

Texas Asthma Control Program

Strategic Evaluation Plan 2011-2014

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1. PROGRAM BACKGROUND AND PURPOSE OF STRATEGIC EVALUATION PLAN

1.1 Program Background

The Centers for Disease Control and Prevention's (CDC) National Asthma Control Program provides funding and technical guidance to state, city, and non-governmental entities to ensure that asthma control and management programs are available to those in need. The Texas Asthma Control Program (TACP) has been funded since 2001, and in 2009 received a new five-year cooperative agreement to address the burden of asthma in Texas.

The mission of the TACP is to: decrease preventable asthma morbidity; reduce the severity of asthma symptoms; increase the quality of life for those with asthma; and decrease the number of emergency department (ED) hospital visits and deaths due to asthma. Guided by its mission, and in alignment with national program goals, the TACP has outlined goals, objectives, and activities under the heading of three main components: Surveillance, Partnerships, and Interventions. These components are detailed in the TACP Work Plan.

The TACP's primary goals for the 2009-2014 CDC grant period as outlined in the TACP Work Plan, are as follows:

Surveillance

Goal 1: Expand and maintain meaningful asthma surveillance activities at the local, regional, and state levels to identify and monitor health disparities, under-diagnosed, and at-risk populations in the state of Texas.

Goal 2: Provide surveillance data to local coalitions and stakeholders to assist them in the planning, implementation, and evaluation of their interventions.

Goal 3: Provide ongoing, enhanced surveillance of pediatric ED asthma visits in Texas Public Health Region (PHR) 6; will use the surveillance to define families and children at higher risk for low self-management capabilities; and will refer these individuals for self-management education/interventions.

Partnerships

Goal 4: Develop, support, strengthen, engage, and collaborate with local asthma coalitions and statewide partnerships to deliver an effective public health program for addressing asthma.

Goal 5: Develop, distribute, and implement the 2011-2014 Texas Asthma Plan (TAP). The plan will be an information and data driven, multi-year strategic plan, which targets populations at highest risk for asthma.

Goal 6: Develop and implement a comprehensive three-year plan to evaluate program components.

Interventions

Goal 7: Implement interventions to reduce asthma disparities among populations disproportionately affected by asthma, as compared to the general population with asthma.

Goal 8: Implement interventions to reduce the state asthma hospitalization rate, as required by the Government Performance Results Act (GPRA).

Goal 9: Implement interventions to increase the proportion of those with current asthma who report that they have received self-management education for asthma as required by the GPRA.

Goal 10: Implement asthma education targeting school personnel, parents, and communities to support effective asthma management in schools and promote policies that create an asthma-friendly environment for the school community.

Goal 11: Promote the use of EPR-3 clinical guidelines for asthma by healthcare providers to improve systems and quality of asthma care.

Goal 12: Implement activities to identify and reduce exposure to asthma triggers in the environment; implement education and communication interventions about asthma triggers; and promote policies that support identification and reduction of asthma triggers, with and through its partners.

In pursuit of these goals, the TACP works closely with CDC, local coalitions, statewide partners, and stakeholders. The coalition partners include:

- Asthma Coalition of Texas
- Central Texas Asthma Coalition
- Coastal Bend Asthma Initiative
- North Texas Asthma Consortium
- East Texas Asthma Coalition
- El Paso Asthma and Allergy Coalition
- Mid Rio Grande Border Health Education Center
- South Texas Asthma Coalition
- McAllen Asthma Coalition
- Texas Gulf Coast Asthma Coalition

In addition, the TACP funds agencies to address specific elements of the program Work Plan. These include:

- Seton Asthma Center
- Baylor College of Medicine – Texas Children’s Hospital
- Texas A&M Health Science Center, School of Rural Public Health (TAMHSC-SRPH)
- The American Lung Association of Texas

1.2 Texas Asthma Control Program Logic Model

The logic model provides a high-level visual representation of the TACP’s Strategic Work Plan. It demonstrates what the program plans to accomplish, and how program activities relate to outcomes. Elements of the logical model include *inputs, activities, and outcomes* (Figure 1 and Appendix 6.1, 6.2, 6.3 and 6.4).

Figure 1: TACP Logic Model*

	Inputs	Activities	Outcomes		
			Short-Term	Intermediate	Long-Term
Surveillance	<p>TACP Staff BRFSS YRBSS THCIC VSU Medicaid CHIP TEDAS HEDIS Population Data RODS UT-Austin CDC Funding, Leadership and Expertise</p>	<p>Maintain, expand and improve meaningful asthma surveillance activities at the local, regional and state level</p> <p>Provide surveillance data to local coalitions and stakeholders in order to assist in guiding statewide intervention strategies</p> <p>Provide ongoing and enhanced surveillance of pediatric emergency department asthma visits</p> <p>Create, update and disseminate annual Burden of Asthma Report, and regional and statewide Asthma Fact Sheets</p> <p>Create and respond to specific and unique requests for data from internal and external stakeholders</p>	<p>Most updated data and statistics readily available for asthma stakeholders, partners and coalitions</p> <p>Increased knowledge of asthma data and the factors contributing to asthma disparities</p> <p>Increased knowledge of population subsets with the greatest burden of asthma symptoms</p> <p>Increased use of asthma surveillance data by partners for planning, implementation and evaluation of interventions</p>	<p>Asthma initiatives and interventions targeted towards those with significant asthma burden</p> <p>Asthma trends established for the state and public health regions</p> <p>Improved asthma awareness and education activities</p>	<p>Comprehensive resource of asthma data used to guide intervention strategies and initiatives throughout the state</p> <p>Improved quality of life for people with asthma</p> <p>Reduced asthma disparities among populations disproportionately affected by asthma</p> <p>Reduced asthma morbidity and mortality</p>
Partnerships	<p>TACP Staff Asthma Coalitions Texas Asthma Plan Partners Strategic Evaluation Plan Partners CDC Funding, Leadership and Expertise</p>	<p>Develop, support and strengthen State and local asthma coalitions</p> <p>Establish partnerships with healthcare providers, school health nurses, pediatric emergency departments, and schools of public health</p> <p>Update, disseminate and increase use of State Asthma Plan</p> <p>Provide collaboration/ communication/ networking activities for staff, partners and stakeholders</p> <p>Draft Strategic Evaluation Plan and conduct evaluation activities</p> <p>Provide evaluation capacity building activities for staff, partners and stakeholders</p>	<p>Increased communication with stakeholders about asthma issues/resources</p> <p>Plans and activities developed in collaboration with partners</p> <p>Cohesive implementation of State Asthma Plan</p>	<p>Improved asthma awareness and education activities in Texas</p> <p>Improved program implementation and evaluation capacity</p>	<p>Increased communication network on asthma</p> <p>Increased advocacy for policy and regulation change</p> <p>Strengthened asthma partnerships and coalitions</p>
Interventions	<p>TACP Staff Seton Asthma Center Baylor College of Medicine Texas A&M Health Science Center, School of Rural Public Health American Lung Association of Texas CDC Funding, Leadership and Expertise</p>	<p>Conduct asthma-related training for school health professionals and personnel, community health workers and healthcare providers</p> <p>Provide self-management education for families and children at high risk of asthma</p> <p>Refer ED asthma patients for self-management education</p>	<p>Increased awareness of environmental asthma triggers</p> <p>Increased use of Asthma Action Plans</p> <p>Increased identification of families and children at high risk for adverse asthma outcomes due to lack of self-management education</p> <p>Improved patient referral for asthma self-management education</p>	<p>Increased proportion of individuals with asthma who receive self-management education</p> <p>Improved management of asthma in children by school personnel</p> <p>Increased access to asthma care and services</p> <p>Reduced exposure to indoor, outdoor, school, and workplace environmental asthma triggers</p>	<p>Reduced asthma disparities</p> <p>Reduced asthma-related hospitalizations</p> <p>Improved indoor air quality</p> <p>Improved quality of life for individuals with asthma</p> <p>Reduced asthma-related school absenteeism</p> <p>Improved strategies to sustain asthma interventions over time</p>

* Notes:

TACP-Texas Asthma Control Program	CHIP-Children’s Health Insurance Program
BRFSS-Behavioral Risk Factor Surveillance System	TEDAS-Texas Emergency Department Asthma Surveillance
YRBS-Youth Risk Behavior System	HEDIS-Healthcare Effectiveness Data and Information Set
THCIC-Texas Health Care Information Collection	RODS-Real-Time Outbreak Disease Surveillance
VSU-Vital Statistics Unit	UT-University of Texas

Inputs represent the human and financial resources available to the program. The TACP inputs are: staff, Texas asthma coalitions and other stakeholders, and CDC funding, leadership and expertise.

Activities describe the work of the program. The TACP activities are related to its three program components: surveillance, partnerships, and interventions.

Outcomes are the results of implementing the program activities. Outcomes progress in sequential steps, from short-term to intermediate outcomes, and eventually to long-term impacts. The short and intermediate outcomes provide important achievable milestones to determine if the program is moving in the “right” direction. A well-constructed logic model allows program staff and stakeholders to gain insight as to whether the outcomes aimed for program improvement and sustainability are occurring. If the early outcomes are not occurring, program staff and stakeholders can be proactive in making necessary changes. It is, in this way, a living document that is frequently revisited and adjusted to move toward accomplishment of ultimate goals.

1.3 Purpose of the Strategic Evaluation Plan

The Strategic Evaluation Plan is an essential tool designed to monitor ongoing progress and measure program efficiency and efficacy through the establishment of short-term activities, intermediate objectives, and long-term goals. An effective plan provides a means of demonstrating the value of the TACP to its partners across the state; affords the TACP the opportunity to determine what works and what does not so that changes can be made throughout the process; provides accountability for the efficient use of resources; increases knowledge of the best practices to improve asthma outcomes; and demonstrates progress toward achieving the mission of the program.

The CDC cooperative agreement requires the TACP to conduct evaluation activities to include a comprehensive plan for the 2009 – 2014 funding period, and development and implementation of evaluation activities for specific programs.

The TACP Strategic Evaluation Plan provides a framework for how multiple evaluations will be conducted during the funding cycle. Individual plans will systematically evaluate the core

program components: Surveillance, Partnerships, and Interventions. The individual plans are designed to yield information that is relevant and useful to TACP staff and partners. This emphasizes the need to involve staff and stakeholders throughout the evaluation process, from its development, through process adjustments, to interpretation and application of results. It is intended that the evaluation process and outcomes will lead to program improvements, increased knowledge of best practice interventions, enhanced evaluation skills among staff and stakeholders, and improved relationships with partners to leverage shared goals.

In FY11, the TACP was in a period of transition, with the coordinator position vacant for a period of six months. Additionally, the evaluation activities were delayed due to internal contracting processes. The program evaluator conducted two individual evaluations. The TACP epidemiologist conducted a third evaluation. The three individual evaluations addressed the three overriding program components: Surveillance, Partnerships and Interventions. These include:

1. The 2009 Asthma Burden Report
2. The South Texas Asthma Coalition
3. Integrated Educational Interventions for Asthma Management in South Texas

2. METHODS FOR DEVELOPING AND UPDATING THE STRATEGIC EVALUATION PLAN

2.1 Stakeholders

A diverse group of stakeholders was identified to serve on the Strategic Evaluation Team. These individuals have a comprehensive understanding of the TACP, are committed to ensuring evaluation results are used to improve asthma program efforts and recognize the importance of using evaluation resources efficiently. Team members met between July 2011 and September 2011 to complete the following steps in developing the Strategic Evaluation Plan: describe the program, identify candidates for evaluation, develop evaluation questions, develop evaluation methods, determine data collection methods, develop an evaluation matrix and, finally, develop a communication plan for the evaluation findings.

The team members will also monitor progress in implementing the plan, and will be actively involved in annual reviews and updates. The core evaluation planning team includes the following stakeholders:

Table 1: Strategic Evaluation Team members

Stakeholder	Affiliation	Contribution to Strategic Evaluation Plan development	Role in Future Evaluation
Edward Brooks, MD	Professor Department of Pediatrics Division of Immunology and Infectious Disease The University of Texas Health Science Center at San Antonio	<ul style="list-style-type: none"> ➤ Identified evaluation candidates ➤ Developed evaluation methods ➤ Developed the prioritization criteria and ranked the evaluation candidates ➤ Prioritized the schedule of activities 	<ul style="list-style-type: none"> ➤ Serve in individual evaluation teams ➤ Determine data collection methods ➤ Implement evaluation activities
Pamela Wood, MD	Professor Department of Pediatrics The University of Texas Health Science Center at San Antonio	<ul style="list-style-type: none"> ➤ Identified evaluation candidates ➤ Developed evaluation methods ➤ Developed the prioritization criteria and ranked the evaluation candidates ➤ Prioritized the schedule of activities 	<ul style="list-style-type: none"> ➤ Serve in individual evaluation teams ➤ Determine data collection methods ➤ Implement evaluation activities
Barry Lachman, MD	Medical Director Parkland Community Health Plan Dallas	<ul style="list-style-type: none"> ➤ Identified evaluation candidates ➤ Developed the prioritization criteria and ranked the evaluation candidates 	<ul style="list-style-type: none"> ➤ Implement evaluation activities

Mark Berry	Environmental Engineer Indoor Air Coordinator Multimedia Planning and Permitting Division Toxics Section (6PD-T) Environmental Protection Agency	<ul style="list-style-type: none"> ➤ Identified evaluation candidates ➤ Developed the prioritization criteria and ranked the evaluation candidates 	<ul style="list-style-type: none"> ➤ Implement evaluation activities
Whitney Harrison, MPH	Epidemiologist Texas Asthma Control Program Adult Health & Chronic Disease Branch Texas Department of State Health Services	<ul style="list-style-type: none"> ➤ Identified evaluation candidates ➤ Developed evaluation methods ➤ Determined data collection methods ➤ Developed evaluation matrix ➤ Developed communication plan 	<ul style="list-style-type: none"> ➤ Serve in individual evaluation teams ➤ Develop evaluation methods ➤ Analyze and interpret data ➤ Develop communication plan ➤ Implement evaluation activities
Susan Ristine, MS	Acting Program Coordinator Texas Asthma Control Program Adult Health and Chronic Disease Branch Texas Department of State Health Services	<ul style="list-style-type: none"> ➤ Provided information on program's history, goals and objectives ➤ Identified evaluation candidates ➤ Developed evaluation methods ➤ Determined data collection methods ➤ Developed evaluation matrix ➤ Developed communication plan 	<ul style="list-style-type: none"> ➤ Serve in individual evaluation teams ➤ Develop evaluation methods ➤ Analyze and interpreting data ➤ Develop communication plan ➤ Implement evaluation activities
Abul Hasanat Alamgir, PhD	Associate Professor, Occupational and Environmental Health School of Public Health San Antonio Campus The University of Texas Health Science Center at Houston Program Evaluator Texas Asthma Control Program	<ul style="list-style-type: none"> ➤ Facilitated all evaluation planning activities 	<ul style="list-style-type: none"> ➤ Facilitate all evaluation activities

In addition to the core team, a broader group of stakeholders was consulted periodically while the plan was being formulated (Table 2).

Table 2: Broader Evaluation Workgroup

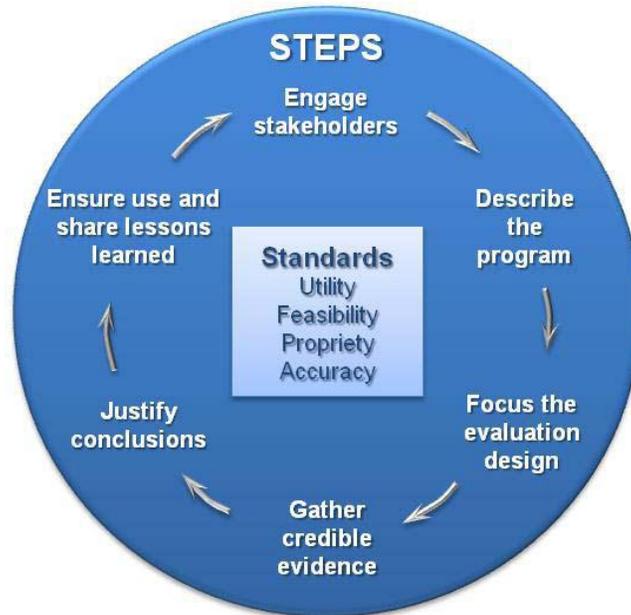
Name	Affiliation	Contribution to Strategic Evaluation Plan development
Debra Long, RT	Asthma Educator CHRISTUS Santa Rosa Hospital San Antonio	Reviewed the draft strategic plan
Diane Rhodes, BBA, RT	Director Department of Environmental Health North East Independent School District San Antonio	Reviewed the draft strategic plan
Lisa Patterson, BSc	Director of Health Promotions American Lung Association, Plains-Gulf Region	Reviewed the draft strategic plan
Neeraja Erraguntla, PhD	Senior Toxicologist Texas Commission on Environmental Quality	Reviewed the draft strategic plan
William Brendle Glomb, MD	Associate Medical Director Texas Medicaid/CHIP Programs Office of the Medical Director, Texas Health and Human Services Commission	Reviewed the draft strategic plan
Annette Prosterman, PhD	Natural Resources Transportation Coordinator Alamo Area Council of Governments	Reviewed the draft strategic plan

2.2 Methods Used to Develop the Strategic Evaluation Plan

The strategic evaluation plan utilizes the CDC’s *Learning and Growing Through Evaluation: State Asthma Program Evaluation Guide* (2010) and the *Framework for Evaluating Public Health Programs* (US DHHS, 2005). These frameworks provide guidance for both the creation of the overall Strategic Evaluation Plan and development of individual evaluation plans for each of the three major program components: Surveillance, Partnerships, and Interventions. In general, the evaluation team followed the following steps outlined by CDC (Figure 2).

Figure 2: CDC Framework for Program Evaluation

Reproduced from CDC, 2005



Six Steps in the CDC Framework for Evaluating Public Health Programs

1. Determine key stakeholders and involve them in the evaluation process.
2. Develop a comprehensive program description, identify the program needs, the activities undertaken to address the identified needs and the program’s intended outcomes.
3. Determine important evaluation questions and the most appropriate evaluation design and data collection methods, given time and resource constraints.
4. Gather data to answer the evaluation questions.
5. Analyze and synthesize the data and report the findings.
6. Determine the timing, format and key audiences for sharing information about the evaluation process and findings.

After reviewing all of the relevant documents and reports provided by TACP, and having a series of discussions with TACP staff, the evaluator compiled a comprehensive list of current and planned surveillance, partnership, and intervention activities. The TACP staff reviewed the list to identify any missing activities. A prioritization process was used to rank independent evaluation activities. The evaluator had a series of meetings with the Strategic Evaluation Team members to develop a comprehensive list of assessment criteria. Draft plans from other states were also reviewed. The Strategic Evaluation Team next assigned a set of qualitative criteria (Table 3). These were also defined and weighted by the Strategic Evaluation Team.

Table 3: List of Criteria Selected by the Evaluation Team with Definitions and Weights

	Criteria	Definition	Weight
1	Disparities	Will this activity reduce asthma disparities?	15
2	Cost	What financial resources have we invested in this activity?	10
3	Scientific value	Are these promising practices, evidence-based or gold standard recognized interventions?	10
4	Sustainability	How much does this activity contribute to the sustainability of the state asthma program?	15
5	Impact	How much impact this activity will have in reducing the burden of asthma?	15
6	Innovation	To what extent is this activity new or pioneering?	15
7	Ease	Are we (or do we anticipate) struggling with this activity?	10
8	Scalability	To what extent can the activity be expanded or enhanced statewide?	10
			100 points

All program activities were scored, and those with the highest scores were planned to be evaluated in the first year. Activities scoring “medium” and “low” would be evaluated in successive years. Individual Evaluation Teams will be formed to guide each project, including the development of a detailed work plan with quarterly deliverables and milestones.

2.3 Proposed Methods for Updating the Strategic Evaluation Plan

The Program Evaluator will coordinate and facilitate meetings with the Strategic Evaluation Team. The team will meet annually, and as needed should major changes occur with the TACP. Items to be discussed at annual meetings include:

- A progress report on implementation of evaluation activities;
- Challenges or issues related to evaluation design, resources, data collection and analyses;
- Process improvements and modifications, as needed, to evaluation questions, methods and timelines;
- Prioritization of remaining evaluation activities based on feasibility and available resources; and
- Future steps.

To assist with the process, the team will consult with the TACP staff and key partners, as needed, for their expertise.

3. PROPOSED PRIORITY EVALUATIONS

3.1 Priority Evaluation Candidates

In using the prioritization process described above, the evaluation team ranked activities to be evaluated each year (Table 4).

Table 4: Prioritized Programs

	High Priority Evaluation Candidates	Medium Priority Evaluation Candidates	Low Priority Evaluation Candidates
Surveillance	Fact sheets	Texas Asthma Burden Report	New/additional data sources
Partnership	North Texas Asthma Consortium Texas Asthma Partnership Meeting	Central Texas Asthma Coalition	El Paso Asthma and Allergy Coalition
Intervention	Seton Asthma Center	Baylor College of Medicine- Texas Children’s Hospital	American Lung Association

The prioritization process involved extensive discussion concerning previous evaluation activities, alignment with the Texas Asthma Plan and how results will inform program improvement. Conducting multiple individual evaluations per year was considered to be very ambitious and would not allow for in-depth information on each activity.

In consultation with the CDC, the TACP decided to streamline and focus evaluations in order to yield information that would be most helpful to the program. The TACP fulfilled the CDC requirements to conduct individual evaluations on each program component in year two of the funding cycle. Results from these evaluations will guide program improvement activities and future steps in evaluation. For example, in year three of the five year funding cycle, findings from the evaluation of the 2009 Asthma Burden Report will be used to create an action plan to address areas for improvement in the program’s surveillance component. There will also be an internal review by TACP staff of gaps in data and their availability.

In tandem with surveillance evaluation activities, the program evaluator will develop and conduct an inventory of all activities conducted by the nine asthma coalitions in Texas. Coalition members will also be asked how the TACP can assist them with their initiatives. This is viewed as a relationship building tool, and an opportunity to increase awareness about the TACP.

Table 5: Timeline Showing Sequencing of Evaluation Activities

	Surveillance	Partnerships	Interventions
2010-2011	2009 Texas Asthma Burden Report	South Texas Asthma Coalition	TAMUHSC-SRPH
2011-2012	Surveillance Evaluation and Data Gap Analysis	Finalize South Texas Asthma Coalition Evaluation Asthma Summit Evaluation Partnership Inventory	Finalize TAMUHSC-SRPH Evaluation
2012-2013			The American Lung Association of Texas TAMUHSC-SRPH
2013-2014		Model Coalition Processes and Outcomes	

3.2 Summary of Each Prioritized Evaluation

The summary table in Appendix 6.5 provides details on the evaluation activities planned for years three through five of the cooperative agreement. Each proposed evaluation will have an individual plan that provides more precise and detailed evaluation design(s) and data collection methods.

3.3 Capacity-Building Activities to Support Evaluation

Evaluation capacity-building activities are designed to enhance knowledge and skills in planning and implementing an evaluation, generating recommendations, and ensuring the use of evaluation findings for decision-making and program improvement. It is intended that the evaluator, TACP staff, evaluation planning teams, and additional partners involved with evaluation efforts will participate in evaluation capacity-building activities. Such activities will occur on an ongoing basis, and will be integrated into the Strategic Evaluation Plan and the proposed individual evaluations. Evaluation capacity is particularly important because of its association with program sustainability.

At the start of each individual evaluation plan, the asthma program evaluator and the evaluation planning team will assess current evaluation knowledge and skills of staff and partners, identify any gaps, and determine evaluation capacity-building activities needed to successfully implement the evaluation. Depending on the evaluation to be conducted, the target audience for the capacity-building activities will include program staff, evaluation planning team members, and/or individuals involved with implementing the evaluation. The plan to enhance evaluation capacity for 2011-2014, is described below.

1. *Recruit and Convene Strategic Evaluation Team members.* The TACP shall recruit members to join the Strategic Evaluation Team. An initial web-based meeting of Strategic Evaluation Team members is planned for February 2012.
2. *Web-based Project Management Tool.* A project management system for Strategic Evaluation Team members will be developed to view progress notes, data, reports and other information related to evaluation projects; the tool will be launched by August 2012.
3. *Evaluation Training Workshop.* The TACP evaluator will develop a training program for Strategic Evaluation Planning Team members and other interested persons in Texas to learn about the *CDC Evaluation Framework* and other approaches to program evaluation. TACP shall explore options to collaborate with foundations and universities for the development of the workshop. A plan will be developed by August 2012.
4. *CDC Evaluation Specialist.* The TACP will access the expertise of the evaluation consultant at CDC. The consultant has substantial experience and expertise in working with statewide and community partners to evaluate program activities.

Additional evaluation capacity training may include:

- Identification and use of online survey tools;
- Conducting key informant interviews and focus groups;
- Quantitative and qualitative analysis; and
- Use of quantitative and qualitative analysis software.

4. COMMUNICATION PLAN

The TACP recognizes the importance of clear, open and reciprocal communications with its partners and stakeholders. In order to create a visible, logical and participatory process for stakeholders involved in evaluation activities, the TACP will develop and use the following tools and methods:

- *Online Portal.* The TACP website will include a section on program evaluation to include the Strategic Evaluation Plan and a diary-style log of milestones. The online portal will be launched by August 2012.
- *Web-based Project Management Tool.* The online portal will also feature access to a project management system for evaluation team members.
- *Conference Abstracts and Presentations.* The TACP will work with its partners to disseminate evaluation project methods and results at statewide and national conferences.
- *Strategic Evaluation Team Meetings.* The TACP will convene the Strategic Evaluation Planning Team at least one time per year to review evaluation progress and develop plans to enhance communication strategies, as needed.

Primary audiences to receive communication regarding the Strategic Evaluation Plan include:

- Strategic Evaluation Team;
- TACP Staff;
- Local coalition members;
- Individual evaluation teams;
- CDC; and
- Attendees of the TACP annual statewide partnership meeting.

5. REFERENCES

Strategic Evaluation Plan Framework for 2011-2014, Texas Department of State Health Services,
Texas Asthma Control Program

Centers for Disease Control and Prevention
<http://www.cdc.gov/eval/framework/index.htm>

Learning & Growing through Evaluation: State Asthma Program Evaluation Guide
Centers for Disease Control and Prevention
http://www.cdc.gov/asthma/program_eval/guide.htm

6. APPENDICES

6.1 Texas Asthma Control Program Logic Model

6.2 Surveillance Logic Model

6.3 Partnerships Logic Model

6.4 Intervention Logic Model

6.5 Evaluation Matrices

6.1 Texas Asthma Control Program Logic Model

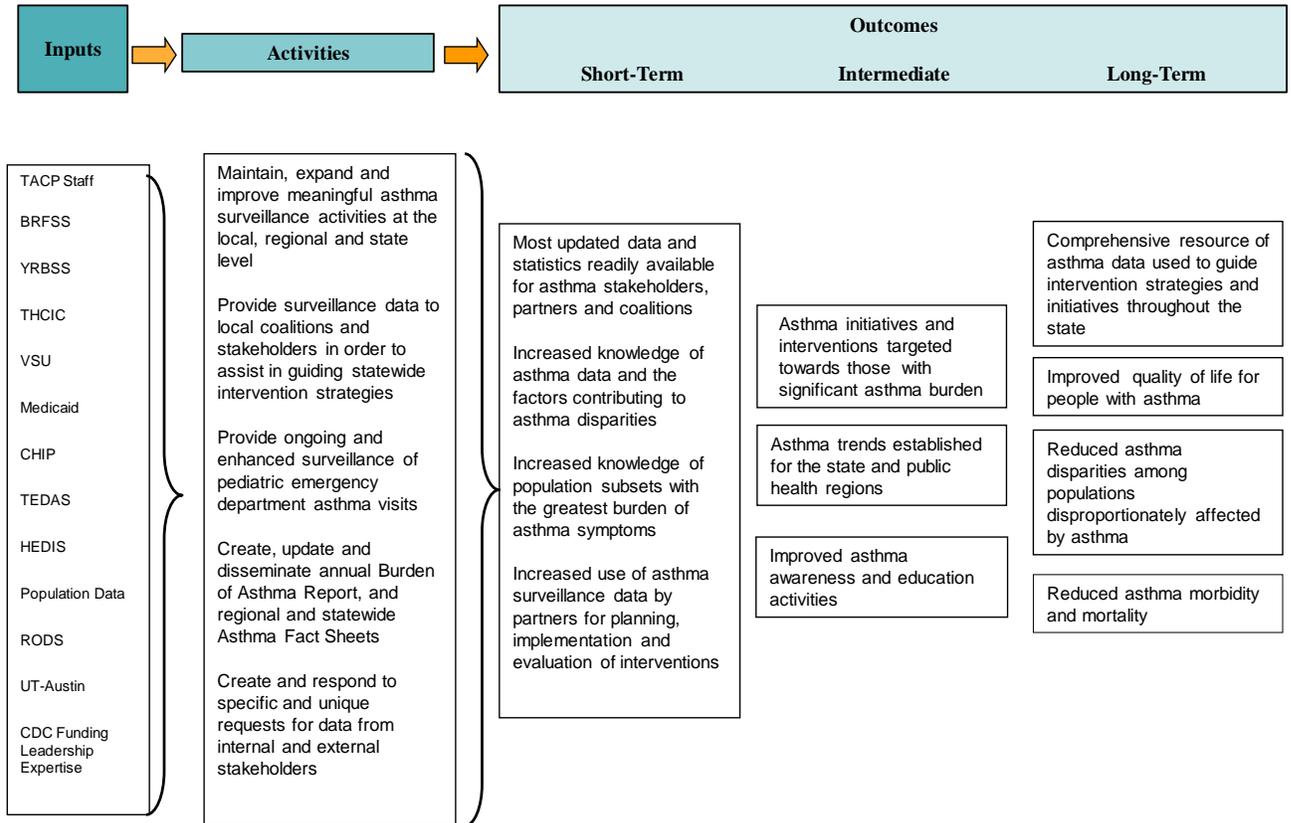
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<p>Partnerships</p> <p>TACP Staff Asthma Coalitions Texas Asthma Plan Partners Strategic Evaluation Plan Partners CDC Funding, Leadership and Expertise</p>	<p>Develop, support and strengthen State and local asthma coalitions</p> <p>Establish partnerships with healthcare providers, school health nurses, pediatric emergency departments and schools of public health</p> <p>Update, disseminate and increase use of State Asthma Plan</p> <p>Provide collaboration/ communication/ networking activities for staff, partners and stakeholders</p> <p>Draft Strategic Evaluation Plan and conduct evaluation activities</p> <p>Provide evaluation capacity building activities for staff, partners and stakeholders</p>	<p>Increased communication with stakeholders about asthma issues/resources</p> <p>Plans and activities developed in collaboration with partners</p> <p>Cohesive implementation of State Asthma Plan</p>	<p>Improved asthma awareness and education activities in Texas</p> <p>Improved program implementation and evaluation capacity</p>	<p>Increased communication network on asthma</p> <p>Increased advocacy for policy and regulation change</p> <p>Strengthened asthma partnerships and coalitions</p>
<p>Interventions</p> <p>TACP Staff Seton Asthma Center Baylor College of Medicine Texas A&M Health Science Center, School of Rural Public Health American Lung Association of Texas CDC Funding, Leadership and Expertise</p>	<p>Conduct asthma-related training for school health professionals and personnel, community health workers and healthcare providers</p> <p>Provide self-management education for families and children at high risk of asthma</p> <p>Refer ED asthma patients for self-management education</p>	<p>Increased awareness of environmental asthma triggers</p> <p>Increased use of Asthma Action Plans</p> <p>Increased identification of families and children at high risk for adverse asthma outcomes due to lack of self-management education</p> <p>Improved patient referral for asthma self-management education</p>	<p>Increased proportion of individuals with asthma who receive self-management education</p> <p>Improved management of asthma in children by school personnel</p> <p>Increased access to asthma care and services</p> <p>Reduced exposure to indoor, outdoor, school and workplace environmental asthma triggers</p>	<p>Reduced asthma disparities</p> <p>Reduced asthma-related hospitalizations</p> <p>Improved indoor air quality</p> <p>Improved quality of life for individuals with asthma</p> <p>Reduced asthma-related school absenteeism</p> <p>Improved strategies to sustain asthma interventions over time</p>

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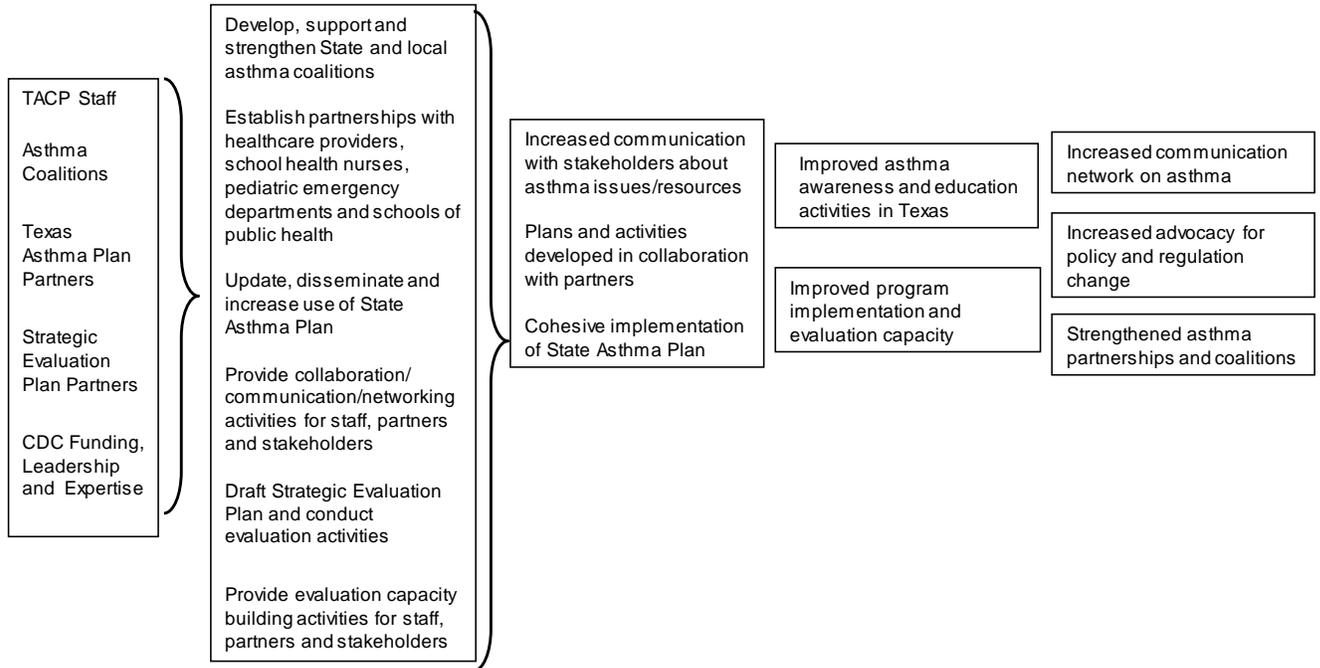
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YRBS-Youth Risk Behavior System	HEDIS-Healthcare Effectiveness Data and Information Set
THCIC-Texas Health Care Information Collection	RODS-Real-Time Outbreak Disease Surveillance
VSU-Vital Statistics Unit	UT-University of Texas

6.2 Surveillance Logic Model*

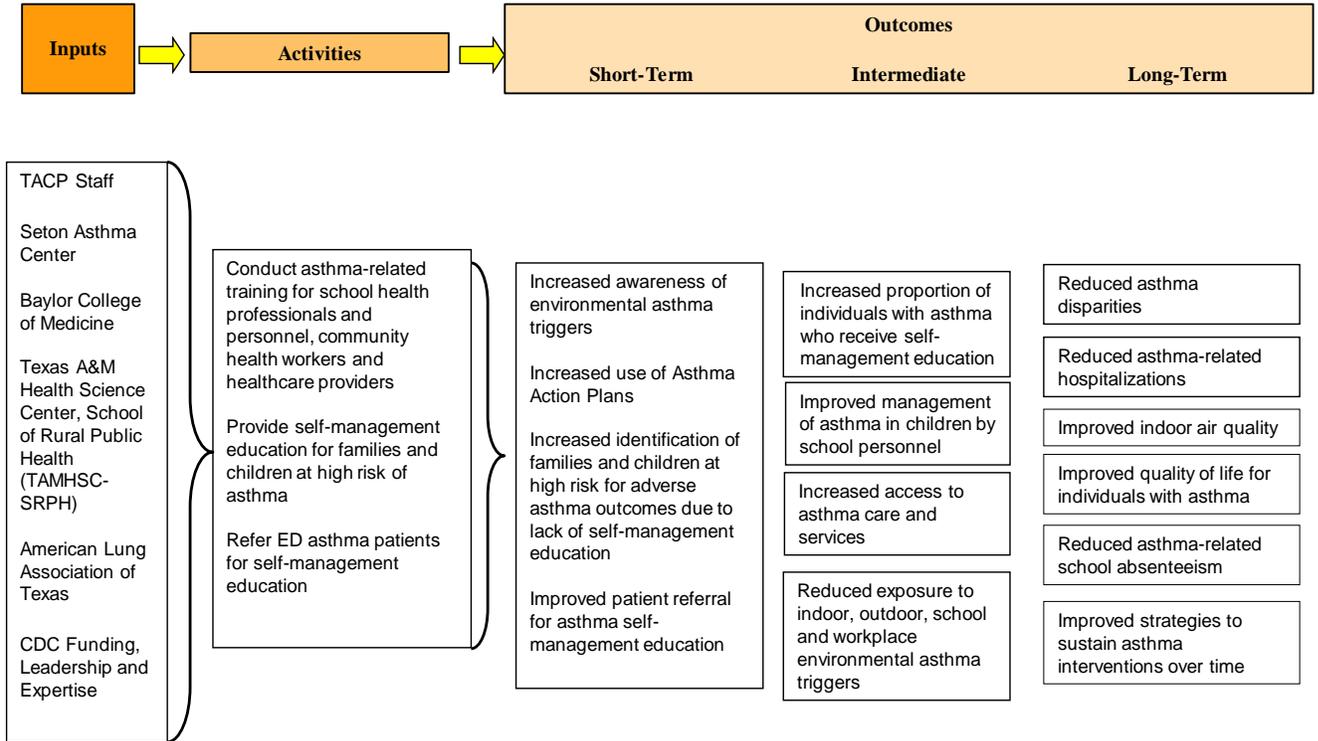
*See Notes above



6.3 Partnerships Logic Model



6.4 Interventions Logic Model



6.5 Evaluation Matrices

Title of Evaluation	Texas Asthma Control Program Surveillance Evaluation
Title of Activity	Data gap and availability analysis
Program Component	Surveillance
Evaluation Questions	<ul style="list-style-type: none"> ➤ Are the stakeholders in Texas aware of the data available from TACP? If not, what can be done to increase the awareness? ➤ Are data readily available? ➤ Are TACP data accessible to stakeholders in the most appropriate format (the format they find helps inform planning, implementation and evaluation activities)? ➤ How do stakeholders use the data? ➤ What are the gaps in data? ➤ What technical assistance on data access and interpretation is needed? ➤ Are stakeholders aware that there is a State Asthma Plan that can help guide program planning at the community level?
Timing of Evaluation	January 2012-August 2012
Evaluation Design	Non-experimental Needs assessment
Data Sources	Survey and interview data
Data Collection Methods	Online survey Key informant interviews
Audience(s)	Texas coalitions, partners, stakeholders and TACP staff.

Title of Evaluation	Texas Asthma Control Program Partnership Evaluation
Title of Activity	Inventory of partner activities and needs
Program Component	Partnership
Evaluation Questions	<ul style="list-style-type: none"> ➤ Name, partner type, number of members, length of time in existence, current level of activity. ➤ What are the funding sources? ➤ What are the goals and objectives of the partnership? ➤ What types of activities are planned or being implemented? ➤ What are key success factors in their functionality? ➤ Are they interested in working with the TACP? How can the TACP and the partnership leverage shared goals? <p>If not currently active:</p> <ul style="list-style-type: none"> ➤ Why? What are barriers and needs? ➤ What would help energize and mobilize members? ➤ What can the TACP do to help?
Timing of Evaluation	January 2012-August 2012
Evaluation Design	Non-experimental
Data Sources	Document/report reviews, meeting minutes, face to face meeting, email and phone contacts
Data Collection Methods	Key informant interview with Coalition officers
Audience(s)	Texas coalitions, partners, stakeholders and TACP staff.

Title of Evaluation	Texas Asthma Control Program Intervention Evaluation
Title of Activity	Intervention Evaluation
Program Component	Intervention
Evaluation Questions	<ul style="list-style-type: none"> ➤ Has asthma-related school absenteeism decreased in the targeted schools? ➤ Are school health professionals and staff learning about appropriate asthma management? ➤ To what extent is there communication between schools, parents and healthcare providers? When does it occur, and why? ➤ Have asthma-related hospitalizations decreased among families that were referred for self-management education on asthma? ➤ Has the proportion of ED asthma patients who were referred for self-management education increased? ➤ How has the educational intervention contributed to improve health care professionals' behavior in the correct asthma management practice? ➤ Has the use of Asthma Action Plans increased by the health care providers? ➤ Has the educational intervention changed health care providers' knowledge related to management in asthma?
Timing of Evaluation	November 2012-August 2013
Evaluation Design	Mixed Method
Data Sources	School health professionals, teachers and administrative staff; parents/families; communities.
Data Collection Methods	<p>Focus groups</p> <p>Key informant interviews</p> <p>Document reviews</p>
Audience(s)	Texas coalitions, partners, stakeholders and TACP staff.



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