Illinois Department of Public Health, Asthma Program

Individual Evaluation Plan for 2020-2024

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October 2020

1. INTRODUCTION

Evaluation Purpose

The purpose of this evaluation is to provide a more sustainable funding source for preventive home-based, multi-trigger, multicomponent asthma services, such as self-management education and environmental interventions for low-income children with uncontrolled asthma through the Illinois Medicaid Program and Medicaid Managed Care Organizations (MCOs). It will do so by demonstrating that health insurer's return on investment (ROI) in home-based asthma prevention services for children with uncontrolled asthma would be positive. In other words, Medicaid could save money in the long run if they cover the cost of home visits for asthma control. Significant improvements also could be seen in the reduction of overall health care utilization and costs, and quality of life measures would be improved for low-income children with uncontrolled asthma. Ultimately, the health insurer's involvement and continued programmatic support would significantly reduce health care expenditures and improve current services. As a result of these outcomes, the programs would be able to expand and to increase program accessibility, thus aligning with current Illinois Department of Public Health Illinois Asthma Program goals and objectives. These findings will also contribute to the Centers for Disease Control and Preventions Controlling Childhood Asthma Reducing Emergencies' (CCARE) new objective of preventing 500,000 emergency department (ED) visits and hospitalizations due to asthma by August 31, 2024.

Various stakeholders will be able to review ROI calculations for ED visits and hospitalizations to determine the extent of cost-savings. They will also be able to compare indicators for overall health and quality of life, such as symptom-free days and absenteeism, before and after the intervention.

This evaluation aligns with the two overarching evaluation questions from the perspective of a third-party payer:

1. What is the ROI and cost-benefit as a result of reduced ED and hospital visits?

2. How has the overall health and quality of life of children with uncontrolled asthma and their families improved through asthma control?

Stakeholders

The evaluation stakeholders are a varied group of experts who have an interest in the evaluation findings and utilization as they directly relate to their work in public health, health care, government, non-profits, academia, asthma programs, and Medicaid policy. Currently, several stakeholders are actively participating as a part of the Evaluation Planning Team (EPT) in the evaluation design, data collection, interpretation of data, and dissemination of findings in accordance with the evaluation framework standards. The EPT's expertise and experience in asthma programs and Medicaid policy ensures their contribution of valuable data, tailored synthesis and interpretations, and use of findings to reduce the burden of uncontrolled asthma in children in Illinois.

The EPT will remain engaged while developing and implementing the individual evaluation plan (IEP) through communication via email, telephone, and video conferencing. Team members have already collaborated on intended outcomes, necessary indicators, and the formation of evaluation questions, and will continue to provide feedback as the evaluation is carried out.

These findings will be disseminated to a much broader group of stakeholders apart from those on this IEP EPT.

Table F.1. Stakeholder Assessment and Engagement Plan

Stakeholder Name	Stakeholder Category	Interest or Perspective	Role in the Evaluation	How and When to Engage
Sarah Geiger	Primary	Evaluation	Evaluator	All Stages (Formation of IEP Through Dissemination of Results)
Arlene Keddie	Primary	Evaluation, Epidemiology	Evaluator	All Stages
Cassandra Johnson	Primary	Evaluation, Health Promotion	Graduate Assistant	All Stages
Judith Gil	Primary	Health Services Management	Graduate Intern	IEP Formation
Nikki Woolverton	Primary	IDPH Program Manager	Advisory	All Stages
Cheri Hoots	Tertiary	Illinois Primary Health Care Association (IPHCA)	Advisory	IEP Formation Input, Use of the Results to Make Case for Medicaid Coverage
Tracey Smith	Secondary	Illinois Public Health Association	Advisory	IEP Formation Input, Data Collection
Jill Hayden	Secondary	Medicaid, MCO	Advisory	IEP Formation Input
Nancy Amerson	Secondary	Evaluation, Epidemiology	Advisory	All Stages
Enoch Ewoo	Primary	Program	Advisory	IEP Formation Input
Amber Kirchhoff	Tertiary	IPHCA	Advisory	IEP Formation Input, Make Case for Medicaid Coverage
Cyrus Winnett	Tertiary	IPHCA	Advisory	IEP Formation Input, Make Case for Medicaid Coverage
Tursynbek Nurmagambetov	Tertiary	CDC, Health Economist	Advisory	IEP Formation Input, Make Case for Medicaid Coverage

2. DESCRIPTION OF WHAT IS BEING EVALUATED

Need

There are many evidence-based studies reporting asthma education and home-based interventions as keys to successful asthma management. However, home-based programs in Illinois are financially constrained due to lack of reimbursement for their services by third-party payers. There is a need to measure the cost savings associated with reduced ED visits and hospitalizations as a result of improved health and quality of life for children with asthma participating in the HV programs. Evaluation findings will be used to establish a business case for third-party payers like Medicaid. This business case would show a positive return on investment after reimbursing the HV programs.

Context

The environmental factors that may affect the performance of what is being evaluated include the political and economic environment surrounding the COVID-19 pandemic. The current economic climate on account of the pandemic has made funding even more scarce. However, the argument can be made that there may be greater need for asthma control given that it is an underlying condition assumed to increase the risk for more serious illness from COVID-19. The four home visiting programs, American Lung Association (ALA), Southern Illinois University-Edwardsville (SIU-E), SIU School of Medicine (SIU SOM), and Sinai Urban Health Institute (SUHI), are focused on asthma self-education (AS-ME), and tobacco smoke and trigger reduction. These programs also seek to expanded access to and delivery of their services while achieving guidelines-based medical management, and linkages and coordination of care. These core components directly align with EXHALE (Education, X-tinguishing, Home, Achievement, Linkages, and Environmental) strategies. (See Appendix A for the home visiting [HV] program's logic model).

Target Population

The target population for the business case primarily consists of insurers, specifically Medicaid, through the federal Centers for Medicare and Medicaid Services (CMS). Through increased awareness of potential health improvements and related cost savings, program participants, communities, and Illinois as a whole will benefit from the findings. For example, they may place more value on decreasing absenteeism. Programs and payers may both increase transparency and accountability in the hopes of strengthening a bi-directional collaboration. Stakeholders would be able to trust in a valid and applicable evidence-based program.

Stage of Development

The most recent business case prepared by the Illinois Department of Public Health (IDPH), *Home-Based Asthma Education and Environmental Interventions: The Case for Sustainable Financing*, was written in September 2017. At that time, only one home visiting program was providing services. While this IEP for a business case is currently in the initial planning stages, it seeks to update and expand upon the 2017 business case by applying data from four home visiting programs and including more detailed analyses to make the case for Medicaid coverage.

Resources/Inputs

The available resources to support the business case evaluation include a CDC-funded grant, passionate stakeholders with time and willingness to be involved, existing and upcoming data,

the Illinois Home Visiting Collaborative (HVC), and other public health organizations, such as the Illinois Primary Health Care Association (IPHCA), IDPH, and the Medicaid Policy Network.

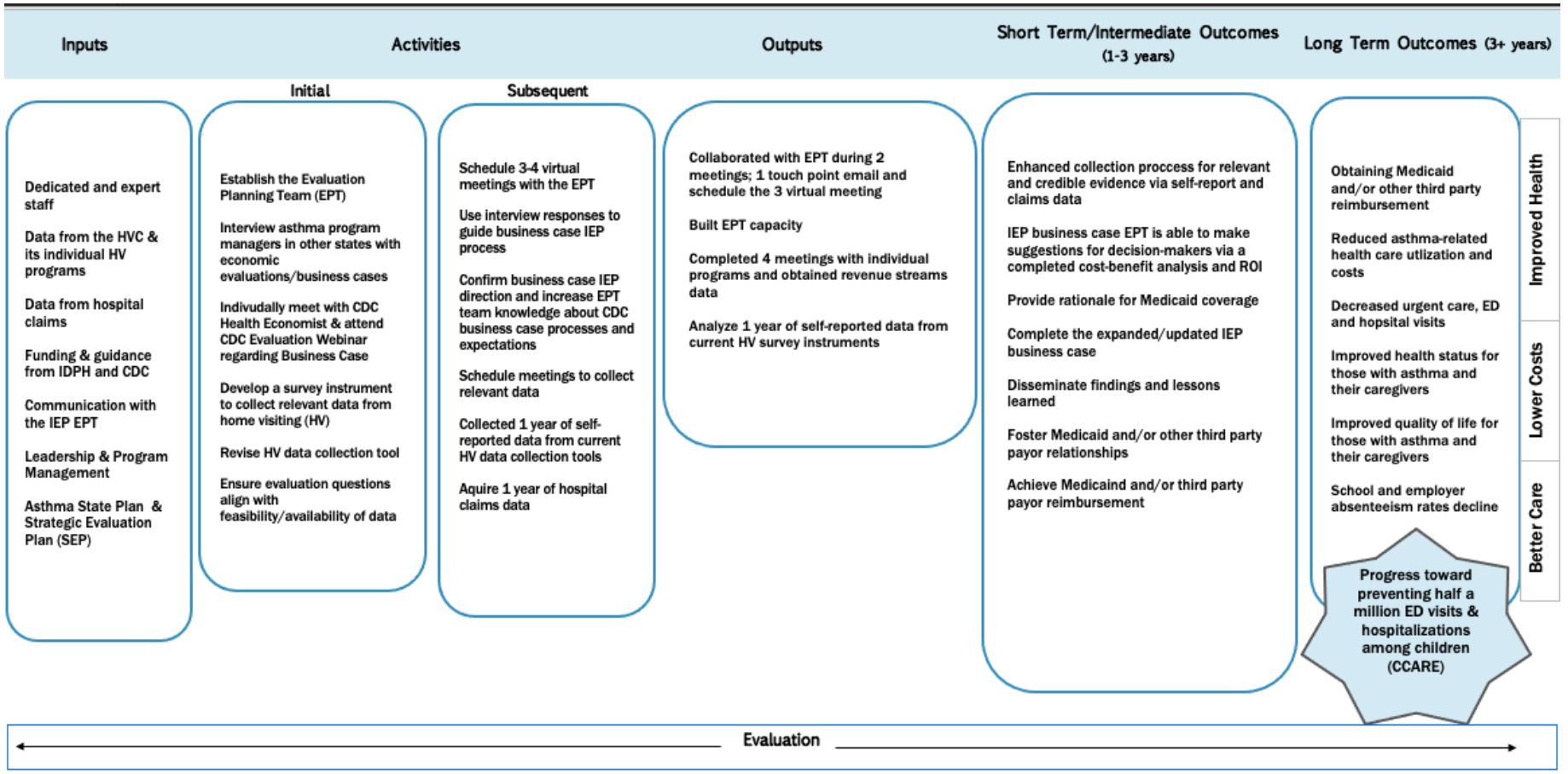
Activities
Activities include conducting an extensive literature search on economic evaluations of asthma home visiting programs and business cases, communicating with states who have used economic evaluations in seeking third-party payer reimbursement for asthma home visiting services, establishing an evaluation planning team, and developing a survey instrument through which to collect relevant data from home visiting programs. Data will be collected with this instrument over a minimum of one year. Once the data is analyzed, an updated business case will be written to include return on investment analyses with no control group.

Outputs
The immediate output is a new, updated business case to include a minimum of one year of data from all four programs in the HVC and a cost-benefit analysis.

Outcomes
The HV programs' short-term outcomes are to increase access to preventive care for low-income children with uncontrolled asthma. The intermediate-term outcomes are to determine costs, benefits, risk of alternative options, calculate return on investment, and provide a rationale for Medicaid coverage recommendation. The long-term outcomes are to obtain sustainable funding for home-based asthma services and reduce asthma-related health care utilization and costs by decreasing urgent care, ED, and hospital visits.

Between the activities and outcomes, low-income asthmatic children and their families will experience more affordable and easily accessible preventive care to better control their asthma and to improve their overall quality of life. Overall, the intended outcomes contribute to CCARE's new objective of preventing asthma-related ED visits and hospitalizations by improving access and affordability of preventive care to low-income children with uncontrolled asthma and their families

Logic Model


Inputs
Activities
Initial
Subsequent
Outputs
Short Term/Intermediate Outcomes (1-3 years)
Long Term Outcomes (3+ years)
Dedicated and expert staff
Data from the HVC & its individual HV programs
Data from hospital claims
Funding & guidance from IDPH and CDC
Communication with the IEP EPT
Leadership & Program Management
Asthma State Plan & Strategic Evaluation Plan (SEP)
Establish the Evaluation Planning Team (EPT)
Interview asthma program managers in other states with economic evaluations/business cases
Indivudally meet with CDC Health Economist & attend CDC Evaluation Webinar regarding Business Case
Develop a survey instrument to collect relevant data from home visiting (HV)
Revise HV data collection tool
Ensure evaluation questions align with feasibility/availability of data
Schedule 3-4 virtual meetings with the EPT
Use interview responses to guide business case IEP process
Confirm business case IEP direction and increase EPT team knowledge about CDC business case processes and expectations
Schedule meetings to collect relevant data
Collected 1 year of self-reported data from current HV data collection tools
Aquire 1 year of hospital claims data
Collaborated with EPT during 2 meetings; 1 touch point email and schedule the 3 virtual meeting
Built EPT capacity
Completed 4 meetings with individual programs and obtained revenue streams data
Analyze 1 year of self-reported data from current HV survey instruments
Enhanced collection proccess for relevant and credible evidence via self-report and claims data
IEP business case EPT is able to make suggestions for decision-makers via a completed cost-benefit analysis and ROI
Provide rationale for Medicaid coverage
Complete the expanded/updated IEP business case
Disseminate findings and lessons learned
Foster Medicaid and/or other third party payor relationships
Achieve Medicaind and/or third party payor reimbursement
Obtaining Medicaid and/or other third party reimbursement
Reduced asthma-related health care utlization and costs
Decreased urgent care, ED and hopsital visits
Improved health status for those with asthma and their caregivers
Improved quality of life for those with asthma and their caregivers
School and employer absenteeism rates decline
Progress toward preventing half a million ED visits & hospitalizations among children (CCARE)
Improved Health
Lower Costs
Better Care
Evaluation

3. EVALUATION DESIGN

Evaluation Questions

1. From the perspective of a third-party payer, is the Illinois Asthma Program HV more cost effective than the currently available asthma control services?
    a. What is the change in the average number of ED visits and hospitalizations?
    b. What are the estimated savings based on the average costs of these visits and costs of home visiting programs?
    c. What is the change in number of primary care provider visits?
    d. What is the average number and cost of ED visits and hospitalizations of pediatric asthma in the state and in the specific counties where home visiting programs are located?

2. How has the overall health of children with asthma and their families improved through asthma control?
    a. Has there been a change in reported frequency of shortness of breath, wheezing, and/or coughing?
    b. Have the average number of days with asthma symptoms decreased or increased?

3. How has the quality of life of children with asthma and their families improved through asthma control?
    a. Has the time missed from school or work decreased or increased?
    b. Have limitations on activities, apart from missed school or workdays, decreased or increased?

Stakeholder Needs

The evaluation findings will be used by stakeholders to learn more about the potential savings associated with ED and inpatient hospital visits as a result of HV programs. The findings may also offer evidence on how to improve HV programs and offer evidence on best implementation practices for asthma HV programs. These types of data are important because HV and other best practices in asthma control are associated with reduced productivity losses and decreases intangible losses like pain and suffering. These components directly affect quality of life and health status. In addition, the findings will be used to inform Medicaid and other third-party payers of the cost savings that may experience by participating in this program through reimbursement. Additionally, reimbursement will not only provide a more sustainable funding source to enable programs to expand, but also reduce overall Medicaid expenditures by decreasing asthma-related health care utilization and costs. Overall, this will result in asthma HV programs reaching a greater number of children in need of accessible, affordable, and quality preventive asthma services. Stakeholders, including Medicaid and/or other third-party payors, will view various sources of data along with a forecast of costs, benefits, and risks, and alternative outcomes as credible information.

Evaluation Design
The EPT considered the fact that resources are limited in order to make a sound decision about the type of evaluation design to employ. This evaluation will exercise a prospective, pre-experimental, one group pretest/posttest, which is more rigorous than a case study or a posttest only. It is also more feasible than an experimental or quasi-experimental design with a comparison group.

4. DATA COLLECTION

Data Collection Methods
Both secondary and primary data will be used to answer evaluation questions with the main analyses relying on data newly collected from the four HV programs over the upcoming year (2020-2021). When constructing the data collection tool, *HVC Data Collection Tool*, evaluators ensured it included three relevant performance measures reportable to CDC. Data will include PM A: *Analysis and Use of Core Data Sets* as it will utilize analyses of core data sets, documenting asthma-related hospitalizations, ED visits, and deaths. It will also include PM E: *Use of Evaluation Findings* as it will document how evaluation data is used in program decision-making. PM G: *Improvement in Asthma Control among AS-ME Completers* was added since it monitors and documents whether participants completing AS-ME programs are improving asthma control thereby reducing the number of asthma-related hospitalizations and ED visits. Aggregate county- and state-level data on ED visits and hospitalizations will also be used.

The standardized data collection instrument was originally constructed by employing components of each program's home visiting tools and integrating these components into an Excel spreadsheet. The sources of data are program participants and their caregivers from each previously listed HV program. A sample will be used including all participants in the HVC programs from Sept. 1, 2020 to August 31, 2021. The quality and utility of existing data will be determined by checking self-reported data against hospital claims data, as available.

Data Collection Method – Evaluation Question Link

1. From the perspective of a third-party payer, is the Illinois Asthma Program HV more cost effective than the currently available asthma control services?

The data from home-visiting programs relates to the evaluation question proposed as the program will collect data regarding medical costs for hospitalizations and ED visits to demonstrate savings.

2. How has the overall health of children with asthma and their families improved through asthma control?
3. How has the quality of life of children with asthma and their families improved through asthma control?

For questions 2 and 3, the data from HV programs relates to the evaluation question proposed as the program will collect data regarding hospitalizations, ED visits, absenteeism, overall health, asthma management, environmental triggers, and symptom-free days.

Table F.3: Evaluation Questions and Associated Data Collection Methods

Evaluation Question	Data Collection Method	Source of Data
1. From the perspective of a third-party payer, is the Illinois Asthma Program HV more cost effective than the currently available asthma control services?	Reports	Hospital Discharge Data Collection System, discharges, and billing codes
2. How has the overall health of children with asthma and their families improved through asthma control? 3. How has the quality of life of children with asthma and their families improved through asthma control?	HVC Data Collection Survey Instrument	Home visiting programs

5. Data Analysis and Interpretation Indicators and Standards

A measurable indicator that can determine the performance of what is being evaluated is return on investment (ROI). ROI is a performance measure that allows the efficiency of an investment to be evaluated as it measures the amount of return on an investment relative to the cost. It is calculated by dividing the benefit by the cost of the investment, to be expressed as a percentage or ratio.

$$\text{ROI} = \frac{\text{Current Value of Investment} - \text{Cost of Investment}}{\text{Cost of Investment}}$$

In this case, *Current Value of Investment* would take into account the present-day asthma-related health care utilization and costs without Medicaid reimbursement. *Cost of Investment* would take into account the expenditures for home-based asthma services. Success is constituted by a net positive ROI, ideally an average return of at least 5%. The evaluation findings will be compared to this standard to determine if more money would be saved rather than spent as a result of reduced ED and inpatient hospital visits, after considering the cost of home visits.

Table F.4. Indicators and Success

Evaluation Question	Indicator	Standards

		(What Constitutes "Success"?)
1. From the perspective of a third-party payer, is the Illinois Asthma Program HV more cost effective than the currently available asthma control services?	ROI	Positive ROI
	Cost-savings	Increased cost-savings
2. How has the overall health of children with asthma and their families improved through asthma control? 3. How has the quality of life of children with asthma and their families improved through asthma control?	Number of symptom-free days, number of symptoms, number of missed school and workdays.	Statistically significant reduction in number

Analysis

Both descriptive and inferential statistics will be used to describe the sample population and to assess relationships between patient characteristics, enrollment in the program, and completion of the program to aid decision-makers. Data will also be analyzed using common economic methods, such as ROI analysis.

Table 1. HVC Cost

Home Visiting Program	Annual asthma HV revenue ($)	Annual Participants (N)	Cost per participant ($)
Southern Illinois University School of Medicine	80,000		
Southern Illinois University-Edwardsville	41,000		
American Lung Association	35,000		
Sinai Urban Health Institute	35,000		
Home Visiting Collaborative (total across programs)	191,000		

Table 2. Participants visits (n=X)									
	Reported Number in Last 6 Months						Estimated Reported Costs and Savings		
Asthma-related health care usage	**Baseline**	**2-4 weeks**	**90 days**	**180 days**	**12-month**		**Baseline**	**12-month**	**Difference**
	# Visits	# Visits	# Visits	# Visits	# Visits	% Change			
Number of primary care visits in last three months									
ED visits in last three months									
Number of urgent care visits in last 3 months									
Hospitalizations in last three months									
Total									

Table 3. QoL						
Measure	Baseline	2-4 weeks	90 days	180 days	12-month
	Freq (%)	Freq (%)	Freq (%)	Freq (%)	Freq (%)
How many days have you had asthma symptoms in the last two weeks?					
Asthma Control Rating					
Number of missed school days					
Number of missed workdays					

Interpretation

After evaluation team leaders discuss key assumptions and perform appropriate tests, the results will be presented to all members of the EPT. At this point they will have the opportunity to provide feedback, including any insights they may have in the interpretation of the results. The purpose of interpretation is to determine the value of the program, draw conclusions, and form recommendations by looking at the patterns, themes, and unanticipated results. EPT members must trust in the process and the results, giving rise to high validity and applicability. This can be achieved through consistent communication, transparency, and consideration of different opinions on the meanings and importance of the results. During this process, all stakeholders will seek to understand the implications of the results looking specifically at effectiveness versus costs. It is expected that the cost of pain and suffering from asthma exacerbations (AEs) and time spent at the ED will be discussed as well. Additionally, they will have an equitable say in decision-making. The ultimate aim is to learn from the findings and apply lessons learned to current and future programs for improved outcome, e.g., averted medical costs seen in ED visits and hospitalizations, and improved quality of life, as measured by reduction in symptoms and absenteeism. By agreeing on the significance of the results, action planning will be more efficient and effective.

6. COMMUNICATION AND REPORTING

Use

Part of the EPT's responsibilities include deciding who should receive the evaluation findings, what findings will interest different stakeholders, and how they will be reached. This can be achieved by providing a unique, multi-layered understanding of the program and building on internal and external commitments to utilize evaluation findings. It is imperative that they are shared in a timely manner to achieve the maximum effect. Evaluation recommendations must be implemented by each program and shared with other public health professionals to communicate what works when addressing asthma (and how to get reimbursed for services). Lastly, it is the responsibility of internal stakeholders to make the case and present it to Medicaid and other third-party payers that the benefits of HV far outweigh the costs in the long term.

Communication

The strategic construction of the EPT allows for buy-in and a greater degree of accuracy and validity. It also leads to seamless open communication where members of the EPT are expected to keep their respective sectors informed and abreast of key evaluation takeaways to aid in informed programmatic decision-making. This continuous communication is achieved through virtual meetings while developing and implementing the IEP for business case and reviewing the findings. Moreover, the evaluation team leaders seek to present findings through a mixture of informal and formal avenues. Examples of evaluation finding use and communication will be seen at the annual IAP conference, during HVC calls, formal reports accessed on IDPH's website, and the final business case report, which could become a publication.

7. EVALUATION MANAGEMENT

Evaluation Team

A well-managed evaluation leads to usable findings. Table F.5. reviews the roles and responsibilities of the EPT and highlights who is responsible for implementing the findings either within the HVC's respective programs, IDPH, the IAP, advocacy groups, or health insurance agencies.

Table F.5. Roles and Responsibilities of the Evaluation Team Members

Individual	Title or Role	Responsibilities
Sarah Geiger	Associate Professor at the University of Illinois Champaign-Urbana, Lead Evaluator	Ensures evaluation activities are carried out in accordance with the SEP and IEPs.
Arlene Keddie	Associate Professor at Northern Illinois University (NIU), Evaluator	Provides epidemiological guidance for evaluations, ensures evaluation activities are carried out in accordance with SEP and IEPs.
Cassandra Johnson	Evaluator	Provides administrative assistance to the evaluation team.
Judith Gil	Graduate Intern at NIU	Provides administrative assistance to the evaluation team.
Nikki Woolverton	Asthma Program Manager at IDPH	Provides program evaluation and program guidance, ensures findings are implemented via IDPH.
Nancy Amerson	Epidemiologist at IDPH	Provides epidemiological guidance and data for evaluations, ensures findings are implemented via IDPH.
Enoch Ewoo	Asthma/Tobacco Program Coordinator at IDPH	Provides program evaluation guidance, ensures findings are implemented via IDPH.
Cheri Hoots	Chief Operating Officer at IPHCA	Contributes ideas and feedback to IEP process and implementing components, specific to appealing to Medicaid/other third-party payers. Provides feedback on evaluation activities.
Amber Kirchoff	Director of State Public Policy and Governmental Affairs at IPHCA	Contributes ideas and feedback to IEP process and implementing components, specific to appealing to Medicaid/other third-party payers. Provides feedback on evaluation activities.
Cyrus Winnett	Senior Vice President of Public Policy and Governmental Affairs at IPHCA	Contributes ideas and feedback to IEP process and implementing components, specific to appealing to Medicaid/other third-party payers. Provides feedback on evaluation activities.
Tracey Smith	Director of Programs and Community Health at IPHA	Contributes ideas and feedback to IEP process and implementing components, specific to HV programs. Provides feedback on evaluation activities.
Jill Hayden	President of Medicaid Policy Network, LLC	Contributes ideas and feedback to IEP process and implementing components, specific to appealing to Medicaid. Provides feedback on evaluation activities.

Data Collection Management

Table F.6. reveals what data will be collected, how collection will align with relevant performance measures, what activities are to be completed, and when and who is responsible for them.

Table F.6. Data Collection Plan

Evaluation Questions	Data Collection Method	Activities Needed	Person(s) Responsible	Due Date
1. From the perspective of a third-party payer, is the Illinois Asthma Program HV more cost effective than the currently available asthma control services?	Secondary data	Continuous surveillance, data collected from various IDPH sources like *Illinois Public Health Community Map*, iPlan/iQuery, *Hospital Discharge Database,* and the *Illinois Department of Healthcare and Family Services (HFS)* website.	IDPH staff, evaluation team	9/1/2021
2. How has the overall health of children with asthma and their families improved through asthma control? 3. How has the quality of life of children with asthma and their families improved through asthma control?	Primary data	Valid and reliable data collection using the data collection tool	HVC, individual HV program staff	Ongoing (2020-2021)
		Quarterly reporting from each HV program	IDPH staff	Quarterly
		Data management	Evaluation team	Ongoing
	Secondary data	Continuous surveillance, data collected from various sources like those listed above plus vital statistics.	IDPH staff, evaluation team	9/1/2021

Data Analysis Management

Table F.7. reviews what data will be analyzed, how, and when. It also assigns the person(s) responsible for conducting the analyses.

Table F.7. Data Analysis Plan

Analysis to Be Performed	Data to Be Analyzed	Person(s) Responsible	Due Date
Descriptive analysis of program recruitment	Primary data	Evaluation team leaders	10/1/2021
Descriptive analysis of participant characteristics	Primary data	Evaluation team leaders	10/1/2021
Descriptive analysis of program outcomes	Primary data	Evaluation team leaders	10/1/2021
Inferential analysis of program outcomes	Primary data	Evaluation team leaders	10/1/2021
Average program cost, ROI and cost-to-charge ratio	Secondary data	Evaluation team leaders	10/1/201

Communicating and Reporting Management

Table F.8. Communication and Reporting Plan

Audience 1: *Centers for Disease Control and Prevention*				
Applicable?	**Purpose of Communication**	**Possible Formats**	**Timing/ Dates**	**Notes**
Yes	Include in decision making about evaluation design/activities.	Conference calls	On going	
Yes	Inform about specific upcoming evaluation activities.	Conference calls	On going	
Yes	Keep informed about progress of the evaluation.	Conference calls	On going	
Yes	Present initial/interim findings.	Reports/various products, emails,	Quarterly	

		webinars/seminars		
Yes	Present complete/final findings.	Reports, webinars/seminars	In year three	
Yes	Document the evaluation and its findings.	Reports, webinars/seminars	In year three	

Audience 2: *Home Visiting Collaborative*				
Applicable?	**Purpose of Communication**	**Possible Formats**	**Timing/ Dates**	**Notes**
Yes	Include in decision making about evaluation design/activities.	All meetings, emails	Every other month	
Yes	Inform about specific upcoming evaluation activities.	All meetings, emails, webinars/seminars	On going	
Yes	Keep informed about progress of the evaluation.	All meetings, emails webinars/seminars	On going	
Yes	Present initial/interim findings.	Reports/various products, emails, webinars/seminars	On going	
Yes	Present complete/final findings.	Reports, webinars/seminars	Grant year three	
Yes	Document the evaluation and its findings.	Reports, webinars/seminars	Grant year three	

Audience 3: Home Visiting Participants and Families				
Applicable?	**Purpose of Communication**	**Possible Formats**	**Timing/ Dates**	**Notes**
Yes	Include in decision making about evaluation design/activities.	All meetings, emails	On going	
Yes	Inform about specific upcoming evaluation activities.	All meetings, emails webinars/seminars	On going	
Yes	Keep informed about progress of the evaluation.	All meetings, emails	On going	
Yes	Present initial/interim findings.	Reports/various products, emails, webinars/seminars	On going	
Yes	Present complete/final findings.	Reports, webinars/seminars	Grant year three	
Yes	Document the evaluation and its findings	Reports, webinars/seminars	Grant year three	

Audience 4: Medicaid and other 3rd Party Payers				
Applicable?	**Purpose of Communication**	**Possible Formats**	**Timing/ Dates**	**Notes**
No	Include in decision making about evaluation design/activities.	N/A	N/A	
Yes	Inform about specific upcoming evaluation activities.	Emails	On going	

Yes	Keep informed about progress of the evaluation.	Emails	On going	
Yes	Present initial/interim findings.	Reports/various products, emails, webinars/seminars		
Yes	Present complete/final findings.	Reports, webinars/seminars		
Yes	Document the evaluation and its findings.	Reports, webinars/seminars		

Audience 5: Illinois Primary Healthcare Association				
Applicable?	**Purpose of Communication**	**Possible Formats**	**Timing/ Dates**	**Notes**
Yes	Include in decision making about evaluation design/activities.	All meetings, emails	On going	
Yes	Inform about specific upcoming evaluation activities.	All meetings, emails, webinars/seminars	On going	
Yes	Keep informed about progress of the evaluation,	All meetings, emails	On going	
Yes	Present initial/interim findings.	Reports/various products, emails, webinars/seminars		
Yes	Present complete/final findings.	Reports, webinars/seminars		
Yes	Document the evaluation and its findings.	Reports, webinars/seminars		

Audience 6: Program Evaluation Professionals				
Applicable?	**Purpose of Communication**	**Possible Formats**	**Timing/ Dates**	**Notes**
No	Include in decision making about evaluation design/activities.	N/A	N/A	
No	Inform about specific upcoming evaluation activities.	N/A	N/A	
No	Keep informed about progress of the evaluation.	N/A	N/A	
Yes	Present initial/interim findings.	Reports/various products, emails, webinars/seminars	Year three and beyond	
Yes	Present complete/final findings.	Reports, emails, webinars/seminars	Year three and beyond	
Yes	Document the evaluation and its findings.	Reports, webinars/seminars	Year three and beyond	

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

Timeline

The preliminary timeline is built around the grant cycle, including quarterly reporting. Data collection will cover the 2020-2021 grant cycle, and data analysis will be conducted during the 2021-2022 grant cycle. Formal dissemination of the final evaluation findings will occur no earlier than September 2021 and no later than March 2022 to the CDC, IAP, HVC, and appropriate collaborating partners not otherwise

mentioned. Further planned formal communication relates to Medicaid and other third-party payers. The EPT hopes to construct formal reports and an executive summary in grant year three for this audience. Informal discussions with various stakeholders will likely occur throughout the planning process and into 2022. It is anticipated that the evaluation findings will also be shared with HV program participants and their families as needed.

Potential roadblocks include data quality and sample size during the 2020-2021 grant cycle. While relevance and reliability are of concern, accuracy, completeness, and timeliness are attributes the evaluation team prioritizes. This stems from the COVID-19 pandemic and its resulting circumstances like moving programs to virtual platforms and participants' accessibility to and knowledge and use of technology. However, IDPH, the evaluation team, and leaders of the HV program have strived to prevent issues in reliability through standardization. It is expected that there be minimal data transmission and completeness issues as the evaluation team has initiated active dialogue with all parties on a consistent basis.

Evaluation Budget
There are no funds specifically allocated to this evaluation. Costs will be related to personnel time and other partner resources as it is part of the usual job duties. EPT members and staff from IPHCA who volunteer their time help plan the individual evaluation, implement the findings, and share the lessons learned.

POST EVALUATION

5. Action Planning
The EPT will develop an action plan to guide the implementation of evaluation recommendations and help the target audience(s) make critical decisions in program expansion and funding sources while ensuring sustainability. The evaluators are tasked with revising the action plan and revising this IEP. This will be done by documenting various lessons learned and tracking progress overtime which can help develop new strategies to close the gap in what is not currently working, reporting to meet funding requirements, and, if possible, guide outreach activities.

Table F.9. Action Planning Matrix

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?)
Present a case to Medicaid	IPHCA	Year three	Time, rapport, partnerships	Completed discussions/presentations		Inability to connect with HFS, Medicaid denies a contract for reimbursement
Evaluate the budget	HV programs	Immediately after preliminary findings are disseminated	Time	Increased fiscal responsibility and transparency		Limited/changing personnel, funding changes
Share reports with other states	IDPH staff and evaluators	Year three	Time, partnerships	Follow up with Montana and New York; report published on IDPH webpage		Scheduling issues

8. REFLECTION

During the planning process, it is important to note that evaluation capacity was strengthened thanks to several team meetings and a webinar involving and/or lead by CDC Health Economist Tursynbek Nurmagambetov. The evaluation team leaders acknowledge the invaluable contributions from the EPT and believe this sets the tone for implementation of the plan.

While it is too early to reflect on the implementation of the evaluation plan, some reflections on the initial planning process are listed in Table F.10 below. EPT team conversations, including valuable implementation insights, will be documented and applied to the lessons learned section in order to make sound decisions in all processes of future evaluation plans and during current plan revisions.

Table F.10. Reflections Summary Matrix

Observations/Lessons Learned	Plans for modifying the process
More conversations on the "What" and "How" when discussing the construction of the IEP to appeal to MCD/ third-party payers	Have a dedicated meeting to whom we can reach out to, what connections the EPT has, and how they feel they can best contribute.
More time to identify partners for collaboration and build rapport with MCD/ third-party payers	Start connecting to appropriate parties earlier in the IEP development process.
Need for up-to-date and/or expanded data and surveillance for hospitalizations/ED visits related to asthma	When choosing evaluation questions and methodology, ensure it can be obtained and aligned with the questions.

Appendix A- HV Program Logic Model