# Illinois Department of Public Health, Asthma Program

Strategic Evaluation Plan for 2020-2024

Prepared by:
Sarah Dee Geiger, Ph.D., M.S., F.A.H.A.
Associate Professor
Northern Illinois University

Arlene Keddie, Ph.D.
Associate Professor
Northern Illinois University

Cassandra Booth
Graduate Assistant
Northern Illinois University

February 2020

# Table of Contents

# 1. Illinois Asthma Program Background and the Purpose of Strategic Evaluation

## Program Background

The Illinois Asthma Partnership (IAP) was developed in 2000 with its origins dating back to 1999 when the state first received funding from the U.S. Centers for Disease Control and Prevention (CDC). Throughout the years, the IAP has developed and implemented many efforts to address the overarching goals of reducing morbidity and mortality from asthma in the state. Other program aims are to improve equity in asthma outcomes and the quality of life for both patients and caregivers. The five-year *Illinois Asthma Strategic Plan* includes these goals and expounds upon them. Primary goals of the asthma program are listed below.

**The primary goals for the Asthma Program include:**

1. Improved quality of life for people with asthma and their caregivers.
2. Fewer asthma-related emergency department visits, hospitalizations, and deaths.
3. Decreased asthma disparities.
4. Reduced absenteeism as a result of well-controlled asthma.
5. Expanded asthma control services based on practice-based evidence.

A logic model is used to depict the work of the Illinois Asthma Program (program). It reflects what goes into the program, what it does, and anticipated results. It is intended to depict a common vision of stakeholders in various components of the program throughout the state and is modeled after the CDC's logic model in the notice of funding opportunity (NOFO), after being updated with input from the evaluation team. The program seeks to reduce death and disability due to asthma and to improve the quality of life for people with asthma and their caregivers. Overall, this represents the reduction of the burden of asthma in Illinois. In order to achieve such an impact, the program depends on resources from both unfunded and funded partners. Many activities are identified under two strategies for this grant cycle -- enhancing infrastructure and leveraging partnerships to expand EXHALE (Education on asthma self-management; X-tinguishing smoking and secondhand smoke; Home visits for trigger reduction and Asthma self-management education [AS-ME]; Achievement of guidelines-based medical management; Linkages and coordination of care across settings; and Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources). Products from the activities range from burden briefs to evaluation plans. The expected outcomes result in positive impacts within the community, state, and nation and range from increasing awareness and knowledge of asthma and control to behavior modification and policy change. Importantly, strategic partnerships will increase the coordination of asthma efforts to improve infrastructure (see Appendix A).

## Purpose of the Plan

The strategic evaluation plan (SEP) complements the Illinois Asthma State Plan as the supportive vehicle for action, collaboration, and communication. The SEP can be updated to reflect advancement in the strategies and interventions that address asthma in Illinois. It also includes a communication plan to ensure lessons learned are shared with stakeholders. Additionally, the SEP will serve as a guide to program staff and stakeholders by conveying prioritized evaluations for the program throughout the 2020-2024 grant period.

The purpose of the SEP is to provide a framework for evaluating key aspects of the Illinois Asthma State Plan throughout the life of the grant. The results of these evaluations will be used for ongoing program improvement. Specifically, the SEP will contribute to the primary Controlling Childhood Asthma Reducing Emergencies' (CCARE) goal of preventing emergency department (ED) visits and hospitalizations among children with asthma by highlighting those aspects of the Illinois Asthma State Plan that focus directly on empowering children with asthma and their caretakers to achieve optimal control of their asthma. This goal overlaps with the fourth overarching evaluation question of the National Asthma Control Program (NACP): to what extent has the recipient made progress toward achieving the long-term outcomes associated with asthma control, including reduction of asthma disparities? Three sub-grantees, the American Lung Association (ALA), Southern Illinois University at Edwardsville (SIUE), and the Southern Illinois School of Medicine (SIU SOM) operate three home visiting programs in high-burden areas of the state, designed specifically for high-risk children. These home visiting programs will be evaluated in terms of how well they are able to help families improve control of childhood asthma with the aim of upscaling what works and uncovering the reasons for what does not work well.

The focus on home visiting programs relates directly to the six components of EXHALE. These programs perform education on asthma self-management. The SEP includes evaluation of participant gains in knowledge, as well as control of their asthma. Participants are also referred to smoking quit lines and trained in ways of reducing triggers in the home environment. Current participants are referred from their primary care providers, with whom care may be coordinated. Primary stakeholders are also connected through the Home Visiting Collaborative (HVC), which will be working with local environmental organizations on appropriate policies and education.

The Illinois State Asthma Plan also includes an ongoing effort to build a partnership with Medicaid with the aim of achieving reimbursement for certain preventive services provided clinically to asthma patients, such as AS-ME. Although this effort is just beginning, included in the SEP is a plan to track process indicators related to the development of this partnership. The HVC is now training the second cohort of community health workers to educate health care providers in the latest guidelines-based medical care. To that end, the SEP includes an evaluation of this HVC-led Project ECHO model. These components of the SEP address the first and third overarching NACP evaluation questions. In summary, the particular evaluation questions chosen collectively to address major programmatic goals.

## 2. Methods for Developing the Strategic Evaluation Plan

### Stakeholders

Evaluation stakeholders form a small group of experts in their field with a broad perspective on the program and its outcomes. They also have an interest in the evaluation results due to their potential for improving, expanding, or sustaining program activities. Program evaluation requires in-depth understanding of the program, its information needs, knowledge of the CDC evaluation framework, and a time commitment. Moreover, evaluations must represent stakeholder need and interest. For these reasons, an evaluation planning team (EPT) was established in fall 2019, and members were chosen based on interest in evaluation, knowledge of the program, and willingness to serve. The evaluation team leaders are Dr. Sarah Geiger and Dr. Arlene Keddie, who are guided by asthma program staff at the Illinois Department of Public Health (IDPH). IDPH staff have extensive knowledge of the program, its history, and the role of evaluation in program improvement, as well as access to data needed for program evaluation.

EPT members meet via telephone conferencing. They serve as the connection between the evaluation team and their respective organization. This relationship ensures evaluation engagement from individuals and various partners, while confirming comprehensive program knowledge, expectations, barriers, and anticipated outcomes. EPT members are expected to provide support to the program evaluator by engaging in evaluation planning activities, including, but not limited to, identifying, describing, and prioritizing program activities for evaluation, developing evaluation questions, drafting possible evaluation design and data collection methods, and estimating the resource requirements and the feasibility of conducting specific evaluations. They also aided in development of a cross-evaluation strategy, including a capacity review, a timeline, and a communications plan.

Team members will also monitor evaluation project milestones and deliverables while building evaluation capacity. Overall, team members guide collaborative efforts to focus activities, support CDC framework standards, and are accountable for interpreting evaluation results, dissemination of the findings, and recommending action based on them.

**Table E.1. Evaluation Planning Team – Contributions, Roles, and Future Involvement**

| Stakeholder Name | Title and Affiliation | Contribution to Evaluation Planning | Role in Implementing Evaluations |
|---|---|---|---|
| Nancy Amerson | Epidemiologist, IDPH | Member of the strategic evaluation planning team | Provides epidemiological guidance for evaluations. |
| Cathy Catrambone | Associate Professor, Rush University Medical Center, Illinois Emergency Asthma Surveillance Project (IEDASP) | Member of the strategic evaluation planning team | Contributes ideas and feedback to strategic evaluation plan processes. Assists with prioritization of future evaluations. Provides feedback on evaluation activities. |

| | | | |
|---|---|---|---|
| Maithili Deshpande | Assistant Professor, Southern Illinois University School of Medicine | Member of the strategic evaluation planning team | Contributes ideas and feedback to SEP process and implementing components. Assists with prioritization of future evaluations. Provides feedback on evaluation activities. |
| Enoch Ewoo | Asthma/Tobacco Program Coordinator, IDPH | Consultant to the evaluation planning team | Provides program evaluation guidance. |
| Sarah Geiger | Associate Professor, Lead Evaluator, Northern Illinois University (NIU) | Primary author and leader of the Strategic Evaluation Team | Ensures evaluation activities are carried out in accordance with the SEP. |
| Arlene Keddie | Associate Professor, Evaluator, NIU | Co-author and member of the Strategic Evaluation Team | Provides epidemiological guidance for evaluations. |
| Cassandra Booth | Graduate Assistant, Master of Public Health Student, NIU | Co-author and member of the Strategic Evaluation Team | Provides administrative assistance to the evaluation team. |
| Stacy Ignoffo | Director of Community Health Innovations, Sinai Urban Health Institute, Chicago | Member of the strategic evaluation planning team | Contributes ideas and feedback to SEP process and implementing components. Assists with prioritization of future evaluations. Provides feedback on evaluation activities. |
| Victoria Persky | Professor, University of Illinois-Chicago | Member of the strategic evaluation planning team | Contributes ideas and feedback to SEP process and implementing components. Assists with prioritization of future evaluations. Provides feedback on evaluation activities. |
| Nikki Woolverton | Asthma Program Manager, IDPH | Member of the Strategic Evaluation Planning Team | Provides program evaluation guidance. |
| Grantees | Local health departments and community coalitions | Provide input on processes | Provides data, and feedback on evaluation. |
| Illinois Asthma Partnership Workgroups | | Provide input on processes | Provides feedback on evaluation activities. |

## Methods Used to Develop the Strategic Evaluation Plan

The process used to identify evaluation candidates was systematic, following the Learning and Growing Though Evaluation Module 1 guidelines. The Evaluation Planning Team (EPT) brings an array of knowledge, skills, and perspectives to the process.

Using bi-weekly meetings, the EPT reviewed the strategic evaluation planning process, reviewed and chose four activities to evaluate, established criteria upon which to base its choices of evaluation questions, developed and selected the final evaluation questions, and discussed data sources, evaluation designs, and possible timelines. See Appendix B for the nine activity profiles originally presented to the EPT, which include strategies like leadership and program management, strategic partnerships, asthma self-management education (AS-ME), expansion of services and increased coordinated care, the use of guidelines-based medical management, surveillance, and evaluation. Out of these nine, the EPT prioritized four, activities 4, 5, 6, and 7 using criteria selected as objectively as possible prior to prioritization (Table 2.E.). Initially, the EPT was presented with the list of criteria from Module 1 of Learning and Growing Through Evaluation, but they revised the list (eliminating some and adding others).

A long list (20+) of potential evaluation questions for the four activities was developed with input from team members. As many of the questions overlapped, the list was reduced using EPT feedback, and was reviewed twice by the team. In a later meeting, the team suggested and discussed evaluation data sources and methods aligned with each prioritized evaluation question. Input on general evaluation needs was also solicited from representatives of each of the three home visiting programs via telephone interviews. A more detailed description of the process follows.

**Table E.2. Prioritization Criteria**

| Criteria Used | How Criteria Were Applied | Information Supporting Criteria Determination |
|---|---|---|
| Challenges | The EPT anticipates challenges in developing an appropriate timeline, ensuring standardization for use, obtaining disaggregated data, and developing strong partnerships with state Medicaid/Medicare programs.<br><br>Developing an economic evaluation and/or a new business case is an unfamiliar experience for EPT members. | Past partnerships with state Medicaid/Medicare partnerships were difficult to obtain in the past.<br><br>The adoption and use of home visiting (HV) protocols, processes, and forms.<br><br>List of expansion opportunities<br><br>Prior evaluations |
| Disparities | The EPT chose these activities on the basis of feasibility in making a positive impact in reducing asthma disparities. | Identification of priority areas and shared common set of features based on evidence on the need for improvement |

| | | |
|---|---|---|
| | | and the likelihood it would enhance health (if applied effectively and consistently).<br><br>AS-ME completion rates (Performance measure [PM] F).<br><br>Number of community-based services in high burden areas (PM C)<br><br>Surveillance data |
| Labor/Time Intensive | These activities have absorbed a significant amount of staff time in training, development, data collection methods, and analysis. | Prior evaluations<br><br>Number of home visiting staff trained<br><br>Number of clients assessed/referred<br><br>Number of initiation/completions<br><br>Number of meetings held |
| Performance | There is a need for a more in-depth examination of this activity based on the current performance measurement system. | Prior evaluations, surveillance data, and the current performance measurement system. |
| Plausible Outcomes | All activities chosen were based on feasibility and utility. They are reasonably expected to lead to relevant outcomes. | (Refers to PM C, F, G and H)<br><br>Number of referral sources<br><br>Number of Medicaid/Medicare partnerships initiated<br><br>Number of community-based services in high burden areas (PM C)<br><br>Number of developed and published business cases with program data included<br><br>(data management plan created and included) |

| | | |
|---|---|---|
| Potential Impact | SEP supports the ongoing process of surveillance in priority areas and updating the data. Critical for scientific evidence for determining effective interventions and current measures of quality care. | Available data sources and stakeholder input<br><br>Reduce burden/disparity<br><br>(Refers to PM C, F, G and H) |
| Stakeholder Interest | Active EPT members should have preferences on the components of the program that are evaluated as an incentive for participation. | SEP activities require active participation through virtual meetings and emails to EPT leads.<br><br>Number of HVC meetings<br><br>Number of partners engaged in evaluation planning and reporting |

The SEP is scheduled to be updated annually by the lead evaluator, but can be updated at any time as needed, including, if necessary, by convening meetings of the EPT. It is anticipated that as priority evaluations are completed, new evaluations may be suggested and potentially adopted. Activities will also be assessed and noted "completed," "still in progress," "cancelled," or "new." The EPT will be maintained by engaging members throughout the grant period with progress on evaluation(s). The group will reconvene annually to discuss SEP updates and progress. Additionally, the IAP members assemble once a year and often include an evaluation update and discussion. Asthma program evaluation capacity will be strengthened through individual consultation with CDC Asthma Evaluation staff, trainings, increased attendance and engagement at meetings containing an evaluation component, and offerings to IAP members for evaluation education.

## 3. Proposed Priority Evaluations

### Priority Evaluation Candidates

Prioritization of evaluation candidates provides an in-depth look into the SEP team's cohesive process. First, the prioritization criteria were chosen, and the activity profiles were solidified. Second, the EPT was reviewed (Table E.3) and team members ranked their assigned activity by assigning "high," "medium," or "low" for each of the nine original activities according to each of the team's chosen criteria. A high rank was given a value of 3, medium a value of 2, and low a value of 1. Before the next EPT call, the criteria were scored, averaged, and ranked. A review of the team's results was discussed in December 2019 in preparation for the next step of developing evaluation questions for the high-ranking activities only. Table E.3 below summarizes the results of this ranking process. All ranks from each team member were added together and those activities that scored the highest overall where ranked from 1 (highest) to 9 (lowest) based on the total number of points. As represented in the table, activities 5 and 6 ranked the highest and were

placed as the central focus of the SEP. Although not third and fourth in rank, components of activity 4 (business case) and activity 7

**Table E.3. Rank-ordered List of Priority Evaluation Candidates**

| ACTIVITY | CRITERIA | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Challenges | | | Disparities | | | Labor/Time Intensive | | | Performance | | | Plausible Outcomes | | | Potential Impact | | | Stakeholder Interest | | |
| H=High, M=Medium, L=Low | H | M | L | H | M | L | H | M | L | H | M | L | H | M | L | H | M | L | H | M | L |
| 1. State Asthma Plan *Total score=81; Average=13.5;* ***Rank: #9*** | | 1 | 5 | 2 | 4 | | 1 | 5 | | | 1 | 5 | 1 | 5 | | 2 | 4 | | 2 | 3 | 1 |
| 2. Mobilize partners to expand asthma control, focus on disparities *Total=109; Average=18.2;* ***Rank: #3*** | 4 | 1 | 1 | 5 | 1 | | 1 | 5 | | 3 | 3 | | 5 | 1 | | 4 | 2 | | 4 | 2 | |
| 3. Surveillance: Describing the Burden of Asthma and Strategic Action *Total=103; Average=17.2;* ***Rank: #4*** | 2 | 2 | 2 | 2 | 1 | 3 | 5 | 1 | | 3 | 2 | 1 | 4 | 2 | | 3 | 3 | | 6 | | |
| 4. Products of and Progress from Evaluation *Total=100; Average=16.7;* ***Rank: #5*** | 1 | 4 | 1 | 4 | 1 | 1 | 3 | 3 | | 4 | 2 | | 2 | 3 | 1 | 3 | 3 | | 2 | 4 | |
| 5. Education on Asthma Self-Management (AS-ME) in Home Visiting Programs *Total=75; Average=18.9;* ***Rank: #2*** | 1 | 3 | | 2 | | 2 | 4 | 1 | | 4 | | 2 | 3 | | | 2 | 2 | 1 | 1 | 3 | 1 |
| 6. Expand Access to Asthma Home Visits-*Total=76; Average=19;* ***Rank: #1*** | 2 | 3 | | 4 | | | 3 | 1 | | | 3 | 1 | 3 | 1 | | 4 | | | 3 | 1 | |
| 7. Quality Improvement activities in the HVC *Total=64; Average=16;* ***Rank: #6*** | 1 | 3 | | 2 | | 2 | 2 | 2 | | | 1 | 3 | 4 | | | 2 | 2 | | 2 | 2 | |
| 8. Partnerships for Coordinated Care *Total=61; Average=15.3;* ***Rank: #8*** | 3 | | 1 | 2 | 2 | | 1 | | 3 | | 1 | 3 | 2 | 1 | 1 | 2 | 2 | | 3 | 1 | |
| 9. Environmental Policy Workgroup *Total=63; Average=15.8;* ***Rank: #7*** | 2 | 1 | 1 | 2 | 2 | | 1 | 2 | 1 | | 1 | 3 | 2 | 2 | | 4 | | | 3 | | |

(ECHO training program) were also selected based both on CDC requirements and further discussion of evaluation priorities.

## Overarching Timeline

The table below outlines a timeline for general program milestones and evaluation activities over the next five years. Specific milestones for each part of the program will be listed in the individual evaluation plans. The plan will be updated annually (or as appropriate) and is expected to be fully completed in 2024.

| Table E.4. Sample Timeline with Sequencing of Proposed Evaluation Activities (2020-2024) | | | | | |
|---|---|---|---|---|---|
| | **2019-2020** | **2020-2021** | **2021-2022** | **2022-2023** | **2023-2024** |
| **Program Milestones** | Partners are mobilized to expand asthma control focusing on disparities through identification of resources and data measures to monitor. | A standardized form to ensure HVC/AS-ME data quality is developed and implemented.<br>Convene the IAP annually to discuss Illinois EXHALE. | Referral sources for home visiting programs in target areas are recruited and Medicaid Managed Care Organization (MCO) is engaged.<br>Convene the IAP annually to discuss Illinois EXHALE. | A partnership with Medicaid MCO is established.<br>Convene the IAP annually to discuss IL EXHALE. | Convene the IAP annually to discuss Illinois EXHALE. |
| | Integrated and implemented standard quality of care and protocols that support guidelines-based medical management. | Stronger systems and quality improvement. QI. | Evidence to support business cases is gathered and used to draft a plan and product. | Asthma program infrastructure and capacity is improved, and achievements are shared. | The evaluation team along with the IAP publish at least one business case. |
| | IAP environmental policy and reimbursement workgroups created. | IAP workgroup meetings held to strategically plan for a Medicaid partnership. | Comprehensive service expansion through coordinated care, linkages to community resources, and environmental policy changes. | IAP develop, revise, and update the strategic plan for asthma control. | Linkages and coordination of public health and health care services are established. |
| **Evaluations** | IAP and CDC meetings/ training | IAP and CDC meetings/training | IAP and CDC meetings/ training | IAP and CDC meetings/ training | IAP and CDC meetings/ training |
| | Consistent phone contact connecting partners with the | Consistent phone contact connecting partners with the | Consistent phone contact connecting partners with the | Consistent phone contact connecting partners with the program manager, | Consistent phone contact connecting partners with the |

| | | | | | |
|---|---|---|---|---|---|
| | program manager, surveillance team, and the evaluator to match program efforts with performance measures and evaluation expectations. | program manager, surveillance team, and the evaluator to match program efforts with performance measures and evaluation expectations. | program manager, surveillance team, and the evaluator to match program efforts with performance measures and evaluation expectations. | surveillance team, and the evaluator to match program efforts with performance measures and evaluation expectations. | program manager, surveillance team, and the evaluator to match program efforts with performance measures and evaluation expectations. |
| | Data requests to obtain core data and additional data sets is submitted by the epidemiologist. | Trend reports are analyzed, updated, and maintained.<br><br>The IAP will identify publishable topics for surveillance products.<br><br>At least one population-based surveillance data guide published per quarter with the help of the Data and Surveillance Workgroup. | Surveillance products continue to be published.<br><br>Ad hoc reports are published. | Surveillance products continue to be published.<br><br>A GIS map that displays current program activities, child ED visit rates and measures of risk factors is created. | Surveillance products continue to be published. |
| | In conference calls, stakeholders give input for criteria, activities, and evaluation questions to develop SEP and to expand the IAP. | In conference calls, stakeholders give input for design and data collection methods and a timeline.<br><br>SEP draft finalized.<br><br>Discussions on any existing evaluation results and/or next steps to be incorporated in SEP | Stakeholders collaborate to measure reach and impact of programs; progress reports on SEP and individual evaluations.<br><br>Individual Evaluation Plans (IEP) drafts finalized. | Stakeholder discussions regarding products of and progress from evaluation through dissemination and updates. | Communicating evaluation findings within the IAP and outside the IAP through websites, etc. |

| | | | | | |
|---|---|---|---|---|---|
| | | and individual evaluations. | | | |

## Summarize Each Prioritized Activity and Proposed Evaluation

Each activity is a priority in the current SEP due to its alignment with EXHALE strategies, ability to answer the four overarching questions, and inclusion of CCARE goals, such as asthma education and self-management and reducing morbidity and mortality due to asthma. These activities also relate to performance measures A, B, C, D E, H, F, and G (see CDC NOFO for full indicator). In December 2019, the evaluation team met virtually to review submitted process and outcome evaluation questions based on prioritized activities. The questions were then narrowed to five questions after consultations between IDPH and Northern Illinois University faculty/staff. The final evaluation questions are:

1. Among AS-ME completers, what were the benefits of completing the program?
2. How have tobacco use rates in HVC participants changed over time?
3. What are the facilitators and barriers to increasing bi-directional collaboration between HVC programs and referral sources?
4. How was the ECHO model rolled out and implemented in Illinois (compared to other states)? Was it successful?
5. Over time, did the number of referrals and/or geographic *reach* of the HVC increase or decrease, and by what magnitude?

A few of these questions are purposely structured to have sub questions such as **"Has the AS-ME completion rate changed over the last five years?"** and "**How have the number of participants in the HVC-led ECHO program changed over time?**"

Appropriate data collection method(s), both quantitative and qualitative, were discussed during an evaluation team meeting. Data will be obtained through a variety of sources, such as the HVC program, ALA Quitline, and key informant interviews. A mixed methods design was decided upon by the team. The evaluation's design and implementation also take account of utility and cost. Each summary table includes a basic overview of the priority evaluation.

**Table E.5. Evaluation Profile**

| **Program Activity Profile 4:** | **Category A: 5.3 Use evidence to support business cases.** |
|---|---|
| **Activity Name** | Products of and Progress from Evaluation |
| **Program Component** | Infrastructure |
| **Evaluation Justification** | A business case will be a useful tool in fostering partnerships around Medicaid and other third-party payer reimbursement for AS-ME and potentially other asthma services. |
| **Evaluation Purpose and Use** | The evaluation will take the form of a business case previously conducted by IDPH program staff and partners. Updating the business case would be timely for the current grant cycle, given the goal of improving the program's relationship with Medicaid, and the ultimate aim of achieving reimbursement for AS-ME and potentially other asthma prevention services. |
| **Possible Evaluation Questions** | 1. How have the needs of Illinois children suffering from asthma changed since the original business case was written in 2017?<br>2. How has the landscape of Illinois asthma home visiting and community health workers changed since the 2017 business case?<br>3. Is there new evidence about cost-savings and improved asthma outcomes related to AS-ME? |
| **Relevant Performance Measures** | PM A: Analysis and Use of Core Data Sets<br>PM B: Linking Activities and Outcomes<br>PM E: Use of Evaluation Findings<br>PM H: Changes in Population-Level Outcomes |
| **Relevant EXHALE Component** | E, H |
| **Relevant Overarching Evaluation Question** | (Q3) To what extent has the recipient successfully engaged with health plans or health care practices in efforts to improve quality of care? |
| **Timing of Evaluation** | May-Dec 2020 |

| | |
|---|---|
| **Suggested Evaluation Design** | Business case |
| **Potential Data Sources** | Illinois Primary Health Care Association<br>Illinois Home Visiting Collaborative<br>Existing reports and academic literature |
| **Potential Data Collection Methods** | Literature review, secondary use of Centers for Medicare & Medicaid Services (CMS) data<br>Staff responsible: Evaluation team and epidemiologist |
| **Contextual Factors** | In this case, it may be important to consider the respective cultures of the organizations involved when discussing them in the business case update. Authors of the update will be mindful of the context in which the original business case was authored, including authoring organizations. |
| **Potential Audiences** | Illinois Primary Health Care Association<br>CMS office |
| **Possible Uses of Information** | Leveraging partnerships to develop and/or strengthen business cases that expand and support asthma programs. |
| **Estimated Evaluation Cost** | There are no funds allocated to this project. Costs will be related to personnel time. |

| **Program Activity Profile 5:** | **Category B: 1.1 Expand access to/delivery of AS-ME to people with asthma/caregivers** |
|---|---|
| **Activity Name** | Education on AS-ME in Home Visiting Programs |
| **Program Component** | Infrastructure |
| **Evaluation Justification** | Factors that influenced justification of this evaluation are the highly intensive nature of the activity, its potential to achieve a reduction in disparities, and its high likelihood to have a positive impact. Challenges associated with conducting this activity were thought to be minimal. |
| **Evaluation Purpose and Use** | The purpose of this evaluation is to learn what is working well and to identify areas in need of improvement in order to improve the program. The findings will be used by the HVC to make necessary changes to achieve successful performance measures. |
| **Possible Evaluation Questions** | 1. Among AS-ME completers, what were the benefits of completing the program?<br>• Has the AS-ME completion rate changed over the last five years? Among AS-ME completers, was there an increase in asthma self-management knowledge between the initial visit and last follow-up visit or contact?<br>• Among AS-ME completers, has the level of asthma control changed at follow-up compared to baseline visits? (e.g., hospital ED rates, ED visits)<br><br>2.How have tobacco use rates in HV participants changed overtime? |
| **Relevant Performance Measures** | PM C: Comprehensive Service Expansion in High Burden Areas<br><br>PM H: Changes in Population-level Outcomes<br><br>PM F: AS-ME Completion Rates<br><br>PM G: Improvement in Asthma Control among AS-ME Completers |
| **Relevant EXHALE Component** | (B1. E), (B2. X), (B3. H), (B4, A) and (B5, L) |

| | |
|---|---|
| **Relevant Overarching Evaluation Question** | (Q2) To what extent has the recipient leveraged partnerships and policies to expand the EXHALE strategies to ensure availability, efficiency, effectiveness, and health equity? |
| **Timing of Evaluation** | September 2019 - August 2020 |
| **Suggested Evaluation Design** | Mixed methods |
| **Potential Data Sources** | HV programs<br>ALA Quitline (referral and seven- month follow up) |
| **Potential Data Collection Methods** | Quantitative; completion numbers<br>Knowledge<br>Standardized survey<br>Tobacco; seven-month connection about staying quit; outline reports exist, survey. |
| **Cultural or Contextual Factors** | Cultural factors of home visiting participants will be considered in delivery of the home visiting program and delivery of AS-ME in particular. For example, AS-ME training may be offered in Spanish. Building off of this awareness of cultural factors in the HV programs themselves, program will be mindful of a few contextual factors. Namely, the three HV programs are each in a different stage of implementation and not all have historically focused on asthma, which could potentially affect reach and outcomes. Data collection tools and strategies will be developed with the aim of cultural and contextual relevance based on the needs of both target populations and collaborating organizations. |
| **Potential Audiences** | Illinois Department of Public Health<br>Illinois Asthma Partnership<br>Subgrantees |
| **Possible Uses of Information** | Expands the program by increasing accessibility and affordability of in-home asthma services to high-burden areas.<br><br>Supports community health through local services. |

| | |
|---|---|
| | Increase in health literacy and specific topics like environmental health and asthma by training staff and partners in “well-controlled” asthma.<br><br>Achieving “well-controlled” asthma reduces hospitalizations and ED visits.<br><br>Support expansion of health plan partnerships, specifically Medicare/Medicaid, in expanding access to AS-ME and achieving reimbursement. |
| **Estimated Evaluation Cost** | $151,000 is allotted for the three HVC grantees. |

| Program Activity Profile 6: | **Category B: 3.1 Expand access to and delivery of asthma home visits.** |
|---|---|
| **Activity Name** | Expand Access to Asthma Home Visits |
| **Program Component** | Infrastructure |
| **Evaluation Justification** | This activity ranked high in potential impact, likelihood of reducing health disparities, and high stakeholder interest with minimal challenges. |
| **Evaluation Purpose and Use** | The purpose of this evaluation is to learn what efforts for HV expansion are working well and to identify areas for improvement. The findings will be used by HVC to make necessary changes to achieve success in those performance measures related to HV expansion. |
| **Possible Evaluation Questions** | 1.What are the facilitators and barriers to increasing bi-directional collaboration between HVC programs and referral sources?<br>2.How was the ECHO model rolled out and implemented in Illinois (compared to other states)? Was it successful?<br>• Was there a change in the number of referrals?<br>• How have the number of participants in the HVC-led ECHO program changed over time? What other changes have occurred?<br>• Who were the key stakeholders?<br>• Was there fidelity to the original ECHO model?<br>• Did we build off of the original model?<br>2. 3.Over time, did the number of referrals and/or geographic reach of the HVC increase or decrease and by what magnitude? |
| **Relevant Performance Measures** | PM C: Comprehensive Service Expansion in High Burden Areas<br><br>PM F: AS-ME Completion Rates<br><br>PM G: Improvement in Asthma Control among AS-ME Completers |
| **Relevant EXHALE Component** | (B1. E), (B2. X), (B3. H), (B4, A) and (B5, L) |

| | |
|---|---|
| **Relevant Overarching Evaluation Question** | (Q2) To what extent has the recipient leveraged partnerships and policies to expand the EXHALE strategies to ensure availability, efficiency, effectiveness, and health equity? |
| **Timing of Evaluation** | May – August 2020 |
| **Suggested Evaluation Design** | Key stakeholder interviews with subgrantees, qualitative |
| **Potential Data Sources** | HV programs |
| **Potential Data Collection Methods** | Qualitative data; HVC grantee anecdotal<br><br>Report on quarterly progress reports (first and second) |
| **Cultural or Contextual Factors** | Organizational cultures will be important to consider while conducting certain components of this evaluation, including, but not limited to, the HV organizations themselves, as well as the referring organizations. The history of pre-existing relationships between HV organizations and health care or other organizations will also be considered. Finally, the ECHO model is based on original work in New Mexico, so as a newer model in Illinois, IAP will consider how the original program was implemented, evaluated, and evolved. |
| **Potential Audiences** | Illinois Department of Public Health<br>Illinois Asthma Partnership<br>Subgrantees |
| **Possible Uses of Information** | Expands the program by increasing accessibility and affordability of in-home asthma services to high-burden areas.<br><br>Supports community health through local services.<br><br>Increases in health literacy on specific topics like environmental health and asthma by training staff and partners in “well-controlled” asthma. |

| | |
|---|---|
| | Creation/implementation of standardized forms.<br><br>Supports expansion of health plan partnerships, specifically Medicare/Medicaid in achieving reimbursement.<br><br>Reduction in hospitalizations and ED visits by improving environmental health.<br><br>Expands access, referral to, and delivery of coordinated community-based services in high-burden areas. |
| **Estimated Evaluation Cost** | $151,000 is allotted for the HVC. The Illinois Primary Health Care Association (IPHCA) is also a funded grantee, and the creation of a reimbursement workgroup is one of the designated activities. |

## 4. Evaluation Capacity-building Activities

From the beginning of the grant's five-year timeline, evaluation capacity has been fostered through conferences, training opportunities, and individual meetings with various stakeholders. The evaluation team plans to continue to take advantage of and build upon these opportunities in the future. Dr. Sarah Geiger, the lead evaluator, has post-doctoral training in program evaluation and will be attending the Summer Evaluation Institute 2020 sponsored by the American Evaluation Association (AEA). Dr. Arlene Keddie, an epidemiologist on the evaluation team, plans to attend the institute in a future year. Cassandra Booth, currently serving as a graduate assistant on the team, has taken, as part of her M.P.H. degree, a three-credit course in program evaluation, taught by a former CDC evaluator. In addition, all three members of the team regularly attend conference calls organized by both the program and CDC regarding evaluation issues. The team has applied for a one-on-one coaching opportunity on how to prepare peer-reviewed publications on evaluation efforts.

The program and evaluation team on contract will continue to participate in CDC-sponsored trainings and conference calls around evaluation topics and invite appropriate stakeholders to join these opportunities. The evaluator will also continue to seek out opportunities to fine-tune evaluation and business case development. One such opportunity was given by the CDC for one-on-one consultations for business case development in January 2020. Moreover, the evaluator will share SEP updates with the IAP workgroups and with partners/stakeholders present at the semi-annual face-to-face meetings. The evaluation team will elicit feedback from partners to ensure the current evaluation measures will result in data that can be used to meet CDC performance measures. Facilitating evaluation training and technical assistance to grantees and stakeholders will allow all members an active role in the evaluation process while also keeping evaluation at the forefront.

The evaluator, the program manager, and the epidemiologist will receive evaluation training through semi-annual CDC meetings. Evaluation guidance will also be available to the program manager and the evaluator through the CDC-appointed technical advisor, Ayana Perkins. These capacity building activities will take place throughout the grant period.

**Table E.6 Capacity-building activities, with identified audiences, resources, and timelines**

| Capacity building activity | Audience | Resources | Timeline |
|---|---|---|---|
| CDC-sponsored trainings | Evaluator, program manager, epidemiologist | Staff time, dollars to attend some trainings and conferences | Semi-annual |
| Evaluation Guidance | Evaluator, program manager | Staff time | Monthly |
| Stakeholder Engagement | EPT, HVC, IAP workgroups | Time, travel funds for in person meetings | Monthly |
| CDC Asthma and Community Health Branch CHB Evaluation calls | Evaluator | Time | Quarterly |
| CDC and AEA resources such as webinars and Evaluation Summer Institute | Evaluator | Time, travel, and registration funds for certain trainings | Variable |
| Cross-state networking and collaborations | Evaluator | Time | Variable |

## 5. Communication Plan

### Communicating

The evaluation team has made a commitment to open communication regarding all aspects of the evaluation process, including dissemination of surveillance and evaluation results, and suggestions for relevant programmatic changes. Appropriate communication plans will be available in both the SEP and individual evaluation plans to ensure lessons learned are shared with targeted stakeholders to aid in informed programmatic decisions.

Technology helps to expand access and outreach efforts to various populations. Conference calls, seminars, and social media may also be used. For this reason, key stakeholders are responsible for information sharing. Below is a table that shows this evaluation's communication plan. The program evaluator will be responsible for communicating information from the evaluation to appropriate stakeholders with support from other team members when necessary. Moreover, it is appropriate to engage these stakeholders in any updates of the evaluation plan, action planning, and ensuring use and lessons learned. By doing so, evaluation framework standards are warranted, especially utility and accountability.

**Table E.6. Communication Plan Summary Matrix**

| Information and Purpose | Audience(s) | Possible Formats | Possible Messengers | Timing | Person Responsible |
|---|---|---|---|---|---|
| Finalized SEP | IAP members, CDC asthma staff, other stakeholders | Electronic and in-person meetings | Evaluators, IDPH staff | Upon final approval | Evaluator |
| Progress, edits, and revisions to SEP | IAP members, CDC asthma staff, other stakeholders | Electronic and in-person meetings | Evaluators, IDPH staff | As needed | Program manager and evaluator |
| Individual evaluation plans | IAP members, CDC asthma staff, other stakeholders | Electronic and in-person meetings | Evaluators, IDPH staff | Upon completion | Evaluators |
| Results of evaluation activities | IAP members, CDC asthma staff, other stakeholders, such as home visiting programs and participants | Electronic and in-person meetings | Evaluators, IDPH staff, and potentially subgrantee staff, such as home visiting staff sharing with participants | Upon completion | Evaluators |
| Recipients of evaluation results, to discuss ways to incorporate evaluation findings into programmatic activities | Evaluators, IDPH staff, and stakeholders involved in evaluation findings being discussed | Electronic and in-person meetings | Evaluators, IDPH staff | Within one month of sharing evaluation findings with stakeholders | Evaluators |

## 6. Proposed Methods to Update the Evaluation Plan

The SEP will be reviewed on an annual basis by the evaluation team and representatives of other major stakeholders, such as subgrantees. Based on this review, the team will come to an agreement on any necessary updates. Achievement (or lack thereof) of relevant performance measures will help guide decisions to make modifications to the original SEP. The proven feasibility (or lack thereof) of the original planned evaluation questions, methods, and data sources will also help guide future decisions. The same discussion and consensual agreement process applied to create the original SEP will be used to edit future versions of the SEP. This approach to evaluation mirrors the collaborative way in which the Illinois State Asthma Program, as a whole, operates.

**Table E.7. SEP Updates**

| Major SEP Updates | Rationale | Date |
|---|---|---|
| Modified evaluation questions | Added cost questions in response to stakeholders' voiced concerns about the need for program cost data. | December 2018 |
| Updated proposed priority evaluations | Removed evaluation about the effects of a policy evaluation because the policy was never implemented. | May 2019 |

## 7. Action Planning

Evaluation products and discoveries will be employed to improve the program and to expand it. To ensure that evaluation products are used by the stakeholders, the evaluation team considered comprehensive items when developing questions, designing the evaluation, and disseminating evaluation products. As the SEP lays the foundation for individual evaluation plans, the evaluation team will invite appropriate stakeholders at each stage. By doing so, evaluators ensured product use and opportunities to share lessons learned.

## Action Plan Template

Action planning will be conducted after each evaluation is conducted, together with the EPT as well as the organizations involved in the evaluation, as appropriate. Action planning will be part of the evolution of the SEP.

**Table E.8. 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 progress?) | **Progress Update** (How far along have we gotten by X date of review?) | **Comments** (Challenges, unintended consequences, decisions?) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

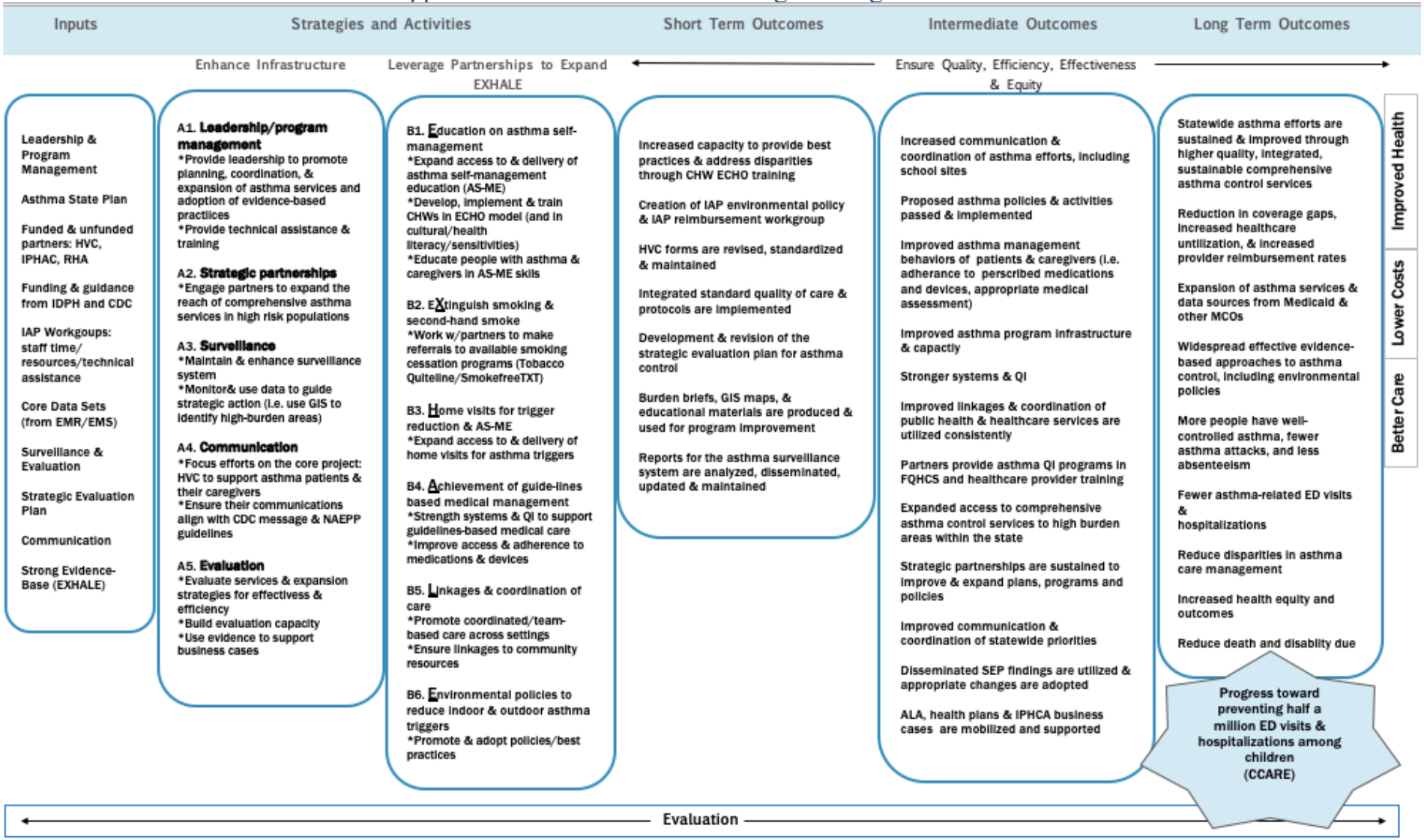
## 8. Reflection

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 E.9 below.

**Table E.9. Reflections Summary Matrix**

| Observations/Lessons Learned | Plans for modifying the process |
|---|---|
| **Need for more input from other stakeholders.** | Include representatives of each subgrantee (HV Program) on the EPT. |
| **More time needed to discuss various aspects of the planning process.** | Start the planning process earlier and have more frequent or longer meetings. |
| **Sometimes EPT members were hesitant to participate in the discussions or to provide feedback.** | When choosing the evaluation planning team, more thoroughly explain expectations. |
| **Build rapport among EPT members.** | In order to better facilitate collaboration, have at least one in-person EPT meeting toward the beginning of the SEP process. Especially because the evaluators were new to the program, this would have helped to get to know one another and build rapport. |

# Appendix A—Illinois Asthma Program Logic Model



# Appendix B—Activity Profiles

**Program Activity Profile 1: Category A: 1.1 Providing leadership to expand asthma services and for the adoption of evidence-based practices.**

| | |
|---|---|
| **Strategy** | Leadership and program management |
| **Title of Activity** | State Asthma Plan |
| **Description of Activity** | Develop a strategic plan for asthma control and expand the IAP. |
| **Duration of Activity** | September 2019 - August 2020 (First Year) |
| **Partner Involvement** | The IAP Executive Committee will work in collaboration with the program to revise and update the strategic plan.<br><br>A new workgroup will be formed specifically to draft the state plan.<br><br>Additional partners are sought to expand IAP membership and to contribute to the planning. |
| **Cost of Activity** | There are no funds allocated to this project specifically. Costs will be related to personnel time. |
| **Contribution to Intended Program Outcomes** | Increased partnerships<br><br>Improved communication and coordination of statewide priorities<br><br>Health equity and disparities addressed<br><br>Established linkages and coordination across public health and health care systems |
| **Known Challenges in Conducting the Activity** | Time commitment and constraints of participants (all volunteers) |
| **Performance Measure Data** | PM A: analysis and use of core data sets |

| | |
|---|---|
| | PM C: Comprehensive Service Expansion in High-Burden Areas |
| **Prior Evaluation** | No previous evaluations of state planning have been conducted. A partnership evaluation was completed in June 2013. |

**Program Activity Profile 2: Category A: 2.2 Identify priority populations and shared goals to expand services.**

| | |
|---|---|
| **Strategy** | Strategic partnerships |
| **Title of Activity** | Mobilize Partners to Expand Asthma Control, Focus on Disparities. |
| **Description of Activity** | Convene the IAP annually to discuss Illinois EXHALE strategies and opportunities for expansion of services to high-risk populations by sharing surveillance data and program activities. ALA will primarily serve Cook County (Chicago area) and the city of Kankakee. SIU SOM will cover four central and southern Illinois cities – Springfield, Decatur, Peoria, and Marion -- with expansion in later years. SIUE will cover East St. Louis. Partners will be engaged in identifying resources and data measures to monitor over the course of the state plan.<br>Recruit referral sources for home visiting programs in target areas and engage Medicaid MCOs. |
| **Duration of Activity** | September 2019 – August 2020 (First Year) |
| **Partner Involvement** | Engage partners to identify resources: HVC and IAP. The home visiting collaborative consists of the ALA (serving Chicago), SIU SOM, and SIUE. |
| **Cost of Activity** | There are no funds allocated to this project specifically. Costs will be related to personnel time. |
| **Contribution to Intended Program Outcomes** | Utilizes surveillance and core data to establish partnerships and link care in high-burden areas.<br><br>Established linkages and coordination across public health and health care systems. |

| | |
|---|---|
| **Known Challenges in Conducting the Activity** | Funding for expansion of services may not be available. |
| **Performance Measure Data** | PM A: Analysis and Use of Core Data Sets<br><br>PM C: Comprehensive Service Expansion in High-Burden Areas |
| **Prior Evaluation** | None |

**Program Activity Profile 3: Category A: 3.1 and 3.2 Maintain and enhance the asthma surveillance system. Monitor and use data to guide strategic action and describe the burden of asthma in Illinois using population-based surveillance data.**

| | |
|---|---|
| **Strategy** | Surveillance |
| **Title of Activity** | Surveillance: Describing the Burden of Asthma and Strategic Action |
| **Description of Activity** | The epidemiologist will submit data requests to obtain core data and additional datasets.<br><br>Analyze, update, and maintain trend reports for hospitalizations, ED visits, adult and child prevalence, mortality, and Asthma Call-Back Survey (ACBS) measures.<br><br>By using population-based surveillance data from the state and its counties, asthma disparities by race/ethnicity, gender, and socioeconomic variables will guide at least one published asthma-specific surveillance product per quarter. Topics will be identified by the IAP.<br><br>Analyze and publish ad hoc reports on asthma and tobacco, asthma-related emergency medical services (EMS) data from schools, and clinical quality measure to describe the burden of asthma in Illinois.<br><br>Create GIS map that displays current program activities, child ED visit rates and measures of risk factors (i.e., concentrated disadvantage). |
| **Duration of Activity** | Updating annually and ongoing |

| | |
|---|---|
| **Partner Involvement** | Data obtained from core datasets[1] and additional datasets[2] (YTS[3], YRBS[4], EMS, and payers).<br><br>The Data and Surveillance Workgroup provides guidance and interpretation of surveillance findings.<br><br>The IAP will identify publishable topics for surveillance products. |
| **Cost of Activity** | There are no funds allocated to this project specifically. Costs will be related to personnel time. There are no anticipated costs to obtain the data.<br><br>Funds are allocated for BRFSS data ($13,500), to be paid to BRFSS to fund three asthma call-back survey questions. Each question costs $4,500. |
| **Contribution to Intended Program Outcomes** | Use of data for program improvement.<br><br>Disparity data collected and processed into written reports and images (maps, infographics, and other surveillance products).<br><br>Create basis to expand data from Medicaid and Medicare. |
| **Known Challenges in Conducting the Activity** | Obtaining non-core datasets.<br><br>Large enough sample size of the BRFSS ACBS to produce single-year datasets.<br><br>In the past, a partnership with the state Medicaid/Medicare office has proven difficult. |
| **Performance Measure Data** | PM A: Analysis and Use of Core Data Sets |

[1] Hospitalization/ED Visits, Behavioral Risk Factor Surveillance System (BRFSS), BRFSS Random Child Selection Module, BRFSS Child Prevalence Module, BRFSS Asthma Call-Back Survey (adult, child) and Vital Statistics.
[2] Additional Data Sets (not required): Youth Tobacco Survey (YTS), Youth Risk Behavior Survey, Payers (MCD/CHIP), Workers' Comp Claims, Medical/Pharmacy Insurance Claims, School District Health Data/Student Attendance Records, Use of Healthcare Costs, and Costs of Care.
[3] Youth Tobacco Survey
[4] Youth Risk Behavior Surveillance System

| | |
|---|---|
| | PM B: Linking Activities and Outcomes<br><br>PM H: Changes in Population-Level Outcomes |
| **Prior Evaluation** | None |

**Program Activity Profile 4: Category A: 5.3 Use evidence to support business cases**

| | |
|---|---|
| **Strategy** | Evaluation |
| **Title of Activity** | Products of and Progress from Evaluation |
| **Description of Activity** | Use evidence to support business cases. Draft a plan on how to apply performance measures and evaluation findings as business case evidence for targeted topics. |
| **Duration of Activity** | September 2019 – August 2020 |
| **Partner Involvement** | The program manager will work with the evaluation team, the IPHCA and the IAP to draft the plan mentioned above. |
| **Cost of Activity** | There are no funds allocated to this project specifically. Costs will be related to personnel time. |
| **Contribution to Intended Program Outcomes** | Leveraging partnerships to develop and/or to strengthen business cases that expand and support asthma programs. |
| **Known Challenges in Conducting the Activity** | Identifying champions to lead business case adoption.<br><br>Timeline for obtaining data to inform business cases. |
| **Performance Measure Data** | PM A: Analysis and Use of Core Data Sets<br><br>PM B: Linking Activities and Outcomes<br><br>PM E: Use of Evaluation Findings<br><br>PM H: Changes in Population-Level Outcomes |
| **Prior Evaluation** | None |

**Program Activity Profile 5: Category B: 1.1 Expand access to/delivery of AS-ME to people with asthma/caregivers**

| | |
|---|---|
| **Strategy** | Education on AS-ME |
| **Title of Activity** | Education on AS-ME in HV Programs |
| **Description of Activity** | Expand access to and delivery of AS-ME to people with asthma and their caregivers by leveraging partnerships. |
| **Duration of Activity** | Ongoing |
| **Partner Involvement** | HVC will provide AS-ME in home visits. The program manager, together with HVC and SIU SOM will create Asthma ECHO designed to expand asthma control services. The program manager will work with IPHCA to create a reimbursement workgroup. Strategically plan for Medicaid partnership. |
| **Cost of Activity** | $151,000 is allotted for the three HVC grantees. |
| **Contribution to Intended Program Outcomes** | Expands the program by increasing accessibility and affordability of in-home asthma services to high-burden areas.<br><br>Supports community health through local services.<br><br>Increase in health literacy and topics like environmental health and asthma by training staff and partners in "well-controlled" asthma.<br><br>Achieving "well-controlled" asthma reduces hospitalizations and ED visits.<br><br>Supports expansion of health plan partnerships, specifically Medicare/Medicaid in expanding access to AS-ME and achieving reimbursement. |
| **Known Challenges in Conducting the Activity** | In the past, a partnership with the state Medicaid/Medicare office has proven difficult. |
| **Performance Measure Data** | PM C: Comprehensive Service Expansion in High-Burden Areas<br><br>PM H: Changes in Population-level Outcomes |

| | |
|---|---|
| | PM F: AS-ME Completion Rates<br><br>PM G: Improvement in Asthma Control among AS-ME Completers |
| **Prior Evaluation** | Performance measures related to asthma subject matter experts collected in previous iteration of funding. |

**Program Activity Profile 6: Category B: 3.1 Expand access to and delivery of asthma home visits.**

| | |
|---|---|
| **Strategy** | Home visits for trigger reduction and AS-ME |
| **Title of Activity** | Expand Access to Asthma Home Visits |
| **Description of Activity** | Expand access to and delivery of asthma home visits. |
| **Duration of Activity** | September 2019 - August 2020 |
| **Partner Involvement** | The program manager, epidemiologist, and evaluator will work with the HVC to utilize evidence-based assessment tools to build evidence of program impact. Together, they will develop a standardized form to ensure data quality. The HVC will train home visiting staff (RNs, health educators, and community health workers (CHWs) on procedures.<br><br>The HVC will expand asthma control services from Asthma ECHO designs. The program manager will work with the HVC to increase awareness of the HVC and seek referral sources.<br><br>The program manager, IPHCA, and HVC will convene a reimbursement workgroup to discuss and advocate for Medicaid reimbursement. Data collected through the asthma home visits will be used as evidence for the reimbursement business case. |
| **Cost of Activity** | $151,000 is allotted for the HVC. IPHCA is also a funded grantee and the creation of a reimbursement workgroup is one of the designated activities. |
| **Contribution to Intended Program Outcomes** | Expands the program by increasing accessibility and affordability of in-home asthma services to high-burden areas.<br><br>Supports community health through local services.<br><br>Increase in health literacy on specific topics like environmental health and asthma by training staff and partners in “well-controlled” asthma.<br><br>Creation/implementation of standardized forms.<br><br>Support expansion of health plan partnerships, specifically Medicare/Medicaid in achieving reimbursement.<br><br>Reduction in hospitalizations and ED visits by improving environmental health. |

| | |
|---|---|
| | Expands access, referral to, and delivery of coordinated community-based services in high-burden areas. |
| **Known Challenges in Conducting the Activity** | In the past, a partnership with the state Medicaid/Medicare office has proven difficult. |
| **Performance Measure Data** | PM C: Comprehensive Service Expansion in High Burden Areas<br><br>PM F: AS-ME Completion Rates<br><br>PM G: Improvement in Asthma Control among AS-ME Completers |
| **Prior Evaluation** | Evaluation of data collection tool and methodology previously completed for one of the three home visit programs (2017). |

**Program Activity Profile 7: Category B: 4.1 Strengthen systems and quality improvement (QI) to support guidelines-based medical care.**

| | |
|---|---|
| **Strategy** | Achievement of guidelines-based medical management |
| **Title of Activity** | Quality Improvement Activities in the HVC |
| **Description of Activity** | Strengthen systems and QI by integrating and implementing a standard quality of care and protocols to support guidelines-based medical care. |
| **Duration of Activity** | May – August 2020 |
| **Partner Involvement** | The HVC and program manager will integrate and implement QI activities in the HVC. The HVC will create Asthma ECHO to educate health care providers (HCPs) on Expert Panel Report (EPR)-3 Guidelines and QI in clinical practice. |
| **Cost of Activity** | SIU SOM will take the lead in the development of the ECHO models within the HVC. The HVC funding total is $151,000, which includes ECHO. |
| **Contribution to Intended Program Outcomes** | Builds community-services/asthma program capacity.<br><br>Asthma patients are receiving proper services, diagnosis, and medication to support and improve asthma self-management rates.<br><br>Coordinated care is increased and improved through consistent measures and health care/physician training.<br><br>Helps to facilitate/solidify strong relationships with Medicaid/Medicare.<br><br>Reducing coverage gaps, increased health plan utilization, increased provider reimbursement rates.<br><br>Aligns with the CDC initiative, Controlling Childhood Asthma Reducing Emergencies (CCARE).<br><br>Expands access, referral to, and delivery of coordinated community-based services in high-burden areas. |
| **Known Challenges in Conducting the Activity** | Asthma Control Test (ACT) may or may not be used along with other standardized forms. |

| | |
|---|---|
| | In the past, a partnership with the state Medicaid/Medicare office has proven difficult. |
| **Performance Measure Data** | PM D: Quality of Guidelines-based Care |
| **Prior Evaluation** | None |

**Program Activity Profile 8: Category B: 5.1 Encourage coordinated care (team-based care) across settings and ensure linkages to community resources**

| | |
|---|---|
| **Strategy** | Linkages and coordination of care |
| **Title of Activity** | Partnerships for Coordinated Care |
| **Description of Activity** | Encourage coordinated care (team-based care) across settings and ensure linkages to community resources. Resources include electronic medical records, devices, etc. |
| **Duration of Activity** | Ongoing |
| **Partner Involvement** | The HVC will strengthen and expand partnerships for coordinated care. The HVC will utilize hot spotting to determine additional medical and social services needed. The HVC will utilize the Housing Information Management System (HIMS) or other documentation platform when receiving and providing referrals. |
| **Cost of Activity** | $151,000 is allotted for the HVC. |
| **Contribution to Intended Program Outcomes** | Through the use of communication and technology, access and referral to asthma services will increase.<br><br>Delivery of asthma services, especially in high-burden areas, will increase via partnerships.<br><br>Strengthens and advances competencies of health care professionals and asthma patients/caregivers/communities. |
| **Known Challenges in Conducting the Activity** | None stated. |

| | |
|---|---|
| **Performance Measure Data** | PM A: Analysis and Use of Core Data Sets<br><br>PM C: Comprehensive Service Expansion in High Burden Areas |
| **Prior Evaluation** | None |

**Program Activity Profile 9: Category B: 6.1 Encourage adoption of environmental policies and best practices.**

| | |
|---|---|
| **Strategy** | Adopt environmental policies/practices to reduce indoor/outdoor air triggers |
| **Title of Activity** | Environmental Policy Workgroup |
| **Description of Activity** | Create an IAP environmental policy workgroup designed to encourage adoption of polices and best practices. Utilize existing partners for training and guidance. |
| **Duration of Activity** | Ongoing |
| **Partner Involvement** | The program manager will work with the Respiratory Health Association (RHA) to create an IAP environmental policy workgroup designed to encourage adoption of policies and best practices.<br><br>RHA and Building Resilience Against Climate Effects (BRACE-IL) will provide training on indoor air quality assessment to members of the HVC.<br><br>RHA guides the adoption of environmental policies. |
| **Cost of Activity** | $25,000 is allotted for RHA. |
| **Contribution to Intended Program Outcomes** | Improving environmental health reduces hospitalizations and ED visits.<br><br>Facilitates care coordination at home/school/workplace with health care professionals.<br><br>Reduction in exposure to secondhand smoke through policies.<br><br>Aligns with CCARE. |
| **Known Challenges in Conducting the Activity** | Struggles in coalition leadership, training for community health workers/assessors, and mobilizing for appropriate policy change. |

| | |
|---|---|
| **Performance Measure Data** | PM H: Changes in Population-Level Outcomes |
| **Prior Evaluation** | None |

Acronym List

| | |
|---|---|
| ACBS | Asthma Call-Back Survey |
| ACT | Asthma Control Test |
| AEA | American Evaluation Association |
| ALA | American Lung Association |
| AS-ME | Asthma Self-Management Education |
| BRACE-IL | Building Resilience Against Climate Change Effects - Illinois |
| BRFSS | Behavioral Risk Factor Surveillance System |
| CCARE | Controlling Childhood Asthma Reducing Emergencies |
| CDC | Centers for Disease Control and Prevention |
| CHW | Community Health Worker |
| CMS | Centers for Medicare & Medicaid Services |
| ECHO | Extension for Community Healthcare Outcomes |
| ED | Emergency Department |
| EMS | Emergency Medical Services |
| EPR | Expert Panel Report |
| EPT | Evaluation Planning Team |
| EXHALE | Education on Asthma self-management |
| | X-tinguishing smoking and secondhand smoke |
| | Home visits for trigger reduction and AS-ME |
| | Achievement of guidelines-based medical management |
| | Linkages and coordination of care across settings |
| | Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources |
| GIS | Geographic Information System |
| HV | Home Visit |
| HVC | Home Visiting Collaborative |
| HCP | Health Care Provider |
| HIMS | Housing Information Management System |
| IAP | Illinois Asthma Partnership |
| IDPH | Illinois Department of Public Health |
| IEDASP | Illinois Emergency Department Asthma Surveillance Project |
| IEP | Individual Evaluation Plan |
| IPHCA | Illinois Primary Health Care Association |

| | |
|---|---|
| MCO | Managed Care Organization |
| NACP | National Asthma Control Program |
| NOFO | Notice of Funding Opportunity |
| PM | Performance Measure |
| QI | Quality Improvement |
| RHA | Respiratory Health Association |
| SEP | Strategic Evaluation Plan |
| SIUE | Southern Illinois University at Edwardsville, School of Nursing |
| SIU SOM | Southern Illinois University School of Medicine |
| YRBS | Youth Risk Behavior Survey |
| YTS | Youth Tobacco Survey |