# Strategic Plan for Addressing Asthma in Georgia 2013-2018

environment

family support

healthcare delivery system

schools and childcare


Georgia Department of Public Health

Facilitated by the Georgia Department of Public Health

# Strategic Plan for Addressing Asthma in Georgia 2013-2018

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environment healthcare family delivery system support schools and childcare


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***This plan was prepared by the Georgia Health Policy Center for the Georgia Department of Public Health.***

## LETTER FROM COMMISSIONER

Georgia Department of Public Health

Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

Dear Colleagues:

The Georgia Department of Public Health and the Georgia Asthma Advisory Coalition are proud to present the 2013-2018 Strategic Plan for Addressing Asthma in Georgia. The plan represents the expertise of many dedicated organizations and individuals working through the Georgia Asthma Advisory Coalition and sets forth a framework and strategy that will guide the future direction of Georgia's statewide efforts to reduce the burden of asthma over the next five years.

Asthma continues to be a significant public health and economic concern for the people of Georgia. About 569,000 Georgia adults and 259,000 children are living with asthma. In 2010, more than 52,791 emergency room visits were linked to chronic respiratory disease, as were more than 10,401 hospitalizations. Asthma related hospitalization costs topped $ 174 million in 2010 alone. Asthma is one of the most common chronic diseases of children in the United States, the third leading cause of preventable hospitalizations and one of the leading causes of school absenteeism. In addition, asthma incurs high costs, in terms of the costs of care, lost workdays and productivity, and lower quality of life for persons with asthma and their families.

This plan provides sound strategies incorporating evidenced based recommendations from the National Asthma Education and Prevention Program (NAEPP), the May 2012 Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities, and Georgia's epidemiology/surveillance outcomes. Partnerships, prevention, quality care, delivery system enhancements, education, communication, environmental control, epidemiologic surveillance and evaluation are all key components of the Strategic Plan.

We invite and encourage all of our colleagues and stakeholders to join the Georgia Department of Public Health in working together in making asthma a winnable battle in Georgia.

Sincerely,

Brenda Fitzgerald, M.D.
Commissioner and State Health Officer

We Protect Lives.

## LETTER FROM THE PEDIATRIC HEALTHCARE IMPROVEMENT COALITION

The
PEDIATRIC HEALTHCARE
IMPROVEMENT COALITION

June 26, 2013

RE: Letter of Support for the DPH Asthma Strategic Plan

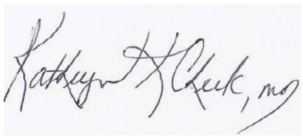
Dear Ms. Lopez,

It is with great pleasure that The Pediatric Healthcare Improvement Coalition of Georgia, Inc. (PHIC), offer this letter in support of the Georgia Department of Public Health Strategic Plan to Improve Childhood Asthma. As you know, PHIC is a statewide organization composed of pediatricians, pediatric subspecialists, independent physician associations, the Georgia Chapter of the American Academy of Pediatrics (GA. AAP), and children's hospitals. The PHIC is united around improving pediatric healthcare in Georgia through quality improvement programs, dissemination of best practice protocols, and creation of pediatric demonstration projects. One such demonstration project that we have endeavored to create in partnership with DPH seeks to improve the care management and quality of care for children in Georgia suffering from asthma.

Asthma affects approximately 260,000 Georgia children annually at a cost to the state of approximately $200 million. Lack of access to pediatric physicians and specialists, coupled with a lack of family and provider education on the best practices of managing childhood asthma, result in many unnecessary visits to the emergency room and often hospitalizations. The encounters with the health care system mean that the child is not in school and the parent or guardian is not at work. Asthma results in millions of dollars in annual lost productivity from work and thousands of missed school days for children and teens.

PHIC applauds the thorough and multi-disciplinary approach DPH has taken in drafting this strategic plan for childhood asthma in Georgia. PHIC feels that the structure of the proposed plan is representative of the proper stakeholders who need to be involved in ensuring that the appropriate education on asthma, for physicians and community members, is disseminated in a comprehensive manner. PHIC is of the strong belief that, with the proper parent education and provider compliance with asthma best practice guidelines, childhood asthma can be successfully managed so that children and youth are healthier, emergency room visits and hospitalizations are reduced and care can be more cost-effective. This is likely to result in children remaining in school and parents spending more time at work and there being a more educated and better economy for Georgia.

Respectfully,



Kathryn Cheek, M.D.
Chair, Board of Directors

Bernard L. Maria, M.D., M.B.A.
Chief Medical Officer

## LETTER FROM CHAIR OF GEORGA ASTHMA ADVISORY COALITION

July 26, 2013

Dear Colleagues:

The Georgia Asthma Advisory Coalition (GAAC) joins the Georgia Department of Public Health in presenting the *2013-2018 Strategic Plan for Addressing Asthma in Georgia*.

Recognizing the impact that asthma continues to have on Georgia's citizens and institutions, the Georgia Asthma Control Program (GACP) in collaboration with the Georgia Asthma Advisory Coalition (GAAC) embarked on a revision of the state's asthma control strategic plan in late 2011. This plan outlines 22 comprehensive and time-bound objectives supported by strategic actions to address asthma in the areas of indoor/outdoor environmental factors, family support, healthcare delivery systems and school and childcare settings.

The Georgia Asthma Advisory Coalition (GAAC) is a group of stakeholders from across the state brought together to

- inform the development of Georgia's Asthma Strategic Plan,
- guide the Georgia Asthma Control Program (GACP) programmatic direction , and
- contribute to the accomplishment of the strategic plan activities and objectives.

The mission of the Georgia Asthma Control Program is to improve asthma control and reduce its burden in Georgia by a focused commitment to policy and environmental change, education, and an integrated care delivery system with a five-year focus (2013-2018) of children with pediatric asthma ages 0-17. We invite you to join us in support of this mission as we strive to make asthma a winnable battle in Georgia and encourage you to **Adopt** the Plan...**Implement** Local Effort for **Accelerated** statewide outcomes.

Sincerely,

Kathy English
Chair, Georgia Asthma Advisory Coalition
Executive Director, Three Rivers Area Health Education Center (AHEC)

## EXECUTIVE SUMMARY

Asthma affects an estimated 23 million people in the United States. In Georgia approximately 568,658 adults and 259,198 children are living with asthma. This equates to 7.8% and 10.4% of the adult and child populations respectively. In 2010, uncontrolled asthma among Georgians contributed to more than 52,791 emergency room visits and more than 10,401 hospitalizations. Asthma related hospitalization costs topped $174 million in 2010 alone. More than 100 Georgians die each year from complications resulting from uncontrolled asthma.

Recognizing the impact that asthma continues to have on Georgia's citizens and institutions, the Georgia Asthma Control Program *(GACP)* in collaboration with the Georgia Asthma Advisory Coalition *(GAAC)* embarked on a revision of the state's asthma control strategic plan in late 2011. The plan revision was driven by the desire to focus asthma control efforts on policy, system, and environmental change *(PSE)* approaches, designed to positively impact population level behaviors and outcomes.

The objectives and strategies in this plan will serve as a blue print for a statewide comprehensive and coordinated response to address asthma management and control strategies. Over the next five years, this plan will act as a platform to mobilized partners and collaborative efforts aimed at reducing the burden of asthma throughout the state.

### *Mission*

*To improve asthma control and reduce its burden in Georgia by a focused commitment to policy and environmental change, education, and an integrated care delivery system.*

### *Mission*

To improve asthma control and reduce its burden in Georgia by a focused commitment to policy and environmental change, education, and an integrated care delivery system.

*Five Year Focus 2013-2018: Children with Pediatric Asthma ages 0-17.*

### Georgia Asthma Control Program

The Georgia Asthma Control Program *(GACP)* was established in 2001 through a cooperative agreement originally awarded to the Georgia Department of Human Resources by the Centers for Disease Control and Prevention *(CDC)*. GACP has maintained funding through the CDC and is now a program within the Georgia Department of Public Health which was formed via legislative action in 2011.

GACP serves as the premier source of population based surveillance data on asthma morbidity and mortality for the state. Its role is to lead the development of the state's strategic plan for asthma through the statewide coalition; provide intervention and programmatic resources for asthma through Georgia's public health districts; and mobilize strategic collaboration between private and governmental sectors to advance asthma care in Georgia.

## Focus Areas, Goals and Objectives

The plan addresses four focus areas *(Environment, Family Support, Healthcare Delivery System, Schools and Childcare settings*) and includes 22 time-bound objectives supported by strategic actions.



### FOCUS AREA: Environment

**GOAL 1:** *Decrease exposure to environmental triggers for people with asthma.**

| | |
|---|---|
| **OBJECTIVE 1.1** | By 2018, establish statewide healthy homes standard to reduce the level of asthma triggers in home and indoor environments. |
| **OBJECTIVE 1.2** | By 2018, enact new tobacco free ordinances in at least 5 Georgia cities/counties. |
| **OBJECTIVE 1.3** | By 2018, ensure that all county health departments in non-attainment areas host smog safety information on their websites. *(Areas of the country where air pollution levels persistently exceed the national ambient air quality standards may be designated by the Environmental Protection Agency (EPA) as "non-attainment.")* |
| **OBJECTIVE 1.4** | By 2018, increase by 50%, the number of libraries, recreation areas, and other public outlets in non-attainment areas that display smog safety information. |
| **OBJECTIVE 1.5** | By 2018, implement an educational campaign promoting the healthy homes standard in 5 Georgia cities/counties. |
| **OBJECTIVE 1.6** | By 2018, increase by 2 the number of housing authorities or administrative entities that adopt the healthy homes standard for non-owner occupied and multifamily housing. |
| **OBJECTIVE 1.7** | *(Developmental)* By 2018, increase by 2, the number of Georgia cities/counties that have integrated code enforcement regulations to include healthy homes standards. |

### FOCUS AREA: Family Support

**GOAL 2:** *Promote/Support self-management in children ages 0-17 diagnosed with asthma and their families.**

| | |
|---|---|
| **OBJECTIVE 2.1** | By 2018, increase by 5% the number of youth focused Community Based Organizations *(CBO)* that conduct training on asthma self-management. |

* Related to *Healthy People 2020* objectives.

## FOCUS AREA: Healthcare Delivery System

### GOAL 3: Increase access to services and resources.

| | |
|---|---|
| OBJECTIVE 3.1 | By 2018, increase the number of certified asthma educators *(CAE)* in GA by 50%. Focus on increasing CAEs operating within primary care teams or co-located at primary care sites. *(baseline 79 total CAEs, 2012 National Asthma Educators Certification Board baseline)*† |
| OBJECTIVE 3.2 | *(Developmental)* By 2018, increase the number of sites utilizing telemedicine for the diagnosis and treatment of asthma.‡ |
| OBJECTIVE 3.3 | *(Developmental)* By 2018, increase by 5% the number of Community Health Workers *(CHW)* certified as asthma educators.‡ |

### GOAL 4: Promote and increase implementation of National Asthma Education and Prevention Program (NAEPP) guidelines in standards of care for the diagnosis, treatment, and management of asthma.*

| | |
|---|---|
| Objective 4.1 | By 2018, educate at least 500 providers on current NAEPP guidelines. |
| Objective 4.2 | By 2018, increase the number of children ever receiving an asthma action plan from their providers from 43% to 50%. |
| Objective 4.3 | By 2018, increase by 10% the number of parents/guardians of children with asthma reporting having received asthma management education. |

### GOAL 5: Improve coverage and reimbursement rates for comprehensive asthma care.

| | |
|---|---|
| OBJECTIVE 5.1 | By 2018, increase the number of Care Management Organizations *(CMO)* and/or health plans providing reimbursement for comprehensive asthma care based on NAEPP guidelines from 0 to 1. |

### GOAL 6: Improve asthma health information exchange

| | |
|---|---|
| OBJECTIVE 6.1 | *(Developmental)* By 2018, Pilot asthma related rapid-cycle data sharing via health information exchange between hospitals, emergency departments, Medicaid claims data, primary and specialty care providers.‡ |

† This objective can also be found in the Schools and Childcare focus area.
‡ A Developmental Objective is one for which there is no current baseline or where there would be a need for new data collection methods.
* Related to *Healthy People 2020* objectives.

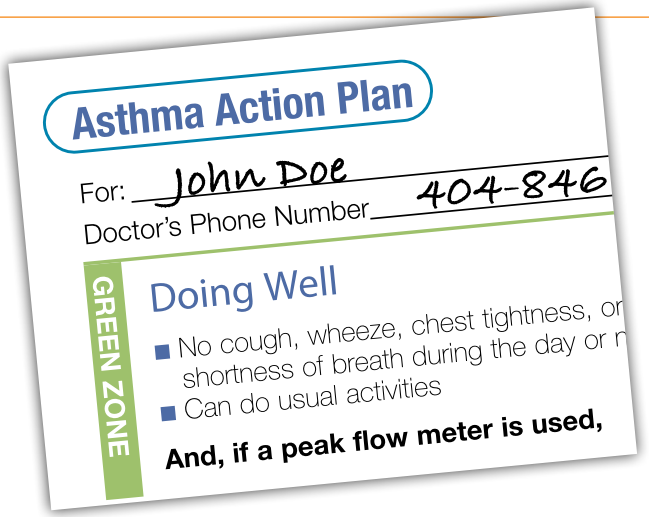
## FOCUS AREA: Schools and Childcare

### GOAL 7: Reduce the impact of asthma on the development and academic success of Georgia's children.*

| | |
|---|---|
| **OBJECTIVE 7.1** | By 2018, among school districts that have adopted tobacco-free school policies increase by 50% the number of school districts that adopt Georgia's model "asthma-friendly school" policy. |
| **OBJECTIVE 7.2** | By 2018, among childcare centers that have participated in Georgia Asthma Management Education for Childcare Centers *(GAME-CS)* training, increase by 50% the number of childcare centers that adopt Georgia's model "asthma-friendly childcare center" policy. |
| **OBJECTIVE 7.3** | By 2018, provide an online "one-stop shop" that provides resources for implementing asthma-friendly schools and childcare policies in Georgia *(Georgia Department of Public Health website)*. |
| **OBJECTIVE 7.4** | By 2018, increase by 150 the number of childcare centers that achieve the Georgia Asthma Friendly Childcare Center recognition. |

### GOAL 8: Improve the integration of care management between health care providers, schools and childcare settings.

| | |
|---|---|
| **OBJECTIVE 8.1** | By 2018, increase by 10% the number of schools and childcare settings that report receiving asthma action plans from primary care providers from the 2012 baseline. |
| **OBJECTIVE 8.2** | By 2018, increase the number of certified asthma educators *(CAE)* in GA by 50%. Focus on increasing CAEs among school nurses. *(baseline 79 total CAEs, 2012 National Asthma Educators Certification Board baseline)* § |




* Related to *Healthy People 2020* objectives.
§ This objective can also be found in the Healthcare Systems focus area.

## BACKGROUND

### *What is Asthma?*

Asthma is a chronic disease of the lungs and airways that causes breathing problems that can be reversed if properly managed. The affects of asthma can cause airways that are inflamed or swollen, production of excess mucus and tightening of the muscles that surround the airway. These affects often cause symptoms of recurrent episodes of wheezing, coughing, shortness of breath, and chest pain or tightness. Asthma symptoms can be triggered or worsened by many things such as allergens *(dust, animal fur, cockroaches, mold, and pollens from trees, grasses, and flowers)*, irritants *(tobacco smoke, air pollution, chemicals or dust in the workplace),* and exercise. Asthma affects people of all ages. Its causes are not well understood and likely differ among individuals. Factors such as genetics, environmental exposures, and viral and respiratory infections all play a role in asthma. There is no cure for asthma however it can be managed by avoiding triggers and taking appropriate medications.

*Factors such as genetics, environmental exposures, and viral and respiratory infections all play a role in asthma. There is no cure for asthma however it can be managed by avoiding triggers and taking appropriate medications.*

### *Asthma in the United States*

Currently, more than 23 million people have asthma in the United States. Estimates from the *2011 National Health Interview Survey* suggests that 13% of adults have been diagnosed with asthma at some point in their life and 8% currently have asthma. The burden of asthma is significant for individuals and society. It translates to substantial reduction in quality of life—missed days of work/school, unplanned need for childcare, emergency room visits, sleep disturbances, fatigue, physical limitations, and depression. Some of the economic impacts of asthma are higher insurance rates, lost productivity and lost wages due to missed days of work. Annual health care expenditures for asthma are estimated at $20.7 billion. In an ongoing effort to reduce the burden of asthma nationally, the U.S. Department of Health and Human Services has established national objectives for improving the health of Americans. These objectives are found in the *Healthy People 2020* report found on the www.healthlypeople.gov website. Below are the *Healthy People 2020* national objectives for asthma.

***OBJECTIVE:*** *Reduce annual asthma deaths*

| AGE GROUP/SUB-OBJECTIVE | TARGET |
|---|---|
| Children and adults under age 35 years | This measure is being tracked for information purposes. A target will be set during the decade. |
| Adults aged 35 to 64 years old | 6.0 deaths per million |
| Adults aged 65 years and older | 22.9 deaths per million |

***OBJECTIVE:*** *Reduce annual hospitalizations for asthma*

| AGE GROUP/SUB-OBJECTIVE | TARGET |
|---|---|
| Children under age 5 years | 18.1 hospitalizations per 10,000 |
| Children and adults aged 5 to 64 years | 8.6 hospitalizations per 10,000 |
| Adults aged 65 years and older | 20.3 hospitalizations per 10,000 |

**OBJECTIVE:** *Reduce annual hospital emergency department visits for asthma*

| AGE GROUP/SUB-OBJECTIVE | TARGET |
|---|---|
| Children under age 5 years | 95.6 emergency department visits per 10,000 |
| Children and adults aged 5 to 64 years | 49.7 emergency department visits per 10,000 |
| Adults aged 65 years and older | 13.8 emergency department visits per 10,000 |

**OBJECTIVE:** *Reduce activity limitations among persons with current asthma*

| AGE GROUP/SUB-OBJECTIVE | TARGET |
|---|---|
| All persons with asthma | 10.2 percent |

**OBJECTIVE:** *Reduce the proportion of persons with asthma who miss school or work days*

| AGE GROUP/SUB-OBJECTIVE | TARGET |
|---|---|
| Reduce the proportion of children aged 5 to 17 years with asthma who miss school days in the past 12 months due to asthma | 48.7 percent |
| Reduce the proportion of adults aged 18 to 64 years with asthma who miss work days in the past 12 months due to asthma | 26.8 percent |

**OBJECTIVE:** *Increase the proportion of persons with current asthma who receive formal patient education*

| AGE GROUP/SUB-OBJECTIVE | TARGET |
|---|---|
| All persons with asthma | 14.4 percent |

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

| AGE GROUP/SUB-OBJECTIVE | TARGET |
|---|---|
| Persons with current asthma who receive written asthma from their health care provider | 36.8 percent |
| Persons with current asthma with prescribed inhalers who receive instruction on their use | This measure is being tracked for information purposes. A target will be set during the decade. |
| Persons with current asthma who receive education about appropriate response to an asthma episodwe, including recognizing early signs and symptoms or monitoring peak flow results | 68.5 percent |
| Increase the proportion of persons with current asthma who do not use more than one canister of short-acting inhaled beta agonist per month | 90.2 percent |
| Persons with current asthma who have been advised by a health professional to change things in their home, school, and work environments to reduce exposure to irritants or allergens to which they are sensitive | 54.5 percent |
| *(Developmental)* Persons with current asthma who have had at least one routine follow-up visit in the past 12 months | |
| *(Developmental)* Persons with current asthma whose doctor assessed their asthma control in the past 12 months | |
| *(Developmental)* Adults with current asthma who have discussed with a doctor or other health professional whether their asthma was work related | |

**OBJECTIVE:** *Increase the numbers of States, Territories, and the District of Columbia with a comprehensive asthma surveillance system for tracking asthma cases, illness, and disability at the State level*

| AGE GROUP/SUB-OBJECTIVE | TARGET |
|---|---|
| Number of states and or territories | 47 areas |

## *Collection of Asthma Statistics in Georgia*

Asthma surveillance at the state level includes adult and child data on asthma prevalence, risk factors, mortality, morbidity, and hospital expenditures from the Behavioral Risk Factor Surveillance System *(BRFSS)*, BRFSS *Asthma Call-back Survey (ACBS)*, and Georgia's Online Analytical Statistical Information System *(OASIS)*.

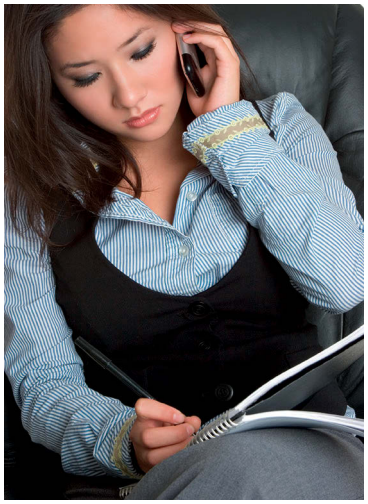
*Conducted throughout the year by telephone, the BRFSS is a state-based survey that collects information on health conditions, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.*

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 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 and funded by the Air Pollution and Respiratory Health Branch *(APRHB)* in the National Center for Environmental Health *(NCEH)*. It is conducted with BRFSS respondents who report an asthma diagnosis or report having a child within the household with an asthma diagnosis. The ACBS collects information on patient self management education, medication adherence and proper use, quality of life impacts, and asthma control.

The Online Analytical Statistical Information System *(OASIS)* is Georgia's standardized health data repository for Vital Statistics *(births and deaths, including fetal deaths)*, Hospital Discharge, Emergency Room Visit, Arboviral Surveillance, *Youth Risk Behavior Survey (YRBS)*, *Behavioral Risk Factor Surveillance Survey (BRFSS)*, STD, Motor Vehicle Crash, and Population demographic data.

Further information on the Georgia asthma statistics presented in this strategic plan will be available in the *2012 Georgia Asthma Surveillance Report*. The *2012 Georgia Asthma Surveillance Report* presents asthma prevalence, morbidity, and death rates among adults and children in Georgia during the years 2006-2010. Information on self management, environmental triggers, symptoms, primary care utilization, hospital costs, prescription medication use, and work-related asthma are also presented in the report.



## *Asthma in Georgia*

### Georgia Prevalence

In 2010, among Georgia adults 18 years and older the overall prevalence of current asthma was 7.8% *(568,658)*. The prevalence of asthma among adult males 5.8% *(208,913)* was significantly lower than adult females 9.5% *(359,745)*. This data also shows that prevalence is higher among black, non-Hispanic adults *(8.1%)* when compared to white non-Hispanic adults *(7.7%),* and Hispanic adults *(5.5%)*. Note that prevalence estimates for Hispanics should be interpreted with caution since national surveillance data shows that prevalence is relatively high among Hispanics of Puerto Rican descent and relatively low among Hispanics of Mexican descent. The prevalence of asthma is more than twice as high among adults with an annual household income of less than $15,000 as compared to other income levels.

Childhood asthma prevalence in Georgia between the years 2006-2010 indicates that approximately 10.4% *(259,198)* of children 0-17 years have current asthma. Among children, the prevalence was higher among males 12% than females 9% and higher among black non-Hispanics 14% when compared to white non-Hispanics 8% .

When compared to National statistics, Georgia ranks 45th in lifetime asthma prevalence among adults ***(Table 1)*** and 37th in current asthma prevalence ***(Table 2)***. The burden is more significant in Georgia's children where the state ranks 7th in lifetime asthma prevalence ***(Table 3)*** and 16th in current asthma prevalence of ***(Table 4)***.

### Georgia's Asthma Morbidity

Asthma is a chronic lifelong disease, however with appropriate management asthma can be controlled so that people are able to lead active and healthy lives. Results from 2006-2010 surveillance data indicate that the burden of asthma morbidity remains high in Georgia due to uncontrolled asthma.

- Thirty-eight percent of adults and 29% of children with asthma did not use any prescription medications in the past 12 months.
- Asthma caused more than 52,000 emergency room *(ER)* visits annually between 2006 and 2010.
- Sixty-two percent of adults and 71% of children with asthma used prescription medication in the past 3 months.
- In 2010, asthma limited usual activities in 50% of children with asthma.
- In 2010, 54% of adults report having asthma-related symptoms at least once during the last 30 days.
- More than half of children with asthma and more than three-quarters of adults with asthma have never received an asthma action plan from a primary care provider.
- One of 4 Georgia adults with current asthma had asthma symptoms every day in the past 30 days.
- Twenty-five percent of adults and 37% of children with current asthma reported loss of sleep for 1-5 nights in the past 30 days.
- Forty-five percent of Georgia adults with current asthma reported at least one or more days of lost work or usual activities in the past year due to asthma.

***Table 1:*** *Adult Self-Reported Lifetime Asthma Prevalence Rate (Percent) and Prevalence (Number) by State or Territory: BRFSS 2010*

| STATE/ TERRITORY | SAMPLE SIZE | PREVALENCE (PERCENT) | 95% CI (PERCENT) |
|---|---|---|---|
| U.S. Total** | 443,692 | 13.5 | (13.3 - 13.7) |
| HI | 6,522 | 17.6 | (16.1 - 19.0) |
| VT | 6,782 | 17.2 | (15.8 - 18.6) |
| RI | 6,585 | 16.7 | (15.1 - 18.2) |
| OR | 5,045 | 16.2 | (14.6 - 17.8) |
| MI | 8,846 | 15.8 | (14.6 - 16.9) |
| WA | 19,546 | 15.8 | (15.0 - 16.6) |
| ME | 8,104 | 15.7 | (14.5 - 16.8) |
| DC | 3,964 | 15.5 | (14.2 - 16.9) |
| CT | 6,760 | 15.3 | (13.9 - 16.7) |
| MA | 16,271 | 15.3 | (14.4 - 16.3) |
| DE | 4,238 | 15.1 | (13.4 - 16.7) |
| NH | 6,018 | 15.0 | (13.7 - 16.2) |
| KY | 8,046 | 14.9 | (13.6 - 16.2) |
| AZ | 5,741 | 14.8 | (13.3 - 16.2) |
| CO | 11,629 | 14.7 | (13.7 - 15.8) |
| NY | 8,919 | 14.7 | (13.7 - 15.8) |
| WY | 5,820 | 14.7 | (13.3 - 16.0) |
| NM | 6,987 | 14.6 | (13.2 - 16.0) |
| PR | 3,538 | 14.6 | (13.0 - 16.2) |
| NV | 3,904 | 14.5 | (12.5 - 16.5) |
| AK | 1,955 | 14.4 | (11.8 - 17.0) |
| UT | 10,134 | 14.3 | (13.1 - 15.5) |
| IN | 10,195 | 14.2 | (13.2 - 15.3) |
| MO | 5,417 | 14.2 | (12.6 - 15.8) |
| OK | 7,719 | 14.2 | (13.1 - 15.3) |
| FL | 35,003 | 13.8 | (12.9 - 14.7) |
| OH | 9,827 | 13.8 | (12.7 - 15.0) |
| PA | 11,198 | 13.8 | (12.9 - 14.8) |
| AR | 4,013 | 13.6 | (11.8 - 15.5) |
| ID | 6,991 | 13.6 | (12.4 - 14.8) |
| IL | 5,197 | 13.6 | (12.2 - 15.0) |
| NJ | 12,405 | 13.3 | (12.4 - 14.3) |
| KS | 8,538 | 13.2 | (12.1 - 14.2) |
| MT | 7,277 | 12.9 | (11.7 - 14.2) |
| SC | 9,401 | 12.9 | (11.6 - 14.3) |
| VA | 5,378 | 12.9 | (11.3 - 14.6) |
| TX | 18,038 | 12.8 | (11.6 - 13.9) |
| WI | 4,772 | 12.8 | (11.2 - 14.3) |
| CA | 17,763 | 12.6 | (12.0 - 13.3) |
| NC | 12,107 | 12.6 | (11.6 - 13.6) |
| MD | 9,161 | 12.4 | (11.4 - 13.5) |
| NE | 16,343 | 12.2 | (11.1 - 13.4) |
| AL | 7,648 | 11.8 | (10.7 - 12.9) |
| IA | 6,086 | 11.6 | (10.5 - 12.8) |
| LA | 7,013 | 11.6 | (10.4 - 12.8) |
| MS | 8,068 | 11.6 | (10.5 - 12.6) |
| SD | 6,702 | 11.6 | (10.3 - 12.9) |
| **GA** | **5,779** | **11.5** | **(10.3 - 12.8)** |
| MN | 8,943 | 10.9 | (9.5 - 12.3) |
| VI | 1,819 | 10.8 | (8.8 - 12.8) |
| WV | 4,394 | 10.7 | (9.4 - 12.0) |
| ND | 4,743 | 10.6 | (9.1 - 12.1) |
| GU | 779 | 10.5 | (7.6 - 13.3) |
| TN | 5,757 | 9.3 | (8.0 - 10.7) |

***Table 2:*** *Adult Self-Reported Current Asthma Prevalence Rate (Percent) and Prevalence (Number) by State or Territory: BRFSS 2010*

| STATE/ TERRITORY | SAMPLE SIZE | PREVALENCE (PERCENT) | 95% CI (PERCENT) |
|---|---|---|---|
| U.S. Total** | 441,955 | 8.6 | (8.5 - 8.8) |
| VT | 6,754 | 11.1 | (10.1 - 12.2) |
| RI | 6,560 | 10.9 | (9.7 - 12.1) |
| MI | 8,821 | 10.5 | (9.5 - 11.4) |
| KY | 7,995 | 10.4 | (9.3 - 11.5) |
| MA | 16,215 | 10.4 | (9.6 - 11.1) |
| NH | 5,997 | 10.4 | (9.3 - 11.4) |
| AK | 1,941 | 10.0 | (7.7 - 12.3) |
| AZ | 5,711 | 10.0 | (8.8 - 11.2) |
| DE | 4,225 | 10.0 | (8.7 - 11.3) |
| ME | 8,069 | 10.0 | (9.1 - 10.9) |
| DC | 3,940 | 9.9 | (8.8 - 11.0) |
| PA | 11,149 | 9.9 | (9.1 - 10.7) |
| NY | 8,870 | 9.8 | (9.0 - 10.7) |
| WY | 5,796 | 9.8 | (8.7 - 10.9) |
| NM | 6,960 | 9.7 | (8.5 - 10.9) |
| OH | 9,781 | 9.6 | (8.7 - 10.6) |
| WA | 19,444 | 9.6 | (9.0 - 10.2) |
| IN | 10,156 | 9.5 | (8.7 - 10.4) |
| OK | 7,694 | 9.5 | (8.6 - 10.4) |
| OR | 5,013 | 9.5 | (8.3 - 10.8) |
| HI | 6,497 | 9.4 | (8.3 - 10.4) |
| CO | 11,571 | 9.2 | (8.3 - 10.0) |
| CT | 6,727 | 9.2 | (8.1 - 10.2) |
| IL | 5,190 | 9.2 | (8.0 - 10.4) |
| NV | 3,882 | 9.2 | (7.6 - 10.9) |
| MT | 7,256 | 9.1 | (8.0 - 10.3) |
| UT | 10,090 | 9.1 | (8.1 - 10.0) |
| ID | 6,954 | 8.8 | (7.8 - 9.7) |
| MO | 5,400 | 8.8 | (7.6 - 10.0) |
| NJ | 12,370 | 8.7 | (8.0 - 9.5) |
| KS | 8,509 | 8.6 | (7.7 - 9.5) |
| MD | 9,137 | 8.4 | (7.4 - 9.3) |
| VA | 5,354 | 8.4 | (7.0 - 9.8) |
| FL | 34,814 | 8.3 | (7.6 - 9.0) |
| SC | 9,352 | 8.3 | (7.1 - 9.5) |
| WI | 4,759 | 8.3 | (7.1 - 9.5) |
| AL | 7,623 | 8.0 | (7.1 - 8.8) |
| AR | 3,994 | 7.8 | (6.5 - 9.1) |
| **GA** | **5,762** | **7.8** | **(6.7 - 8.8)** |
| IA | 6,071 | 7.8 | (6.9 - 8.8) |
| NE | 16,304 | 7.8 | (6.9 - 8.7) |
| CA | 17,741 | 7.7 | (7.1 - 8.2) |
| MN | 8,925 | 7.6 | (6.4 - 8.8) |
| NC | 12,072 | 7.5 | (6.7 - 8.2) |
| SD | 6,667 | 7.5 | (6.5 - 8.6) |
| PR | 3,537 | 7.5 | (6.3 - 8.7) |
| ND | 4,720 | 7.4 | (6.3 - 8.6) |
| TX | 17,948 | 7.4 | (6.6 - 8.2) |
| WV | 4,385 | 7.3 | (6.3 - 8.2) |
| MS | 8,045 | 7.2 | (6.5 - 8.0) |
| LA | 6,993 | 6.7 | (5.7 - 7.6) |
| TN | 5,752 | 6.0 | (4.9 - 7.0) |
| VI | 1,813 | 5.9 | (4.4 - 7.5) |
| GU | 779 | 5.2 | (3.1 - 7.3) |

***Table 3:*** *Child Lifetime Asthma Prevalence Rate (Percent) and Prevalence (Number) by State or Territory: BRFSS 2010*

| STATE/ TERRITORY | SAMPLE SIZE | PREVALENCE (PERCENT) | 95% CI (PERCENT) |
|---|---|---|---|
| Total ** | 71,645 | 12.6 | (12.1 - 13.2) |
| DC | 725 | 22.4 | (18.4 - 26.9) |
| PR | 784 | 22.4 | (19.2 - 25.9) |
| HI | 1,671 | 16.9 | (14.7 - 19.3) |
| MD | 2,461 | 16.5 | (14.5 - 18.6) |
| CT | 1,747 | 15.3 | (13.2 - 17.7) |
| RI | 1,566 | 15.1 | (13.1 - 17.4) |
| KY | 1,893 | 14.7 | (12.5 - 17.3) |
| AL | 1,775 | 14.5 | (12.4 - 16.8) |
| **GA** | **1,535** | **14.5** | **(12.4 - 16.8)** |
| MO | 1,266 | 14.5 | (11.9 - 17.7) |
| MI | 2,012 | 14.4 | (12.4 - 16.6) |
| PA | 2,483 | 14.3 | (12.6 - 16.3) |
| NJ | 3,409 | 14.2 | (12.7 - 15.9) |
| VT | 1,578 | 14.2 | (12.2 - 16.3) |
| OK | 2,019 | 14.0 | (12.3 - 16.0) |
| IL | 1,350 | 13.6 | (11.2 - 16.3) |
| MA | 1,407 | 13.5 | (11.1 - 16.2) |
| IN | 2,343 | 13.4 | (11.7 - 15.4) |
| ME | 899 | 13.2 | (10.9 - 15.8) |
| MS | 1,952 | 13.2 | (11.4 - 15.3) |
| OH | 795 | 13.2 | (10.1 - 17.0) |
| NY | 702 | 13.1 | (10.1 - 16.9) |
| AZ | 1,224 | 12.4 | (9.8 - 15.5) |
| NM | 1,708 | 12.3 | (10.5 - 14.3) |
| OR | 950 | 11.8 | (9.7 - 14.2) |
| WI | 1,127 | 11.7 | (9.5 - 14.4) |
| LA | 1,890 | 11.6 | (10.0 - 13.4) |
| TX | 5,057 | 11.6 | (10.0 - 13.4) |
| CA | 1,644 | 11.0 | (9.4 - 13.0) |
| NV | 909 | 10.6 | (7.9 - 14.0) |
| WV | 907 | 10.6 | (8.5 - 13.2) |
| TN | 396 | 10.5 | (7.3 - 14.8) |
| KS | 2,233 | 10.4 | (9.0 - 11.9) |
| WA | 4,597 | 10.4 | (9.3 - 11.5) |
| ND | 1,167 | 9.8 | (8.0 - 11.9) |
| MT | 1,756 | 9.6 | (7.9 - 11.7) |
| UT | 3,812 | 9.5 | (8.4 - 10.8) |
| WY | 1,277 | 9.3 | (7.7 - 11.1) |
| IA | 1,522 | 8.8 | (7.2 - 10.7) |
| NE | 3,881 | 8.6 | (7.1 - 10.3) |

***Table 4:*** *Child Current Asthma Prevalence Rate (Percent) and Prevalence (Number) by State or Territory: BRFSS 2010*

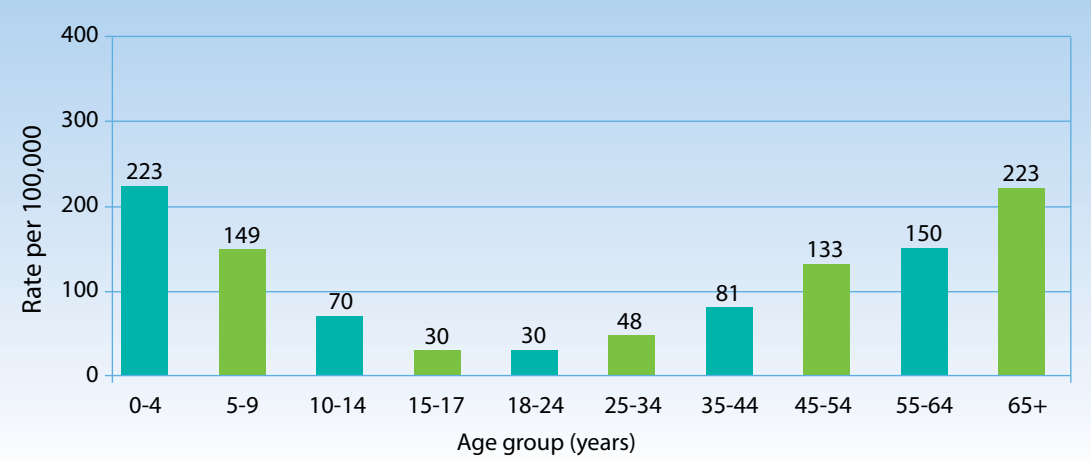
| STATE/ TERRITORY | SAMPLE SIZE | PREVALENCE (PERCENT) | 95% CI (PERCENT) |
|---|---|---|---|
| Total ** | 71,394 | 8.4 | (8.0 - 8.8) |
| DC | 725 | 18.0 | (14.3 - 22.3) |
| PR | 784 | 12.2 | (9.7 - 15.3) |
| MD | 2,450 | 11.9 | (10.2 - 13.9) |
| RI | 1,554 | 11.8 | (9.9 - 13.9) |
| AL | 1,772 | 11.5 | (9.6 - 13.7) |
| CT | 1,741 | 11.3 | (9.4 - 13.4) |
| HI | 1,664 | 11.1 | (9.3 - 13.1) |
| MI | 2,006 | 11.1 | (9.4 - 13.1) |
| MO | 1,261 | 10.9 | (8.6 - 13.8) |
| KY | 1,884 | 10.7 | (8.8 - 12.9) |
| OK | 2,012 | 10.2 | (8.7 - 12.0) |
| VT | 1,574 | 10.0 | (8.3 - 12.0) |
| IL | 1,348 | 9.8 | (7.7 - 12.4) |
| PA | 2,463 | 9.6 | (8.1 - 11.4) |
| MA | 1,403 | 9.5 | (7.6 - 11.9) |
| AZ | 1,220 | 9.4 | (7.3 - 12.1) |
| OH | 792 | 9.2 | (6.7 - 12.6) |
| **GA** | **1,533** | **9.0** | **(7.4 - 11.0)** |
| NJ | 3,397 | 9.0 | (7.8 - 10.4) |
| WI | 1,126 | 8.9 | (6.9 - 11.3) |
| IN | 2,338 | 8.8 | (7.4 - 10.5) |
| MS | 1,947 | 8.6 | (7.2 - 10.3) |
| NV | 909 | 8.6 | (6.1 - 12.0) |
| ME | 891 | 8.5 | (6.6 - 10.8) |
| LA | 1,882 | 8.3 | (6.9 - 10.0) |
| NM | 1,701 | 8.0 | (6.6 - 9.7) |
| OR | 944 | 7.6 | (5.9 - 9.7) |
| TX | 5,036 | 7.6 | (6.3 - 9.2) |
| KS | 2,226 | 7.5 | (6.4 - 8.9) |
| NY | 699 | 7.4 | (5.2 - 10.3) |
| MT | 1,748 | 6.9 | (5.5 - 8.8) |
| UT | 3,799 | 6.9 | (5.9 - 8.0) |
| WY | 1,274 | 6.6 | (5.3 - 8.2) |
| WV | 907 | 6.5 | (5.0 - 8.5) |
| ND | 1,162 | 6.4 | (5.0 - 8.3) |
| TN | 395 | 6.4 | (4.0 - 9.9) |
| IA | 1,520 | 6.2 | (4.9 - 8.0) |
| NE | 3,879 | 6.1 | (4.8 - 7.7) |
| WA | 4,573 | 6.0 | (5.3 - 6.9) |
| CA | 1,639 | 5.9 | (4.7 - 7.3) |

*Asthma is a chronic lifelong disease, however with appropriate management asthma can be controlled so that people are able to lead active and healthy lives.*

Between 2006-2010, more than 52,000 emergency room visits in Georgia were linked to asthma, as were more than 10,000 hospitalizations. Asthma-related hospitalization costs topped $174 million in 2010 alone. Each year, approximately 100 Georgians die from complications related to asthma.

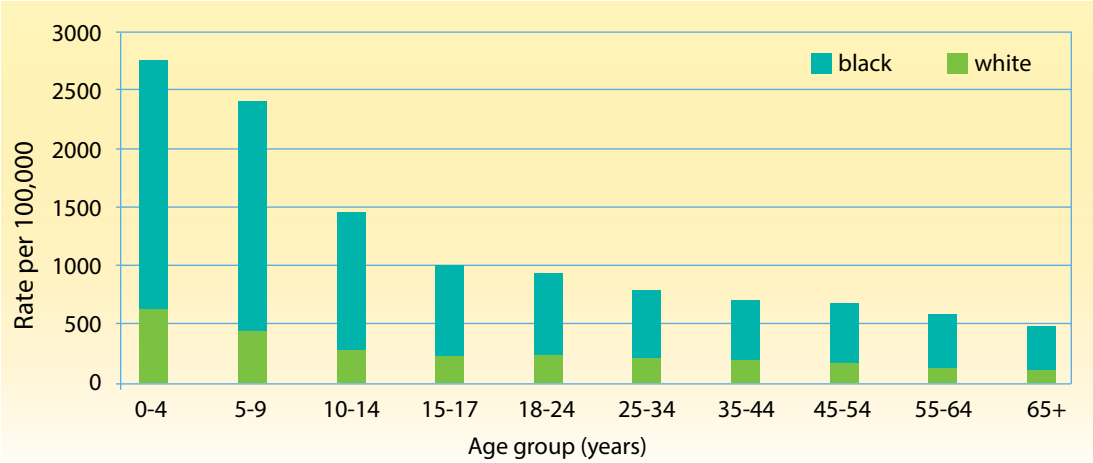
- Children 0 to 4 years old and older adults *(65+ years)* have higher asthma-related hospitalization rates than other age groups ***(Figure 1)***.
- Black males and females with current asthma have significantly higher ER visit and hospitalization rates than white males and females with current asthma.
- ER visit rates are highest among Georgia children with current asthma who are 0 to 4 years old. ER visit rates decrease as age increases ***(Figure 2)***.
- The highest risk of ER visits due to asthma are among the black non-Hispanic population.

***Figure 1:*** *Age-Specific Asthma Hospitalization Rates per Year, Georgia 2006-2010*




Source: Georgia Hospital Discharge Data, accessed through Online Analytical Statistical Information System (OASIS) Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). (May 2012) http://oasis.state.ga.us/

***Figure 2:*** *Annual Asthma Emergency Room Rates by Race and Age Group, Georgia 2006-2010*



## Asthma Mortality

According to the National Asthma Education and Prevention Program *(NAEPP)*, the national mortality rate for asthma has risen over the past 20 years, especially in Blacks and individuals aged 85 years and older. In Georgia, an average of 104 asthma-related deaths occurred per year *(1.3 deaths per 100,000 population)* from 2000 to 2008. The mortality rate disproportionately affected Blacks *(2.6 deaths per 100,000 population)* and older adults *(5.2 deaths per 100,000)*.

## Asthma Management

The National Heart, Lung and Blood Institute *(NHLBI) Expert Panel Report 3 (EPR3): Guidelines for the Diagnosis and Management of Asthma* suggests that most asthma symptoms are controllable with appropriate medical care, medication, avoidance of triggers and self-management. The EPR3 recommendations for gaining control of asthma are; 1) asthma self-management; 2) the direct involvement of patients and their caregivers in strategies to control their disease; and 3) the creation an asthma management plan *(Asthma Action Plan)*. An Asthma Action Plan is a form with instruction on how to recognize early signs and symptoms of an attack, determine which medicines to take and when to take them, and recognize when to seek medical attention. ***(Table 5)***, includes Georgia indicators of asthma self management for adults and children.

***Table 5:*** *Percent of adults and children with current asthma who received asthma management strategies from a doctor or health care provider, Georgia, 2006-2009*

| | ADULTS (%) | CHILDREN (%) |
|---|---|---|
| Taught what to do during asthma episode or attack | 74 | 78 |
| Taught to recognize early asthma sign or symptoms | 67 | 78 |
| Taught how to use a peak flow meter | 44 | 44 |
| Given asthma action plan | 25 | 44 |
| Taken a course to manage asthma | 9 | 18 |

Source: Georgia Behavioral Risk Factor Surveillance System *Asthma Call Back Survey*

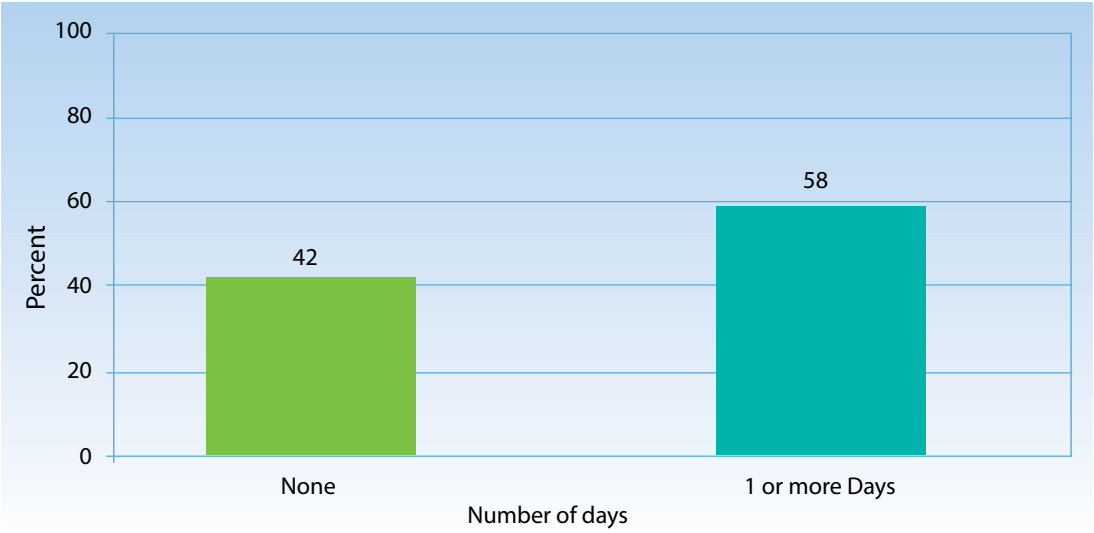
## Asthma in Schools

A study conducted by Moonie, et al. showed that children with persistent asthma miss more school days than children without asthma. It was shown that excessive absenteeism is related to lower student grades and lower psychological, social, and educational adjustment. In Georgia, 58% of school aged children missed 1 or more days of school because of their asthma ***(Figure 3)***. Gaining control over asthma through self management can have a positive impact on decreasing absenteeism and improving quality of life. An integral part of asthma self management is the use of prescribed medications to prevent asthma symptoms *(controller medications)* and relieve sudden asthma episodes *(reliever medications)*. Georgia data from 2006-2009 ***(Figure 4)*** suggest that 29% of children with current asthma reported not using any prescribed medications to control their asthma over the past 12 months and only 44% children are using both control and reliever *(rescue)* medications.

*Gaining control over asthma through self management can have a positive impact on decreasing absenteeism and improving quality of life.*

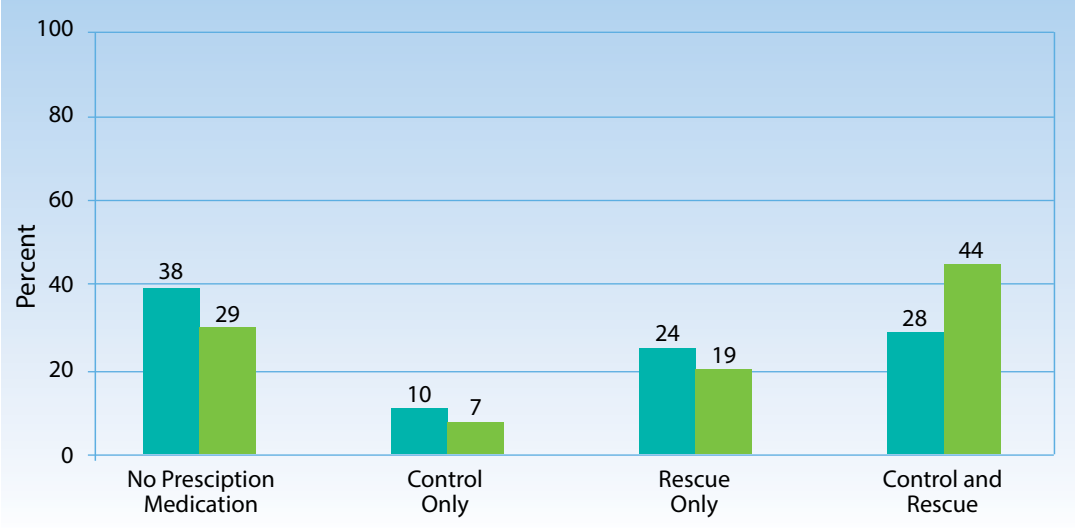
School and childcare settings can support asthma self management in children by providing asthma education for students and staff, communicating asthma emergency procedures, adopting asthma-friendly policies and procedures; and coordinating services with physicians. An example of an asthma friendly policy is the Kellen Edwin Bolden Act that was approved in 2004 by the Georgia legislature. The Kellen Edwin Bolden Act is legislation that addresses the rights of students to self-administer asthma medication and carry inhalers in schools *(Georgia (OCGA 20-2-774 (2004). A statute authorizing students to self administer asthma medication, pursuant to local adopted school policies)*. Though this act was passed in 2004, only 64% of parents of children with asthma were aware that their school aged child is allowed to carry asthma medicine on their person at school ***(Figure 5)***.

***Figure 3:*** *Number of Missed School Days Due to Asthma During the Past 12 Months, School-aged Children with Current Asthma, Georgia 2006–2009*



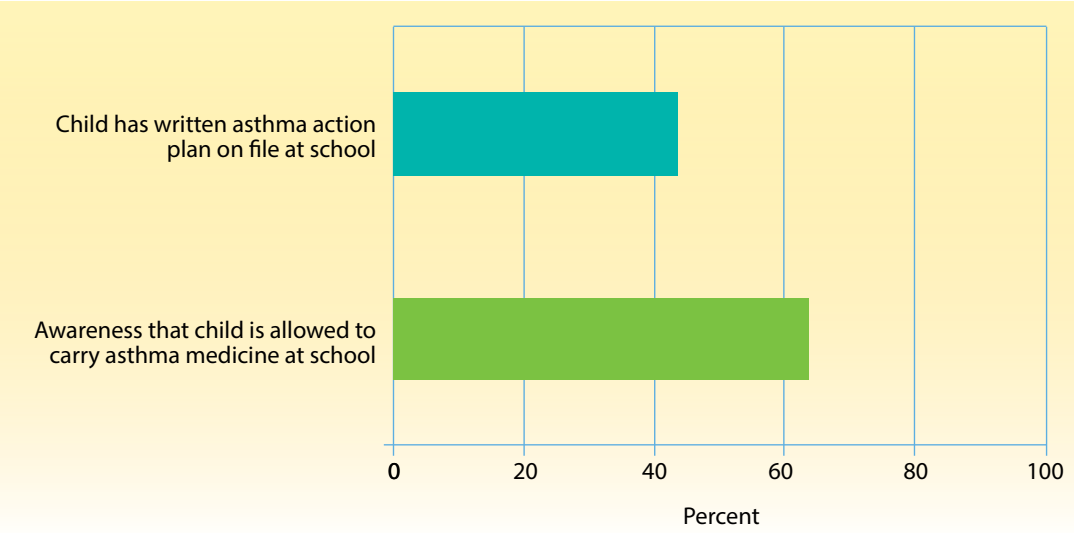

Source: Georgia Behavioral Risk Factor Surveillance System *Asthma Call Back Survey*

***Figure 4:*** *Medication Types Used by Adults and Children with Current Asthma, Georgia 2006-2009**




*The Kellen Edwin Bolden Act is legislation that addresses the rights of students to self-administer asthma medication and carry inhalers in schools.*

***Figure 5:*** *Asthma Action Plan and Medication at School, School-aged Children with Current Asthma, Georgia 2006-2009*




Source: Georgia Behavioral Risk Factor Surveillance System *Asthma Call Back Survey*

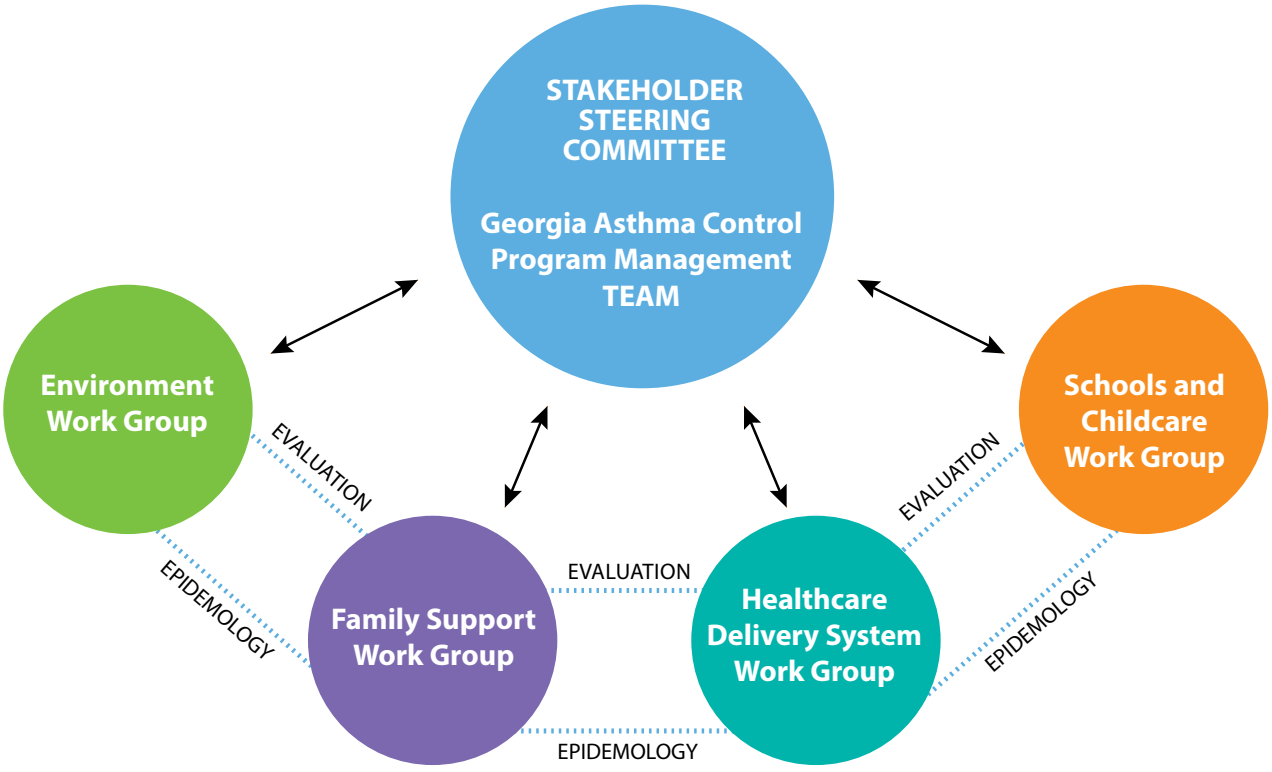
## PLAN REVISION PROCESS

Out of a realization for the need to refocus the program to achieve system level impact, the Georgia Asthma Control program *(GACP)* along with the Georgia Asthma Advisory Coalition *(GAAC)* developed the 2013-2018 Strategic Plan for Addressing Asthma in Georgia. This plan represents a statewide comprehensive and coordinated response to address asthma management and control strategies within the following systems; Healthcare Delivery System, School and Childcare Settings, Indoor/Outdoor Environment and Family Support Systems.

In late 2011, encouraged by a renewed CDC program-wide emphasis and focus on policy, systems, and environmental change *(PSE)* approaches to disease control, the Georgia Asthma Control program convened the Georgia Asthma Advisory Coalition (*GAAC)* over an 8 month period to establish the 2013-2018 Strategic Plan for Addressing Asthma in Georgia. GAAC was established in 2003 by GACP, it is comprised of statewide stakeholders brought together to inform the development of Georgia's Asthma Strategic Plan, guide GACP's programmatic direction and contribute to the accomplishment of the strategic plan activities and objectives.

In support of the strategic plan revision the Georgia Health Policy Center *(GHPC)* was contracted for facilitation and documentation support during the plan revision process. ***(Figure 6)*** provides a visual model for the planning process and GAAC strategic planning structure.

***Figure 6:*** *Georgia Asthma Advisory Coalition 2013–2018, Strategic Planning Structure*



### *Steering Committee*

An eighteen member Steering Team provided oversight to the process and is expected to play a significant role in leading the implementation over the next five years. The group was made up of Work Group Co-Chairs and other representatives from partnering agencies and organizations.

### *Work Groups*

Four Work Groups, were established to develop goal area recommendations, objectives and strategic activities for the next five years. They are:

- Environment
- Family Support
- Healthcare Delivery System
- Schools and Childcare

Each group examined current context, critical issues and rationale for action before developing priorities and identifying key stakeholders whose participation would be critical to the process. Work Groups described objectives as being "developmental" in instances where baselines were not known or where there would be a need for new data collection methods.

A cross-cutting Surveillance and Evaluation Work Group was also established. They were charged with the responsibility of drafting the evaluation plan to track progress and measure outcomes following ratification of the work group recommendations by the Coalition.

*This plan is truly a representation of our collective efforts and passion around making asthma a winnable battle in Georgia.*

### *Acknowledgements:*

A number of people and organizations were instrumental in providing input for this report and assisting in the development of its parts. Appreciation is expressed to the members of the Georgia Asthma Advisory Coalition, colleagues and other 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 our collective efforts and passion around making asthma a winnable battle in Georgia.

*Each group examined current context, critical issues and rationale for action before developing priorities and identifying key stakeholders whose participation would be critical to the process.*

## *Steering Team*

| NAME | ORGANIZATION |
|---|---|
| Carol Darsey | Georgia Association of School Nurses/Liberty County Schools |
| Dr. Leroy Graham | Not One More Life |
| Phyllis Johnson | Healthcare Sciences, Georgia Department of Education |
| Dr. Joshua Murphree | Dougherty County Schools |
| Susan Bertonaschi | Annie E. Casey Foundation - Atlanta Civic Site |
| Robert Lawrence | Georgia Head Start Association |
| Dorothy Mabry | DHHS Admin. for Children and Families |
| Janice Haker | Department of Early Care and Learning – Bright from the Start |
| Lashon Blakely | Environmental Protection Agency *(Region IV)* Georgia |
| Matt Caseman | Georgia Rural Health Association |
| Andrea Kellum | Healthcare Georgia Foundation |
| Heidi LaSane | Environmental Protection Agency *(Region IV)* Georgia |
| Rebecca Watts-Hull | Mother's & Others for Clean Air |
| Ateya Wilson | American Lung Association, Georgia |
| Kathy English | Three Rivers Area Health Education Center |
| Michelle Brown | Choice Health Care (ACO)/Southside Medical/West End Medical |
| Dr. Martha Tingen | Pediatric Health Improvement Coalition *(PHIC)* |
| Francesca Lopez | DPH Georgia Asthma Control Program |

## *Environment Work Group*

| NAME | ORGANIZATION |
|---|---|
| Columbus Ward | Accountable Communities: Health Together |
| Vietdoan Cheng | DPH Georgia Asthma Control Program |
| Kenny Ray | DPH Georgia Tobacco Use Prevention Program |
| Michael Jackson | DPH Georgia Tobacco Use Prevention Program |
| Corby Hannah | Center For Working Families/ Healthy Homes |
| John Armour | City of Atlanta Office of Housing |
| Forest Staley | DPH Georgia Childhood Lead Prevention Program/ Healthy Homes |
| Heidi LeSane | Environmental Protection Agency *(Region IV)* Asthma Program |
| Rebecca Watts-Hull | Mother's & Others for Clean Air |
| Christy Kuriatnyk | DPH Georgia Lead and Healthy Homes Program |

## *Family Support Work Group*

| NAME | ORGANIZATION |
|---|---|
| Tamica Moon | HEART Coalition - Asthma Initiative |
| Stephanie Hall | DPH Georgia Asthma Control Program |
| Estrella Callwood | SWAH Empowerment |
| Udo Obiechefu | Americorps Health Corp |
| Catherine Prather Williams | Accountable Communities: Healthy Together/Georgia State University |
| A'Keti Avila | Self -Wealth and Health Empowerment *(SWAH)* |
| Felix Lawson | Fulton Department of Health |
| Ateya Wilson | American Lung Association Georgia |
| Danella Abdul-Barr | Rite Aide & Zap Asthma Inc. |

## *Healthcare Delivery System Work Group*

| NAME | ORGANIZATION |
|---|---|
| Andrea Kellum | Healthcare Georgia Foundation |
| Kathy English | Three Rivers Area Health Education Center |
| Jon A Ramsey | Allergy & Asthma Clinics of Georgia/ Georgia Asthma Coalition |
| Lisa Jean Charles | Hughes Spalding Asthma Center- Children's Healthcare of Atlanta *(CHOA)* |
| Jennifer Forstner | Merck Inc. |
| Tracy Bridges, MD | Allergy & Asthma Clinics of Georgia/ Georgia Asthma Coalition |
| Doug Masini, MD | Department of Respiratory Therapy, Armstrong State University |
| James Freeman | Southside Medical Center |
| Deanna Keene | Georgia Southern University |
| Michelle Brown | Choice Health Care *(ACO)*/Southside Med/West End Med |
| Matt Caseman | Georgia Rural Health Association |
| Dewan McCarty | Georgia Department of Public Health - Health Promotion Disease Prevention |
| Susan McCallum | Georgia Department of Public Health - Maternal & Child Health |
| Felix Lawson | Fulton County Department of Health and Wellness |
| Yvette Payton | Three Rivers AHEC |

## *Schools and Childcare Work Group*

| NAME | ORGANIZATION |
|---|---|
| Carol Darsey | Georgia Association of School Nurses/Liberty County Schools |
| Anna Proctor | Network of Trust/ Phoebe Putney Memorial Hospital |
| Sherri Davis | Network of Trust/ Phoebe Putney Memorial Hospital |
| Ambi Bohannon | Southeast Health District Office of Health Promotions |
| Samuel Reynolds | Central GA Asthma Initiative/ SWAH Empowerment |
| Anne Coleman | Cobb-Douglas Health District |
| Cathy Wendholt-McDade | Cobb-Douglas Health District |
| Sadie Stockton | East Central *(Augusta)* Public Health District |
| Traci Gosier | South *(Valdosta)* Public Health District |
| Janet Lamar | Central GA Asthma Initiative / SWAH Empowerment |
| Marsha Pierce | Coastal *(Savannah)* Health District |
| Nazeera Dawood | Fulton County Department of Health and Wellness |
| Johnnie Thomas | Children's Healthcare of Atlanta *(CHOA)*/Sheltering Arms |
| Lashon Blakely | Environmental Protection Agency *(Region IV)* Georgia |
| MaryAnn Morris | Gwinnett County Cluster Nurse/ Georgia Association of School Nurses - Asthma Task Force |

## STRATEGIC PLAN

### *Mission*

To improve asthma control and reduce its burden in Georgia by a focused commitment to policy and environmental change, education and an integrated care delivery system.

### Target Population

Plan activities will focus on reducing the impact of asthma on all Georgians with a special emphasis on children aged 0-17 years.

### Principles and Values

- A system-based planning and implementation process that is transparent and collaborative
- A wholly mission focused plan that is practical, simple and values accountability for action and outcomes
- Rigorous evidence based objectives that are specific, measurable, attainable, relevant, and time bound.

### Areas of Focus and Emphasis

- Environment
- Family Support
- Healthcare Delivery System
- Schools and Childcare

## ENVIRONMENT



**Rationale:** The following considerations were important in the development of Work Group goals and objectives:

- Home-based multi-trigger, multicomponent interventions with an environmental focus aimed at reducing exposure of persons with asthma to multiple indoor asthma triggers *(allergens and irritants)*. These interventions involve home visits by trained personnel to conduct two or more activities. *(CDC Recommended)*
- Combining education and home environment strategies
- Integrated pest management
- Clear Air policies
- Public and private insurers covering costs of evidence-based environmental home interventions
- To maximize impact, targeted regions of the state will align with the strategic focus of the Georgia Tobacco Use Prevention Program, Georgia Lead and Healthy Homes Program and Georgia Asthma Control Program.

### *Goal 1: Decrease exposure to environmental triggers for people with asthma.*

#### *OBJECTIVE 1.1: By 2018, establish statewide healthy homes standard to reduce the level of asthma triggers in home and indoor environments.*

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Research generally accepted principles for healthy homes. | GA Lead and Healthy Homes Program *(GHHP)*, GA Childhood Lead Poisoning Prevention Program *(GLPPP)*, Centers for Working Families, GA Asthma Control Program *(GACP)*, Atlanta Housing and Urban Development |
| Develop a draft tool for the Georgia healthy homes standard. | GA Lead and Healthy Homes Program (GHHP), GA Childhood Lead Poisoning Prevention Program *(GLPPP)* |
| Develop an assessment tool based on the Georgia healthy homes standard. | GA Lead and Healthy Homes Program *(GHHP)*, GA Lead Poisoning Prevention Program *(GLPPP)* |
| Collect and analyze data from the assessment tool. | GA Dept. of Public Health Division of Health Protection Injury Epidemiology Program |
| Produce final standard and present to the Commissioner. | Div. Directors of Division of Health Protection Injury Epidemiology Program and Health Promotion and Disease Prevention |

#### *OBJECTIVE 1.2: By 2018, enact new tobacco free ordinances in at least 5 Georgia cities/counties.*

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Focus efforts in Savannah, Macon, Columbus, Augusta, and Atlanta. | Georgia Tobacco Use Prevention Program *(TUPP)*, American Lung Association, Americans for Non Smoker's Rights , local public health districts |
| Align tobacco control program efforts with asthma program areas. | TUPP, Georgia Asthma Control Program *(GACP)*, American Lung Association |
| Engage the EPA, the CDC, and local coalitions to provide additional resources. | Environmental Protection Agency *(EPA)* Region 4, TUPP, GACP |

**OBJECTIVE 1.3:** *By 2018, ensure that all county health departments in non-attainment areas host smog safety information on their websites. (Areas of the country where air pollution levels persistently exceed the national ambient air quality standards may be designated by the Environmental Protection Agency (EPA) as "non-attainment".)*

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Establish list of non-attainment counties. | Mothers & Others for Clean Air *(M&O)* |
| Assemble contact information for environmental health point person in each non-attainment county and provide to M&O. | GA Asthma Control Program |
| Distribute smog safety materials and links to relevant web sites to every non-attainment health department environmental health officer. | Mothers & Others for Clean Air *(M&O)* |
| Post materials and links to all health departments falling in a non-attainment area. | DPH *(Environmental Health Section), local health department Public Information Officers* |

**OBJECTIVE 1.4:** *By 2018, increase by 50% the number of libraries, recreation areas, and other public outlets in non-attainment areas that display smog safety information.*

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Compile a list of each non-attainment county's libraries and recreation centers. | Mothers & Others for Clean Air *(M&O)*, Georgia Asthma Control Program, Georgia Tobacco Use Prevention Program |
| Survey *(in person or by phone)* libraries and recreation centers to identify those already displaying smog safety materials and those that are not. | Mothers & Others for Clean Air *(M&O)*, Georgia Asthma Control Program, Georgia Southern University Public Health program, GA Parent Teacher Association |
| Provide copies of *Guidance for Georgia Families: Outdoor Air Pollution & Physical Activity* to key stakeholders, libraries and recreation centers that did not previously display them. | Mothers & Others for Clean Air *(M&O) , Georgia Asthma Advisory Coalition (GAAC),Georgia Asthma Control Program* |

### OBJECTIVE 1.5: By 2018, implement an educational campaign promoting the healthy homes standard in 5 Georgia cities/counties.

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Use state databases to identify the 5 cities/counties and to inform outreach trainings. | Dept. of Public Health Division of Health Protection Injury Epidemiology, GA Lead and Healthy Homes Program *(GHHP),* GA Lead Poisoning Prevention Program *(GLPPP)* |
| Engage Georgia Head Start to integrate the healthy homes standard as part of their home visits. | Region 4 EPA, GA Lead and Healthy Homes Program *(GHHP)*, GA Lead Poisoning Prevention Program *(GLPPP)*, Georgia Asthma Control Program *(GACP)*, GA Dept. of Early Care and Learning, GA Head Start, Region 4 HHS Administration for Children and Families |
| Develop appropriate media and other promotional campaigns. | Learn to Grow, Not One More Life, Choice Health Care, Region 4 EPA, GA Lead and Healthy Homes Program *(GHHP),* GA Lead Poisoning Prevention Program *(GLPPP),* Georgia Asthma Control Program *(GACP)*, GA Dept. of Early Care and Learning, GA Head Start, Region 4 HHS Administration for Children and Families |

### OBJECTIVE 1.6: By 2018, increase by 2 the number of housing authorities or administrative entities that adopt the healthy homes standard for non-owner occupied and multifamily housing.

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Target efforts to Atlanta and Savannah HUD project grantees. | Atlanta HUD, Savannah HUD, Center for Working Families, GA Childhood Lead Hazard Control Program, GA Lead and Healthy Homes Program |
| Engage the Department of Community Affairs to adopt the Healthy Homes standard. | Georgia Dept. of Community Affairs, Georgia Dept. of Public Health, GA Childhood Lead Hazard Control Program, GA Lead and Healthy Homes Program, Georgia Asthma Control Program, local Alliance of HUD Tenants |

### OBJECTIVE 1.7: By 2018, increase by 2, the number of Georgia cities/counties that have integrated code enforcement regulations to include healthy homes standards. *(Developmental Objective)*

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Focus implementation efforts in Savannah and Atlanta. | GA Childhood Lead Hazard Control Program, GA Lead and Healthy Homes Program, Center for Working Families, City of Atlanta Housing Bureau |

## FAMILY SUPPORT

**Rationale:** The following considerations were important in the development of Work Group goals and objectives:

- Home-based multi-trigger, multicomponent interventions with an environmental focus aimed at reducing exposure of persons with asthma to multiple indoor asthma triggers *(allergens and irritants)*. These interventions involve home visits by trained personnel to conduct two or more activities *(CDC Recommended)*
- The Yes We Can Urban Asthma Partnership: A Medical/Social Model for Childhood Asthma Management
- Leveraging community based organizations for the delivery of asthma management messages
- Combining asthma management education and home environment strategies
- Use of NAEPP guidelines for asthma management

### *Goal 2: Promote/Support self- management in children ages 0-17 years diagnosed with asthma, and their families.*

#### *OBJECTIVE 2.1: By 2018, increase by 5% the number of Community Based Organizations that conduct trainings on asthma self-management.*

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Foster partnerships between community organizations and health care providers to improve self- management by:<br>• Promoting Asthma management messages<br>• Conducting Asthma Management workshops<br>• Conduct Training for Trainers in Chronic Disease Self-Management | American Lung Association, YMCAs, Boys and Girls Club, Zap Asthma, Faith-Based Organizations, H.E.A.R.T Coalition |

## HEALTHCARE DELIVERY SYSTEM

**Rationale:** The following considerations were important in the development of Work Group goals and objectives:

- Development and implementation of comprehensive standards of care for the diagnosis and management of asthma based on guidelines developed by the National Asthma Education and Prevention Program's *(NAEPP) Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma. (NHLBI Recommended)*
- The patient-centered medical home *(PCMH)* model as an approach for managing asthma, improving outcomes, and reducing costs
- Health care provider education and training based on NAEPP guidelines and best practices with focus on FQHCs and Medicaid providers
- Utilization of care team that includes certified asthma educators *(CAE's)*, community health workers *(CHW),* pharmacists, and other non-physician health care providers in the delivery of comprehensive asthma care
- Home-based multi-trigger, multicomponent interventions with an environmental focus aimed at reducing exposure of persons with asthma to multiple indoor asthma triggers *(allergens and irritants).* These interventions involve home visits by trained personnel to conduct two or more activities *(CDC Recommended)*
- Coverage and reimbursement improvements among CMOs and 3rd party payers supporting a comprehensive asthma management approach
- Development and/or incorporation of asthma management within telemedicine sites in schools and rural settings

### *Goal 3: Increase access to services and resources.*

***OBJECTIVE 3.1:*** ***By 2018, increase the number of certified asthma educators (CAE) in GA by 50%. Focusing on increasing CAEs operating within primary care teams or co-located at primary care sites.*** *(baseline 79 total CAE's, 2012 National Asthma Education Certification Board)†*

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Assess and identify the gaps in CAEs by county. | Georgia Asthma Control Program *(GACP),* National Asthma Education Certification Board |
| Identify staff and safety net providers within appropriate state agencies and professional associations who will complete CAE certification. | Georgia Rural Health Association, State Office of Rural Health *(SORH),* GA Association of Primary Health Care, GA Dept. of Public Health *(DPH)*, GA Dept. of Community Health *(DCH)* |
| Provide education support for Certified Asthma Educator *(AE-C)* certification preparation. | GACP, Three Rivers Area Health Education Center, Association of Asthma Educators*(AAE)* |
| Determine cost, seek and identify funds available to provide incentives to those who successfully pass certification. | GACP, GA Tobacco Use Prevention Program, Health Care Georgia Foundation, ALA, Georgia Association of Respiratory Therapists |

## OBJECTIVE 3.2: By 2018, increase the number of sites utilizing telemedicine for the diagnosis and treatment of asthma. *(Developmental Objective)‡*

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Recruit representative from GA Partnership for Telehealth *(GPT)* as a member of GAAC. | Georgia Asthma Control Program *(GACP)*, Allergy & Asthma Clinics of GA, Georgia Asthma Coalition, GA Dept. of Public Health, Georgia Partnership for Telehealth *(GPT)* |
| Identify specialty sites for use of telemedicine for asthma diagnosis and treatment. | GACP, Allergy & Asthma Clinics of GA, Georgia Asthma Coalition, GPT, Georgia Department of Education, Local School Districts |
| Develop and promote toolkit for utilizing telemedicine in the treatment and management of asthma, with emphasis on the GPT school-based initiative. | GACP, Allergy & Asthma Clinics of GA, GA Asthma Coalition, GPT, Georgia Department of Education, Local School Districts |

## OBJECTIVE 3.3: By 2018, increase by 5% the number of Community Health Workers (CHWs) certified as asthma educators. (Developmental Objective)‡

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Identify following baselines:<br>• Total number of currently trained CHWs<br>• Current schools *(higher education)* offering programs in CHW training<br>• Organizations who currently utilize CHWs | Self Wealth and Health Empowerment *(SWAH)*, Zap Asthma, Center for Working Families, Morehouse School of Medicine |
| Partner with community and technical colleges to offer CHW certification program<br>• Create a comprehensive asthma training curriculum<br>• Train current CHWs in asthma management<br>*Considerations:*<br>• *Define the role of a CHW/ outreach worker under the asthma management spectrum that fits among the health continuum.*<br>• *Who employs CHW?*<br>• *Is this person in the ER?*<br>• *Opportunity to reimburse?* | AmeriCorps- Atlanta Health Corp., Zap Asthma, CMOs *(Peach Care & Well Care)*, Georgia's community colleges and Technical Schools, Center for Working Families, Morehouse School of Medicine |

‡ A Developmental Objective is one for which there is no current baseline or where there would be a need for new data collection methods.

## Goal 4: Promote and increase implementation of National Asthma Education and Prevention Program (NAEPP) guidelines in standards of care for the diagnosis, treatment, and management of asthma.*

### OBJECTIVE 4.1: By 2018, educate at least 500 providers on current NAEPP guidelines.

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Identify and engage Georgia stakeholders who have prioritized asthma education for patient care. | Three Rivers *(AHEC)*, Georgia AHEC network, GACP, Georgia Rural Health Association, GA Chapter of the American Academy of Pediatrics, GA Academy of Family Physicians, GA Primary Care Association, Children's Healthcare of Atlanta, Pediatric Health Improvement Coalition *(PHIC)* |
| Develop and/or deliver web-based trainings on current NAEPP guidelines, providing CE/CME credits. | Three Rivers *(AHEC)*, Georgia AHEC network, GACP, Georgia Rural Health Association, GA Chapter of the American Academy of Pediatrics, GA Academy of Family Physicians, Not One More Life, Pediatric Health Improvement Coalition *(PHIC)* |
| Research current asthma-based reporting measures that align with NAEPP guidelines. | Choice Healthcare, Merck, Health Information Exchange, National Center for Primary Health Care, Pediatric Health Improvement Coalition *(PHIC)* |
| Create an objective protocol that can be used to assess and strengthen implementation of NAEPP guidelines into clinical practice based on that research. | Choice Healthcare, Merck, Health Information Exchange, Morehouse School of Medicine National Center for Primary Health Care, GA Dept. of Community Health, Pediatric Health Improvement Coalition *(PHIC)*, Not One More Life |

### OBJECTIVE 4.2: By 2018, increase the number of children ever receiving an asthma action plan from their providers from 43% to 50%.

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Provide training to promote the adoption of best practices in asthma care linking providers, schools, and other recreational outlets on the asthma action plan *(children 0-17yrs.)*. | Georgia Asthma Control Program, Georgia Asthma Advisory Coalition, Three Rivers AHEC, GA Association of School Nurses, Dept. of Early Care and Learning, GA Head Start Association, GA Chapter of the American Academy of Pedicatrics, Pediatric Health Improvement Coalition |
| Develop a standardized asthma action plan for Georgia and train providers on its use. | Georgia Asthma Advisory Coalition Schools/childcare and Healthcare Systems work groups, Three Rivers AHEC, GA Chapter of the American Academy of Pedicatrics, Pediatric Health Improvement Coalition |

*Related to *Healthy People 2020* objectives.

## *Goal 5: Improve coverage and reimbursement rates for comprehensive asthma care.*

### *OBJECTIVE 5.1: By 2018, increase the number of Care Management Organizations (CMOs) and/or health plans providing reimbursement for comprehensive asthma care based on NAEPP guidelines from 0 to 1.*

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Survey and evaluate health plans on current coding practices and procedures for asthma NAEPP guidelines. | Choice Healthcare, Allergy & Asthma Clinics of GA, GA Asthma Coalition, GA Association of Health Plans, GA Dept. of Community Health, GA Office of Insurance and Safety, GA Chapter of the American Academy of Pediatrics, Pediatric Health Improvement Coalition |
| Educate, through DCH, Georgia's health plans, including their subcontracted care management organizations, on comprehensive asthma care based on NAEPP guidelines. | Pediatric Health Improvement Coalition, GA Chapter of the American Academy of Pediatrics, Georgia Asthma Control Program, GA Dept. of Community Health , GA Dept. of Public Health, GA Office of Insurance and Safety |
| Develop educational presentation on comprehensive asthma care including payment and clinical reform to use with house and senate health committees, Governor's health care liaison, Dept. of Community Health, Pediatric Health Care Alliance, and others. | Georgia Asthma Control Program, GA Dept. of Public Health, Georgia Asthma Advisory Coalition, Georgia Asthma Coalition, GA Chapter of the American Academy of Pediatrics, Pediatric Health Improvement Coalition |
| Craft, based on information gathered from first three strategies, a legislative proposal and/or DCH regulatory change that provides for full reimbursement by health plans for comprehensive asthma care. | GA Dept. of Public Health, GA Rural Health Association *(GRHA),* Georgia Asthma Coalition, Merck, DCH Community Health, Large Primary Care and Specialty *(Asthma, Pulmonology)* Provider Groups, GA Association of Primary Health Care, Children's Healthcare of Atlanta, Area Health Education Centers, Association of Respiratory Health Workers, American Lung Assoc., Georgia Asthma Advisory Coalition, Environmental and Healthcare Systems Work Groups, Center for Working Families, School-Based Health Center Associates, Medical Association of GA, GA Hospital Association, Department of Education, grassroots stakeholders/families, GA Office of Insurance and Safety, GA Chapter of the American Academy of Pediatrics, Pediatric Health Improvement Coalition |

## *Goal 6: Improve asthma health information exchange.*

### *OBJECTIVE 6.1: By 2018, Pilot asthma related rapid-cycle data sharing via health information exchange from hospitals, emergency departments, Medicaid claims data, primary and specialty care providers. (Developmental)‡*

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Convene a task force to explore the development of rapid health information exchange platform. | GA Dept. of Public Health, GA Dept. of Community Health, Pediatric Health Improvement Coalition (PHIC) Choice Healthcare, Merck, Health Information Exchange, Morehouse School of Medicine National Center for Primary Health Care, Children's Healthcare of Atlanta, GAAC, Health Care Georgia Foundation, Regional Extension Center, CMOs |
| Updated and/or develop system tools | |
| Indentify participating sites identified; Develop and implement site training plan | |

‡ A Developmental Objective is one for which there is no current baseline or where there would be a need for new data collection methods.

## SCHOOLS AND CHILDCARE SETTINGS



**Rationale:** The following considerations were important in the development of Work Group goals and objectives:

- Establishing management and support systems for asthma-friendly schools.
- Providing appropriate school health and mental health services for students with asthma.
- Providing asthma education and awareness programs for students and school staff.
- Providing safe and healthy school environments to reduce asthma triggers.
- Providing safe, enjoyable physical education and activity opportunities for students with asthma.
- Coordinating school, family, and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.
- Establishing strong links to asthma care clinicians
- Targeting students who are most affected by asthma at school
- Choosing the right mix of resources
- Using a coordinated multicomponent and collaborative approach
- Supporting evaluation of school-based programs

### *Goal 7: Reduce the impact of asthma on the development and academic success of Georgia's children.*

#### *OBJECTIVE 7.1: By 2018, among school districts that have adopted tobacco-free school policies increase by 50% the number of school districts that adopt Georgia's model "asthma friendly school" policy.*

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Convene a committee for the development of Georgia's model asthma-friendly school policy. *(Assess existing policies)* | Department of Education, Health and Physical Education Directors, Georgia Asthma Advisory Coalition Schools and Child Care Work Group, GA Assoc. of School Nurses- Asthma Task Force, Mothers & Others For Clean Air, Annie E. Casey Foundation-Atlanta Civic Site, and Children's Healthcare of Atlanta, EPA Region 4 Asthma Program, Children's Medicaid Services, A Dept. of Public Health Div. of Maternal and Child Health, GA Dept. of Public Health Division of Environmental Health, Georgia Lead and Healthy Homes Program, US Green Building Council Georgia Chapter |
| Convene a committee that creates the model implementation plan *(including marketing of training)*. | |
| Develop tool kit *(including marketing package)* and conduct training for school staff and local health promotion teams/coalitions that will promote and enforce this policy. | |
| Create and provide policy advocacy training for local health promotion groups including school wellness teams. | |
| Provide cost/benefit analysis *(including cost-savings, materials, staff time for education, training on policy, protocols, list of small grant sources, etc.)* to school wellness committee and local health promotion groups. | |

## OBJECTIVE 7.2: By 2018, among childcare centers that have participated in Georgia Asthma Management Education for Childcare Settings (GAME-CS) training, increase by 50% the number of childcare centers that adopt Georgia's model "asthma-friendly childcare center" policy.

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Convene a committee to develop model policy for asthma-friendly early childcare centers in Georgia. | Georgia Head Start Association, DHHS - Administration for Children and Families, Department of Education, Health and Physical Education Directors, Georgia Asthma Advisory Coalition Schools and Child Care Work Group, GA Assoc. of School Nurses- Asthma Task Force, Mothers & Others For Clean Air, Easter Seals of North Georgia, Annie E. Casey Foundation-Atlanta Civic Site, and Children's Healthcare of Atlanta, EPA Region 4 Asthma Program Children's Medicaid Services, GA Dept. of Public Health Div. of Maternal and Child Health, GA Dept. of Public Health Division of Environmental Health, Georgia Lead and Healthy Homes Program, US Green Building Council Georgia Chapter, Georgia Early Childhood Professional Development System |
| Convene a committee that creates the model implementation plan *(including marketing of training)*. | |
| Develop a tool kit *(including marketing package)* and conduct training for center staff and local health promotion teams/coalitions that will promote and enforce this policy. | |
| Create and provide policy advocacy training for local health promotion groups including school wellness teams. | |
| Provide cost analysis *(including cost-savings, materials, staff time for education, training on policy, protocols, etc.)* to school wellness committee and local health promotion groups. | |

## OBJECTIVE 7.3: By 2018, provide an online "one-stop-shop" that provides resources for implementing asthma –friendly schools and childcare policies in Georgia. (Georgia Department of Public Health website)

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Provide support for state-level policies.<br>■ Increase awareness of state-level policy using Georgia Department of Public Health website<br>■ Research education resources and promising curricula that will foster uniform asthma-based education and Asthma Action Plans across the state<br>■ Develop multilingual resources for school-based asthma education. | GA Dept. of Public Health – Communications, Georgia Asthma Control Program, Georgia Asthma Advisory Coalition, Georgia Association of School Nurses-Asthma Task Force |

### OBJECTIVE 7.4: By 2018, increase by 150 early childcare centers that achieve the Georgia Asthma Friendly Childcare Center recognition.

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| ■ Implement marketing and awareness plan targeting parents of young children and childcare organizations/associations<br>■ Gain buy-in from DECAL to include GAME-CS in core required courses for licensed centers<br>■ Train staff from public health districts and early childcare centers on the GAME-CS Curriculum<br>■ Assist and support early childcare centers throughout training and implementation | Georgia Asthma Control Program, GA Dept. of Early Care and Learning, GA Head Start Association, DHHS Administration for Children and Families Region 4, Annie E Casey Foundation – Atlanta Civic Site, Children's Healthcare of Atlanta, American Lung Association, Georgia Training Institute, local schools of public health and respiratory therapy |

## Goal 8: Improve the integration of care management between health care providers and schools and childcare settings.

### OBJECTIVE 8.1: By 2018, increase by 10% the number of schools and childcare settings that report receiving asthma action plans from primary care providers from the 2012 baseline.

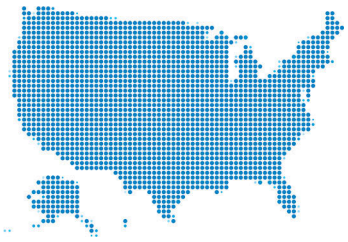
| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Identify information exchange mechanism between health providers and school/childcare settings for AAPs. | Dept. of Community Health, GA Allergy and Asthma Physicians Associations, Georgia Academy of Family Physicians, Georgia Association of School nurses, Georgia Regional Extension Center, GA Chapter AAP, GA Dept. of Public Health – Div. of Maternal and Child Health, CSRA Asthma Coalition, Georgia Asthma Control Program |
| Conduct awareness and education campaign for key audiences of GA Dept. of Education, Local School Boards, Dept. of Early Care and Learning on the NAEPP guidelines and the importance of requiring AAPs at school/childcare for all children with asthma. | |
| Authorize provider reimbursement for Asthma Action Plan creation and distribution by providers to patients. | Georgia Office of Insurance and Fire Safety commissioner, GA Dept. of Community Health |

### OBJECTIVE 8.2: By 2018, increase the number of certified asthma educators (CAE) in GA by 50%. Focus on increasing CAEs among school nurses. (79 total CAEs in GA, 2012 National Asthma Educators Certification Board baseline) ‡

| KEY ACTIVITIES | KEY PARTNERS AND STAKEHOLDERS |
|---|---|
| Facilitate training opportunities for school nurses on NAEPP guidelines. *(i.e. Becoming and Asthma Educator and Care Manager)* | Georgia Association of School Nurses, Three Rivers AHEC, Georgia Asthma Control Program, Local School Boards |
| Identify school nurses for CAE certification (K-12) through each district lead nurse. | |

## ALIGNMENT WITH NATIONAL AGENDA TO ADDRESS ASTHMA DISPARITIES

In May 2012, the President's Task Force on Environmental Health Risks and Safety Risks to Children released the Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities to address the following current observations:



- Poor and minority children are more likely to have asthma and their health outcomes are worse.
- Black children are twice as likely to be hospitalized and four times as likely to die from asthma as white children.
- Annually, 10.5 million school days are missed because of asthma.
- Children with asthma are more likely to be overweight and obese compared to other children without asthma.

Under the Task Force, a broad range of federal organizations have committed to advancing the following strategies:

- Reducing barriers to the implementation of guidelines-based asthma management;
- Enhancing capacity to deliver integrated, comprehensive asthma care to children in communities with racial and ethnic disparities;
- Improving capacity to identify the children most impacted by asthma disparities; and
- Accelerating efforts to identify and test interventions that may prevent the onset of asthma among ethnic and minority children.

The following table highlights the alignment of the GACP 2013-2018 strategic objectives with Strategies 1 and 2 of the Federal Action Plan.

### *STRATEGY 1: Reducing barriers to the implementation of guidelines-based asthma management.*

| FEDERAL PRIORITY ACTION | GACP 2013-2018 STRATEGIC OBJECTIVE |
|---|---|
| Explore strategies to expand access to asthma care services | *(Healthcare)* By 2018, increase the number of Care Management Organizations *(CMO)* and/or health plans providing reimbursement for comprehensive asthma care based on NAEPP guidelines from 0 to 1 |
| | *(Healthcare)* By 2018, increase the number of certified asthma educators *(CAE)* in GA by 50%. *(79 total CAE's, 2012 NAECB)* |
| | *(Healthcare)* By 2018, increase by 5% the number of CHWs certified as asthma educators. |
| In health care settings, coordinate existing federal programs in under-served communities to improve the quality of asthma care | *(Healthcare)* Over the next 5 years, educate at least 500 providers on current NAEPP guidelines. |
| | *(Healthcare)* By 2018, increase the number of children ever receiving an asthma action plan from their providers from 43% to 50% |

## STRATEGY 1: *(continued)*

| FEDERAL PRIORITY ACTION | GACP 2013-2018 STRATEGIC OBJECTIVE |
|---|---|
| In homes, reduce environmental exposures | *(Environmental)* By 2018, establish a statewide healthy homes standard to reduce the level of asthma triggers in home and indoor environments. |
| | *(Environmental)* By 2018, increase by 2 the number of housing authorities or administrative entities that adopt the healthy homes standard for non-owner occupied and multifamily housing. |
| In schools and childcare settings, implement asthma care services and reduce environmental exposures, using existing federal programs in collaboration with private sector partners | *(Schools/childcare)* By 2018, 50% of school districts that have adopted tobacco-free school policies will have adopted the model "asthma-friendly school" policy |
| | *(Schools/childcare)* By 2018, among childcare centers that have participated in Georgia Asthma Management Education for Childcare Settings (GAME-CS) training, increase by 50% the number of childcare centers that adopt Georgia's model "asthma-friendly childcare center" policy. |
| | *(Schools/childcare)* By 2018, increase by 150 early childcare centers that achieve the Georgia Asthma Friendly Childcare Center recognition. |

## STRATEGY 2: *Enhancing capacity to deliver integrated, comprehensive asthma care to children in communities with racial and ethnic disparities.*

| FEDERAL PRIORITY ACTION | GACP 2013-2018 STRATEGIC OBJECTIVE |
|---|---|
| Promote cross-sector partnerships among federally supported, community-based programs targeting children who experience a high burden of asthma | (Schools/childcare) By 2018, increase by 10% the number of schools and childcare settings that report receiving asthma action plans from primary care providers from the 2012 baseline. |
| In communities that experience a high burden of asthma, protect children from health risks caused by short- and long-term exposure to air pollutants | *(Environment)* By 2018, enact new tobacco free ordinances in at least 5 Georgia cities/counties. |
| | *(Environment)* By 2018, increase by 50% the number of libraries, recreation areas, and other public outlets in non-attainment areas that display smog safety information. |

## ACRONYMS

| | |
|---|---|
| **AAE** | Association of Asthma Educators |
| **AAP** | American Academy of Pediatricians |
| **AHEC** | Area Health Education Centers |
| **ACF** | Administration of Children and Families |
| **ALA** | American Lung Association |
| **CAE** | Certified Asthma Educators |
| **CBO** | Community based organization |
| **CHOA** | Children's Health Care of Atlanta |
| **CHW** | Community health worker(s) |
| **CMO** | Care management organization |
| **CMS** | Centers for Medicare and Medicaid Services |
| **CSRA** | Central Savannah River Area |
| **DCH** | Department of Community Health |
| **DECAL** | Department of Early Care and Learning |
| **DHHS** | Department of Health and Human Services |
| **DOE** | Department of Education |
| **DPH** | Department of Public Health |
| **EPA** | Environmental Protection Agency |
| **GAAC** | Georgia Asthma Advisory Coalition |
| **GACP** | Georgia Asthma Control Program |
| **GASN** | Georgia Association of School Nurses |
| **GHA** | Georgia Hospital Association |
| **GLPPP** | Georgia Childhood Lead Poisoning Prevention Programs |
| **GRHA** | Georgia Rural Health Association |
| **GPT** | Georgia Partnership for Telehealth |
| **GAME-CS** | Georgia Asthma Management Education in Childcare Settings |
| **HUD** | Housing and Urban Development |
| **NAECB** | National Asthma Education Certification Board |
| **NAEPP** | National Asthma Education and Prevention Program |
| **NHLBI** | National Heart, Lung and Blood Institute |
| **OASIS** | Online Analytical Statistical Information System |
| **PTA** | Parent Teachers Association |
| **SMC** | Southside Medical Center |
| **SWAH** | Self Wealth and Health empowerment |
| **TUPP** | Georgia Tobacco Use Prevention Program |
| **YMCA** | Young Men's Christian Association |
| **YRBS** | *Youth Risk Behavioral Survey* |

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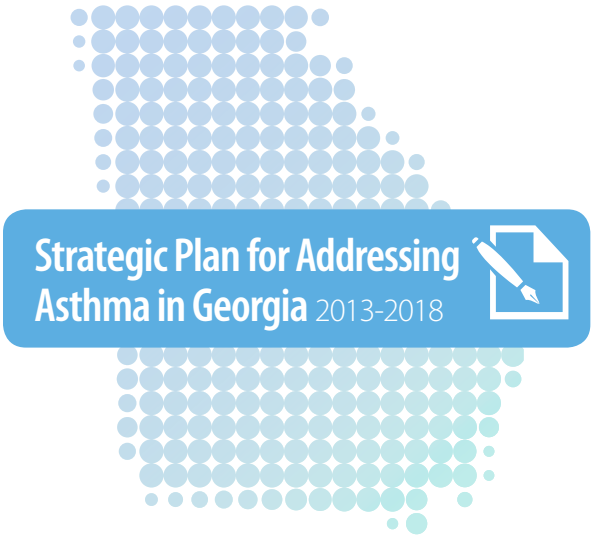
NOTES

environment healthcare
family delivery system
support schools and
childcare

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