STATE ASTHMA CONTROL PROGRAM EVALUATION

Reference materials for designing and implementing evaluations

MODULE 3: SCHOOL AND CHILDCARE INTERVENTIONS

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Please note, reference items 4-6 are provided as three separate pdf files. These reference items contain the same evaluation tools- they are just organized in slightly different ways. Pdf files are also in draft format.

INTRODUCTION & ACKNOWLEDGEMENTS

The reference materials in this module are the result of extensive work conducted by the APRHB-State Asthma Control Program School and Childcare Interventions Evaluation Workgroup. This workgroup was convened in June 2007 and is ongoing. Workgroup members included CDC staff (project officers, epidemiologists, and team management), and representatives from 10 funded state asthma programs. The Battelle Centers for Public Health Research and Evaluation were contracted to assist in facilitating workgroup discussions and to develop the reference documents contained in this module. Individuals who participated on the workgroup at any point in time are listed in the table below. Please note that all reference documents contained in this module are in draft format and are subject to change given the ongoing status of this workgroup.

The reference items included in this module are meant to be used in alignment with CDC's Framework for Program Evaluation in Public Health (referred to as the "CDC Framework" for the remainder of this document) and in conjunction with the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide (referred to as the "Self Study Guide" for the remainder of this document. Both of these documents can be downloaded at: www.cdc.gov/eval or http://www.cdc.gov/eval/whatsnew.htm.

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REFERENCE ITEMS #1: LOGIC MODEL OF SCHOOL AND CHILDCARE CENTER TRAINING INTERVENTIONS

INPUTS	ACTIVITIES	OUTPUTS	IMMEDIATE OUTCOMES	SHORT TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES

State
o Funding
  - CDC
  - Other
 	
o Funding
o Training/TA
o Material development
o Dissemination
o Leadership and/or coordination
o Priorities
 	
Partner contributions:
o Funding
o Training/TA
o Materials
o Dissemination
o Leadership and/or coordination
	State Asthma Program and/or Partners Conduct:
	Recruitment of training sites (e.g., schools, daycares)
	
	Train the trainer(s)
	
	Training material development
	
	Trainers Provide:
	Training to:
	  o School/childcare staff (office staff, teachers, aides, coaches)
	  o School nurses
	  o Custodians or public health person
	  o Families
	
	Materials or checklists developed
		State Asthma Program and/or Partners Track:
		Inventory of recruited sites
		Site trainings
		Training materials
		Log for tracking training costs
		Costs/training
		
		Trainers Track:
		Inventory of recruited sites
		Site trainings
		Training materials
		Costs of training
		Frequency of training
			Increased staff knowledge and skills, such as:
			- Identification of students with asthma
			- Proper inhaler technique
			- Methods for identifying & reducing asthma triggers
			- Use of action plans
			- Resources and contacts for students with asthma
			
			Increased staff confidence
			
			New or enhanced network of resources and contacts for students with asthma
				Increased identification of students with asthma
				
				Staff help students use proper equipment technique
				
				Environmental assessment is conducted
				
				Increase in number of asthma action plans
				
				Increase in number of staff who know about and can access asthma action plans
				
				Staff plan for implementing asthma control & management
				
				Parents and/or providers notified of asthma management and control techniques
					Improved student management of asthma
					
					Environmental problems are remedied
					
					Improved responsiveness, capacity, and coordination of staff in managing students' asthma
					
					More coordinated school-home-provider asthma management
						Reduced Asthma Morbidity/ Mortality
						
						Appropriate Health Care Utilization
						Fewer hospitalizations, emergency room and urgent outpatient visits
						Decreased Asthma Disparities
						
						Improved productivity
						- Improved academic performance
						- Fewer missed school days
						Improved QoL
						- Fewer activity limitations
						- Increased symptom-free days
						- Improved health-related QoL

	Develop evaluation plan Collect baseline data on outcomes of interest; begin collecting process data	Data system is developed & participants are trained to collect ongoing process & outcome data	Data are collected	Data are collected and analyzed	Data are collected and analyzed	Data are collected and analyzed

REFERENCE ITEM #2: LOGIC MODEL OF SCHOOL AND CHILDCARE CENTER POLICY INTERVENTIONS

INPUTS	ACTIVITIES[1]	OUTPUTS	IMMEDIATE OUTCOMES	SHORT TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
State Funding - CDC - Other State training/ technical assistance State material development State dissemination State leadership and/or coordination State priorities Partner contributions: -Funding -Training/TA -Materials -Dissemination -Policy development - Enforcement	Collect or Develop: • Training Materials • Data and statistics regarding policy needs • Model policies Advocate for training and continuing education programs for school/childcare staff Engage decision-makers/policy-makers at state level around asthma-friendly policies Work with school/childcare administrators to develop asthma-friendly policies	Materials collected/ distributed Needs identified Policies collected/distributed Training/continuing education programs contacted and agreeing to use asthma curriculum Decision-makers contacted and interested in partnership Schools/districts/centers agreeing to work on developing more asthma-friendly policies	Increased number of training programs for staff that address asthma State-level policy enacted Laws passed Increased number of schools/childcare centers with "asthma-friendly" policies or enhanced policies	Increased numbers of staff have knowledge and skills re: asthma identification, prevention, and control Improved procedures for managing asthma, identifying students with asthma, or controlling triggers Improved adherence to new/enhanced policies or compliance with laws	Enhanced identification of students with asthma Improved environment/ reduced triggers Fewer asthma episodes in school or childcare setting Fewer asthma episodes in school or childcare setting that require emergency treatment	Reduced Asthma Morbidity and Mortality Appropriate Health Care Utilization Fewer hospitalizations, emergency room and urgent outpatient visits Decreased Asthma Disparities Improved productivity - Improved academic performance - Fewer missed school days Improved Quality of Life - Fewer activity limitations
	Develop an evaluation plan Collect baseline data	Develop data system Training on how to use system	Data are collected	Data are collected and analyzed	Data are collected and analyzed	Data are collected and analyzed

[1] Activities may be circular or iterative and should be tailored to specific policy intervention.

<u>**REFERENCE ITEM #3:**</u>
Draft example evaluation questions and concepts for interventions

Inputs: How was the intervention selected and how is it supported?
1. How was the intervention selected?
    a. Needs – How was the need for the intervention identified and what was the need? (e.g., surveillance data, partnership, funding requirements, legislative requirements, etc.)
    b. Goal – What goal(s) does this relate to in the state asthma plan?

2. How is the intervention supported?
    a. Funding
    b. Who and role
    c. Materials

Activities: Obtain description of the intervention and how it is being carried out

3. What is the design of this intervention?
    a. Setting (location) - Where does the intervention take place?
    b. Target audience- Who is the intended audience for this intervention?
    c. Beneficiary- Whose health will ultimately benefit from this intervention?
    d. Strategy – What is the overarching plan for carrying out the intervention? (e.g., train-the-trainer, policy intervention, environmental assessment, care coordination/case management, etc.)
        i. Components – What are the specific elements of the intervention?
        ii. Intended outcomes – What outcomes is the intervention trying to achieve on the target audience and the intervention beneficiaries?
    e. Source – What is the source of the intervention (e.g., new, adopted, modified)?
    f. Frequency – What is the frequency and duration of the intervention (i.e., number of trainings)?

4. How is this intervention being implemented?
    a. Activities – What components of the intervention were carried out?
    b. Reach – How many and what types [of settings/target audiences/beneficiaries/individuals/areas] were reached by the intervention (e.g., population, institution, geography)?
    c. Dose – How much of what was offered was received by the target audience?
    d. Fidelity – How (if at all) was the intervention modified?
    e. Status – How far along is the implementation (e.g., planning, ongoing, completed, other)?

Outcomes: What is changing <u>within the population directly</u> touched by the intervention?

5. What results were achieved?
    a. Knowledge
    b. Skills/self-efficacy

    c. Management/ practice change
    d. Identification/diagnosis of asthma cases
    e. Environmental change/trigger reduction
    f. New or enhanced policies and procedures
    g. New or enhanced linkages (e.g., referral networks, communication systems, linkages between providers and schools, etc.)

6. What are the health impacts?
    a. Health care utilization
    b. Quality of life
    c. Productivity
    d. Disparities
    e. Morbidity and mortality

Evaluation: How is progress on these interventions being examined?

7. How is the intervention evaluated?
    a. Evaluation questions of interest
    b. Design of evaluation
    c. Types of "tools" used

Context: What are those things that can "make" or "break" an intervention in the near and long term?

8. What is the social, economic, or political context?
    a. Barriers
    b. Facilitators
    c. Support for sustainability