Methods:

A multi-method, retrospective study was conducted. Using multiple methods makes findings valuable to multiple stakeholders. In addition, the strengths of one method can offset the limitations of others. The following data collection methods were used to assess the value of children’s asthma camps.

1. **Key Stakeholder Interviews** - Twenty-six interviews were conducted, via telephone or in-person, with children’s asthma camp stakeholders. Stakeholders represented established and new camps, small and large camps, organizations that recently quit sponsoring asthma camps, and Consortium of Children’s Asthma Camp Board members and consultants. The asthma camp roles of the stakeholders ranged from camp director/coordinator, medical director, medical volunteer, organization board member, parent of camp participant, and high-level leadership/administrative oversight.

The interviews were conducted between September 29, 2004 and November 1, 2004. The interviews varied from 10 minutes to 45 minutes in length, depending on the role of the stakeholder, their familiarity with asthma camps, and their willingness to share details. See Attachment A for the **Key Stakeholder Interview Protocol** and Attachment B for the **Stakeholder Interview Summary**.

2. **Review of published and unpublished literature** - The extensive literature search identified 26 articles or manuscripts\(^1\), written in English, between 1981 and 2001. The purpose of identifying all published articles, regardless of when published, was to: 1) capture all (or as many as possible) of the published articles regarding the impact of children’s asthma camps since asthma camps’ beginnings in 1967 and 2) to ensure a sufficient number of peer reviewed journal articles from which to draw conclusions. See Attachment C for the **Review of Published and Unpublished Literature on Children’s Asthma Camps**, Attachment D for a chart of the **Evidence Regarding Impact of Children’s Asthma Camps**, and Attachment E for the **Bibliography**.

3. **Interviews with other chronic disease specific children’s camps** - Directors of the Children’s Oncology Camping Association, Diabetes Camping Association, and American Diabetes Association Camping Programs were interviewed in November 2004 regarding their experience in assessing the value of camps. See Attachment F for the **Summary of Interviews with Non-asthma Chronic Disease Camps for Children**.

4. **Online Survey of Asthma Camp Directors** - An online survey was developed to collect a variety of information about asthma camps in the United States, including general camp information, camper demographics, staffing patterns, budget information, asthma education provided through camp, and community outreach. This survey was piloted tested with two asthma camp directors. Adjustments were made based on pilot test comments. The final survey was first distributed on Monday, October 4, 2004. Camps were contacted either via email or

\(^1\) These 26 articles include one national presentation and one nationally presented poster session.
phone at least four times requesting that they complete the online survey. Surveys were accepted until Friday, January 21, 2005.

Seventy-five (75) surveys were completed for a return rate of 62%. The response rate was based on 121 verified asthma camps (defined as having a contact name, phone number, and/or email address in the Consortium database after personal contact with a camp staff person between October 2004 and January 2005). See Attachment G for the Online Survey and Attachment H for the Children’s Asthma Camps Online Survey Summary.

5. Parent Interviews – Ten interviews were conducted with parents of children who attended a 2004 asthma camp. Eight of the parents were from Minnesota (November 2004) and two from California (February 2005). See Attachment I for the Asthma Camp Parent Interview Protocol and Attachment J for the Summary of Parent Interviews.