

A stylized, semi-transparent illustration of human lungs, showing the bronchial tree in a dark grey color. The lungs are positioned on the left side of the image, with the trachea visible at the top left. The background is a solid light blue.

Strategic Evaluation Plan:

Planning to assess
five years of asthma
control efforts in
Montana

2015

**Montana Asthma
Control Program**

Strategic Evaluation Plan

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Learn more about the MAAG at
<http://dphhs.mt.gov/Asthma/advisorygroup.aspx>



Acronyms

AAE	Association of Asthma Educators
ACMS	Asthma Care Monitoring System
AE-C	Certified Asthma Educator
AHEAD	Asthma Hospital and Emergency Department Patient Education, Action Plan, and Discharge Protocol
CDC	Centers for Disease Control and Prevention
CDPHPB	Chronic Disease Prevention and Health Promotion Bureau of the Montana Department of Public Health and Human Services
DPHHS	Montana Department of Public Health and Human Services
ED	Emergency Department
EPR-3	Expert Panel Report-3 Clinical Asthma Guidelines
IEP	Individual Evaluation Plan
MAAG	Montana Asthma Advisory Group
MACP	Montana Asthma Control Program
MAP	Montana Asthma Home Visiting Program
MASN	Montana Asthma of School Nurses
NACP	National Asthma Control Program
NAECB	National Asthma Educator Certification Board
NHLBI	National Heart, Lung, and Blood Institute
OPI	Office of Public Instruction
PHSD	Public Health and Safety Division of the Montana Department of Public Health and Human Services
SEP	Strategic Evaluation Plan
QI	Quality Improvement

Introduction

Program background

The Montana Asthma Control Program (MACP) was formed in 2007 with funds from the state legislature before it received its first five-year grant from the National Asthma Control Program (NACP) in 2009.

The MACP was made in response to the rising trend of asthma across the country and in Montana. In 2013, almost 9 in 100 Montana adults and 7 in 100 children (aged 0-17 years) said they were living with asthma. Asthma is a cause of about 14 deaths, 500

hospitalizations, and 2,500 emergency department visits in the state each year. Asthma can limit our daily choices, lead to high cost, and sometimes even result in death, but it can be controlled for most people if you seek routine care, and are trained in:

1. How to manage the condition on your own; and
2. The proper use of prescribed drugs.

Since it began, the MACP has been working to improve the health and wellness of all Montanans with asthma. This has been achieved by meeting goals such as:

- Develop a network of key partners;
- Provide trainings for teachers, coaches, and day care workers across the state;
- Increase access to nurses who conduct home visits for children living with asthma; and
- Support process change efforts in health care sites to promote asthma care based on current practice guidelines, among others.

The MACP logic model, seen in figure 1, places program work into three areas: *infrastructure*, *services*, and *health systems*. It is crucial to mention that the MACP's work does not cleanly fit within one topic area; they have been placed within a single area here to better and more simply describe the MACP's efforts.

You can learn about the MACP, its projects, and other tools at
<http://dphhs.mt.gov/Asthma.aspx>,
or by sending an email to asthmainfo@mt.gov.

67,655 Montana
adults and
17,840 children
said they were
living with
asthma in
2013.

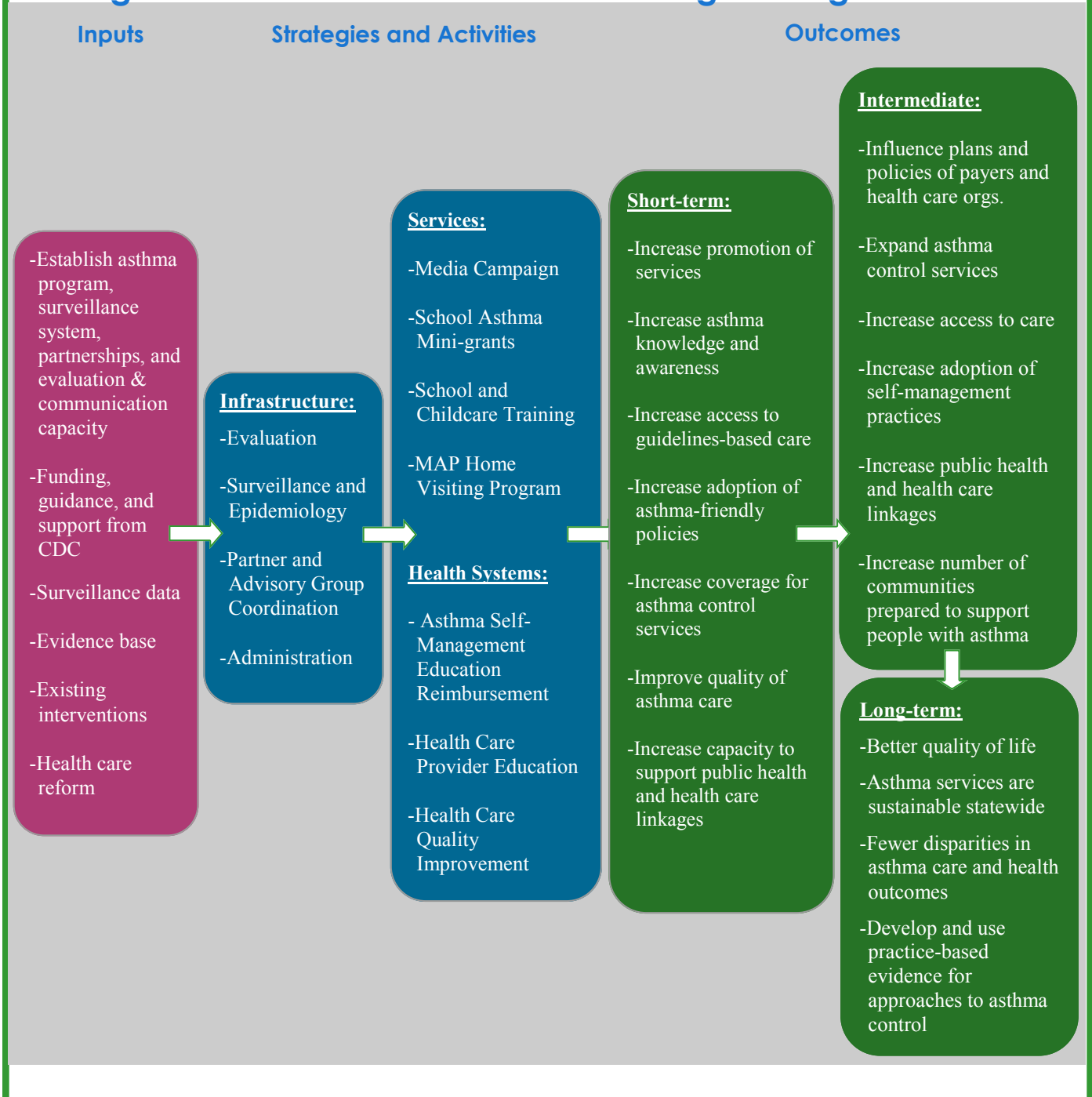
Source: 2013 Montana BRFSS



Introduction

The MACP has many goals for the current grant period. Along with all NACP grantees, the MACP has long term goals to: reduce the number of deaths from asthma; improve the health and wellness of people living with asthma; reduce rates of asthma and improve access to asthma care across ethnic and social groups; and sustain and improve statewide asthma programs.

Figure 1: Montana Asthma Control Program Logic Model



Introduction

In order to achieve its goals, the MACP aims to:

- Increase asthma services and education across the state of Montana;
- Strengthen links between health care systems, payers, and community programs;
- Increase the range of asthma control services covered by health insurance;
- Expand the number of counties in the state where comprehensive asthma care can be accessed; and
- Increase the number of schools, daycares, worksites, and healthcare sites that have a policy to support asthma control.

The MACP is committed to working across settings to improve access to care and education for people living with asthma in Montana.

Purpose

The MACP will use evaluation as a tool to improve its work, and has evaluated ten key program focus areas in the last five years. This has had a big impact on the MACP and its programs today. Some examples from the last grant cycle include:

- School Asthma Mini-grants became open to both certified asthma educators (AE-Cs) and school nurses, and more projects were added to choose from;
- The Montana Asthma Home Visiting Program (MAP) grew from 3 to 9 counties because the amount of funding given to the MAP by the state legislature was increased in response to its success; and
- Projects that address healthcare needs were changed to respond to the changing healthcare landscape.

When the MACP measures short-term goals, the program will know whether or not it is on track to meeting its long-term outcomes (to reduce the burden of asthma and increase the health and wellness of people living with asthma statewide), which are what the MACP was formed to address. This **Strategic Evaluation Plan (SEP)** outlines the process by which the MACP will evaluate its work over the next five years, and it will be used as a “living” plan that will be reviewed and revised over the next five years. **Individual Evaluation Plans (IEPs)** will be written to guide each of the evaluations that happen in a given year, and all MACP staff will be asked to remain engaged with that process. Partners of the MACP and other people who have an interest in asthma control will be involved in the design of the IEPs, as well as help collect data, explain the results, and provide feedback on how to update the SEP as necessary.

All staff members of the MACP were involved in writing the SEP. These five people made up the evaluation planning group, which received input from other evaluators within the Chronic Disease Prevention and Health Promotion Bureau (CDPHPB) at the state public health department (MT DPHHS). Also, MAAG members reviewed sections of the SEP and offered ideas of ways to improve the plan. All of the people involved in the making of the SEP are listed below in table 1. When it is time to update the SEP or write an IEP, the MACP staff, other evaluators within the CDPHPB, and the MAAG members will be asked to again provide feedback, review the MACP evaluation process, and help conduct evaluations of activities in which they have an interest. At the time the individual plans are being developed, MAAG members will also be engaged in finding community members to offer input.

Table 1: Evaluation planning team participants

Name	Title and Affiliation	Contribution to Plan	Role for Future
Anna von Gohren	MACP Quality Improvement Coordinator and Lead Evaluator	Evaluation lead, internal evaluation planning group	Planning and implementation, evaluation design, data collection, data analysis
Jessie Fernandes	MACP Manager	Internal evaluation planning group	Planning and implementation, evaluation design, data collection, data analysis
William Biskupiak	MACP Health Education Specialist	Internal evaluation planning group	Planning and implementation, evaluation design, data collection, data analysis
Luke Baertlein	MACP Epidemiologist	Internal evaluation planning group	Evaluation design, data collection, data analysis
Ginny Furshong	CDPHPB Health Improvement Section Supervisor	Principal Investigator, Reviewer, Collaborator	Continual feedback
Kathy Meyers	CDPHPB Chief	Reviewer, collaborator	Continual feedback
Kris Minard	OPI Tobacco Education Program Specialist, MAAG member	Strategic partner, external reviewer	Evaluation design, advisory group member
Helyna Krestke	MAP nurse (Flathead County), MAAG member	Strategic partner, external reviewer	Evaluation design, advisory group member
Dewey Hahlbohm	MACP Medical Consultant, MAAG member	Strategic partner, external reviewer	Evaluation design, advisory group member

For a full list of every person who had input in making the final version of the SEP, please see page 2.

Methods

The writing of the SEP was guided by the CDC's *Framework for Program Evaluation* and the *Learning and Growing through Evaluation* workbooks given by the NACP. The MACP staff made an outline of each program activity that explained its place within the logic model and how it was meant to help achieve program goals. These outlines and the program logic model were reviewed by the planning group to make sure they were correct.

In order to decide which topics to evaluate, a set of standards were made by the MACP staff to be applied across the board. These standards were set after a thorough review of standards used in the past and input from the sources mentioned above. Edits were made after the standards were reviewed by the planning group.

Each standard is described briefly, along with questions to frame the standard and how to apply the standard, in table 2. The standard of *impact on target*, *stakeholder involvement*, and *disparities* were included to clearly discuss diverse stakeholder views, and not simply review how the program functions.

Table 2. Standards

Standard Used	Question	Application
Cost	What is the estimated cost of this activity?	Higher cost activities are higher priority.
Prior evaluation	Has this activity been evaluated? How extensive was the evaluation? Were both process and outcome questions answered?	Activities with less extensive/no prior evaluation are higher priority.
Improvements/Changes since prior evaluation	Were improvements identified and implemented based on prior evaluation results? Has the program changed substantially since the last evaluation?	Programs that have changed more since the last evaluation are higher priority.
Stakeholder involvement/interest	How involved and/or interested are our stakeholders/partners in this activity?	Activities with greater stakeholder involvement/interest are higher priority.
Impact on target	How many people are affected by this activity, and are those most burdened by asthma included? Is the impact direct or indirect?	Activities impacting more people with high asthma burden are higher priority.
Pilot	Do we plan to expand this activity?	Activities that are planned to be expanded/scaled-up are higher priority.
Information need	Are there upcoming decisions that require evaluation information before being made? Is evaluation information needed for performance indicators?	Activities for which information need is greatest are higher priority.
Utility	Would evaluating this activity result in recommendations for programmatic improvement?	Activities more likely to be improved by evaluation are higher priority.
Disparities	Does the program directly address disparities in asthma burden?	Programs addressing disparities are higher priority.

How topics were ranked

Each topic was then ranked and scored to assign value. Table 3 shows the results of the scoring, with the headings of the three types of work conducted by the MACP: *infrastructure*, *services*, and *health systems*. A timeline as to when these evaluations will take place is shown in table 4. Only four topics were listed as “high” value due to having a limit on the amount of staff time and money the MACP can spend on evaluation. The related nature of the topics was discussed, and the impact that a review of one activity can have on the progress of others. Therefore, some topics, although they received lower scores when being ranked, were seen as having “high value” for evaluation. An example of this is the efforts to achieve reimbursement for teaching people to manage their asthma; evaluating this work could be helpful for health care reform in Montana and impact nationwide NACP goals, which makes it high value, even though it received a lower score than some of the other activities in table 3. Other data sources reviewed by the planning group included surveillance data, past evaluation findings, and trends in health care reform across the country, among others. Please note the colors refer to the value placed on the evaluation.

Table 3. Evaluation candidates ranked by value

Infrastructure	Services	Health Systems
Partner and advisory group coordination	Montana Asthma Home Visiting Program (MAP)	Asthma health care quality improvement
Surveillance and epidemiology	School and childcare trainings	Reimbursement efforts
Administration	School asthma mini-grants	AHEAD Protocol
Evaluation	Media campaign	Health care provider education

Key:

Red: high value candidate

Orange: mid value candidate

Green: low value candidate

White: no formal evaluation proposed

Methods

Table 4. Timeline for proposed evaluation activities

	2014-2015	2015-2016	2016-2017		2018-2019
Events when evaluation findings are needed			MT legislative session	Develop the State Chronic Disease Plan	Develop the DPHHS PHSD strategic plan
Evaluations	MAAG	Surveillance/epidemiology	School and childcare trainings	Asthma QI	Health care provider education
		MAP 1	School asthma mini-grants	AHEAD Protocol	ASME reimbursement
				MAP 2	
Skill Building	Write evaluation plan	Present final SEP to MAAG	Send staff to evaluation conference	Consider hiring an intern	Present manuscript at professional conference
		Send staff to the AEA summer institute		Develop manuscript	Submit manuscript for publication

Many factors were discussed when the timeline in table 4 was made, such as:

- Date of last evaluation, as activities that have not been assessed lately may have current needs that could benefit from evaluation;
- Stage of implementation, as activities that have changed or are in the planning stages may not be as ready for a full evaluation as activities that have been running for longer;
- Length of implementation, as some activities require a full year or more to collect data; and
- Joint evaluation needs, so as to prevent duplication and save the MACP staff both time and money.

As you can see in table 5, the MACP is planning to conduct two evaluations of the MAP; one will look at how the program works, and the other will more deeply review return on investment.

While each activity has been placed into a certain year of the grant, all will collect data throughout their cycles. The year in which each evaluation will occur merely shows the year in which all data, both process and outcome, will be analyzed and acted upon.

At the end of each evaluation, findings will be shared with stakeholders. More information on the communication plan can be found on page 15.

Surveillance and epidemiology

Surveillance is an important part of the MACP. It provides data to assess the problem of asthma in Montana, target groups most at risk, make program decisions, and secure funding. The MACP creates three surveillance reports each year, submits journal abstracts, and responds to data requests. The purpose of this evaluation is to review how surveillance and epidemiology support program activities, as well as to assess the quality of data collected. In grant year 2, the MACP will conduct an evaluation with a case study design by doing a document review. The review will include meeting agendas, the epidemiologist work logs, and reports produced by the MACP to inform the public about asthma in Montana.

Partner and advisory group coordination

The MACP is lucky to have a group of diverse stakeholders (including physicians, nurses, pharmacists, people with asthma, and coordinators of programs supporting asthma control and wellness) for support and guidance. The evaluation will occur in year 1 and create feedback from MAAG members on how to develop strong, strategic, and engaging partnerships. The MACP will ask questions about barriers to participation, define which partners are active, determine how the members perceive the MAAG, and examine the scope of organizations and professions represented in the MAAG. The evaluation will use a mixed methods case study approach and collect data from program logs, surveys, and interviews.



Methods: Services

School and childcare trainings

The Montana School Health Website houses resources for Montana's schools and community stakeholders to increase awareness, understanding, and knowledge of school health. Online trainings housed on the site offer trainees the chance to increase their health knowledge using a more modern and flexible form of learning. The MACP would like to provide school and childcare workers with the skills they need to manage asthma and to improve asthma control among children. The purpose of evaluating the school and childcare trainings offered by the MACP is to improve the delivery of the program in order to increase participation and find out more about the effect on student health. The MACP will learn about barriers to participation, whether or not coaches outside of schools could be involved, how participants utilize the skills gained from the training activities, and if changes are made to facility environments as a result of the trainings by using a success case method design.

School asthma mini-grants

Every year the MACP awards grants to school nurses and AE-Cs to complete one of seven approved projects within their schools to enhance the health of students with asthma. The purpose of this evaluation is to explore why the projects are beneficial to schools, school nurses, and AE-Cs. The evaluation will occur in grant year 3 and use a mixed methods case study design. It will explore what changes have been made in the schools as a result of the projects, what projects should remain as options for grantees and what new projects could be added, what gets in the way of people doing the projects, and whether or not more projects are completed in areas with lower school nurse to student ratios.

Montana Asthma home visiting Program (MAP)

The MAP teaches children how to manage their asthma, review inhaler technique, and reduce triggers in the homes of children whose asthma is not under control. People in the program receive ongoing one-on-one visits with a nurse over the course of a year and focused asthma lessons, case management and coordination, educational resources and referrals to other community agencies when fitting, and allergen-proof pillow and mattress covers along with air filters, all free of charge. The MAP was evaluated twice before: the first occurred in 2013 and looked at implementation; the second took place in 2014 and explored why people drop out of the program. Two more evaluations will occur in this grant cycle. The first will take place in grant year 2, and will explain why the program should grow and review how the program is working at all sites to ensure allow information- and best practice-sharing between sites. This evaluation will also review child and family health outcomes. The second will occur in grant year 4 and will provide insight on any return on investment for in-home asthma education. The design of these evaluations will be mixed methods case studies, using pre- and post-test data.

Asthma health care quality improvement

As a result of both the prior evaluation, which took place in 2013, of the Asthma Care Monitoring System (ACMS) and the onset of electronic health record technology, the MACP has chosen to shift its focus from ACMS, which was a software designed to help clinics provide guidelines-based care for asthma patients. Instead, the MACP will promote a project similar to its ED discharge protocol, but for primary care providers and pharmacists, in order to address the need for team-based care. As this project will begin in year 2 of the grant cycle, its full evaluation will not take place until grant year 4 in order to gather enough data. The format of this evaluation will be a mixed methods case study design, using program data logs, surveys, and data reports from sites the MACP works with. The purpose of the evaluation will be to determine what parts of the project are needed to provide support to primary care providers and pharmacists in Montana, as well as to assess the sustainability and effectiveness of the project.

AHEAD protocol

The AHEAD Protocol is designed to support the use of EPR-3 guidelines for how to teach patients about their asthma upon discharge from EDs in Montana. Sites receive a presentation about guidelines for proper asthma care and ongoing feedback on their progress putting the guidelines into practice, as well as some grant funding to help them get started. This project only occurs in two to three sites per year in order to work within funding limits, and a site must complete a year of the program to provide both pre- and post-test data. As such, an evaluation is planned for grant year 4 and will use a mixed methods case study design. The purpose of the evaluation will be to review what parts of the project are needed to provide support to emergency departments in Montana, as well as to assess the sustainability and effectiveness of the program.

Asthma Self-Management Education (ASME) reimbursement

In an effort to leverage health care reform the MACP will be actively pursuing reimbursement from health payers to AE-Cs providing ASME. Past evaluations have shown if the MACP can achieve reimbursement, then it will help people who provide ASME overcome key struggles with implementing team- and guidelines-based care in Montana. The purpose of this evaluation will be to learn more about how to obtain reimbursement for AE-Cs to provide ASME to people living with asthma and to show the effects reimbursement has on program success. It could also benefit from the health care provider education evaluation if the MACP includes questions on the survey sent to people who provide ASME in the state.

Methods: Health Systems

Health care provider education

The MACP offers annual exam review courses through the Association of Asthma Educators, allows free access to a lending library of exam review materials, sponsors the annual Big Sky Pulmonary Conference, and offers at least two webinars a year that provide free continuing education credits to pharmacists and respiratory therapists. The evaluation will occur in the final year of the current grant cycle because the MACP believes that it will provide feedback about all of the program's efforts throughout the grant cycle, and also about the effects of achieving reimbursement for the provision of ASME. The purpose of this evaluation will be to improve the activity and learn more about the continuing education needs of health care providers and asthma educators in Montana.

You can learn more about the planned evaluations in Appendix A.

You can learn more about the standards the National Asthma Control Program is asking the Montana Asthma Control Program to meet in Appendix B.

If you have any questions about the planning process, how the MACP is training staff and partners to conduct the evaluations, the final reports, or other topics related to the work of the MACP, please visit our website at <http://dphhs.mt.gov/Asthma.aspx> or send an email to asthmainfo@mt.gov.

Communication Plan

The MACP commits to making its program and actions as clear as possible. All program details can be found on the MACP website, and the MACP always tried to discuss program actions with key partners and stakeholders. The SEP can be accessed by anyone with an interest in asthma control. A factsheet will be produced and placed on the website for the public to access when an IEP is finished. Findings will be discussed with partners through the MAAG meetings, which happen three times a year. The MACP will share its data mostly via email, phone calls, meetings, and the factsheets posted online. Findings that apply to a certain topic will be shared with people who are involved with that work, and the factsheets may also be emailed out to the MACP listserv for people with an interest in asthma control in the state.

The MACP will also be working with other states to share findings that relate to each other across similar topics, and will engage in cross-state evaluations to learn more about asthma control efforts across the country.

Table 5. Communication plan

Information and Purpose	Audience(s)	Possible Formats	Timing	Person Responsible
Present complete SEP	MAAG, CDC, and general public	Meeting, email, and website	August 2015	Lead evaluator
Communicate about individual plan development	Partners, stakeholders, and staff affiliated with the individual activity	Email, phone calls, meetings	Ongoing basis	Lead evaluator and MACP staff responsible for the activity
Solicit feedback on annual updates	MAAG	Meeting	Every spring	Lead evaluator and program manager
Provide in-depth review of findings	MAAG members and interested stakeholders	Email, meeting, website	As available	Lead evaluator and MACP staff responsible for the activity
Provide summary of evaluation findings	Program participants, CDPHP Bureau, and general public	Website	As available	Lead evaluator and MACP staff responsible for the activity
Publish results, when warranted	Asthma and public health community	Journal articles and poster presentations	As available	MACP staff
Update program factsheets	Legislators, general public	Website	As available	MACP staff
Overall “lessons learned” document	MACP staff, NACP, MAAG, CDPHP Bureau, general public	Meeting, website	August 2019	Lead evaluator

Conclusion

The MACP wants to improve asthma control and the health and wellness of Montanans with asthma. Over the next five years, the program will work in the areas of infrastructure, health systems, and services in an effort to achieve its goals. This plan is critical to making sure that our work results in the short term, intermediate, and long term outcomes we intend, that we are using our resources wisely, and that we are getting the best results. This is meant to be a “living plan,” and will be revised as needed in the coming years.

By evaluating our work, we can make sure that our program is having the results we set out to achieve, that we are using resources wisely, and that we are getting the best results.

Appendix A: Evaluation Profiles

Infrastructure activities

Activity Name	Surveillance and Epidemiology
Program Component	Infrastructure
Evaluation Justification	This evaluation received low priority ranking when assessing program activities, but findings could improve programmatic decisions within every activity.
Evaluation Purpose and Use	The purpose of this evaluation is to perform an internal evaluation of the role surveillance and epidemiology plays in supporting program activities as intended in the logic model, as well as to assess the quality of data collected.
Possible Evaluation Questions	Is the activity being implemented according to core activity work plans; how clean are the data used to conduct surveillance; what reports previously generated by the MACP could be updated; have new data sources become available that the MACP could be utilizing; how are data used to guide strategic program action.
Relevant Performance Measures	C, D, E
Timing of Evaluation	September 1, 2015-August 31, 2016 (grant year 2)
Suggested Evaluation Design	Case study, quantitative design
Potential Data Sources	MACP Epidemiologist data logs, survey
Potential Data Collection Methods	Staff responsible for data collection: MACP Epidemiologist Review of data logs, survey administered to MACP staff
Cultural or Contextual Factors	Surveillance and epidemiology was evaluated previously with an external focus. It would benefit the program to look internally at how surveillance data is used to inform program activities in the manner intended by the logic model.
Potential Audiences	MACP staff, MAAG members, other programs in the CDPHP Bureau
Possible Uses of Information	To collect information about the use of surveillance data within the MACP, and to make possible improvements in its use. Also, the MAP is one the MACP's largest sources of data—to conduct these two evaluations simultaneously could yield important information about the way these data are collected.
Estimated Evaluation Cost	Minimal, staff time

Appendix A: Evaluation Profiles

Activity Name	Partner and Advisory Group Coordination
Program Component	Infrastructure
Evaluation Justification	This activity is important to evaluate the way the MACP engages partners in asthma-related activities. It should be evaluated early in order to make essential changes to the way in which the MACP engages its partners.
Evaluation Purpose and Use	The purpose of this evaluation is to generate feedback on good practices for developing strong, strategic, and engaging partnerships.
Possible Evaluation Questions	How many partners are active in the MAAG; what is the scope of organizations represented; what are participant perceptions of the MAAG and its meetings; what are possible barriers to participation; what are future opportunities for the MAAG members to explore.
Relevant Performance Measures	B
Timing of Evaluation	September 1, 2014-August 31, 2015 (grant year 1)
Suggested Evaluation Design	Case study, mixed methods
Potential Data Sources	Program files, web search, surveys, focus group, composition of advisory groups in other NACP-funded states.
Potential Data Collection Methods	Staff responsible for data collection: Program manager and QI coordinator Mini-evaluations to be conducted at each MAAG meeting, a web search of possible partners that are not currently being engaged, focus group of MAAG members.
Cultural or Contextual Factors	The MAAG participation and attendance at meetings has been declining, and it may be hard to engage them in participating in additional evaluation activities.
Potential Audiences	MAAG, MACP staff, other programs in the CDPHP Bureau with similar partnership groups.
Possible Uses of Information	To re-engage or build new strategic partnerships.
Estimated Evaluation Cost	~\$1,000

Appendix A: Evaluation Profiles

Health system activities

Activity Name	Asthma Health Care Quality Improvement
Program Component	Health Systems
Evaluation Justification	This activity ranked as high priority for conducting an evaluation because it will be a pilot program. As such, in depth information is necessary to determine if the program is effective and replicable.
Evaluation Purpose and Use	The purpose of the evaluation will be to determine what initiative components are essential to providing quality improvement support to primary care providers and pharmacists in Montana, as well as to assess the sustainability and effectiveness of the initiative.
Possible Evaluation Questions	Is the activity being implemented according to core activity work plans; what is facility project lead's perception of the activity and experienced barriers or enhancers; what changes are made in the facility as a result of the activity; are patient asthma outcomes improving; how could the activity better serve provider needs in Montana; would sites recommend the activity to other possible participants.
Relevant Performance Measures	D, N, O, S
Timing of Evaluation	September 1, 2017-August 31, 2018 (grant year 4)
Suggested Evaluation Design	Case study, mixed methods, pre- and post-test design
Potential Data Sources	MACP QI Coordinator data logs, surveys, reports from sites
Potential Data Collection Methods	Staff responsible for data collection: MACP QI Coordinator Pre- and post-, as well as quarterly, data collection from participating sites would be valuable. Also, document reviews from MACP QI Coordinator and a survey provided to participating sites.
Cultural or Contextual Factors	This activity won't be implemented until year 2 of the grant, and will need to undergo at least a year of data collection.
Potential Audiences	MACP staff, MAAG members, activity participants
Possible Uses of Information	The information will be used to assess replicability and sustainability of the program, as well as its cost effectiveness.
Estimated Evaluation Cost	~\$5,000

Appendix A: Evaluation Profiles

Activity Name	AHEAD Protocol
Program Component	Health Systems
Evaluation Justification	The AHEAD Protocol was determined to be mid priority as an evaluation candidate. Changes have been made to the activity in response to a previous evaluation that should be examined for their usefulness or overall effectiveness. But, the activity itself has not been completely overhauled.
Evaluation Purpose and Use	The purpose of the evaluation will be to determine what components are essential to providing quality improvement support to emergency departments in Montana, as well as to assess the sustainability and effectiveness of the program.
Possible Evaluation Questions	Is the activity being implemented according to core activity work plans; what is the facility project lead's perception of this activity and experienced barriers or enhancers; how could the activity better serve EDs in Montana; what was the motivation to participate in the activity; would sites recommend the activity to other facilities; what changes have been made in the facility as a result of the activity.
Relevant Performance Measures	D, N
Timing of Evaluation	September 1, 2017-August 31, 2018 (grant year 4)
Suggested Evaluation Design	Case study, mixed methods, pre- and post-test design
Potential Data Sources	MACP QI Coordinator data logs, survey, chart review
Potential Data Collection Methods	Staff responsible for data collection: MACP QI Coordinator Pre- and post-test chart abstraction, survey administered to activity participants upon completion of activity.
Cultural or Contextual Factors	This activity only occurs in 2 to 3 sites per year due to funding needs. An activity site collects data for 1 year.
Potential Audiences	MACP staff, MAAG members, activity participants, patients with asthma, health insurance providers
Possible Uses of Information	Information from this evaluation could be used to generate other educational topics of interest that the MACP could provide to participating facilities, improve the overall activity, and potentially yield data to be used in achieving reimbursement for providing ASME.
Estimated Evaluation Cost	~\$5,000

Appendix A: Evaluation Profiles

Activity Name	Health Care Provider Education
Program Component	Health Systems
Evaluation Justification	This activity was ranked as low priority because it was evaluated in 2014 and has undergone no major changes.
Evaluation Purpose and Use	The purpose of this evaluation will be to improve the quality of the initiative and determine the continuing education needs of health care providers and asthma educators in Montana.
Possible Evaluation Questions	Is the activity being implemented according to core activity work plans; is the number of AE-Cs in Montana increasing; are more patients receiving ASME; what educational needs do health care providers report; would participants recommend using MACP as a source of information.
Relevant Performance Measures	G, H, O, S
Timing of Evaluation	September 1, 2018-August 31, 2019 (grant year 5)
Suggested Evaluation Design	Case study, mixed methods
Potential Data Sources	MACP QI Coordinator and Program Manager data logs, NAECEB website, Asthma Call Back Survey (ACBS), survey
Potential Data Collection Methods	Staff responsible for data collection: MACP QI Coordinator and Program Manager Analyze ACBS, search NAECEB website for AE-Cs in Montana, administer survey to people who provide asthma education in Montana, review staff data logs.
Cultural or Contextual Factors	This activity has regularly occurring components. Staff will be able to collect a lot of process evaluation data. This evaluation could inform and be informed by the evaluation for ASME reimbursement efforts.
Potential Audiences	MAAG members, MACP staff, activity participants, AAE
Possible Uses of Information	Information from this evaluation could be used to provide new topics for the Big Sky Pulmonary Conference. Also, it could yield information regarding the progress of QI efforts across Montana and about the effects of achieving reimbursement on the provision of ASME.
Estimated Evaluation Cost	~\$1,000

Appendix A: Evaluation Profiles

Activity Name	ASME Reimbursement
Program Component	Health Systems
Evaluation Justification	This activity was ranked as a high priority evaluation. Obtaining reimbursement for AE-Cs will help the MACP overcome a key barrier identified in its health systems programming.
Evaluation Purpose and Use	The purpose of this evaluation will be to generate knowledge about good practices for obtaining reimbursement for AE-Cs to provide ASME to people living with asthma, and to demonstrate the effects achieving reimbursement has on program success.
Possible Evaluation Questions	How many insurance payers reimburse AE-Cs; what effect does reimbursement have on providing ASME; what is the return on investment for providing ASME to patients; how was reimbursement achieved; how many CPT codes can be used by health care professionals to provide guidelines-based care to people living with asthma; is the amount reimbursed sufficient motivation for providers to participate in providing ASME.
Relevant Performance Measures	P, B
Timing of Evaluation	September 1, 2018-August 31, 2019 (grant year 5)
Suggested Evaluation Design	Case study
Potential Data Sources	MACP data logs, survey, NAECB website, ACBS, payer fee schedules
Potential Data Collection Methods	Data collected by: MACP staff Survey AE-Cs, health care education initiative evaluation, review fee schedules from health payers in Montana
Cultural or Contextual Factors	This evaluation could benefit from work done in the health care provider education evaluation.
Potential Audiences	MAAG members, AE-Cs, MACP staff, other NACP-funded states, health care providers, insurers.
Possible Uses of Information	This evaluation could help the MACP expand reimbursement if it has been achieved, or provide new direction for obtaining reimbursement, both in Montana and other NACP-funded states.
Estimated Evaluation Cost	~\$3,000

Appendix A: Evaluation Profiles

Service activities

Activity Name	Montana Asthma Home Visiting Program
Program Component	Services
Evaluation Justification	2 evaluations have been done of the MAP. The first was a look at implementation, the second explored attrition rates. The activity has rapidly expanded and additional evaluations that explore 1) whether or not the activity has continued to be implemented according to the core activity work plan and 2) cost benefit and return on investment are important to justify continued growth and aid in efforts of the MACP to obtain reimbursement for ASME.
Evaluation Purpose and Use	The purpose of evaluating this activity is to justify growth and provide any possible insight on return on investment.
Possible Evaluation Questions	Is the activity being implemented according to core activity work plans; is it reaching disparate populations; does the child experience positive health outcomes; does the family experience positive health outcomes; what is the cost benefit of the program; what health care linkages are being made for participants and from where are they being referred to the MAP.
Relevant Performance Measures	G, H, I, K, L, M, Q, R, S
Timing of Evaluation	September 1, 2015-August 31, 2016 (grant year 2) to examine implementation and September 1, 2017 to August 31, 2018 (grant year 4) to examine return on investment
Suggested Evaluation Design	Case study, mixed methods, pre- and post-test data
Potential Data Sources	Site reports, MACP data log, survey, insurance data
Potential Data Collection Methods	Information from sites collected quarterly on new enrollees, survey of participating sites, insurance data analysis.
Cultural or Contextual Factors	There are several new sites (at least 6, possibly 9) that must undertake data collection for at least one year. However, this activity has many regularly occurring components and should provide a lot of process data.
Potential Audiences	MAAG, MACP staff, activity participants, insurance payers in Montana, health care providers.
Possible Uses of Information	Justify reimbursement and continued growth of the activity
Estimated Evaluation Cost	~\$5,000

Appendix A: Evaluation Profiles

Activity Name	School and childcare trainings
Program Component	Services
Evaluation Justification	There have been no prior formal evaluations of the school and childcare training activities, although a manuscript was written analyzing activity data.
Evaluation Purpose and Use	To improve the delivery of the program in order to increase participation and determine effect on student health outcomes.
Possible Evaluation Questions	How do audiences learn about training opportunities; what are barriers to participating in the training; how do participants utilize new knowledge or skills; are any changes made in the site environment as a result of the trainings; how is school or childcare facility wellness impacted.
Relevant Performance Measures	C, E, G, H, J
Timing of Evaluation	September 1, 2016-August 31, 2017 (grant year 3)
Suggested Evaluation Design	Success case method
Potential Data Sources	Pre- and post-test data from trainings, survey, key informant interviews
Potential Data Collection Methods	Ongoing data collection from online and in-person trainings, pre- and post-test survey to be administered to participants regarding changes to environment and child wellness, identify past participants or administrators for in-depth interviews.
Cultural or Contextual Factors	The number of people participating in trainings has decreased. Teachers and coaches must meet CE requirements, but are given multiple years to accrue credits. To participate in a training day at a school can be difficult; there is a lot of competition for their limited time and attention.
Potential Audiences	MAAG, MACP staff, Montana school associations, school nurses
Possible Uses of Information	Better engage intended audiences and determine program effectiveness in participating sites.
Estimated Evaluation Cost	~\$3,000

Appendix A: Evaluation Profiles

Activity Name	School Asthma Mini-Grants
Program Component	Services
Evaluation Justification	This activity underwent an evaluation that looked at implementation and participant perception. Now, the MACP wants to investigate whether they are any long term outcomes in a school with a participating school nurse.
Evaluation Purpose and Use	The purpose of this evaluation is to explore why participation in the program is beneficial to schools and school nurses.
Possible Evaluation Questions	Is the activity being implemented according to core activity work plans; what changes have been made in the nurses' schools as a result of the activity; which projects should remain and what could be added; what barriers to participation exist; do areas with more school nurses have more school nurses participating..
Relevant Performance Measures	C, J
Timing of Evaluation	September 1, 2016-August 31, 2017 (grant year 3)
Suggested Evaluation Design	Case study, mixed methods, pre- and post-test data from nurses who provide ASME
Potential Data Sources	Project Outcome Report Forms completed by each participating nurse as a grant requirement, School Nurse Survey conducted by the MASN, YRBS, and conducting brief survey with past participants.
Potential Data Collection Methods	Ongoing data collection from required outcomes reports and surveys
Cultural or Contextual Factors	Student populations change every year, and so can asthma prevalence in specific schools. Also, school nurses have many competing duties and have limited time available for participating in an evaluation due to high nurse to student ratios in Montana.
Potential Audiences	School board, MACP staff, MAAG members, other CDPHP Bureau programs with school-based activities, AAE, MASN, school staff and administrators.
Possible Uses of Information	Information could be used to support decreasing the ratio of nurses to students in Montana.
Estimated Evaluation Cost	~\$3,000

Appendix B: Performance Measures

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| A | Prioritized list and description of opportunities for expansion of comprehensive asthma control services available by leveraging health care reform; to be completed within the first six months of the award and updated in each subsequent year |
| B | Number and description of meetings to educate high-level decision makers about asthma burden and evidence-based strategies; descriptions must identify meeting participants by sector (payer, health care, education, and/or housing), include meeting outcomes, and be reported every six months |
| C | Total enrollment, including racial, ethnic, and SES breakdown of schools or districts covered by MO-As, MOUs, or other formal agreements |
| D | Number of patients covered by health care organizations with which states have MOAs, MOUs, or other formal agreements to implement comprehensive asthma control services |
| E | Map, chart, or other tool demonstrating the overlap between existing program activities and areas with poor asthma outcomes as indicated by most recent surveillance data |
| F | Description of changes made to program activities that are based on evaluation findings and intended to increase program effectiveness |
| G | Number and demographics of program participants (a) initiating and (b) completing guidelines-based intensive self-management education |
| H | Percent of program participants demonstrating a meaningful increase in knowledge of asthma self-management practices (pre/post) |
| I | Number and percent of program participants without a regular health care provider who are referred to and access care |
| J | Description of policies supportive of comprehensive asthma control adopted by educational or housing agencies influenced by the State Asthma Program |

Appendix B: Performance Measures

K	Percent of program participants with poorly controlled asthma who are using long-term control medication (pre/post)
L	Percent of program participants reporting well-controlled asthma (pre/post) using a validated asthma control composite score (The specific tool to be determined in the post-award period.)
M	Percent of program participants having one or more episodes of any of the following (pre/post): an acute episode requiring a systemic corticosteroid; an asthma-specific hospitalization; or an asthma-specific emergency room visit (This is a supplementary measure to be used when data are available for an adequate period of time both before and after participating in the program – preferably six months or a year.)
N	Number of health care organizations influenced by the State Asthma Program to implement an asthma quality improvement process
O	Number of health care organizations influenced by the state program to implement a team-based approach to asthma
P	Number of health plans influenced by the state program to cover or reimburse for (a) asthma self-management training, (b) home-based trigger reduction services, (c) both (a) and (b)
Q	Number of health care organizations influenced by the state program to implement systems that streamline referrals to (a) community-based asthma self-management training, (b) home-based trigger reduction services, (c) both (a) and (b)
R	Number and percent of participants in a home- or school-based program who were referred by a partnering health care organization
S	Changes in health care utilization among the population of people with asthma served by partner health care organizations providing comprehensive asthma control services. For example, percent of the population with asthma having one or more of any of the following: acute episodes requiring a systemic corticosteroid; asthma-specific hospitalizations; or asthma-specific emergency room visits (This is a supplementary measure to be used when data are available for an adequate period of time both before and after participating in the program – preferably six months or a year.)

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