◆ Action Step 3: Create 5-Year Plan

Creating and working through a long-term plan for sustainable change is the foundation of the Asthma-Friendly Schools Initiative. A five-year plan charts a course for the overall coalition, the schools and community organizations to move forward in a well-constructed manner complete with opportunities for measuring progress and modifying approaches as needed. This planning reflects the essence of the program ultimately designed to keep students with asthma healthy and ready to learn.

To Create a 5-Year AFSI Plan:

- Schedule and determine participants for planning session(s)
- Prepare for and convene planning session (s) for brainstorming and priority-setting
- Draft AFSI 5-Year Plan
- Share draft plan with key stakeholders, target audiences, and high-level decision-makers
- Review and adopt AFSI Five-Year Plan
- Distribute and publicize plan

Schedule and determine participants for planning session(s)

Creating your 5-Year AFSI Plan will involve very focused, analytical work to create specific goals, outcomes and measurement for the program, as well as a subsequent process of working with a large stakeholder group whom the coalition will need to support, enhance, and ultimately implement the plan.

LESSONS LEARNED!

Pilot sites found 5 years to be a manageable length of time for both coalitions and schools. It gives coalitions time to work through projects, and schools see that the community isn't expecting major immediate changes.

Remember to start with the 5-year plan as your roadmap!

First, identify a small work group of coalition members and any program champions already identified. This group will be responsible for working through the actual plan, based on the needs assessment results. Work with your school partners to be sure you have a committed school representative collaborating as part of this small work group.

Second, identify individual stakeholders who will form a larger group; the group may involve not only your full coalition but other key community representatives as well. These may include school administrators, parent leaders, potential funders and/or individuals who can assist with fundraising, representatives of nursing and medical organizations, state or municipal public health professionals, school nurse(s), health insurers, hospital administrators, pediatricians, etc.

Remember, the results of your needs assessment will become the cornerstone of your AFSI planning. It must clearly present data and priorities in a useable form. Distribute copies to participants prior to the meetings so that they understand your baseline data, as well as see the work your coalition has already undertaken and accomplished.

LESSONS LEARNED!

AFSI pilot sites stress the importance of parent involvement, as well as high-level school administrators, in the planning process. Be sure to recruit at least one school board member and administrative staff, as well as parent leaders. Depending on the individual(s), they could be part of the small work group or the large stakeholder group.

Remember, you are grooming program champions as well as tapping into individuals' experience and expertise!

SELF-CHECK!

Are you on the right track? Ask yourself:

- Do we have the right people at the table to determine priorities?
- Are there enough school decision makers involved to know the true time and resources needed to implement in the schools?
- Are we allowing enough time to work through all the needs assessment results?

Prepare for and convene planning session(s) for brainstorming and priority-setting

As you move forward, keep in mind that there are many ways to plan, and your plan will incorporate the views and experience of many individuals coming into the AFSI project from several different perspectives.

Regardless, the small work group must keep an eye on AFSI's student-focused purpose and work together toward 5-year goals that support the purpose!

Prior to the first meeting, distribute the needs assessment report and information about the goal and format of the sessions to all participants so that they are prepared. Include a list of defined planning terms, which must be used consistently.

The recommended terms are:

Asthma-Friendly Schools Initiative Purpose: To keep children with asthma healthy, in school, and ready to learn

Goals: A set of aims that set the AFSI project's long-range direction

SMART Objective: Specific levels of achievement, based on goals. 'SMART' stands for "specific, measurable, achievable, realistic and time-sensitive."

Activities: Actions that must occur to meet objectives and work toward long-term goals.

Outcomes: Measurable changes that ultimately affect students (i.e., in students' education, disease awareness, disease management, etc.)

Evaluation: The process of monitoring your progress in meeting objectives and achieving desired outcomes, which may involve modifying your plans as you move forward

If possible, recruit an experienced meeting facilitator who is prepared to work through brainstorming based on the AFSI planning grid (see below) and prioritization by the group. By the end of the planning session, the work group should have identified a range of goals.

SELF-CHECK!

Are you on the right track? Ask yourself:

- Do we have everything ready for the participants to make the planning process run smoothly?
- Do we have an agreed-upon set of definitions?
- Do we have a facilitator that can keep the planning process moving?

Draft 5-Year AFSI Plan

Delegate the drafting of 5-Year AFSI Plan using planning session results to small group(s). A 5-Year AFSI plan should incorporate the following items per year:

- Goals, which should be believable, attainable within five years, and understood by your coalition and community stakeholders
- SMART Objectives
- Outcomes with results indicators (measures), including preliminary evaluation plan (of what, how and when to measure)

The 5-Year AFSI Plan will inform year-by-year activities-based planning and also lay the foundation for budget and fundraising. While some of the details will flow from annual activity plans, your work group should create overall staffing needs and projected activity expenses, existing resources, and potential funders. (See the American Lung Association Tip Sheet: Budget & Fund Planning at the back of this section.)

Your 5-Year AFSI plan should incorporate evaluation and measurement, which are integral to an outcomes-based program. Always undertake planning and evaluation simultaneously. Effective planning and evaluation will depend on identification of baseline data (via the needs assessment).

Your evaluation should examine:

- Efficacy: *Are we doing the right things?*
- Efficiency: *Are we doing things right?*
- Effectiveness: *Are we making a difference?* (See also, the American Lung Association Tip Sheet: Long-Term Policy Change, in the Reference Materials of this section.)

Many evaluation and measurement systems can work to track progress. Two sample documents are included in the reference materials at the end of this section: a logic model and a tailored AFSI planning grid (discussed below).

This can be a very involved process! The process, however, forces the work group to think through specific objectives to meet a specific goal, which will impact the AFSI purpose of keeping kids with asthma healthy and ready to learn. As you create your plan, constantly refer back to your needs assessment, which will direct where your efforts should focus.

LESSONS LEARNED!

Pilot sites say: Incorporate evaluation into your planning process!

Consider "evaluation" as a tool for measuring progress. It can chart accomplishments throughout AFSI implementation and informs you when and how to change your plan and/or approaches. The sample AFSI planning grid found at the end of this section may help demystify measurements and help you build them into your local plan.

Logic models are graphic depictions of the relationship between a program's activities and its intended outcomes. They convert your raw information into a picture of the program, incorporating evaluation and measurement. Logic models also link program activities and outcomes and are increasingly becoming the recommended system for public health projects.

Think of the logic model as an "outcomes roadmap" that illustrates the underlying logic behind your program plan. Over time, the model will change according to your specific program experience and your evaluation.¹ National planning for AFSI was based in the CDC's Logic Model; see the Asthma-Friendly Schools Initiative Implementation Evaluation Logic Model of Comprehensive Asthma Management Plan in the Reference Materials at the back of this section. This national logic model should be used for reference only and not replicated as a local tool). Also included is an American Lung Association Tip Sheet: Constructing a Simple Logic Model, a logic model PowerPoint template, and the Cleveland AFSI Logic Model.

A tailored AFSI Planning Grid, based on the logic model, is recommended for any coalition building a 5-Year AFSI Plan. This tool will support your planning for activities, outcomes, and evaluation and present the foundation for subsequent year-by-year task plans.

The sample grid and related tip sheet included in the Reference Materials at the back of this section identifies three SMART objectives and charts outcomes over three years; also included are indicators and sources for one year's activities and tips for working through the grid. See the American Lung Association Tip Sheet: Using the AFSI Grid for Integrating Evaluation info 5-Year Planning and the American Lung Association AFSI Grid for Integrating Evaluation info 5-Year Planning.

LESSONS LEARNED!

Just as you may need professional expertise to analyze the needs assessment and/or create new data collection tools, you may need expert guidance to write outcomes and identify indicators. Network among coalition members to identify and recruit an experienced public health program planner who can participate actively in your planning.

SELF-CHECK!

Are you on the right track? Ask yourself:

- Did we identify our goals, objectives, and outcomes?
- Do they align with our needs assessment results?
- Do we have evaluation measures built in to each goal and objective?
- Do we know what desired outcomes are? Do we know when and how we are going to measure them?

Share draft plan with key stakeholders, target audiences, and high-level decision makers

Bring the large stakeholder group together for presentation of the 5-Year AFSI Plan. You

¹ U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. Atlanta, GA: Centers for Disease Control and Prevention, 2005.

may also want to plan separate presentations for school administrators in your targeted districts, potential funders, etc.

The purpose of these presentations is to:

- Educate key audiences
- Illustrate the depth of research and planning already undertaken
- Gather input for potential revisions or expansion of the plan
- Ensure stakeholders "buy-in" for AFSI implementation
- Spark interest of leaders among several audiences; consider the presentation part of your program promotion
- Identify leaders and potential "program champions"

LESSONS LEARNED!

Be very well prepared for your large stakeholder meeting! AFSI pilot sites urge coalitions to invest in preparing a prioritized, well-organized needs assessment report, clearly documented planning grids, and a clearly articulated plan that is based on the cornerstone of their AFSI project—the needs assessment results.

Before the meeting, plan exactly how you will demonstrate that your plan is well connected to your communities' needs. If stakeholders do not see those connections, gaining their needed support may be nearly impossible.

SELF-CHECK!

Are you on the right track? Ask yourself:

- Was the draft plan shared with all stakeholders?
- Is there a formal comment process?
- How will we incorporate questions/changes from the larger stakeholder group?

Review and adopt 5-Year AFSI Plan

Following the full coalition/stakeholder meeting(s), the AFSI Plan work group should modify the plan to reflect stakeholders' input. Formalize and adopt the plan, using the process agreed upon by your coalition.

SELF-CHECK!

Are you on the right track? Ask yourself:

- Does the plan reflect the needs assessment findings?
- Is the plan inclusive of the stakeholders and their comments?
- Is the plan easy to understand for people not involved in the AFSI planning process?

Distribute and publicize plan

Distribute copies of the full plan to your coalition. Coalition members also should have the AFSI planning grids, as well as a complete needs assessment report.

Consider producing one or two other abridged versions for other audiences, such as school administrators, potential funders, municipal or state education and health leaders, and media. These versions would include the needs assessment summary and an outlined plan related directly back to the needs assessment; you would not include the detailed planning grids.

Publicizing launch of your local AFSI project could be wrapped around a "problem-solution" angle, through which you can illustrate a community problem (qualified via a detailed needs assessment) and a solution (a long-term plan, including evaluation measures, focused on helping kids with asthma stay healthy and ready to learn). Publicity could target not only local consumer media, but outlets specific to public health, education, nursing, medicine, health insurers and healthcare providers.

SELF-CHECK!

Are you on the right track? Ask yourself:

- To whom should the plan be distributed?
- Does the plan demonstrate long-term goals to funders?
- Can the public and the community understand the goals?

REFERENCE MATERIALS

- * American Lung Association Tip Sheet: Budget & Fund Planning
- * American Lung Association Tip Sheet: Constructing a Simple Logic Model
- * Asthma-Friendly Schools Initiative Implementation Evaluation Logic Model of Comprehensive Asthma Management Plan
- Logic model PowerPoint template
- Cleveland AFSI Logic Model (with graphic layout)
- * American Lung Association Tip Sheet: Long-Term Policy Change
- * American Lung Association Tip Sheet: Using the AFSI Grid for Integrating Evaluation into 5-Year Planning
- * American Lung Association AFSI Grid for Integrating Evaluation into 5-Year Planning (includes template)



American Lung Association Tip Sheet: Budget & Fund Planning

Most, if not all, activities detailed in your Year I Workplan will require specific budget. Determining an overall funding plan will depend on a clearly articulated budget. The following walks you through the steps in establishing your Year I Workplan budget and a funding plan.

Establish the Budget

For each objective, detail:

- Cost/Expenditures: These are the dollars required to produce, deliver and evaluate the activity. This
 will include costs related to staffing (salaries and benefits), facilities, equipment, supplies, promotion,
 evaluation, and overhead. Organize costs according to the following categories:
 - Operating: occur on an ongoing, regular basis and are spent to "operate" your activity
 - Direct: can be tied directly to the program or activity (salaries, supplies, etc.)
 - Fixed: set regardless of specific activities and how many people are involved (salaries, benefits, etc.)
 - Indirect: general overhead and administrative expenses, including research for needs assessments
 - Variable: vary according to how many people are reached (supplies)
- 2. Revenue: Income earned or generated through the activity. Include revenue earned through any of three categories:
 - Base resources: income provided by public and government funds and usually forms the basis of the an organization's annual operating budget
 - Earned income: earned by charging a price for a product (registration fee), event (entry, sponsorship fee), or service (user fee)
 - Financial assistance: funds provided by external bodies through private, philanthropic or research agency grants that may be for specific purposes or programs and usually are not renewable without re-applying at each competition. Also include financial sponsorship when a sponsor donates funds for a product/activity in return for promotion of their name, logo, slogan, and the positive public relations that comes from being associated with the organization.
- 3. Resource Mobilization: This is the contributions of resources, other than monies, that enable a product to be delivered. These include:
 - Sponsorships: where a commercial entity donates equipment, supplies or services in return for promotion of their name, logo, slogan, etc. Local chapters of national organizations should research any national policy regarding corporate sponsorships so that local sponsorships do not present any conflicts of interest. The American Lung Association policy, for example, also works to protect the nationwide name of the American Lung Association. Specifically, the policy states: ... "in order to retain its credibility and authority, and to protect its integrity, the American Lung Association remains independent in its decision-making regarding research, programs, advocacy, awareness, fundraising, and all position statements. Furthermore, ALA avoids conflict of interest, or its appearance thereof..."
 - Partnerships: where two or more agencies with similar mandates and interests combine and share their resources to offer a product
 - Fundraising activities: includes special events or sales of t-shirts or other tangible goods
 - In-kind or contra contributions: include funds saved through contributions by individuals, organizations, and governments

Program Planning and Evaluation Guide for Lung Associations. American Lung Association, April 2000.

² American Lung Association Policy Manual, Fundraising Policy A11, Corporate Relations Policy. American Lung Association, 2004.

Create List of Potential Funders

As a coalition, brainstorm potential sources of funding, including partnerships among organizations, sponsorships, in-kind donations, grants, etc.

Keep in mind that coalition members may feel that they need to protect their individual relationships with funders. Focus on the benefits of community-wide coalition efforts and the potential of members' maximizing their contacts to achieve long-term AFSI goals. Remember, existing relationships can and should be leveraged to seek broader-based funding in addition to individual organizations' current sponsorships, grants, etc.

Understand Funders' Needs

Always take time to step back and understand what benefit a potential funder would realize by being involved in your AFSI efforts. If no coalition members have relationships with a potential funder, research the organization before considering an approach! Who are their key customer groups and/or constituents? What is their history of grant-making or sponsorships?

Consider what they may need to gain, from a business perspective, from a sponsorship, including:

- Promoting their products
- Gaining positive PR and increasing visibility
- Reaching your audiences with a specific message

When approaching potential funders, also keep in mind "selling points"—or how they would benefit from being involved in your coalition and AFSI.AFSI activities benefit sponsors because they:

- focus on a holistic, community-wide approach, which provides networking opportunities
- provide positive community/public relations opportunities for organizations and individuals
- involve a range of prominent local professionals and organizations
- can save public funds and maximize resources
- positively affect students' and school staff's health and well-being
- address two significant health issues that affect the entire community—asthma and air quality
- contribute to student's improved asthma control, which increases their school attendance and productivity

Prepare Your Strategy for Approaching Funders

First, since you always want to leverage existing relationships, identify and document the following for each potential funder:

- Every coalition member who has an existing relationship
- Name(s) of individuals whom they know, including members of board of directors/trustees
- Funding/sponsorship history (descriptive information, as well as details that members can research)
- History of approaches by members; include information about sponsorships/grants, etc. that were rejected and any known information about why

Second, based on the above information identify who has the best relationship or sponsorship history with a given potential funder.

Third, identify which strategy or series of strategies may be most appropriate for specific funder(s).

Finally, assign responsibility among members to create a plan for each strategy or set of strategies to be funded. This would include the identification of a lead person for specific introductory conversations, formal asks, and follow-up with specific funders.



American Lung Association Tip Sheet: Constructing a Simple Logic Model

Step 1: Develop a list of activities and intended outcomes. There are many ways to develop a list of activities and outcomes that you will incorporate into your model, and you may already have a comprehensive list. If you do not already have a comprehensive list, use any of the following methods:

- Review any information already documented and extract items that meet the definition of
 activity (something the program and its staff does) and of outcome (some change in someone
 or something, other than the program and its staff, that you hope will result from the activities).
- Work backward from outcomes. This is called "reverse logic" modeling and is helpful when a
 program is being initiated or is given responsibility for a new or large problem. Working
 backward by asking "how to" will help identify the factors, variables, and individuals that will be
 involved in producing change.
- Work forward from activities. This is called "forward logic" modeling and is helpful when
 activities are clear but the reasons for their being part of the program are not. Asking, "So then
 what happens?" may help in defining outcomes.

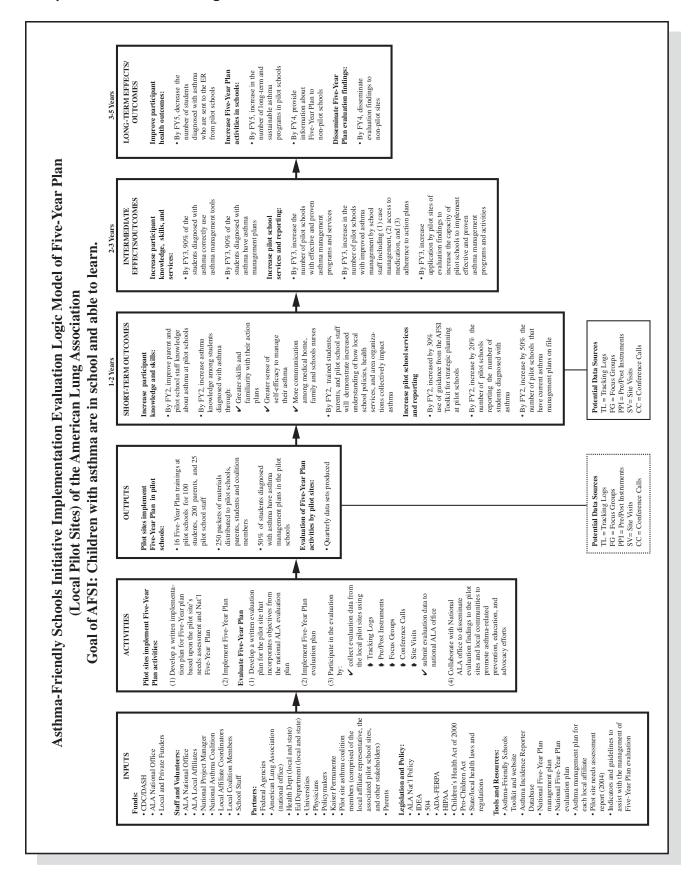
Step 2: Subdivide the lists to show the logical sequencing among activities and among outcomes. Logic models clarify the order in which activities and outcomes are expected to occur. Take the single column of activities (or outcomes) developed in Step I and distribute them across two or more columns to show the logical sequencing. The logical sequencing and the time sequence are not always the same. The logical sequence defines, "Before this activity (or outcome) can occur, this other one has to be in place."

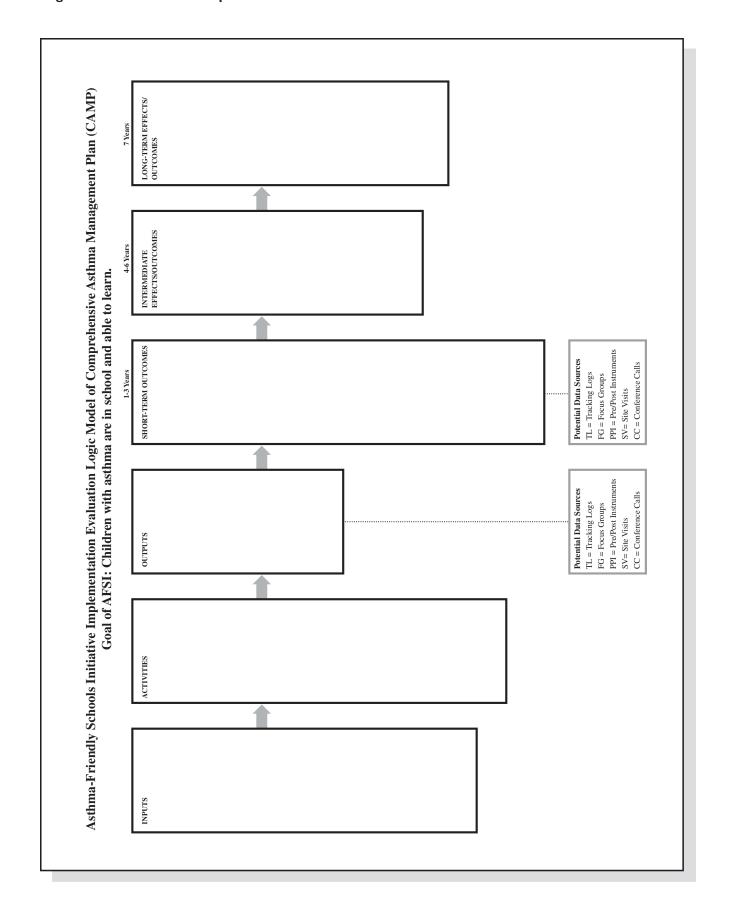
Step 3: Add any inputs and outputs. Depending on your plan, the four-column logic model adds all the clarity you need. If not, add columns for inputs and for outputs. The inputs are inserted to the left of the activities; the outputs (products of the activities) are inserted to the right of the activities but before the outcomes.

Step 4: Draw arrows to depict intended causal relationships. The multi-column table of inputs, activities, outputs, and outcomes that has been developed so far may contain enough detail, depending on the purposes for which the model will be used. When you use the model to set the stage for planning and evaluation discussions, the logic model will benefit from adding arrows that show the causal relationships among activities and outcomes. These arrows may depict a variety of relationships: from one activity to another, when the first activity exists mainly to feed later activities; from an activity to an outcome, where the activity is intended to produce a change in someone or something other than the program; from an early outcome to a later one, when the early outcome is necessary to achieve the more distal outcome.

Step 5: Revise and clean up the logic model. A final version may take several tries. Be sure your "roadmap" will be intelligible to others!

Asthma-Friendly Schools Initiative Implementation Evaluation Logic Model of Comprehensive Asthma Management Plan





CDC: Centers for Disease NAEPP: National Asthma Improved quality of life for students with asthma and Education and Prevention ▲ interactions between schools and medical homes students with asthma via quality of life, emergency department, and ▲ implementation of AFSI ▼ health disparities among Control and Prevention ▼ emergency department ALA: American Lung ▲ enforcement of AFSI policies Improved academic performance of students ▲ school attendance for hospitalization measure-LONG-TERM OUTCOMES ▲ in asthma control at ▼ hospitalizations for students with asthma to other schools and ▲ in long-term and programs in schools KEY sustainable asthma 7 Years visits for asthma ▼ Decreased ▲ Increased their families with asthma Long-Term Goal: Increase the number of asthma-friendly schools in the Cleveland Municipal School District (CMSD). Intended Results current asthma action plan on file at school for students known to have asthma, and attendance data for students ▲ use of appropriate pharmacotherapy by students ▼ absentee days for students in sustainability of asthma management behaviors of students and staff including ▲ # of schools that report # of students ID with asthma, case management, access to medication, and following ▲ AFSI policies in schools ▲ access to health care for students with asthma ▼ # of students sent home from school due to asthma INTERMEDIATE OUTCOMES ▼ limitation to physical ▼ asthma symptoms at implement and enforce tobacco-free policies ▲ funding for asthma coalition sustainability with persistent asthma activity due to asthma related programs and asthma action plans ▲ # of schools that Improved asthma with asthma with asthma Cleveland's Asthma-Friendly Schools Initiative (AFSI) Logic Model school SHORT-TERM OUTCOMES communication among agencies, organizations, schools, awareness, and practices among school staff, children, and providers, parents, the coalition, ▲ knowledge of which students ■ asthma triggers in the school have asthma among appropriate ▲ funding for asthma-friendly schools access at schools to asthma ment tools by students ▲ tracking of students with ▲ # of students with asthma self-efficacy to manage their ▲ correct use of asthma and home environment asthma knowledge, ▲ students' sense of ▲ collaboration and management tools with asthma school staff action plans Appropriate asthma education partnerships maintained; meeting summaries distributed; Implementation plan followed, sessions and materials provided for specified target developed including methods, organization responsible, funding, logistics, evaluation Meetings held and functional results analyzed and shared Written implementation plan • Asthma management tools provided Additional funding sources identified and applied for • Asthma identification questionnaire distributed, evaluated, and adjusted as new members recruited OUTPUTS priorities, programs, plan, and a timeline andiences needed Hold AFSI committee meetings; tion plan for the Comprehensive Asthma Management Plan (CAMP) (the CAMP was · Asthma education for students Professional asthma education funding to implement additional distribute meeting summaries; recruit new members as needed asthma needs assessment in the Develop a written implementa-Monitor the progress of the CAMP and adjust activities accordingly Identify and apply for further · Asthma and environmental information to all students, Asthma management tools General asthma awareness Implement Priority CAMP education for school staff developed from the school for health care providers Planned Work CAMP priority activities ACTIVITIES Asthma identification staff, and/or parents summer of 2004) activities such as: questionnaire with asthma programs • Professional development INPUTS/RESOURCES Kaiser Permanente Health departments (state Tools and Resources • Asthma-Friendly Schools Asthma needs assessment ALA National and Local Local and private sources Staff and Volunteers • ALA National and Local Children's Health Act of State/local school health • Education departments (state and local) • ALA • CDC and other federal January 2005 Update Legislation and Policy Science-based asthma ALA National policy IDEA Collaboration and Technical Assistance laws and regulations Kaiser Permanente Kaiser Permanente · Coalition members Toolkit & website · Pro-Children Act · Asthma coalition Universities Policy makers ADA-FERPA coordinator School staff and local) • NAEPP HIPAA



American Lung Association Tip Sheet: Long-Term Policy Change

Creating or updating policies that impact asthma-friendly school elements are goals that can affect students with asthma permanently. Policies may be local or statewide and can involve any or all of the AFSI elements: environment, education, physical education and activity, and health services.

Policy work is particularly effective for coalitions who have a broad representation from the community and strong base of support. Changing policy is typically time-intensive but low in other costs, and the work will result in permanent changes, regardless of the coalition's future funding, for example.

How local and state regulations and policies are created and adopted vary greatly. To undertake policy work you must understand how the process takes place in your school district, city, or state. Each state is different, and opportunities to change policy vary.

The Sample AFSI Grid for Integrating Evaluation into Five-Year Planning included in this section incorporates a sample policy-related goal, for your reference.

Changing School Policies

The National Association of State Boards of Education offers a range of tips for working with schools, including these ideas when working toward policy change:

Responsibilities

- Responsibility for policy change is generally that of the state legislature and the state board of education.
- Local control is strong in every state, and local school boards and principals may object to interference by the state.
- Even when policy changes are made at the state level, implementing those policies may be a long, incremental process.
- Some changes may require interagency collaboration such as the departments of education and health.

Laying the Groundwork for Change

Enlist widespread support for your policy, which may be viewed as valuable depending on who proposes and supports it. Consider including the following constituencies who can create a groundswell of support:

- · Health and social service providers
- Community groups
- · Youth-serving community agencies
- · Business leaders
- Private-sector employees (who can help determine internal corporate priorities for community action)

Engaging Policymakers

- Emphasize proposed solutions to serious problem
- Identify measurable, short-term benefits
- Stress consistencies with existing policies and programs
- Highlight the coordinated school health program model as an emerging trend
- Include students in the process (researching issues, presenting at hearings)
- Propose a pilot study if policy does not gain support

 Several excellent resources on creating school asthma policies are available, including: Action on Asthma (American Lung Association) How Schools Work & How to Work with Schools (National Association of State Boards of Education) Fit, Healthy, and Ready to Learn—Part III: Policies on Asthma, School health Services, and Healthy Environments (National Association of State Boards of Education) 	
Ordering information is included in the Resources section of this Toolkit.	
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American Lung Association Tip Sheet: Using the AFSI Sample Grid for Integrating Evaluation into 5-Year Planning

This grid was created specifically as a group planning tool for AFSI, based on the experiences of the pilot sites who tested the Toolkit and managed planning in their regions. It includes the elements that appear in a logic model but is expanded to define indicators of measurement and sources, allowing detailed evaluation steps to be integrated.

Working through this grid and using it as your long-term plan "roadmap" will ensure that evaluation becomes inherent to your long-term plan. Conducting ongoing evaluation and having the ability to present that information in a well-organized manner will be critical for funding, continued implementation in schools, and recruitment of additional schools or districts into your AFSI project.

The sample grid works through outcomes, indicators, and data sources for a set of Year One objectives to support one specific outcome. The sample also includes Year Three and Year Five outcomes to support the same objectives.

Determine standard definitions and use them consistently. The following definitions are used throughout this Toolkit and planning grid. Your AFSI coalition may modify its terms, but once you standardize your planning and evaluation vocabulary, use it consistently throughout your planning.

Asthma-Friendly Schools Initiative Purpose: To keep children with asthma healthy, in school, and ready to learn

Goals: A set of aims that set the AFSI project's long-range direction

SMART Objective: Specific levels of achievement, based on goals. "SMART" stands for "specific, measurable, achievable, realistic and time-sensitive."

Activities: Actions that must occur to meet objectives and work toward long-term goals.

Outcomes: Measurable changes that ultimately affect students (i.e., in students' education, disease awareness, disease management, etc.)

Evaluation: The process of monitoring your progress in meeting objectives and achieving desired outcomes, which may involve modifying your plans as you move forward

Working through the Chart

Work through each element completely, always defining the need based on results of your needs assessment. Ultimately, your work group will create one grid for each prioritized need documented in your needs assessment. Refer to the sample grid to follow the detailed flow of specific information.



American Lung Association Asthma-Friendly Schools Initiative Sample Grid for Integrating Evaluation into 5-Year Planning

Need: School staff feel unprepared to handle asthma emergencies properly

		Year Five Outcomes	Children receive appropriate support and care in 90% of asthma related emergencies	Policy is adopted by the State	80% of students with asthma receive appropri- ate medical care in school
ergency.		Year Three Outcomes	Decrease in the number of 91 I calls for asthma emergencies Decrease in the number of students sent home for asthma	Policy is adopted by school district	Nurses demonstrate increase in knowledge on asthma and schools
case of an asthma-related em	handling emergencies.	Year One Data Sources	Pre/Post Test Interviews with key personnel at targeted schools Follow up survey of asthma 101 participants	Written Policy	MOU
opriate support and care in o	for school staff that includes	Year One Indicators	Increase of general knowledge around asthma Increase confidence in managing asthma emer- gencies	Draft of model policy	Formal Memorandum of Understanding (MOU) signed
Desired Long-Term Outcome: Children receive appropriate support and care in case of an asthma-related emergency.	Goal: Establish a sustainable asthma education program for school staff that includes handling emergencies.	Year One Outcomes	90% of school staff that complete Asthma 101 demonstrate an increase in asthma knowledge	Development of a model policy	Establish partnership with NASN state chapter
Desired Long-Term Out	Goal: Establish a sustainabl	SMART Objective	By 2007, 50% of targeted schools district personnel will participate in Asthma IOI in-service training.	2. By 2008, the XYZ School District will adopt a policy for mandatory asthma education for all school staff.	3. By 2008, working in partnership with National Association of School Nurses (NASN) state chapter, 50% of school nurses will participate in the SNAMP asthma training.

Need:					
Desired Long-Term Outcome:	:ome:				
Goal:					
SMART Objective	Year One Outcomes	Year One Indicators	Year One Data Sources	Year Three Outcomes	Year Five Outcomes