

Idaho Statewide Asthma Plan 2007-2012



Protecting Idaho's Breath

June 2007

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Dear Colleagues,

The Asthma Coalition of Idaho has completed the updated 2007-2012 Idaho Statewide Asthma Plan. I would like to thank all the individuals and organizations that recognize the personal and financial impact asthma has on the residents of Idaho. This Asthma Plan would not have been accomplished without the work of all the past and present coalition members.

Simply looking at the Table of Contents of the Statewide Asthma Plan will enlighten anyone to the complexities of asthma and its management. The members of the coalition offer a wide scope of professional expertise in the multitude of areas that need targeted and they have done an exceptional job.

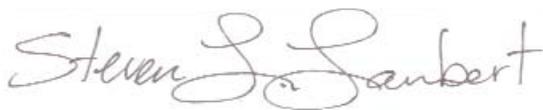
The Idaho Statewide Asthma Plan has eight sections:

1. **Healthcare** – targets clinical guidelines, healthcare financing, professional education, access to care, and quality improvement.
2. **Environment** – targets indoor environment, occupational environment, and outdoor environment.
3. **Schools, Childcare, Pre-Schools** – targets the important issues of asthma management and education in schools, pre-schools, and childcare facilities.
4. **Coordination** – focuses on increasing and improving the statewide coordination of asthma-related education and outreach activities.
5. **Collaboration** – focuses on strengthening partnerships and collaboration efforts among healthcare systems and other organizations (both governmental and non-governmental) in all areas of asthma prevention and management.
6. **Communication** – focuses on increasing public understanding of asthma in Idaho.
7. **Surveillance** – focuses on developing and maintaining an asthma surveillance system that monitors existing data, identifies missing data, and builds the capacity to obtain data not currently available.
8. **Policy** – targets policy in the areas of healthcare, environment, and schools.

The collaborative strategies of the Idaho Department of Health and Welfare, Asthma Coalition of Idaho, Centers for Disease Control and Prevention and the National Heart, Lung, and Blood Institute give definitive form to the path we must take in combating asthma. The Asthma Coalition of Idaho is working to implement these guidelines into a proactive management plan.

Active members know the demands of implementing these guidelines and I ask that they enlist more members to this outstanding group.

Sincerely,

A handwritten signature in cursive script that reads "Steven L. Lambert".

Steven L. Lambert, Chair
Asthma Coalition of Idaho

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Introduction

Over 100,000 Idahoans of all ages have been diagnosed with asthma. Despite the availability of asthma care in Idaho, there is still no system to measure the efficacy of asthma care or outcomes of asthma interventions, and there is no way to compare Idaho's asthma care to national guidelines or to measure changes in the number of ER visits and hospitalizations due to asthma. To increase the quality of life for Idahoans with asthma, Idaho recognizes the need for a revised statewide asthma plan. This revised 2007 statewide asthma plan will work toward promoting consistency of care from health care providers, reduce and control environmental factors of asthma, provide guidance for asthma education in schools and childcare/pre-school facilities, promote community involvement, and develop asthma policy.

The recommendations for the objectives and strategies in the different sections are developed from evidence-based research and are consistent with the recommendations for key clinical activities for quality asthma care published by the Centers for Disease Control and Prevention (CDC) in 2005, and also consistent with the asthma care guidelines from the National Heart, Lung, and Blood Institute (NHLBI, 2002 and 2007).

It is hoped that the Idaho Statewide Asthma Plan will be used by all those involved in the diagnosis, treatment, and management of asthma to guide their efforts in assuring increased quality of life for Idahoans with asthma.



Asthma: Defining the Scope of the Problem

Asthma is a chronic disease of the lungs characterized by airway inflammation and swelling, mucus production, and airway hyper-responsiveness to triggers or allergens. Asthma can be life-threatening if not properly managed. Symptoms of asthma may include:

- Shortness of breath;
- Wheezing;
- Chest pain or tightness;
- Nighttime or early morning coughing.

Diagnosis

Asthma is diagnosed through a combination of medical history, physical examination, and measured lung function. The National Heart, Lung, and Blood Institute (NHLBI) recommends spirometry for the initial diagnosis and monitoring of asthma. Spirometry may also be used to assess asthma severity.

Treatment

Asthma is treated according to severity and frequency of symptoms. Long-term medications are used to control persistent asthma and decrease airway inflammation that can lead to asthma attacks. Short-term or quick-relief medications are used to treat acute symptoms and help prevent exercise-induced asthma.

Triggers

The following can trigger asthma symptoms or lead to asthma attacks:

- Allergens: pet dander, dust mites, and cockroaches;
- Environmental particulates: tobacco smoke, mold spores, air pollution;



- Strong scents;
- Upper respiratory infections;
- Exercise;
- Cold, dry air;
- Emotions and stress.

Cure

There is no cure for asthma, but it can be successfully managed to improve quality of life for people with asthma. Successful asthma management can include regular physician visits, taking medication as prescribed, avoiding asthma triggers, and following a prescribed asthma action plan. The following are measures of well-controlled asthma:

- Normal or near normal lung function;
- Absence of coughing or difficult breathing;
- Normal activities of daily living, including exercise and sport participation;
- No asthma-caused absences from school or work;
- No asthma-cause sleep disruption;
- No asthma-related hospitalization or emergency department visits.

Asthma in Idaho

According to data from the 2005 Idaho Behavioral Risk Factor Surveillance System (BRFSS), 7.3% of Idaho adults reported currently having asthma. Reported by parental proxy, 6.7% of children under the age of eighteen currently have asthma. Overall, approximately 100,000 people with current asthma suffer varying levels of disability, decreased quality of life, and increased medical costs.

Women in Idaho are almost twice as likely to be diagnosed with asthma (9.3%) as men (5.2%). Women were also more likely in 2005 to have an asthma attack than men.



Only half of adults with current asthma had a routine check-up for asthma in the last 12 months.

More than one in five (21.2 percent) of those with asthma had asthma limit their ability to work or carry out usual activities one or more days in the last 12 months. Among adults with asthma whose asthma had limited their ability to carry out usual activities one or more days in the last 12 months, 35.7 percent reported their general health as "fair" or "poor".



Purpose

The complexity of asthma requires a comprehensive solution that involves many individuals and organizations, and extends beyond medical care into the realm of public health, behavioral and lifestyle modifications, education, and other government and community services. To facilitate integration and provide a means to monitor and measure progress toward long-term goals, there must be a plan that guides the efforts of all who are involved in the management of asthma.

The purpose of the Idaho Statewide Asthma Plan is to provide a framework to guide the future direction of asthma prevention and control efforts. The plan is intended to provide guidance for the efforts of community members and organizations involved with asthma statewide while meeting the needs of the local programs and individuals they serve.

This document is designed and intended to be a dynamic and living plan that will not only guide efforts to prevent and control asthma today, but will also respond to meet Idaho's asthma needs in the future.



Process

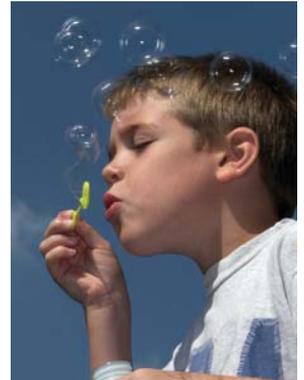
The first Idaho Statewide Asthma Plan was published in 2003. Approximately 425 stakeholders were involved in the three step process of developing the plan: needs assessment, statewide asthma summit, and task forces. The final 2003 plan had eight sections:

- Healthcare;
- Environment;
- Schools and Childcare/Pre-Schools;
- Coordination;
- Collaboration;
- Communication;
- Surveillance;
- Policy.

In 2006, it was noted that few of the objectives and activities had been accomplished. Among the Asthma Coalition of Idaho (ACI) and the Idaho Respiratory Health Program, it was agreed that the plan needed to be adjusted to eliminate redundancy and increase the probability that more objectives and activities would be accomplished.

First, ACI members reviewed the plan and recommended revisions. The text of the asthma plan was revised, and a draft created. The second and final step in revising the Idaho Statewide Asthma Plan occurred at the 2006 Idaho Asthma Summit. The Summit goals were as follows:

- Guide development of the final 5-year 2007 Idaho Statewide Asthma Plan;
- Summit attendees will realize the connection between themselves, their organizations, and the Idaho Statewide Asthma Plan.



Summit attendees participated in workgroups. Each workgroup focused on a certain section of the statewide plan draft: health care, environment, schools/childcare/pre-schools, coordination/collaboration/communication, surveillance, and policy. The goals, objectives, and activities were reviewed and revised. The final recommendations from the summit attendees are published in this document.

Those invited to attend the Summit included 2002 summit attendees, health district asthma coordinators, ACI members, and others around Idaho. Approximately 50 people attended the Summit and included physicians, nurses, people with asthma, school nurses, respiratory therapists, cardiopulmonary technicians, and third party payer representatives.



Priority Area 1: HEALTHCARE

Despite our best efforts and significant scientific advances in the understanding of asthma, there are inconsistencies and gaps in diagnosis, treatment and management of asthma in Idaho. At least in part, this is because people with asthma often interact with a wide variety of healthcare professionals to seek the information and care they need: physicians and physician assistants, nurses and nurse practitioners, respiratory therapists, asthma educators, pharmacists and hospital emergency personnel, to name a few.

Therefore, it is critical that all healthcare providers be well equipped with the knowledge and skills to accurately diagnose, treat and educate people with asthma; and that ancillary groups not responsible for diagnosis must have the knowledge and skills to refer people with asthma to the appropriate healthcare providers. In all cases, the ability to provide current, correct information to patients and their families is of highest importance.

CLINICAL GUIDELINES

Goal 1: Individuals with asthma will receive diagnosis and management in accordance with National Heart, Lung and Blood Institute (NHLBI) guidelines.

Objective 1: By 2012, increase the number of asthma patients who receive appropriate asthma diagnosis based on NHLBI best practices.

Recommended Strategies for Achieving Objective 1:

- Establish a means of gathering data and a baseline measurement.
- More healthcare providers will:
 - Establish a pattern of symptoms and record history of recurrent symptoms.
 - Conduct spirometry measurements (FEV1 , FVC, FEV1/FVC) before and after the patient inhales a short-acting bronchodilator.
 - Exclude alternative diagnoses.
 - Monitor peak flows and establish patient's peak flow "personal best" two-week period (i.e. ALA asthma control test).
 - Encourage use of patient asthma diaries.

Objective 2: By 2008, increase awareness of the NHLBI asthma classifications.

Recommended Strategies for Achieving Objective 2:

- Distribute NHLBI classifications to health care providers statewide.
- Include American Lung Association (ALA) Asthma Control Test severity levels on the Asthma Action Plan.

Objective 3: By 2010, increase the number of asthma patients who receive appropriate medication/intervention by 5 percent of baseline.

Recommended Strategies for Achieving Objective 3:

- Establish a means of gathering data and a baseline measurement.
- Educate health care providers on the NHLBI guidelines.
- Include patient education on appropriate medications and interventions.

Objective 4: By 2012, increase the number of persons with asthma who receive written asthma management plans, formal patient education, training on methods to reduce exposures to asthma triggers and training on how to monitor their asthma by 5 percent of baseline.

Recommended Strategies for Achieving Objective 4:

- Establish a means of gathering data and a baseline measurement.
- Provide a dated, written Idaho Asthma Patient Action Plan for each patient, based either on peak flow readings or asthma symptoms.
- Review and update the Asthma Patient Action Plan annually, at least, with a current medical practitioner.
- Educate primary care providers and physicians on Asthma Patient Action Plans and their use of treatment and education based on NHLBI guidelines. Information will include:
 - Basic facts about asthma
 - > The contrast between asthmatic and normal airways
 - > What happens to airways in an asthma attack
 - Roles of medication
 - > How medications work
 - ✓ Long-term control: medications that prevent symptoms, often by reducing inflammation
 - ✓ Quick relief: short-acting bronchodilator relaxes muscles around airways

- Environmental control measures
 - > Identifying and avoiding environmental precipitants or exposures
 - > Preventing infections
- When and how to take rescue action
 - > Symptom monitoring and recognizing early signs of deterioration
 - > Responding to changes in asthma severity (written Asthma Action Plan)
 - > When to seek emergency medical services
- Skills
 - > Inhaler use
 - > Spacer/holding chamber use
 - > Peak flow monitoring (if prescribed)
 - > Patient Asthma Diary
- Assess patient's exposure and sensitivity to individual precipitants (e.g., allergens, irritants)
- Provide written and verbal instructions on how to avoid or reduce asthma triggers
- How and why all patients should monitor symptoms
- How and why patients with moderate-to-severe persistent asthma should also monitor peak flow.
- Develop and distribute patient education kits to healthcare providers statewide. Kits will include:
 - Asthma Diary (and optional literature on its importance)
 - Asthma Patient Action Plan
 - List of available resources, including second-hand smoke and smoking cessation information
 - Current NHLBI guidelines
 - Peak flow meter and spacer with instructions for use
 - ALA Asthma Control Test
 - Controller and emergency relief medications.

Objective 5: By 2012, increase the number of asthma patients receiving regular assessment and monitoring.

Recommended Strategies for Achieving Objective 5:

- Establish a means of gathering data and a baseline measurement.

- Educate healthcare providers that patients with asthma should be seen annually, at least, and these visits should include:
 - Review of medical history
 - Physical examination
 - Appropriate pulmonary function testing
 - Assess attainment of asthma therapy goals
 - Address any patient concerns
 - Adjust treatment, if needed
 - Review the action plan with patient and update as necessary
 - > Review self-monitoring
 - > Review asthma triggers
 - Check patient's inhaler and peak flow technique
 - Review medications usage and skills.
- Encourage healthcare providers to:
 - Address patient's (or parent's, school's, coaches', etc.) concerns regarding asthma.
 - Agree on the goals of asthma therapy.
 - Agree on a written action plan for patient self-management.
 - Encourage appropriate pulmonary function testing and annual follow-up.
 - Review the Idaho Asthma Patient Action Plan with patient and update as necessary.
 - Check with patient regarding smoking status.

Objective 6: By 2012, increase the number of primary care providers who refer asthma patients to asthma specialists as appropriate.

Recommended Strategies for Achieving Objective 6:

- Establish a means of gathering data and a baseline measurement.
- Distribute NHLBI guidelines for referral to providers statewide.

Objective 7: By 2012, provide education on the importance of treatment and prevention of co-morbid conditions.

Recommended Strategies for Achieving Objective 7:

- Encourage people with asthma to have annual flu vaccinations.
- Encourage people in households of people with persistent asthma to receive annual flu vaccines.

Objective 8: By 2012, work to improve appropriate management of asthma exacerbations at home, school, workplace, community emergency medical services and in emergency departments and hospitals.

Recommended Strategies for Achieving Objective 8:

- Encourage physicians to prompt use of short-acting inhaled beta-2-agonists and, if episode is moderate to severe, a 3 to 10-day course of oral steroids.
- Work with emergency departments to routinely notify primary care physicians when their patients with asthma have received emergency asthma-related care.
- At in-patient admission, facilitate follow-up with primary care provider.
- Educate healthcare providers and families on emergency asthma care procedures.

HEALTHCARE FINANCING

Goal 2: Asthma care financing will be based upon NHLBI best practice guidelines.

Objective 1: By 2012, work with third-party payers to expand insurance coverage and benefit design to include screening procedures, treatment services, patient education and medications.

Recommended Strategies for Achieving Objective 1:

- Determine if any asthma diagnostic and treatment services are not currently covered, and explore means of providing these services.
 - For groups with applicable benefits, develop an evaluation and approval process for certified asthma educators.
 - For groups with applicable benefits, offer coverage for spacers and peak flow meters and medication (if no medication plan).
- Educate patients about how to use asthma-related medical services.
- Explore ways to increase the number of providers who complete asthma management plans.
- Explore ways to increase the number of providers who prescribe appropriate asthma prevention medications.

- Visit provider offices to educate physicians and staff about teaching patients self-management skills.
- Review performance with high-volume providers.
- Review Medicaid practices and work with Medicaid and Healthy Connections.

PROFESSIONAL EDUCATION

Goal 3: Clinicians will have the knowledge and capacity to diagnose and treat asthma patients in accordance with NHLBI guidelines.

Objective 1: By 2007, develop a plan to provide asthma training to healthcare providers statewide.

Objective 2: By 2008, implement the plan, providing asthma resources and training to healthcare providers statewide.

Recommended Strategies for Achieving Objective 2:

- Target primary care providers to receive asthma training in the following areas: NHLBI asthma classifications, use of spirometry and the ALA asthma control test as measures of patient assessment, use of patient asthma action plans, and evaluation of smoking status; provide smoking cessation education.

Objective 3: By 2012, work with pharmacists to assist with patient medication education and monitoring.

Recommended Strategies for Achieving Objective 3:

- Collaborate with pharmacy organizations.
- Collaborate with universities.

Objective 4: By 2012, support and encourage Asthma Educator Certification.

Recommended Strategies for Achieving Objective 4:

- Maintain a database of current Asthma Educator certifications.
- Define role in health care delivery and promote to health care providers, including contribution to patient care improvement, physician extender, and community resource.
- Provide training opportunities for those healthcare professionals who want to become qualified to offer asthma education services. This includes outreach to nurses and nurse practitioners, respiratory therapists, physician assistants, and local emergency medical services providers.
- Incorporate resources and training in all healthcare providers' education.

Objective 5: By 2012, provide biannual Asthma Education Training in Idaho.

Recommended Strategies for Achieving Objective 5:

- Increase awareness of Asthma Education Training opportunities.
- Provide scholarships for training.
- Collaborate with hospitals, insurance companies and universities to assist in funding training events and scholarships.

Objective 6: By 2012, promote NHLBI guidelines on asthma Web sites, through local medical societies and professional organizations.

Recommended Strategies for Achieving Objective 6:

- Work with the Idaho Medical Association, Idaho Hospital Association, Idaho Association of Family Practice, and other groups to make the information available to their members, at conferences, etc.
- Write and place articles in medical trade publications.
- Disseminate the NHLBI guidelines statewide.

Objective 7: By 2012, develop an Asthma Care Provider Tool Kit (reviewed annually and updated as needed) and distribute to appropriate primary and specialty care providers.

Recommended Strategy for Achieving Objective 7:

- Develop toolkit, containing packets of Idaho Asthma Patient Action Plans, NHLBI guidelines, asthma resource list, and sources of information on culturally appropriate approaches to health care.

Objective 8: By 2012, identify knowledgeable and culturally sensitive healthcare professionals and others who can serve as resources to improve the treatment of people with asthma, with different languages and/or cultural backgrounds.

Objective 9: By 2012, identify asthma experts who will provide training based on NHLBI guidelines.

ACCESS TO CARE

Goal 4: People with asthma will have access to primary and specialty care services, education for asthma control, and other services necessary to achieve and maintain optimal asthma control.

Objective 1: By 2012, encourage providers to adopt more flexible office hours to ensure greater access that is compatible with the schedules of children and working families.

Objective 2: By 2012, provide primary care physicians with contact information for asthma specialists who are available for consultation for the insured, underinsured, and uninsured.

Recommended Strategies for Achieving Objective 2:

- Encourage dissemination and use of universal referral forms to promote access to asthma specialists.

Objective 3: By 2012, compile and disseminate information about the availability of asthma medications and devices, including the costs and programs for patients who otherwise cannot afford them.

Objective 4: By 2012, encourage patient education about their health insurance status and the importance of selecting a regular, primary care provider.

QUALITY IMPROVEMENT

Goal 5: Develop and maintain systems to identify people with asthma and generate information to support patient, physician, and healthcare professional action in accordance with the asthma guidelines.

Objective 1: By 2012, develop data to clarify the current medical insurance coverage picture, both for adults and children with asthma. Include the availability of asthma medications and devices, follow-up visits, and asthma education services.

Objective 2: By 2012, gather other data sources and outcome-based best practices information.

Priority Area 2: ENVIRONMENT

Today's airtight, energy-conserving buildings – and the fact that we spend most of our time indoors – combine to underscore the importance of asthma awareness in the places where we live, learn, and work. A growing body of scientific evidence indicates indoor air often contains more pollutants than outdoor air. The allergens and irritants that exacerbate asthma include dust, chemicals (such as in cleaning supplies and pesticides), cockroaches, mold, pet dander, and tobacco smoke. In many cases, management of these triggers requires more than an individual's determination to avoid them – it involves an ongoing effort to monitor and control them.

Outdoors, Idaho is known for its scenic beauty but wrestles with the same pollution problems as any fast-growing area – from human-caused carbon monoxide and ozone to nature's pollen and, in some parts of the state, stagnant-air inversions.

INDOOR ENVIRONMENT – HOMES AND CONSTRUCTION

Goal 1: Minimize the exposure of people with asthma to indoor environmental factors that aggravate their conditions and contribute to the burden of asthma.

Objective 1: By 2012, reduce the exposure of children with asthma to environmental tobacco smoke (ETS) at home. Use 10 percent of baseline as a measurement of progress.

Recommended Strategies for Achieving Objective 1:

- Establish a means of gathering data, and determine a baseline measurement.
- Develop materials and a dissemination plan to educate clinicians, parents and children about the consequences of ETS exposure.
- Focus on outreach to low-income families that are WIC recipients.
- Promote cessation programs for students, parents and other adult populations.
- Work closely with Idaho smoking cessation programs.

Objective 2: By 2012, increase the number of people educated about indoor air contaminants and their roles as asthma triggers.

Recommended Strategies for Achieving Objective 2:

- Establish a process for gathering data, and determine a baseline measurement.
- Develop a media campaign for public education about the dangers of indoor air contaminants: how they affect people with asthma, and how to identify and eliminate these contaminants.
- Distribute information about indoor air contaminants to healthcare providers and ensure the information is included on the resource list sent to healthcare providers.

Objective 3: By 2012, identify resources to assist members of the public in eliminating indoor air contaminants.

Recommended Strategy for Achieving Objective 3:

- Contact and partner with the organizations, including the Idaho Department of Environmental Quality (DEQ), Idaho CareLine, U.S. Environmental Protection Agency, and District Health Departments.

Objective 4: By 2012, develop voluntary partnerships with housing industry, local public health providers and community organizations to educate about indoor asthma triggers and abatement.

Recommended Strategies for Achieving Objective 4:

- Contact prospective partners, including the Department of Housing and Urban Development (HUD), retail home improvement stores, and the American Lung Association.
- Identify or create voluntary indoor air quality (IAQ) assessment training programs.
- Identify federal Occupational Safety and Health Administration (OSHA) standards that apply to indoor air environment and build upon these standards.
- Educate private and public building managers on the impacts of asthma triggers.

INDOOR ENVIRONMENT - SCHOOLS

Objective 5: By 2008, pinpoint the number of Idaho schools using the EPA's "Tools for Schools" program and increase it by 10 percent.

Recommended Strategies for Achieving Objective 5:

- Educate students, teachers and school administrators about how to identify, remedy and prevent indoor asthma triggers.
- Work with school districts to identify potential funding sources to implement IAQ and related environmental improvements, and collaborate with Parent-Teacher Associations, Parent-Teacher Organizations, and the Idaho Department of Water Resources' "Smart Schools" program.
- Implement an annual/biannual school walk-through process.
- Build an infrastructure to improve indoor environments for schools and childcare facilities.
- Encourage schools to have a nurse or designated staff person trained in asthma management and education.
- Encourage schools to require smoke-free buildings and grounds, both during school and at all school activities.
- Discourage the idling of school buses, delivery trucks, and other vehicles.
- Encourage replacement or retrofitting of diesel-fueled buses and other district-owned vehicles.

INDOOR ENVIRONMENT – PRESCHOOL & CHILDCARE

Goal 2: Encourage childcare and preschool physical environments that are safe and beneficial for children with asthma.

Objective 1: By 2012, implement EPA's "Tools for Schools" program and others that address asthma triggers commonly found in childcare centers and preschool facilities.

Recommended Strategies for Achieving Objective 1:

- Train teachers, childcare providers, and other staff members to identify and eliminate indoor environmental asthma triggers.

- Promote smoke-free activities, facilities, and grounds.

OCCUPATIONAL ENVIRONMENT

Goal 3: Reduce or eliminate exposure to environmental triggers of asthma in Idaho workplaces.

Objective 1: By 2012, promote the importance of work-related education efforts to at least 7 businesses in Idaho.

Recommended Strategies for Achieving Objective 1:

- Develop educational materials for business audiences, including newsletters, and presentations and collateral materials for meetings.
- Enlist the aid of local asthma coalitions to help disseminate these materials.
- Provide in-service training.

Objective 2: By 2012, collaborate with businesses to promote asthma-friendly workplace environments.

Recommended Strategies for Achieving Objective 2:

- Review workplace standards to determine the adequacy of employee protection from environmental triggers, working with Human Resource departments, employee health and safety programs, and risk management programs.
- Encourage asthma-friendly workplace policies.

OUTDOOR ENVIRONMENT

Goal 4: Improve the outdoor environmental factors that contribute to the prevalence of asthma.

Objective 1: By 2012, promote research and education efforts to better understand air pollution's serious impact on people with asthma.

Recommended Strategies for Achieving Objective 1:

- Develop educational materials for outdoor environmental asthma triggers, including pollen, irritants, molds, air pollution, wood smoke, and agricultural burning.
- Disseminate these educational materials to healthcare providers, policy-makers, the general population, and high-risk and underserved populations (including senior citizens, low socioeconomic groups, disparate groups, and rural residents).
- Educate policymakers about the impact of outdoor burning on individuals with asthma, and suggest safe, effective alternatives to burning.
- Provide for continued research on asthma-related health effects of air pollution, through grants and university research.
- Promote outdoor/ambient air quality awareness by publishing air quality reports on the Idaho Asthma Prevention and Control Program Web site and publishing air quality health alerts through State and local health departments, COMPASS, and the Idaho Department of Environmental Quality (IDEQ).

Priority Area 3: SCHOOLS, PRE-SCHOOLS, AND CHILDCARE FACILITIES

Asthma can hinder the learning process by limiting a child's ability to participate in activities and impacting school attendance. In fact, asthma causes more school absences in the United States than any other chronic condition.

Since children spend so many hours in childcare and school settings, it is critical that these facilities and their staff members are well prepared to help children manage their asthma. It is equally important to provide an environment free of asthma triggers – but these busy places often lack the knowledge or oversight to properly attend to asthma-related concerns. The Idaho Asthma Plan continues to make outreach a priority for schools, preschools and childcare facilities.

ASTHMA MANAGEMENT - SCHOOLS

Goal 1: Increase the number of children with asthma who receive asthma management services at school in accordance with current NHBLI guidelines.

Objective 1: Follow up on and evaluate the School Asthma Management Model for Idaho (SAMMI).

Recommended Strategies for Achieving Objective 1:

- Send follow-up letters to schools.
- Educate schools about SAMMI and encourage its implementation.
- Review and update SAMMI contents as needed.

Objective 2: By 2012, work with local asthma coalitions, families, schools and healthcare providers to promote the importance of children with asthma having a current, healthcare-provider-directed asthma action plan on file.

Objective 3: By 2012, educate, support and involve family members in efforts to reduce students' asthma symptoms and school absences, by participating in multiple outreach efforts, including the Idaho CareLine, school health fairs, online information, and an ongoing media plan.

EDUCATION - SCHOOLS

Goal 2: Children with asthma, their teachers or caregivers and others who have contact with them at school will have access to education and resources to assist in the management of asthma.

Objective 1: Gather information from schools about what they do to educate students and staff members about asthma.

Recommended Strategies for Achieving Objective 1:

- Work with the Idaho Department of Education to develop a standardized, mandatory Health Status Form to be used by all schools.

Objective 2: Offer support and access to asthma education and awareness programs for students with asthma, their parents and school staff members.

Recommended Strategies for Achieving Objective 2:

- Offer basic, age-appropriate asthma management educational materials for children.
- Encourage annual asthma training for school staff, including nurses, teachers, administrators, maintenance and support staff, that consists of the following topics: School Asthma Inhaler Law, asthma pathophysiology (signs and symptoms, triggers, and emergency protocols).
- Collaborate with the Idaho Parent Teacher Association and Parent Teacher Organizations.
- Collaborate with community organizations (YMCAs, churches, etc.).
- Create an online directory of asthma education resources.

ASTHMA MANAGEMENT – PRESCHOOL & CHILDCARE

Goal 3: Children with asthma will receive asthma management services in accordance with current NHLBI guidelines while being cared for in childcare and preschool facilities.

Objective 1: Create a tool similar to the School Asthma Management Model for Idaho (SAMMI) that targets childcare facilities and pre-schools.

Recommended Strategies for Achieving Objective 1:

- Work with childcare facilities and pre-schools to develop the content of the tool, including sections for children and parents.
- Conduct a pilot evaluation of the draft tool.
- Promote the new tool to childcare facilities and pre-schools.
- Distribute the final, published tool to childcare facilities and pre-schools.

Objective 2: By 2012, work with local asthma coalitions, families, childcare and healthcare providers to promote the importance of children with asthma having a current, healthcare-provider-directed asthma action plan on file.

Objective 3: By 2012, educate, support and involve family members in efforts to reduce children's asthma symptoms and childcare/preschool absences, by participating in multiple outreach efforts, including the Idaho CareLine, online information, and an ongoing media plan.

EDUCATION – PRESCHOOL & CHILDCARE

Goal 4: Those who have contact with or care for children with asthma in a childcare or preschool setting will have access to education and resources to assist in the management of asthma.

Objective 1: Offer support and access to asthma education and awareness programs for children with asthma, their parents, caregivers and childcare support staff.

Recommended Strategies for Achieving Objective 1:

- Offer basic, age-appropriate asthma management educational materials for children.
- Encourage annual asthma training for childcare center and preschool staff, that consists of at least asthma pathophysiology (signs and symptoms, triggers, and emergency protocols) and management.

- Collaborate with community organizations (YMCAs, churches, etc.) that offer childcare programs and activities.
- Create an online directory of asthma education resources.

Priority Area 4: COORDINATION

The most effective way to provide Idahoans with correct and timely information on asthma management is to coordinate the efforts of many groups. A wide range of organizations and agencies all do their parts, and each should be linked to the “big picture” – a statewide network with a focused plan of action – in order to share information and resources.

Goal: Increase and improve the statewide coordination of asthma-related education and outreach activities.

Objective 1: By 2012, create an infrastructure to coordinate, implement and evaluate a statewide Asthma Plan.

Objective 2: By 2012, expand and maintain the Asthma Coalition of Idaho (ACI), a statewide organization to facilitate coordination and sharing of information and resources through local coalitions.

Recommended Strategies for Achieving Objective 2:

- Facilitate implementation of the statewide Asthma Plan.
- Review and update ACI membership annually, keeping members informed about any new guideline changes.

Objective 3: By 2012, use and promote a central educational material repository, web site, and toll-free asthma information line.

Recommended Strategies for Achieving Objective 3:

- Catalogue and disseminate public awareness and educational materials.
- Serve as a resource for coalitions, professional organizations, community-based organizations, and state and federal agencies.
- Maintain links to the State’s aggregate surveillance and epidemiological data.
- Disseminate an “asthma basics” information packet.
- Disseminate materials on indoor and outdoor air quality and occupational asthma.

- Provide links to existing state and federal Web sites on real-time outdoor air conditions and ozone action alerts.
- Maintain and regularly update an online calendar and bulletin board for the public and for health care professionals, to highlight asthma-related referrals, events, resources, training and conferences.
- Promote these services with an e-newsletter.
- Provide a toll-free telephone hotline for asthma information.

Priority Area 5: COLLABORATION

Another key reason for a statewide Asthma Plan is the sheer complexity of asthma diagnosis, treatment and management – all issues that are addressed most effectively with an interdisciplinary approach. The plan will build and strengthen partnerships and encourage collaboration on best practices, advocacy efforts and implementation of individual sections of the plan.

Goal: Strengthen partnerships and collaboration efforts among health care systems and other organizations (both governmental and non-governmental) in all areas of asthma prevention and management.

Objective 1: By 2012, develop the infrastructure for statewide collaboration.

Recommended Strategies for Achieving Objective 1:

- Increase ACI active membership by 30 percent.
- Arrange regular coalition meeting attendance by phone when necessary.

Objective 2: By 2012, support and encourage statewide collaboration on program development and evaluation, advocacy, and resource referral for programs, materials and services, and identification of experts.

Recommended Strategies for Achieving Objective 2:

- Implement the statewide asthma plan.
- Encourage community involvement in asthma prevention and control strategies.
- Promote county involvement in every local asthma coalition.
- Provide opportunities for stakeholders/partners to meet and share best practices, resources, and local concerns through continuing education, conferences, workshops, and seminars.
- Collaborate with groups working on asthma-related environmental issues.
- Support activities to increase knowledge and encourage asthma self-management, including asthma camps for youth.

Priority Area 6: COMMUNICATION

In order to make life easier for people with asthma, their families, friends and caregivers also must understand how to deal with it. Further, there is a true “public health” component to asthma awareness – schools and childcare centers, healthcare providers, employers and coworkers, and policymakers all must be educated about asthma symptoms, triggers and management. Public understanding makes the difference in controlling – or exacerbating – asthma-related health risks. Communication must be tailored to a variety of audiences, in multiple venues and languages.

Goal: Increase public understanding of asthma in Idaho.

Objective 1: By 2012, implement a comprehensive, ongoing statewide asthma education campaign, including a media plan.

Recommended Strategies for Achieving Objective 1:

- Develop simple and consistent key asthma messages, including asthma signs and symptoms, environmental triggers (tobacco smoke, indoor air and ambient air quality, integrated pest management), and the importance of having an asthma action plan.
- Tailor these messages for multicultural and/or bilingual audiences.
- Develop radio and television Public Service Announcements (PSAs), newspaper advertisements and/or story ideas, billboards, fact sheets, brochures and news releases, and Internet messages to communicate these messages effectively and consistently.
- Make this information available through local asthma coalitions.

Objective 2: By 2012, offer or provide asthma education and outreach for those outside the traditional health care provider network, including work sites, community venues, State agencies, pharmacies, local asthma coalitions, churches, retail stores, social service agencies, and voluntary agencies. (See the Environmental, Coordination, Collaboration, and Schools and Childcare/Pre-Schools sections for recommended strategies.)

Objective 3: By 2012, provide asthma-related education to individuals who influence public policy.

Recommended Strategies for Achieving Objective 3:

- Prompt local coalitions to regularly invite their area legislators to meetings.
- Plan targeted messages and events around World Asthma Day and Asthma Awareness Month.
- Identify and contact “asthma champions” – influential community members who can assist in public awareness efforts.
- Work closely with Legislative Policy subgroup.

Priority Area 7: SURVEILLANCE

The overall effectiveness of the Idaho Asthma Plan can only be determined using a reliable system of data monitoring and collection. Surveillance is essential, not only to evaluate public health efforts and update plans and programs, but to inform the public and policymakers about the scope of Idaho's asthma problems and the needs for funding and public understanding.

Goal: Develop and maintain an asthma surveillance system that monitors existing data, identifies missing data, and builds the capacity to obtain data not currently available.

Objective 1: By 2012, implement accurate, timely statewide asthma surveillance to track the following topics as they relate to asthma: prevalence, morbidity, mortality, self-management practices, lost work and/or school days, prevalence of asthma severity (based on two levels currently identified), hospitalization rates, emergency room visits, quality of life measures, prevalence of uninsured and underinsured persons, geographic distribution, and sentinel events related to season, weather, and air quality events.

Objective 2: By 2008, conduct a needs assessment of surveillance and evaluation requirements and make recommendations based on its findings.

Objective 3: By 2008, establish a method to ensure that surveillance and evaluation issues are regularly addressed at all general meetings of the ACI.

Objective 4: By 2009, identify data sources and establish a statewide asthma surveillance system with the capacity to track progress toward the asthma-related goals of the federal "Healthy People 2010" initiative.

Objective 5: By 2011, explore the feasibility of implementing a statewide notification system for asthma-related sentinel events, using IDEQ's Air Quality Index monitoring and reporting.

Objective 6: By 2010, conduct a survey of persons diagnosed with asthma to determine a baseline level of knowledge and utilization of asthma self-management skills.

Objective 7: By 2011, conduct a survey of Idaho healthcare professionals to determine a baseline level of knowledge and adherence to current NHBLI guidelines.

Objective 8: By 2011, develop and disseminate an annual asthma surveillance and evaluation report. Make this report available to the public, to increase overall knowledge of asthma rates and self-management issues.

Objective 9: By 2008, establish a Surveillance and Evaluation Workgroup, which will have follow-through responsibility for achieving the surveillance objectives of the Asthma Coalition of Idaho.

Priority Area 8: POLICY

Creating policy means spearheading the statewide effort to improve Idaho's asthma care and education programs, with strong suggestions about what should be done, who should be responsible for setting the pace and, in some cases, who should pay for it. If we can't set policy in certain areas, perhaps we can influence the results of others' policies with our advocacy efforts.

POLICY - HEALTHCARE

Goal 1: Develop state and local policies that promote adherence to clinical guidelines, reduce asthma-related healthcare costs and expand insurance coverage, increase professional education, and improve access to, as well as quality of care.

Objective 1: By 2009, organize a core advocacy group of physicians who specialize in asthma treatment and are willing to consult on promotion and implementation of portions of the Idaho Asthma Plan.

Objective 2: By 2012, increase coverage for underinsured persons with asthma by 5 percent of baseline.

Recommended Strategies for Achieving Objective 2:

- Establish a means of gathering data, and determine a baseline measurement.
- Work with companies/agencies to increase coverage of asthma treatment and medication, and to increase industry and policyholder education about asthma.

Objective 3: By 2012, advocate to improve financial reimbursement for services to physicians, other healthcare professionals and healthcare facilities by 5 percent of baseline.

Recommended Strategies for Achieving Objective 3:

- Establish a means of gathering data, and determine a baseline measurement.

- Locate sources of free or reduced-cost, asthma-related programs and materials; offer this list to healthcare professionals.
- Encourage insurance coverage of spacers.
- Encourage greater levels of insurance reimbursement to healthcare providers and facilities for asthma-related treatment and services.
- Encourage insurance coverage of services provided by certified asthma educators.

POLICY - ENVIRONMENTAL

Goal 2: Develop state and local policies that ensure environmental protections for people with asthma.

Objective 1: By 2012, strengthen Clean Indoor Air laws by developing and advocating for local ordinances to limit environmental tobacco smoke (ETS) in and around schools, daycare facilities and businesses.

Objective 2: By 2012, advocate for smoke-free unit housing.

Objective 3: By 2012, implement legislative budgeting for education on environmental asthma triggers.

Objective 4: By 2012, increase the percentage of Idaho's Millennium Fund that is spent on a comprehensive tobacco prevention and control program.

Objective 5: By 2012, support research and stronger local ordinances that address the health effects of outdoor trash burning and field burning.

Objective 6: By 2012, reduce industrial emissions through increased air pollution controls.

Recommended Strategy for Achieving Objective 6:

- Establish a means of gathering data, and determine a baseline measurement.

POLICY - SCHOOLS

Goal 3: Encourage schools to offer children with asthma access to physical education/activity and accommodation as necessary.

Objective 1: By 2012, provide students with asthma physical education or physical activity as appropriate to each child's needs.

Recommended Strategies for Achieving Objective 1:

- Encourage physical education classes to incorporate standard asthma management principles that assure the fullest possible participation by students with asthma.
- Allow students access to preventive medications before activity, and immediate access to emergency medications during activity.
- Provide modified activity if indicated by student's asthma action plan.

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