

Georgia Asthma Control Program: A Comprehensive Public Health Approach to Asthma
Control through Evidence-Based Interventions

Strategic Evaluation Plan for 2019-2024 (Revised)

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Table of Contents

1. Program Background and Purpose of the Strategic Evaluation Plan.....	3
i. Program Background.....	3
ii. Purpose of Plan.....	7
2. Methods for Developing Strategic Evaluation Plan.....	8
i. Stakeholders.....	8
ii. Methods Used to Develop the Strategic Evaluation Plan.....	9
3. Proposed Priority Evaluations.....	9
i. Priority Evaluation Candidates.....	9
ii. Overarching timeline.....	16
iii. Summarize Each Prioritized Activity and Proposed Evaluation.....	16
4. Evaluation Capacity Building.....	16
5. Communication Plan.....	16
i. Communicating.....	16
6. Proposed Methods to Update the Strategic Evaluation Plan.....	16
7. Action Planning.....	16
8. Reflection.....	17

1. Program Background and Purpose of the Strategic Evaluation Plan

i. Program Background

Asthma is one of the most common chronic diseases among children and is a significant public health problem in Georgia. In 2019, the prevalence of current asthma was 10.1% and the prevalence of lifetime asthma was 14.6% among children ages 0-17 in Georgia. With rates among the highest in the nation, disparities have been noted within this population. In 2019, non-Hispanic Blacks had a significantly higher prevalence of asthma (15.1%) compared to non-Hispanic Whites (5.5%). Asthma prevalence was significantly higher among children whose family income was less than \$49,999 than among children from families whose family income was more than \$75,000 (13.0% vs 9.0%). In 2016, the total charges for asthma-related hospitalizations among Georgia children amounted to \$37.4 million and the total charges for emergency department (ED) visits amounted to more than \$55.7 million (GACP Data Summaries).

Georgia is the 24th largest state in the United States, is the largest state east of the Mississippi River, and is the 8th the most populous state in the nation. Georgia's population is racially and ethnically diverse with 50.1% identifying as White, 30.6% as Black, 10.5% as Latino, 4.5% as Asian, and 0.1% as American Indian (U.S. Census, 2020). Georgia has the fastest-growing Latino population in the U.S., with an increase of 118.8% since 2000 (Pew Charitable Trust, 2017).

As a result of the high burden of asthma in Georgia, the Georgia Asthma Control Program (GACP) has worked to decrease rates of uncontrolled asthma, asthma-related emergency department (ED) visits, and asthma-related hospitalizations, particularly in children living in high-burden areas. Sustained by funding from the National Asthma Control Program (NACP) since 2001, GACP has a strong understanding of successes and opportunities in implementing the strategies proposed in the EXHALE technical package- including guidelines-base medical management, asthma-self management education, and home visits. GACP will use the Strategic Evaluation Planning in implementing the infrastructure and EXHALE strategies of the current cooperative agreement. Implementing and evaluating these strategies will contribute to the goals of the CDC's Controlling Childhood Asthma Reducing Emergencies (CCARE).

Since the focus of the current cooperative agreement is children ages 0-17, GACP is implementing strategies at the places that most directly impact children: schools, childcare settings, homes, community-based organizations (CBOs), and health systems. From Georgia's 18 Public Health Districts, GACP identified Public Health Districts with the highest burden of asthma-related ED visits and hospitalizations. In 2017, the highest asthma ED visit rates were in DeKalb, Fulton, East Central (Augusta), Clayton, and West Central (Columbus) with rates of 1589, 1466, 1370, 1305, and 1119 per 100,000 respectively. In 2017, the highest asthma hospitalization rates were in South Central (Dublin), DeKalb, Clayton, Fulton and North Central (Macon) with rates of 236, 190, 177, 177, and 127 per 100,000 respectively. To ensure maximum effectiveness, GACP proposes implementing all EXHALE strategies in DeKalb and South Central (Dublin) Public Health Districts and implementing key strategies in Augusta, Macon, Fulton, and Clayton based on expressed need. For the remaining 12 Public Health

Districts, GACP will provide technical assistance and training when requested. GACP has the infrastructure, capacity, and leadership to implement the strategies proposed and plans to leverage existing partnerships to build future success.

Providing comprehensive care in high burden areas in Georgia through EXHALE requires a coordinated approach. GACP has adapted the logic model described by CDC which incorporates the five infrastructure activities and six EXHALE strategies in a coordinated manner. GACP's logic model (found below) describes the relationships between the program's activities and its intended outcomes. Elements of the logic model include inputs, strategies and activities, and outcomes.

Inputs represent the human capital, financial, organization, and community resources available to the program. GACP's internal inputs include the established GACP team, strategic partners, surveillance data, DPH's Division of Communications, and Evaluation. External inputs include funding and guidance from CDC, a strong evidence base, and new and emerging tools and technology.

Strategies and Activities describe the work of the program. GACP's activities are related to the two strategy areas: infrastructure strategies to support leadership and program management, strategic partnerships, communication, surveillance, and evaluation; and the EXHALE strategies.

Outcomes are the results of implementing the program activities. Outcomes progress in sequential order, from short-term to intermediate outcomes, and eventually to long-term impacts. The short-term and intermediate outcomes provide achievable milestones to determine if the program is progressing as expected. GACP's projected outcomes are as follows:

Short-term (1-3 years):

1. Increased by 10% number of children with uncontrolled asthma who receive asthma self-management education (AS-ME) (Baseline: Approximately 250 children received AS-ME through GACP interventions in the 2014-2019 project period; Target: 275 children will receive AS-ME in the 2019-2024 project period)
2. Increased by 10% the number of providers receiving GACP training and technical assistance on implementing guidelines-based medical management, AS-ME and/or Healthy Homes Assessments. Providers may include school staff, childcare workers, nurses, physicians, pharmacists, and community health workers. Settings may include schools, childcare settings, healthcare facilities, and homes. (Baseline: Approximately 1,000 providers received training on guidelines-based care in the 2014-2019 project period; Target: 1,100 providers will receive training in the 2019-2024 project period).
3. Increased by 5 the number of health systems adopting DPH's CATAPULT framework (see Strategy B4) for quality improvement and team-based care. (baseline: 0, no health systems have used the CATAPULT framework to improve asthma care)
4. Increased by 100% the number of stakeholders utilizing surveillance and evaluation findings on DPH's website (data sheets, evaluation summaries, webinars etc.) (Baseline: Approximately 8% of stakeholders used surveillance and evaluation findings on the DPH

website based on the Annual Stakeholder Survey conducted in 2019; Target: 16% of stakeholders using surveillance and evaluation findings on the DPH website based on Annual Stakeholder Surveys)

5. Increase by 10% the number of children with uncontrolled asthma who are receiving coordinated services, such as smoking cessation resources, home visits, other community resources that address social determinants of health (Baseline will be established during Year 1 using the “Leverage data systems” phase of the CATAPULT framework)
6. Increase efficiency of the referral process by reducing by 10% the time between referral and receipt of coordinated services. (Baseline will be established during Year 1 using the “Leverage data systems” phase of the CATAPULT framework)

Intermediate outcomes (3-5 years):

7. Increased by 10% the number of children with uncontrolled asthma who receive appropriate medical assessments, essential medications, and devices. (Baselines will be established in Year 1 using the “assessment” phase of the CATAPULT framework)
8. Increased by 2 the number of reports on economic evaluations for reimbursement and/or coverage of asthma services (Baseline: One business case analysis was conducted in the 2014-2019 project period; Target: Two business case analyses will be conducted in the 2019-2024 project period)
9. Increased by 5 the number of linkages between health systems and public health resources (Baseline: GACP formed linkages with 3 health systems in the 2014-2019 project period; Target: GACP will form 5 linkages between health systems and public health resources in the 2019-2024 project period)

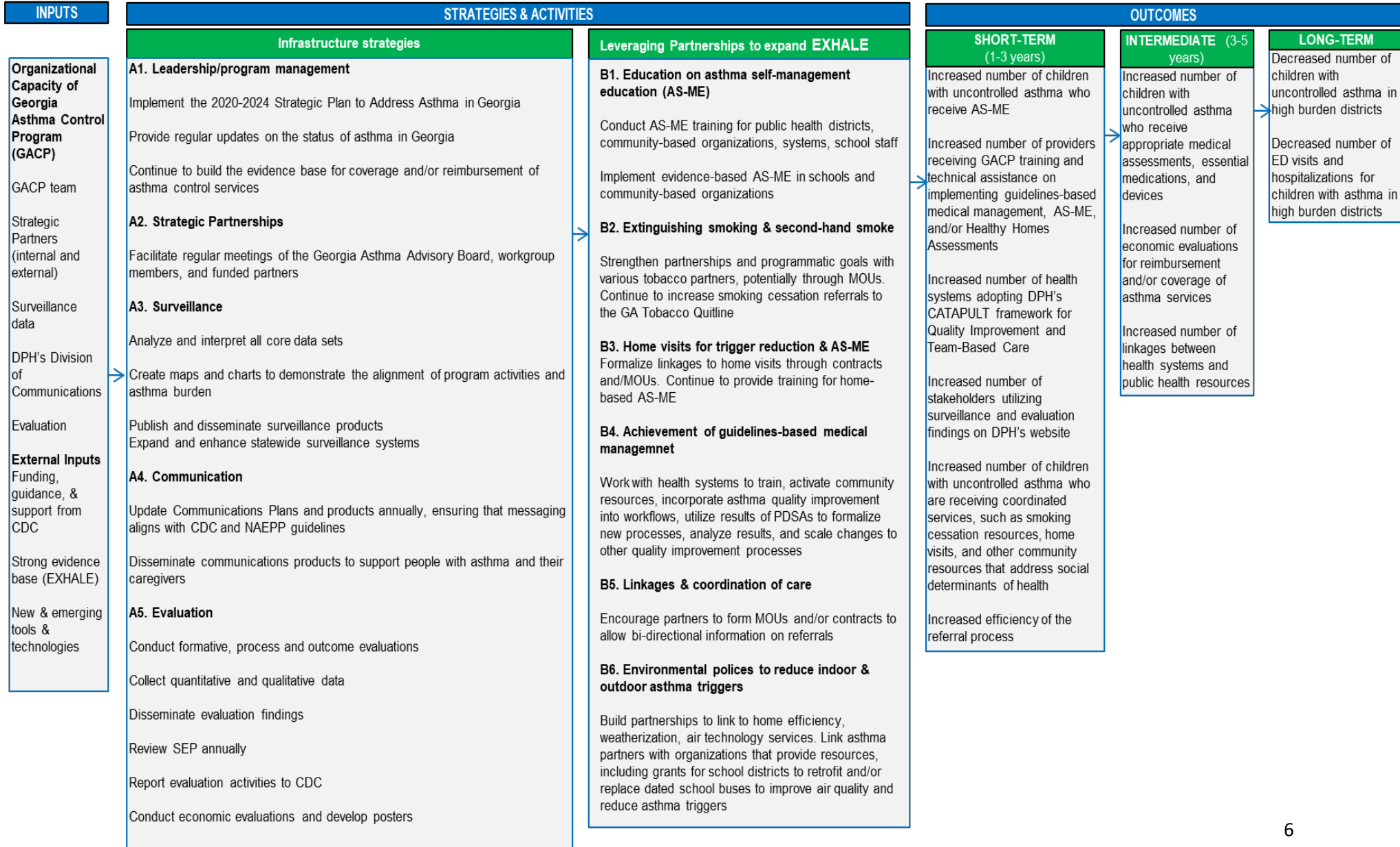
Long-term outcomes (5+ years):

10. Decreased by 10% the number of children with uncontrolled asthma in high burden districts (Baseline difficult to assess because of small sample sizes in Asthma Call Back Survey)
11. Decrease by 10% ED visits and hospitalizations for children with asthma in high burden districts (Baseline: ED visits and hospitalizations decreased by 9% and 20%, respectively, in previous five-year cycles)



GEORGIA ASTHMA CONTROL PROGRAM: A Comprehensive Public Health Approach to Asthma Control Through Evidence-Based Interventions

November 2021



ii. Purpose of Plan

Evaluation plays a central role in organizational learning, program planning, decision-making and measurement of the two strategy areas: infrastructure and EXHALE. The goal of GACP’s evaluations is to determine the efficiency and effectiveness of the program in promoting comprehensive asthma control services through evidence-based interventions.

This strategic evaluation plan is a roadmap that lays out the direction, rationale, scope and sequence of program evaluation activities during the 5-year cooperative agreement cycle. The plan is a living document that will be reviewed annually by the Evaluation Workgroup to ensure its continued alignment with the program and stakeholders needs.

The Asthma Evaluator/Epidemiologist will work collaboratively with program staff and stakeholders to develop an action plan based on evaluation findings; the action plan will identify targeted recommendations and outline action steps necessary to implement the recommendations. Implementing the action plans will aid in reducing ED visits and hospitalizations as stated in CDC’s CCARE Initiative. The finalized SEP will align with the four overarching evaluation questions, the data management plan, and the workplan as shown in the table below.

Overarching Evaluation Questions	Data Management Plan	Workplan
To what extent has GACP strengthened and expanded programmatic infrastructure to support optimizing services and health systems?	Data collected from AS-ME interventions; Annex 668 Reports; Data collected from Home Visiting Partners; Health Systems Assessment Survey; CATAPULT Reporting for Health Systems	Activity B1.1-1.2 Activity B2.1-2.2 Activity B3.1-B3.2 Activity B4.1-B4.3 Activity B5.1-5.2
To what extent has GACP leveraged partnerships and policies to expand the EXHALE strategies to ensure availability, efficiency, effectiveness, and health equity?	Annual Stakeholder Survey; Annex 668 Reports	Activity A2.1-2.3 Activity B6.1-B6.3
To what extent has the recipient successfully engaged with health plans or health care practices in efforts to improve quality of care?	Health Systems Assessment Survey; CATAPULT Reporting for Health Systems; data collected from home visiting partners	Activity B4.1-B4.3 Activity B5.4

<p>To what extent has the recipient made progress toward achieving the long-term outcomes associated with asthma control, including the reduction of asthma disparities?</p>	<p>Behavioral Risk Factor Surveillance System (BRFSS), inclusive of BRFSS Core, Child Prevalence Module, and Random Child Selection Module; Vital Statistics; Adult and Child Asthma Call Back Survey; Pediatric Mortality Report</p>	<p>Activity A1.1-A1.3</p> <p>Activity A3.1-A3.5</p> <p>Activity A5.1-A5.4</p>
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2. Methods for Developing the Strategic Evaluation Plan

GACP has a 100% FTE Asthma Evaluator/Epidemiologist that will lead evaluation activities, following the CDC Framework for Program Evaluation in Public Health and the Learning and Growing through Evaluation: State Asthma Program Evaluation Guide. The evaluator works closely with the asthma management program stakeholders through the evaluation workgroup.

i. Stakeholders

GACP plans to engage stakeholders in the evaluation process through a series of in-person meetings, digital meetings using Microsoft Teams, and conference calls. The diverse group of internal and external stakeholders anticipated to participate in the strategic evaluation planning process may include: a representative from a high-burden Public Health District, GACP Team members, a chronic disease epidemiologist, and the Asthma Evaluator/Epidemiologist, who will serve as the evaluation lead. Additional stakeholders, which will comprise the Georgia Asthma Advisory Board, shall include representation from the Office of School Nursing, Environmental Health Section, Tobacco Use Prevention Program (GTUPP), Health Systems Team, Amerigroup, Children’s Healthcare of Atlanta (CHOA), University of Georgia (UGA) College of Pharmacy, Georgia Asthma Coalition (GAC), American Lung Association (ALA), Environmental Protection Agency (EPA)-Region IV, Department of Education (DOE), Department of Early Care and Learning (DECAL), and the Department of Community Health (DCH)-Medicaid. GACP will be contacting six additional organizations to seek representation for our evaluation efforts and to enhance our proposed interventions. They include the Georgia Environmental Finance Authority (GEFA), National Environmental Education Foundation (NEEF), Georgia Primary Care Association (GPCA), the Southface Institute, the GA School-Based Health Alliance (SBHA), and the Georgia Health Information Network (GaHIN). The external partners are experts in the field of public health surveillance and epidemiology, clinical care, and advocacy.

The engagement of stakeholders in the evaluation process will include:

- Ensuring the cultural and contextual competency of evaluation activities
- Designing evaluation activities
- Ensuring the utility and feasibility of evaluation activities
- Monitoring the implementation of the strategic evaluation plan
- Interpreting evaluation findings
- Disseminating evaluation findings

- Contributing to the use of evaluation findings
- Building evaluation capacity

ii. Methods Used to Develop the Strategic Evaluation Plan

GACP has reviewed PLANNING EVALUATIONS- Learning and Growing Through Evaluation (Module 1) and plans to use Table 2.2 (Potential Criteria for Evaluation Prioritization) and Table 2.3 (Activities Rank Ordered by Criteria) to develop the priority evaluation activities.

3. Proposed Priority Evaluations

GACP has identified key program activities in all five areas (A1-A5) to enhance infrastructure and six areas (B1-B6) in leverage partnerships to expand EXHALE. Prior to prioritization of program activities for individual evaluations, GACP provided below profiles for each program activity. These were presented to the Evaluation Planning Team and Georgia Advisory Board for the purposes of prioritization.

i. Priority Evaluation Candidates

Program Activity Profiles

Program Component	Enhance Infrastructure
Title of Activity	Leadership/Program Management
Description of Activity	To expand asthma services and adoption of evidence-based strategies by providing state level leadership and planning
Duration of Activity	Ongoing
Partner Involvement	Georgia Department of Community Health (Medicaid): work with GACP on State Plan Amendment DPH Leadership-provide guidance on the agency’s strategic priorities CDC’s 6I18 initiative-provide opportunities for technical assistance and collaboration
Cost of Activity	None
Contribution to Intended Program Outcomes	Increased number of children with uncontrolled asthma who receive appropriate medical assessments, essential medications, and devices Decrease the number of children with uncontrolled asthma in high burden districts Decrease the number of ED visits and hospitalizations for children with asthma in high burden districts
Known Challenges in Conducting the Activity	None
Performance Measure Data	(Performance Measure B) DPH’s Strategic Plan, GACP Strategic Plan, MOUs/MOAs with DCH (Medicaid) and other partners, evaluation summaries
Prior Evaluation	NA

Program Component	Enhance Infrastructure
Title of Activity	Strategic Partnerships
Description of Activity	To engage partners to develop, evaluate, and sustain strategies for expanding comprehensive services
Duration of Activity	Ongoing
Partner Involvement	Georgia Asthma Advisory Board, including members from health systems, the Georgia Asthma Coalition, Public Health Districts, schools, childcare centers, and community-based organization. Advisory Board members-oversee the implementation of the 2020-2024 Strategic Plan for Addressing Asthma in Georgia. Workgroup members: Members of the Environmental Interventions, Health Systems, Schools/Childcare Centers, and

	Surveillance/Evaluation workgroups will formulate and execute action plans for strategies laid out in the strategic plan.
Cost of Activity	\$500 for meetings (including space rental, food, and travel)
Contribution to Intended Program Outcomes	Decrease the number of children with uncontrolled asthma in high burden districts Decrease the number of ED visits and hospitalizations for children with asthma in high burden districts
Known Challenges in Conducting the Activity	None
Performance Measure Data	(Performance Measure B) GACP Strategic Plan, MOUs or MOAs with partnering organizations
Prior Evaluation	Annual Stakeholder Survey (2014-2019); Partnership Gap Analysis (2014-2019)

Program Component	Enhance Infrastructure
Title of Activity	Surveillance
Description of Activity	To maintain and enhance the asthma surveillance system and monitor and use data to guide strategic action
Duration of Activity	Ongoing
Partner Involvement	DPH Epidemiology Section- assist with BRFSS data collection and analysis Office of Health Indicator for Planning- assist with data collection and analysis for ED visits and hospitalizations
Cost of Activity	\$60,000 for BRFSS core modules (provided by DPH Leadership); \$49,374: 50% of salary of Asthma Evaluator/Epidemiologist including fringe
Contribution to Intended Program Outcomes	Decrease the number of children with uncontrolled asthma in high burden districts Decrease the number of ED visits and hospitalizations for children with asthma in high burden districts
Known Challenges in Conducting the Activity	None
Performance Measure Data	(Performance Measure A) Hospital Discharge Rates (1 st listed discharge diagnosis) within 3 years; Emergency Department visits (1 st listed diagnosis) within 3 years; Asthma control within 3 years; Missed School/work days within 3 years; Self-Management education within 3 years; Adult Lifetime Prevalence within 2 years; Child Lifetime Prevalence within 2 years; Adult Current Prevalence within 2 years; Child Current Prevalence within 2 years, and Asthma mortality within 2 years
Prior Evaluation	Surveillance IEP and Action Plan (2014-2019)

Program Component	Enhance Infrastructure
Title of Activity	Communications
Description of Activity	To conduct communication activities to support people with asthma and their caregivers; and to ensure that communications align with CDC messages and NAEPP guidelines
Duration of Activity	Ongoing
Partner Involvement	DPH Division of Communications – work with program to develop communications plan and communications products Georgia Asthma Advisory Board and related workgroups- provide feedback on communications products
Cost of Activity	\$15,000
Contribution to Intended Program Outcomes	Increased number of stakeholders utilizing surveillance and evaluation findings on DPH’s website
Known Challenges in Conducting the Activity	None
Performance Measure Data	(Performance Measures A and B) GACP Strategic Plan, MOUs or MOAs with partnering organizations, GACP’s Communication Plan
Prior Evaluation	NA

Program Component	Enhance Infrastructure
Title of Activity	Evaluation
Description of Activity	To evaluate services and expand strategies for effectiveness and efficiency; to build evaluation capacity; to use the evidence to support a business case
Duration of Activity	Ongoing
Partner Involvement	Members of Evaluation Planning Team and Evaluation workgroup- assist in prioritizing evaluation activities, advise on IEPs and SEP
Cost of Activity	\$49,374: 50% of salary of Asthma Evaluator/Epidemiologist including fringe
Contribution to Intended Program Outcomes	Increased number of stakeholders utilizing surveillance and evaluation findings on DPH’s website Increased number of economic evaluations for reimbursement and/or coverage of asthma services
Known Challenges in Conducting the Activity	None
Performance Measure Data	(Performance Measure E) Action plans, progress reports, and evaluation reports

Prior Evaluation	Summary Evaluation Report (submitted with 2014-2019 closeout report)
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Program Component	Leverage Partnerships to Expand EXHALE
Title of Activity	Education on asthma self-management
Description of Activity	To expand access to delivery of asthma self-management (AS-ME); to develop a diverse cadre of skilled instructors; to educate people with asthma and caregivers in AS-ME skills
Duration of Activity	Ongoing
Partner Involvement	Public Health Districts: implement AS-ME in schools and community-based organizations Health Systems: identify opportunities for AS-ME using the CATAPULT framework GACP team members- offer training to interested partners
Cost of Activity	\$50,000 allocated to 2 Public Health Districts
Contribution to Intended Program Outcomes	Increased number of children with uncontrolled asthma who receive AS-ME Increased number of providers receiving GACP training and technical assistance on implementing AS-ME
Known Challenges in Conducting the Activity	Recruiting children with asthma to participate in AS-ME
Performance Measure Data	(Performance Measures C and F) Program work plan, activity reports, enrollment and attendance logs for AS-ME participants, assessments of basic AS-ME knowledge and skills
Prior Evaluation	CHOICE IEP and evaluation report (2014-2019); MCMT IEP and evaluation report (2014-2019)

Program Component	Leverage Partnerships to Expand EXHALE
Title of Activity	Extinguish smoking and second-hand smoke
Description of Activity	To work with partners to make referrals to available smoking cessation programs
Duration of Activity	Ongoing
Partner Involvement	Physicians- referrals to GA Tobacco Quitline Health systems- referrals to GA Tobacco Quitline Community-Based Organizations- referrals to GA Tobacco Quitline
Cost of Activity	\$2,500 to include an asthma-related question on the Georgia Tobacco Quit Line survey
Contribution to Intended Program Outcomes	Increased number of children with uncontrolled asthma who are receiving coordinated services, such as smoking cessation resources, home visits, and other community resources that address the social determinants of health

Known Challenges in Conducting the Activity	None
Performance Measure Data	(Performance Measure C) Georgia Tobacco Quitline Monthly Reports; Activity reports from partners
Prior Evaluation	NA

Program Component	Leverage Partnerships to Expand EXHALE
Title of Activity	Home visits for trigger reduction and AS-ME
Description of Activity	To expand access to and delivery of home visits for asthma triggers
Duration of Activity	Ongoing
Partner Involvement	Georgia Healthy Homes and Lead Poisoning Prevention Program (DPH's Environmental Health Section) – conduct Health Homes Assessments for children with asthma Amerigroup – refer patients with asthma to DPH CHOA – refer patients with asthma to DPH Families of children with asthma in high-burden areas- enroll in home visiting programs
Cost of Activity	\$450 per healthy homes assessment completed
Contribution to Intended Program Outcomes	Increased number of providers receiving training and/or technical assistance on conducting Healthy Homes Assessments
Known Challenges in Conducting the Activity	Recruiting families to enroll in home visiting programs
Performance Measure Data	(Performance Measure C, F, and G) Surveillance data, program work plan, activity reports, enrollment and attendance logs, checklist or other documents of basic asthma self-management education knowledge and skills
Prior Evaluation	MCMT IEP evaluation report (2014-2019)

Program Component	Leverage Partnerships to Expand EXHALE
Title of Activity	Achieving guidelines-based medical management
Description of Activity	To strengthen systems to support guidelines based medical care and to improve access and adherence to medications and devices
Duration of Activity	Ongoing
Partner Involvement	Health Systems- implement the CATAPULT framework for quality improvement and report outcomes
Cost of Activity	\$48,000 awarded to Health Systems to implement the CATAPULT framework for quality improvement
Contribution to Intended	Increased number of health systems adopting DPHs CATAPULT framework for Quality Improvement and Team-Based Care

Program Outcomes	<p>Increased number of providers receiving GACP training and technical assistance on implementing guidelines-based medical management</p> <p>Increased number of children with uncontrolled asthma who receive appropriate medical assessments, essential medications, and devices</p> <p>Increased efficiency of the referral process</p>
Known Challenges in Conducting the Activity	Recruiting health systems to train, activate community resources, and incorporate asthma quality improvement into workflows
Performance Measure Data	(Performance Measure D) QI reports and evaluation reports
Prior Evaluation	CHOICE IEP and evaluation report (2014-2019)

Program Component	Leverage Partnerships to Expand EXHALE
Title of Activity	Linkages and coordination of care
Description of Activity	Promoting coordinated, team-based care across settings and ensuring linkages to community resources
Duration of Activity	Ongoing
Partner Involvement	<p>Health systems- assist with referrals to community resources and GA Tobacco Quit Line</p> <p>Schools- assist with referrals to community resources</p> <p>Community-based organizations- provision of services to caregivers and those living with asthma</p>
Cost of Activity	Cost for this is <i>included</i> in the \$50,000 awarded to Public Health Districts and \$48,000 awarded to Health Systems
Contribution to Intended Program Outcomes	<p>Increased number of children with uncontrolled asthma who are receiving coordinated services, such as smoking cessation resources, home visits, and other community resources that address the social determinants of health</p> <p>Increased efficiency of the referral process</p>
Known Challenges in Conducting the Activity	Identifying local resources, tracking outcomes of referral
Performance Measure Data	(Performance Measure B and C) Workplan; MOUs, MOAs with partnering organizations; surveillance data and activity reports
Prior Evaluation	CHOICE IEP and evaluation report (2014-2019)

Program Component	Leverage Partnerships to Expand EXHALE
Title of Activity	Environmental policies to reduce indoor and outdoor asthma triggers

Description of Activity	To promote and adopt policies and best practices
Duration of Activity	Ongoing
Partner Involvement	Georgia Asthma Advisory Board
Cost of Activity	None
Contribution to Intended Program Outcomes	Decrease the number of children with uncontrolled asthma in high burden districts; decrease the number asthma-related ED visits and hospitalizations for children with asthma
Known Challenges in Conducting the Activity	Policy adoption is a lengthy process
Performance Measure Data	(Performance Measure C) Surveillance data, activity reports, workplans
Prior Evaluation	NA

ii. Priority Evaluation Candidates

To increase stakeholders’ engagement and interest, GACP presented the program activity profiles and prioritization criteria to the Evaluation Planning Team and Georgia Advisory Board. Once presented with the information, all participants were encouraged to complete an anonymous prioritization survey, which asked participants to rank program activities by highest to lowest priority for individual evaluation. After survey analysis, below is the rank-ordered list of priority evaluation candidates:

- Education on asthma self-management
- Strategic Partnerships
- Leadership and Program Management
- Home visits for trigger reduction and AS-ME

GACP has decided to conduct an individual plan for the following three priority evaluation candidates: education on asthma self-management, strategic partnerships, and home visits for trigger reduction and AS-ME. An indirect evaluation of Leadership and Program Management will be conducted via the analysis of the remaining three prioritized evaluation candidates.

iii. Overarching Timeline

Thus far, GACP has completed and delineated the following timeline for the Strategic Partnerships Individual Evaluation Plan.

Strategic Partnerships Evaluation Timeline	
Task	Date
Planning and administrative tasks	May 2021-August 2021

Data collection	September 2021-June 2022
Data analysis	September 2021-August 2022
Report writing	June 2022-August 2022
Information dissemination	September 2022
Review Implementation of Evaluation Recommendations	January 2023

iv. Summarize Each Prioritized Activity and Proposed Evaluation

GACP will provide a rationale for including each evaluation activity in the SEP. Rationale will include defining why each is a priority, connecting each priority to performance measures, EXHALE, and CCARE, proposed evaluation design, data collection methods and sources, among others. For the Strategic Partnerships evaluation candidate, rationale is provided below for its inclusion in the SEP.

Activity Name	Strategic Partnerships
Program Component	Infrastructure
Evaluation Justification	Stakeholder interest, sustainability and centrality were the top 3 evaluation criteria that was ranked when selected the Strategic Partnerships activity in the prioritization process by stakeholders
Evaluation Purpose and Use	To assess the current level of engagement, appropriateness, and effectiveness of these strategic partners through an annual stakeholder survey and to use the evaluation findings to inform future work
Possible Evaluation Questions	<ol style="list-style-type: none"> 1. To what extent has GACP engaged a variety of relevant stakeholders through its partnerships and workgroups? 2. Do the partners have a shared understanding of their roles, responsibilities and commitment to the implementation of the program goals? 3. To what extent are the missions of stakeholder organizations aligned with the GACP mission?

	<ol style="list-style-type: none"> 4. To what extent is there effective communication and opportunities to connect with other partners within workgroups? 5. Is there effective communication from the Georgia Asthma Control Program? 6. To what extent have the workgroups' successes impacted the program goals and objectives? 7. What barriers did partners and facilitators experience in participating in the Advisory Board or workgroups? If resolved, how were they resolved? 8. Describe any remaining barriers and unresolved conflicts. 9. To what extent has there been continuity in the organizations assigned to the workgroups?
Relevant Performance Measures	Performance Measure B
Timing of Evaluation	May 2021- January 2023
Suggested Evaluation Design	The design of this evaluation will consist of quantitative and qualitative methods, including pre/post surveys and thorough examination of notes captured in VMSG (https://www.vmsgdashboard.net/), a system for tracking performance management, and meeting agendas from the Georgia Asthma Advisory Board (GAAB), Environmental Interventions Workgroup, Health Systems Workgroup, Schools/Childcare Centers Workgroup, and the Surveillance and Evaluation Workgroup. Additionally, this design may include Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis and a continuous feedback mechanism to maximize stakeholder synergy
Potential Data Sources	Annual Stakeholder Survey, Quarterly workgroup meeting attendance roster and meeting notes
Potential Data Collection Methods	Analysis of the GACP Annual Stakeholder Survey and the analysis of the quarterly workgroup meeting attendance roster and meeting notes will be conducted by the Lead Evaluator

Potential Audiences	The audiences will include stakeholders involved in this evaluation, such as the , Georgia Asthma Control Program (GACP), GACP Evaluation Team, GACP Evaluation Workgroup, GA DPH Chronic Disease Prevention Section, Georgia Asthma Advisory Board (GAAB), GACP Health Systems Workgroup, GACP Environmental Interventions Workgroup, GACP Schools and Childcare Centers Workgroup
Possible Uses of Information	Findings from this evaluation will be used to promote collaborative efforts to implement EXHALE strategies and reinforce the CDC’s goal of preventing 500,000 asthma-related emergency department visits (CCARE)

4. Evaluation Capacity Building

Upon completion of preliminary data analysis, the Asthma evaluator/epidemiologist will present and discuss the initial evaluation findings with the GACP Team and the Evaluation Workgroup to interpret the results and apply context to analysis of evidence gathered. Involving relevant stakeholders in data interpretation process will facilitate the program staff to draw appropriate, meaningful and data-based conclusions and ensure credibility and acceptability of evaluation findings. Evaluation findings will be interpreted by considering the programmatic goals, evaluation goals, social and political context of the program and needs of program stakeholders.

By reviewing multiple data sources, the evaluator will summarize activities completed by the program staff, and highlight the program progress, successes, challenges, outcomes, and lessons learned. Evaluation findings on facilitators and challenges of implementing strategies and activities related to education on asthma self-management, eliminating exposure to second-hand smoke, use of home visits for trigger reduction, implementing guidelines-based medical management, increasing linkages/referrals for coordinated care, and the adoption of environmental policies or best practices will enhance understanding of the advantages and challenges of working collaboratively with health systems and communities to promote asthma care.

5. Communication Plan

The GACP Team will share the strategic evaluation planning process with the Georgia Asthma Advisory Board annually. This presentation will summarize the evaluation prioritization process as well as current updates of the prioritized individual evaluation plans. Moving forward, should information need to be provided to the Asthma Advisory Board members more frequently,

GACP has the capability of hosting virtual meetings. It will be the responsibility of the GACP Program Team to share the information.

6. Proposed Methods to Update the Strategic Evaluation Plan

An annual review of the Strategic Evaluation Plan will be conducted by the Asthma Evaluator/Epidemiologist in collaboration with the Evaluation Workgroup, GACP team, and Georgia Asthma Advisory Board. The focus of this annual review will be to assess the strategies and activities in Category A (Enhance Program Infrastructure) and Category B (Leverage Partnerships to Expand EXHALE). This assessment will include formative, process, and outcome evaluations related the program’s efforts and effectiveness. Quantitative and qualitative data will be collected from partners as the program progresses and will be reviewed on an ongoing basis.

7. Action Planning

GACP will use the action planning matrix recommended in Appendix E of Learning and Growing through Evaluation and outlined below.

Strategies/Actions (How will we achieve this? Note all significant steps needed.)	Person(s) Responsible (Who is accountable for this task?)	By When (When do we want to do this by?)	Resources Required (What non-staff resources do we need?)	Indicators of Success (How will we measure our progress?)	Progress Update (How far along have we gotten by X date of review?)	Comments (Challenges, unintended consequences, decisions?)

8. Reflection

GACP has demonstrated experience collaborating and coordinating with internal and external partners to plan, develop and implement evaluation plans, including Strategic Evaluation Plans (SEP), Individual Evaluation Plans (IEP), and economic evaluation. As such, GACP has the capacity to collect performance measures and use evaluation to improve effectiveness and efficiency of a program. During the past cooperative agreement, GACP evaluated three priorities: GACP’s surveillance system; a multi-component intervention, which combined home visits with group-based AS-ME; and a clinic-based AS-ME and care coordination program. Process Evaluations were conducted by interviews and focus groups to evaluate the program feasibility. Key asthma-related data were collected for an Outcome Evaluation to examine program effectiveness and cost-effectiveness. In addition, GACP conducted an economic analysis of Medicaid claims data to estimate the ROI for AS-ME and Healthy Homes Assessments for children in Georgia with asthma.

Currently, GACP utilizes the SEP and Evaluation Workgroup to strategically address the overall SEP planning process in order to determine in what ways the program has benefitted from the planning and implementation processes, whether evaluation capacity was enhanced, and how outcomes compared with initial expectations.