Asthma Program Logic Model

OUTCOMES

Strategies / Activities

Infrastructure

- Leadership/Program Management
- Strategic Partnerships
- Surveillance and Evaluation
- Communication

Exhale strategies

- Education on asthma self-management education (AS-ME)
- Extinguishing smoking & second-hand smoke
- Home visits for trigger reduction & AS-ME
- Achievement of guidelines-based medical management
- Linkages & coordination of care
- Environmental policies to reduce indoor & outdoor asthma triggers

Short-term
(0 – 1 year)

- Increased number of children with uncontrolled asthma who receive AS-ME
- Increased number of providers receiving GACP training & technical assistance on implementing guidelines-based medical management, AS-ME, and/or Healthy Homes Assessments
- Increased number of health systems adopting DPH's CATAPULT framework for Quality Improvement and Team-Based Care
- Increased number of stakeholders utilizing surveillance & evaluation findings on DPH's website
- Increased number of children with uncontrolled asthma who are receiving coordinated services, such as smoking cessation resources, home visits, and other community resources that address social determinants of health.

Intermediate
(2-3 years)

- Increased number of children with uncontrolled asthma who receive appropriate medical assessments, essential medications, and devices.
- Increased number of economic evaluations for reimbursement and/or coverage of asthma services.
- Increased number of linkages between health systems and public health resources.

Long-Term
(3-5 years)

- Decreased number of children with uncontrolled asthma in high burden districts.
- Decreased number of ED visits & hospitalizations for children with asthma in high burden districts.