

# **Asthma Prevention & Control**

## **Evaluation Report:**

### **Process Evaluation Results**

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**Final Report**  
**August 31, 2006**

#### **Prepared for:**

Maine Asthma Prevention and Control Program  
Division of Community Health  
Maine Center for Disease Control and Prevention  
Department of Health and Human Services

#### **Prepared by:**

Amy Black, Ph.D.  
Maine Center for Public Health  
12 Church Street  
Augusta, ME 04330  
207-629-9272

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# Background Information

The Maine Department of Health and Human Services (DHHS), Maine Center for Disease Control and Prevention (ME-CDC), contracted with the Maine Center for Public Health (MCPH) to evaluate the Asthma Prevention and Control Program. The first phase of this effort involved the development of an evaluation plan outlining the design and specific evaluation questions, as well as process and outcome measures. The evaluation plan was completed in August 2004 and is available upon request.

## Maine Asthma Prevention and Control Program

The Asthma Prevention and Control Program is a program within the Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention and is funded by the Federal Centers for Disease Control and Prevention (Grant #U59/CCU123178). The program was established by the legislature in 2002 for the purpose of providing leadership for, and coordination of, asthma prevention and intervention activities statewide. The program includes a staff of two and has access to epidemiological consultation and assistance regarding the surveillance component of the program.

The Program is responsible for helping to facilitate the implementation of the Maine Asthma Plan and for bringing together resources to address asthma throughout the state. In addition, the Program has several other activities that are designed to collectively lead to the long-term goals identified in the program logic model (see Appendix A). These long-term goals are intended to be achieved based on the cooperative efforts of governmental and nongovernmental stakeholders, providers, health systems, and others who are committed to decreasing the burden of asthma in Maine. While this evaluation focuses primarily on the efforts and activities of the state program, it is important to recognize the contributions of others working in this area to achieve the same overarching goals.

## Overview of Report

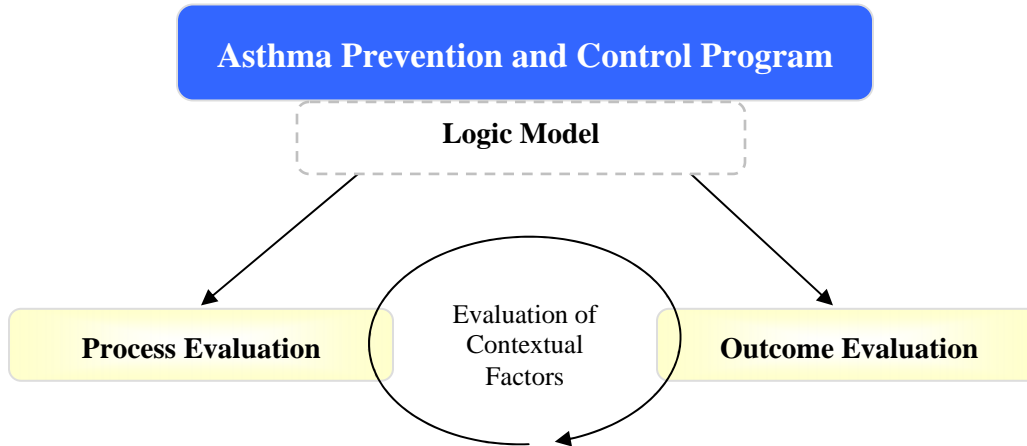
The report provides a snapshot approach of *process evaluation* results based on the activities of the Asthma Prevention and Control Program. A summary of the progress related to all programmatic activities is included as well as a review of key contextual factors. Select outcome data is also provided for informational purposes; however this information is not intended to be used to assess the impact of the State Program.

This evaluation report is designed to inform Program staff and other stakeholders about the progress, achievements, gaps, and limitations of the Program, to date, based on the focus areas and predetermined activities. This evaluation report should be viewed as a learning opportunity and one of several tools utilized to identify priorities, allocate resources, make programmatic decisions, and strengthen the collective efforts of those seeking to decrease the burden of asthma in Maine.

# Evaluation Design

As seen in Figure 1, the overarching evaluation includes both a process and outcome component. However, as mentioned previously, this evaluation focuses on the former component with an emphasis on activities and potential contextual factors that have the ability to influence the program, its efforts, and the intended outcomes.

Figure 1. *Asthma Prevention and Control Program Evaluation Design*



## Process Evaluation Results

The Asthma Prevention and Control Program identified 12 areas of focus for programmatic activities. The related objectives as delineated by the program are provided below. In addition, a summary of the progress related to each activity is available in Tables 1-12. The Program focus areas include:

- Collaboration
- Community Action
- Dissemination
- Environment
- Education
- Workplace
- Maine Asthma Council
- Policy
- Surveillance and Evaluation
- Providers
- Schools
- Sustainability

## Collaboration

**Objective:** The Maine Asthma Program will collaborate with agencies, organizations, and individuals both inside and outside state government in order to promote, strengthen, and expand efforts to address asthma in Maine.

Table 1. *Status of Collaboration Activities*

Objective/Strategy	Ongoing Activity?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>Collaboration Activities</b>							
<ul style="list-style-type: none"> <li>▪ Work with other State Programs, Agencies, Divisions, &amp; Departments to address asthma</li> </ul>	<b>X</b>		<b>X</b>				
<ul style="list-style-type: none"> <li>▪ Work with Healthy Maine Partnerships to support activities to address asthma</li> </ul>	<b>X</b>		<b>X</b>				
<ul style="list-style-type: none"> <li>▪ Work with outside organizations to address asthma in Maine</li> </ul>	<b>X</b>		<b>X</b>				
<ul style="list-style-type: none"> <li>▪ Work with individuals and organizations on the Maine Asthma Council</li> </ul>	<b>X</b>	<b>X</b>					
<b>Accomplishments:</b>	Collaborated with: <ul style="list-style-type: none"> <li>• Maine Asthma Council</li> <li>• Healthy Maine Partnerships</li> <li>• School Health Advisory Committee</li> <li>• Interdepartmental Coordinating Committee</li> <li>• Physicians and Schools Initiative</li> <li>• Physical Activity and Nutrition Program</li> <li>• American Lung Association of Maine</li> <li>• Asthma Health Community Collaborative</li> <li>• Maine Occupational Research Agenda</li> <li>• Partnership for a Tobacco Free Maine Program</li> <li>• Coordinated School Health Program</li> <li>• Maine Diabetes Prevention and Control Program</li> <li>• Maine Oral Health Program</li> <li>• Maine Department of Environmental Protection</li> <li>• Maine Green Power Connection (<i>Dirty Power = Dirty Air = Dirty Lungs</i>)</li> <li>• Maine Cardiovascular Health Program</li> <li>• Maine Comprehensive Cancer Program</li> </ul> Participated in: <ul style="list-style-type: none"> <li>• CDC Sustainability Surveillance Subgroup</li> <li>• Chronic Care Collaborative</li> <li>• CDC State Plan Index Group</li> <li>• New England Asthma Regional Council</li> </ul>						
<b>Challenges:</b>	Having enough resources to fully engage all groups.						
<b>Next Steps:</b>	<ul style="list-style-type: none"> <li>• Continue to develop integration with Healthy Maine Partnerships</li> <li>• Support asthma activities through the Maine Asthma Council</li> </ul>						

## Community Action

**Objective:** The Maine Asthma Program will promote, support, and engage individuals and groups at the community level for actions designed to address asthma in Maine.

Table 2. *Status of Community Action Activities*

Objective/Strategy	Ongoing Activity?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>Community Action Activities</b>							
<ul style="list-style-type: none"> <li>▪ Conduct Asthma Forums to provide and gather information about community needs</li> </ul>		<b>X</b>					
<ul style="list-style-type: none"> <li>▪ Award community mini-grants designed to initiate activities to support asthma</li> </ul>	<b>X</b>	<b>X</b>					
<ul style="list-style-type: none"> <li>▪ Support community policies for those with/affected by asthma</li> </ul>	<b>X</b>		<b>X</b>				
<ul style="list-style-type: none"> <li>▪ Establish and promote asthma groups and Consortia across Maine</li> </ul>	<b>X</b>		<b>X</b>				
<b>Accomplishments:</b>	Asthma objectives now have been included in the Workplan for all local HMPs.						
<b>Challenges:</b>	Competing priorities and health issues in the community are often present. Engaging people with busy schedules is difficult. Resources for formal self-management education are lacking.						
<b>Next Steps:</b>	Continue to engage communities through inclusion in the Healthy Maine Partnerships.						

## Dissemination

**Objective:** The Maine Asthma Program will use multiple methods and means of disseminating the most up-to-date, accurate, and effective information about asthma to the people of Maine.

Table 3. *Status of Dissemination Activities*

Objective/Strategy	Ongoing Activity?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>Dissemination Activities</b>							
▪ Make asthma information available through Maine Asthma Program website	X		X				
▪ Publish information in newsletters, articles, journals, newspapers, and other media	X		X				
▪ Disseminate asthma surveillance data to assist in planning and policy development	X		X				
▪ Distribute asthma materials at community forums and at HMP-related meetings	X	X					
▪ Establish a lending library of asthma information				X			
<b>Accomplishments:</b>	Published the following: <ul style="list-style-type: none"> <li>• Statewide Asthma Plan Revision 2006</li> <li>• Status Report Asthma – 2006 Maine Child Health Survey Report 2003-2004</li> <li>• Regional Asthma Forum Report</li> </ul>						
<b>Challenges:</b>	Inability to easily change and update website – as information becomes available.						
<b>Next Steps:</b>	Utilize skills of Program personnel and software to enable website changes. Establish an electronic bulletin board to disseminate information.						

## Environment

**Objective:** The Maine Asthma Program will collaborate with other organizations, agencies, and groups to help implement activities to address environmental asthma issues.

Table 4. Status of Environment Activities

Objective/Strategy	Ongoing Activity?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>Environment Activities</b>							
<ul style="list-style-type: none"> <li>Represent the Maine Center for Disease Control and Prevention at the New England Asthma Regional Council</li> </ul>	X		X				
<ul style="list-style-type: none"> <li>Work with the Environmental Health Unit on environmental causes for asthma</li> </ul>	X		X				
<ul style="list-style-type: none"> <li>Work with the Maine Occupational Research Agenda on workplace environment</li> </ul>	X		X				
<ul style="list-style-type: none"> <li>Work with the American Lung Association of Maine on school environment issues</li> </ul>	X		X				
<ul style="list-style-type: none"> <li>Support and work with DEP/EPA concerning asthma issues</li> </ul>	X		X				
<b>Accomplishments:</b>	Through the MAC, worked with others to establish an environmental asthma message in provider offices. Through mini-grant with ALA-ME created informational handouts re: work-related asthma for employers and employees – to be distributed to schools and hospitals. Worked with ALA-ME to establish an environmental training course for school personnel.						
<b>Challenges:</b>	Limited resources exist for environmental efforts.						
<b>Next Steps:</b>	Work with EPHT and DEP in their new grant to find links between environmental issues and asthma. Distribute work-related handouts to larger employers in the state.						

## Education

**Objective:** The Maine Asthma Program will support, promote, and encourage asthma education at all levels, to assure that the people of Maine will have knowledge concerning asthma.

Table 5. *Status of Education Activities*

Objective/Strategy	Ongoing Activity?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>Education Activities</b>							
▪ Promote and support the Asthma Educator’s Institute	X		X				
▪ Promote and support the Tools for Schools program	X		X				
▪ Engage in asthma education activities by conducting presentations for groups	X	X					
▪ Promote the use of National Heart Lung & Blood Institute (NHLBI) Guidelines	X	X					
▪ Promote the concept of “Asthma Friendly” schools, workplaces, and homes	X	X					
▪ Work with the Coordinated School Health Program around school-based interventions	X		X				
▪ Provide communities a grass-roots approach to learning about asthma (e.g., Asthma Forums and HMPs)	X		X				
<b>Accomplishments:</b>	Presentations made: <ul style="list-style-type: none"> <li>• WIC</li> <li>• FMI</li> <li>• HMP – Skowhegan</li> <li>• Bangor Rotary</li> <li>• Annual Meeting – MPCA</li> <li>• Regional Asthma Forums</li> </ul>						
<b>Challenges:</b>	Persuading others that asthma is a significant public health problem.						
<b>Next Steps:</b>	Increase efforts to inform and educate key groups across the State so that they may disseminate the message further.						

## Workplace

**Objective:** The Maine Asthma Program will work with other groups, organizations, communities, and businesses to reduce asthma and absenteeism due to asthma in the workplace.

Table 6. *Status of Workplace Activities*

Objective/Strategy	Ongoing Activity?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>Workplace Activities</b>							
<ul style="list-style-type: none"> <li>Work with ALA-ME to address work-related asthma in the school setting</li> </ul>	X	X					
<ul style="list-style-type: none"> <li>Work with the Maine Occupational Research Agenda for worksite policies</li> <li>Work with Worksite Health (CVH) to engage business interest in addressing asthma</li> </ul>	X X	X				X	
<b>Accomplishments:</b>	Raised awareness in select workplace about asthma. MAP continues to have representation on MORA. Occupational asthma is a MORA research topic. Informational flyers created for E+EE, training for school nurses created.						
<b>Challenges:</b>	Working with NIOSH to share information about work-related asthma. Lack of understanding about asthma in the workplace. Limitations surrounding research.						
<b>Next Steps:</b>	Continue to develop mechanisms to provide workplaces with information.						

## Maine Asthma Council

**Objective:** The Maine Asthma Council will function at an optimal level, acting as the central body to coordinate asthma information and action in Maine.

Table 7. *Status of Maine Asthma Council Activities*

Objective/Strategy	Ongoing Activity?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>Maine Asthma Council Activities</b>							
<ul style="list-style-type: none"> <li>Support the function of the Council through an agreement with the ALA-ME</li> </ul>	X	X					
<ul style="list-style-type: none"> <li>Assist the Council in coordinating and tracking their activities</li> </ul>	X		X				
<ul style="list-style-type: none"> <li>Coordinate and track the State Asthma Plan implementation activities</li> </ul>	X	X					
<ul style="list-style-type: none"> <li>Expand membership by promoting the Council and engage new members</li> </ul>	X		X				
<b>Accomplishments:</b>	Established an assessment of activities by MAC membership. Began process to revise the Statewide Asthma Plan						
<b>Challenges:</b>	The Maine Asthma Council is having difficulty in becoming a self-sustaining organization. Workgroups are inactive. Lack of direction to drive activities.						
<b>Next Steps:</b>	Investigate potential collaborative efforts with other chronic illness councils/coalitions. Complete a revised statewide Asthma Plan. Identify opportunities to engage workgroups and Council members.						

## Policy

**Objective:** The Maine Asthma Program will work to help implement policies, at the local and State level, concerning the reduction and prevention of asthma.

Table 8. *Status of Policy Activities*

Objective/Strategy	Ongoing Activity?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>Policy Activities</b>							
<ul style="list-style-type: none"> <li>▪ Participate, as needed and as appropriate, in policy development by providing data</li> </ul>	<b>X</b>	<b>X</b>					
<ul style="list-style-type: none"> <li>▪ Work with the American Lung Association of Maine on state-wide initiatives</li> </ul>	<b>X</b>	<b>X</b>					
<ul style="list-style-type: none"> <li>▪ Work with Healthy Maine Partnerships for policy change</li> </ul>	<b>X</b>		<b>X</b>				
<ul style="list-style-type: none"> <li>▪ Work with other State of Maine agencies in support of policy change</li> </ul>	<b>X</b>		<b>X</b>				
<b>Accomplishments:</b>	Continued effort to establish an income tax check-off for asthma research. Worked with DEP and ALA-ME to establish local rules concerning outdoor wood boilers.						
<b>Challenges:</b>	Restrictions are placed on state employees regarding legislative issues.						
<b>Next Steps:</b>	Identify opportunities to work with the Healthy Maine Partnerships and others to support policy change at the local level.						

## Surveillance and Evaluation

**Objective:** The Maine Asthma Program will gather information about asthma in Maine. This information will show the status of asthma in Maine, allow an assessment of implemented asthma activities, and show where to put future resources to address asthma.

Table 9. *Status of Surveillance Activities*

Objective/Strategy	Ongoing Activity ?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>Surveillance Activities</b>							
<ul style="list-style-type: none"> <li>▪ Collaborate with other Programs to conduct the Maine Child Health Survey</li> </ul>	<b>X</b>		<b>X</b>				
<ul style="list-style-type: none"> <li>▪ Provide support to epidemiologists to analyze, report, and disseminate results</li> </ul>	<b>X</b>	<b>X</b>					
<ul style="list-style-type: none"> <li>▪ Enhance the asthma surveillance system in Maine</li> </ul>	<b>X</b>		<b>X</b>				
<ul style="list-style-type: none"> <li>▪ Evaluate the status of Maine's clinical and self-asthma management</li> </ul>	<b>X</b>		<b>X</b>				
<ul style="list-style-type: none"> <li>▪ Conduct an annual evaluation of the Maine Asthma Prevention and Control Program</li> </ul>	<b>X</b>	<b>X</b>					
<b>Accomplishments:</b>	Assessment process for the MCHS was conducted. Asthma call-back (BRFSS) was re-approved.						
<b>Challenges:</b>	Uncertainty exists regarding sustainability of the Maine Child Health Survey. Limited resources are available to assess utilization of the Maine Action Plan.						
<b>Next Steps:</b>	Maintain ongoing evaluation surveillance and participate in discussions about the sustainability of the Maine Child Health Survey. Continue to support surveillance/epidemiology/evaluation efforts. Transfer operation of MCHS to the Office of Data Research and Vital Statistics.						

## Providers

**Objective:** Inform all healthcare providers in Maine about asthma, using Centers for Disease Control and Prevention key clinical activities (including NAEPP/NHLBI guidelines).

Table 10. *Status of Provider Activities*

Objective/Strategy	Ongoing Activity?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>Provider Activities</b>							
▪ Encourage participation in educational opportunities	X	X					
▪ Submit articles concerning asthma in professional newsletters	X		X				
▪ Work with third party payors to encourage use of appropriate guidelines	X		X				
▪ Provide informational toolkits to provider practices	X		X				
▪ Support efforts to assure that providers are adequately reimbursed for services	X			X			
<b>Accomplishments:</b>	Mini grants provided to communities were used for provider education. Links have been established with the Maine Primary Care Association and the American Academy of Pediatrics (through the Physicians and Schools Working Together Initiative).						
<b>Challenges:</b>	Lack of participation among providers frequently occurs for asthma training/education sessions. Changing existing reimbursement codes is complex.						
<b>Next Steps:</b>	Identify opportunities to continue helping to educate providers. Continue strengthening links with professional organizations and offering asthma educational opportunities.						

## Schools

**Objective:** The Maine Asthma Program will work with the schools of Maine to become asthma-free.

Table 11. *Status of School Activities*

Objective/Strategy	Ongoing Activity?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>School Activities</b>							
<ul style="list-style-type: none"> <li>Work with Coordinated School Health Program and the Interdepartmental Coordinating Committee to address asthma</li> </ul>	X	X					
<ul style="list-style-type: none"> <li>Work with the School Health Advisory Committee to support efforts in schools</li> </ul>	X	X					
<ul style="list-style-type: none"> <li>Administer the Maine Child Health Survey to monitor progress</li> </ul>	X		X				
<ul style="list-style-type: none"> <li>Provide asthma education related to asthma in schools</li> </ul>	X		X				
<b>Accomplishments:</b>	Participated in <i>Physicians and Schools Working Together Initiative</i> . Provided support for improving the Maine Child Health Survey. Integrated asthma into the Coordinated School Health Program. Worked with School Nurses group on asthma-related protocols for statewide use.						
<b>Challenges:</b>	Schools are overextended and asthma education may not be a priority. Administering school-based surveys poses challenges.						
<b>Next Steps:</b>	Leverage relationships and resources of the Healthy Maine Partnerships to promote asthma education and to address asthma in schools. Promote newly developed asthma education program for school personnel. Continue to support School Nurses, especially appropriate student-to-nurse ratios.						

## Sustainability

**Objective:** The goals and objectives of the Maine Asthma Program will continue to be addressed and carried out through activities of the Maine Asthma Program and partners at the grass-roots level (such as MaineHealth, ALA-ME, Healthy Maine Partnerships, and other members of the Maine Asthma Council).

Table 12. *Status of Sustainability Activities*

Objective/Strategy	Ongoing Activity?	Progress					
		Fully Achieved	Partially Achieved	Not Achieved	Not Sure	Not Pursued	Other
<b>Sustainability Activities</b>							
<ul style="list-style-type: none"> <li>Meet all Program requirements of the CDC grant</li> </ul>	X	X					
<ul style="list-style-type: none"> <li>Collaborate with others to address asthma, especially at the community level</li> </ul>	X	X					
<ul style="list-style-type: none"> <li>Apply for funding from various sources to continue Program activities</li> </ul>	X		X				
<b>Accomplishments:</b>	Asthma objectives have been integrated into the Healthy Maine Partnership initiative. Application has been filed for continued CDC grant support.						
<b>Challenges:</b>	Existing grant funding is inadequate to fully implement activities and interventions. Activities of the Maine Asthma Council are sometimes fragmented.						
<b>Next Steps:</b>	Continue to support the integration of asthma efforts into the work of the Healthy Maine Partnerships. Identify opportunities to engage Maine Asthma Council members. Continue, if possible, with mini-grants.						

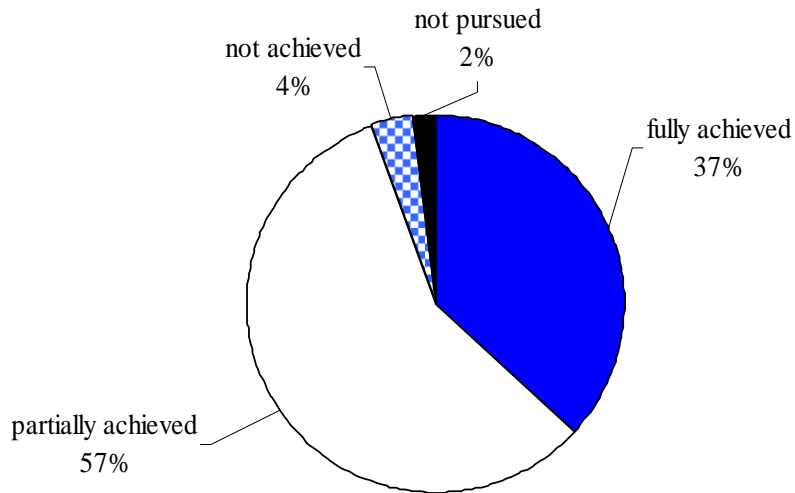
## Summary of Strategy Progress

Most (96%) of the identified strategies were ongoing versus a one-time event or occurrence. This suggests that much of the work of the Maine Asthma Prevention and Control Program is based on a set of activities that require repeated efforts and attention.

Chart 1 depicts the status of all activities combined ( $N = 53$ ) regardless of whether they were classified as ongoing or a one-time event. The findings from this snapshot approach suggest that over a third of the Program activities were being fully met, over one half were partially achieved, and only 4% were not achieved. While the percentage of fully achieved activities has decreased since the last report (August 2005), the number of activities not achieved has been cut in half, therefore increasing the percentage of activities that have been partially achieved.

In all, there were a total of 53 activities assigned to each of the 12 program focus areas. Areas of strength (classified as 50% or more activities in a given area reported as fully achieved) included efforts related to the Maine Asthma Council, schools, policy-related activities, community action and sustainability.

Chart 1. *Status of All Program Activities*

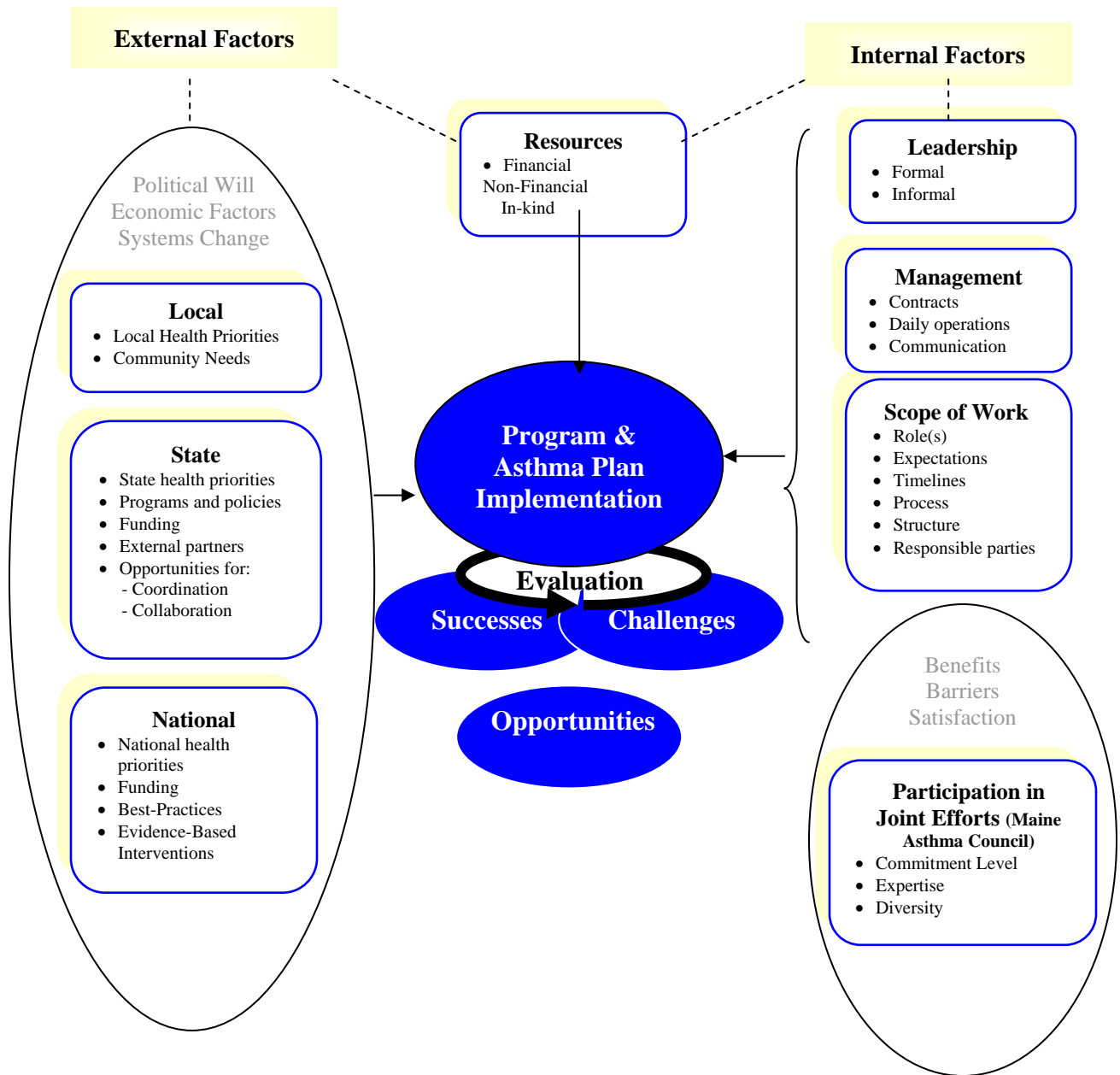


## Review of Contextual Factors

As seen in Figure 2, there are a series of internal and external factors that have the potential to affect the efforts of the Asthma Prevention and Control Program and therefore should be included as part of the overarching program theory and evaluation design. Figure 2 is intended to compliment the Program logic model.

The following illustration highlights the contextual factors in an effort to demonstrate the importance of assessing the circumstances of any initiative as part of a comprehensive approach, particularly if outcome data are sought, explanations are warranted, and opportunities for replication exist.

Figure 2. *Internal and External Contextual Factors*



### ***Internal Contextual Factors***

A review of program materials and informal conversations with Program staff indicated that several internal contextual factors lead to some unanticipated set-backs for the Maine Asthma Prevention and Control Program. For example, organizational and structural changes (e.g., staff changes, ME-CDC restructuring and name change) have impacted the Program's ability to implement some of their major activities. Specifically, such structural changes have made grant management (i.e., grant money allocation and use) challenging.

In addition, several major activities have been *positively* impacted by internal contextual factors related to the Program's participation in joint efforts. For example, an assessment process of the Maine Asthma Council's progress on the statewide Asthma Plan produced information that will be used to revise a more focused plan. Thus, while progress and commitment of the MAC were not as planned, this assessment has paved the way for more thoughtful planning and implementation of the statewide asthma plan. Finally, the 2005-2006 Maine Child Health Survey was suspended and a new process began in an effort to redesign the survey and establish a structure for survey management (i.e., resource requirements). This pause in the Survey administration will allow for a more viable, sustainable, and representative method for obtaining information on the health status of Maine's children.

Future evaluation efforts should continue to focus on trying to better understand the role contextual factors play in the overall initiative. An assessment of these factors can be conducted by using a combination of both quantitative and qualitative approaches. Emphasis should be placed on identifying the potential consequences of these factors, anticipated and unanticipated, as well as positive and negative impacts.

## Select Outcome Data

The long-term outcomes listed below (Table 13) are based on the collective efforts of multiple agencies, organizations, and practitioners working to decrease the burden of asthma in Maine. This information is provided for informational purposes to help establish priorities, make programmatic decisions, and allocate existing resources. The data are not intended to be used to evaluate the impact of the Maine Asthma Prevention and Control Program.

Table 13. *Long-Term Outcomes: A Review of Existing Data*

Measurable Objectives	Pre Plan		Plan		Post Plan		
	2000	2001	2002	2003	2004	2005	2006
<b>Asthma Related Mortality Rate</b>							
<ul style="list-style-type: none"> <li>• ICD-10 Codes J45-J46</li> <li>- Age adjusted rate (per 100,000)</li> <li>- Source: CDC Wonder</li> </ul>	0.7*	1.4	0.8*	NA	NA	NA	NA
<b>Hospitalization Rate (Primary Diagnosis)</b>							
<ul style="list-style-type: none"> <li>• ICD9-CM Code 493.0-493.9</li> <li>- Age adjusted rate (per 10,000)</li> <li>- Source: State of Maine</li> </ul>	9.5	9.1	8.7	10.3	NA	NA	NA
<b>Asthma Prevalence</b>							
<ul style="list-style-type: none"> <li>• Lifetime reported asthma</li> <li>- % reported yes (self-report)</li> <li>- Source: BRFSS**</li> </ul>	NA	12.6	13.6	13.4	14.7	15.0	NA
<ul style="list-style-type: none"> <li>• Current asthma prevalence</li> <li>- Yes (self-reported)</li> <li>- Source: BRFSS*</li> </ul>	NA	9.4	10.0	9.9	9.7	10.2	NA
<b>Activity Limitations Due to Asthma</b>							
<ul style="list-style-type: none"> <li>• Unable to work or carry out usual activities</li> <li>- % reported <math>\geq</math> 1 day in past 12 months</li> <li>- Source: BRFSS**</li> </ul>	NA	NA	21.3	22.5	24.8	NA	NA
<b>Absenteeism (Work-Related)</b>							
<ul style="list-style-type: none"> <li>• Missed work due to child's asthma/wheezing</li> <li>- % reported yes (self-report)</li> <li>- Source: Maine Child Health Survey</li> </ul>	NA	NA	24.5	NA	NA	NA	NA
<b>Quality of Life</b>							
<ul style="list-style-type: none"> <li>• Self-rated health</li> <li>- % reported fair/poor health (self-report)</li> <li>- Source: BRFSS**</li> </ul>	NA	13.2	14.7	14.7	15.9	14.7	NA

\* Classified as unreliable data (source: CDC wonder)

\*\* Behavioral Risk Factor Surveillance System

# Recommendations

The following recommendations have been provided to the Asthma Prevention and Control Program.

1. Develop and/or modify existing programmatic objectives and strategies to assure that all objectives and strategies are measurable.
2. Identify and/or develop data sources to assess program objectives.
3. Continue tracking progress related to programmatic strategies. Utilize this information to set priorities and allocate resources.
4. Work with the Maine Asthma Council to assure that all objective in the Maine Asthma Plan are measurable and implement a tracking tool for evaluating progress.
5. Work with the Maine Asthma Council to conduct an assessment of the effectiveness of the partnership and explore questions related to participation and sustainability.
6. Develop and implement a plan to assess contextual factors.
7. Develop evaluation strategies for evaluating interventions supported by the Program (e.g., HMP activities).