

The Florida Asthma Plan

2009 - 2014





Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

Dear Colleagues:

It is with great sense of pleasure and accomplishment that we announce and endorse the release of the 2009- 2014 Florida Asthma Plan. The plan represents the expertise of many dedicated organizations and individuals working through the Florida Asthma Coalition. The Plan is a comprehensive document that includes an overview of the burden of asthma in Florida; a five year strategic plan for addressing asthma; a discussion of the collaborative planning and implementation process; and an evaluation plan for ongoing monitoring of improvement. This plan will serve as a guide for the many stakeholders in Florida who will address asthma over the next five years.

Asthma continues to be a significant public health and economic concern for the people of Florida. Nearly 47 percent of Florida children reported experiencing an asthma attack in 2004, and over 1,470,801 adults and children in Florida are currently living with the disease. Asthma is one of the most common chronic diseases of children in the United States, the third leading cause of preventable hospitalizations, one of the leading causes of school absenteeism, and the leading work-related lung disease. In addition, asthma incurs high costs, in terms of the costs of care, lost workdays and productivity, and lower quality of life for persons with asthma and their families. For these reasons, asthma is a public health priority for the State of Florida.

The Florida Department of Health is committed to seeking out funding and building partnerships that will enable us to carry out the goals, objectives and priorities outlined in this state asthma plan, thus improving the quality of asthma care and management. Florida has a wealth of resources, individuals and organizations committed to reducing the burden of asthma.

We trust that the information included in this plan will guide asthma initiatives throughout our state. We invite and encourage all of our colleagues and stakeholders to join the Florida Department of Health in working to improve the quality of life for those with asthma. Together we can reduce asthma morbidity and mortality in Florida and ensure a better quality of life for persons with asthma.

Thank you for your support of this important public health initiative.

Sincerely,

A handwritten signature in black ink that reads "Ana M. Viamonte Ros".

Anna M. Viamonte Ros, M.D., M.P.H.
State Surgeon General



A Message From The Florida Asthma Coalition

Dear Colleagues:

Asthma affects the lives of many people in Florida, across all ages and including all racial and ethnic groups. It is the cause of many lost days of work and school, numerous hospitalizations and visits to the emergency department, and even deaths. While asthma is incurable, optimal care permits affected individuals to remain mostly free from asthma attacks so they can lead normal, active lives.

Much can be done to help those with asthma and their families achieve this goal of improved quality of life and reduced activity restrictions from asthma and the Florida Asthma Coalition recognizes unique opportunity to lead these efforts. This is the vision of the Florida Asthma Coalition:

*Individuals with asthma in Florida
will attain optimal health and quality of life and
asthma will be prevented to the extent possible.*

The Coalition's mission is to make this possible by developing and implementing a sustainable statewide plan that expands and improves the quality of asthma education, prevention, management, and services.

The activities in this report represent a broad public health approach to this significant health problem. They are designed to: increase the public's awareness about the seriousness of this disease; establish a blueprint to improve the quality of health care available to persons with asthma; and ensure that persons with asthma have access to the patient education necessary to manage their own care. It is our hope that the Florida Asthma Plan will serve as a guide for the many additional stakeholders in Florida who will address asthma over the next five years.

The Florida Asthma Plan represents the expertise of many dedicated organizations and individuals. We recognize and commit to the role for each of us have in working together to implement the Plan. We would like to acknowledge all those who helped to create the Plan, and ask for the support of all as we move ahead to meet the challenge of improving the lives of Florida residents and their families and communities who are affected by asthma.

Sincerely,



Carina Blackmore
2009 Chair, Florida Asthma Coalition





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Executive Summary



Introduction:

Asthma is a chronic lung disease characterized by inflammation of the airways and recurring attacks of symptoms such as wheezing and coughing. Inflammation makes the airways sensitive to various allergens and irritants in the environment, including tobacco smoke, dust mites, animal dander, pollen, mold, and diesel emissions. Asthma can be controlled through proper clinical and environmental management, reducing costs and improving quality of life.

The Burden of Asthma is the United States and in Florida

Asthma rates have increased dramatically over the last thirty years in all populations in the United States. Recent Florida data show that 600,378 children under age 18 and 870,423 adults have been diagnosed with asthma. Persons of color and low-income populations bear a disproportionate share of the burden of asthma. In Florida, African Americans and whites had higher lifetime asthma prevalence estimates compared to other racial groups (2006-2007). Asthma is one of the most common chronic diseases of children in the United States, the third leading cause of preventable hospitalizations, one of the leading causes of school absenteeism, and the leading work-related lung disease. In addition, asthma incurs high costs, in terms of the costs of care, lost workdays and productivity, and lower quality of life for persons with asthma and their families. For these reasons, asthma is a public health priority for the State of Florida.

Florida's Asthma Coalition

To address this public health priority, the Florida Department of Health, Divisions of Environmental Health and Family Health Services have been working together to build an asthma partnership that can unite expertise across the state to increase the efficacy of asthma programs. In the spring of 2009, the Department of Health established the Florida Asthma Coalition. Asthma is a complex disease that requires a multi-faceted response from many stakeholders. For this reason, the Florida Asthma Coalition divided into workgroups targeting five sectors highly impacted by asthma: Environment, Education, Clinical Care, Surveillance, Occupational Asthma, State Coordination and Vulnerable Populations and Disparities. These workgroups collaborated to develop the Florida State Asthma Plan.

Florida's State Asthma Plan

The Florida Asthma Plan 2009-2014 is a five-year strategic plan that will serve as the detailed blueprint for addressing asthma in Florida. In addition to summarizing the burden of asthma, the plan provides goals, objectives, action steps and measures for success. Unfortunately, there is no single, "silver bullet" solution. Asthma is a complex disease that requires multifaceted interventions involving many sectors within the state. With a comprehensive and coordinated response, we can address morbidity across the state.



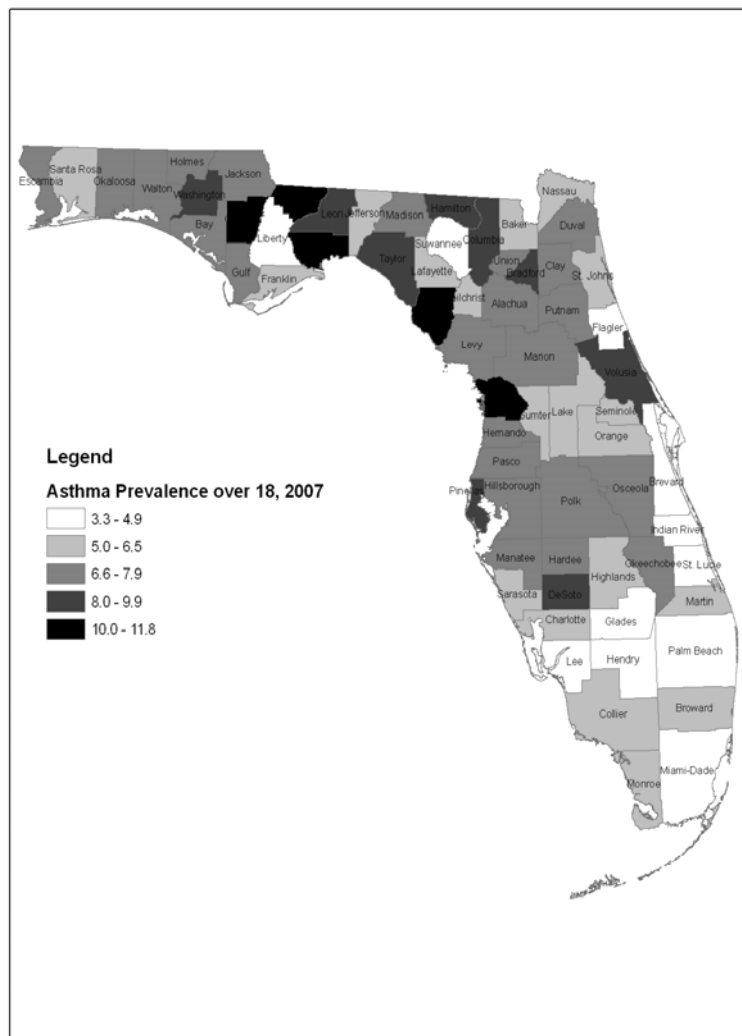
Introduction

Asthma is a public health priority in Florida. What follows is an overview addressing the issue of Asthma in Florida, a summary of the burden of asthma, an introduction to the Florida Asthma Coalition, and a five year strategic plan for addressing morbidity across the state. Unfortunately, there is no single, “silver bullet” solution. Asthma is a complex disease that requires multifaceted interventions involving many sectors within the state.

Asthma is a Public Health Priority in Florida

Asthma is a chronic lung disease characterized by inflammation of the airways and recurring attacks of symptoms such as wheezing and coughing. Inflammation makes the airways sensitive to various allergens and irritants in the environment, including tobacco smoke, dust mites, animal dander, pollen, mold, and diesel emissions. Asthma can be controlled through proper clinical and environmental management, reducing costly hospitalizations.

Asthma rates have increased dramatically over the last thirty years in all populations in the United States. Recent Florida data show that 600,378 children under age 18 and 870,423 adults have been diagnosed with asthma. Persons of color and low-income populations bear a disproportionate share of the burden of asthma. In Florida, African Americans and whites had higher lifetime asthma prevalence estimates compared to other racial groups (2006-2007). Asthma is one of the most common chronic diseases of children in the United States, the third leading cause of preventable hospitalizations, one of the leading causes of school absenteeism, and the leading work-related lung disease. In addition, asthma incurs high costs, in terms of the costs of care, lost workdays and productivity, and lower quality of life for persons with asthma and their families. For these reasons, asthma is a public health priority for the State of Florida.



Childhood Asthma

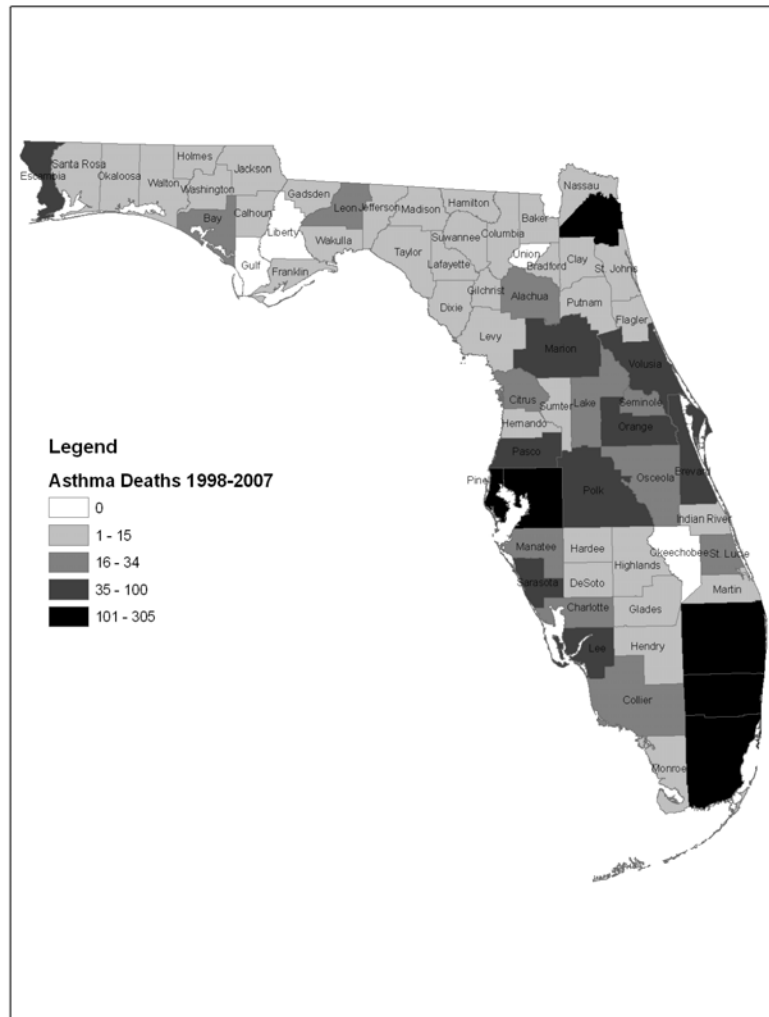
Asthma is the most common chronic illness among children. Many children with asthma spend most or part of their day in school or child care. For this reason, children with asthma need proper support at school to keep their asthma under control and to be fully active. Unfortunately, children frequently face obstacles to controlling their asthma in these settings. This comes at a cost: asthma that is out of control can hinder a child's attendance, participation and progress in school and in child care settings. By helping children manage their asthma in these environments, schools and child care facilities are better positioned to achieve their core mission - educating children. The school districts and child care facilities must work to remove obstacles faced by children with asthma in order to promote their health and education.

It is critical to identify and track students with asthma. Management of asthma in the school setting is equally important. In addition, teaching school and child care staff about asthma is essential to preventing and responding to asthma emergencies. Finally, children have little control over their exposure to asthma triggers in the home, school and child care settings - building a supportive infrastructure to reduce these triggers is key to the management, and potentially prevention, of asthma in these settings.

Disparities in Asthma Care

There have been many advances in the medical management of asthma. Effective treatments could allow most people with asthma to live basically symptom free. Unfortunately, not everyone has access to these treatments. Many are uninsured, underinsured or unclear how to use the treatments they have been prescribed. Access to care and education for people with asthma and for health care providers are important to guarantee proper asthma management. Furthermore, many institutions lack the infrastructure to ensure quality clinical care at every level.

Thoroughly understanding the distribution and determinants of asthma at the community level is important for controlling, and perhaps preventing, asthma. We know that asthma affects some ethnic groups and some neighborhoods more than others but the specific reasons why are not well understood. Identifying the patterns of asthma in our state is the first step toward developing effective interventions to address the asthma crisis. Asthma surveillance and tracking, including ongoing prevalence studies and the use of existing databases to identify high-risk patients, are some of the important methods to use.



Air Quality and Asthma

Exposure to certain air pollutants exacerbates asthma and may even lead to the onset of asthma. Florida is known for beautiful beaches and blue skies, a metaphor for good ambient air quality. However, this perception may be based on only one air monitor located in one section of the city which may fail to capture air quality problems in other neighborhoods. Studies have shown that areas near heavily trafficked roadways have elevated levels of diesel emissions and particulate matter (PM), which are known asthma triggers. It is important to address and monitor air quality in high risk areas, and at the same time to reduce exposure to outdoor pollutants known to worsen asthma such as diesel emissions and PM. The term air pollution is commonly thought of in connection with outdoor air. However, exposure to indoor levels of pollutants may be far higher than outdoor levels. Unfortunately, many tenants with asthma, particularly lower-income tenants, live in substandard housing that worsens their asthma. Structural deficiencies in many buildings have allowed water infiltration which results in mold and mildew. Other buildings are rife with indoor pollutants that trigger asthma including second-hand smoke, dust mites, cockroaches, and fumes from toxic chemicals. Addressing the needs of low income tenants with asthma who do not have many housing options is imperative.

Workplace Exposures

Workplace exposure to certain chemicals or dusts can also induce asthma. Some chemicals act as sensitizers, inducing allergic reactions in the airways. Once the airways become sensitized to a specific chemical, even very small amounts can make asthma worse. Other substances, such as dusts, can be airway irritants, causing symptoms in employees who have underlying asthma or who are exposed to high concentrations. Occupational asthma is most apt to affect workers who have personal or family histories of allergies or asthma, or who are often required to handle or breathe dust or fumes created by especially irritating material. Even short-term exposure to low levels of one or more irritating substances can cause a very sensitive person to develop symptoms of occupational asthma. A person who has occupational asthma has symptoms which disappear or diminish when the person spends time away from the workplace and return or intensify when exposure is renewed. It is important to quickly recognize and control workplace exposures to increase the likelihood of completely resolving the asthma symptoms.



The Florida Asthma Coalition



To address this public health priority, the Florida Department of Health, Divisions of Environmental Health and Family Health Services have been working together to build an asthma coalition, bridging the expertise across the state to increase the efficacy of asthma programs. In the spring of 2009, the Department of Health began working with its partners to bring together asthma stakeholders from around the state to form the Florida Asthma Coalition to develop objectives and activities for the state asthma plan. The Florida Asthma Plan will serve as the detailed blueprint for addressing asthma in Florida. It provides the action steps, identifies potential partners and measures for success. However, asthma is a complex disease that requires a multi-faceted response from many stakeholders. For this reason, the Florida Asthma Coalition divided into workgroups targeting eight priority areas: Environment, Education, Clinical Care, Surveillance, Occupational Asthma, State Coordination and Vulnerable Populations and Disparities. The full list of recommendations can be found in its respective section of the work plan. Together, these recommendations comprise a comprehensive plan to manage and prevent asthma for the State of Florida.

STEERING COMMITTEE

2009 CHAIR: Carina Blackmore, DVM, PhD, State Public Health Veterinarian, Chief, Bureau of Environmental Public Health Medicine, FDOH

- Betsy Wood, Chief, Chronic Disease Prevention & Health Promotion, Family Health Services, FDOH
- Bruce M. Schnapf, Division Chief, Pulmonology, University of South Florida
- Greg Kearney, Dr. P.H., M.P.H., R.S., Environmental Epidemiologist, FDOH
- Heather Lake-Burger, MS, MPH, CHES, Environmental Health Preparedness, FDOH
- Jamie R. Weitz, MS, Florida Youth Survey Coordinator, FDOH
- Jane A. Correia, Coordinator, Florida Birth Defects Registry, FDOH
- Jillian Doss, MPH, CDC Prevention Specialist Fellow, EH/FDOH
- Joycelyn Lawrence, MD, Medical Director, Dr. John T. Macdonald Foundation, School Health Initiative
- Julie Kurlfink, Florida Lead Poisoning Prevention Program, FDOH
- Kathy K Wright, ARNP, Robert Wood Johnson Foundation Executive Nurse Fellow, Children's Medical Services Network, Ocala, FDOH
- Melissa R. Murray, MS, Chronic Disease Surveillance Administrator, FDOH
- Shirley M. Westrate, Sr. Vice President of Programs and Training, American Lung Association of the Southeast, Inc.

WORKGROUP MEMBERS

1. STATE COLLABORATION AND COORDINATION

- Betsy Wood, Chief, Chronic Disease Prevention & Health Promotion, Family Health Services, FDOH
- Carina Blackmore, DVM, PhD, State Public Health Veterinarian, Chief, Bureau of Environmental Public Health Medicine, FDOH
- Heather Lake-Burger, MS, MPH, CHES, Environmental Health Preparedness, FDOH
- Jane A. Correia, Coordinator, Florida Birth Defects Registry, FDOH

2. SURVEILLANCE

- Bill Sappenfield, MD, FL State Maternal, Child State Epidemiologist, FDOH
- Carina Blackmore, DVM, PhD, State Public Health Veterinarian, Chief, Bureau of Environmental Public Health Medicine, FDOH
- Jamie R. Weitz, MS, Florida Youth Survey Coordinator, FDOH
- Jillian Doss, MPH, CDC Prevention Specialist Fellow, EH/FDOH
- Kunjana Mavunda, MD, MPH, DTM&H, Pediatric Pulmonologist
- Melissa R. Murray, MS, Chronic Disease Surveillance Administrator, FDOH
- Sharon Watkins, PhD, Senior Epidemiologist, Division of Environmental Health, FDOH

3. EDUCATION

- Asit Sarkar, PhD, Lead Poisoning Prevention Program, Miami CHD/FDOH
- Carol A. Proctor, RRT, RPFT, AE-C, Morton Plant Mease Healthcare, The Lung Center
- Carol Vickers, RN, Heart Disease, Chronic Disease Prevention & Health Promotion, Family Health Services, FDOH
- Shirley M. Westrate, Sr. Vice President of Programs and Training, American Lung Association of the Southeast, Inc.

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- Greg Kearney, Dr.P.H., M.P.H., R.S., Environmental Epidemiologist, FDOH
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- Julie Kurlfink, Florida Lead Poisoning Prevention Program, FDOH
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- Julie Kurlfink, Florida Lead Poisoning Prevention Program, FDOH
- Kathy K Wright, ARNP, Robert Wood Johnson Foundation Executive Nurse Fellow, Children's Medical Services Network, Ocala, FDOH

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- Bruce M. Schnapf, Division Chief, Pulmonology, University of South Florida
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- Heather Lake-Burger, MS, MPH, CHES, Environmental Health Preparedness, FDOH

OCCUPATIONAL ASTHMA

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- Cynthia Ulysees, FAMU Intern, FDOH
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- Fermin Leguen, MD, MPH, Chief Physician, Miami-Dade, Director, Office of Epidemiology & Disease Control, CHD/FDOH
- Jeanne Torbett, CMP, Florida Allergy, Asthma & Immunology Society
- Jim Cundiff, Program Director, Central Area, American Lung Association of Florida
- Laura Brazell, DOH School Health Program, FDOH
- Lora Fleming, Epidemiology and Public Health, University of Miami School of Public Health
- Michael S. Hutton, Ph.D., Director, Grants Administration and Policy Implementation
- Nancy Knox, DOH Children's Medical Services Network, FDOH
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- Richard Curtin, Office of Chronic Disease Prevention, Pinellas CHD / FDOH
- Samir M. Elmir, PhD, PE, DEE, CEHP, Environmental Health & Engineering Division, Director Miami-Dade CHD/ FDOH
- Youjie Huang, DOH Florida Behavioral Risk Factor Surveillance System , FDOH



The Burden of Asthma



Asthma in the United States

Asthma is one of the most common chronic diseases. It is estimated that asthma affects 22 million Americans, 6 million of whom are children (CDC, 2007).

Prevalence rates for asthma, particularly in children younger than 5 years of age, have been increasing rapidly during the last decade. While the cause of asthma remains unknown, environmental agents and genetics seem to play a role. Currently, asthma is not preventable or curable, but it is controllable. Although careful patient management would allow asthma to be successfully treated on an outpatient basis, billions of dollars are spent annually on inpatient expenses for persons with asthma.

Asthma affects 6.1 million children and is one of the leading causes of school absenteeism, accounting for more than 14.7 million missed school days annually. Children with asthma miss an average of twice as many school days as other children. Other symptoms also may impair quality of life for a child with asthma, such as by restricting activities.

Among adults, asthma is the leading work-related lung disease. Employed adults 18 years of age and over missed 11.8 million work days due to asthma. Keeping asthma under control can be expensive and imposes financial burdens including lost work days, lost income and lost job opportunities on patients and their families. Asthma also results in disruption to family and caregiver routines.



Demographics of Florida

Florida is the fourth most populous state in the nation. The mid-year estimate for Florida's population in 2008 is 18,328,340. By 2010 Florida's population is expected to increase by almost 2.5 million to 19,478,053 (US Census, 2008). Migration patterns make Florida the fastest growing state in the nation.

Florida's population is distributed among inner city, industrial, suburban, rural, and agricultural communities. Florida's population is also diverse with respect to age, gender, ethnicity, and race. Non-whites comprise roughly 23 % of Florida's population.

Florida also ranks fourth nationally in annual live births. During 2002 there were a total of 205,580 live births. Births were distributed among the three largest racial categories as follows: Whites – 152,145 (74%); Blacks – 46,207 (22%); and Hispanics – 51,618 (25%), respectively. Florida is home to an estimated one million children under the age of 4 and more than three million children between the ages of 5 and 19. Children account for more than 25% of the state's total population.

Florida's adult population includes more than 5 million individuals aged fifty-five and older and asthma mortality rates are highest among these individuals, accounting for approximately 66% of deaths due to asthma. This segment (fifty-five and older) of the population accounts for almost one-third (31.1%) of the state's total population and require special strategies when developing public health surveillance, education and prevention programs.

The Florida Asthma Plan 2009 -2014



The Strategic Planning Process

The Florida Department of Health initiated a planning process to build a framework that would bring together the multi-organizational partnerships established in various areas across all Florida's 67 counties. An assessment of the multifaceted and successful asthma programs throughout the state determined the need to develop a coordinated effort where partners could reduce the burden of asthma in the State of Florida with additional efficacy. The various asthma partners includes a large group of diverse stakeholders consisting of health care practitioners, local coalitions, community groups, education sectors, asthma-related programs housed in various agencies (Departments of Education and Environmental Protection, Agency for Health Care Administration), the American Lung Association, concerned family members and many others too numerous to detail, were contacted and a coalition established to initiate a planning process. The strategic planning team set as its mission to "reduce the economic, social, physical and psychological impact of asthma in Florida by improving access to care and enhancing quality of services."

The Florida State Asthma Plan makes key recommendations to be implemented over the next five years. This plan provides Florida with a blueprint for the control of asthma and the health complications associated with the disease. The Asthma Coalition will be lead by the Department of Health's Division of Environmental Health and will focus its resources on the objectives that are in line with its priorities. Partners who collaborated in the development of this plan will focus their resources on objectives related to their priorities. Additional partners are welcome in the implementation of the plan.

Evaluation efforts will be ongoing to determine the plan's impact. Data collected through a variety of methods will assist in evaluating impact. A more complete evaluation process is detailed in the next section.

The collaboration that created this plan needs to continue in order to meet the plan's objectives. Working together, the quality of life for individuals and families affected by asthma will be improved and the asthma burden will be reduced. The intent is that the committed partners in this effort will lead the way to put these recommendations into action for the health of all Floridians. This plan is a call to action, urging individuals, communities and organizations to get involved to achieve this vision. The success of this plan depends upon us all taking action.



Sections of Plan

The Florida Asthma Coalition identified eight priorities through a strategic planning process. In alphabetical order, these areas are: Clinical Services, Education, Environment, Occupational Asthma, Private Sector/Business Support, State Collaboration and Coordination, Surveillance, and Vulnerable Populations and Disparities. The coalition developed a five-year strategic work plan for each priority area. Each section of the work plan that follows includes a brief statement of need, a long term goal, objectives and activities.

1. STATE COLLABORATION AND COORDINATION

Overview: Collaboration and Coordination are essential to the success of this plan. The Florida Asthma Coalition seeks to ensure the growth and sustainability of our collaborative efforts. The Coalition also seeks to link asthma initiatives with other chronic disease and environmental initiatives and build on existing co-morbidity projects.

Guiding principles of the State Collaboration and Coordination group are as follows.

1. Invest in establishing infrastructure with existing entities including state and local programs and community based organizations.
2. Invest in evaluation of programs to identify those strategies that are most effective in reducing the burden of asthma so that they may be replicated.
3. Invest in addressing health disparities.
4. Invest in established best practices for reducing the burden of asthma as identified through scientific research and peer reviewed journals and expert panels.

Long Term Goal: Florida has a strong and sustainable statewide coalition that works together to improve the efficacy of asthma treatment through education, program expansion, policy development, fundraising, and administrative system changes.

Objective 1.1: By December 31, 2009, establish a program within the Florida Department of Health dedicated to asthma surveillance, prevention and education. (Baseline 2009: 0 - The Florida Department of Health does not have an established asthma program.)

Strategies:

1. Establish the Florida Asthma Coalition by March 2009.
2. Develop and publish an Asthma Burden document by April 2009.
3. Work with the coalition to develop and publish The Florida State Asthma Plan by April 2009.
4. Submit an application to the Centers for Disease Control and Prevention for the Addressing Asthma from a Public Health Perspective by May 8, 2009.
5. Develop a calendar of quarterly conference calls to facilitate ongoing communication and collaboration between FDOH, local health department-based asthma programs and non-governmental organizations by December 31, 2009.

Objective 1.2: By December 31, 2011, increase participation in the Florida Asthma Coalition by 25% from initiation membership. (Baseline 2009: 40 members)

Strategies:

1. Develop materials to market the Florida Asthma Coalition by March 31, 2010.
2. Distribute promotional materials to increase participation from universities, non-profit organizations, health care provider networks and advocacy networks.

3. Conduct an annual survey of asthma coalition partners to assess and document statewide participation.

Objective 1.3: By December 31, 2014 the Florida Department of Health will host 4 annual meetings to facilitate collaboration for the implementation of the state plan and publish an annual progress report. (Baseline 2009: 1)

Strategies:

1. Host quarterly conference calls for the Florida Asthma Coalition starting in 2010.
2. Develop an evaluation plan for annual monitoring of the impact of the Florida State Plan.
3. Host an annual planning meeting to work with members to complete an annual progress report and to update to the state plan.
4. Identify project leaders annually to implement calendar year work group and projects of the Florida Asthma Coalition.
5. Develop a statewide communication network including a website, and list serve which is accessible by partners and the public to announce meetings and to distribute asthma related educational and promotion materials.

Objective 1.4: By December 31, 2014 increase local, state, and federal funding for asthma activities for the Florida Asthma Coalition by 50%. (Baseline 2009: TBD)

Strategies:

1. Establish 2009 Baseline measure by April 30, 2010.
2. Distribute funding announcements via the Florida Asthma Coalition list serve starting in 2010.
3. Promote university research and pursuit of funding through the National Institute of Health and National Science Foundation.
4. Advocate for policy and funding from the Florida Legislature.



Potential Partner Organizations for State Collaboration and Coordination:

Florida Asthma Coalition (FAC)
FAC Environment Workgroup
Local health departments
Florida Public Health Association
Florida Environmental Health Association
National Association of County and City Health Officials (NACCHO)
Association of State and Territorial Health Officials
Centers for Disease Control and Prevention
Local tobacco coalitions
Florida Hospital Association
Florida Medical Society
Racial and ethnic minority community-based organizations
Advocacy organizations
Major health systems
Community-based organizations
Medical Schools
Educational associations
Health-related associations
Other states
Hospitals
State agencies



2. IMPROVED SURVEILLANCE

Overview: Thoroughly understanding the distribution and determinants of asthma at the community level is important for controlling, and perhaps preventing, asthma. We know that asthma affects some ethnic groups and some neighborhoods more than others but the specific reasons why are not well understood. Identifying the patterns of asthma in our state is the first step toward developing effective interventions to address the asthma crisis. Asthma surveillance and tracking, including ongoing prevalence studies and the use of existing databases to identify high-risk patients is a critical component. Once collected, scientific information related to asthma in Florida must be disseminated to those who are interested and who need to know. It must be used as the foundation for action, such as policy development, used for alleviating the burden of asthma in Florida. In addition, the data are also important as they provide an evaluation and feedback mechanism that will help the Florida Asthma Coalition improve future efforts.

Long- Term Surveillance Goal: Asthma surveillance in Florida will fulfill stakeholder asthma-related data needs for application to program planning, education, evaluation, policy development and system change.

Objective 2.1: By May 8, 2009 establish an Asthma Surveillance Plan. (Baseline 2009: Met)

Strategies:

1. Identify and consult with key stakeholders/data users to identify data sources and data needs by March 2009.
2. Work with surveillance program managers to identify key variables for annual collection and analysis by May 2009.
3. Finalize the statewide asthma surveillance plan by May 8.

Objective 2.2: By August 31, 2011, 100% of Florida Asthma Coalition membership will ratify support behind a single definition of asthma for all asthma partners in the state of Florida. (Baseline 2009: A single definition of asthma has not been established in Florida)

Strategies:

1. By June 2010, establish a definition working group within the Florida Asthma Coalition.
2. By June 2009, develop a draft plan for the definition of asthma for the Florida State Asthma Coalition and strategic plan.
3. By May 2010, communicate and disseminate draft definition for comments.
4. By August 2011, ratify the definition with Coalition membership.

Objective 2.3: Develop and disseminate surveillance data reports to appropriate populations and organizations to influence policy and drive interventions, education, and behavior by April 1 of each year. (Note: the Burden of Asthma in Florida will be published in 2012 and 2014). (Baseline 2009: Met)

Strategies:

1. Establish standardized data definitions, analysis methods, and surveillance standards and analysis frequencies by August 31, 2010.
2. Develop data-sharing agreements with collaborating agencies as appropriate by December 31, 2010.
3. Utilize geographical information systems (GIS) techniques to associate data from different sources for publication by April 1, 2011.
4. Identify recipients and develop a dissemination plan for the asthma burden report.
5. Develop guidelines to assist with interpretation of the completeness, accuracy, comparability, timeliness, accessibility, and usefulness of the results to readers.

Objective 2.4: Meet stakeholder data needs by responding to requests for data or technical assistance related to asthma-related data within three months. (Baseline 2009: Not met because capacity is not yet established at the Florida Department of Health)

Strategies:

1. Conduct an annual survey of stakeholders to assess data surveillance and analysis needs by December 31 each year.
2. Develop short reports and fact sheets as needed.
3. Collect data to monitor Healthy People 2010/2020 objectives
4. Publish asthma data for key indicators online.
5. Work with Florida CHARTS (www.floridacharts.com), Florida's interactive data query system, to post asthma data and update whenever new data are available.
6. Collaborate with partners such as the Environmental Public Health Tracking (EPHT) program, the Bureau of Epidemiology, and the School Health Program to share asthma resources and disseminate asthma data through their websites.
7. Create a web page on the Florida Department of Health's website dedicated to asthma surveillance and resources.
8. Develop distribution list to share information and new resources.



Potential Partner Organizations for Surveillance:

Florida Asthma Coalition (FAC)
Health professional associations
FAC Surveillance Workgroup
Health related organizations
Other FAC Workgroups
Insurance and benefit providers
Florida Department of Health
Florida Agency For Health Care Administration
Local health departments
US Centers for Disease Control and Prevention
Parent teacher associations
Florida Hospital Association
Peer review organizations
Pharmaceutical companies
Advocacy organizations
Pharmacies
Child education centers
Pharmacists and their professional associations
Childcare centers
Public health nurses
Data management companies
School district authorities
Data providers
Schools of pharmacy
Federal agencies
State agencies
Health care consultants
Health maintenance organizations
Universities and colleges
Hospitals and health systems
WIC Clinics



3. PREVENTION THROUGH **EDUCATION**

Overview: Education and outreach activities are necessary to increase knowledge about asthma management and control. The availability of appropriately tailored and evaluated programs and materials is critical to increasing awareness about asthma symptoms and control. The Florida Asthma Coalition plans to work together to develop recommendations to improve asthma education efforts in the state to enable persons with asthma and their families to take the actions needed to control their condition to reduce asthma morbidity, lower health care costs, and improve quality of life.

Education Long Term Goal: Florida residents with current asthma will receive self-management education and the general public will be aware of resources for information about asthma management and control.

Objective 3.1: By December 31, 2011 provide a public awareness campaign to address asthma as a chronic inflammatory disease that cannot be cured but can be controlled.
(Baseline 2009: No media campaign)

Strategies:

1. Identify one or two key public media messages targeting Florida's diverse population, including messages in Creole, Spanish, Chinese, Portuguese, and French.
2. Research media methods most effective with diverse populations.
3. Review existing media kits to assess applicability to Florida populations.
4. Collaborate with media specialists to develop and deliver effective media kit.
5. Utilize Florida Asthma Coalition members and partners to display key messages in existing programs.
6. Evaluate the impact of the media campaign.

Objective 3.2: By January 2013, develop and publish a web-based and printed asthma resource guide to disseminate information on current asthma programs, services and resource materials. (Baseline 2009: No Asthma Resource Guide)

Strategies:

1. Utilize public awareness survey results to determine information needs.
2. Develop and implement an assessment tool to evaluate asthma resources, programs, and materials that are currently being used throughout the state for inclusion in an asthma resource guide. The tool will assist in evaluating usability, consistency with best practice asthma guidelines, and appropriateness for populations with asthma disparities.
3. Collect, review, and evaluate recommended asthma educational materials, websites, programs, and other resources to help assure that appropriate resources are included. The guide should be applicable in a variety of educational settings such as schools, worksites, libraries, and health care provider offices and attentive to the specific

- needs of a diverse population (e.g. multicultural, multilingual, low-literacy, elderly, and persons with disabilities).
4. Develop a distribution plan that addresses mechanisms for making the guide available to persons with asthma, families, health care professionals, health plans, and the community.
 5. Develop a brochure that provides information on the resource guide and references key media message(s) from public awareness campaign.
 6. Assemble the asthma resource guide and make available on the Florida Asthma Coalition website in downloadable format.
 7. Collaborate with health care, education and community service partners to assist in promoting awareness of the guide.
 8. Develop mechanism to provide for ongoing updates of the asthma resource guide and website.
 9. Collaborate with health care professionals to help assure that resources included in the asthma resource guide and public awareness messages are consistent with accepted asthma guidelines and management goals at various levels of asthma severity.
 10. Partner with health plans, health care professionals, pharmacies, local health departments and clinics and other community groups to promote patient awareness of and access to the asthma resource guide.
 11. Distribute asthma resource guide brochure to health care provider offices, emergency rooms, health centers, pharmacies, schools and other community sites for dissemination to persons with asthma.

Objective 3.3: By December 31, 2012 increase the number of asthma certified educators in Florida by 50%. (Baseline 2009: 73)

Strategies:

1. Identify Nationally Certified Asthma Educators.
2. Promote the Asthma Educator certificate through non-profit organizations,
3. Establish a workgroup to build an implementation plan for establishing a sustainable network of certified asthma educators
4. Provide a needs analysis.
5. Document findings in a work plan and establish a strategy for implementing a professional track for asthma education in various academic institutions.
6. Develop partnerships to adopt implantation in a regional infrastructure.
7. Establish a schedule to review, evaluate and modify as needed.

Objective 3.4: Develop and implement an annual plan for promoting asthma awareness during National Asthma Month. (Baseline 2009: A summary of national Asthma Month 2009 activities will be compiled and published by September 2010)

Strategies:

1. Identify an annual National Asthma Month Activity Coordinator(s) by November 30.

2. Develop and annual plan for promoting asthma by January 30. (Activities may include press releases, media events, fun walks or races, poster contests, childcare center events, events. involving policy makers, health care provider activities etc.)
3. Document the activities and their impacts each year by September 30.

Objective 3.5: Implement at least one community based asthma event in 25 target counties in Florida by December 31, 2014 (Baseline 2009: 0)

Strategies:

1. Identify and evaluate existing evidence-based peer education models for implementation in local Florida communities.
2. In collaboration with the Florida Asthma Coalition, disseminate information gathered about the peer education models to local health departments, schools, faith-based organizations, hospitals, and other community groups.
3. Identify communities that are interested in implementing a peer education program.
4. Facilitate implementation of community programs through technical assistance and identification of training opportunities for community health workers and peer educators who might serve as asthma educators.
5. Evaluate the impact of each event.

Objectives 3.6: By June 2014, increase the number of school professionals who provide education to students with asthma and their families. (Baseline 2009: Baseline will be established in 2011)

Strategies:

1. Survey schools to determine the number that currently provide education to families of asthmatic children.
2. Identify and develop and implement continuing education programs for school nurses.

Objectives 3.7: By June 2011, collaborate with key stakeholders to increase parental awareness of the impact of second hand smoke and other inciting asthma triggers.

Strategies:

1. Promote 1- 800- QUIT-NOW to persons with asthma and their family members via home visitation program working with expecting mothers.
2. Collaborate with women and children's health programs that serve women of childbearing age to distribute education about smoking cessation.



Potential Partner Organizations for Education:

Florida Asthma Coalition (FAC)
Managed care organizations
FAC Education Workgroup
Health related organizations
Other FAC Workgroups
Health-related associations
Enhanced Covered Services Workgroup
Local boards of education
Local health departments
Florida Department of Education
Organizations providing preparation class for National Asthma Educator Certification exam
Pharmacy Industry
National Asthma Educator Certification Board
Philanthropic organizations
Advocacy organizations
Prenatal programs
Child care organizations
Professional organizations
Community health clinics
Schools
Community-based organizations
State agencies
Educational agencies
Federal agencies



4. PREVENTION VIA ENVIRONMENTAL ANALYSIS

Overview: This section of the five year plan seeks to address the key environmental components for successful control of asthma, such as environmental tobacco smoke, pollen, dust mites, furred or feathered pets, cockroaches, molds and fungi, and some chemicals. Exposure to certain air pollutants exacerbates asthma and may even lead to the onset of asthma. Florida is known for beautiful beaches and blue skies, a metaphor for good ambient air quality. However, this perception may be based on only one air monitor located in one section of the city which may fail to capture air quality problems in other neighborhoods. Studies have shown that areas near heavily trafficked roadways have elevated levels of diesel emissions and particulate matter (PM), which are known asthma triggers. It is important to address and monitor air quality in high risk areas, and at the same time to reduce exposure to outdoor pollutants known to worsen asthma such as diesel emissions and PM. The term air pollution is commonly thought of in connection with outdoor air. However, exposure to indoor levels of pollutants may be far higher than outdoor levels. Unfortunately, many tenants with asthma, particularly lower-income tenants, live in substandard housing that worsens their asthma. Structural deficiencies in many buildings have allowed water infiltration which results in mold and mildew. Other buildings are rife with indoor pollutants that trigger asthma including second-hand smoke, dust mites, cockroaches, and fumes from toxic chemicals. Addressing the needs of low income tenants with asthma who do not have many housing options is imperative.

Environment Long Term Goal: Indoor Air Quality in schools, homes, commercial buildings and regulated facilities (group care and day care centers) will be safe for Children and Adults with asthma and preventable outdoor air triggers will be minimized through policy and management practices.

Objective 4.1: By December 31, 2014 30% of public schools and daycare centers will have staff trained in identifying and reducing asthma triggers in the indoor environment.
(Baseline 2009: 0)

Strategies:

1. Partner with school districts and the Department of Education.
2. Assess baseline knowledge of asthma triggers and reduction techniques.
3. Develop or identify trainings for school and day care facility staff.
4. Develop educational materials for day care facility and school staff.
5. Promote/deliver training and distribute education materials (i.e. EPA's Tools for Schools program.).
6. Explore opportunities to modify existing regulations or to pass new codes or standards.
7. Develop and implement an evaluation plan to track progress.

Objective 4.2: By December 31, 2014 50% of Florida counties will have an active indoor air quality program to make asthma trigger reduction education and services available to homeowners, tenants, and housing professionals. (Baseline 2009: 12)

Strategies:

1. Promote state funding for indoor air quality programs in county health departments during local planning meetings and during legislative session.
2. Seek funding via the U.S. Department of Housing and Urban Development to financially support indoor air quality programs related to Healthy Homes at County Health Departments.

Objective 4.3: By December 31, 2014 Collaborate with health care provider offices and housing professional groups in 25 target counties to distribute information about environmental asthma triggers to families. (Baseline 2009: 3 counties are currently implementing Healthy Homes Programs that provide information to families about indoor air quality and asthma trigger reduction strategies)

Strategies:

1. Distribute best practices information for how to eliminate or control asthma triggers in the home to health care providers.
2. Distribute best practices information about asthma reduction strategies for construction and renovation to construction professionals and contractors.
3. Provide the Healthy Homes Essentials training to housing professionals and home visitors (i.e. nurses, environmental specialists, realtors, and social workers) to promote awareness of asthma triggers in indoor environments.
4. Make healthy homes assessment tools available through home visitation programs.
5. Explore opportunities for expanding existing codes and standards.

Objective 4.4: By 2014 reduce environmental hazards in outdoor air that contribute to the asthma burden in Florida. (Baseline will be determined in 2011)

Strategies:

1. Establish baseline measures for outdoor air quality measures by December 2011.
2. Promote best practices for minimizing industrial air pollution.
3. Promote safe burning practices through public education.
4. Develop a policy brief that includes information about geographically susceptible populations and related outdoor asthma triggers.
5. Collaborate with grassroots community groups in geographically susceptible communities to reduce the health impact of poor outdoor air quality through policy and education.
6. Promote smart growth principles, mass transit, and walkable communities to improve outdoor air quality.

Potential Partner Organizations for Environment:

Florida Asthma Coalition (FAC)
Managed care organizations
FAC Environment Workgroup
Education Workgroup
Local public health departments
Medical schools
Department of Health
Department of Environmental Protection
Florida Fish and Wildlife Commission
Parent teacher associations
Pharmacists
Healthy Homes Project
Private home inspectors
Professional societies
School boards
Advocacy organizations
School health
Community-based clinics
School nurses
Community-based organizations
Schools
Department of Agriculture, Trade, and Consumer Protection
State agencies
Early education programs
Teacher organizations
Educational organizations
Tobacco coalitions
Faith-based organizations
Tobacco control staff
Federal agencies
Transportation trade associations
Universities/colleges/technical colleges
Health related associations
Utility companies
Healthcare providers
Ventilation contractors
Home construction industry
Weatherization agencies
Hospitals



5. PROTECT **VULNERABLE POPULATIONS** AND PREVENT **DISPARITIES**

Overview: Racial and ethnic variations are important when addressing risks for asthma as surveys indicate that the prevalence and severity of asthma are greatest in the medically under-served, inner city populations. Florida's Medicaid program provides asthma-related services to thousands of individuals annually through its disease management program. Our goal is to reduce the burden of asthma across all populations in Florida so that people of racial and ethnic minorities, and those of low socioeconomic status are not disproportionately affected. The coalition has recommended strategies to increase quality of, and access to, medical care for these populations and reduce exposure to environmental factors that worsen or exacerbate asthma symptoms.

Prevent Disparities Long Term Goal: Asthma disparities within all populations throughout the State of Florida will be reduced.

Objective 5.1: Partner with asthma coalitions and programs across the state to develop a resource depot of information to be accessed by the public, schools and health care providers to include: Developing printed material, public service announcements, hotline availability.

Strategies:

1. Identify and inventory organizations currently working to increase access to care for the underserved populations in Florida.
2. Disseminate the resources state wide in all areas to include: Physician waiting rooms, schools, hospitals, health clinics, pharmacies, community centers, athletic venues, public meeting facilities, libraries, family support groups and other pertinent venues around the state.
3. Increase active participation of racially and ethnically diverse asthma advocates and professionals in asthma initiatives.
4. Recruit participation from community based organizations and non traditional asthma partners.
5. Develop brochures for distribution, create public service announcements to be shown on local network television stations and create radio public service spots to be heard on local stations. Newsprint, billboards, and bus advertisements campaigns to reach the broader public.

Objective 5.2: Increase the number of public awareness asthma programs and activities statewide that target disparate and special health needs populations.

Strategies:

1. Collaborate with the Department of Health, healthcare professionals, and health care coalitions/programs including County Health Departments around the state to raise

- awareness, educate, and inform disparate and special healthcare needs populations on the importance of preventive measures, such as medication compliance and decreasing environmental triggers.
2. Conduct social marketing in communities to translate asthma best practices and self-care information to the average consumer.
 3. Promote innovative, consumer-driven, and culturally competent asthma educational programs such as parent mentor programs, and family to family asthma support programs.

Objective 5.3: Support community efforts to increase access to health care for disparate populations and those with special healthcare needs.

Strategies:

1. Educate public school employees and child care center personnel regarding conditions that contribute to asthma symptoms.
2. Consult with academic institutions [colleges/universities] to develop partnerships to contribute to community outreach.
3. Work with local County Health Departments and public health programs to promote access to care and asthma education availability in local communities.
4. Work with community leaders and local organizations to determine popular information sources for vulnerable and disparate populations.
5. Disseminate information on public assistance programs, health resource hotlines, free and sliding-fee clinics, medication assistance programs, community advocacy organizations.

Objective 5.4: Maintain national guideline standards for asthma protocols throughout the state

Strategies:

1. Work with providers, provider associations and health insurance plans on providing an individual action plan for each asthma patient.
2. Disseminate training materials to help providers teach children, families, and adults how to correctly use a peak flow meter, inhaler, spacer and other devices.
3. Educate the public on the medical management of asthma incidents on an ongoing basis.
4. Foster the medical home concept and basic quality improvement techniques for working on system changes in providers practices and/or clinics.
5. Continue to partner with state and local initiatives on strategies for asthma assessment and control.
6. Identify high risk patients and families that may benefit from more intense follow up and provide asthma counselors for face-to-face educational encounters.
7. Increase the number of certified asthma educators in the state of Florida.
8. Increase case management programs for patients with special healthcare needs and asthma disparities.

Potential Partner Organizations for Vulnerable Populations and Disparities:

Florida Asthma Coalition (FAC)
Managed care organizations
FAC Vulnerable Populations and Disparities Workgroup
Community-based organizations
Clinical Care Workgroup
Education Workgroup
Community-based, tribal, faith, and other trusted community partner resources
Environment Workgroup
Community-focused advocacy organizations and other trusted sources
Department of Health
Medical Schools
Educational associations
Department of Health and Family Services Minority Health Program
Health care institutions and organizations
Department of Environmental Protection
Department of Children and Families
Department of Education
Local health departments
Local tobacco coalitions
Professional associations
State agencies
Statewide coalitions
Florida Medicaid program
Tobacco control programs
Tribal colleges
Migrant health and work organizations
Trusted local grassroots organizations in diverse settings
Community-based clinics
Community and tribal media outlets
University clinics
Community-based coalitions
W-2 agencies and consumer beneficiary groups
Community-based housing advocacy and watchdog organizations



6. MANAGE THROUGH **CLINICAL SERVICES**

Overview: There have been many advances in the medical management of asthma. Effective treatments could allow most people with asthma to live basically symptom free. Unfortunately, not everyone has access to these treatments. Many are uninsured, underinsured or unclear how to use the treatments they have been prescribed. Access to care and education for people with asthma and for health care providers are important to guarantee proper asthma management. Furthermore, many institutions lack the infrastructure to ensure quality clinical care at every level.

The Florida Asthma Coalition seeks to increase the efficacy of treatment for asthma related disease and the rate of adherence or compliance to treatment. The coalition also seeks to reduce barriers and develop strategies to assist clinicians in achieving the goals of asthma management: preventing chronic symptoms and exacerbations, maintaining normal activity and lung function, avoiding missed school and work and eliminating sleep disruption.

Asthma is the most common chronic illness among children. Many children with asthma spend most or part of their day in school or child care. For this reason, children with asthma need proper support at school to keep their asthma under control and to be fully active. Unfortunately, children frequently face obstacles to controlling their asthma in these settings. This comes at a cost: asthma that is out of control can hinder a child's attendance, participation and progress in school and child care. By helping children manage their asthma in these settings, schools and child care facilities are better positioned to achieve their core mission - educating children. The school districts and child care facilities must work to remove obstacles faced by children with asthma in order to promote their health and education.

It is critical to identify and track students with asthma. Management of asthma in the school setting is equally important. In addition, teaching school and child care staff about asthma is essential to preventing and responding to asthma emergencies. Finally, children have little control over their exposure to asthma triggers in the home, school and child care settings - building a supportive infrastructure to reduce these triggers is key to the management, and potentially prevention, of asthma in these settings.

Clinical Services Long-Term Goal: Clinicians will follow best practices, guidelines, and data related to the diagnosis and management of asthma of children, adolescents and adults.

Objective 6.1: By June 2011, increase by 50% children and adolescents with asthma who have been seen by a healthcare provider for preventive asthma in the past year.

Strategies:

1. Provide trainings to school staff and school health staff on Open Airways curriculum.
2. Conduct ISAAC survey amongst school-aged children and parents to identify both known and potential asthmatic students.

Objective 6.2: By June 2011, increase healthcare providers' access to and use of health information and resources by hosting 10 health care provider training events in collaboration with insurance companies, health care provider offices and physician groups. (Baseline 2009: 0)

Strategies:

1. Establish partnerships with the Florida Chapter of the American Academy of Pediatrics and other health care provider groups to identify training content and training schedules.
2. Develop a training and include information about best practices and guidelines as part of asthma awareness.

Objective 6.3: Reduce the number of missed work or school days and Reduce the numbers of emergency department visits and hospitalizations through outreach to and by health care providers.

Strategies:

1. Increase the number of persons by 30% who receive written asthma action plans from their primary care providers (AAFP and Internal Medicine and Pulmonary Medicine).
2. Promote vaccine programs in collaboration with community health departments and other agencies in order to increase the number of adults with asthma who receive the influenza and pneumococcal vaccines.
3. Increase access to medical homes for asthmatic patients through identification and promotion of awareness of existing agencies that render care to include the underserved.
4. Link care to a medical home for persons who need follow-up medical care for long-term asthma management after hospital discharge.
5. Identify sources of free/reduced cost healthcare facilities for children, such as school based health care centers including provision of medication assistance.
6. Work with key stakeholders to identify strategies for asthma assessment and control.
7. Identify resources that reimburse for asthma education conducted through school health services from private and public payers.
8. Compile a list of asthma educator programs for both clients and providers.
9. Continue an ongoing effort to meet the Healthy People Objectives by increasing the proportion of person with asthma who receives appropriate care as set forth by the National Asthma Education Prevention Program and the National Heart, Lung and Blood Institute Guidelines.



Potential Partner Organizations for Clinical Services:

- Florida Asthma Coalition (FAC)
- Managed care organizations
- FAC Clinical Services Workgroup
- Health related organizations
- Other FAC Workgroups
- Department of Health
- Department of Children and Families
- Medicaid
- Asthma care specialists
- Medical foundations
- Funding organizations
- Pharmaceutical companies
- Health care insurance companies
- Physician champions
- Health care systems/organizations
- Professional organization



7. SUPPORT **PRIVATE SECTOR/BUSINESS** MANAGEMENT

Overview: The Florida Asthma Coalition seeks to promote investment in asthma disease case management at the systems level by assisting major purchasers of health benefits (e.g., large employers) and insurance organizations to address the costs of effective asthma management with respect to patient outcomes.

Private Sector / Business Management Long Term Goal: Statewide Health Maintenance Organizations, Medicaid and Medicare support the highest standard of care for asthma by addressing system issues such as standards of care and third-party payers.

Objective 7.1: By 2015 conduct 4 annual planning meetings with the top three private insurers as well as Medicaid and Medicare to develop a plan for addressing needed system changes to improve asthma care. (Baseline 2009: 0)

Strategies

1. Contact and establish partnerships between the Florida Asthma Coalition and the state HMO, PPOs, Medicaid and Medicare.
2. Survey entities to determine current asthma management practices. (Including education and proactive treatment through collaborative efforts with clinicians & educators of multiple disciplines).
3. Document and report survey responses and distribute report prior to initial meeting in November 2010.
4. Evaluate current practices and develop an annual plan of action. Obtain commitment from participants for incremental improvements in asthma management.

Objective 7.2: December 31, 2013 initiate three pilot activities related to evaluate the feasibility of system changes such as new data tracking, education or home visits activities to improve efforts to address asthma. (Baseline 2009: 0)

Strategies

1. Work with professional associations in partnership with the National Asthma Education and Prevention Program and Electronic Health Record companies to include assessments of asthma severity in their documentation systems.
2. Document and explore possibilities to partner with pharmacists statewide to evaluate asthma severity when medications for asthma are refilled and/or explore gathering data from electronic tracking of refills to assess use with physician notification.
3. Secure agreement from Medicaid, Medicare and large managed health care organizations to provide incentives and feedback reports to healthcare providers.

Potential Partner Organizations for Private Sector/Business Management:

Florida Asthma Coalition (FAC)
Health professional associations
FAC Private Sector/Business Support Workgroup
Health related organizations
Other FAC Workgroups
Health related associations
Department of Health
Recognized asthma clinician leaders
Health Plans
Insurance companies
Professional associations
Provider education groups
Health care administrators and managers
Managed care organizations
Commercial health plans and payers
Experts in performance measurement
Electronic Health Record companies
State and local government agencies
Academic centers, medical schools and training programs
Media writers and editors
Worksites, employees, health benefits managers, worker advocacy groups
Private foundations, local businesses, corporations, pharmaceutical industry
Academic centers, medical schools and training programs
Worksites, employees, health benefits managers, worker advocacy groups
Private foundations, local businesses, corporations, pharmaceutical industry
Florida Association of Health
Walgreen Co
Florida Academy of Family Physicians
AvMed Health Plans
Jackson Memorial Health Plan
Health Group & Florida Pharmacy Association
Cigna Healthcare
Florida Medical Association Alliance (Orlando)
Florida Medical Association Alliance (Jacksonville)
Humana
United Healthcare
Blue Cross



8. ADDRESS OCCUPATIONAL ASTHMA

Overview: Workplace exposure to certain chemicals or dusts can also induce asthma. Some chemicals act as sensitizers, inducing allergic reactions in the airways. Once the airways become sensitized to a specific chemical, even very small amounts can make asthma worse. Other substances, such as dusts, can be airway irritants, causing symptoms in employees who have underlying asthma or who are exposed to high concentrations. Occupational asthma is most apt to affect workers who have personal or family histories of allergies or asthma, or who are often required to handle or breathe dust or fumes created by especially irritating material. Even short-term exposure to low levels of one or more irritating substances can cause a very sensitive person to develop symptoms of occupational asthma. A person who has occupational asthma has symptoms which disappear or diminish when the person spends time away from the workplace and return or intensify when exposure is renewed. It is important to quickly recognize and control workplace exposures to increase the likelihood of completely resolving the asthma symptoms.

The Florida Asthma Coalition seeks to work with epidemiology specialists and occupational physicians to determine the burden of asthma in the workplace, work through local or regional public health agencies to provide information to local businesses that address asthma as a public health issue in the workplace, work with businesses directly (or indirectly through insurance carriers), to distribute information related to prevention of asthma in the workplace, advocate that people affected by asthma in the workplace receive the support and services they need.

Occupational Health Long Term Goal: The incidence of asthma due to work place exposure will be reduced.

Objective 8.1: By December 31, 2014 complete two annual surveillance reports about work place asthma in Florida. Florida. (Baseline 2009: Florida does not currently monitor work place asthma.)

Strategies

1. Study and evaluate state work related asthma surveillance models for the development of an asthma work related surveillance system in Florida.
2. Identify and evaluate data sources for an occupational surveillance system.
3. Identify critical data sources and procure data through partnership development, data-sharing agreements, and policy development.
4. Evaluate year one of the Florida work related asthma surveillance system.
5. Publish and distribute an annual workplace asthma surveillance report in 2012.

Objective 8.2: By December 31, 2014 collaborate with five industry sites to pilot work place asthma prevention pilot projects. (Baseline 2009: 0)

Strategies

1. Identify high-risk industries and distribute educational information about work related asthma and industry specific asthma triggers.
2. Select pilot sites.

3. Develop a survey tool or method to establish baseline awareness rates within each pilot location.
4. Develop educational materials about work related asthma targeted to workers and employers.
5. Evaluate the impact of each pilot site and publish findings.

Potential Partner Organizations for Occupational Asthma:

Florida Asthma Coalition (FAC)

Managed care organizations

FAC Occupational Asthma Workgroup

Medical schools

Education and Environment Workgroups and other Workgroups

National asthma Sentinel Event Notification System for Occupational Risks (SENSOR) states

Department of Health

Private worker's compensation insurance carriers in Florida

Religious organizations

Florida Hospital Association

Respiratory specialists

Industrial Hygienists

Advocacy organizations

State agencies

Ethnic support organizations

Trade organizations

Farming co-ops

Migrant Organizations

Universities

Federal agencies

Wisconsin employers

Health related associations

Florida unions

Insurance companies

Work-related health nurses

Local safety councils

Work-related specialist





Evaluation Plan

The evaluation process answers several important questions: “Are the right things being done?” and “Are they being done correctly?”. This evaluation plan is intended to define the process by which the Florida Asthma Strategic Plan will coordinate strategic planning and evaluation efforts towards the goal of reducing the burden of asthma in Florida. It includes the tools that will be used to guide, document and report the findings of this process.

Monitoring and ongoing evaluation of the strategic planning objectives is an essential aspect of assuring success. The information collected in these processes can be used to establish a baseline and determine how well the planned activities are being implemented and where improvements can be made. The *Planning, Performance Measurement and Evaluation Framework* was created to facilitate this process.

The *Framework* is made up of five interrelated components: planning, monitoring, evaluation, reporting and quality improvement.

PLANNING involves the stakeholders in a collaborative effort to define the activities that will result in an overall reduction in asthma in the state of Florida.

MONITORING is defined as the periodic collection and analysis of selected process and impact indicators.

EVALUATION involves the use of quantitative monitoring data and qualitative information from stakeholders to assess the overall impact of program activities towards the intended outcome.

REPORTING is the sharing of monitoring and evaluation data with partners and other interested parties

IMPROVEMENT PROCESS is the use of the above-mentioned information for continuous learning and adjustment of planned program activities outside information, such as identified best practices, or strategies from asthma organizations or expert programs is incorporated as part of the quality improvement process.

The workgroups will oversee evaluation of the goals for their respective priority areas. Each work group also will assure the evaluation plan is followed for the goals it will be working toward and will address the four types of evaluations for each goal, as appropriate. The steering committee will review each of the evaluation plans to provide technical assistance.



Appendices



Appendix A

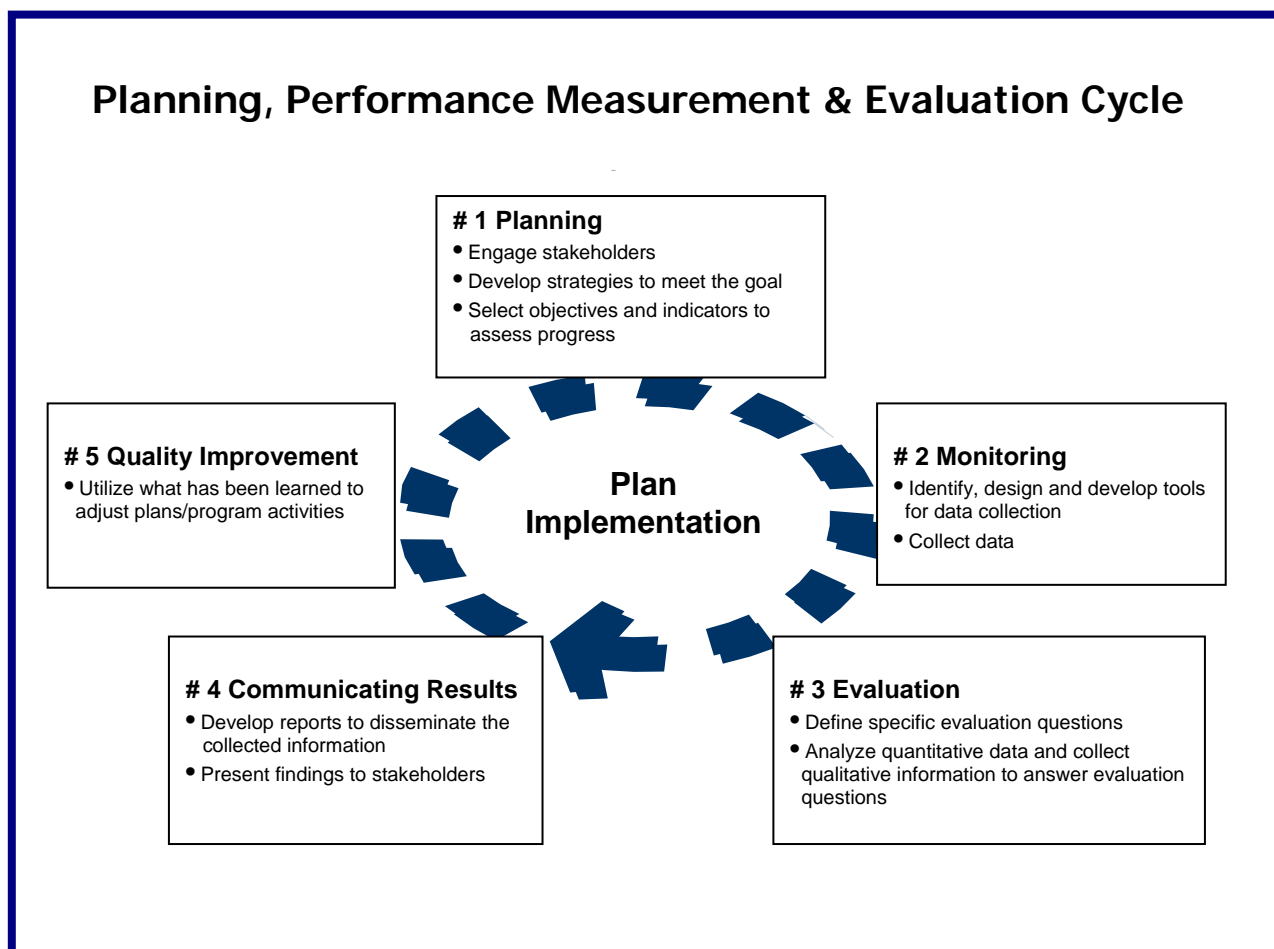
Abbreviations

BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHD	County Health Department
EH	Environmental Health
ICD	International Classification of Disease
FDOH	Florida Department of Health
NCHS	National Center for Health Statistics
NHLBI	National Heart, Lung, and Blood Institute
NSCH	National Survey Of Children's Health
NIOSH	National Institute for Occupational Safety and Health
NIH	National Institutes of Health
MMWR	Morbidity and Mortality Weekly Report
OSHA	U.S. Occupational Safety and Health Administration
YRBS	Youth Risk Behavior Survey



Appendix B:

Evaluation Model - *Planning, Performance Measurement and Evaluation Framework*



Appendix C:

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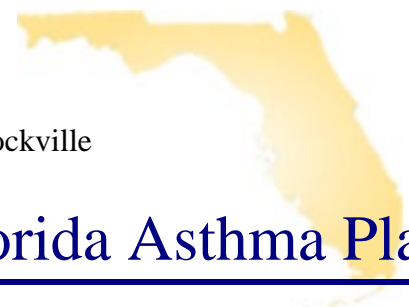
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Appendix D:

Useful Links and Resources

American Lung Association of Florida: <http://www.lungfla.org/>

American Lung Association (National): <http://www.lungusa.org>

CDC Asthma Program: <http://www.cdc.gov/asthma/>

CDC BRFSS Program: <http://www.cdc.gov/BRFSS/>

Florida Agency for Health Care Administration: <http://ahca.myflorida.com/>

Florida Department of Health: <http://www.doh.state.fl.us/>

Florida Department of Health, School Health Services Program:
<http://www.doh.state.fl.us/Family/school/health/asthma.html>

Florida Environmental Public Health Tracking:
<http://www.floridacharts.com/HealthTrackFL/DealIndicator.aspx?PageId=11500>

Healthy Jacksonville Asthma Coalition:
<http://www.healthyjacksonville.org/Coalitions/asthma.htm>

National Heart Lung and Blood Institute: <http://www.nhlbi.nih.gov/>

South Florida Asthma Consortium: <http://www.southfloridaasthma.org/healthcare.html>





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