

2025-2028

# Strategic Plan for Addressing Asthma in Georgia

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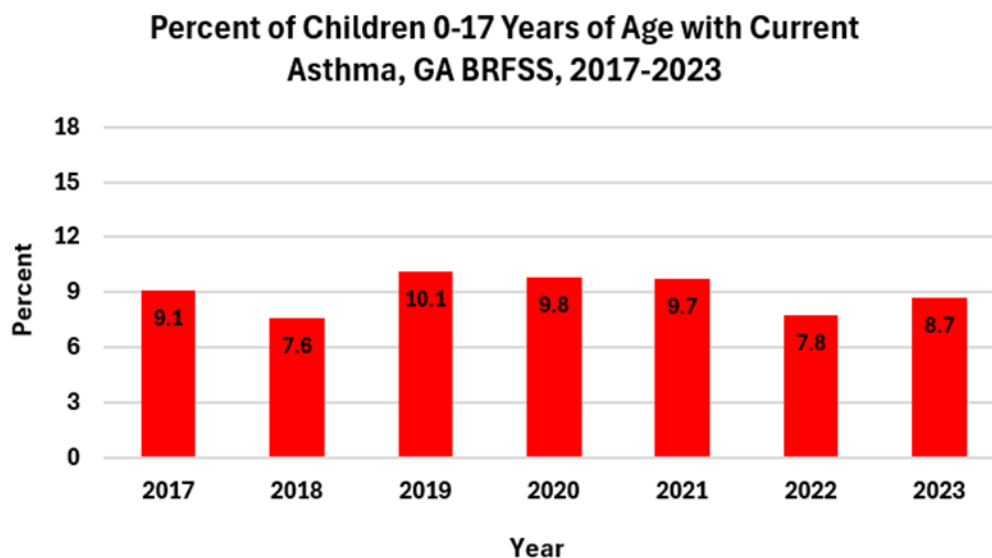
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# ASTHMA IN GEORGIA: OVERVIEW

Across Georgia, asthma is one of the most common chronic diseases among children and is a significant public health problem. In 2023, 8.7% of children in Georgia aged 0-17 years had been told at some point in their lives they have asthma. Variations in asthma prevalence were observed across demographic characteristics, such as gender, race and ethnicity, and household income. The prevalence of children who currently have asthma decreased gradually from 2019 (10.1%) to 2022 (7.8%), then increased to 8.7% in 2023.



## ASTHMA STATISTICS

The Georgia Asthma Control Program (GACP) targets program interventions in Georgia Public Health Districts that are high burden based on asthma-related hospitalization and Emergency Department (ED) visits. In 2025-2028, GACP plans to work in the following districts determined to be of greatest need: Clayton County (3-3), DeKalb County (3-5), Fulton County (3-2), North Central (Macon) (5-2), South Central (Dublin) (5-1).

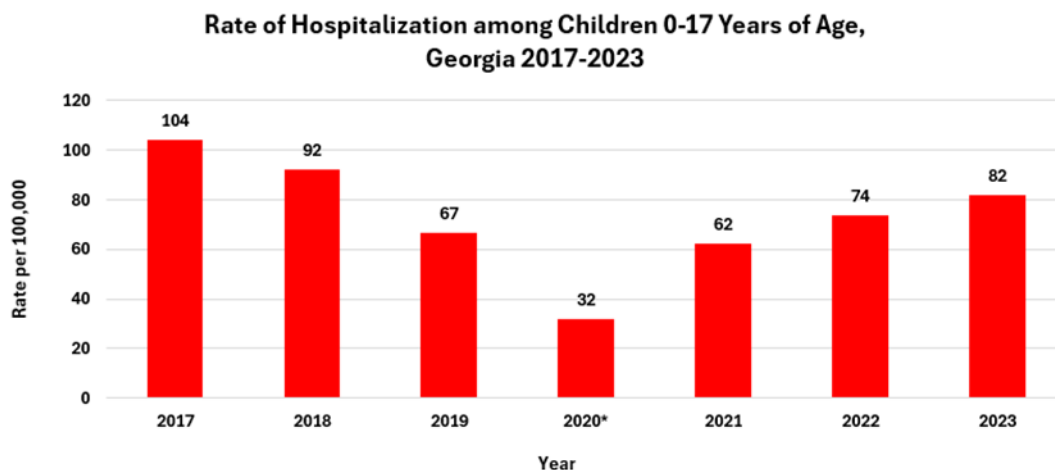
Asthma surveillance at the state level includes adult and child data on asthma prevalence, risk factors, mortality, morbidity, and hospital expenditures from several data sources including the Behavioral Risk Factor Surveillance System (BRFSS).

Conducted throughout the year by telephone, the BRFSS is a state-based survey that collects information on health conditions, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The BRFSS was established by the Centers for Disease Control (CDC) in 1984 and is conducted in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.

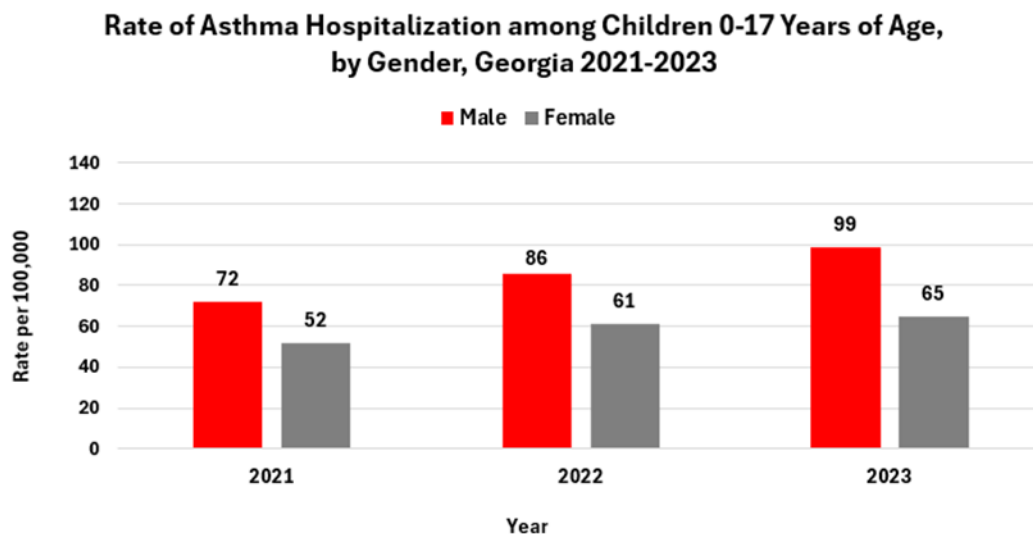
Data on asthma-related hospitalizations are based on hospital discharge data for Georgia residents who were hospitalized in non-federal acute care hospitals with asthma as the primary diagnosis. Data on asthma-related ED visits are from Georgia residents who were seen in the ED of non-federal acute care hospitals in Georgia with asthma as the primary diagnosis. Based on recommendations from the CDC, International Classification of Diseases (ICD) -10-CM code J45 was used to identify hospitalizations and ED visits.

## ASTHMA HOSPITALIZATIONS

Hospitalization rates for asthma in children has fluctuated from the highest rate of 104 in 2017 to the lowest rate of 32 in 2020. As indicated by the asterisk (\*) in the chart below, the 2020 data was likely affected by the COVID-19 pandemic and therefore may not accurately reflect trends in data.

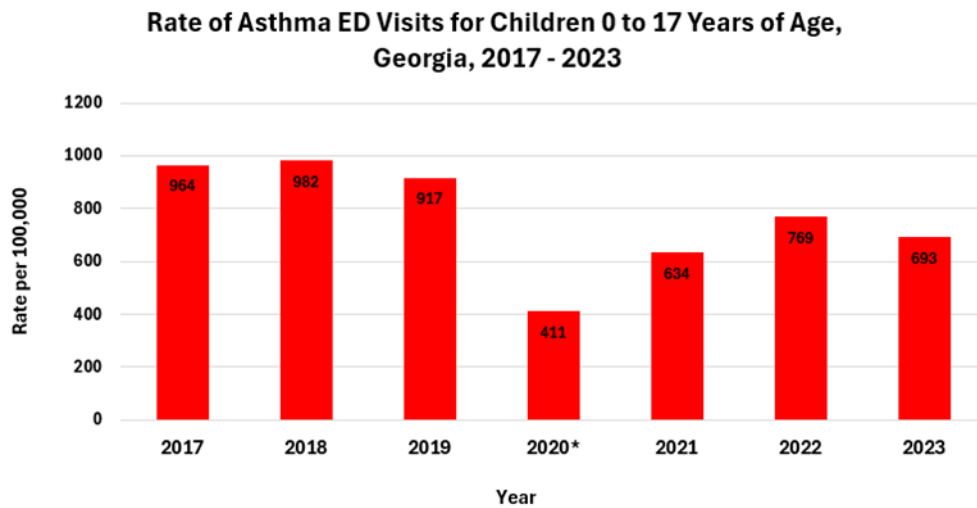


As indicated in the chart below, males tend to have a higher rate of asthma hospitalizations compared to females, regardless of year, in the age range of 0-17.

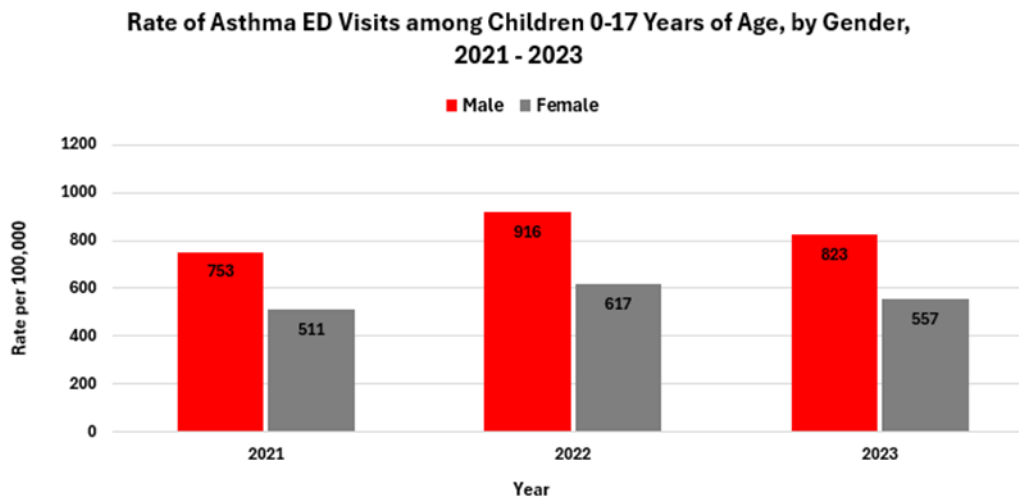


## ASTHMA EMERGENCY DEPARTMENT (ED) VISITS

ED rates for asthma in children has also fluctuated from the highest rate of 982 in 2018 to the lowest rate of 411 in 2020. As with hospitalizations, the 2020 data was likely affected by the COVID-19 pandemic and therefore may not accurately reflect trends in data.



Similar to hospitalization rates, males tend to have a higher rate of asthma ED visits compared to females, regardless of year, in the age range of 0-17.



The most up-to-date data available for asthma in Georgia can be found at [dph.georgia.gov/asthma-surveillance](https://dph.georgia.gov/asthma-surveillance) or by visiting DPH's Online Analytical Statistical Information System (OASIS) at [oasis.state.ga.us](https://oasis.state.ga.us).

# BACKGROUND: GEORGIA ASTHMA CONTROL PROGRAM

The Georgia Asthma Control Program (GACP) was established in 2001 and carries out statewide activities that, in collaboration with Georgia Asthma Advisory Board (GAAB), will implement the 2025-2028 Strategic Plan for Addressing Asthma in Georgia. This is achieved by providing interventions and programmatic resources, while also mobilizing strategic partners to advance asthma control in Georgia. GACP also leads surveillance and evaluation efforts to track the burden of asthma in Georgia, in collaboration with the DPH Department of Epidemiology. GACP is funded through a cooperative agreement with the Centers for Disease Control and Prevention's National Asthma Control Program. The current cooperative agreement began on September 1, 2024 and will continue through August 31, 2028. The work of the agreement focuses on the EXHALE technical package ([www.cdc.gov/asthma/pdfs/EXHALE\\_technical\\_package-508.pdf](http://www.cdc.gov/asthma/pdfs/EXHALE_technical_package-508.pdf)), which was developed by CDC to guide organizations as they work to develop and implement activities to improve asthma control. Each letter of the acronym EXHALE stands for evidence-based strategies that reduce hospitalizations and emergency department visits and improve quality of life.





# CREATING THE STRATEGIC PLAN

In partnership with various stakeholders, GACP adopted the Strategic Plan for Addressing Asthma in Georgia for Fiscal Years 2020-2024. The plan outlined four key goal areas: Environmental Interventions, Health Systems, Schools/Childcare Settings, and Surveillance and Evaluation. Each goal area was supported by a designated workgroup consisting of members with relevant expertise and perspectives, who facilitated specific objectives and strategies. The Georgia Asthma Advisory Board, along with GACP, tracked progress and provided oversight of the plan's implementation by receiving quarterly updates from each workgroup.

GACP hosted an in-person GAAB meeting in August 2024. Using the EXHALE Technical package and the 2020-2024 Strategic Plan for Addressing Asthma in Georgia as reference points, feedback was gathered from GAAB members, who shared their preferences for activities they hoped to see in the upcoming funding period. Stakeholders then ranked and chose EXHALE activities they felt would be most impactful to implement in the new cooperative agreement. GACP then prioritized these initiatives and created the goals, objectives and strategies presented in this plan. To align the strategic plan with a new funding cycle and emerging priorities, including an equal opportunity for health and sustainability, GACP and GAAB members convened in January 2025 and reviewed the selected goals, objectives and strategies, and GAAB members were given an opportunity to provide additional feedback on the proposed goals, objectives and strategies before they were added to GACP's 2025-2028 Strategic Plan. A list of GAAB members can be found below.

## Georgia Asthma Advisory Board (GAAB) Members

| NAME                        | TITLE   | ORGANIZATION                               |
|-----------------------------|---|--|
| Paulette Abbey, MSN, RN     | Cluster School Nurse  | Fulton County Schools                      |
| Ashley Batten               | Adolescent Health and Youth Development Program Coordinator | Clayton County Health District             |
| Megan Brantley              | Health Educator   | South Central Health District              |
| Elin Brumbaugh              | Deputy Chief Nurse – School Health                          | Georgia Department of Public Health        |
| Camran Caldwell             | Clinical Integration and Development Manager                | The Children's Care Network                |
| Patrice Cannon, LCSW        | Program Supervisor, Children's Medical Services             | DeKalb County Health District              |
| Stacy Carr                  | School Health Program Specialist                            | Georgia Department of Education            |
| Lori Lacy                   | Director of Transitional Care                               | Barnes Healthcare                          |
| LaShanda Lee                | Lead and Healthy Homes Program Consultant                   | Georgia Department of Public Health        |
| Heidi LeSane                | Life Scientist, Asthma Coordinator                          | Environmental Protection Agency (Region 4) |
| Dr. Roselyn Hicks           | Allergist/Immunologist                                      | DR ROZ Consulting Group                    |
| Jaylan Jacobs               | Program Associate   | Southeast Energy Efficiency Alliance       |
| Richard Johnson             | Chief Executive Officer                                     | Air Allergen & Mold Testing                |
| Monique Kramer              | Regional Lead Coordinator                                   | Georgia Department of Public Health        |
| Janet Matthews              | Health Educator   | Clayton County Health District             |
| Rhonda McLeod               | Health Promotion Coordinator                                | South Central Health District              |
| Lynne Meadows RN, MS, FNASN | Director, District Health Services                          | Fulton County Schools                      |
| Dr. Inuka Midha             | Public Health Educator                                      | DeKalb County Health District              |
| Imani Morrison              | Adolescent Health and Youth Development Coordinator         | DeKalb County Health District              |
| Sharifa Peart               | Children's Medical Services (CMS) Director                  | Georgia Department of Public Health        |
| Dr. Janani Rajbhandari      | Associate Professor   | University of Georgia                      |
| Jon Ramsey, RN              | Chief Executive Officer                                     | Georgia Asthma Coalition                   |

# MISSION AND VISION

## MISSION

To serve and advocate for the empowerment of Georgians with asthma by utilizing best practices that decrease the financial burden of asthma and improve quality of life

## VISION

To reduce the burden of asthma and improve quality of life





# GOAL AREAS

## GOAL AREA 1: ENVIRONMENTAL INTERVENTIONS

Decrease exposure to indoor and outdoor asthma triggers

## GOAL AREA 2: LINKAGES AND CARE COORDINATION

Improve linkages and care coordination between pediatric asthma care providers and community-based resources across settings

## GOAL AREA 3: SCHOOLS AND CHILDCARE SETTINGS

Improve asthma education and management at schools and in childcare settings

## GOAL AREA 4: SURVEILLANCE AND EVALUATION

Track the burden of asthma in Georgia and evaluate program findings



# GOAL 1: ENVIRONMENTAL INTERVENTIONS - DECREASE EXPOSURE TO INDOOR AND OUTDOOR ASTHMA TRIGGERS

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## Objective 1.1

Facilitate tobacco cessation referrals for 95% of Asthma Self-Management Education (AS-ME) participants (AS-ME).

- *Strategy 1.1.1: Establish a streamlined process to connect AS-ME participants and/or their caregivers to the Georgia Tobacco Quitline*
- *Strategy 1.1.2: Promote Georgia Tobacco Quitline (GTQL) as part of AS-ME sessions*

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## Objective 1.2

In collaboration with partners, increase the number of organizations that implement smoke-free policies from 10 to 15.

- *Strategy 1.2.1: Participate in statewide coalitions and working groups focused on smoke-free policies in multiple settings (schools, multiunit housing, etc.)*
- *Strategy 1.2.2: Strengthen collaboration with partners that facilitate smoke-free (SF) policies*

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## Objective 1.3

Engage with four organizations that implement environmental policies or best practices to remove asthma triggers from indoor and outdoor sources.

- *Strategy 1.3.1: Increase knowledge and support utilization of air quality funding opportunities and resources*
- *Strategy 1.3.2: Build capacity surrounding air quality improvement practices*
- *Strategy 1.3.3: Participate in the Asthma and Air Quality Branch National Asthma Control Program collaboration (NACP) calls*

# GOAL 2: LINKAGES- IMPROVE LINKAGES AND AND CARE COORDINATION BETWEEN PEDIATRIC ASTHMA CARE PROVIDERS AND COMMUNITY-BASED RESOURCES ACROSS SETTINGS

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## Objective 2.1

Establish one referral system that ensures program participants receive access to community-based resources

- *Strategy 2.1.1: Use [gadph.findhelp.com](http://gadph.findhelp.com) to create a database of Social Determinants of Health (SDOH) resources*
- *Strategy 2.1.2: Create system to track referrals made to the Georgia Department of Public Health (GADPH) [gadph.findhelp.com](http://gadph.findhelp.com) landing page*

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## Objective 2.2

Connect 95% of program participants with community-based resources via [gadph.findhelp.com](http://gadph.findhelp.com)

- *Strategy 2.2.1: Train AS-ME facilitators and asthma care providers to use [gadph.findhelp.com](http://gadph.findhelp.com) to identify and recommend community-based resources that can help manage asthma*
- *Strategy 2.2.2: Establish partnerships with key organizations to ensure resources are available on [gadph.findhelp.com](http://gadph.findhelp.com)*



## GOAL 3: SCHOOLS/CHILDCARE SETTINGS- IMPROVE ASTHMA EDUCATION AND MANAGEMENT

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### Objective 3.1

Increase the number of school districts that adopt policies that promote an Asthma Friendly School (AFS) from nine (9) to twenty (20), with a focus on high-burden school districts

- *Strategy 3.1.1: Provide training and technical assistance to school districts interested in adopting policies that promote Asthma Friendly Schools*
- *Strategy 3.1.2: Conduct assessments to identify barriers to becoming Asthma Friendly*

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### Objective 3.2

Increase the number of childcare providers who have completed Foundations of Asthma Management web-based Georgia Asthma Management Education in Childcare Settings (GAME-CS) modules from zero (0) to fifty (50) with a focus on high-burden areas

- *Strategy 3.2.1: Obtain and maintain continuing education credit approval from DECAL: Bright from the Start*
- *Strategy 3.2.2: Promote web-based trainings through multiple channels*

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### Objective 3.3

Increase the number of children with uncontrolled asthma receiving asthma self-management education, with a focus in high-burden areas

- *Strategy 3.3.1: Coordinate AS-ME facilitator training opportunities to support increasing the number of trained facilitators in high-burden areas*
- *Strategy 3.3.2: Identify partners and resources to increase AS-ME implementation in schools*



## **GOAL 4: SURVEILLANCE AND EVALUATION- SUSTAIN EFFORTS TO TRACK PROGRAM OUTCOMES AND THE BURDEN OF ASTHMA AND**

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### **Objective 4.1**

Create annual reports on asthma in Georgia to track trends and disparities

- *Strategy 4.1.1: Collaborate with the DPH Epidemiology Section to analyze prevalence, emergency room visits, and hospitalizations*
- *Strategy 4.1.2: Disseminate asthma-related data*

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### **Objective 4.2**

Provide quarterly updates on the progress of this strategic plan

- *Strategy 4.2.1: Convene quarterly meetings of the workgroups and advisory board to oversee progress*

