Utah Asthma Plan

2012-2016

Utah Department of Health
Asthma Program
288 North 1460 West
PO Box 142106
Salt Lake City, UT 84114-2106
health.utah.gov/asthma

Funding for this publication was provided by the Centers for Disease Control and Prevention, Cooperative Agreement #5U59EH000489, Addressing Asthma from a Public Health Perspective. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Utah Department of Health
Executive Director's Office

W. DAVID PATTON, Ph.D.
Executive Director

ROBERT T. ROLFS, M.D., MPH
Deputy Director
State Epidemiologist

MICHAEL HALES, MPA
Deputy Director, Medicaid and Health Finance

March 20, 2012

Dear Fellow Utahns,

The Utah Department of Health is pleased to present the Utah Asthma Plan 2012-2016. The Plan is the result of a statewide collaborative effort. The Plan was developed by asthma experts, community organizations, health care professionals, government agencies, and individuals with asthma. The Utah Department of Health would like to thank the many devoted individuals who gave their time and energy to create this roadmap for asthma efforts throughout the state.

Asthma places a heavy burden on those with the disease, as well as those who offer support. The Utah Asthma Plan 2012-2016 is a coordinated call to action, challenging us to work toward a common cause. By striving to achieve the plan goals and strategies we can reduce the public health burden caused by asthma. We look forward to working closely with you, as individuals and as partners, to realize the vision of "Utah communities working together to improve the quality of life for people with asthma."

Sincerely,

W. David Patton, Ph.D.
Executive Director

UTAH DEPARTMENT OF HEALTH

288 North 1460 West • Salt Lake City, UT
Mailing Address: P.O. Box 141000 • Salt Lake City, UT 84114-1000
Telephone: 801-538-6111 • Facsimile: 801-538-6306 • *www.health.utah.gov*

This page intentionally left blank

Table of Contents

This page intentionally left blank

Executive Summary

Asthma is a serious personal and public health issue that has far-reaching medical, economic, and psychosocial implications for Utah residents. There are about 240,000 individuals in Utah with asthma. Approximately 9.1% of adults and 6.9% of children in Utah have asthma. Individuals with asthma experience a variety of symptoms that include breathlessness, coughing, wheezing, and chest tightness. Asthma symptoms often limit daily activities of those with asthma and can lead to missed school and work days.

Severe asthma episodes can lead to emergency department visits, hospitalizations, and, in some cases, death. Health care costs associated with asthma are considerable. In Utah in 2009, there were 7,259 emergency department visits for asthma, with charges totaling over $21.9 million. In 2010, there were about 1,500 hospital visits for individuals with asthma, resulting in charges of approximately $16.2 million.

While there is no cure for asthma, there are many proven methods that can help prevent and control symptoms. The Utah Asthma Plan 2012-2016 is designed to establish a common structure for addressing asthma throughout the state. It will serve as a roadmap for asthma efforts through the coming five years. Stakeholders with a vested interest in asthma were gathered to identify appropriate goals, outcomes, strategies, and activities to address asthma in Utah.

The Utah Asthma Plan 2012-2016 builds on the foundation established in the previous 5-year state asthma plan. The plan consists of five goals and 22 strategies focused on five primary intervention areas: education, policy, environment, health care access, and data and monitoring. The goals and strategies reflect the priorities of partners and stakeholders. It is a living document that will be adapted to take advantage of future opportunities and address additional needs as they arise.

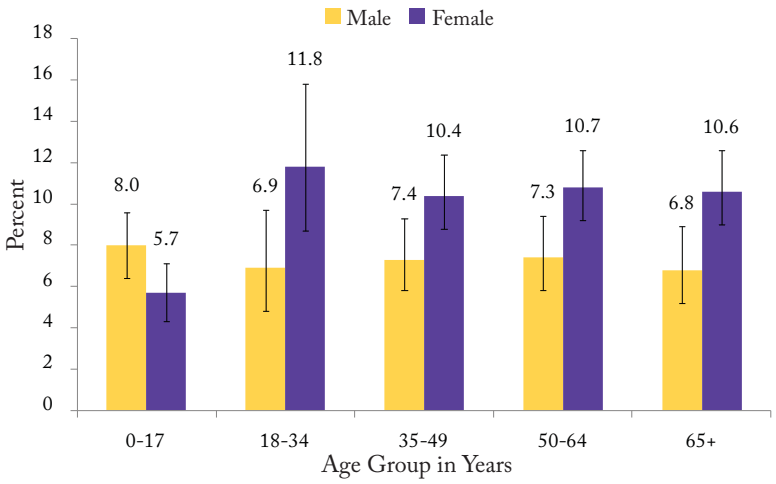
Asthma in Utah

Asthma is a chronic lung disease that can make it hard to breathe. People with asthma experience episodes of breathlessness, coughing, wheezing, and chest tightness. These episodes are often referred to as an asthma attack. During an asthma attack, three things happen that make breathing difficult: the airway lining swells, the muscles around the airway tighten, and excess mucus is produced. Although there is no cure for asthma, it can be treated with medication and controlled by avoiding asthma triggers.

Asthma is a serious personal and public health issue that has far-reaching medical, economic, and psychosocial implications for Utah residents. Data in this section provide a brief overview of the asthma burden in Utah. Surveillance data relating to the four key topic areas of the Utah Asthma Plan (education, policy, environment, and health care access) are highlighted in figures 6-10. Further detail can be found in the Asthma in Utah Burden Report 2012, which presents a more complete picture of the extent of the asthma burden in Utah (available at health.utah.gov/asthma).

The Utah Asthma Program surveillance team uses the Healthy People 2020 Asthma Objectives to set Utah-specific surveillance targets. Appendix A contains a complete list of the Healthy People 2020 Asthma Objectives.

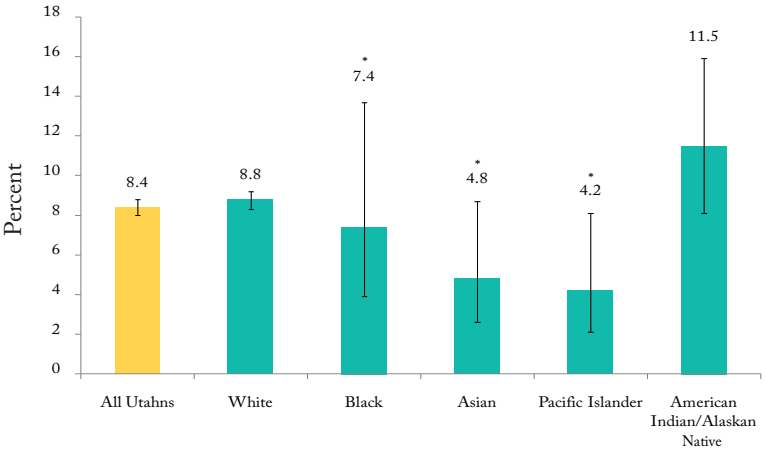
Asthma in Utah



Source: Utah Behavioral Risk Factor Surveillance System, 2010

Figure 1 - Current Asthma Prevalence by Age and Sex, Utah

The state asthma prevalence for all adults is 9.1%. Among children ages 0-17, males appear to have a higher asthma prevalence compared to females. Among adults, females report higher asthma prevalence for every age group, though differences are only statistically significant for adults ages 65 and older. The state asthma prevalence for adult females is 11.1%, which is significantly higher than the adult male prevalence of 7.1%.



Source: Utah Behavioral Risk Factor Surveillance System, 2006-2010 combined.
Age-adjusted prevalence.
*Estimate has a coefficient of variation greater than 30% and does not meet Utah Department of Health standards for reliability

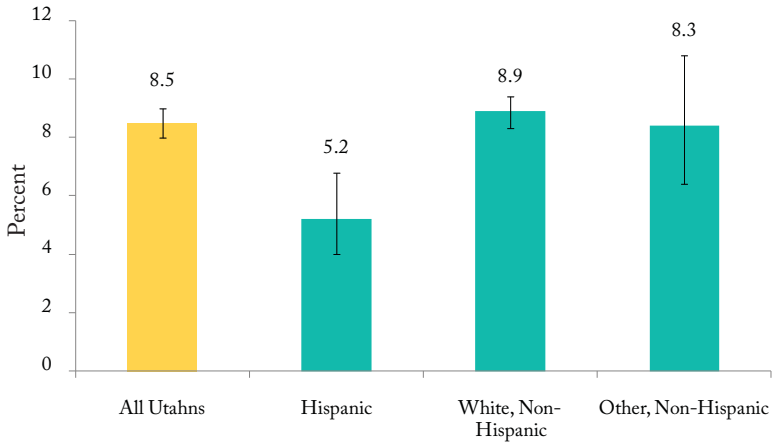
Figure 2 - Current Asthma Prevalence by Race, Utah Adults

Asthma prevalence appears to vary by race. Pacific Islanders report significantly lower asthma prevalence, compared to asthma prevalence statewide. Adults who are American Indian/Alaskan Native appear to have the highest asthma prevalence compared to other races.

Asthma in Utah

Figure 3 - Current Asthma Prevalence by Ethnicity, Utah Adults

Adults of Hispanic ethnicity report asthma prevalence that is nearly 40% lower than the state asthma prevalence. Asthma prevalence among adults of non-Hispanic origin is similar to the state.

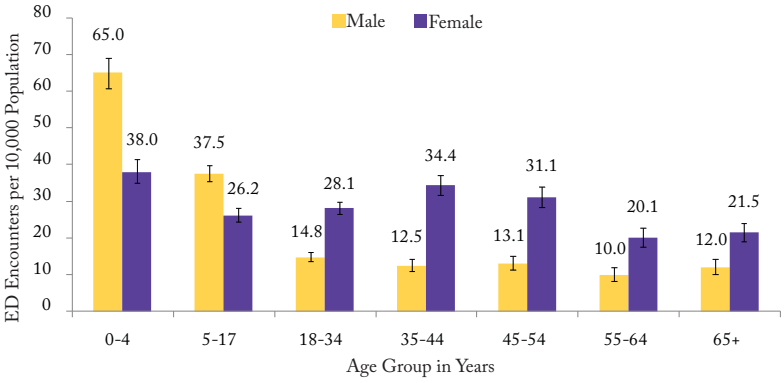


Source: Utah Behavioral Risk Factor Surveillance System, 2008-2010 combined.
Age-adjusted prevalence.

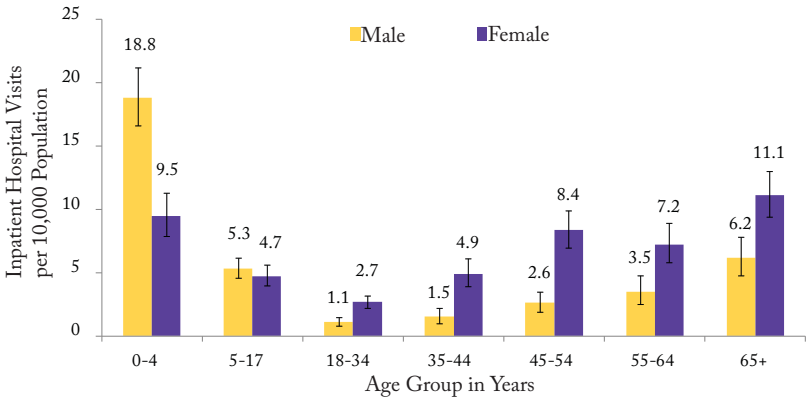
Figure 4 - Rate of Emergency Department Encounters by Age and Sex, Utah

Emergency Department (ED) data include both "treat-and-release" and "treat-and-admit" encounters. In 2009, there were 7,259 ED visits for asthma. The charges associated with these visits totaled $21.9 million. The average cost per treat-and-release visit was $1,200.

For males, ED rates for the two youngest age groups (0-4, 5-14) were significantly higher than for any other age groups. Among female children, the 0-4 age group ED rate was significantly higher than for ages 5-17. Among females, the 55-64 and 65+ age groups were significantly lower than all other age groups.



Source: Utah Emergency Department Encounter Database, 2009
Note: Data include those both treated and released and treated and admitted

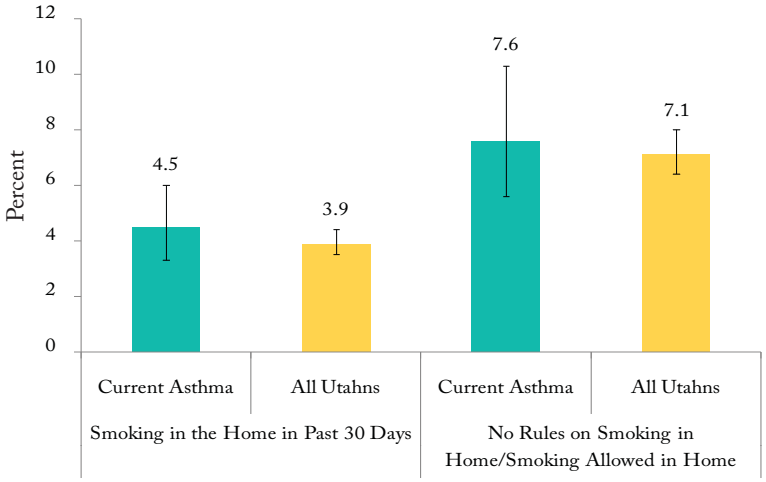


Source: Utah Hospital Discharge Database, 2010

Figure 5 - Rate of Hospital Discharges for Asthma by Age and Sex, Utah

During 2010, there were about 1,500 hospital discharges for persons with asthma with a resulting cost of approximately $16.2 million. The average charge for each hospitalization was approximately $11,000.

Hospitalizations for asthma were highest among the 0-4 age group for both males and females. Males have significantly higher hospitalization rates for the 0-4 age group compared to females, but after age 17, females have significantly higher hospitalization rates than males for all age groups.



Source: Utah Behavioral Risk Factor Surveillance System, 2009-2010 combined

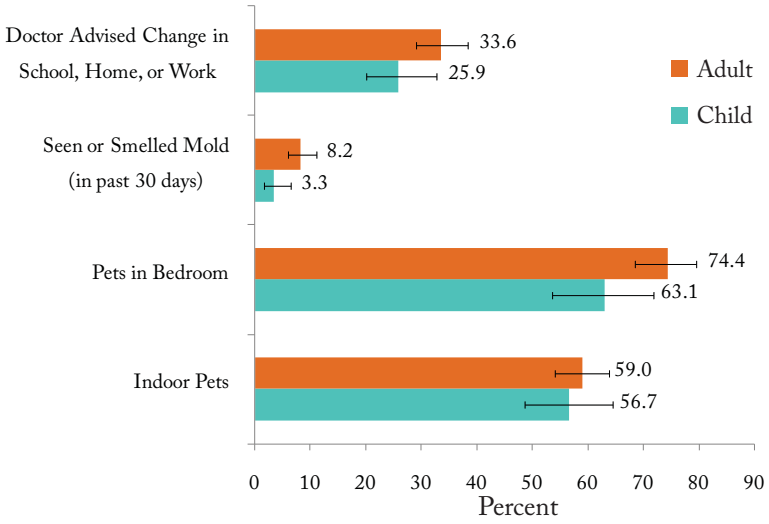
Figure 6 - Smoking in Households of an Adult or Child with Current Asthma

In households where at least one person has current asthma, there was no significant difference in smoking allowed in the home in the past 30 days when compared with all Utah households. Ideally, the percent of households where smoking was allowed in the past 30 days would be lower than the state percentage for those where a person with current asthma resides.

Asthma in Utah

Figure 7 - Environmental Triggers in the Homes of Adults and Children with Current Asthma

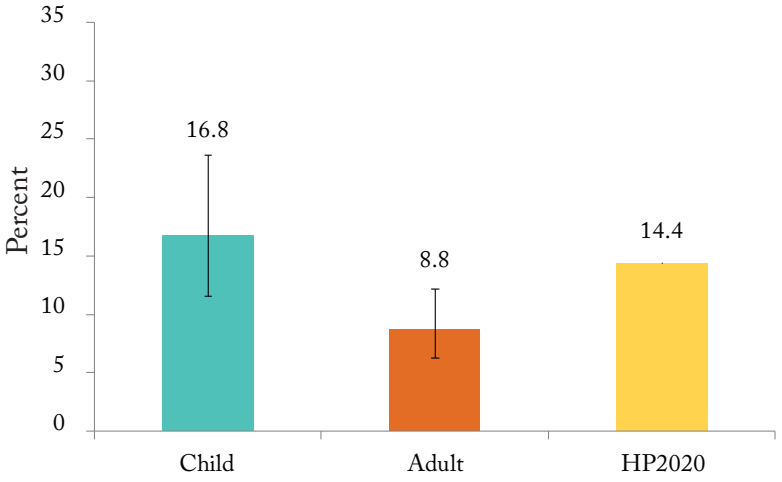
Environmental triggers remain an important issue in controlling asthma. According to the data, about one-third of adults and one-fourth of children's parents have been advised by a physician to make changes in school, home, or work environments. Having indoor pets and pets allowed in the bedroom should be avoided by most people with asthma. Of those who have indoor pets, a large percentage of adults (74.4%) and children (63.1%) allow pets in the bedroom. Another trigger of note is mold, although not as prevalent as pets.



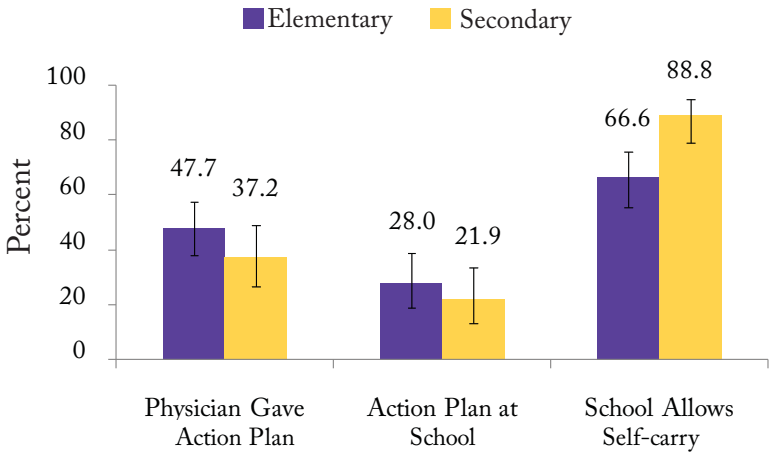
Source: Utah Behavioral Risk Factor Surveillance System Call-back Survey, 2008-2010 combined

Figure 8 - Number of Individuals with Asthma Who Report Taking an Asthma Education Class

Very few people with asthma receive education on how to manage their asthma. The desired standard set by Healthy People 2020 for asthma education is 14.4% for adults and children. In Utah, the estimate for those who have taken part in a formal class was 16.8% for children and 8.8% for adults.



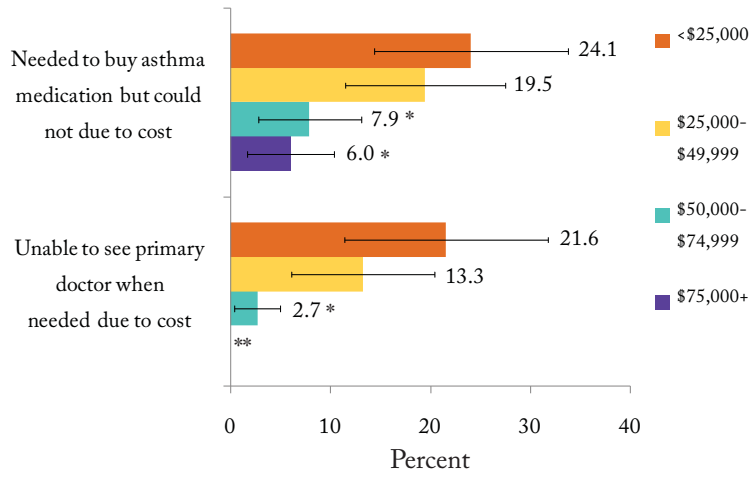
Source: Utah Behavioral Risk Factor Surveillance System, 2008-2010 combined



Source: Utah Behavioral Risk Factor Surveillance System Call-back Survey, 2008-2010 combined

Figure 9 - Adherence to the Utah Self-Administration Law

Utah law allows for students with asthma to carry and self-administer medication. In general, parents reported that their child's school allowed for students to carry and self-administer medication, though it was higher among secondary school students than elementary. Results also showed that there is a gap between receiving an asthma action plan from a physician and filing it with schools.



Source: Utah Behavioral Risk Factor Surveillance System Call-back Survey, 2007-2009 combined
*Estimate has a coefficient of variation greater than 30% and does not meet Utah Department of Health standards for reliability
**Numbers were not reportable due to insufficient sample size to give reliable estimates

Figure 10 - Adults with Current Asthma Who Experienced Barriers to Care During the Past 12 Months, by Income

Significantly higher percentages of adults with a household income of <$25,000 or $25,000-$49,999 per year experienced cost barriers to buying asthma medications or seeing a doctor when needed, compared to adults with a household income of at least $50,000 per year. As household income increased, fewer individuals experienced cost barriers to asthma treatment.

Utah Background

Recognizing the burden of asthma on Utah citizens, the Utah Department of Health applied for funding from the Centers for Disease Control and Prevention (CDC) in 2001. The cooperative funding agreement is designed to allow states to develop the capacity to address asthma from a public health perspective. Utah was awarded funding in 2001 and subsequently created the Utah Asthma Program.

In 2002, the Utah Asthma Program invited professionals and community members invested in asthma issues to join the Asthma Task Force. Members of the Asthma Task Force join forces to plan and implement projects outlined in the Utah Asthma Plan. The Asthma Task Force meets quarterly to oversee progress of the Plan and revise it as needed to address current needs. Task Force members are also invited to join workgroups to plan and implement specific projects listed in the Plan. A list of Asthma Task Force representatives can be found in Appendix B.

Continued funding was received through a renewal of the cooperative agreement with the CDC in 2009 and has enabled funding of three Local Health Departments (LHDs): Central Utah, Utah County, and TriCounty. LHDs are funded to develop local asthma programs and coalitions. These local asthma programs are designed to address area-specific needs and work in cooperation with the Utah Asthma Program and Asthma Task Force.

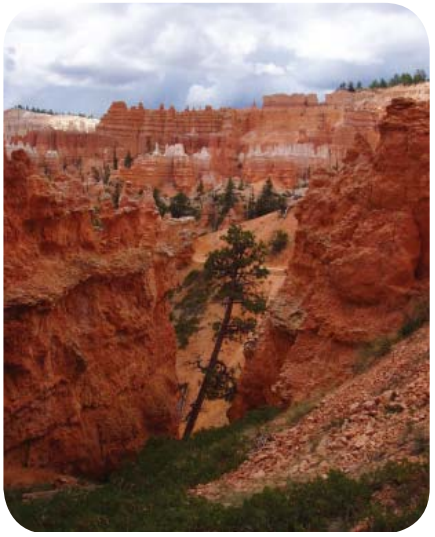
In 2010, members of the Asthma Task Force convened to develop a Sustainability Plan. The goal of this plan is to develop, promote, and proactively participate in community activities that sustain the Utah Asthma Task Force. Strategies in the plan focus on:

- Creating a shared vision of the Utah Asthma Task Force
- Strenthening and expanding partnerships
- Disseminating information
- Developing and implementing asthma-related policies
- Securing additional funding
- Evaluating progress

Utah Background

Utah Asthma Program Vision

Improving lives of those with asthma



Utah Asthma Program Mission

Make sustainable connections to improve the lives of those with asthma based on the following:

- Enhancing and developing partnerships
- Regularly conducting surveillance and evaluation of the burden of asthma in Utah
- Promoting the use of best practices
- Sharing resources
- Facilitating open communication

Utah Asthma Task Force Vision

Utah communities working together to improve the quality of life for people with asthma.

The Strategic Planning Process

The current Utah Asthma Plan has been used to guide Utah Asthma Task Force efforts since 2007. After five years had passed, the Task Force recognized the need to update the plan. Many goals and strategies listed in the 2007 plan had been accomplished, making it necessary to revise the plan to meet current needs. Appendix C contains an overview of Asthma Task Force accomplishments from 2003-2011. The revision process started in June 2011. The revised plan will be based on current needs and will provide direction and identify priorities for future Asthma Task Force efforts.

Gathering Information

Utah Asthma Program staff reviewed the 2007 plan according to the following components recommended by the CDC:

- Involvement of stakeholders
- Data on disease burden
- Information on existing asthma prevention and control efforts
- Goals
- Selecting and implementing strategies
- Integration with other programs
- Resources needed for plan implementation
- Evaluation

Strengths and weaknesses of the 2007 plan were identified based on the CDC framework. In addition, asthma plans from other CDC-funded states were reviewed to determine an appropriate outline for content and organization of the new plan.

Town hall meetings were conducted with community members and staff of local health departments outside of the Salt Lake metro area. The purpose of the town hall meetings was to provide information on perceived gaps in services in order to better assess the needs of each community. All local health departments were invited to participate and meetings were held in four locations: Utah County, Tri-County, Davis County, and Tooele County. Town hall participants discussed asthma-related needs in their communities and ways in which these

needs can be addressed through programs and services. Information gathered provided a better understanding of asthma-related needs in the state and was used to inform the revision of the 2012-2016 Utah Asthma Plan.

Stakeholder Involvement

Stakeholders were gathered for the Utah Asthma Summit in October 2011. The Summit was an all-day meeting designed to provide direction in revising the Utah Asthma Plan. Participants were given data on the burden of asthma in Utah, as well as an overview of projects implemented by the Task Force from 2007-2011. Participants were placed in one of four breakout groups based on their area of expertise: education, environment, health care access, or policy. In each breakout group, participants were asked to define an overarching goal, identify current programs and projects relating to that goal, and discuss gaps in programs that needed to be addressed. This information was used to identify and prioritize measurable outcomes. Participants outlined strategies and activities to achieve these outcomes. Each breakout group met after the summit to expand upon and finalize the goals, objectives, and strategies identified at the Summit. An internal group led by Utah Asthma Program epidemiologists identified data and monitoring goals, outcomes, strategies, and activities. Breakout groups also developed implementation plans for each of the 22 strategies listed in the Plan. Implementation plans include timelines and deadlines for each strategy and outcome from the Plan. These plans will be used by the Task Force to recruit partners and plan and implement strategies from the Utah Asthma Plan.

Creating the Utah Asthma Plan

A draft of the Utah Asthma Plan was presented at the January 2012 Asthma Task Force meeting. At this meeting, Asthma Task Force members gave feedback on and proposed timelines and partners for each strategy in the Utah Asthma Plan. Their feedback was used to edit and finalize the 2012-2016 Utah Asthma Plan. The finalized plan was presented to the Asthma Task Force in July 2012.

THE PLAN

GOAL 1

EDUCATION

GOAL 1

Increase awareness and knowledge of asthma among individuals with asthma, their caretakers, their health providers, and individuals in other settings who interact closely with them.

Strategies

1. Increase the number of individuals with asthma who receive self-management education

Activities

- Continue implementation of the American Lung Association's Open Airways program
- Increase attendance at the American Lung Association's Camp Wyatt
- Partner with worksite wellness programs to include an asthma self-management education component
- Continue implementation of Stanford's *Chronic Disease Self-Management Program*
- Identify, implement, and increase awareness of additional asthma self-management programs

Outcomes

» Maintain the number of schools that implement the American Lung Association's Open Airways program

» Increase the number of children attending the American Lung Association's Camp Wyatt

» Increase by 25% the number of children, parents of children, and adults with asthma who report taking an asthma education class

» Maintain the number of individuals participating in Stanford's Chronic Disease Self-Management Program who report they have asthma

» Increase by 10% the number of worksite wellness programs that offered an asthma management program at the worksite or through one of their health plans

Strategies

2. Increase awareness and knowledge of asthma among care providers of individuals with asthma

Activities

- Track absenteeism due to asthma in schools
- Maintain "What to Do in Case of an Asthma Attack" training for school employees
- Continue implementation of "Asthma-Friendly Child Care" trainings
- Educate care providers of the elderly on special asthma needs of the elderly population

Outcomes

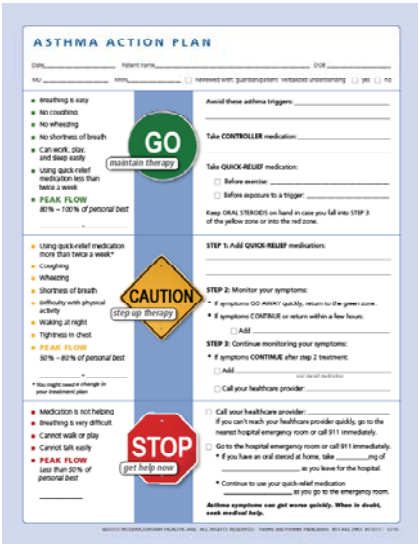
» Decrease by 5% the number of missed school days due to asthma

» Maintain number of schools receiving the Asthma School Resource Manual, "What to Do in Case of an Asthma Attack" training

» Increase number of child care workers who receive training on asthma management to 50 individuals per year

» Increase number of care providers for the elderly who receive training on asthma management to 50 care providers per year

Goal 1



Strategies

3. Increase use of and compliance with asthma action plans

Activities

- Work with school nurses to distribute and collect asthma action plans in their schools
- Conduct a presentation as part of the Asthma Telehealth Series to educate health professionals on the importance of asthma action plans
- Educate parents at a one-hour education session prior to Camp Wyatt
- Provide outreach to individuals with asthma through health insurance companies on the importance of obtaining and using an asthma action plan

Outcomes

» Increase by 15% the number of parents who report having an asthma action plan on file at school for their child

» Increase by 10% the number of parents who report that their child was given an asthma action plan by their health care provider

» Increase by 5% the number of adults who report being given an asthma action plan by their health care provider

Strategies

4. Increase awareness of available asthma resources and programs

Activities

- Develop a communication plan to increase awareness of available asthma resources and programs
- Utilize community partnerships to increase awareness of prescription assistance programs for asthma medications
- Increase the number of individuals in Utah completing the online *Winning With Asthma* program for coaches
- Increase distribution and use of inhaler technique videos through the Web and community partners

Outcomes

» Increase the number of prescription assistance material downloads by 25% from year 1 to year 5

» Increase the number of individuals completing the online Winning With Asthma program by 10% each year

» Increase YouTube views of inhaler technique videos by 10% each year from year 1 to year 5

This page intentionally left blank

GOAL 2

POLICY

GOAL 2

Develop and implement policies that create communities conducive to people with asthma living the highest possible quality of life.

Strategies

1. Implement one asthma-related legislative policy

Activities

- Conduct a needs assessment to identify legislative policy gaps and opportunities
- Identify appropriate community and legislative partners
- Develop a legislative policy agenda
- Make a case for the legislative policy agenda
- Advocate for the legislative policy agenda

Outcome

» At least one legislative policy will be adopted

2. Increase adherence to the asthma medication self-administration law in elementary and secondary schools

Activities

- Make a case for increased adherence to the self-administration law
- Coordinate outreach to schools on appropriate implementation of the self-administration law

Outcomes

» Increase by 15% the number of parents who report that the school their child attends allows children with asthma to carry their medication with them at school

» Increase by 10% the number of secondary schools that have adopted a policy stating that students are permitted to carry and self-administer asthma medications

Strategies

3. Increase adherence to Utah Administrative Rule 392-200-7 requiring schools to implement Integrated Pest Management

Activities

- Inform school districts, Local Health Department (LHD) officers, and LHD environmental health managers of changes to Utah Administrative Rule 392-200-7
- Educate school districts on how to implement Integrated Pest Management in their district
- Work with Local Health Departments to implement and enforce Utah Administrative Rule 392-200-7 in schools

Outcome

» Increase to 10% the number of Utah School Districts that have and implement an Integrated Pest Management plan

4. Implement at least one new asthma-related policy in schools

Activities

- Gather relevant data on asthma-related school policies
- Develop school policy agenda
- Advocate for school policy agenda

Outcome

» At least one district or school will implement an asthma-related policy

Goal 2

Strategies

5. Improve reimbursement structure for asthma management activities

Activities

- Gather data on current reimbursement policies for asthma activities
- Coordinate with Medicare and Medicaid to reimburse health care providers for asthma activities
- Coordinate with private insurance companies to reimburse health care providers for asthma activities

Outcome

» At least one additional health care insurance provider will reimburse for asthma activities

6. Support and maintain the nurse-to-student ratio in schools and seek opportunities to improve this ratio

Activities

- Identify partners to advocate for maintaining and increasing funding for school nurses
- Monitor status of legislation related to funding for school nurses
- Assist partners in advocacy efforts to improve the nurse-to-student ratio in schools

Outcome

» At a minimum, maintain the current nurse-to-student ratio

GOAL 3

ENVIRONMENT

GOAL 3

Individuals with asthma will be able to recognize and reduce sources of contaminants, identify and reduce the risk of personal triggers, and have a management plan for unavoidable triggers.

Strategies

1. Reduce and minimize the impact of indoor asthma triggers

Activities

- Develop and initiate a healthy homes and asthma visitation program
- Provide training to health care providers on identifying and educating patients on asthma triggers

Outcomes

» Increase by 10% the number of individuals with asthma who were advised by a health professional to make changes in their home, school, or work environment

» Decrease by 10% the number of homes of individuals with asthma where mold was seen or smelled in the past 30 days

» Decrease by 10% the number of individuals with asthma who allow pets in their bedroom

2. Increase appropriate adherence to the air quality Recess Guidance

Activities

- Increase participation of school staff and health care providers on the Recess Guidance listserv
- Increase awareness and use of air quality tutorials
- Conduct an evaluation of the Recess Guidance to measure adherence of schools to air quality guidelines

Outcomes

» Decrease to less than 5% the number of schools keeping all students indoors for recess on days when air quality levels indicate that students can be outdoors

» Increase YouTube views of the air quality tutorials by 10% each year from year 1 to year 5

Strategies

3. Increase symptom tracking as it relates to the effects of outdoor air quality

Activities

- Promote air quality guidance materials among health care providers
- Promote air quality guidance materials among individuals with asthma
- Develop a measurement tool to quantify use of the air quality Asthma Symptom Tracker

Outcomes

» Increase number of Ozone Guidance downloads by 10% between April and August each year from year 1 to year 5

» Increase number of Recess Guidance downloads by 10% between November-March each year from year 1 to year 5

4. Increase awareness of the connection between tobacco smoke and asthma

Activities

- Conduct a needs assessment on asthma and smoking
- Strengthen partnerships with state and local tobacco prevention programs to integrate asthma messages into current tobacco prevention efforts
- Conduct a public education campaign to increase awareness of the Utah Smoke-Free Housing Directory

Outcomes

» Increase by 10% the number of smoke-free housing units

» Decrease by 15% the number of individuals with asthma who had anyone smoking in their home in the past 30 days

This page intentionally left blank

GOAL 4

HEALTH CARE ACCESS

GOAL 4

Reach providers and patients to improve asthma education, ensure appropriate utilization of resources, and improve quality of care using research and National Asthma Education and Prevention Program guidelines.

Strategies

1. Improve the ability of those with asthma to manage their condition

Activities

- Increase use of asthma control and symptom tracking tools
- Use technology to provide self-management education to individuals with asthma
- Provide education to health professionals on how to use electronic medical records to improve asthma management
- Increase number of asthma resources available for providers to distribute in health care facilities

Outcomes

» Decrease by 8% the rate of emergency department visits due to asthma

» Decrease by 10% the number of individuals with asthma who reported an asthma attack within the past 12 months

2. Improve proactive, preventive primary care for individuals with asthma

Activities

- Increase awareness of and referral to asthma specialists
- Provide education to increase provider adherence to NAEPP guidelines
- Increase awareness of the importance of routine care and influenza vaccinations for individuals with asthma

Outcomes

» Decrease by 5% the rate of hospitalizations due to asthma

» Increase by 10% the number of individuals with asthma who report receiving an influenza vaccine

» Increase by 10% the number of children and adults with asthma who reported seeing a doctor for a routine checkup within the past 12 months

Strategies

3. Improve patient and family education in doctors' offices, clinics, urgent care facilities, local health departments, or other health care facilities

Activities

- Increase number and utilization of Certified Asthma Educators
- Increase availability and use of education packets for those newly diagnosed with asthma
- Provide asthma education to individuals with asthma and parents of children with asthma

Outcomes

» Increase to 20 the number of Certified Asthma Educators in Utah

» Increase by 5% the number of individuals with asthma who report being taught by a health professional what to do during an asthma attack

» Increase by 5% the number of individuals with asthma who report being taught by a health professional how to recognize early signs or symptoms of an asthma episode

This page intentionally left blank

GOAL 5

DATA & MONITORING

GOAL 5

Assure availability of quality data to guide interventions that improve quality of life for people with asthma.

Strategies

1. Identify at least one new data source to fill data gaps

Activities

- Develop a list of information needs that are not covered by existing data sources
- Assess the feasibility of using previously unused data sources for asthma surveillance
- Identify new data collection systems as necessary to fill gaps
- Explore opportunities to add an asthma component to existing data collection systems

Outcome

» At least one new data source will be added to the existing Asthma Surveillance System

2. Disseminate information from surveillance data to appropriate stakeholders

Activities

- Periodically update IBIS asthma indicators
- Identify and target information for specific audiences
- Produce appropriate data reports, including a statewide asthma burden report
- Provide asthma data to guide yearly strategic planning and interventions by stakeholders

Outcomes

» Maintain the number of abstracts submitted to relevant conferences

» Complete and disseminate at least one data report each year from year 1 to year 5

Strategies

3. Assess and improve the quality of existing data sources

Activities

- Identify primary users of information, assess their needs, and prioritize according to results of assessment
- Assess quality of one data source
- Explore reasons for disparities in health outcomes and impact of asthma in Utah

Outcome

» Increase by one the number of quality data sources that are utilized for asthma surveillance

4. Maintain infrastructure to support surveillance needs

Activities

- Ensure sufficient capacity of epidemiological, statistical, and information technology software to collect, evaluate, analyze, and interpret data
- Obtain ongoing input from the Utah Asthma Task Force

Outcome

» Input on surveillance needs will be obtained from stakeholders at a Utah Asthma Task Force meeting

5. Evaluate the implementation of Utah's Asthma Plan

Activities

- Assist workgroups in identifying high priority objectives
- Identify measurement strategies, including measurable data, for objectives
- Report results from evaluations to the Task Force

Outcome

» Progress on first 3 years of the Utah Asthma Plan will be evaluated and course corrections made as needed

This page intentionally left blank

APPENDICES

Appendix A
Healthy People 2020 - Asthma Objectives

Objective RD-1: Reduce asthma deaths

- RD-1.1 Children and adults under age 35 years
- RD-1.2 Adults aged 35 to 64 years old
- RD-1.3 Adults aged 65 years and older

Objective RD-2: Reduce hospitalizations for asthma

- RD-2.1 Children under age 5 years
- RD-2.2 Children and adults aged 5 to 64 years
- RD-2.3 Adults aged 65 years and older

Objective RD-3: Reduce hospital emergency department visits for asthma

- RD-3.1 Children under age 5 years
- RD-3.2 Children and adults aged 5 to 64 years
- RD-3.3 Adults aged 65 years and older

Objective RD-4: Reduce activity limitations among persons with current asthma

Objective RD-5: Reduce the proportion of persons with asthma who miss school or work days

- RD-5.1 Reduce the proportion of children aged 5 to 17 years with asthma who miss school days
- RD-5.2 Reduce the proportion of adults aged 18 to 64 years with asthma who miss work days

Objective RD-6: Increase the proportion of persons with current asthma who receive formal patient education

Appendix A
Healthy People 2020 - Asthma Objectives

Objective RD-7: Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines

RD-7.1 Persons with current asthma who receive written asthma management plans from their health care provider

RD-7.2 Persons with current asthma with prescribed inhalers who receive instruction on their use

RD-7.3 Persons with current asthma who receive education about appropriate response to an asthma episode

RD-7.4 Increase the proportion of persons with current asthma who do not use more than one canister of short-acting inhaled beta agonist per month

RD-7.5 Persons with current asthma who have been advised by a health professional to make changes in their home, school, and work environments to reduce exposure to irritants or allergens

RD-7.6 Persons with current asthma who have had at least one routine follow-up visit in the past 12 months

RD-7.7 Persons with current asthma whose doctor assessed their asthma control in the past 12 months

RD-7.8 Adults with current asthma who have discussed with a doctor or other health professional whether their asthma was work related

Objective RD-8: Increase the number of States and Territories with a comprehensive asthma surveillance system for tracking asthma cases, illness, and disability at the State level

Appendix B
Utah Asthma Task Force - Summit Participants

Sarah Bagley, Central Utah Public Health Department

Kellie Baxter, Utah Department of Health Asthma Program

Celeste Beck, Utah Department of Health Asthma Program

Heather Borski, Utah Department of Health Bureau of Health Promotion

Scott Burns, Merck & Co.

Gene Cole, Brigham Young University

Joseph Cramer, Utah Medicaid Medical Director

Sarah Dahl, Utah County Health Department

Alexandra Davis, Utah Department of Health Bureau of Health Promotion

Susan Denney, Jordan School District

Stacy Drew, Canyons School District

Heather Fairall, Utah Department of Health Tobacco Prevention and Control Program

Christine Finch, Intermountain Healthcare

Michael Friedrichs, Utah Department of Health Bureau of Health Promotion

Kathy Garrett, Salt Lake Valley Health Department

Rebecca Giles, Utah Department of Health Asthma Program

Pamela Goodrich, Central Utah Public Health Department

Lynette Hansen, Altius Health Plans

Michelle Hofmann, University of Utah Department of Pediatrics

Dana Hughes, University Health Care Miners Hospital

Andrea Jensen, Utah County Health Department

Appendix B
Utah Asthma Task Force - Summit Participants

Kimberly Johnson, Salt Lake Valley Health Department

Rebecca Jorgensen, Utah Department of Health Asthma Program

Karmella Koopmeiners, Primary Children's Medical Center

W. Glenn Lanham, American Lung Association in Utah

Valyn Leavitt, Central Utah Public Health Department

Linda Morris, Utah Medicaid

Flory Nkoy, University of Utah Departments of Biomedical Informatics & Pediatrics

Steven Packham, Utah Department of Environmental Quality

Gina Pola-Money, Utah Family Voices

Barbara Munoz, Voices for Utah Children

Cescilee Rall, Utah School Nurse Association

Sylvia Rickard, Women's State Legislative Council of Utah

Kelly Rose, Timpanogos Regional Hospital

Wendy Salas, SelectHealth

Jeannine Salisbury, Intermountain Healthcare

Lana Schaefer, Weber County School District

Spencer Slade, American Lung Association in Utah

Gregg Smith, Salt Lake City School District

Lori Sugiyama, Utah Department of Health Asthma Program

Charlotte Vincent, Utah Division of Aging and Adult Services

Christine Weiss, Utah Department of Health Arthritis Program

This page intentionally left blank

Appendix C
Asthma Task Force Selected Accomplishments 2003-2011

Education	Policy, Partnerships, & Data	Environment	Health Care Access
Developed Winning With Asthma, an online training designed for physical education teachers and coaches.	Funded Local Health Departments in Utah County, TriCounty, and Central Utah to convene local coalitions and implement community-specific plans.	Developed air quality Recess Guidance for schools.	Wrote an asthma module for the Utah Medical Home Portal. www.medicalhomeportal.org
Coordinated with the Utah Arthritis Program to provide Living Well with Chronic Conditions workshops.	Provided asthma education mini-grants to community organizations throughout the state.	Completed a school-based, three-year study on how air quality affects children's health.	Trained 12 clinics on quality improvement strategies for medical homes.
Developed and currently distributing asthma educational materials for parents of children ages 0-4.	Completed focus groups with school nurses to identify how schools are utilizing asthma action plans.	Developed recommendations for outdoor physical activity during ozone season.	Offer quarterly asthma telehealth sessions to health care providers.
Provided American Lung Association's Open Airways trainings in schools to help children manage their asthma.	Published an article on family health history and asthma/ diabetes in 2010 Utah's Health: An Annual Review.	Developed and distributed Occupational Respiratory Disease packets to mine workers.	Developed and implemented an "Asthma-Friendly Pharmacies" project with the University of Utah.
Created lesson plans on respiratory diseases to be included in the Future Farmers of America curriculum.	Created a Utah Asthma Burden Report as well as individual burden reports for each Local Health Department.	Completed a study on asthma-related emergency department visits during inversion season.	Developed materials for health professionals to educate patients and parents of children with asthma.
Provided "What to Do in Case of an Asthma Attack" training to more than 380 schools throughout the state, reaching over 6,100 faculty members.	Passed the Asthma Medication Self-Administration Law (May 2004) permitting students with asthma to carry their inhaler at school.	Developed three air quality tutorials: Air Quality and Health Symptoms, How to Use the Division of Air Quality Website, and Recess Guidance.	Developed an Asthma Health Care Provider Manual (sections include pediatric and adult asthma, medications, and resources).
Developed and implemented an Asthma-Friendly Child Care training.	Working on an integrated pest management policy to reduce pesticide use in schools.	Developed and currently distributing indoor air quality resources.	Completed a needs assessment with health care providers.

UTAH DEPARTMENT OF
HEALTH

Utah Asthma Program