Utah Department of Health: Asthma Program

Strategic Evaluation Plan for 2010-2015

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Program Background and Purpose of Strategic Evaluation Plan

Program Overview

The Utah Asthma Program is part of the Utah Department of Health (UDOH) in the Bureau of Health Promotion and is funded by a grant from the Centers for Disease Control and Prevention (CDC). The state was granted funding in 2001 to develop the capacity to address asthma from a public health perspective, including providing leadership for, and coordination of, asthma awareness, policy, access and education. Since the institution of the asthma program, several interventions have been implemented to improve asthma management in various settings including schools, health clinics, homes, and outdoor environments. Program staff includes a full-time program manager, a full-time epidemiologist, a full-time and one half-time program specialist, a part-time program evaluator, and a part-time contracted employee working with the Utah Lung Association.

In 2002, the Utah Asthma Program and its partners began working to organize the Utah Asthma Task Force and develop the Utah Asthma Plan. In 2006, the task force prioritized issues for the revised plan that would address strategies to reduce hospitalizations due to asthma and the overall burden of asthma in Utah. Action groups, comprised of task force members, provide support and action related to the specific areas of management and health systems; population issues; risk factors and evaluation.

Table 1: Selected Utah Asthma Program Accomplishments

Schools	Communities	Environment	Other	
Recruited and trained 13 Asthma School Advocates who promote asthma management and awareness in schools.	Partnered with nearly 100 asthma professionals from across the state. (Utah Asthma Task Force).	Provided support as partners conducted a study on air quality and children's health.	Distributed asthma public awareness messages across the state (radio, print, and TV).	Passed and provided education regarding the Self-Administration Law, (2004) permitting students who have asthma to carry an inhaler at school.
Administered statewide school questionnaire to assess school staffs' beliefs, attitudes and ideas about asthma.	Facilitated partner and stakeholder meetings to develop ozone messages for health.	Co-hosted the first EPA Region 8 Children's Environmental Health Conference.	Evaluated the effectiveness of the Utah Asthma Task Force partnerships.	Developed materials for health professionals to educate parents of children with asthma.
Provided Open Airways trainings.	Conducted a needs assessment of 300 child care facilities and developed child care asthma training.	Launched EPA's Tools for Schools Program in four school districts.	Published the 2009 Asthma in Utah Burden Report.	Established partnership and conducted several asthma trainings in a rural southwest Utah community.
Trained more than	Developed and	Updated/revised	Updated the	Developed and

295 schools and 4,000 faculty members through the Utah School Resource Manual Training.	implemented Winning with Asthma in Utah, 16 other states and the National Lieutenant Governors Association.	and implemented air quality guidelines for schools and the community.	Utah Asthma Plan until 2012.	analyzed an asthma survey for the Goshute Tribe. Implemented asthma education based on questionnaire.

Asthma Program Goals for the Five-year Grant Period

The program is responsible for guiding, developing and implementing the Utah Asthma Plan and for bringing together resources and partnerships to address asthma throughout the state. The program's primary goals for the next four years of the grant period are:

- Develop and maintain an infrastructure to address asthma from a public health perspective
- Develop and maintain a public health assessment and monitoring system for asthma
- Build partnerships and improve partner capacity and sustainability, especially among the Utah Asthma Task Force
- Develop and implement population-based strategies to improve asthma care and management
- Reduce health disparities among at-risk populations through partner coordination, increased school programs, and childcare systems

Program Logic Model

Under the direction of the CDC, the Utah Asthma Program works closely with the American Lung Association and other local organizations such as health departments, professional organizations and non-profits. The Asthma Program works in partnership with the Utah Asthma Task Force, which is made up of public, private, non-profit and community group members. The task force meets quarterly to plan and implement intervention activities.

Activities

The goal of the Asthma Program as stated in the Utah Asthma State Plan is to work together with communities to "improve the quality of life for people with asthma." The resource groups in the logic model structure activities around four facets of public health, which are surveillance, partnerships, interventions and infrastructure. In the intervention area, four action teams were formed to address the areas of asthma management, health systems, population issue and risk factors.

Outputs

The surveillance system provides a robust system which can be adapted to meet changing surveillance needs. Partnerships are built through the Asthma Task Force and new partners are constantly being sought. The current infrastructure allows for meetings, collaboration and

stability among the partnering organizations. The risk factors group aims at creating resources, programs and policies to reduce external environmental triggers. The health systems group supports the expansion of educational materials and professional development. The population group aims to meet culturally diverse public needs for policy and self management. Lastly, the management group focuses on educational materials and policies related to asthma management.

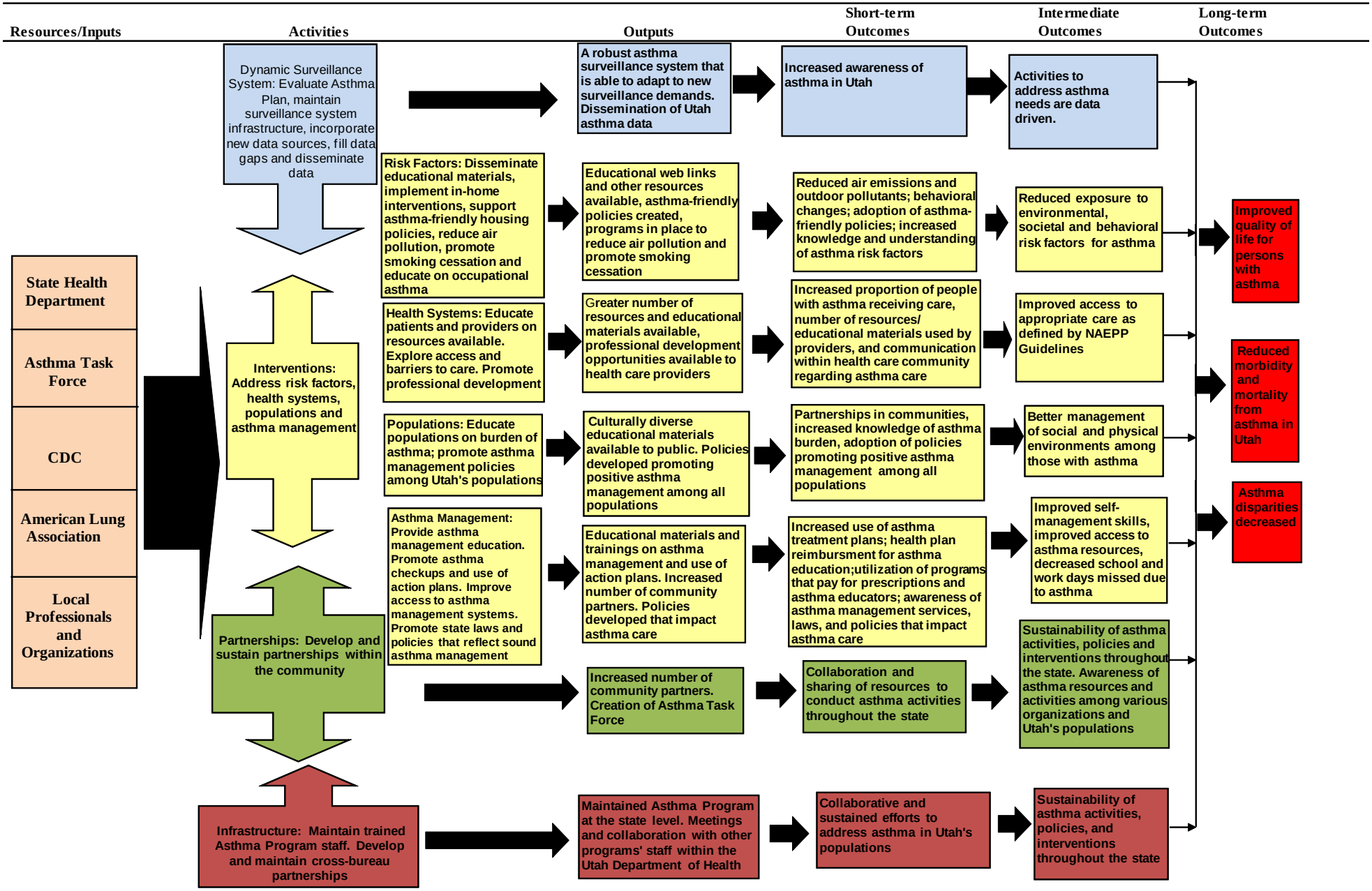
Outcomes

The surveillance system will provide the requisite data to ensure that program interventions are data driven. The Partnership area focuses on sustainability and dissemination of information. Program infrastructure relates to maintaining program staff and partnerships in order to improve sustainability of activities, policies and interventions in Utah. The outcomes for the four intervention areas are as follows:

> ***Asthma Management***: To assist people with asthma to improve their quality of life by providing the tools and resources necessary to maximize and promote wellness.
>
> ***Health Systems***: To assist the healthcare system in providing access to appropriate care as defined by the National Asthma Education and Prevention Program (NAEPP).
>
> ***Population Issues*****:** Within population systems, provide culturally appropriate assistance for those affected by asthma so they can better manage within their social and physical environments.
>
> ***Risk Factors***: Identify risk factors and promote intervention strategies to reduce those risks in Utah.

All of these outcomes will support the goal of reducing asthma-related morbidity and mortality; decrease disparities and improve the quality of life for those living with asthma.

Figure 1: Logic Model Framework for the Utah Asthma Program



Purpose of Evaluation Plan

The Asthma Program strives to determine the effectiveness of program activities in achieving its goals of reducing asthma disparities; improving asthma care and management in Utah; and decreasing asthma morbidity and mortality through regular evaluation of individual programs, partnerships, and surveillance activities. The purpose of this evaluation plan is to outline evaluation strategies to be implemented during the next four years of the CDC cooperative agreement. This evaluation plan includes stakeholder-prioritized evaluations and should be representative of the collective needs of area stakeholders. It is anticipated that program staff and area stakeholders will use this plan as a roadmap in structuring evaluation efforts for the next four years. Preparing and executing this plan will assist in building a culture of evaluation among those who work with the Asthma Program. This strategic plan can also be used as a model for local agencies in structuring and preparing for future evaluations. Ideally, the subsequent evaluations will improve program credibility, increase funding opportunities, and stakeholder buy-in.

Methods for Developing and Updating the Strategic Evaluation Plan

Stakeholders

The Utah Asthma Program has many partners at the state and local level who will be interested and invested in the evaluation findings. The Asthma Task Force and Action Groups are charged with prioritizing and completing tasks related to the mission, goals and objectives of the Utah Asthma Program. These groups include members who work within the following areas/populations: local health departments, hospitals, health plans, interest groups, nonprofit organizations, state agencies, universities and schools.

Table 2. Evaluation Planning Group – Contributions and Roles in the Future

Stakeholder Name	Title and Affiliation	Contribution to Evaluation Planning	Role in Future Evaluations
Lori Sugiyama	Utah Asthma Program Evaluator	-Coordinate meetings and direct the creation of the evaluation plan -Construct the evaluation plan	-Implement all evaluation activities and ensure the evaluation is conducted as planned -Assure dissemination and use of findings
Rebecca Giles	Utah Asthma Program Manager	-Provide support and guidance in evaluation planning and dissemination of results	-Oversight of all evaluation activities to ensure the evaluation is conducted as planned -Promote use of evaluation reports and recommendations

Celeste Beck	Utah Asthma Program Epidemiologist	-Provide expertise on surveillance projects and evaluation	-Analyze data from the Asthma Surveillance System and assist in data collection validity/methods
Leanne Geigle and Rebecca Jorgensen	Asthma Program Specialists	-Provide insight into interventions and represent interests	-Provide support for evaluation activities and implementation of evaluation recommendations -Facilitate in communication and use of results
Toni Carpenter	Utah County Environmental Health Educator	-Represent local needs and provide insight on local interventions	-Provide support and guidance -Coordinate data collection at the community level
Andrea Jensen	Utah County Health Education Technician	-Represent local needs and provide insight as a parent of children with asthma	-Provide support and guidance -Coordinate data collection at the community level
Michelle Hofmann	Pediatric Medicine, University of Utah	-Represent local physician and patient needs	-Provide support and guidance -Facilitate in communication and use of results
Steve Packham	Department of Environmental Quality Toxicologist	-Represent the stakeholders in the Asthma Task Force	-Provide support and guidance -Facilitate in communication and use of results

Methods Used to Develop the Strategic Evaluation Plan

The process of determining candidates for evaluation was completed in five steps. The first step involved asking the Asthma Task Force for ideas or programs which they felt were important to evaluate during the next four years. The Asthma Task Force is a great resource because many of the members are familiar with asthma programs and are stakeholders within the community. The second step included creation of the program profiles document and subsequent familiarization of the evaluation group with all of the current asthma programs. In this step, some prioritization occurred as current programs were weighed against the CDC Standards for Effective Evaluation and programs with recent evaluations were deleted from the list of candidates for evaluation.

The third step consisted of listing the evaluation candidates in a general timeline under the four-year time period of this strategic evaluation plan. The fourth step included having the asthma program staff identify the depth of the evaluation desired for each remaining evaluation

candidate. Identifying whether a process or outcome evaluation was desired assisted in determining how many evaluations would be possible during the next four years. In the last step, the Simplex Method was used as evaluation group members were asked to identify specific criteria for evaluation prioritization and then rank their top three criteria. After the criteria were selected, the evaluation candidates were weighed numerically based on the four selected evaluation criteria listed in Table 3.

Table 3: Selected Criteria for Weighing Evaluation Candidates

Criteria Used	How Criteria Were Applied	Information Supporting Criteria Determination
Interest	Programs of current/highest interest to stakeholders and program staff were a higher priority for evaluation	Recent news releases and media topics, suggestions from the Asthma Task Force
Disparities	Those programs reaching disparate populations were a higher priority for evaluation	Program Activity Profile and 2009 Surveillance System Disparities Evaluation
Improvement	Programs in early stages of development were a higher priority for evaluation in order to identify needed improvements	Program Activity Profile
Visibility	Programs most visible in the community and to stakeholders were a higher priority for evaluation	Recent media topics and the subject matter of most calls to state and local health departments

Proposed Priority Evaluations and Timeline

Priority Evaluations

Based on the criteria weighing step performed by the Strategic Evaluation Group, Table 4 provides a list of the proposed priority evaluation candidates.

Table 4: Prioritized Evaluations based on the Three Evaluation Content Areas*

Surveillance	Partnerships	Interventions
1. Data downloads	1. Asthma Action Groups	1. Recess Guidance
2. Burden Report	2. Listserv	2. Public Awareness Campaigns

3. Work-related Asthma	3. LHD grants	3. Asthma Action Plans
		4. Advocates
		5. Social Media
		6. Telehealth 1 and 2
		7. Child Care Trainer Program
		8. Miners Packet

*More evaluations are listed in this table than will be performed. This is to identify the next priority evaluation should time become available for more evaluation during the next four years.

Justification of Number of Evaluations

The Utah Asthma Program has been evaluation-minded since its inception and has completed several evaluations in the last few years. For this reason, it is estimated that the program evaluator, with assistance from the Evaluation Group and Asthma Program Staff, will complete a total of eight evaluations in years two and three and a total of five evaluations in the final two years.

During the final two years, fewer evaluations will be conducted because they are more in-depth evaluations, but also to allow for completion of unfinished evaluations and for preparing the next strategic plan for evaluation.

Overarching Timeline and Gantt Chart of Proposed Evaluations

Content area	2010-2011	2011-2012	2012-2013	2013-2014
Surveillance	Data Dissemination	Burden Report	Work-related Asthma	
Partnerships	Asthma Action Groups	Listserv		Local Health District Grants
Interventions	Asthma Action Plans	Public Awareness Campaign-Health Professionals	Advocates	Telehealth 2
	Telehealth 1	Recess Guidance	Social Media	

Figure 2: Evaluation Timeline: Years 2-3

Evaluation Activity	2011												2012											
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Surveillance: Data Dissemination																								
Partnerships: Asthma Action Groups																								
Interventions: Asthma Action Plans																								
Interventions: Telehealth 1																								
Surveillance: Burden Report																								
Partnerships: Listserv																								
Interventions: Recess Guidance																								
Interventions: Public Awareness Campaign																								

Figure 3: Evaluation Timeline: Years 4-5

Evaluation Activity	2013												2014											
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Surveillance: Work-related Asthma																								
Partnerships: Local Health District Grants																								
Interventions: Advocates																								
Interventions: Social Media																								
Interventions: Telehealth 2																								

Table 5: Summarized Priority Evaluations (Evaluation Profiles)

Title of Evaluation	Surveillance System: Evaluation of data dissemination
Title of Activity	Data dissemination
Program Component	Surveillance
Evaluation Questions	1. Who is accessing/using the data? 2. How are people using the data they download? 3. Who is our intended audience? Are they receiving the data? 4. Are there gaps in the data that is presently provided? 5. What methods are the most productive for disseminating data?
Timing of Evaluation	Year 2 Start: May 2011 End: Aug 2011
Evaluation Design	Mixed methods
Data Sources	Website statistics
Data Collection Methods	Pop-up, web-based questionnaire and a questionnaire of the intended audience for the five most downloaded documents on the website Key informant interviews from our report target audiences
Audience	The general population
Cost of Evaluation	$100 for pop-up survey, Evaluator and Heath Educator hours

Title of Evaluation	Asthma Action Teams Partnership Evaluation
Title of Activity	Asthma Action Groups
Program Component	Partnerships
Evaluation Questions	1. How do the action groups partner among each other? 2. Are there partners we haven't involved that should be part of the action teams? 3. Is the organizational structure of the action teams appropriate in order to build partnerships? 4. What procedures are being used in recruitment and are they sufficient? 5. Is the partnership aspect of the action groups running as intended?

Timing of Evaluation	Year 2 Start: Sept 2010 End: Jan 2011
Evaluation Design	Mixed methods
Data Sources	Meeting minutes and attendance logs
Data Collection Methods	Key informant interviews with action group members, document review of CDC and other organizations' partnership structure, and meeting minutes from Asthma Program Retreat
Audience	Action group members, Asthma Program staff
Cost of Evaluation	Evaluator and Heath Educator hours, Partners' time, access to Zoomerang for questionnaire – State Health Department and copy costs

Title of Evaluation	Evaluation of the utilization of Asthma Action Plans
Title of Activity	Asthma Action Plans
Program Component	Interventions
Evaluation Questions	1. How are the action plans being utilized by health professionals, parents and schools? 2. How many providers are using action plans? Barriers? 3. How can the form be structured to better suit health professionals? 4. How can the action plans be improved for parental use and understanding? 5. Where are the gaps or breakdowns in getting an action plan for the child and then to the school district?
Timing of Evaluation	Year 2 Start: Sept 2010 End: Feb 2011
Evaluation Design	Mixed methods
Data Sources	Winning With Asthma information and information from Primary Children's Hospital Study
Data Collection Methods	Primary Children's Hospital study, focus groups with people who have asthma who have been given an action plan, and key informant interviews with school personnel (principals and nurses)
Audience	Medical professionals, parents and schools
Cost of Evaluation	Vehicle use – State Health Department, All Payer Database for access to data, and Evaluator and Heath Educator hours

Title of Evaluation	A process evaluation of the Asthma Telehealth Program
Title of Activity	Telehealth 1
Program Component	Interventions
Evaluation Questions	1. Is the telehealth series reaching the intended audience of health professionals? 2. How is the objective of educating health professionals on the diagnosis and management of asthma being met? 3. In what ways are the message relevant and at the appropriate educational level for the intended audience? 4. What barriers or external factors currently exist? 5. What is the appropriate number of sessions each year?
Timing of Evaluation	Year 2 Start: Apr 2011 End: July 2011
Evaluation Design	Mixed methods
Data Sources	Pre/post tests, evaluation reports, registration information
Data Collection Methods	Document Review, Key Informant Interviews
Audience	Telehealth participants
Cost of Evaluation	Evaluator and Heath Educator hours

Title of Evaluation	Burden Report: Content and dissemination
Title of Activity	Burden Report
Program Component	Surveillance
Evaluation Questions	1. What data are people using from the burden report? 2. What data should be included in the new burden report? 3. What are the best methods for disseminating the burden report? 4. What data on disparate populations isn't being used in the report?
Timing of Evaluation	Year 3 Start: Sept 2011 End: Jan 2012
Evaluation Design	Mixed methods
Data Sources	Current burden report, other states' burden reports
Data Collection Methods	Survey

Audience	Burden report users
Cost of Evaluation	Postage costs, Evaluator and Heath Educator hours

Title of Evaluation	Evaluation of the partnership capacity of the Asthma Task Force Listserv
Title of Activity	Listserv
Program Component	Partnerships
Evaluation Questions	1. Who is on the listserv? (demographics-possibility of having sub listserv groups) 2. What are the barriers to partner utilization of the listserv for sharing information? 3. How can the listserv be better utilized as a partnership tool and for recruiting new partners? 4. What groups are not being represented in the listserv? 5. Identify why members are involved in the listserv and what improvements would be beneficial to them in meeting the goal of monthly contact?
Timing of Evaluation	Year 3 Start: Apr 2012 End: Aug 2012
Evaluation Design	Mixed methods
Data Sources	Current list of members
Data Collection Methods	Questionnaire using multi-methods: email, hard copy at meetings and phone calls
Audience	Listserv members
Cost of Evaluation	Printing costs, Evaluator and Heath Educator hours, access to Zoomerang for questionnaire-State Health Department and phone costs

Title of Evaluation	A Process Evaluation of the Utah Asthma Program's Public Awareness Campaign to Health Professionals
Title of Activity	Public Awareness Campaigns
Program Component	Interventions
Evaluation Questions	1. Are the materials being used and distributed by health professionals? 2. Is our recruitment process for health professionals

	effective? 3. What medium do health professionals most frequently use? 4. How are health professionals using the NAEPP Guidelines?
Timing of Evaluation	Year 3 Start: Sept 2011 End: Jan 2012
Evaluation Design	Mixed methods
Data Sources	Data from a 2011 needs assessment of health professionals
Data Collection Methods	Key informant interviews
Audience	UAP, Health professionals, Certified Asthma Educators, and other asthma-related organizations
Cost of Evaluation	Evaluator and Heath Educator hours, equipment for the interviews

Title of Evaluation	Evaluation of utilization of the Recess Guidance in Utah public elementary schools
Title of Activity	Recess Guidance
Program Component	Interventions
Evaluation Questions	1. How were the newly implemented measures effective in decreasing general confusion? 2. How is the Recess Guidance fulfilling its goals and objectives? 3. How many schools are using the guidance correctly? 4. What value do schools, parents and health professionals place on the Recess Guidance? 5. How are the schools using the online tutorials related to air quality and the recess guidance?
Timing of Evaluation	Year 3 Start: Feb 2012 End: July 2012
Evaluation Design	Mixed methods
Data Sources	Recess Guidance process evaluation 2010, Div. of Air Quality (DAQ) particulate matter data and “red action” days, and Website data from DAQ on tutorial use
Data Collection Methods	Questionnaire
Audience	DAQ, Principals, Parents, School Nurses
Cost of Evaluation	Evaluator and Heath Educator hours and access to Zoomerang for questionnaire – State Health Department

Title of Evaluation	Evaluation of Data for Work-related Asthma
Title of Activity	Work-related Asthma Surveillance
Program Component	Surveillance
Evaluation Questions	1. What data are currently being collected in Utah on work-related asthma? 2. What data sources do we have access to? 3. What data should be collected on work-related asthma? 4. How are health professionals tracking and reporting work-related asthma? 5. How are health professionals addressing work-related asthma?
Timing of Evaluation	Year 4 Start: Sept 2012 End: Dec2012
Evaluation Design	Mixed methods
Data Sources	BRFSS Call Back Data and Department of Health Worksite Survey
Data Collection Methods	Discussions with states that currently collect work-related asthma data and give a questionnaire to health professionals.
Audience	Surveillance system, other states' asthma programs and Utah Asthma Program Epidemiologist
Cost of Evaluation	Evaluator and Epidemiologist hours and phone costs

Title of Evaluation	Evaluation of Partnership Building Through Local Health District Grants
Title of Activity	Local Health District Grants
Program Component	Partnerships

Evaluation Questions	1. How are the funds being productively used to meet the needs of the community? 2. Are the local health districts using their local implementation plans correctly in order to have fidelity in implementation? 3. How sustainable are the programs being created by the local health districts? 4. What were the barriers to forming the local coalitions and what are their current strengths and weaknesses? 5. Are the programs targeting area specific needs? Case Study Questions: • What motivated the creation of this program? • Discuss the process of program development • How has the Utah County Health Department built in sustainability?
Timing of Evaluation	Year 4 Start: Sept 2013 End: Dec 2013
Evaluation Design	Mixed methods
Data Sources	Previous partnership evaluation, grant applications and mid-course reports
Data Collection Methods	Case study of Utah County, review of applications vs. contract reports, key informant interviews of coalition members
Audience	Utah County Health Department, coalition members and Central Utah Public Health Department
Cost of Evaluation	Evaluator and Heath Educator hours, vehicle use – State Health Department and Utah County Health Department staff time

Title of Evaluation	An Evaluation of the Asthma Advocates Program
Title of Activity	Advocates
Program Component	Interventions
Evaluation Questions	1. Do schools find the trainings beneficial? How did the materials meet their information needs? 2. What were the benefits of partnering with nurses in their education efforts? 3. What were the barriers to accessing schools and were they able to be overcome? 4. How closely was the program implemented as designed? 5. Is the program reaching its target audience?
Timing of Evaluation	Year 3 Start: May 2013 End: Aug 2013
Evaluation Design	Mixed methods

Data Sources	Participation logs, pre/post-tests, email communications, post-program yearly evaluations
Data Collection Methods	Interviews with advocates, questionnaire of schools that engaged in the training, and a school nurse questionnaire
Audience	Advocates, schools, school nurses
Cost of Evaluation	Evaluator and Heath Educator hours, copies, and school staff time

Title of Evaluation	Evaluation of the Asthma Program Social Media Sites
Title of Activity	Social Media
Program Component	Interventions
Evaluation Questions	1. Is social media raising awareness? 2. How are people accessing the social media sites? 3. How are people engaging on the website? 4. Are we reaching our target population with the information they need? 5. What topics have prompted the most interest?
Timing of Evaluation	Year 5 Start: Jan 2013 End: May 2013
Evaluation Design	Mixed methods
Data Sources	Reports from Google analytics and Facebook, compare content with daily hits, other social media studies (PEW report)
Data Collection Methods	Questionnaire
Audience	General public
Cost of Evaluation	Evaluator and Heath Educator hours, software to track social media usage, and use of State Health Department Web Coordinator

Title of Evaluation	An Outcome Evaluation of the Asthma Telehealth Program
Title of Activity	Telehealth 2
Program Component	Interventions
Evaluation Questions	1. Is the live session more beneficial than an archived presentation?

	2. What changes have participants made based on the information from the Telehealth presentations? 3. Are the incentives for participation necessary and adequate for participation? 4. Is the right audience staying engaged in the Telehealth series? 5. How are the topics presented keeping professionals on the forefront of information for their profession?
Timing of Evaluation	Year 5 Start: Dec 2013 End: May 2014
Evaluation Design	Mixed methods, Pre/post
Data Sources	Participation logs, Pre/post-tests, evaluations, website data on use of archived presentations, review topics and topic requests
Data Collection Methods	Questionnaire administered to past participants on changes made, incentives for participation and live session benefits.
Audience	Health professionals
Cost of Evaluation	Evaluator and Heath Educator hours, State Health Department: access to Zoomerang for questionnaire (Healthy Utah Program) and possible need of phone use, and copy costs

Capacity-Building Activities

There are several capacity-building activities for improving evaluation capacity during the next four years. First, the CDC holds an Asthma Program conference which includes sessions for evaluation. The Asthma Program manager, epidemiologist and program evaluator will attend this conference. Secondly, Asthma Program staff will have access to various webinars on content relevant to evaluation efforts through the American Evaluation Association website. The program evaluator will also give trainings and provide information to other program staff that is specific to evaluations planned for that year. Lastly, the program evaluator will give updates on new evaluation strategies during two staff meetings each year.

The Asthma Task Force will engage in an evaluation training session twice during the last four years of this strategic planning timeframe. The training will be aimed at improving understanding of basic evaluation principles, incorporating evaluation principles in program planning and bolstering support for evaluation. Relevant online evaluation materials such as trainings and webinars will also be sent to the Asthma Task Force members via the listserv.

Communication Plan

Communication is a vital aspect of planning, executing and utilizing evaluations. A communication summary matrix has been developed (see Table 6) to ensure that communication occurs throughout the different phases of the evaluation process.

Table 6: Communication Plan Summary Matrix

Information and Purpose	Audience(s)	Possible Formats	Timing	Who is Responsible
Present the completed strategic evaluation plan	Evaluation group/Asthma Task Force	PowerPoint presentation/ Listserv/SEED	January Task Force meeting	Program Evaluator/Eval-uation group
Notify of need to update the strategic evaluation plan	Evaluation group	Email	The beginning of each calendar year and as needed	Program Evaluator
Provide updates on the status of current evaluations as proposed in the strategic evaluation plan	Evaluation group/Stake-holders	Formal/Informal presentations	annually	Program Evaluator
Inform of upcoming evaluation activities and planning the evaluation	Program Staff/Evaluation Group/Task Force	Email/Meetings	Monthly or as needed	Program Evaluator
Inform of evaluation results	Partners/Task Force/Policy makers	Email/ presentations/ newsletter	As often as needed or available	Program Evaluator
Post the strategic plan on the website	General Public/other health programs	Website	After submission and approval of appropriate sources	Program Evaluator/ Specialist
Make recommendations based on evaluation results	Program Staff/Action Groups	Report/Presenta-tions/News Releases	After the evaluation is completed	Program Evaluator
Use both strategic evaluation and individual evaluation documents to build partnerships	General Public/other health programs	Reports/ Presentations	As often as available	Program Staff

Proposed Methods for Updating the Strategic Plan

The consensus of the Evaluation Group is to review the strategic evaluation plan annually. The Evaluation Group will meet at the beginning of each calendar year to make evaluation decisions prior to writing the CDC Work Plan for the next fiscal year. During the annual review of the Strategic Evaluation Plan, the evaluation candidates for the upcoming year will be reviewed based on the previously determined criteria of interest, disparities, improvement and visibility. These criteria represent stakeholder interests and will assist in assuring that the planned evaluations are still the most relevant. Changes made to the strategic evaluation plan will be presented to the Asthma Task Force during the April or July meeting.

Should personnel need to be changed in the Evaluation Group, new members will be selected from the Asthma Task Force. Individual evaluation plans will be discussed with the Evaluation Group and written by the evaluator. These plans will more fully specify the steps for each evaluation.