appropriate</p> <p>Evaluators conduct semi-structured interviews with FAC managers, leaders,</p>	<p>All updates due by end of July in program year for Coalition and all component activities</p> <p>Analysis done on rolling basis for interim updates and by end of August for summative items (semi-structured interviews and storyboards)</p> <p>Evaluators conduct semi-structured interviews in early summer each year, or earlier as needed</p>

			members, and partners toward end of project cycle	
3. To what extent have linkages increased between public health and community-based programs that support asthma control?	<p>Continuous document review</p> <p>Regular communication with key informants</p> <p>Monthly and quarterly surveys</p> <p>Post-event surveys as needed</p> <p>Yearly semi-structured interviews</p>	<p>Review Implementation Plan progress reports and recruitment trackers from each team</p> <p>Correspond with FAC managers, leaders, members, and partners</p> <p>Review monthly and quarterly survey data submitted by key informants</p> <p>Review post-event survey data as available</p> <p>Conduct semi-structured interviews near end of project year</p>	<p>HCSEF administers all Coalition partnerships, programs, and activities as well as overall FAC processes</p> <p>DOH shares progress reports and recruitment trackers with evaluators</p> <p>DOH program staff and evaluators exchange regular emails and phone calls with partners</p> <p>Key informants contribute data monthly and quarterly</p> <p>FAC members and partners contribute post-event data as appropriate</p> <p>Evaluators conduct semi-structured interviews with FAC managers, leaders, members, and partners toward end of project cycle</p>	<p>All updates due by end of July in program year for Coalition and all component activities</p> <p>Analysis done on rolling basis for interim updates and by end of August for summative items (semi-structured interviews and storyboards)</p> <p>Evaluators conduct semi-structured interviews in early summer each year, or earlier as needed</p>

<p>4. To what extent have community partnerships and resource networks facilitated progress towards achieving the long-term outcomes associated with asthma control?</p>	<p>Continuous document review</p> <p>Regular communication with key informants</p> <p>Monthly and quarterly surveys</p> <p>Post-event surveys as needed</p> <p>Yearly semi-structured interviews</p>	<p>Review Implementation Plan progress reports and recruitment trackers from each team</p> <p>Correspond with FAC managers, leaders, members, and partners</p> <p>Review monthly and quarterly survey data submitted by key informants</p> <p>Review post-event survey data as available</p> <p>Conduct semi-structured interviews near end of project year</p>	<p>HCSEF administers all Coalition partnerships, programs, and activities as well as overall FAC processes</p> <p>DOH shares progress reports and recruitment trackers with evaluators</p> <p>DOH program staff and evaluators exchange regular emails and phone calls with partners</p> <p>Key informants contribute data monthly and quarterly</p> <p>FAC members and partners contribute post-event data as appropriate</p> <p>Evaluators conduct semi-structured interviews with FAC managers, leaders, members, and partners toward end of project cycle</p>	<p>All updates due by end of July in program year for Coalition and all component activities</p> <p>Analysis done on rolling basis for interim updates and by end of August for summative items (semi-structured interviews and storyboards)</p> <p>Evaluators conduct semi-structured interviews in early summer each year, or earlier as needed</p>
<p>5. To what extent have community partnerships</p>	<p>Continuous document review</p>	<p>Review Implementation Plan progress reports and</p>	<p>HCSEF administers all Coalition partnerships,</p>	<p>All updates due by end of July in program</p>

<p>and resource networks helped to reduce disparities in the burden of asthma?</p>	<p>Regular communication with key informants</p> <p>Monthly and quarterly surveys</p> <p>Post-event surveys as needed</p> <p>Yearly semi-structured interviews</p>	<p>recruitment trackers from each team</p> <p>Correspond with FAC managers, leaders, members, and partners</p> <p>Review monthly and quarterly survey data submitted by key informants</p> <p>Review post-event survey data as available</p> <p>Conduct semi-structured interviews near end of project year</p>	<p>programs, and activities as well as overall FAC processes</p> <p>DOH shares progress reports and recruitment trackers with evaluators</p> <p>DOH program staff and evaluators exchange regular emails and phone calls with partners</p> <p>Key informants contribute data monthly and quarterly</p> <p>FAC members and partners contribute post-event data as appropriate</p> <p>Evaluators conduct semi-structured interviews with FAC managers, leaders, members, and partners toward end of project cycle</p>	<p>year for Coalition and all component activities</p> <p>Analysis done on rolling basis for interim updates and by end of August for summative items (semi-structured interviews and storyboards)</p> <p>Evaluators conduct semi-structured interviews in early summer each year, or earlier as needed</p>
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Data Analysis Management

Process for Data Analysis

Recruitment, participation and partnership data are analyzed monthly and discussed during the HCSEF monthly FAC updates meeting on the first Monday of each month. Insights from these

data are then shared with CDC funders on program update calls on the first Tuesday of each month—or the following month in cases where a month begins on a Tuesday. Outcome data are analyzed monthly for sharing at internal team meetings, quarterly for sharing at E-Team and Steering Committee meetings, and yearly for inclusion in official CDC Performance Measures reporting and internal FAP interim and summary program reports.

Responsibility for Conducting Analyses

Our Lead Evaluator is responsible for conducting all analyses. When needed, Lead Evaluator Xan will engage support from research staff at FSU who are approved for work on the project. Research staff will be engaged for data entry and management tasks in any cases where paper records are required, as well as data management and cleaning for records submitted electronically. In the case of the FAC specifically, we anticipate using a combination of data submitted electronically by HCSEF staff, data collected electronically by our own evaluation team, and other types of records submitted by Coalition activity leads. Comparison with CDC performance measures is also possible using electronic records; there are no paper documents for these data.

Our E-Team will play a key role in stakeholder engagement, affording representation for each interested group in the process of reviewing and interpreting results. When needed, E-Team members can reach out to their community partners and any additional individuals whose perspectives can help to support the effective description and use of evaluation findings. Our Lead Evaluator will take primary responsibility for sharing findings with E-Team members as they become available, and recommending strategies for engagement of additional stakeholders as needed to ensure optimal capacity for understanding and implementing results from evaluation efforts.

Table F.7. Data Analysis Plan

Analysis to Be Performed	Data to Be Analyzed	Person(s) Responsible	Due Date
Descriptive analysis of member recruitment	HCSEF internal tracking materials	Xan Nowakowski	July 2021
			July 2022
			July 2023
	Implementation planning and progress reports		July 2024
	Monthly Activities and Quarterly Performance Measures surveys		
	Post-event surveys as appropriate		
	Semi-structured interviews done yearly		

	Meeting minutes and other periodic documentation		
Descriptive analysis of participant characteristics	<p>HCSEF internal tracking materials</p> <p>Implementation planning and progress reports</p> <p>Monthly Activities and Quarterly Performance Measures surveys</p> <p>Post-event surveys as appropriate</p> <p>Semi-structured interviews done yearly</p> <p>Meeting minutes and other periodic documentation</p>	Xan Nowakowski	<p>July 2021</p> <p>July 2022</p> <p>July 2023</p> <p>July 2024</p>
Descriptive analysis of program outcomes	<p>HCSEF internal tracking materials</p> <p>Implementation planning and progress reports</p> <p>Monthly Activities and Quarterly Performance Measures surveys</p> <p>Post-event surveys as appropriate</p> <p>Semi-structured interviews done yearly</p> <p>Meeting minutes and other periodic documentation</p>	Xan Nowakowski	<p>July 2021</p> <p>July 2022</p> <p>July 2023</p> <p>July 2024</p>
Inferential analysis of	HCSEF internal	Xan Nowakowski	July 2021

program outcomes	tracking materials Implementation planning and progress reports Monthly Activities and Quarterly Performance Measures surveys Post-event surveys as appropriate Semi-structured interviews done yearly Meeting minutes and other periodic documentation		July 2022 July 2023 July 2024
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Communicating and Reporting Management

Key Audiences

Our key audiences for reporting evaluation progress and findings are: FAC members and leadership, school administrators and health professionals, AFS mentors, asthma education course facilitators, community medical providers, students and their families, hospital personnel, health care financing organizations, CDC funders, HCSEF and FAP staff, and the full membership of the E-Team. Via the FAC we also intend to engage other potentially interested audiences including environmental management specialists and community health advocates.

Purpose of Communications

By communicating findings regularly to our implementation partners we seek to applaud successes, suggest improvement strategies, and support the continued evolution of the FAC. This group includes a diverse array of community organizations and individual residents dedicated to building truly Asthma Friendly Communities. Communication with our participants is intended to thank people for their involvement, keep them posted on potential new developments with the program, and promote engagement with our partner groups for the Coalition. This audience includes patients and their families. Reporting of evaluation results to our CDC funders helps us demonstrate the success of our efforts, reflect on lessons learned, and brainstorm ideas for improving the Coalition through targeted implementation of findings. Our CDC funders are also engaged at every stage of the process because we maintain regular dialogue with our ETA and Project Officer via monthly update calls and additional emails as needed. We engage our E-Team continuously to support implementation of evaluation activities, collaborate in reviewing results, promote sharing of findings, and discuss possible next steps. Likewise, we engage the

affiliated professional groups with demonstrated interests in our Coalition programming to bring in diverse perspectives and promote widespread sharing of evaluation results.

Appropriate Communication Methods

We will communicate with all of our partner groups regularly via email. This includes any family members and school personnel who wish to join the FAC and thus receive group mailings about component activities. Email was by far our most popular and well-liked communication method with a variety of stakeholder groups for the 2009-2014 and 2014-2019 evaluations, and has already allowed us to achieve a high degree of collaborative planning and stakeholder engagement for 2019-2024. We will enrich email content for community partners, patients and their families, FAC members, participating families, and other interested groups via conference calls and webinars. The annual FAC Summit will offer opportunities for stakeholders to connect in person in years where it is safe to hold face-to-face events, as will Web-based evaluation trainings and other technical assistance opportunities led by the evaluator as needed.

Timing of Communications

We communicate with FAC management staff from HCSEF and Coalition leaders continuously throughout the year, and also provide year-end summaries of both participation and outcomes in the form of our interim program reports. End-of-cycle semi-structured interviews and review of progress reporting documents maintained by FAC members and partners as well as HCSEF and DOH program staff will play a key role in populating these reports, as will our periodic surveys using the three different kinds of tools previously described. We will also share these reports with participating families to the extent possible, coupled with a lay-language summary of our important findings for each program year, on an annual basis. We will communicate with FAC members at least quarterly about evaluation progress, using Steering Committee and general membership conference calls and in-person meetings as opportunities for updates. The E-Team communicates continuously through email and telephone calls as needed. Other partnership groups will be targeted via the FAC in collaboration with our E-Team.

Table F.8. Communication and Reporting Plan

Audience 1: Centers for Disease Control and Prevention

Applicable? (√)	Purpose of Communication	Possible Formats	Timing/Dates	Notes
Yes	Include in decision making about evaluation design/activities	Conference calls Email	Year round	
Yes	Inform about specific upcoming evaluation activities	Conference calls Email	Year round	
Yes	Keep informed about progress of the evaluation	Conference calls Email	Year round	

Yes	Present initial/interim findings	Reports Email Webinars	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Present complete/final findings	Reports Email Webinars	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Document the evaluation and its findings	Reports Webinars	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Document implementation of actions taken because of the evaluation	Reports Webinars	September 2021 September 2022 September 2023 September 2024 September 2025	

Audience 2: Florida Asthma Coalition Members and Constituents

Applicable? (√)	Purpose of Communication	Possible Formats	Timing/Dates	Notes
No	Include in decision making about evaluation design/activities	N/A	N/A	
No	Inform about specific upcoming evaluation activities	N/A	N/A	
Yes	Keep informed about progress of the evaluation	Conference calls Email All members meetings	Year round	
Yes	Present initial/interim findings	Reports Email Webinars	August 2021 August 2022 August 2023 August 2024 August 2025	

		All Members meetings		
Yes	Present complete/final findings	Reports Email Webinars All Members meetings	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Document the evaluation and its findings	Reports Webinars	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Document implementation of actions taken because of the evaluation	Reports Webinars	September 2021 September 2022 September 2023 September 2024 September 2025	

Audience 3: Florida Asthma Coalition Partner Organizations

Applicable? (√)	Purpose of Communication	Possible Formats	Timing/Dates	Notes
No	Include in decision making about evaluation design/activities	N/A	N/A	
No	Inform about specific upcoming evaluation activities	N/A	N/A	
Yes	Keep informed about progress of the evaluation	Conference calls Email All members meetings	Year round	
Yes	Present initial/interim findings	Reports	August 2021 August 2022	

		Email Webinars All Members meetings	August 2023 August 2024 August 2025	
Yes	Present complete/final findings	Reports Email Webinars All Members meetings	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Document the evaluation and its findings	Reports Webinars	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Document implementation of actions taken because of the evaluation	Reports Webinars	September 2021 September 2022 September 2023 September 2024 September 2025	

Audience 4: FAP Program Implementation Partners

Applicable? (√)	Purpose of Communication	Possible Formats	Timing/Dates	Notes
Yes	Include in decision making about evaluation design/activities	Conference calls Email	Year round	
Yes	Inform about specific upcoming evaluation activities	Conference calls Email	Year round	
Yes	Keep informed about progress of the evaluation	Conference calls Email	Year round	
Yes	Present initial/interim	Reports	August 2021	

	findings	Email Webinars	August 2022 August 2023 August 2024 August 2025	
Yes	Present complete/final findings	Reports Email Webinars	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Document the evaluation and its findings	Reports Webinars	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Document implementation of actions taken because of the evaluation	Reports Webinars	September 2021 September 2022 September 2023 September 2024 September 2025	

Audience 5: Community and Family Health Advocates

Applicable? (√)	Purpose of Communication	Possible Formats	Timing/Dates	Notes
No	Include in decision making about evaluation design/activities	N/A	N/A	
No	Inform about specific upcoming evaluation activities	N/A	N/A	
No	Keep informed about progress of the evaluation	N/A	N/A	
Yes	Present initial/interim findings	Reports Email Webinars All Members meetings	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Present complete/final findings	Reports Email	August 2021 August 2022 August 2023	

		Webinars All Members meetings	August 2024 August 2025	
Yes	Document the evaluation and its findings	Reports Webinars	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Document implementation of actions taken because of the evaluation	Reports Webinars	September 2021 September 2022 September 2023 September 2024 September 2025	

Audience 6: Program Evaluation Professionals

Applicable? (√)	Purpose of Communication	Possible Formats	Timing/Dates	Notes
No	Include in decision making about evaluation design/activities	N/A	N/A	
No	Inform about specific upcoming evaluation activities	N/A	N/A	
No	Keep informed about progress of the evaluation	N/A	N/A	
Yes	Present initial/interim findings	Reports Email Webinars All Members meetings	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Present complete/final findings	Reports Email Webinars	August 2021 August 2022 August 2023 August 2024 August 2025	

		All Members meetings		
Yes	Document the evaluation and its findings	Reports Webinars	August 2021 August 2022 August 2023 August 2024 August 2025	
Yes	Document implementation of actions taken because of the evaluation	Reports Webinars	September 2021 September 2022 September 2023 September 2024 September 2025	

Timeline

Planning and Administrative Tasks

We have already finished the preliminary planning and capacity process for our Coalition as of March 2020. Administrative tasks will occur throughout the remainder of the 2019-2024 funding period to support effective data collection and sharing, along with recruitment and engagement of additional participants and support of new community partnerships and activities.

Pilot Testing

We have already pilot tested all data collection tools included as appendices with this IEP, including our interview scripts and regular surveys. Tools were developed during later portions of Year 1 and modified early in Year 2 based on results and feedback from testing with E-Team members and other Coalition members and partners.

Our Lead Evaluator offers training and other technical assistance via Zoom videoconferencing software, telephone calls, and email responses as needed to Coalition partners wanting insight on anything from the basics of effective program evaluation to help with specific data sharing tasks. This openness to offering whatever kind of support may be needed in whatever format most suits the people requesting it has helped us build strong and supportive connections between implementation partners and our external evaluators over the years.

Our Lead Evaluator has been working with the FAP and FAC since January of 2012—this is their third five-year cycle of developing and pilot testing data collection and analysis tools and techniques for NACP funded activities in Florida! Our Coalition managers, leaders, members, and partners all feel comfortable reaching out to our evaluator whenever they have questions or anticipate problems.

Data Collection and Analysis Timing

Data collection will occur on a continuous basis, including appropriate accommodation of any new Coalition partnerships and activities introduced during the remainder of the funding period. FAC managers from HCSEF will share new data with FAP staff and external evaluators on update calls at the start of each month. This sharing also gets done using a SurveyMonkey tool with user-friendly prompting through different types of activities during the immediate prior month. Interview data will be collected annually with key informants and analyzed for inclusion in program update reports. CDC Performance Measures are now assessed quarterly via SurveyMonkey given close ongoing collaboration between external evaluators and DOH program and HCSEF Coalition management staff.

Data are audited monthly for enrollment information and record completeness, which is now a streamlined process using the analytics features in SurveyMonkey. We also will continue analyzing our data in aggregate during the final quarter of each program year, which we can again do automatically by doing analytics on multiple collectors simultaneously for all 12 months of each program year. All of these analyses will provide information for each year's interim report on the FAC as well as the final summary report for the five-year evaluation of the Coalition.

Sharing Results

The Communications Plan Matrix in our SEP document outlines an integrated, continuous strategy for sharing results with our diverse stakeholder and partner groups, as well as internal team members. We will make results available as quickly as possible, working closely with our E-Team members and FAC to ensure that multiple people can disseminate findings widely to their networks. We will also work with our communications lead to share findings with local media and generate publicity for the Coalition.

Our vision for communication extends beyond sharing into action. We believe that sharing results should facilitate transformational change in other sectors beyond our current Coalition partnerships for the 2019-2024 evaluation cycle, not merely the transactional change of sharing information. We thus commit ourselves to working actively with interested organizations in other sectors to help them create asthma-friendly environments in their own service communities.

Potential Roadblocks

Our successful reinvigoration of the FAC late in the 2014-2019 funding cycle dramatically reduced previous barriers to widespread and continuous Coalition engagement and activity. Partnering with HCSEF to manage the Coalition and monitor its component programs and initiatives continues to play a critical role on this front. That said, we continue to emphasize formative evaluation strongly given the FAC's heavy reliance on strong and sustainable partner relationships and communication.

We will also continue to address potential roadblocks prospectively by providing evaluation training as needed via Zoom. The COVID-19 pandemic has actually made it easier to do certain virtual activities with FAC partners because it has improved access to remote technologies. We

intend to take advantage of this as much as possible in both providing technical assistance and building strong relationships with evaluation partners. Training should also help to minimize potential data quality and completeness issues from regular monthly and quarterly submissions in the online data collection tools as well as yearly interviews with FAC managers and leaders, as participants will know ahead of time what to expect for both sets of activities.

We also anticipate a couple of key systemic barriers. One is annual FCAT testing, which should not impact data quality or record completeness but may introduce delays in course delivery that create bottlenecks for data entry and analysis. Again, we will strive to prevent potential data transmission delays and completeness issues by training and providing technical assistance to our FAC partners as needed, and by maintaining active dialogue with them year-round to allow us to anticipate potential issues and address them proactively. The other is the COVID-19 pandemic and the resultant unpredictability of circumstances across early program years in the 2019-2024 funding cycle. As noted above, the pandemic brings some unforeseen advantages in engaging activity partners at different sites in Florida. Conversely, it introduces a variety of challenges due to the danger in holding face-to-face collaboration and education sessions.

Evaluation Budget

Anticipated Cost

The anticipated cost for this evaluation is approximately \$178,720. We computed this estimate as about 20% of our overall evaluation costs for the 2019-2024 funding cycle. The AFS and AFH evaluations will have similar costs due to their longer running time as compared to the FAC evaluation. Each of those is projected to encumber about 40% of total evaluation costs. These monies will chiefly fund work by our Lead Evaluator, including planning and revision activities, communication with team members, training of implementation partners, receipt and review of data, analysis of information provided by HCSEF staff in online tools and interviews, comparison with CDC performance measures, writing reports, and sharing results with stakeholders.

Funding Sources

Funding to support our Lead Evaluator's activities comes from the CDC Asthma Program grant for Florida for the 2019-2024 cycle. Additional funding in support of our Lead Evaluator and is provided by the FSU College of Medicine. Collection of CDC performance measures is likewise a component of the FAP staff's regular job responsibilities, and is funded accordingly by the CDC Asthma Program grant for 2019-2024.

HCSEF personnel involved in managing the FAC are funded for their work on this project as part of their usual job duties. We provide some financial support for these individuals with a subcontract from the FL DOH Asthma Program grant awarded by CDC. Our E-Team members volunteer the time they spend helping us with planning and implementation activities, as do FAC members who assist with program tasks.

8. ACTION PLANNING

Framework for Implementing Lessons Learned

One thing we have always taken seriously and prided ourselves on within the FAP evaluation team is actively implementing lessons learned from evaluation of component interventions and strategies early and often. Performance Measure F from the 2014-2019 NOFO and its corresponding Measure E from the 2014-2019 NOFO remain at the core of our philosophy concerning the purpose of evaluation, and how to make it work for better programming in the near term.

We will thus devote one E-Team meeting per year—the one closest to the end of each year of our 2019-2024 Cooperative Agreement—to developing a formal Action Plan for how we will use our evaluation findings in the ensuing grant year and beyond. As part of the agenda content and follow-up activity for this meeting in Year 1, we will populate Table E9 (Action Planning Matrix) from the Learning and Growing IEP template. In Years 2 through 5, we will revisit our Action Plan and adjust our strategies as needed based on what we learned that year, as well as any changes with our team membership and structure.

Each E-Team member will conclude every program year with “homework” for implementing evaluation findings in the regular activities they and their colleagues do with the FAP. Our lead evaluator will take point on following up with E-Team members throughout the year to provide any needed technical assistance for implementing evaluation findings.

Connecting Action Planning to Interim Reporting

For 2019-2024, we will also tie our Action Planning content to the recommendations we offer in our interim report for the FAC. We will identify which Action Plan components each recommendation corresponds to, and make sure the point people identified for those elements receive support in reviewing and implementing recommendations from the evaluation team. Because of how we have adapted our program delivery infrastructure and E-Team membership in parallel, we also aim to develop highly specific recommendations for improvement with active input from partners directly involved in Coalition activities.

9. REFLECTION

Celebrating Member Contributions

We engage in a variety of activities to celebrate our successes and how our members have helped us achieve those goals—not just at the end of a project period, but rather on a continual basis. This strategy worked well in the last five-year cycle, and a lot of the people who worked with us during the previous funding period elected to stay on as E-Team members for the current project cycle. Activities that we did to celebrate our team members’ contributions to our success during the last project period included recognizing member efforts on conference calls and on the FAC listserv, presenting components of our collaborative evaluation at state and national conferences, and giving members the opportunity to share success stories at our annual FAC All Members webinars and Summits.

In the current project period, we want to expand our recognition efforts even more. During the previous five-year cycle, we made some strides in sharing success stories with news media in different parts of Florida. We want to do more of this at a local level in 2019-2024 with our

increased emphasis on county-level program implementation and evaluation management. We also want to continue focusing in 2014-2019 on community-based recognition of our services and the people who help them succeed—not just our evaluation planners, but also our implementation leaders who manage day-to-day operations for each of our programs. We continue to develop new recognition opportunities in partnership with the FAC to champion our everyday heroes in asthma management, including our FAC management and leadership and Coalition partner organization members.

Documenting Changes

As this IEP evolves we will maintain a “Learning and Growing” section at the end of the document. This section will provide a narrative description and itemized list of changes made to specific content areas during each round of updates, as well as information about our rationale for making those changes. At the end of five years we will be able to put content from each of these “implementing lessons learned” sections together to create a unified summary of our progress that can be shared with stakeholders as well as other states’ school-based asthma management programs. For 2019-2024, we will organize this content using the Table F10 (Reflections Summary Matrix) format from the newest version of the Learning and Growing template for IEP development.

APPENDIX A: MEET OUR EVALUATION TEAM!

Xan Nowakowski, PhD, MPH

Lead Evaluator

Dr. Xan Nowakowski has been involved in evaluation with the National Asthma Control Program and Florida Asthma Program for nearly a decade, having joined the team in January 2012. Xan has audited, managed, and analyzed data from three different training courses; developed multiple evaluation instruments; written interim and final reports for multiple different evaluation projects within the scope of previous grants; co-chaired the Florida Asthma Coalition’s Evaluation Workgroup; developed evaluation trainings for FAC members and ALA course facilitators; participated regularly in meetings with key project stakeholders; and facilitated multiple FAC Summits. Xan serves as an Assistant Professor in the Geriatrics and Behavioral Sciences and Social Medicine departments at FSU College of Medicine. All of their work focuses on health equity in aging with chronic disease, both including and well beyond asthma. Xan holds PhD and MS degrees in Medical Sociology from Florida State University, as well as an MPH in Health Systems and Policy from Rutgers University/UMDNJ. Their passion for evidence-based asthma management and patient empowerment began long before graduate school. Xan has lived with cystic fibrosis since birth, and thus deals with a variety of mucous membrane conditions including reactive airways disease. Because of their own experiences with chronic respiratory conditions, Xan finds fulfillment in helping others with chronic conditions achieve the best health and quality of life that they can. More details about Xan can be found in the evaluation team content in Section 2 of the SEP.

Wanda Rodríguez-Donham, DrHSc, MS

Asthma Program Manager

Dr. Wanda M. Rodríguez-Donham is the Asthma Program Manager at the Florida Department of Health, Bureau of Chronic Disease Prevention in Tallahassee/Jacksonville, Florida. She has been a registered respiratory therapist for over 30 years, specializing in neonatal, pediatrics and adult critical care. In addition, she has 5 years of experience as a middle school Health teacher. She received her bachelor's degree in Sciences (Health Science/Public Health) from the University of West Florida and earned a master's in Health Sciences from Saint Francis University in Loretto, PA. Wanda then completed a Doctor of Health Sciences (Global Health) degree from A.T. Still University in Mesa, AZ. Asthma has shaped her life entirely, and she feels very blessed to have the opportunity to assist fellow Floridians with asthma.

Jamie Forrest, MS

Administrator Emeritus

Ms. Jamie Forrest began her tenure with the Florida Department of Health in 2006 as the Florida Youth Survey (FYS) Coordinator. She first became involved with asthma in 2009, contributing data from the FYS to support the development of the first Florida State Asthma Plan and the application that led to the establishment of the Florida Asthma Program. In April 2011, she assumed the role of the Epidemiologist for the Asthma Program and continued to oversee these efforts as the Administrator for the Epidemiology and Evaluation Section of the Bureau of Chronic Disease Prevention. In January 2015, she assumed supervision of the Asthma Program Manager and oversight of the program. In February 2020, she accepted a position working for the Deputy Secretary for Health. Over the past ten years, she has been a champion for asthma and has elevated asthma as a priority within the agency and the state, forging partnerships and including asthma on the State Health Improvement Plan. In her new position, she will continue to identify opportunities to leverage partners to expand implementation of the EXHALE strategies. Jamie graduated with a BS in Psychology from Florida State University and a MS in Human Computer Interaction from Georgia Institute of Technology.

Jennifer Sousa, MPH

Health Systems Administrator

Ms. Jennifer Sousa is a highly accomplished Public Health professional currently serving as the Health Systems Administrator within the Bureau of Chronic Disease Prevention at the Department of Health. She has a Master of Public Health degree and over 10 years of experience working in health promotion and disease management and prevention programs ranging from Maternal and Child Health to Medicaid Managed Care Services and CDC funded disease management initiatives. She has been recognized for program leadership, projects, and program management, monitoring and evaluation, data analysis, performance improvement, budget management and operational expertise that has fostered meaningful population health change at the national, state, and local level. Jennifer has received several awards including: the Leon County Government Innovator Award for exemplary demonstration of health and human services administration, and the Department of Health ICARE award for collaboration in public health programming across sectors. Jennifer currently works directly to implement health systems change through programs pertaining to chronic disease prevention, management, and education.

Tara Hylton, MPH

Chief, Bureau of Chronic Disease and Prevention

Ms. Tara Hylton has worked at the Florida Department of Health in the field of chronic disease epidemiology since 2003. She spent her first several years at the Department serving as the cancer epidemiologist conducting epidemiologic studies utilizing cancer incidence data and other secondary data to help inform health policy makers and healthcare providers on the burden of cancer in Florida. In September 2010, she became the Data Collection Unit Supervisor providing oversight and subject matter expertise for operations of the state cancer registry and the Department's behavioral health surveys. In 2016, Ms. Hylton became the Registries and Surveillance Section Administrator within Public Health Research in the Director's Office of Community Health Promotion in which she provided guidance and oversight over the operations of Florida's state registries on birth defects, cancer and stroke in addition to coordinating ongoing surveillance of maternal child health indicators through PRAMS. As of January 2020, Ms. Hylton has assumed a new role within the Department as the Chief for Bureau of Chronic Disease Prevention.

Darrell Barfield, MPH

Gadsden County Regional Asthma Coordinator

Mr. Darrell Barfield is a graduate of Florida State University and North Florida Community College. Darrell currently serves as the Asthma Program Coordinator for the Florida Department of Health in Gadsden County. He has been with the Florida Department of Health for 6 years serving in the capacity of the HIV/AIDS Coordinator, Pediatric HIV/AIDS Coordinator, and Regional Consultant/Field Operation Liaison for the HIV/AIDS Section. Also, Darrell previously worked 6 years with the Department of Juvenile Justice as a Juvenile Probation Officer and 2 years with Children's Medical Services Specialty Programs as a Human Service Consultant-Mentor for youth with medical conditions. Darrell has a significant amount of experience working in the community with outreach activities, medical office visiting, home visiting programs, and providing social service to the community. Darrell has a BS degree in Criminal Justice.

Keren Joseph, MPH

Miami-Dade County Regional Asthma Coordinator

Ms. Keren Joseph works as a Biological Scientist IV for the Florida Department of Health in Miami-Dade County. She has worked with the Asthma Friendly Homes Program since its inception and been an active participant in the Florida Asthma Coalition as well as the FAP E-Team. Keren previously served as an Environmental Specialist II with DOH Miami-Dade. She has published on topics including environmental wellness, healthy aging, and interprofessional collaboration. Keren holds an MPH in Environmental and Occupational Epidemiology from Florida International University, and a BS in Exercise Science from the University of North Florida.

Annette Thomas, MPA

Orange County Regional Asthma Coordinator

Ms. Annette Thomas is the Regional Asthma Coordinator at the Florida Department of Health. She has a Bachelor's degree in Psychology and a Master's degree in Public Administration. Annette is also just a few weeks away from finishing her doctoral degree. She has worked with the Florida Department of Health for the past 5 years working to make sure that all Floridians have access to great health. Her job duties entail mentoring and facilitating the Asthma Friendly

Schools Recognition Program in eight counties throughout the Central Florida region as well as the Principal Investigator for the Asthma Home Visiting Program. She enjoys working in the asthma program because it allows her the capacity to work for a cause that brings great fulfillment. Annette is also a past recipient of the FAC Asthma Champion Award for her work in bringing school-based asthma self-management education and resources to students and the employees who work with them in Central Florida.

Enid Santiago, CCHW

Seminole County Regional Asthma Coordinator

Ms. Enid Santiago has been a committed employee with Florida Department of Health in Seminole County for that last 20 years. Within those 20 years, she has devoted 10 Years as the Hepatitis Prevention Program-coordinator, focusing on the Hepatitis A outbreak. She has been recognized as a Certified Community Health Worker for the last 5 years and just appointed as their Regional Coordinator for Central Florida. This past year, Enid was promoted into a new role as the Asthma Education Program Coordinator. Her own involvement with a mother and son affected by asthma has made her dedicated to this program.

Debra Weiss, EdD, CHES

Florida Asthma Coalition Co-Chair

Dr. Debra N. Weiss is college professor with 18 years' experience teaching health education in New York and Florida. Her doctoral research assessed the adequacy of asthma management on college campuses in New York State. She replicated her research in Texas and won a national award from the Association of Asthma Educators. Debra is on the Editorial Board of the Journal of Asthma. and is Co-Chair of the Florida Asthma Coalition. In Palm Beach County, Florida she worked as Project Manager for the US Environmental Protection Agency, assessing the perceived impact and risk from sea level rise on two coastal communities. She authored a college reference book, "Utilizing Innovative Technologies to Address the Public Health Impact of Climate Change."

John Prpich, MD

Florida Asthma Coalition Co-Chair

Dr. John Prpich was born and raised in Tampa, Florida. He received his Bachelors of Science in Biology from Loyola University in New Orleans. He continued with the Jesuit theme, receiving his medical degree from Loyola University in Chicago. He returned to Florida to do a residency in general pediatrics, including an additional year as chief resident, at the University of Florida in Jacksonville. During residency, Dr. Prpich discovered his love for pulmonary medicine. This led him to Denver where he completed a fellowship in pediatric pulmonology at the University of Colorado with 2 years as a research associate at National Jewish Health, the leading respiratory hospital in the nation. He returned home to Tampa and joined Pediatric Pulmonary Specialists in 2008. Dr. Prpich is board certified in general pediatrics and pediatric pulmonology. He has presented internationally and lectured extensively on topics as diverse as asthma, interstitial lung disease, viral associated lung disease, developmental disorders of the lung, and pediatric sleep disorders. As the medical director for pediatric respiratory therapy at St. Joseph's Children's Hospital, he provides leadership and education for the department and has developed numerous clinical pathways in asthma, bronchiolitis and croup for the hospital. Dr. Prpich remains passionately committed to improving the care for children with asthma in his

community and serves as the co-chair for the state wide Florida Asthma Coalition as well as actively participating locally in the Tampa Bay Asthma Coalition. His interests include helping to address disparities in asthma diagnosis and management within his community as well as providing education to physicians, healthcare providers, students and families about asthma, its triggers, and appropriate management. His practice cares for one of the largest hi-risk pediatric asthma populations in the region. Dr. Prpich also serves as the medical director for a medical daycare for complex and technologically-dependent children and sits on the quality medical advisory committee for Children's Medical Services and is a member of the board of directors for Sunshine Health.

Mary Martinasek, PhD, CHES

Florida Asthma Coalition Past Chair

Dr. Mary Martinasek specializes in social marketing, mixed methods research inquiry, and health program evaluation. Her research interests include the use of texting for smoking cessation in college students, waterpipe tobacco (hookah) smoking, and the use of social media and technology for teen asthma control. Mary is a volunteer for the Gulf Coast American Lung Association board and the Florida Society for Respiratory Care. She was also a founding board member of the Tampa Bay Asthma Coalition. Mary has been involved as a volunteer in the state, improving disaster preparedness for hospital-based respiratory therapists in Florida. She also holds a Certified Health Education Specialist credential, which helps her make an impact for people with asthma at the community level.

Tiffany Parrish, BHM

Florida Asthma Coalition Operations

Ms. Tiffany Parrish earned her Bachelor's Degree in Healthcare Management with high honors from Indian River State College in 2015. She has been a team member of HCSEF/LORHN since 2016 and has worked with local, regional, and statewide partners on projects including, but not limited to: Florida KidCare, Florida Asthma Coalition, Navigate PBC, Florida Early Care and Education Recognition, assisting local CHDs on Community Health Assessments and Community Health Improvement Plans, and managing various community-wide programs. She has a genuine passion for helping others in any way that removes disparities and improves overall quality of life for individuals served.

Brittani Coore, MPH

Florida Asthma Coalition Operations

Ms. Brittani Coore is a Health Planner and Special Projects Manager with the Health Council of Southeast Florida (HCSEF). She has a Master's of Public Health from Tulane University and Bachelor's of Science from the University of Florida. In her role as a health planner, she conducts community health assessments, facilitates community health improvement plans, manages statewide programs and plans conferences. At HCSEF she has worked on projects such as the Florida Asthma Coalition, 2019 Human Trafficking Symposium, and Florida's HEROs Early Care and Education Recognition Program. In previous roles, Brittani has planned and implemented community-based programs, provided health education, and facilitated community engagement related to obesity prevention and HIV/STD prevention. Brittani is passionate about maintaining collaborative community partnerships with diverse partners and promoting health

equity among vulnerable populations. She is excited to be a member of the Florida Asthma Program's E-Team.

Ricardo Jaramillo, MPH

Florida Asthma Coalition Operations

Mr. Ricardo A. Jaramillo, MPH, is a Health Planner and Special Projects Manager with the Health Council of Southeast Florida (HCSEF). He received a Master's in Public Health and a Bachelor of Arts in Anthropology and Sociology from Florida International University. Ricardo understands the importance to integrate a culturally sensitive approach in the field of public health to achieve positive health outcomes in diverse communities. Previously to being employed by the Health Council of Southeast Florida (HCSEF), Ricardo was actively involved in the Community Putting Prevention to Work initiative (CPPW) – an initiative funded by U.S. Department of Health & Human Services (HHS) with the purpose to reduce risk factors and prevent chronic diseases related to obesity and tobacco use in Miami-Dade County. As a Health Planner and Projects Manager at the HCSEF, Ricardo has been involved in several community health assessments in Palm Beach and Martin counties which aimed to strategize on how to improve the quality of life for its residents.

Joseph Rombough, MPH

Florida Asthma Coalition Operations

Mr. Joseph Rombough is a Health Planner and Special Projects Manager with the Health Council of Southeast Florida (HCSEF). He has a Master's of Science from George Mason University and Bachelor's of Science from Miami (OH) University. In his role as a health planner, he facilitates community health improvement plans and manages data projects. At HCSEF he works on projects such as the Florida Asthma Coalition and supports Florida's HEROs Early Care and Education Recognition Program. In previous roles, Joseph has worked as a planner for a data maintenance company and as a laboratory technician in the automotive anti-corrosion paint industry. Prior to graduate school, Joseph worked on community health & international development projects in rural areas of Latin America, including Nicaragua, Costa Rica, and Colombia. He is excited to be a member of the Florida Asthma Program's E-Team.

Carolina Alcalá

Florida Asthma Coalition Operations

Carolina Alcalá is the Director of Health Planning at the Health Council of Southeast Florida where she forecasts health care needs, conducts community-based health planning, and advocates on behalf of the underserved. Previously, Carolina worked at the NYC Department of Health in the Bureau of HIV, overseeing the provision of technical assistance for agencies funded throughout the city to provide HIV prevention and care services. In addition, as part of the NYC Test and Trace Corps Contact Tracing Program, she served leadership roles in both communications and program administration. A Miami native with experience and passion for public health practice, community engagement, social justice, and health equity, Carolina looks forward to being a part of the Florida Asthma Coalition to increase equitable access to asthma care and management in Florida.

Andrea Stephenson Royster, MHS, MBA

Florida Asthma Coalition Operations

Ms. Andrea Stephenson Royster is the CEO/Executive Director of the Health Council of Southeast Florida (HCSEF), one of 11 local health planning councils established by the Florida state legislature. In this role, she directs a team of dedicated professionals committed to providing an array of services, including health planning, community health, and population health management; program development and evaluation; chronic disease management and the promotion of healthy lifestyles for residents of Palm Beach, Martin, St. Lucie, Indian River, and Okeechobee counties. Andrea also serves as the CEO/Executive Director of the Lake Okeechobee Rural Health Network (LORHN), which is one of the nine rural health networks in the state, also established by Florida Statute to focus on specific health-related issues and challenges facing residents living in Glades, Hendry, Martin, Okeechobee, and rural Palm Beach County. Andrea has more than two decades of experience in health care and human services; and she has devoted her career, which has spanned the public, private and non-profit sectors, to increasing access to health care, reducing disparities in health status, improving the quality of health services, and advocating for vulnerable populations. She has also focused efforts on cross-sector collaboration, the integration of data in sound decision-making, and effective and meaningful community engagement strategies. Andrea has a Bachelor of Arts degree in Sociology from the University of Florida, with an emphasis in Medical Sociology. She also holds a Master's in Health Science (MHS) and a Master's in Business Administration (MBA), both from the University of Florida. She is also a skilled facilitator and trainer and has taught as an adjunct professor, instructing undergraduate students in the various facets of health administration. She has won numerous awards championing Black excellence, health care oversight, and business leadership.