2020 - 2024 Strategic Plan for Addressing **ASTHMA IN GEORGIA** 

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Created by the Georgia Asthma Control Program (GACP)

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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. According to 2017 data for Georgia, the prevalence of current asthma in children ages 0-17 is 9.1% and the prevalence of lifetime asthma in children ages 0-17 is 13.5%. These statistics are among the highest in the nation. Within the 0-17 age group, non-Hispanic Blacks had a significantly higher prevalence of asthma (14.5%) compared to non-Hispanic Whites (3.4%). Asthma prevalence was significantly higher among children whose family income was less than \$25,000 than among children whose family income was more than \$75,000. (12.8% vs 5.9%). The total charges for asthma-related hospitalizations among Georgia children in 2017 amounted to more than \$37.4 million. The total charges for emergency department (ED) visits amounted to more than \$55.7 million (2018 GACP Data Summaries).



## **ASTHMA STATISTICS**



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) and BRFSS Asthma Call-back Survey (ACBS).

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.

The Asthma Call-back Survey (ACBS) is an in-depth asthma survey developed by the CDC. It is conducted with BRFSS respondents who report an asthma diagnosis or report having a child with an asthma diagnosis in the household. The ACBS collects information on patient self-management education, medication adherence and proper use, quality of life, and asthma control.

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

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 Emergency Department (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, ICD-10 code J45 was used to identify hospitalizations ED visits.

# **ASTHMA HOSPITALIZATIONS**



In 2017, there were 2,614 asthma-related hospitalizations

among children ages 0-17 in Georgia. These hospitalizations represented an overall asthma-related hospitalization rate of **104 per 100,000 per year.** 

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The asthma-related hospitalization rate among **children ages 0-17 decreased as age group increased**; however, **Black children had higher hospitalizations** regardless of age group. Children aged **0-4 years had the highest hospitalization rate** 



The annual asthma hospitalization rate was **higher among boys** (127/100,000) than girls (80/100,000).





The overall asthma hospitalization rate was **higher for Black children** (162/100,000) than for White children (71/100,000). This trend was consistent across age groups.

# ASTHMA EMERGENCY DEPARTMENT (ED) VISITS

In 2017, there were 24,271 asthma-related ED visits among children ages 0-17 in Georgia.



This represents an overall annual asthma-related **ED visit rate of 968 per 100,000.**  The total charges for asthma-related ED visits among children amounted to **more than \$55.7 million.** 





Children ages 5-9 had the highest asthma ED visit rate

of 1,289 per 100,000 but dropped to 515 per 100,000 in children 15 to 17 years of age.



The overall asthma ED visit rate was more than **three times higher for Black children** (1,782/100,000) than for white children (465/100,000). This trend was consistent across each age group.



# **Regional Differences in Asthma Prevalence, Hospitalization Rates, and ED Visit Rates:**

In Georgia, child asthma prevalence, hospitalization rates and ED visit rates differed by Public Health District (PHD).

**Prevalence:** In 2015-2017, the four PHDs with the highest prevalence of children with asthma were West Central (7), Southwest (8-2), South (8-1), and Clayton (3-3) with rates of 19.4%, 18.6%, 12.4%, and 12.3% respectively. (**Map 1**, below)

### Map 1. Asthma Prevalence, Children 0-17 Years, by PHD, Georgia 2015-2017



**Hospitalizations:** In 2017, the six PHDs with the highest asthma hospitalization rates for children were South Central (5-1), DeKalb (3-5), Clayton (3-3), Fulton (3-2), North Central (5-2), and Cobb/ Douglas with rates of 236, 190, 177, 177, 127and 124 per 100,000 respectively. (**Map 2**, below)

143123	DISTRICT NAME	COUNTY	<b>HOSP. RATE</b> (per 100,000)	TOTAL NUMBERS
	<b>1-1 Northwest</b> (Rome)	Bartow, Catoosa, Chattooga, Dade, Floyd, Gordon, Haralson, Paulding, Polk, Walker	47	75
	<b>1-2 North Georgia</b> (Dalton)	Cherokee, Fannin, Gilmer, Murray, Pickens, Whitefield	47	54
3-1 3-5 10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	<b>2 North</b> (Gainesville)	Banks, Dowson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White	39	67
	3-1 Cobb/Douglas	Cobb, Douglas	124	272
5-2	3-2 Fulton	Fulton	177	410
	<b>3-3 Clayton</b> (Jonesboro)	Clayton	177	141
5-1	3-4 East Metro (Lawrenceville)	Gwinnett, Newton, Rockdale	90	271
	3-5 DeKalb	DeKalb	190	331
	4 LaGrange	Butts, Carroll, Coweta, Fayette, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson	81	169
8-2	<b>5-1 South Central</b> (Dublin)	Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, Wilcox	236	74
20 52	<b>5-2 North Central</b> (Macon)	Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, Wilkinson	127	157
53 - 102 103 - 120 121 - 236	<b>6 East Central</b> (Augusta)	Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Wilkes	111	129
*Per 100,000	<b>7 West Central</b> (Columbus)	Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster	102	86
	<b>8-1 South</b> (Valdosta)	Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner	117	72
	<b>8-2 Southwest</b> (Albany)	Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth	98	82
	<b>9-1 Coastal</b> (Savannah)	Bryan, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh	86	126
	9-2 Southeast (Waycross)	Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, Wayne	44	38
	10 Northeast	Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton	52	60

Map 2. Asthma Hospitalization, Children 0-17 Years, by PHD, Georgia 2017

**ED Visits:** In 2017, the six PHDs with the highest asthma ED visit rates were DeKalb (3-5), Fulton (3-2), East Central (6), Clayton (3-3), West Central (7) and Cobb/Douglas (3-1) with rates of 1589, 1466, 1370, 1305, 1119, and 1116 per 100,000 respectively. (**Map 3**, below)

La John	DISTRICT NAME	COUNTY	ED VISIT RATE (per 100,000)	TOTAL NUMBERS
1-1 2	<b>1-1 Northwest</b> (Rome)	Bartow, Catoosa, Chattooga, Dade, Floyd, Gordon, Haralson, Paulding, Polk, Walker	683	1101
	<b>1-2 North Georgia</b> (Dalton)	Cherokee, Fannin, Gilmer, Murray, Pickens, Whitefield	384	442
3-1 3-5	<b>2 North</b> (Gainesville)	Banks, Dowson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White	403	686
4	3-1 Cobb/Douglas	Cobb, Douglas	1116	2441
	3-2 Fulton	Fulton	1466	3404
	<b>3-3 Clayton</b> (Jonesboro)	Clayton	1305	1038
	3-4 East Metro (Lawrenceville)	Gwinnett, Newton, Rockdale	863	2600
	3-5 DeKalb	DeKalb	1589	2771
	4 LaGrange	Butts, Carroll, Coweta, Fayette, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson	711	1477
8-2	<b>5-1 South Central</b> (Dublin)	Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, Wilcox	850	266
384 - 403	<b>5-2 North Central</b> (Macon)	Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, Wilkinson	1072	1322
404 - 876 877 - 1,109 1,110 - 1,589	<b>6 East Central</b> (Augusta)	Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Wilkes	1370	1594
*Per 100,000	<b>7 West Central</b> (Columbus)	Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster	1119	945
	<b>8-1 South</b> (Valdosta)	Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner	763	471
	<b>8-2 Southwest</b> (Albany)	Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth	957	802
	<b>9-1 Coastal</b> (Savannah)	Bryan, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh	837	1222
	<b>9-2 Southeast</b> (Waycross)	Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, Wayne	876	759
	10 Northeast	Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton	814	930

### Map 3. Asthma ED Visits, Children 0-17 Years, by PHD, Georgia 2017

## **GEORGIA ASTHMA CONTROL PROGRAM**

The Georgia Asthma Control Program (GACP) was established in 2001. One function of the GACP is to lead the development and execution of the state's strategic plan for asthma by providing intervention and programmatic resources and mobilizing strategic collaboration between private and governmental sectors to advance asthma care in Georgia. 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, 2019 and will continue through August 31, 2024. The work of the agreement focuses on the EXHALE technical package, 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 as outlined in Table 4.

The technical package is available at **www.cdc.gov/asthma/pdfs/EXHALE\_technical\_package-508.pdf**.

E	STRATEGY Education on asthma self-management	<ul> <li>APPROACH</li> <li>Expanding access to and delivery of asthma self-management education (AS-ME)</li> </ul>
X	X-tinguishing smoking and secondhand smoke	<ul><li> Reducing tobacco smoking</li><li> Reducing exposure to secondhand smoke</li></ul>
н	Home visits for trigger reduction and asthma self-management education	• Expanding access to and delivery of home visits (as needed) for asthma trigger reduction and AS-ME
A	Achievement of guidelines-based medical management.	<ul> <li>Strengthening systems supporting guidelines-based medical care, including appropriate prescribing and use of inhaled corticosteroids</li> <li>Improving access and adherence to asthma medications and devices</li> </ul>
L	Linkages and coordination of care across settings	Promoting coordinated care for people with asthma
E	<b>Environmental</b> policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources	<ul> <li>Facilitating home energy efficiency, including home weatherization assistance programs</li> <li>Facilitating smokefree policies</li> <li>Facilitating clean diesel school buses</li> <li>Eliminating exposure to asthma triggers in the workplace whenever possible</li> <li>Reducing exposure to asthma triggers in the workplace (if eliminating exposures is not possible)</li> </ul>

### Table 4. EXHALE Technical Package

The EXHALE technical package supports CDC's Controlling Childhood Asthma and Reducing Emergencies (CCARE) initiative to prevent 500,000 emergency department visits and hospitalizations due to asthma by August 31, 2024.



More information on the CCARE initiative can be found at www.cdc.gov/asthma/ccare.htm

### **CREATING THE STRATEGIC PLAN**

With the EXHALE technical package and CCARE initiative as guides, GACP convened stakeholders throughout the state to draft a vision, mission, goals, objectives, and strategies that would promote this work in Georgia. Stakeholders convened for an eight-month period in 2018. A contracted facilitator led the sessions. Appreciation is expressed to the many stakeholders who gave selflessly of their time, energy, expert guidance and direction in crafting this strategic plan document. This plan is truly a representation of collaborative efforts and passion for making asthma a winnable battle in Georgia. After the Strategic Plan was created by the Steering Committee, members of the Georgia Asthma Advisory Board (GAAB) reviewed the plan and voted to approve the mission, vision, objectives, and strategies. The GAAB consists of diverse high-level decision makers from across the state, sectors, and organizations. Many organizations represented on the GAAB provided letters of commitment to show their support for this Strategic Plan. The GAAB and associated workgroups will be responsible for overseeing the implementation of the strategic plan.

### **Steering Committee Members**

**Lori Anglin** Barnes Healthcare Services

**Jennifer Beane** Fulton County Department of Health

Susan Bobowski Amerigroup (Anthem)

Kathy Cole Coffee County School System

**Anne-Marie Coleman** Georgia Department of Public Health

Lenore Coleman Wisethink Health Solutions

**Sherri Davis** Ware County Schools System

Simone Davis Georgia Department of Public Health

**Ralph Donaldson** Wisethink Health Solutions

**Darra Edwards** Wellstar Health System

Veatrice Futch WellCare Health Plans, Inc.

Morton Galina Retired Pediatric Pulmonologist

**Tracy Golden-Crawford** Georgia Department of Public Health

**Stephanie Hall** Georgia Department of Public Health

Ateya Harbin-Wilson American Lung Association

Stephen Hayes Novartis **Joanna Hill** Georgia Department of Public Health

**Melissa Holloway** Amerigroup (Anthem)

**R. Nikki Ivory** Fulton County Board of Health

**Richard Johnson** Air, Allergen, and Mold Testing

**Sara Kroening** Georgia Department of Public Health

**Christy Kuriatnyk** Georgia Department of Public Health

Heidi LeSane Environmental Protection Agency (Region IV)

Francesca Lopez ThermoFisher Scientific

Krista Lowe Georgia Department of Education

Michael Lucas Atlanta Volunteer Lawyers Foundation

**Douglas Masini** Georgia Southern University (Armstrong Campus)

Janet Matthews Clayton County Board of Health

**Jazmyn McCloud** Cobb & Douglas Public Health

Therese McGuire Georgia Department of Education

**Lu (Mary) Meng** Georgia Department of Public Health Luis Munoz Georgia Department of Public Health

Tamiko Pickett Georgia Department of Public Health

**Kia Powell-Threets** Georgia Department of Public Health

Jon Ramsey Georgia Asthma Coalition

**Kenneth Ray** Georgia Department of Public Health

**Chris Rustin** Georgia Department of Public Health

**Victoria Spinks-Bohan** Pediatric Pulmonology of Central Georgia, LLC

John Steward Georgia State University

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**Kia Toodle** Georgia Department of Public Health

**Ginger Tuminello** Children's Healthcare of Atlanta

**Christine Wiggins** Georgia Department of Public Health

**Sarah Wilkinson** Georgia Department of Public Health

Henry Young University of Georgia

# 2020 - 2024 STRATEGIC PLAN OVERVIEW

for Addressing Asthma in Georgia



# **STRATEGIC PLAN OVERVIEW**

With input from key stakeholders, the following four (4) goal areas were established:

- Environmental Interventions
- Health Systems
- Schools/Childcare Settings
- Surveillance and Evaluation

Under these goal areas, ten (10) objectives and sixteen (16) strategies were identified. Each goal area has an established workgroup, which will be tasked with creating, updating, and revising action plans to carryout the established strategies. Workgroups will report to the GAAB on a quarterly basis.

There are several themes that arose during planning sessions that are crucial to the success of this strategic plan but are not stand-alone objectives or strategies. These are denoted as follow:

- (**HE**) = Addresses Health Equity
- (P) = Addresses Policy
- (S) = Addresses Sustainability
- (L) = Addresses Linkages in Care

(Adults) = Most of the strategies and objectives address children. Those marked with (Adults) impact the adult population.

#### **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

### **GOALS, STRATEGIES, AND OBJECTIVES**

# GOAL AREA 1: Environmental Interventions: Decrease exposure to indoor and outdoor asthma triggers

**Objective 1.1:** Increase by 10% the number of children with uncontrolled asthma receiving Healthy Homes Assessments<sup>1</sup> (**HE**)

(Baseline: 140 children received HHAs in previous 5 years, Target: 154 children with uncontrolled asthma receiving HHAs in next 5 years)

Strategy 1.1.1: Build capacity for healthy homes assessments through training

*Strategy 1.1.2:* Promote reimbursement/coverage of Healthy Homes Assessments by disseminating data on current pilot projects

Potential Partners: DPH's Environmental Health Section, DPH's Community Health Workers Initiative, Health Systems, Medicaid, Care Management Organizations, private insurers, and private companies

**Objective 1.2:** Engage in two (2) additional pre- and post- education campaign efforts for adoption of smoke-free policies<sup>2</sup> (**P**)(Adults)

(Baseline: As of 2019, there are 3 education campaigns happening: one with partners, one statewide, and one with Emory)

*Strategy 1.2.1:* Engage in pre- and post- education campaign efforts for adoption of smoke-free policies

Strategy 1.2.2: Promote statewide smoking cessation campaigns

Potential Partners: DPH's Georgia Tobacco Use Prevention Program, Statewide Tobacco Coalition, DPH's Georgia Tobacco Quitline, American Lung Association

**Objective 1.3:** Increase from 2 to 5 the number of partnerships with organizations that promote policies for weatherization<sup>3</sup> and novel indoor air technologies<sup>4</sup> (**P**)

(Baseline: In the 2014 to 2019 period, there were 2 asthma partners that worked on environmental policies)

Potential Partners: DPH's Environmental Health Section, Southface Institute, Georgia Environmental Finance Authority, Southeast Energy Efficiency Alliance, Atlanta Volunteer Lawyers Foundation

#### GOAL AREA 2: Health Systems<sup>5</sup>: Promote guidelines-based care and integrated health teams to reduce the number of asthma-related emergency room visits and hospitalizations and improve quality of life

**Objective 2.1:** Increase by 10% the number of providers<sup>6</sup> who have received training or re-training on guidelines-based medical management<sup>7</sup> (Adults)

(Baseline: 1000 providers in previous 5 years, Target: 1100 providers in next 5 years)

*Strategy 2.1.1:* Offer multiple methods (conference, web-based, in-person) of delivering training to providers in schools and health systems

Strategy 2.1.2: Use the CATAPULT framework to identify health system providers in need of training

Potential Partners: Public Health Districts, Health Systems, Georgia Primary Care Association, American Academy of Pediatrics, Office of School Nursing, Georgia Asthma Coalition

**Objective 2.2:** Increase from 0 to 5 the number of health systems or health care organizations adopting DPH's CATAPULT<sup>8</sup> framework for quality improvement<sup>9</sup> and team-based care<sup>10</sup> (L)

(Baseline: No health systems or health care organizations have adopted the CATAPULT framework)

*Strategy 2.2.1:* Develop and update annually an "asthma plan" for the CATAPULT framework

*Strategy 2.2.2:* Leverage established partnerships with health systems implementing CATAPULT for other chronic conditions

Potential Partners: Public Health Districts, Health Systems, Primary Care Associations, American Academy of Pediatrics

*Strategy 1.3.1:* Formulate and execute contracts and/or MOUs with organizations that promote weatherization policies

*Strategy 1.3.2:* Formulate and execute contracts and/or MOUs with organizations that promote novel indoor air technologies

**Objective 2.3:** Increase by 10% the number of children receiving asthma self-management education<sup>11</sup> (**HE**)

(Baseline: 250 in previous 5 years, Target: 275 in next 5 years)

*Strategy 2.3.2:* Provide training on asthma self-management education to staff in clinics, schools, and community organizations

*Strategy 2.3.1:* Promote coverage of asthma self-management education by insurance providers (S)

Potential Partners: Medicaid, Care Management Organizations, private insurers, Health Systems, Public Health Districts, school nurses, Primary Care Associations, American Academy of Pediatrics

**Objective 2.4:** Increase from 0 to 2 the number of worksites implementing an adult-based asthma self-management education curriculum **(Adults)** 

(Baseline: No worksites have implemented adult-based asthma self-management education)

Strategy 2.4.1: Convene annual meetings of the Respiratory Health Council

Strategy 2.4.2: Provide technical assistance and training to worksites

Potential Partners: Respiratory Health Council, Worksite Wellness programs, American Lung Association

# GOAL AREA 3: Schools/Childcare Centers: Improve asthma education and management at schools and childcare centers

**Objective 3.1:** By 2024, increase the number of school districts that adopt policies that promote an Asthma Friendly School<sup>13</sup> from seven (7) to twenty (20), with a focus on high-burden school districts **(P)(HE)** 

(Baseline: 7 schools districts adopted the Asthma Friendly School Policy in previous 5 years, Target: 20 school districts working on policies to promote Asthma Friendly Schools)

*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

Potential Partners: Department of Education, Public Health Districts, Children's Healthcare of Atlanta, Environmental Protection Agency, Georgia Asthma Coalition, school nurses, CBOs

**Objective 3.2:** By 2024, increase by 50% the number of Early Care and Education centers whose staff have completed at least 1 of the web-based GAME-CS<sup>14</sup> modules, with a focus in high-burden areas **(HE)** 

*Strategy 3.2.1:* Obtain and maintain CEU approval from DECAL: Bright from the Start

Strategy 3.2.2: Promote the web-based modules through multiple methods

Potential Partners: Department of Early Care and Learning: Bright from the Start, Childcare Centers, Children's Health of Atlanta, DPH Division of Communications, Headstart, Early Headstart

#### GOAL AREA 4: Surveillance and Evaluation: Track the burden of asthma in Georgia

**Objective 4.1:** Create annual reports on asthma in Georgia to track trends and disparities (HE)(Adults)

- *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

Potential Partners: Department of Community Health (Medicaid), DPH's Epidemiology Section, Georgia Health Information Network (GaHIN), academic institutions

**Objective 4.2:** Provide quarterly updates on the progress of this strategic plan (S)

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

Potential Partners: Georgia Asthma Advisory Board and workgroup members, Public Health Districts.



### **DEFINITION OF TERMS:**

<sup>1</sup>**Healthy Homes Assessments:** DPH's Environmental Health Section bases its Healthy Homes Assessments on the checklist created by the Centers for Disease Control and Prevention (CDC), the Environmental Protection Agency (EPA), and Housing and Urban Development (HUD). Entitled "Home Characteristics and Asthma Triggers: Checklist for Home Visitors", this tool identifies common asthma triggers in the homes and provides education on reducing and removing triggers. The checklist can be found at <u>https://www.epa.gov/sites/production/files/2018-05/documents/asthma\_home\_environment\_ checklist.pdf</u>.

<sup>2</sup>**Smokefree Policies:** Many studies have shown a correlation between implementation of smokefree policies and reductions in asthma-related ED visits and hospitalizations. DPH, together with partners statewide, promotes implementation of smokefree and tobacco free policies in public places such as restaurants, bars, parks, and schools. For more information about DPH's Georgia Tobacco Use Prevention Program, visit <u>https://dph.georgia.gov/tobacco/</u>. For more information on DPH's Georgia Tobacco Quitline, visit <u>https://dph.georgia.gov/ready-quit</u>.

<sup>3</sup>**Weatherization:** Home weatherization improvements like insulations, ventilation, and moisture control can reduce indoor sources of asthma triggers. These improvements can reduce asthmarelated ED visits, health care costs, and missed work/school days. The cost of weatherization can be comparable to the cost of one hospitalization for asthma.

**\*Novel indoor air technologies:** This term will be more clearly defined as the Strategic Plan progresses. Existing indoor air technologies measure levels of particulate matter using sensors and focus on "smart" ventilation systems.



<sup>5</sup>Health Systems: For the purposes of this Strategic Plan, health systems can be defined as follows:

- Federally Qualified Health Centers
- School-Based Health Centers
- Patient-Centered Medical Homes
- Public Health Districts
- Hospital-based health systems with affiliated primary care practices
- Health Plans and Health Maintenance Organizations
- Accountable Care Organizations
- Care Management Organizations
- Rural Health Centers

**Providers:** As referenced in this strategic plan, providers may include many members of a healthcare team, including but not limited to the following: physicians, nurses, community health workers, health educators, respiratory therapists and certified asthma educators.

<sup>7</sup>**Guidelines Based Medical Management:** The National Asthma Education and Prevention Program at the National Heart, Lung, and Blood Institute developed the Expert Panel Report 3 (EPR-3) in 2007 (https://www.nhlbi.nih.gov/sites/default/files/media/docs/asthgdln\_1.pdf). This report details national guidelines for the diagnosis and management of asthma in both children and adults. At the time this Strategic Plan was created, an updated version of these guidelines was being reviewed. Publication of the EPR-4 guidelines is anticipated for 2020.

<sup>8</sup>**Quality Improvement (QI):** QI refers to the systematic implementation of processes that improve patient outcomes. These processes are measured, analyzed, improved, and controlled. For the purposes of this Strategic Plan, QI processes may include engagement of interdisciplinary teams, training of healthcare provides and staff, eliminating barriers to obtaining and using asthma medications and devices, and encouraging shared decision making between patients and providers. Patient outcomes may include asthma control, asthma severity, asthma attacks/episodes, asthma-related ED visits and hospitalizations, and asthma-related quality of life.

**°CATAPULT:** The CATAPULT framework was created by DPH's Health Systems team to outline steps for quality improvement.

<b>C</b> Commit to participate	This step requires health systems to formalize their commitment to improving quality of care through systems change. Once a health system has committed, GACP will offer technical assistance and training tailored to each system's area of interest.
A Assess the practice or system	Using the Georgia Health Systems Assessment Tool, this step gives a snapshot of how health systems currently track measurement. It sets a baseline and identifies areas for targeted quality improvement activities. These quality improvement activities may include focusing on shared treatment decision-making between patients with asthma and their caregivers, improving prescribing practices, improving diag- nosis of asthma severity and control, encouraging team-based care, or eliminating barriers to treatment.
<b>T</b> Training	Based on the results of the assessment, the health system will identify areas where training is needed. Training could involve a variety of health system staff members (e.g., CHWs, pharmacists, respiratory therapists) and may include topics like reinforcement of guidelines-based medical management, AS-ME, and provision of home visiting services.
A Activate community resources	This step in the CATAPULT framework relates to the "L" in the EXHALE technical package. Recognizing that patients spend only a small part of their time in a clinical setting, it encourages health systems to link patients to resources available outside of a clinic's walls.
<b>P</b> Plan	After assessing the patient population and receiving appropriate training, the health system will set focused goals and implement Plan, Do, Study, Act (PDSA) cycles to test the changes they are hoping to make. In this step, health systems will identify successes and challenges in implementing changes. GACP will provide technical assistance in connecting to quality improvement resources, such as a regional extension center or quality improvement organization.
<b>U</b> Utilize the plan of action	Ideally, representatives of different facets of the healthcare team have been involved in the PDSA process in the previous step and have provided feedback on how to best implement change. This step helps to solidify each team member's role in a team-based care model and ensures that reminders of the quality improvement process happen regularly until the newly instituted changes become a part of routine care.
L Leverage data systems	After the change has been implemented to improve the quality of care, it is important to determine whether the change had the intended or desired outcome.
<b>T</b> Test and implement the approach	After determining that a change is working, the next step is to scale it to other quality improvement processes or to other sites within the organization. For example, the initial PDSA may take place in one clinic of a health system with many clinics. In this step, health systems scale the new process to the other clinics (i.e., dissemination and implementation).

More information on CATAPULT can be found at: dph.georgia.gov/sites/dph.georgia.gov/files/related\_files/document/CATAPULT%20Manual\_041917\_ForWeb.pdf



<sup>10</sup>**Team-Based Care:** Team-based care can be a component of quality improvement. Team members may include but are not limited to physicians, nurses, community health workers, health educators, respiratory therapists, certified asthma educators, and social workers.

<sup>11</sup>**Asthma Self-Management Education (AS-ME):** The Georgia Asthma Control Program uses the EPR-3 guidelines and recommendations from CDC to define AS-ME. Based on these resources, AS-ME should cover basic facts about the pathophysiology of asthma, correct usage of medications, techniques for monitoring symptoms (this includes the Asthma Action Plan), and the importance of identifying and avoiding triggers. AS-ME sessions should assess patient's use of asthma devices (metered-dose inhalers, dry powder inhalers, etc.) and should include pre-/post-tests for asthma knowledge and skills. AS-ME should be delivered over a minimum of two in-person sessions.

<sup>12</sup>Asthma Friendly Schools policies: Because children spend a significant amount of time at school, the school environment can greatly affect a child with asthma. DPH has developed a toolkit of policies that promote asthma friendly schools. These policies include having "No Idling" zones, using integrated pest management, monitoring indoor and outdoor air quality, and promoting tobacco free schools, among others. To see DPH's Asthma Friendly Schools toolkit, visit dph.georgia.gov/asthma-friendly-schools-0.

<sup>13</sup>**High burden areas:** The Georgia Department of Public Health divides the state into 18 Public Health Districts. More information about the districts can be found at https://dph.georgia.gov/ public-health-districts. Public Health Districts with the highest rates of asthma-related emergency department visits and hospitalizations in 2014-2017 are considered high burden. These include DeKalb, South Central (Dublin), East Central (Augusta), North Central (Macon), Fulton, Clayton (Jonesboro).

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<sup>14</sup>Georgia Asthma Management Education in Childcare Settings (GAME-CS): GAME-CS was created and implemented by the Georgia Asthma Control Program. Through 3 modules, the course trains on Foundations of Asthma Management, Understanding Medications and Devices, and Creating an Asthma-Friendly Environment. GAME-CS converted to an online training and will be available through the Department of Early Care and Learning, Bright from the Start.