Illinois Department of Public Health, Asthma Program Home Visit (HV) Expansion/Extension for Community Healthcare Outcomes (ECHO) Model

Individual Evaluation Plan for 2020-2024

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April 2021

1. INTRODUCTION

Asthma is a chronic condition that is best managed through a supportive and integrative framework that seeks to improve asthma control, quality of life and health equity. The Illinois Asthma Program (IAP) employs various strategies and activities that pursue core goals of asthma management using the EXHALE technical package.[1] The 2024 Illinois Asthma Strategic Evaluation Plan outlines an approach for reducing asthma-related health disparities by bridging previously identified gaps and prioritizing evaluation efforts. For example, the State's asthma program uses integrated strategies including the home visiting (HV) program as a comprehensive approach to addressing the CCARE[2] goals of reducing emergency department visits and hospitalizations due to asthma and increasing asthma control. To date, there are four funded HV programs that use community health workers (CHWs) to service high burdened areas throughout the state. These programs share a strong focus on achieving health equity for citizens of Illinois.

One of these specific strategies is focused on the development of a CHW Extension for Community Health Outcomes (ECHO) training model, which educates participants in delivering asthma self-management education. It is crucial to focus on the educational component as well as the program's referral systems. This evaluation was chosen by the IAP's Strategic Evaluation Planning team (SEP EPT) members for its high potential impact, likelihood of reducing health disparities and high stakeholder interest. It is also expected to have minimal challenges.

Evaluation Purpose

This evaluation has a dual purpose. The first is to evaluate the effectiveness of the ECHO CHW training program. The second is to monitor growth in referrals and the expansion of the HV program. We intend to accomplish this by learning what efforts for HV expansion are working well and to identify areas for improvement such as enabling factors and hindrances to team-based collaboration, referral systems and ECHO trainings. The IAP aims to influence the quality, reach and processes of collaborative efforts between healthcare professionals and public health professionals to achieve long-term outcomes associated with asthma control and reducing disparities. The evaluation findings will be used by the Home Visiting Collaborative (HVC) and the IAP to make necessary changes to achieve success related to HV expansion and sustainability. Additionally, this evaluation is a means of promoting the ECHO and the HV five-visit models in other Illinois communities. It is an opportunity for raising awareness about program services and highlighting the importance of referrals.

Stakeholders

The evaluation process requires input from various stakeholders who must work together at all stages of evaluation development to create an environment that supports community health. This IEP includes a diverse team with backgrounds and experiences that support the evaluation process.

The contracted external evaluators take primary responsibility for planning and conducting the evaluation and disseminating the results. This includes refining the data collection process and data analysis. Other stakeholders are Illinois Department of Public Health (IDPH) asthma

[1] The EXHALE Technical Package is a CDC National Asthma Control Program resource document that outlines strategies to improve asthma control.

[2] Controlling Childhood Asthma and Reducing Emergencies, CCARE is CDC's objective to prevent 500,000 asthma related emergency department visits and hospitalizations by August 31, 2024.

program staff, members of the Illinois Asthma Partnership, the HVC and CHWs. They are responsible for mobilizing resources, leveraging partnerships, and informing choices to improve IAP efforts. Other interested groups may be clinical care providers, hospital administrators, community clinic staff and the Centers for Disease Control and Prevention (CDC).

The evaluation team leaders have actively worked to solicit feedback using a combination of telephone calls, emails, and virtual meetings to communicate with the stakeholders represented on the Evaluation Planning Team (EPT). These avenues are efficient ways to collaborate and innovate with the team members who are serving as volunteers or as part of their paid time with their employers. Email and scheduled calls are being used in a manner that aligns with the evaluation's continuous process. These avenues allow additional stakeholders to participate as desired.

Table F.1. Stakeholder Assessment and Engagement Plan

Stakeholder Name	Stakeholder Category	Interest or Perspective	Role in the Evaluation	How and When to Engage
Sarah Geiger	Primary	Evaluation	Evaluator	All Stages (Formation of IEP through Dissemination of Results)
Arlene Keddie	Primary	Evaluation, Epidemiology	Evaluator	All Stages
Cassandra Johnson	Primary	Evaluation, Health Promotion	Evaluator	All Stages
Catherine Leech	Primary	Health Promotion	Graduate Intern	IEP Formation
Nikki Woolverton	Primary	Program Manager, IDPH	Provides program evaluation guidance	All Stages
Nancy Amerson	Primary	Evaluation, Epidemiology, IDPH	Provides epidemiological guidance for evaluations	All Stages
Enoch Ewoo	Primary	Asthma/Tobacco Program Coordinator, IDPH	Provides program evaluation guidance/data collection	All Stages
Tanya Bamkamba	Secondary	CHW, Southern Illinois School of Medicine (SIU SOM)	Advisory	IEP Formation Input
Maithili Deshpande	Secondary	Assistant Professor	Advisory	IEP Formation Input
Anna Volerman	Secondary	Provider ECHO Facilitator, UC Faculty	Advisory	IEP Formation Input
Matthew Yarnell	Primary	Director, SIU Office of Community Care, SIU SOM	Advisory	IEP Formation Input, Dissemination of Results

Tyra Jones	Primary	CHW Lead Trainer, SIU SOM	Advisory	IEP Formation Input, Dissemination of Results
Jo Volkening	Secondary	Provider ECHO Participant, RN	Advisory	IEP Formation Input

2. DESCRIPTION OF WHAT IS BEING EVALUATED

Need

There is a strong need for effective and efficient community-based and systems-focused approaches to improve asthma control, quality of life and health equity. Linkages to asthma care and appropriate services require teamwork, resources, and professional development. By improving these components, those with asthma and their caregivers will have greater access to comprehensive quality care. By expanding the HVC and offering ECHO trainings for CHWs through one of the four HV programs, Southern Illinois University School of Medicine (SIU SOM), the program hopes to improve the quality of care in the region and to increase capacity. SIU SOM was chosen to pilot the expansion due to their location in a high-burdened area of the state. Ideally, the location of SIU SOM will enable the program to recruit more CHWs and clients from the surrounding, high-burdened communities and/or may lead to a greater number client of referrals from these trainees.

Context

To date, IAP activities been affected by the novel coronavirus outbreak (COVID-19) that was first reported in the U.S. in January 2020. This has meant that home visits have become virtual. A complicating factor is that most of the clients are from low socioeconomic backgrounds, and many have limited internet access. Resources like staffing and time have also been negatively affected by the pandemic.

However, moderate to severe asthma is considered an underlying condition associated with high risk for severe COVID-19 by the CDC, which may make it a higher priority for funding than other illnesses. Additionally, recent environmental impacts such as the wildfires across the West Coast in Summer 2020 that impacted air quality in Illinois, increased $PM_{2.5}$ over the course of the last few years due to rollbacks in environmental legislation, and rising temperatures due to climate change may have negative effects on the prevalence of asthma. These changes should increase the priority of improving asthma care in the state.

Target Population

The target population for the CHW asthma ECHO series are CHWs in the area around SIU SOM, which is considered a high-burdened area. The target client population for the HVC expansion are pediatric asthma patients, particularly in groups that have the highest asthma disparities. Demographic groups that have higher asthma burden include Black and Latinx racial/ethnic groups, individuals from low SES backgrounds, males prior to adolescence, and females at and beyond adolescence. Due to the sensitive nature of gathering SES data at home visits and the importance of maintaining trust with clients, SES will be approximated using payor information. Individuals with Medicaid coverage will be considered low SES for the purpose of the evaluation.

Stage of Development
SIU SOM has already begun offering the asthma ECHO series for CHWs and has trained two cohorts. (See Appendix A for a logic model of the HV Expansion and ECHO Model portion of the program).

Resources/Inputs
Resources for the ECHO and HV expansion include a CDC-funded grant, stakeholders from SIU SOM and other asthma program partners, including the Illinois HVC.

Activities
This intervention will use the ECHO Model, which was developed by the University of New Mexico to train healthcare providers in the community and provide a network of support to rural areas to reduce health disparities. ECHO uses a hub and spoke model, where hubs are academic institutions with specialists and spokes are frontline CHWs and primary healthcare providers (Serhal et al., 2018). The Illinois State Asthma Program utilizes the hub at SIU SOM to provide training and knowledge to frontline CHWs.

The ECHO trainings provided to CHWs through SIU SOM are based on the CDC's EXHALE Technical Package to Control Asthma. Six sessions are provided remotely via teleconferencing software and consist of a training topic presentation and participant-presented field cases. CHWs work through the case studies together facilitated by the trainer and provide recommendations based on their experiences with home visits and knowledge of asthma symptoms, triggers, and self-management. After the training, SIU SOM provides ongoing support via regularly scheduled technical assistance calls.

Outputs
The output will be data on the ECHO Model, including its educational components, and the HVC expansion, which will be used to justify further funding for these programs and their expansion to other high-burdened regions of Illinois.

Outcomes
The ECHO Model has two major goals. One is educational, focusing on increasing Asthma Self-Management Education among CHWs. Offering these trainings will ideally increase capacity and provide best practices in educating CHWs while also helping to address asthma care disparities across the state.

The second is to expand the reach of the HVC. More specifically, this second goal is to expand existing home visiting programs and to encourage providers in additional counties, especially in areas with limited access to care, to consider joining.

Both goals align with CDC's goal of preventing half a million ED visits and hospitalizations among children.

3. EVALUATION DESIGN

Evaluation Questions

1. How was the ECHO model rolled out and implemented in Illinois?
    a. How have the number of CHWs in the HVC-led ECHO program changed over time?
    b. Did ECHO participants' AS-ME knowledge improve as a result of the program?
    c. Was there fidelity to the original ECHO model?
2. Did the reach of the HVC increase and by what magnitude?
    a. Did the number of clients increase over time?
    b. Did the number of referral sources increase over time?
    c. What proportion of HV client referrals under the age of ten were male? Female?
    d. What proportion of HV client referrals between ages 10-19 were male? Female?
    e. What proportion of HV client referrals were Black? Latinx?
    f. What proportion of HV client referrals were on Medicaid?
    g. How do these proportions compare to asthma prevalence data in the state?

Stakeholder Needs

The evaluation findings will used by the HVC, IDPH and the IAP to improve program strategies. They will also be used by stakeholders to determine the effectiveness of the ECHO Asthma Series in training and recruiting CHWs. They will also be used to assess whether the expansion of the HV program through SIU SOM was effective in increasing the number of clients and referral sources and in addressing asthma disparities by targeting participants in high-burdened demographic groups. The findings may also be used to justify increased funding for further expansion to other high-burdened areas of Illinois identified in the SEP.

Evaluation Design

The evaluation was designed with feasibility in mind and will consist of a prospective, pre-experimental, single group pretest/posttest design. Fidelity to the ECHO Model and disparities will be assessed by using a posttest only design.

4. DATA COLLECTION

Data Collection Methods

Secondary and primary data will be used to answer the evaluation questions. The *HVC Data Collection Tool* will be used to collect demographic data on HV clients as well as to track the number of HV clients served by the program. The HVC Referral Tracking Tool will be used to track referrals. Pretest and posttest scores and attendance data will be collected by SIU SOM. Secondary data on asthma prevalence will be obtained from IDPH.

Data Collection Method – Evaluation Question Link

1. How was the ECHO model rolled out and implemented in Illinois?
    a. How have the number of participants in the HVC-led ECHO program changed over time?
    b. Did ECHO participants' AS-ME knowledge improve as a result of the program?
    c. Was there fidelity to the original ECHO model?

The educational questions will be answered using ECHO session attendance data from SIU SOM (1a), pre-test and post-test scores for each ECHO series (1b), and the ECHO Fidelity Scorecard (1c). (See Appendix B for the ECHO Fidelity Scorecard).

2. Did the reach of the HVC increase and by what magnitude?
    a. Did the number of clients increase over time?
    b. Did the number of referral sources increase over time?
    c. What proportion of HV client referrals under the age of ten were male? Female?
    d. What proportion of HV client referrals between ages 10-19 were male? Female?
    e. What proportion of HV client referrals were Black? Latinx?
    f. What proportion of HV client referrals were on Medicaid?
    g. How do these proportions compare to asthma prevalence data in the state?

    The expansion questions will be answered using the HVC Data Collection Tool (2a, 2c, 2d, 2e, 2f), the HVC Referral Tracking Tool (2b), and Illinois State asthma prevalence data (2g).

Table F.2: Evaluation Questions and Associated Data Collection Methods

Evaluation Question	Data Collection Method	Source of Data
1. How was the ECHO model rolled out and implemented in Illinois?	*See 1a through 1c*	*See 1a through 1c*
1a. How have the number of participants in the HVC-led ECHO program changed over time?	Attendance logs	SIU SOM
1b. Did ECHO participants' AS-ME knowledge improve as a result of the program?	Pre-test and post-test results	SIU SOM
1c. Was there fidelity to the original ECHO model?	Fidelity Scorecard	SIU SOM
2. Did the reach of the HVC increase and by what magnitude?	*See 2a through 2g*	*See 2a through 2g*
2a. Did the number of clients increase over time?	HVC Data Collection Tool	Home Visiting Programs
2b. Did the number of referral sources increase over time?	HVC Referral Tracking Tool	Home Visiting Programs
2c. What proportion of HV client referrals under the age of ten were male? Female?	HVC Data Collection Tool	Home Visiting Programs
2d. What proportion of HV client referrals between ages 10-19 were male? Female?	HVC Data Collection Tool	Home Visiting Programs
2e. What proportion of HV client referrals were Black? Latinx?	HVC Data Collection	Home Visiting Programs

	Tool	
2f. What proportion of HV client referrals were on Medicaid?	HVC Data Collection Tool	Home Visiting Programs
2g. How do these proportions compare to asthma prevalence data in the state?	HVC Data Collection Tool	Home Visiting Programs, Illinois State Asthma Prevalence Data

5. Data Analysis and Interpretation

Indicators and Standards

Pre-test and post-test results will be compared to determine whether or not the ECHO Model was effective in increasing Asthma Self-Management Education (AS-ME) knowledge among participants. A statistically significant increase in scores will show the program was successful in training CHWs. The Fidelity Scorecard will be used as an indicator for fidelity to the ECHO model. High fidelity shows that the program is using the model as intended and that it has been implemented successfully.

The number of HV clients and number of referral sources will be used as indicators to determine the performance of the HV expansion. Statistically significant increases in these indicators will show that the program was successful in increasing the reach of the HVC. Proportions of clients by age and gender, race/ethnicity, and insurer will be used as indicators for whether or not the HVC is reaching clients that have the highest disparities in asthma prevalence and hospitalizations in the state. The program will be successful in reducing asthma disparities if a significant proportion of clients are in these target populations.

Table F.3. Indicators and Success

Evaluation Question	Criteria or Indicator	Standards (What Constitutes "Success"?)
1. How was the ECHO model rolled out and implemented in Illinois?	*See 1a through 1c*	*See 1a through 1c*
1a. How have the number of participants in the HVC-led ECHO program changed over time?	Attendance logs	Statistically significant increase in number of ECHO participants
1b. Did ECHO participants' AS-ME knowledge improve as a result of the program?	Pre-test and post-test results	Statistically significant increase in asthma knowledge test scores between pre and post-test for each ECHO series
1c. Was there fidelity to the original ECHO model?	Fidelity Scorecard	High fidelity (>80% agree) to the ECHO Model

2. Did the reach of the HVC increase and by what magnitude?	*See 2a through 2g*	*See 2a through 2g*
2a. Did the number of clients increase over time?	Number of clients at pre-test and at post-test	Statistically significant increase in number of clients
2b. Did the number of referral sources increase over time?	Number of referral sources at pre-test and at post-test	Statistically significant increase in number of referral sources
2c. What proportion of HV client referrals under the age of ten were male? Female?	Proportion of clients by age and gender	Proportion for the high-burdened population exceeds the proportion of cases in the state in that population
2d. What proportion of HV client referrals between ages 10-19 were male? Female?	Proportion of clients by age and gender	
2e. What proportion of HV client referrals were Black? Latinx?	Proportion of clients by race/ethnicity	
2f. What proportion of HV client referrals were on Medicaid?	Proportion of clients on Medicaid	
2g. How do these proportions compare to asthma prevalence data in the state?	Asthma prevalence data by gender, age, race/ethnicity, and SES	

Analysis
Descriptive and inferential statistics will be used to assess the educational impacts of the ECHO Model and the HVC expansion.

Interpretation
After the data have been collected and analyzed by the primary stakeholders, the results will be reviewed collaboratively with all members of the EPT. Engaging the entire team in interpreting the findings and justifying conclusions ensures that the conclusions of the evaluation have high validity and are trusted by all parties.

6. Communication and Reporting

Use
Internal and external stakeholders have commitments to utilize evaluation findings for program expansion via access and referrals to local services that support community health, and improve training of CHWs. These findings will be shared in a timely manner to improve program processes, impact, and outcomes. The findings may also increase health literacy on specific topics like environmental health and asthma. The findings should be used to support the case for third party payor reimbursement. Additionally, these recommendations will be shared with other

public health professionals to communicate what works when addressing asthma to improve impacts and outcomes using the ECHO model.

Communication
Key evaluation takeaways will result in informed decision-making. This is being achieved through continuous communication via virtual meetings while developing the IEP. The evaluation team leaders also seek to present findings through a mixture of informal and formal avenues. Examples of such avenues are the continuous HVC virtual meetings, the annual IAP conference, and formal reports accessed on IDPH's website.

7. EVALUATION MANAGEMENT

Evaluation Team
A well-managed evaluation results in usable findings. It is the evaluators' responsibility to align this individual evaluation with the Strategic Evaluation Plan (SEP) and disseminate its findings to the appropriate parties for further action. Program directors and staff are responsible for implementing these findings within their respective HV programs. Additional stakeholders should use the findings to make informed decisions about current and future programs.

Data Collection Management
Data on HV clients will be collected by program subgrantees using the data collection tool. These data will enable the evaluation team to assess whether the number of HV clients increased over time and whether or not the program is addressing disparities including gender, race/ethnicity, and SES variables. Subgrantees are expected to collect data in real time during their home visits and to report data on a quarterly basis through redcap and via Excel to IDPH. IDPH will then submit the data to the evaluation team via Box.

Data on referrals will be tracked using the HV Referral Tracking Tool and will be collected in real time and reported on a quarterly basis. Data will be reported to IDPH, and IDPH will submit to the evaluation team via Box.

SIU SOM will collect data on ECHO session attendance and CHW pre-test and post-test results. These data should be submitted to IDPH in batches within two weeks after the end of each six-week ECHO series. The evaluators will use these data to assess whether the number of participants in the ECHO series has increased over time and if ECHO participants' AS-ME knowledge increased over the course of the series.

The ECHO Fidelity Scorecard will be used to determine whether or not the ECHO sessions have retained fidelity to the original model. To collect data on fidelity to the original model, the evaluators will sit in on ECHO sessions throughout the evaluation process and fill in the scorecard. These data will be uploaded to Box.

Data Analysis Management
Table F.4. describes the data analysis plan, including the analysis to be performed, data that will be analyzed, the group responsible, and the due date.

Table F.4. Data Analysis Plan

Analysis to Be Performed	Data to Be Analyzed	Person(s) Responsible	Due Date
Descriptive analysis of number of CHW ECHO participants	Primary Data	Evaluation Team Leaders	TBD
Descriptive analysis of CHW ECHO participants' AS-ME knowledge	Primary Data	Evaluation Team Leaders	TBD
Descriptive analysis of fidelity to ECHO model	Primary Data	Evaluation Team Leaders	TBD
Descriptive analysis of number of HV clients	Primary Data	Evaluation Team Leaders	TBD
Descriptive analysis of HV referrals	Primary Data	Evaluation Team Leaders	TBD
Descriptive analysis of HVC client demographics	Primary Data, Secondary Data	Evaluation Team Leaders	TBD
Inferential analysis of program outcomes	Primary Data	Evaluation Team Leaders	TBD

Communicating and Reporting Management

Target audiences for reporting the progress made on the evaluation are the IDPH program manager and staff, CDC National Asthma Control Program staff, HVC managers and CHWs, and those running the ECHO program at SIU SOM. Data will be communicated through ongoing virtual meetings. Initial and interim findings will be communicated via reports, emails, and webinars. Complete findings and documentation on the evaluation will be communicated via reports and webinars.

Timeline

The preliminary timeline for reporting is built around major grant cycle deadlines. Data collection and analysis will be conducted between 2021 and 2023. Formal dissemination of the final evaluation findings will occur no later than August 1, 2024 to the CDC, IAP, HVC and appropriate collaborating partners not otherwise mentioned. Informal discussions with various stakeholders have been occurring throughout the planning process and will continue beyond.

Potential roadblocks include data quality and sample size during the 2019-2024 grant cycle. COVID-19 and its resulting circumstances may slow referrals and HV participant recruitment and retention.

Evaluation Budget

A total of $191,000 is allotted to the HV programs for all operations. Evaluation costs are related to personnel time and other partner resources, as it is part of the usual job duties and subgrantee expectations. Other EPT members volunteer their time to help plan the individual evaluation, implement the findings, and share the lessons learned. The management, cleaning and analysis of data, and writing reports that summarize the results are all conducted by contracted evaluators.

POST EVALUATION

Action Planning

To help key stakeholders and make critical decisions regarding program effectiveness and expansion, the evaluators will share IEP updates, preliminary findings and official reports with members of the IAP and HVC. This will be done informally via emails, appropriate IAP meetings, and at monthly HVC meetings. Minimal challenges are expected to hinder this task.

Official reports may take longer to disseminate, but they are expected to be shared with external stakeholders via informal discussions and formal presentations. The evaluators expect that these reports will be accessible on IDPH's webpage.

8. REFLECTION

Stakeholder collaboration during evaluation planning team meetings was crucial to developing this individual evaluation plan. Table F.5. describes some lessons learned from the initial planning phase.

Table F.5. Reflections Summary Matrix

Observations/Lessons Learned	Plans for modifying the process
Difficulty engaging stakeholders	Better understanding of program goals prior to first meeting to better drive the conversation. Use breakout sessions to facilitate more collaborative discussion and to get more timely feedback on proposed evaluation questions and study design. Engage IDPH program staff to emphasize the importance of the evaluation planning process and its connection to continued program funding.
Difficulty obtaining information about the ECHO model	Reach out to a local ECHO hub directly for information rather than going through University of New Mexico
Program evolving during the planning process	Changes in capacity during the pandemic led to challenges planning the evaluation of the Healthcare Provider training expansion through SIU SOM. This will be evaluated at a later date. Focus will remain on training CHWs.

Appendix A: Home Visit (HV) Expansion/Extension for Community Healthcare Outcomes (ECHO) Model Logic Model

Inputs	Activities	Outputs	Short-term/Intermediate Outcomes (± 1 to 3 years)	Long-term Outcomes (3+years)
• CDC-funded grant • Stakeholders from SIU SOM • The Illinois HVC • CHWs • EXHALE Technical Package • ZOOM teleconferencing software • Asthma Guidelines • Best practices	• ECHO Trainings • ECHO case presentations • Follow-up sessions with CHWs and ECHO hub specialists • Home visits • Client and CHW referrals	•Data on the ECHO Model •Data on the HVC expansion	• Increase Asthma Self-Management Education among CHWs • Expand the reach of the HVC	• Fewer asthma-related ED visits and hospitalizations • Widespread effective evidence-based approaches to asthma control • More people have well-controlled asthma, fewer asthma attacks, and less absenteeism • Reduced disparities in asthma care management among different racial/ethnic groups, socioeconomic backgrounds, and geographic regions of Illinois • Increased health equity and outcomes • Reduce death and disability due to asthma • Improved quality of life for those with asthma and their caregivers

Appendix B: Project ECHO Session Fidelity Scorecard

Please rate the following statements based on today's session 1. Disagree 2. N/A 3. Agree	Disagree	N/A	Agree	
	1	**2**	**3**	**Comments**
Hub session followed <u>all six</u> components of the ECHO model: (1) Spoke presented case; (2) Hub lead summarized case; (3) Spokes asked clarifying questions; (4) Hub asked clarifying questions; (5) Spokes provided recommendations; and (6) Hub provided recommendations.				
Case presenter(s) followed case presentation template closely				
Case presenter(s) followed HIPAA guidelines				
Spokes in attendance appeared engaged during the session through active listening (watching screen, nodding)				
Spokes asked questions and made comments in non-judgmental manner				
Hub provided realistic recommendations to the case presenter				
Hub used positive, encouraging and respective language with Spokes and other Hub members				
Session Coordinator assisted Hub and Spokes during session (attendance, screen sharing, time reminders, etc)				
Technology operated smoothly (webcam, ZOOM, microphone, speaker, TV, Internet)				
Didactic presentation was relevant				
Didactic presentation was the right length of time				
Session began and ended on time				