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An Evaluation of Asthma Surveillance Packaging and Dissemination Efforts in Georgia

Lauren Potts

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ABSTRACT

An Evaluation of Asthma Surveillance Packaging and Dissemination Efforts in Georgia

By

Lauren Carin Potts

April 10th 2017

Asthma is a serious chronic disease that causes inflammation and narrowing of the airways. Due to the prevalence rates among children, asthma is a priority public health concern in the state of Georgia. The Georgia Asthma Control Program (GACP) seeks to improve asthma control by maximizing comprehensive asthma services. Surveillance is one of the ways this is done. This evaluation sought to determine the effectiveness and efficiency of asthma surveillance product packaging and dissemination efforts. The findings will be used to gain recommendations on how to improve surveillance products, reports, and the efforts that are made to disseminate the information. Four stakeholders were involved in the evaluation planning process to insure stakeholders’ needs would be met through the evaluation. Twelve stakeholders participated in evaluation interviews and focus groups in order to assess the effectiveness of current asthma surveillance products and dissemination. Interviews and focus group discussions were audio recorded to insure accuracy. A document review on current surveillance documents and the OASIS service were also performed. Stakeholders expressed their satisfaction with GACP surveillance products and dissemination efforts, and most also agreed that the data was easily accessible. Additionally, respondents indicated that there were few gaps in the data that is presently available, however others suggested additional measures and analysis that should be reported. Future recommendations include, making more efforts to get data and surveillance products to parents and community leaders, producing multiple surveillance documents for different audiences, updating surveillance data in a reasonable timeframe, and training all school staff to handle asthma events in children.
An Evaluation of Asthma Surveillance Packaging and Dissemination Efforts in Georgia

by

LAUREN POTTS

B.S., Xavier University of Louisiana

A Capstone Submitted to the Graduate Faculty of Georgia State University in Partial Fulfillment of the Requirements for the Degree

MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA
30303
An Evaluation of Asthma Surveillance Packaging and Dissemination Efforts in Georgia

by

LAUREN POTTS

Approved:

Kim Ramsey-White
Committee Chair

Stephanie Hall
Committee Member

April 10th, 2017
Date
Author's Statement Page

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Lauren Potts
Signature of Author
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Section 1: Introduction and Purpose
Introduction and Program Description

Asthma is a serious chronic disease that causes inflammation and narrowing of the airways that can result in wheezing, chest tightness or shortness of breath. Asthma is a high priority public health concern in the state of Georgia due to the prevalence rates of asthma among children aged 0-17. Asthma “affects an estimated 5% to 10% of the population in the United States” and is responsible for costing the healthcare system billions of dollars every year (Wood et al. 2010). The prevalence of childhood asthma in the U.S. is increasing and is affecting African-Americans and children of lower socioeconomic status more so than others, like most chronic diseases (Harrington et al. 2015). Thus, African-American children are more likely to have asthma and have a significantly higher emergency department visit rate than Caucasian children (Wood et al. 2010). Additionally, African-American children are more than four times more likely to die from asthma-related complications than Caucasian children (Wood et al. 2010). These disparities are important to understand because similar to these nationwide trends, the asthma prevalence in Georgia is higher among African-American children. For example, the highest rates of asthma occur in non-Hispanic black children aged 0-17 (15.6%). Although this evaluation is not specific to African-American children, large portions of the children that are patient participants in the Georgia Asthma Control Program are African-American and one of the expected outcomes of the surveillance activity is to reduce disparities.

The Georgia Asthma Control program is funded under the Funding Opportunity Announcement EH-RFA014-1404, through a cooperative agreement as part of CDC’s National Asthma Control Program. Under this agreement, the GACP was tasked with maximizing comprehensive asthma control services. The mission of the Georgia Asthma Control Program is to improve asthma control and reduce the burden in Georgia. This cooperative agreement seeks to do this by focusing on a variety of different aspects of asthma control including education and an integrated healthcare delivery system. Some expected outcomes include reducing disparities, expanding use of practice-based approaches to asthma control and an increase in asthma education. Of the many strategies that are used to achieve these goals, this evaluation will focus on infrastructure strategies, which include surveillance and evaluation.
CDC’s Evaluation Framework & Learning and Growing Evaluation tool kit was used for the planning and implementation of this evaluation. This framework provided a guide to determining the appropriate steps and choices to take while developing our approach and execution of the evaluation. An important part of this agreement is the development and implementation of the Strategic Evaluation Plan (SEP) and Individual Evaluation Plan (IEP). This SEP outlines the program evaluation activities and is intended to provide an overview of all planned evaluations for the cooperative agreement (See Figure 1.1 and Figure 1.2). The developed IEPs provide a more detailed plan for each evaluation outlined in the SEP.

Figure 1.1: Developing the Strategic Evaluation Plan

Surveillance is defined as “the ongoing systematic collection, analysis, interpretation and dissemination of health data for the planning, implementation and evaluation of public health action” (Choi et al., 2012). Surveillance is one of the essential functions of public health and can be used to detect early warning signs of health problems, impact assessment, intervention development/implementation, intervention evaluation, risk assessment and research (Choi et al., 2012). The Georgia Department of Public Health also uses Asthma surveillance data to compile information that is then made available to the public. For example, data summaries that include the current asthma prevalence, asthma hospitalizations/ER visits, information on how to tell if a child has asthma, and the different types of medications available.

Evaluations of surveillance programs are important because it helps ensure that public health problems are being monitored effectively (CDC). The focus of these evaluations should be how well the surveillance system achieves its goals and include recommendations on how to improve the quality and usefulness of the surveillance system (CDC). There are many frameworks for evaluation, including those...
recommended by the CDC and NIH, however researchers can also create their own evaluation plan that is specific to the objectives of the surveillance program being evaluated.

**Evaluation Purpose**

The purpose of this evaluation is to determine the effectiveness and efficiency of asthma surveillance product packaging and dissemination efforts in Georgia. Specifically, the goal was to answer the following evaluation questions from the perspective of stakeholders in the GACP: To what extent is asthma data accessible to stakeholders in the most appropriate format to inform program planning, implementation, and evaluation? Who is accessing asthma surveillance data? Are there gaps in the data that is presently available? What technical assistance is available on data access and interpretation? To what extent do the twelve evaluation participants rate asthma surveillance products as accessible, user-friendly, and useful? To what extent is asthma surveillance data used to inform policy and program planning efforts across the state? Stakeholders include individuals that represent a variety of organizations including, the National Association of School Nurses, Children’s Healthcare of Atlanta, Mercer University, Georgia Asthma Coalition and the Asthma Task Force.

The findings of this evaluation will be used to offer recommendations on how to improve asthma surveillance products and reports, as well as the efforts that are made to disseminate the information obtained to stakeholders. This evaluation falls under the infrastructure strategies outlined in the strategic evaluation plan, and surveillance is prioritized as the number one program activity.
Section 2: Surveillance Individual Evaluation Plan
Evaluation Planning

Planning Team

Asthma is a serious chronic disease that has a heavy burden in the state of Georgia. By evaluating the sources of asthma surveillance data (Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, the Asthma Callback Survey) and documents (Info graphics, Fact Sheets, Data Summaries, etc.), recommendations can be made that can be used to increase the effectiveness of asthma programs, interventions and data. This evaluation was designed to meet the need to continue to improve the way asthma surveillance data is formatted, distributed and used. The surveillance data analyzed was collected and used by a variety of public health partners. For example, school nurses, chronic disease prevention managers and the Georgia Asthma Advisory Board Members. An important part of the evaluation was developing an individual evaluation planning team.

The individuals involved in the planning of this evaluation included stakeholders who were interested and/or affected by the evaluation. These four stakeholders as listed in Table 2.1, are considered a part of the individual evaluation planning team and included GACP team members, healthcare professionals, community organizations and academic institutions. By including stakeholders in the evaluation planning process, we can assure that their needs and interests are represented over the course of the evaluation. The table below lists the stakeholders who were involved in the evaluation planning process. Primary stakeholders included those that were directly involved in completing evaluation, and secondary stakeholders were people who provided input into how the evaluation should be conducted. Individuals who are listed as reviewers were stakeholders that were interested in participating in the planning of the evaluation, and stated that they wanted to review the proposed plan and make recommendations. Individuals that are listed as participants were also a part of the group of stakeholders that participated in the interview and focus group portion of the evaluation.

The individuals who participated in the interviews and focus group consisted of stakeholders who were willing to provide comments and recommendations on the current asthma surveillance data and products. This second group of stakeholders represented asthma surveillance data users, school nurses,
direct service providers and national/federal partners. These stakeholders are the best source of data for this evaluation because they work in positions that utilize the data and data products and are able to comment on the asthma surveillance data, data products and dissemination efforts. For example, individuals that use the data and national/federal partners are able to address issues and technical difficulties when accessing the datasets, as well as inform on any policies or programs that have been implemented as a result of the surveillance data. School nurses can provide feedback on how to make the surveillance documents more accessible and understandable to children and parents, and direct service providers are able to comment on how the surveillance materials are being used in other healthcare settings.

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Interest or Perspective</th>
<th>Role in the Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debbie Okirie</td>
<td>Secondary</td>
<td>Reviewer</td>
<td>Planning team</td>
</tr>
<tr>
<td>Danella Abdul-bar</td>
<td>Secondary</td>
<td>Reviewer</td>
<td>Planning team</td>
</tr>
<tr>
<td>Lynn Meadows</td>
<td>Secondary</td>
<td>Participant/Reviewer</td>
<td>Planning team</td>
</tr>
<tr>
<td>Bentley Ponder</td>
<td>Secondary</td>
<td>Reviewer</td>
<td>Planning team</td>
</tr>
<tr>
<td>Lauren Potts</td>
<td>Primary</td>
<td>Evaluation</td>
<td>Evaluation facilitator</td>
</tr>
<tr>
<td>Stephanie Hall</td>
<td>Primary</td>
<td>Evaluation</td>
<td>Lead Evaluator</td>
</tr>
</tbody>
</table>

**Logic Model**

GACP’s inputs include the established state asthma program, GACP matrix team, state agency partners and the Georgia Asthma Advisory Coalition. The goal is that these inputs is to help for example, determine surveillance indicators, identify data gaps and potential new sources of data and publish surveillance and evaluation products. This will lead to an updated surveillance plan, surveillance products, new data sets, fulfilled data requests, and an increased knowledge and understanding of the burden of asthma in Georgia. Ultimately, it is expected that the resources available, activities, and outputs will work to achieve the desired outcomes as outlined in the logic model in Figure 2.1.
Figure 2.1: Surveillance Logic Model

**GEORGIA ASTHMA CONTROL PROGRAM: SURVEILLANCE EVALUATION LOGIC MODEL**

**INPUTS**
- Established state asthma program, surveillance system, evaluation and strategic communication strategy
- GACP Matrix Team (Program Manager, Program Coordinator, Epidemiologist, Evaluator)
- Funding, guidance, & support from CDC
- State Agency Partners
  - Communications
  - Environmental Health
  - Maternal and Child Health
  - Public Health Districts
- Strategic Partners
- Georgia Asthma Coalition
- Not One More Life
- Choice Healthcare Network
- Georgia Asthma Advisory Coalition (GAAC)
- Surveillance data
- Strategic Plan for Addressing Asthma Care in Georgia 2013-18
- Asthma Evidence base and promising practices

**STRATEGIES & ACTIVITIES**
- Determine Surveillance Indicators
- Identify data gaps and potential new sources of data
- Publish and disseminate surveillance and evaluation products
- Conduct a webinar training and develop a reference guide describing how to use the Online Analytical Statistical information System (OASIS) and the types of data available from the system
- Provide surveillance data to stakeholders and partners in order to assist in guiding statewide intervention strategies
- Respond to data request from internal and external stakeholders
- Develop and implement a web query to examine access to an utilization of surveillance resources available on GACP website
- Create maps and charts to demonstrate the alignment of program activities and asthma burden

**SELECT OUTPUTS**
- Surveillance Products (e.g. Briefs, Fact Sheets, Infographics)
- Updated Surveillance Plan
- New data sets identified
- Data requests fulfilled

**OUTCOMES**

**SHORT-TERM**
- Increased production of surveillance products for the public on asthma
- To collect information on prevalence, hospitalization, mortality, and risk for asthma in Georgia
- Increased knowledge & understanding of burden of asthma in Georgia
- Increased efforts by payers & health care organizations to improve the quality of asthma care
- Decreased gaps in surveillance data

**INTERMEDIATE**
- Increased use of asthma surveillance data by partners for planning, implementation and evaluation of interventions
- Increased the utilization of statewide surveillance system to access asthma data
- Data used to support policy development
- Increased funding to conduct asthma related projects
- To provide information to develop asthma management programs and evaluate the effectiveness of the program.

**LONG-TERM**
- Increased quality of life for individuals w/ asthma
- Decreased burden of asthma
- ED Visits
- Hospitalizations
- Asthma deaths
- School & work days missed
- Health care & economic cost
- Decreased disparities in asthma burden
- Comprehensive asthma control services are expanded & sustained statewide
- Evidence based policies implemented to support improved asthma management or system changes resulting from use of surveillance data

April 2017
Evaluation Design

Qualitative tools were selected based on the goals of the evaluation, the evaluation questions, and available resources. Focus groups and interviews were used to gain specific recommendations needed to make improvements. Through this method, we were able to have active participation and discussion of our stakeholders and include their thoughts and ideas expressed without limiting response options.

Evaluation Questions

Evaluation efforts answered the following questions as outlined in the Strategic Evaluation Plan:

1) To what extent is asthma data accessible to stakeholders in the most appropriate format to inform program panning, implementation, and evaluation?
   a) Who is accessing asthma surveillance data?
   b) Are there gaps in the data that is presently available?
   c) What technical assistance on data access and interpretation?

2) To what extent do users rate asthma surveillance products as accessible, user-friendly, and useful?

3) To what extent is asthma surveillance data used to inform policy and program planning efforts across the state?

Data Collection Methods

Semi-structured interviews and focus groups were conducted to assess the effectiveness of current asthma surveillance product packaging and dissemination. Participants were stakeholders in the Georgia Asthma Control Program and were recruited via email. A total of twelve participants were included in the interview and focus group part of the evaluation. The interview and focus group questions were guided by the overarching evaluation questions outlined in the Strategic Evaluation Plan. Questions assessed who accesses the available data, how the data is used and any issues associated with using or accessing the data. Interviews and
focus group discussions were audio recorded to ensure accuracy in the analysis. A document review was conducted by the researcher, and included asthma surveillance data published within the last seven years. (For a full list of the specific documents that were analyzed see Appendix C.) Table 2.2 outlines the overarching evaluation questions, the data collection methods used and the sources of the data collection.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Data Collection Method</th>
<th>Source of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To what extent is asthma data accessible to stakeholders in the most appropriate format to inform program planning, implementation, and evaluation?</td>
<td>Interview</td>
<td>GAAC members, Website visitors, other partners</td>
</tr>
<tr>
<td></td>
<td>Focus Group</td>
<td>GAAC members, Website visitors, other partners</td>
</tr>
<tr>
<td></td>
<td>Document Review</td>
<td>Burden Report, Data Summaries, other state surveillance documents, Surveillance data sources (e.g. BRFSS, Asthma Callback Survey)</td>
</tr>
<tr>
<td>2. Who is accessing asthma surveillance data?</td>
<td>Interview</td>
<td>GAAC members, Website visitors, other partners</td>
</tr>
<tr>
<td></td>
<td>Document Review</td>
<td>Burden Report, Data Summaries, other state surveillance documents, Surveillance data sources (e.g. BRFSS, Asthma Callback Survey)</td>
</tr>
<tr>
<td>3. Are there gaps in the data that is presently available?</td>
<td>Focus Group</td>
<td>GAAC members, Website visitors, other partners</td>
</tr>
<tr>
<td></td>
<td>Document Review</td>
<td>Burden Report, Data Summaries, other state surveillance documents, Surveillance data sources (e.g. BRFSS, Asthma Callback Survey)</td>
</tr>
<tr>
<td>4. What technical assistance on data access and interpretation?</td>
<td>Interview</td>
<td>GAAC members, Website visitors, other partners</td>
</tr>
<tr>
<td></td>
<td>Document Review</td>
<td>Burden Report, Data Summaries, other state surveillance documents, Surveillance data sources (e.g. BRFSS, Asthma Callback Survey)</td>
</tr>
<tr>
<td>5. To what extent do users rate asthma surveillance products as accessible, user</td>
<td>Interview</td>
<td>GAAC members, Website visitors, other partners</td>
</tr>
</tbody>
</table>
Table 2.3 outlines the indicators and standards for success used for the evaluation. The indicators and standards were determined by the intern and lead evaluator and were based on previous evaluations. These indicators and standards were also reviewed and approved by the individual evaluation planning team prior to beginning the evaluation.

**Table 2.3. Indicators and Success**

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Criteria or Indicator</th>
<th>Standards (What Constitutes “Success”?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To what extent is asthma data accessible to stakeholders in the most appropriate format to inform program planning, implementation, and evaluation?</td>
<td># of stakeholders that report satisfaction with accessibility of surveillance data</td>
<td>60% of stakeholders reporting satisfaction with accessibility</td>
</tr>
<tr>
<td>2. Who is accessing asthma surveillance data?</td>
<td>Number and type of individuals, groups, or organizations identified/represented that use asthma surveillance data</td>
<td>At least 2 identified parties</td>
</tr>
<tr>
<td>3. Are there gaps in the data that is presently available?</td>
<td>Number and type of additional types of information that should be reported</td>
<td>At least 2 new types of information identified</td>
</tr>
<tr>
<td>4. What technical assistance on data access and interpretation?</td>
<td>Number and type of specific technical skills/software necessary to access the surveillance information identified</td>
<td>At least 3 specific technical skills and/or software necessary to access the information</td>
</tr>
<tr>
<td>5. To what extent do users rate asthma surveillance products as accessible, user friendly, and useful?</td>
<td># Of stakeholders that use asthma surveillance products in their daily lives</td>
<td>60% of stakeholders reporting that they use asthma surveillance products in their daily lives</td>
</tr>
<tr>
<td># Of surveillance documents that are below the 12th grade reading level</td>
<td>60% of surveillance documents require a reading level below the 12th grade</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>6. To what extent is asthma surveillance data used to inform policy and program planning efforts across the state?</td>
<td># Of policies and/or programs that were implemented as a result of asthma surveillance products</td>
<td>At least 3 policies and/or programs implemented as a result of asthma surveillance products</td>
</tr>
</tbody>
</table>

**Analysis**

Descriptive analysis of interview responses were used to determine how the data is accessed, any issues associated with accessing the data, how the data is used and how the data is distributed. The questions were worded so that the responses could be categorized and counted for example, if they agreed or disagreed with a particular statement. A document review of the currently available asthma surveillance data products was done to assess the readability, context, design, layout, type of document, and any additional information that should be presented.

**Interpretation**

The results of this evaluation will be used to develop improvements that can be made to currently available asthma surveillance data products, and support the need to increase and improve the amount of information available that defines the burden of asthma in Georgia. These improvements in the asthma surveillance data may also be used to support GACP initiatives, as well as other asthma management programs and policies. Evaluation findings will also be used to make recommendations on how to improve asthma surveillance product packaging and dissemination efforts by GACP. Additionally, these findings will be used to support data sharing agreements with other organizations that may help create new and better methods of data collection. These findings will be communicated to the evaluation team through final evaluation reports, evaluation summaries and final presentations. Finally, these results will also be made
available on the DPH website and shared with all stakeholders via email blasts, the GAAB meeting and updated with CDC.
Section 3: Surveillance Evaluation Report
Introduction

This evaluation was conducted to gain recommendations on how to improve asthma surveillance data collection and dissemination efforts in the state of Georgia. Surveillance is prioritized as the number one program activity as outlined in the Strategic Evaluation Plan (SEP) and is particularly important due to the high prevalence rates of asthma in children in Georgia. The evaluation questions were designed to obtain input on the accessibility, usability, gaps, and any technical issues associated with accessing the data. This section provides the methods that were used to complete the evaluation, as well recommendations based off of the results found and limitations of the evaluation.

Methods

Interviews and focus groups were conducted to assess the effectiveness of current asthma surveillance product packaging and dissemination. Participants were stakeholders in the Georgia Asthma Control Program and were recruited via email. A total of twelve participants were included in the evaluation. Questions of interest were outlined in the Strategic Evaluation Plan and were listed previously in the Purpose section. A list of the specific questions asked during the interviews and focus group can be found in Appendix A and B. Interviews and focus group discussions were audio recorded to insure accuracy in the analysis. Georgia State University Institutional Review Board approved all recruitment materials, interview questions, and data collection methods. A document review was also performed to analyze the surveillance resources that are currently available and that were developed within the last seven years. While reviewing the documents the readability, context, design, layout and type of document was assessed. There were a variety of surveillance resources that were examined in this evaluation. In addition to the surveillance documents, the accessibility and usability of the asthma data on the OASIS service was analyzed.
Results

Below are the results of the GACP Surveillance Evaluation. Stakeholders that participated represented program data users, school nurses, direct service providers and national/federal partners as shown in Figure 3.1.

Figure 3.1: Participant Representation

 Interviews/Focus Group

Overall, all respondents indicated that they used the asthma surveillance data and were satisfied with the accessibility. Although most respondents agreed that these surveillance products are easy to understand, most stakeholders also agreed that there would be a strong benefit to having multiple versions of the same surveillance information. For example, a version for healthcare providers and those with a science background, and another version for parents, children and the general public. Their reasons included that those that do not have a science background may not be able to understand the information that is being presented as effectively,
and that this could be a potential reason why people are not implementing interventions and policy's as aggressively as needed.

There were also multiple organizations and groups identified by the participants that use the asthma surveillance data, including Georgia Asthma Management Education in the Childcare Setting, The Asthma Friendly Schools Program, Children’s Healthcare of Atlanta, National Association of School Nurses, Georgia Asthma Coalition, and the Asthma Task Force. Stakeholders also expressed additional types of information that should be reported such as more data on children that have parents that smoke, daily rates of ER visits and the number of kids in each school district that have asthma. Most also expressed that they use the surveillance products in their daily lives, and that no specific technical skill or software is necessary to access the surveillance information. However, some stakeholders admitted to initially having issues learning how to use the OASIS service, for example learning how to filter results. Finally, the New Ronald McDonald Children’s Healthcare of Atlanta Care Mobile and Not One More Life were identified as programs that were implemented because of the asthma surveillance data. The New Ronald McDonald Children’s Healthcare of Atlanta Care Mobile provides medical care for children with asthma, asthma education and screenings and Not One More Life is an asthma education program dedicated to teaching others about asthma.

Document Review

For the document review, twelve documents and two info graphics were analyzed. Of the documents that had a readability that could be determined (7/14), they all had readability below the 12th grade. The 12th grade reading level was chosen as the indicator because most patient educational materials are made to be understood by someone who has at least a 12th grade reading level (Neilsen-Bohlman et al., 2004). The diagrams within these asthma surveillance products were overall easy to understand, however some documents contained graphs that were difficult to follow. Additionally, some documents contained tables that had statistical information that would
not be easily understood by someone who does not have a science background or are not trained in statistical methods. Many stakeholders, as explained previously, also expressed this observation. While this information is appreciated and necessary for people who work in the healthcare field, these tables provide little understandable information to the average person. The formats of some of the Fact Sheets also made these documents difficult to read because the pages were really wordy and crowded, making them hard to interpret.

The OASIS service was found to be a very good tool to use to gain valuable information on asthma data. The website is very straightforward, clear and easy to navigate. There is a large amount of information available, thus it became clear why some stakeholders reported some difficulty getting a grasp of all that was there on the website. Additionally, there was not a lot of recent data available.

**Conclusions and Recommendations**

Overall, stakeholders expressed that they were satisfied with GACP surveillance products and dissemination efforts. With respect to accessing the data, most respondents agreed that the data was easily accessible and the most common method was through the DPH website or the OASIS service. Respondents also indicated that there were gaps in the data that was presently available and suggested additional measures and analysis that should be reported and conducted. A complete list of additional measures and analysis that stakeholders suggested can be found in Table 4 in the appendix. Through the content analysis similar recommendations were made, including generating multiple surveillance documents for different audiences. The need to make some documents more than one page to make room for more space between paragraphs and allow graphs and charts to be more legible was also mirrored through the content analysis. Stakeholders may also benefit from OASIS training workshops in order to learn how to filter results faster and gain a good understanding of everything this service has to offer.
In conclusion the recommendations that were suggested by multiple participants include: Make more efforts to get data and surveillance products into the hands of parents and community leaders, produce multiple surveillance documents for different audiences, update surveillance data quicker, and train all school staff to handle asthma events in children. Based on these evaluation findings the GACP Matrix Team developed activities to implement these changes are outlined in the Action Plan. The activities designed to make more efforts to get data and surveillance products into the hands of parents and community leaders include sharing data products with partners via emails and meetings, and requesting that they share these data products with their respective networks. Additionally, exploring social media options, which includes working with communication to help spread the word of new documents via Facebook, Twitter and other social media outlets.

The activities designed to produce multiple surveillance documents for different audiences include the development of factsheets, data summaries and infographics specific to childcare centers, parents/families, healthcare providers, CMOs/HCOs and youth. The topics these surveillance products should cover include information on general asthma, asthma devices and medications, albuterol stocking, school asthma policies, and asthma action plans. Childcare centers include places that take care of children from ages 0-4, parents and families include people that are parents or part of a family of children with asthma, and healthcare providers are people or organizations that provide healthcare to people. For example doctors, physician assistants and nurses. CMOs/HCOs are organizations that provide effective programs and services to patients in addition to providing insurance coverage and reimbursements for healthcare costs. Examples include, Amerigroup, Medicaid and WellStar. Youth include children under the age of 18. The topic of general asthma should cover definitions of asthma and asthma triggers. Documents on asthma devices should include information on how to use inhalers, nebulizers and spacers. Albuterol stocking documents should address and provide information on the School Based Asthma Management Program Act, which allows schools to stock albuterol and
epinephrine for students who present with asthma symptoms and do not have their a personal
inhaler on them. School asthma policy documents should cover any new legislation that effects
asthma management in schools. Finally, surveillance products that address asthma action plans
should go over steps that should be taken to plan for asthma episodes.

The activities designed to update the surveillance data on a clear and consistent timeline
include trainings and webinars, alternate data collection, collaboration with the Chronic Disease
Epidemiology section at GDPH, and collaboration with the Office of Health Indicators for
Planning (OHIP). Alternate data collection should include collecting data via school districts,
public health districts and other health partners. Collaboration with the Chronic Disease
Epidemiology section should help to maintain constant communication, insuring that it will be
known when the analysis will be done and when the information will be made available. Finally,
collaborating with OHIP should make it easier to communicate when the data will be updated on
the OASIS service.

The activities to train all school staff to handle asthma related events in children include
meetings with school staff and school nurses, and providing webinar trainings to all school staff.
Meetings with school staff and school nurses should provide them with information and resources
on effective asthma management that can then be dispersed so that staff can be prepared to handle
children with asthma. Finally, webinars and trainings should inform school staff on how to
respond to a child that has an asthma episode.

**Limitations**

One limitation of this evaluation is that parents of children with asthma were not included
in the assessment, and specifically evaluated the asthma surveillance from the perspective of
individuals and organizations that work to support the goals of the GACP. Future evaluations
could gain valuable insight into how the surveillance data products are used by people who care
for their children at home as well as recommendations on how to improve access and usability of
the data products specific to their needs. Another limitation is that the readability of all of the
documents included in the document review was not able to be determined. This makes it difficult
to draw conclusions and determine if the standard had been met. Finally, there is variability in the
literature around the assessment of health literacy through the readability of a particular
document. Some studies suggest that a reading level below the 9th grade indicates low health
literacy and others suggest a reading level as low as 5th grade (DeWalt et al., 2007) (Badarudeen
& Sabharwal, 2010). The decision to use the 12th grade reading level was also supported by
literature given the age of our participants, however future evaluations might consider looking at
health literacy using a lower reading level as a standard. Additionally, future evaluations might be
able to assess the reading level of a sample of individuals who use the asthma surveillance
products, for example parents of children with asthma, then use the average reading level as a
standard for the document review.
**Action Plan**  
*(Based on evaluation findings)*

Program Component: Surveillance  
Evaluation Purpose: to determine the effectiveness and efficiency of asthma surveillance product packaging and dissemination efforts in Georgia  
Programmatic Change Sought:

| Evaluation Result: | Make more efforts to get data and surveillance products into the hands of parents and community leaders  
2) Produce multiple surveillance documents for different audiences  
3) Update surveillance data in a more timely manner  
4) Assist in training all school staff to handle asthma related events in children |

| Supporting Evidence | Surveillance Evaluation Report |

<table>
<thead>
<tr>
<th>Change Needed</th>
<th>Activities to implement Change</th>
<th>Person Responsible</th>
<th>Resources Required</th>
<th>Due by</th>
<th>Indicators that change is implemented</th>
<th>Data sources</th>
<th>Indicators to monitor success of change</th>
</tr>
</thead>
</table>
| Make more efforts to get data and surveillance products into the hands of parents and community leaders | Share data products with partners  
Explore social media options | Asthma Contractor  
Asthma Evaluator  
School Nurses  
Schools PTA  
Partnerships/Workgroups | Staff time | 3/30/18 | Number of products distributed to partners  
Number of outlets used to distribute products  
Number of partners distributing products | Emails  
Meetings with partners  
Social Media sites/websites | Number of products distributed to partners  
Number of outlets used to distribute products  
Number of partners distributing products |
| Produce multiple surveillance documents for different audiences | Development of factsheets, data summaries and infographics  
Specific to: Childcare centers  
Parents/Families Providers  
School Nurses  
CMOs/HCOs  
Youth Topics: General Asthma Devices and Medications Albuterol Stocking | Asthma Contractor  
Asthma Evaluator  
Matrix Team  
Communications Partners | Staff time | 3/30/18 | Number of documents produced for each topic and audience | Evaluation  
Convention data  
Surveillance Data | Number of documents produced for each topic and audience |
<table>
<thead>
<tr>
<th>School Policies</th>
<th>Action Plans</th>
</tr>
</thead>
</table>

| Update surveillance data on a clear and consistent timeline | Alternate data collection | Chronic Disease Epidemiology OHIP | Epidemiology leadership | Chronic disease leadership | Asthma evaluator | Staff time | IT support | 3/30/18 | Schedule of when new data will be made available created. MOU’s with Epidemiology department | MOU |

| Train all school staff to handle asthma related events in children | Meetings with school staff and school nurses. Provide webinar trainings | GACP MATRIX team | School nurses | Staff time | School Support | 3/30/18 | Webinar made available | Webinar Funded districts | Number of school staff trained through webinar series |  |
Appendices
Appendix A

Interview Questions

1. Do you use Asthma Surveillance Data?
2. What is keeping you from using the data?
3. Would you be interested in using the data?
4. We have a variety of asthma surveillance products which products are you familiar with? Which products do you use?
5. How were you referred to the asthma surveillance data? How do you access our asthma surveillance information?
6. Do you find that you need specific technical skills to access the information on OASIS? Is it easy for you to access asthma surveillance information through the various sources we have available?
7. Are you finding issues using the data with the software that you use?
8. Are there ways that you receive asthma surveillance products without access to a computer or Internet?
9. Do you distribute/share any of our asthma surveillance products to others? Or point others to our website to access resources.
10. How do you use information from the asthma surveillance products?
11. Are you involved in policy and program planning or other efforts? how have you used the asthma surveillance products to support these efforts?
12. Of the products used in policy and program planning where did you pull the data from?
Appendix B

Focus Group Questions

1. How do you access asthma control data?
2. What are your thoughts about the surveillance products produced? 
   how can we improve?
3. Are there other reports of information that would be helpful besides factsheets, info graphics 
   and burden reports?
4. What kind of places have you seen asthma surveillance products made available to the public?
5. Do you use other sources of asthma surveillance data beyond that produced by the Georgia 
   Asthma Control Program? 
   If so, what are those sources?
6. Are there specific policies and programs that were implemented as a result of the surveillance 
   products? 
   If so, how successful was the policy or program and achieving its objective?
Appendix C

Content Analysis Documents

<table>
<thead>
<tr>
<th>Surveillance Document</th>
<th>Readability Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Info Graphic: Asthma Among Children, for Parents and Caregivers</td>
<td>Below 12&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Info Graphic: Asthma Among Children, for Healthcare Providers</td>
<td>-</td>
</tr>
<tr>
<td>2010 Asthma and Secondhand Smoke</td>
<td>-</td>
</tr>
<tr>
<td>2010 Data Summary</td>
<td>-</td>
</tr>
<tr>
<td>2010 Program and Data Summary</td>
<td>-</td>
</tr>
<tr>
<td>2012 Asthma Surveillance Report</td>
<td>Below 12&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>2013 Adult Asthma Fact Sheet</td>
<td>-</td>
</tr>
<tr>
<td>2013 Child Asthma Fact Sheet</td>
<td>-</td>
</tr>
<tr>
<td>2014 Asthma Prevalence Report</td>
<td>-</td>
</tr>
<tr>
<td>2015 Data Summary: Asthma in Children</td>
<td>Below 12&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>2015 Data Summary: Adult Asthma</td>
<td>Below 12&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>2015 Asthma Burden Report</td>
<td>Below 12&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>2016 Child Data Summary</td>
<td>Below 12&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>2016 Adult Data Summary</td>
<td>Below 12&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

(-) indicates that the readability was unable to be determined
# Appendix D

## Planned Standards and Evaluation Results

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Standard</th>
<th>Results N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent is asthma data accessible to stakeholders in the most appropriate format to inform program planning, implementation, and evaluation?</td>
<td>60% of stakeholders reporting satisfaction with accessibility</td>
<td>12 (100%)</td>
</tr>
</tbody>
</table>
| Who is accessing asthma surveillance data?                                          | At least 2 identified parties                                             | Mercer University Asthma Center  
Children’s Healthcare of Atlanta  
National Association of School Nurses  
Georgia Association of School Nurses  
Georgia Asthma Coalition  
CDC  
Public Health Board  
Pediatric Healthcare Improvement Coalition  
Interns at EPA  
Asthma Task Force  
Fulton County School District  
Not One More Life  
The American Lung Association |
| Are there gaps in the data that is presently available?                             | At least 2 new types of information identified                            | Children who have parents that smoke  
Associations between asthma, insurance coverage and access to healthcare  
Daily rates of ER visits  
Aggregate number of children with asthma within each school district  
Asthma mortality and asthma related deaths |
<p>| What technical assistance on data access and interpretation?                        | At least 1 specific technical skill and/or software necessary to access the information identified | Understanding how to filter results when using OASIS |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent do users rate asthma surveillance products as accessible, user friendly, and useful?</td>
<td>60% of stakeholders reporting that they use asthma surveillance products in their daily lives</td>
<td>9 (75%)</td>
</tr>
<tr>
<td></td>
<td>60% of surveillance documents require a reading level below the 12th grade</td>
<td>100% (14)* <strong>50% (7/14)</strong> **</td>
</tr>
<tr>
<td>To what extent is asthma surveillance data used to inform policy and program planning efforts across the state?</td>
<td>At least 1 policy and/or program implemented as a result of asthma surveillance products</td>
<td>Not One More Life New Ronald McDonald /CHOA asthma van</td>
</tr>
</tbody>
</table>
Appendix E

Additional Positive Comments

The Asthma data is very useful for press releases
Asthma data helps healthcare workers understand the population
Provides good information for grant writing and educational purposes
BRFS is a good well-known dataset with a strong methodology and a strong representative sample that is large enough to draw conclusions.
Overview session of OASIS service was very helpful
Data presents opportunity to focus on asthma and helps get resources and services to children with asthma
Surveillance documents are easy to read, info graphic are really good and the Fact Sheets are really useful
### Appendix F

Additional Negative Comments

- OASIS was difficult and time consuming to learn at first.
- Data surveillance products not understandable for all populations.
- Understanding how to filter results in OASIS was difficult at first, as well as figuring out what is available in the dataset.
- Communication between people who completed the data analysis in previous years is lacking, making it impossible to obtain statistical code that were used in previous analyses. This made it difficult to insure that the analysis methods were the same the following year.
- It takes a long time to get new datasets
- Data not always presented in a way that is needed, for example daily rates of ER visits.
- Data not very accessible to school nurses
- Some surveillance documents are too lengthy

Appendix G

Recommendations from Stakeholders

- Produce more raw numbers instead of percentages.
- Use social media and press releases to get information out to the public.
- Have data analysis meet with DPH staff to brainstorm on what we should report and disseminate.
- Sit down with Dr. O'Connor on how to make reports better (visually, data present, dissemination) using social media more effectively than posting to website.
- Training in the OASIS service.
- Have DPH meet with school nurses annually.
- Make data more accessible to school nurses.
- Produce asthma data specific to school districts.
- Have DPH staff attend GASN conferences.
- Collaborate with Step Up and Be Counted and other initiatives in order to share data.
- Present at the school nurse workshop presented by Gale Smith at Children Healthcare of Atlanta.
Appendix H
Evaluation/Data Management

Roles and Responsibilities of the Evaluation Team Members

<table>
<thead>
<tr>
<th>Individual</th>
<th>Title or Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lauren Potts</td>
<td>Evaluation Intern</td>
<td>Facilitate development of evaluation plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identification/Development of data collection tools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Data collection &amp; analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communicate evaluation findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oversight of evaluation activities</td>
</tr>
<tr>
<td>Stephanie Hall</td>
<td>GACP Evaluator</td>
<td>Advise on development of evaluation plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review evaluation plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review data collection tools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oversight of evaluation activities</td>
</tr>
<tr>
<td>Kia Powell- Threats</td>
<td>Acting Director, Reporting &amp; Evaluation Unit</td>
<td>Advise on development of evaluation plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review evaluation plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review data collection tools</td>
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</table>
## Appendix I
Data Collection Management

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Data Collection Method</th>
<th>Activities Needed</th>
<th>Person(s) Responsible</th>
<th>Due Date</th>
</tr>
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<tbody>
<tr>
<td>1. To what extent is asthma data accessible to stakeholders in the most appropriate format to inform program planning, implementation, and evaluation?</td>
<td>Interview</td>
<td>Develop interview questions Schedule interviews Analyze responses</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
<td>Focus Group</td>
<td>Develop focus group questions Schedule focus groups Analyze responses</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
<td>Content Analysis</td>
<td>Compile surveillance documents &amp; written data requests Review &amp; discuss documents</td>
<td>Evaluation Intern</td>
<td>February 2017</td>
</tr>
<tr>
<td>2. Who is accessing asthma surveillance data?</td>
<td>Interview</td>
<td>Develop interview questions Schedule interviews Analyze responses</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
<td>Content Analysis</td>
<td>Compile surveillance documents &amp; written data requests Review &amp; discuss documents</td>
<td>Evaluation Intern</td>
<td>February 2017</td>
</tr>
<tr>
<td>3. Are there gaps in the data that is presently available?</td>
<td>Focus Group</td>
<td>Develop focus group questions Schedule focus groups Analyze responses</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
<td>Content Analysis</td>
<td>Compile surveillance documents &amp; written data requests Review &amp; discuss documents</td>
<td>Evaluation Intern</td>
<td>February 2017</td>
</tr>
<tr>
<td>4. What technical assistance on data access and interpretation?</td>
<td>Interview</td>
<td>Develop interview questions Schedule interviews Analyze responses</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
<td>Content Analysis</td>
<td>Compile surveillance documents &amp; written data requests Review &amp; discuss documents</td>
<td>Evaluation Intern</td>
<td>February 2017</td>
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<td>Question</td>
<td>Method</td>
<td>Task Details</td>
<td>Evaluation</td>
<td>Date</td>
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<td>-------------------------------------------------------------------------</td>
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<td>-----------------</td>
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<tr>
<td>5. To what extent do users rate asthma surveillance products as accessible, user friendly, and useful?</td>
<td>Interview</td>
<td>Develop interview questions, Schedule interviews, Analyze responses</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
<td>Focus Group</td>
<td>Develop focus group questions, Schedule focus groups, Analyze responses</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
<td>Content Analysis</td>
<td>Compile surveillance documents &amp; written data requests, Review &amp; discuss documents</td>
<td>Evaluation Intern</td>
<td>February 2017</td>
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<tr>
<td>6. To what extent is asthma surveillance data used to inform policy and program planning efforts across the state?</td>
<td>Interview</td>
<td>Develop interview questions, Schedule interviews, Analyze responses</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
<td>Focus Group</td>
<td>Develop focus group questions, Schedule focus groups, Analyze responses</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
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## Appendix J
Data Analysis Management and Interpretation

### Data Analysis Plan

<table>
<thead>
<tr>
<th>Analysis to Be Performed</th>
<th>Data to Be Analyzed</th>
<th>Person(s) Responsible</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Descriptive Summary</td>
<td>Interview and focus group data</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
</tr>
<tr>
<td>Content Analysis</td>
<td>Burden reports, Asthma Data summaries, Surveillance Data Request log, Surveillance data sources (e.g. BRFSS, Asthma Callback Survey)</td>
<td>Evaluation Intern</td>
<td>February 2017</td>
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</table>
## Appendix K
Communicating and Reporting Management

### Communication and Reporting Plan

<table>
<thead>
<tr>
<th>Audience 1: Surveillance Evaluation Team</th>
<th>Purpose of Communication</th>
<th>Possible Formats</th>
<th>Possible Messenger</th>
<th>Timing/Dates</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Include in decision making about evaluation design/activities</td>
<td>Meetings, Emails</td>
<td>Evaluation Intern</td>
<td>Monthly</td>
<td></td>
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<tr>
<td>Yes</td>
<td>Inform about specific upcoming evaluation activities</td>
<td>Meetings, Emails</td>
<td>Evaluation Intern</td>
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</tr>
<tr>
<td>Yes</td>
<td>Keep informed about progress of the evaluation</td>
<td>Meetings, Emails</td>
<td>Evaluation Intern</td>
<td>As needed</td>
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</tr>
<tr>
<td>Yes</td>
<td>Present initial/interim findings</td>
<td>Email, Presentation</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Present complete/final findings</td>
<td>Email, Presentation</td>
<td>Evaluation Intern</td>
<td>April 2017</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Document the evaluation and its findings</td>
<td>Summary Report, Email, Meetings, Presentation</td>
<td>Evaluation Intern</td>
<td>April 2017</td>
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</tr>
<tr>
<td>Yes</td>
<td>Document implementation of actions taken because of the evaluation</td>
<td>Action Plan</td>
<td>Evaluation Intern</td>
<td>April 2017</td>
<td></td>
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</tbody>
</table>

Adapted from Russ-Eft and Preskill, 2001, pp. 354–357.

<table>
<thead>
<tr>
<th>Audience 2: Georgia Asthma Advisory Board</th>
<th>Purpose of Communication</th>
<th>Possible Formats</th>
<th>Possible Messenger</th>
<th>Timing/Dates</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Y</td>
<td>Include in decision making about evaluation design/activities</td>
<td>Email, Presentation</td>
<td>Evaluation Intern</td>
<td>As Needed</td>
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<tr>
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<td>Inform about specific upcoming evaluation activities</td>
<td>Email</td>
<td>Evaluation Intern</td>
<td>One month prior to activity</td>
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<td>Yes</td>
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<td>Email, Meetings, Presentation</td>
<td>Evaluation Intern</td>
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<tr>
<td>Yes</td>
<td>Present initial/interim findings</td>
<td>Meeting, Presentation</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
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<tr>
<td>Yes</td>
<td>Present complete/final findings</td>
<td>Meeting, Presentation</td>
<td>Evaluation Intern</td>
<td>April 2017</td>
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</tr>
<tr>
<td>Yes</td>
<td>Document the evaluation and its findings</td>
<td>Email, Website</td>
<td>Evaluation Intern</td>
<td>April 2017</td>
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</tr>
<tr>
<td>Yes</td>
<td>Document implementation of actions taken because of the evaluation</td>
<td>Action Plan</td>
<td>Evaluation Intern</td>
<td>April 2017</td>
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</table>

Adapted from Russ-Eft and Preskill, 2001, pp. 354–357.

<table>
<thead>
<tr>
<th>Audience 3: CDC</th>
<th>Purpose of Communication</th>
<th>Possible Formats</th>
<th>Possible Messenger</th>
<th>Timing/Dates</th>
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46
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<th>Applicable? (✓)</th>
<th>Purpose of Communication</th>
<th>Possible Formats</th>
<th>Possible Messenger</th>
<th>Timing/Dates</th>
<th>Notes</th>
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<tr>
<td>Yes</td>
<td>Include in decision making about evaluation design/activities</td>
<td>Email Conference Call</td>
<td>Evaluation Intern</td>
<td>As needed</td>
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<tr>
<td>Yes</td>
<td>Inform about specific upcoming evaluation activities</td>
<td>Email Conference call</td>
<td>Evaluator</td>
<td>Monthly</td>
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<tr>
<td>Yes</td>
<td>Keep informed about progress of the evaluation</td>
<td>Email Conference Call</td>
<td>Evaluator Evaluation Intern</td>
<td>Monthly</td>
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<tr>
<td>Yes</td>
<td>Present initial/interim findings</td>
<td>Email</td>
<td>Evaluation Intern</td>
<td>March 2017</td>
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</tr>
<tr>
<td>Yes</td>
<td>Present complete/final findings</td>
<td>Email</td>
<td>Evaluation Intern</td>
<td>April 2017</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Document the evaluation and its findings</td>
<td>Summary Report Conference Call</td>
<td>Evaluation Intern</td>
<td>April 2017</td>
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</tr>
<tr>
<td>Yes</td>
<td>Document implementation of actions taken because of the evaluation</td>
<td>Action Plan</td>
<td>Evaluation Intern</td>
<td>April 2017</td>
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</table>

Adapted from Russ-Eft and Preskill, 2001, pp. 354–357.

<table>
<thead>
<tr>
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<th>Audience 4: General Public</th>
<th>Possible Formats</th>
<th>Possible Messenger</th>
<th>Timing/Dates</th>
<th>Notes</th>
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<td>Include in decision making about evaluation design/activities</td>
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<td></td>
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</tr>
<tr>
<td>No</td>
<td>Inform about specific upcoming evaluation activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Keep informed about progress of the evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Present initial/interim findings</td>
<td></td>
<td></td>
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<tr>
<td>No</td>
<td>Present complete/final findings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Document the evaluation and its findings</td>
<td>Website</td>
<td>Evaluation Intern</td>
<td>April 2017</td>
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<td>Yes</td>
<td>Document implementation of actions taken because of the evaluation</td>
<td>Action Plan</td>
<td>Evaluation Intern</td>
<td>April 2017</td>
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Adapted from Russ-Eft and Preskill, 2001, pp. 354–357.
Appendix L
Timeline

<table>
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<th>Task</th>
<th>January 2017 – February 2017</th>
<th>March 2017 – April 2017</th>
</tr>
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<td>Planning and administrative tasks</td>
<td>February 15&lt;sup&gt;th&lt;/sup&gt;, 2017</td>
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<tr>
<td>Pilot testing</td>
<td>February 15&lt;sup&gt;th&lt;/sup&gt;, 2017</td>
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<tr>
<td>Formal data collection &amp; analysis</td>
<td></td>
<td>March 30&lt;sup&gt;th&lt;/sup&gt;, 2017</td>
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<tr>
<td>Report summary &amp; dissemination</td>
<td></td>
<td>March 30&lt;sup&gt;th&lt;/sup&gt;, 2017</td>
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References


