A photograph of three children lying on their stomachs on a green lawn. The child on the left is a boy with blonde hair and blue eyes, wearing a red shirt. The child in the center is a girl with blonde hair, smiling, wearing a white top. The child on the right is a boy with brown hair, smiling, wearing a blue shirt. The background is a lush green lawn. There are decorative blue and white circular and floral graphics in the top left and bottom right corners.

Whose values? Implications of the use of proxies in the measurement of health outcomes for program improvement and evaluation Asthma Friendly Schools program evaluation 2008

- Prepared by: Cheryl Reed (TNS Social Research) and Tony Healy (National Asthma Friendly Schools Coordinator)
- Australasian Evaluation Society conference presentation. Perth, 2008

Contents

- Introduction
 - About asthma and the Asthma Friendly Schools program
- Research method
 - Panel and sampling
- Results
 - Parents and students, severe asthma
- Conclusions



Introduction



Introduction

Asthma facts

- One in six Australian children have asthma
- Asthma is a leading cause of school absenteeism
- Asthma is a common reason for child hospital admissions
- 2 in 5 children with asthma live with a smoker
- There is no cure for asthma
- In 2006 there were 402 deaths due to asthma

Statistics from ACAM (Australian Centre for Asthma Monitoring)



Introduction

Asthma Friendly Schools - Evolution

- 1999 national health priority
- 2000 Australian Government funds AFS program
- 2001 Asthma Foundations roll out AFS
- 2006 New program design through national coordination
- Outcomes hierarchy identifies key target groups and expectations



Introduction

Asthma Friendly Schools - Quality standards

- Schools register > resources to achieve 8 essential criteria
- Schools provide evidence of essential criteria > “Asthma Friendly”
- Evidence of continued compliance > every 3 years
- Project advised at jurisdiction level by Steering Committee
- Project overseen at national level by National Steering Committee
- Continuous improvement through AFS Coordinators



Introduction

Asthma Friendly Schools – Evaluation culture

- TNS Final Evaluation Report May 2005
- New program design discussions Sept 05 – Jan 06
- TNS contracted for funding period Feb 06 – June 09
- Evaluation framework – 3 key questions
- Implementation review and progress reports
- Surveys: Individual health outcomes; Schools
- 2008 reports factored to Asthma Review timeframes



Introduction

Outcomes

The aim of the AFS program is to improve quality of life, health outcomes and well-being for school children with asthma.

- **Education impact**

- Attendance and participation
- Knowledge and awareness

- **Health impacts**

- Improved asthma management in schools and the wider community
- Improved self management of asthma
- Increased use of Asthma Action Plans
- Increased participation of students with asthma in sport and fitness
- Reduced hospital emergencies, ambulance call outs and incidents in schools

Research method



Method

Online polls, recruitment and EMC

- Quasi experimental design
- EmailCash™ panel
- Poll for online recruitment
- Panel poll of 70,000
- Identified sample of 4,544 (1,551 students and 2,993 parents) to be invited to participate in the full Individual Health Outcomes survey.
- 1948 people participated in the full Individual Health Outcomes survey (626 students and 1322 parents). This equated to a response rate of 43% for eligible participants who had pre-consented to participate (40% for students and 44% for parents).
- Matching for child age reduced the parents' sample to 430



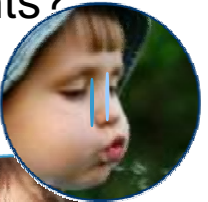
Results



Results

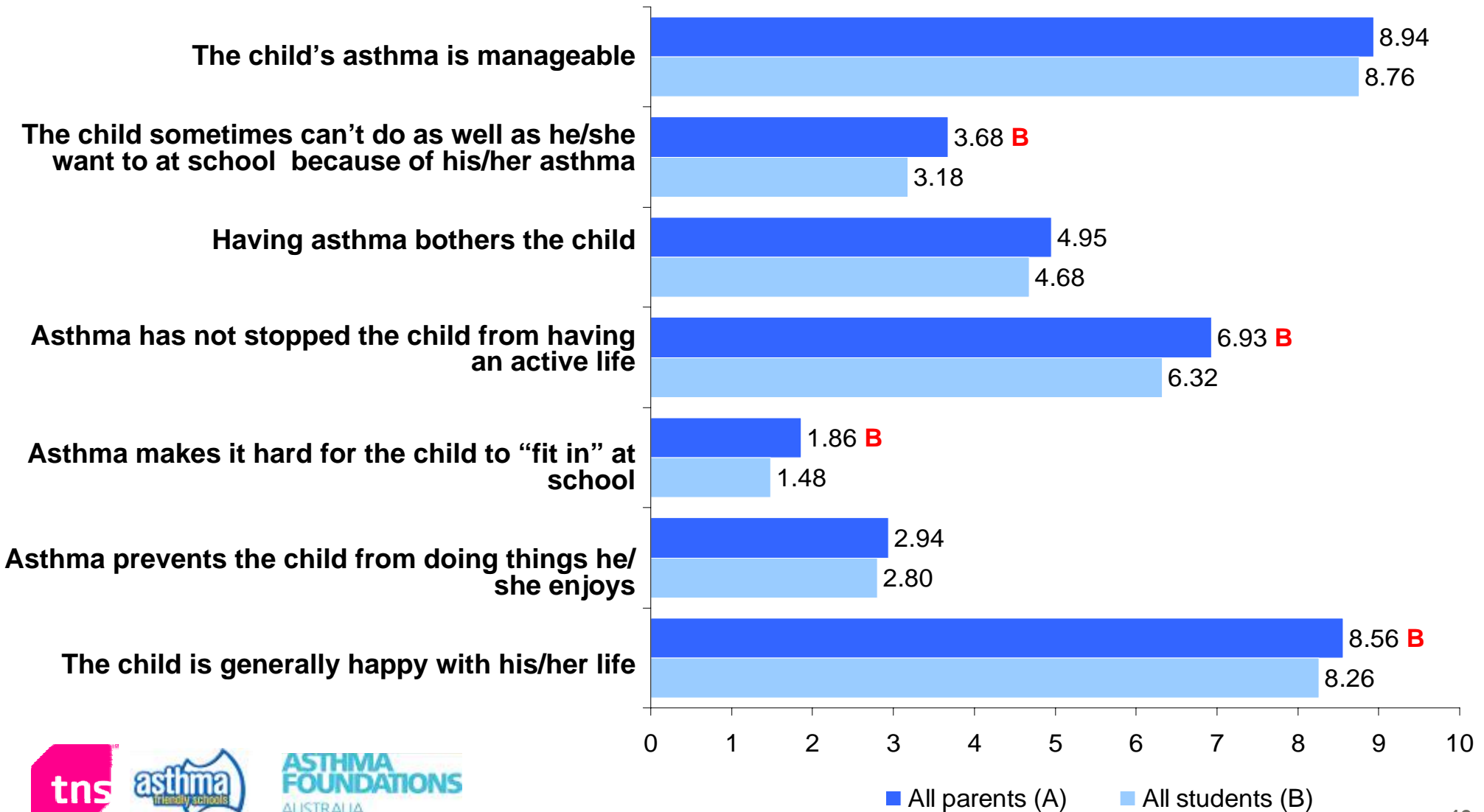
General overview

- Low levels of program awareness for participants
- Results are strongest when the school is going through registration rather than registered
- Generally better management of asthma in participating schools
- Increased confidence in school's management of asthma (despite low levels of awareness)
- Differences in parent and student ratings – due to parents rating younger students?



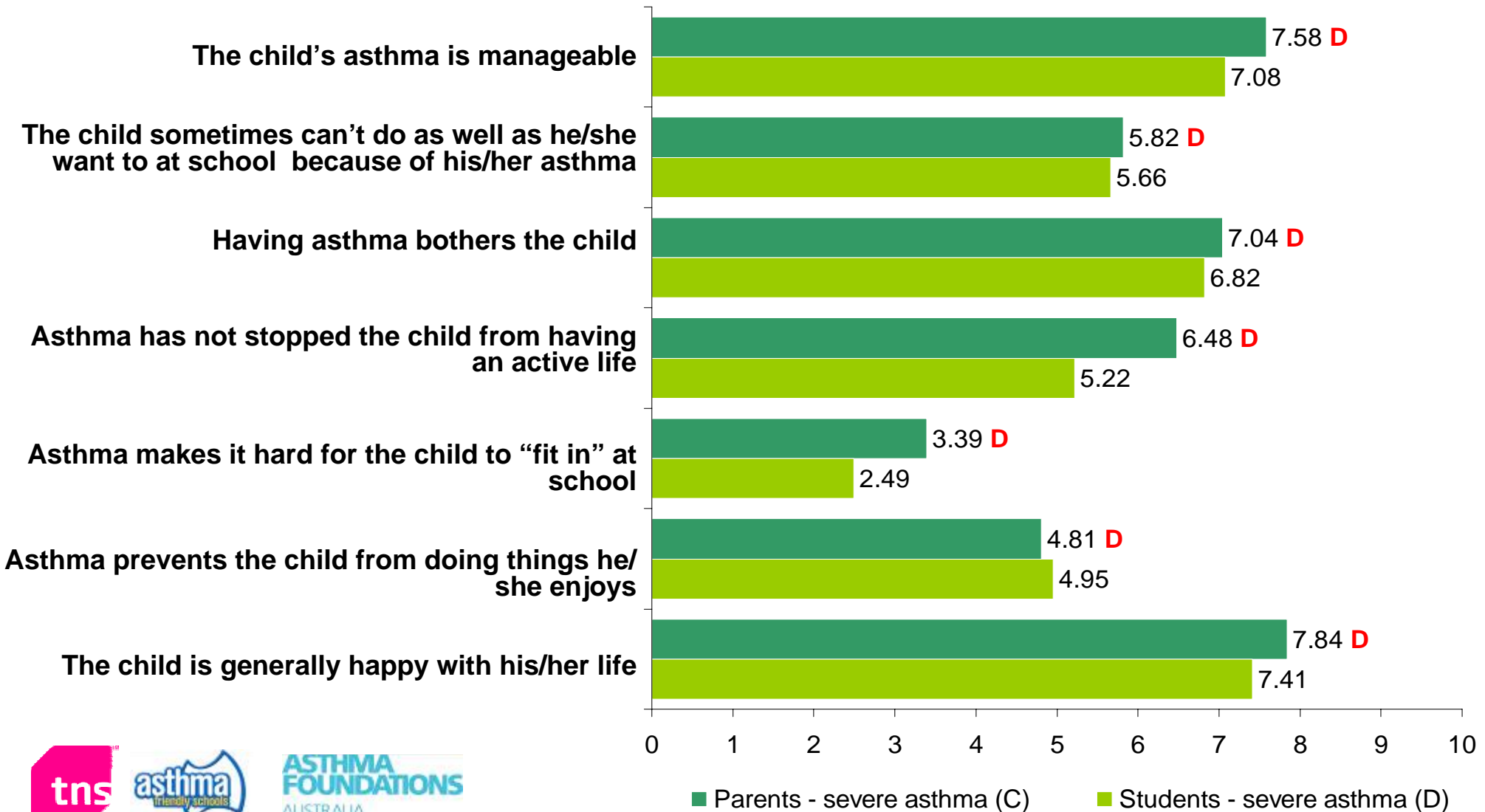
Results

Well-being – comparison of parents and students



Results

Well-being – severe asthma



Results

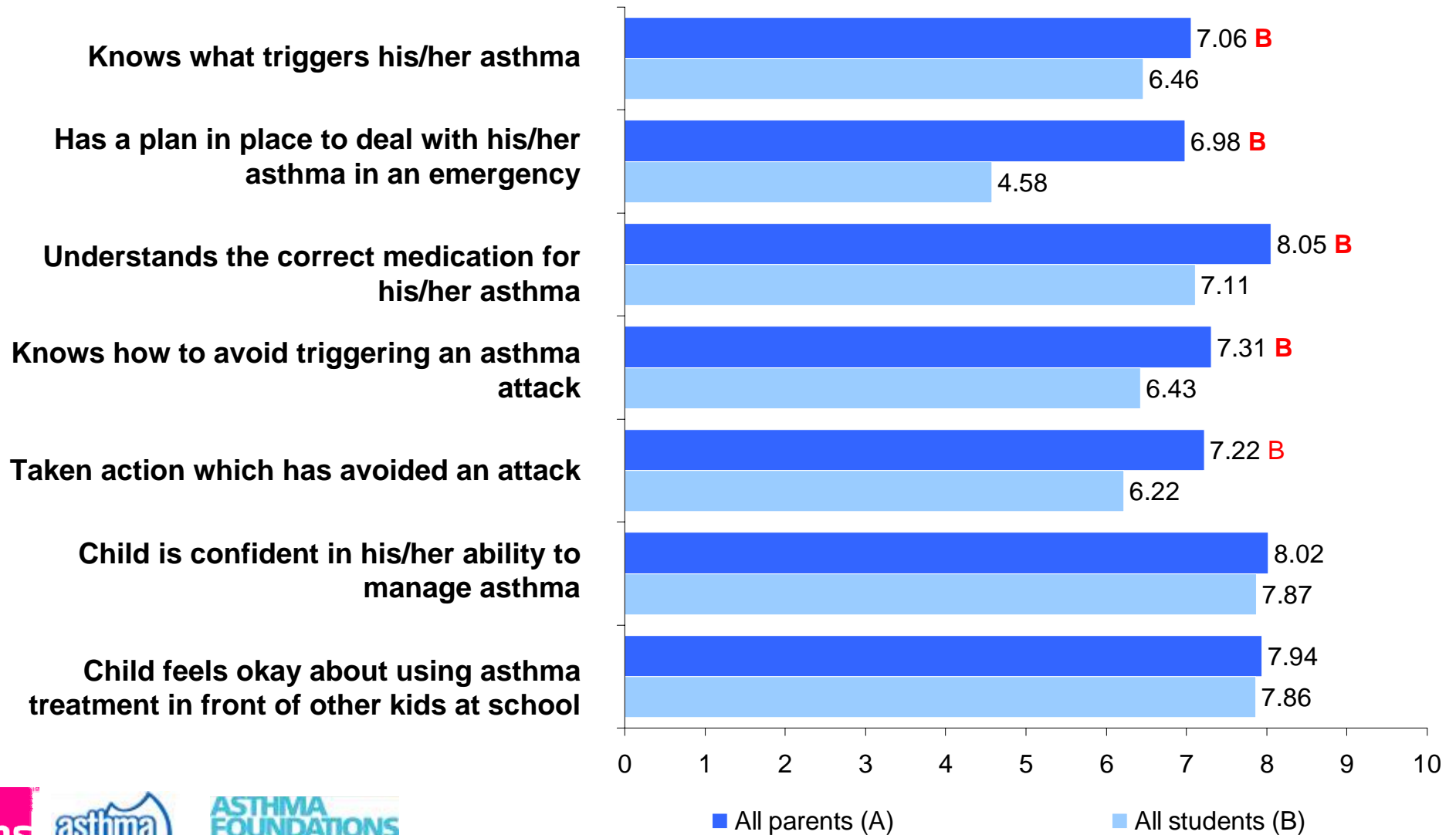
Well-being

While there are some difference in perception of the well-being of the child based on relationship of the rating agent, the difference is most notable for children with severe asthma.



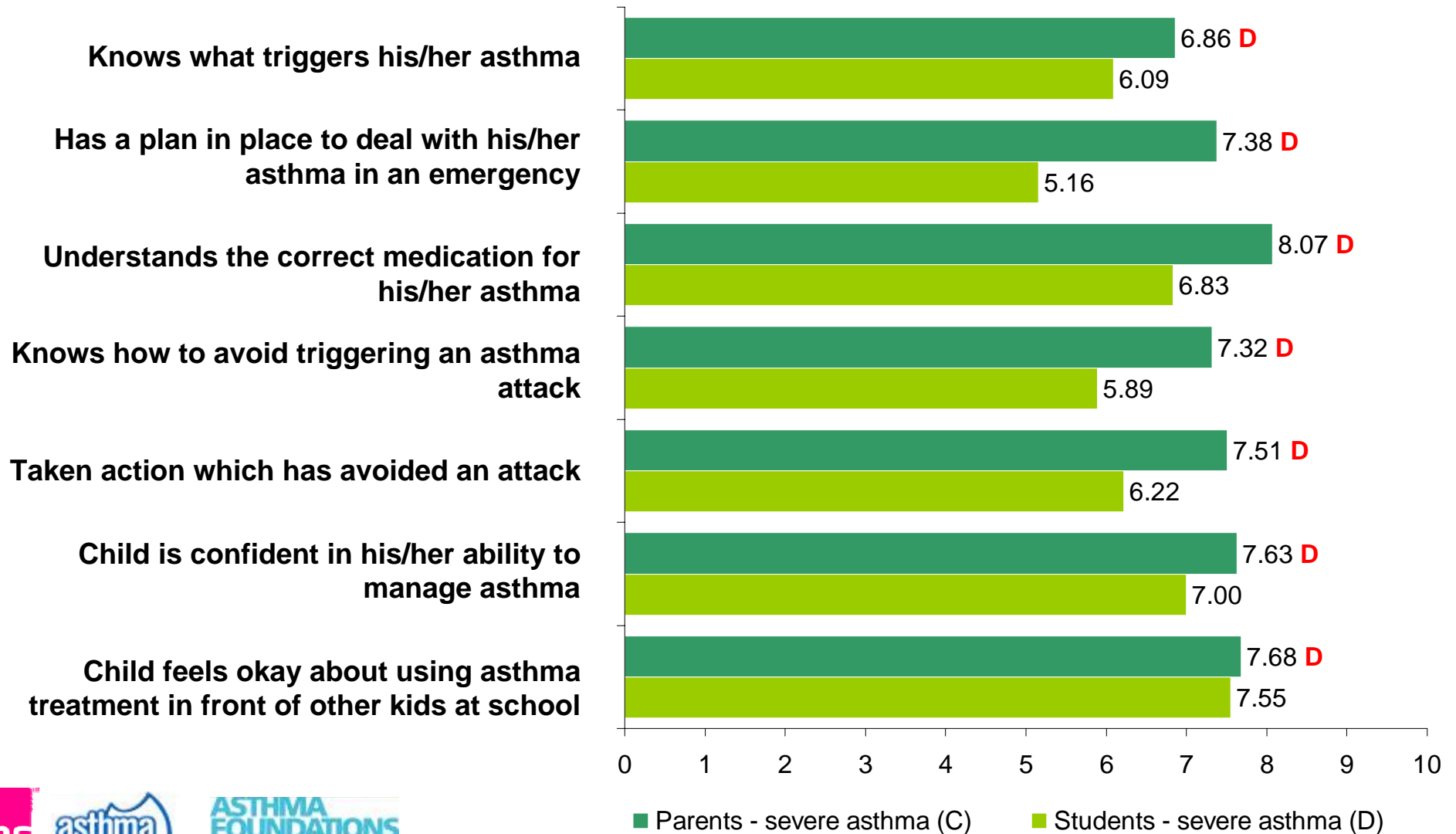
Results

Management of asthma – comparison of parents and students



Results

Management of asthma – severe asthma



Results

Well-being

Parents are more positive than students about the management of asthma by older children. Again, the disparity is most pronounced for children with severe asthma.



Conclusions



Conclusions

- While the pattern of responses is generally the same, parents and students rate many aspects of living with asthma differently
- Use of parents as proxies for health related research needs to be carefully considered
- The severity of the illness clearly has an impact on the disparity of ratings between parents and students
- Wherever possible, for older children, research is best done with the child rather than the parent
- Younger children may present a different case due to their reliability
- (Web 2.0 as part of an evaluation tool kit)





Questions