

Indiana State Asthma Plan

2009-2014



Reducing the Burden of *Asthma*



November, 2010

Created By:
Indiana State Department of Health
Asthma Program & the
Indiana Joint Asthma Coalition

**Special thanks to all the
members of the
Indiana Joint Asthma Coalition
for their tireless efforts and
continued commitment to
reducing the
burden of asthma in Indiana.**

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A Letter from the Commissioner



Mitchell E. Daniels, Jr.
Governor

Gregory N. Larkin, M.D., F.A.A.F.P.
State Health Commissioner

Dear Reader:

The Indiana State Department of Health (ISDH) and the Indiana Joint Asthma Coalition (InJAC) are pleased to present Indiana's second State Asthma Plan.

More than 430,000 adult Hoosiers and 130,000 children currently suffer from asthma, which is one of the most common chronic diseases in the world. While highly effective treatment exists, asthma is often uncontrolled or poorly controlled, needlessly keeping those who suffer with the disease from school, work, and leisure activities. The disease disproportionately affects the most vulnerable: children, certain minorities, women, and the poor, and is the number one reason children miss days of school.

The consequences of asthma are costly in both dollars and quality of life. Asthma often results in disruption of family and caregiver routine and is accompanied by higher rates of depression and stress. Populations and communities with the greatest burden of asthma often lack access to quality medical care and education about asthma management. The prevalence of tobacco smoking in Indiana contributes to the asthma burden, not only because of asthmatics who smoke, but because of the large number of people exposed to secondhand smoke, as well. There are many other potentially controllable environmental factors, including vehicle emissions, chemicals used for cleaning and pesticide, pollen/mold, dust mites, animal dander, and strong odors such as perfume, to name just a few.

Recognizing Indiana's need to minimize the burden of asthma, InJAC and the ISDH Asthma Program have revised and updated the original state plan that was developed in 2003. Five work groups have spent considerable time and energy studying evidence-based interventions and Indiana specific data related to asthma. Their work has culminated in the creation of this document, which will guide their work for the next five years.

The goals, objectives and strategies contained in the *Indiana State Asthma Plan: Reducing the Burden of Asthma* are evidence-based, directed at improving the lives of Indiana citizens with asthma, and considered feasible to implement in the next five years. Successful implementation will come only through continued close collaboration among individuals, public, private, and non-profit organizations. We are confident that through InJAC, we have strong, committed partners who will move forward with implementation of the plan. We are grateful to each InJAC partner and especially those who actively participate in one of the workgroups.

Sincerely,

Gregory N. Larkin, M.D.
State Health Commissioner

Introduction

The mission of the Indiana State Department of Health Asthma Program is to reduce the burden of asthma in Indiana. The Asthma Program has consistently used the *Healthy People 2010* asthma objectives as the program's long-term goals in an effort to coordinate with national measures. The program will continue using these objectives until the release of *Healthy People 2020*.

The ***Indiana State Asthma Plan*** was developed through the combined efforts of the Indiana State Department of Health (ISDH) and the Indiana Joint Asthma Coalition (InJAC). The plan includes specific goals, objectives, and strategies designed to achieve Healthy People 2020 goals.

InJAC was formed in 2003 to develop a state strategic plan designed to reduce Indiana's asthma burden and to guide the future of Indiana's statewide asthma program. The first strategic plan covered the period 2005 – 2009 and the current plan includes goals, objectives, and strategies that will be implemented during 2009 through 2014.

InJAC is a volunteer organization that includes representatives from over 50 state agencies, public health agencies, managed care plans, hospitals, schools, community-based organizations, environmental groups, health care professionals, educators, and individuals concerned with the prevention and control of asthma in Indiana. InJAC has made a strong commitment to reducing disparities among those who suffer from asthma. By promoting system, environmental, and policy changes, InJAC members are dedicated to improving the health and quality of life for all Hoosiers – especially those with asthma.

The *Indiana State Asthma Plan* focuses on both health and environmental solutions to reduce the burden of asthma in Indiana. This five-year plan establishes goals, objectives, and strategies that span health care settings, schools and early care settings, workplaces, indoor and outdoor environments, homes and buildings in which persons with asthma live or visit.



The plan attempts to be comprehensive in its approach to reducing asthma with each of InJAC's five workgroups focusing on different goals but working in unison. These workgroups – Data and Surveillance, Public Education, Health Care Provider, Children and Youth, and Environmental Quality - will always be to continue to unify efforts and seek out additional opportunities to impact asthma.

The *Indiana State Asthma Plan* is to be considered a work-in-progress. As the state moves toward implementation, the plan may need modifications as resources and needs within the state change. InJAC will assess the *Indiana State Asthma Plan* annually and revise it as needed to help ensure that it continues to address asthma effectively and improves the quality of life of Hoosiers with asthma. The five InJAC workgroups have selected seven primary goals to be accomplished in this grant period (2009-2014).



**A more detailed summary of the goals, objectives, and activities associated with each of the goals, is included in the sections of this Plan designated for each of the five workgroups.*



Indiana State
Department of Health



History

The Indiana Joint Asthma Coalition (InJAC) is a voluntary network of people and organizations who work to reduce the burden of asthma on people living in Indiana. InJAC includes volunteer members from federal, state, and local governmental agencies, professional organizations, managed care plans, hospitals, schools, environmental groups, and other community-based organizations and individuals concerned with the prevention and control of asthma in Indiana.

Organized in 2003, the leadership of the Indiana State Department of Health and the Indiana Department of Environmental Management received funding for the first statewide asthma coalition. Individuals and organizations were invited to form InJAC with the initial charge of producing Indiana's State Asthma Plan. InJAC's mission: *to reduce the burden of asthma in Indiana*.

Coalition members successfully fulfilled that mission by producing that State Plan in 2004. Their joint efforts with the Indiana State Department of Health Asthma Program continued as they initiated a grant and obtained funds to hire a Health Educator in 2005.

These events brought focus to their energy and resources. As each workgroup continued to strive towards their goals, technology and new media were embraced. The creation of a website was initiated to offer more awareness and public education.

This new forum paved the way for alternative trainings to more directly touch the lives of Hoosiers. Individuals with asthma had resources, such as, the Asthma Action Plans available with the touch a button. Online Continuing Medical Education (CME) was made available to many health care providers. Indiana's efforts to reach the variety of caregivers earned them mention as one of the leading states in the successful promotion and use of "Coach's Clipboard".

InJAC's endeavors were not limited to online. Coalition members were determined to touch the lives of children in Indiana by developing relationships with the Indiana Minority Health Coalition, Indiana Tobacco Prevention and Cessation, School Board Association, Department of Education, and the school nurses. More unified policies, practices, and education addressing asthma control in our schools and early child care settings are continuing to become a reality.

With the addition of an Environmentalist in 2009, InJAC and the Indiana State Asthma Program believe they will be able to break more boundaries by addressing "Healthy Homes" and "Air Quality". They continue to look towards their future as they find the most effective ways to *reduce the burden of asthma in Indiana*.

InJAC Workgroups

InJAC is guided by an Executive Committee and is organized into five workgroups. These five groups focus on specific areas, which sometimes overlap. All are guided and unified by common goals. Data and Surveillance, Children and Youth, Health Care Provider, Environmental Quality, and Public Education.

Data and Surveillance Workgroup

The Data and Surveillance workgroup has as its primary goal to: Improve and maintain data surveillance throughout the State of Indiana. Their efforts to improve surveillance data and increase the number of data sources, makes it possible to collect relevant information that can be used in a timely manner.

Children and Youth Workgroup

Schools and daycare providers are being targeted for education and training by the Children and Youth workgroup as they endeavor to reach the goals: Increase awareness of asthma among school aged children and their communities by improving the level of asthma management knowledge among regulated early child care workers. As school administrators, school nurses, and students gain more knowledge about asthma triggers, air quality, and self-management. Consequently, individuals with asthma will have fewer days of missed preschool, school, and work.

Health Care Provider Workgroup

The Health Care Provider workgroup is focused on increasing the use of best practices and NAEPP guidelines in the diagnosis and management of asthma. The workgroup plans to actively recruit health care providers to join InJAC and promote the use of NAEPP Expert Panel Report Three (EPR-3) Key Clinical Guidelines for Quality Asthma Care. More awareness by health care providers and use of these standards of care should increase the number of people with asthma who are able to self-manage their disease, and encourage those without a medical home to find one. As the usage of the guidelines increases, there should be a corresponding reduction in the need for emergency room and urgent care visits, hospitalizations, and missed days from school or work.

InJAC Workgroups

Environmental Quality Workgroup

As the goals of InJAC workgroups overlap, they work together closely, but utilize different strategies to obtain desired outcomes. This overlap is most evident in The Environmental Quality workgroup and their goal to reduce the environmental triggers that exacerbate asthma in Indiana. They have teamed up with Children and Youth, and continue to develop relationships with other state agencies to further improve the level of understanding about environmental asthma triggers, reduce them, and measure the effects of those reductions.

Public Education Workgroup

The Public Education workgroup works closely with the others to touch individual lives in various ways through media. This workgroup is striving to increase InJAC membership and increase awareness of asthma among Hoosiers. In today's society, the Public Education workgroup knows they must develop improved internet access to offer a broad range of asthma reference materials for children, adults, health care professionals, environmentalists, teachers, transportation officials, restaurant owners, and many others.

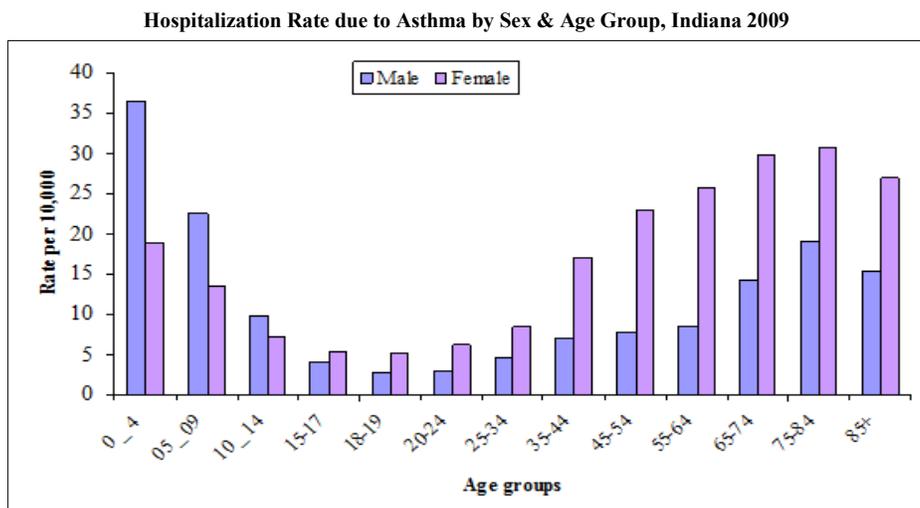
The Public Education workgroup seeks to expand InJAC membership throughout Indiana. Local representatives make it possible to provide more information and presentations to various officials and organizations in an effort to educate each community that asthma can be controlled. As membership expands, so will community outreach opportunities to spread the word about effective asthma control.

The Plan



Data and Surveillance

Asthma is the cause of many lost days of work and school, many hospitalizations and visits to hospital emergency rooms. Asthma often results in restricted activities, loss of sleep, school absenteeism, and disruption of family and caregiver routines. Taking care of asthma is costly for patients and their families by imposing financial burdens such as lost income and job opportunities. Barriers to access to health care and deficiencies in asthma management can compromise quality outcomes for persons with asthma. Additional tracking of the occurrence of asthma and asthma events in Indiana is necessary to improve the understanding of individual and environmental factors that contribute to the burden. By continuing to enhance existing means of data collection, as well as adding new sources of data, our understanding and management of the burden of asthma in Indiana will become more comprehensive over time.



An asthma surveillance system that can capture condition-specific information at the national, state, and community levels is an essential tool for developing system, environmental, and policy change. Program planning and evaluation require disease surveillance. Surveillance emphasizes data sources that are ongoing and can provide timely information on disease prevalence.

Ongoing monitoring and evaluation helps ensure that effective asthma prevention and control strategies are continued and enhanced while ineffective strategies are changed or discontinued. But in order to be effective, timeliness of data is of utmost importance.

Strong partnerships have been developed among InJAC workgroups which have led to availability of data from Indiana schools about the number of days Hoosier students miss school because of asthma. Additionally, we are able to link the dates of absences to air quality reports. Over time, we will be able to track improvements as schools adopt no idling and other asthma-friendly policies.

Trend graphs are being added to the Burden Report to make it more useful to a wider audience. The Data and Surveillance workgroup has begun internal conversations about which data would be most appropriate to present in this manner.

The Data and Surveillance workgroup will continue to seek out additional data sets, develop methods to collect data that are not available, and improve the quality of data currently being collected.

During implementation of the first statewide plan (2005-2010), a guide of available asthma data sources was created. This guide will continue to be updated as new data sources are identified or created.

Goal 1: Improve and maintain data surveillance throughout the state of Indiana.

Objective 1: (Developmental) By August 31, 2011, complete development and piloting of instrument to collect data from Indiana school districts about asthma-related absenteeism. This instrument will be used on an annual basis in 2012, 2013, and 2014.

Strategy 1: Request examples of instruments from the Asthma Talk list serve.

Strategy 2: Collaborate with the Children & Youth workgroup to create instrument.

Strategy 3: Pilot the instrument within the 50 highest asthma-related absenteeism schools.

Strategy 4: Publish school absenteeism data in a future burden report.

Objective 2: (Developmental) By August 31, 2012, add a question to the BRFSS about children receiving flu immunizations, which can then be used to determine the prevalence of flu vaccination in the past 12 months for children with asthma.

Strategy 1: Collaborate with Health Care Provider workgroup to develop wording

Objective 3: (Developmental) By August 31, 2012, establish trend lines of asthma-related data to include in the Asthma Burden Report in order to make it more useful to a wider audience.

Strategy 1: Collaborate with all workgroups to determine which information is most useful when presented in a trend line.

Children and Youth

Uncontrolled asthma exacerbation is frequently recognized as one of the main reasons students miss school – which often causes a parent or other caregiver to miss work. The Children and Youth workgroup have worked closely with the Indiana Department of Education, the Family and Social Services Administration (FSSA) Child Care Consultant Program, and Indiana School Boards Association to develop training designed to increase the level of knowledge among school officials, child care providers, and school nurses about asthma triggers and management. By helping them understand that buildings are safer and healthier without using harsh chemicals for cleaning and pest control, showing them how to monitor and improve ambient air quality, and then providing some of the tools to implement change, the Children and Youth workgroup believes there can be a substantial reduction in the number of school days missed because of asthma.

If we can reduce asthma triggers in daycare facilities and schools, and provide educational information for parents about taking the same steps at home, over time, there should be a reduction in the number of emergency room and urgent care visits.



Goal 2: Increase awareness of asthma among school aged children and their communities.

Objective 1: By 2014, increase the percentage of superintendents who have received asthma education training from 5 percent to 30 percent and increase the number of training opportunities to school building administrators from twice a year to 10 times a year.

***Strategy 1:** Collaborate with school administrators associations and Education Service Centers to provide annual (additional) asthma education training sessions to superintendents and school building administrators.*

Objective 2: By August 31, 2014 increase the number of school nurses who have been educated on asthma management from 10 percent to 50 percent as measured by the number of nurses who attend one of nine training opportunities around the state each year.

***Strategy 1:** Develop Train the Trainer sessions for school nurses in each of the nine education service center regions in Indiana.*

***Strategy 2:** Provide training opportunities for all school nurses in Indiana on asthma management.*

Objective 3: By August 31, 2014, increase the number of school principals and assistant principals who have been educated on asthma management from 30 to 150.

***Strategy 1:** Provide training opportunities for all school principals and assistant principals in Indiana on asthma management.*

Goal 3: Improve the level of asthma management knowledge among regulated early child care workers.

Objective 1: By August 31, 2014, increase the number of early child care providers who have been trained on asthma triggers and management from 100 to 200.

***Strategy 1:** Identify certified asthma trainers who can provide these trainings to early child care providers.*

***Strategy 2:** Encourage child care providers to access free training provided by the FSSA Child Care Consultant Program.*

Objective 2: (Developmental) By August 31, 2014, there will be at least 100 early child care settings that have implemented asthma action plans.

***Strategy 1:** Develop and deploy an electronic survey to registered child care providers to establish a baseline and develop another survey for follow-up (timing of follow-up is to be decided).*

***Strategy 2:** Provide a link to electronic and interactive asthma action plans that can be accessed by early child care settings.*

Health Care Provider

The Health Care Provider workgroup recognizes that physicians and other health care providers must be involved in reducing the asthma burden in Indiana. By promoting greater usage of the NAEPP EPR-3 guidelines, they believe people with asthma will develop better self-management skills, which will lead to fewer asthma exacerbations, fewer days of missed school and work, fewer emergency room and urgent care visits, and in general, a better quality of life for Hoosier families.

Plans for this workgroup include increasing membership in InJAC by recruiting new health care providers from various associations and professional societies. They believe that as new members join, they will carry the message of InJAC and asthma education back to their colleagues, which will encourage even more health care professionals to join. With this snowball type of affect, their numbers should triple or quadruple by August 2014. Professional organizations targeted for this effort include but are not limited to: American Academy of Pediatrics (IN AAP), Indiana Academy of Family Physicians (IN AAFP), Coalition of Advanced Practice Nurses of Indiana (CAPNI), National Association of Clinical Nurse Specialists (IN NACNS), IN College of Emergency Physicians, IN Pharmacists Association, American Association of Physicians' Assistants, American Association of Indiana Society for Respiratory Care (ISRC), American Thoracic Society (IN Chapter-ITS), American Lung Association-IN, National Association of Pediatric Nurse Practitioners (NAPNAP), American Academy of Asthma, Allergy and Immunology, American College of Chest Physicians, American College of Emergency Physicians-IN Chapter

They also plan to publish various types of information in professional society and association newsletters and other publications in order to spread the word about best practices and InJAC.

A web designer is currently updating and improving the InJAC website, which will allow members of the Health Care Provider workgroup to post articles, updates, and educational materials for a variety of purposes. They will offer specific information designed to help people manage their asthma and provide on-line educational opportunities, with CMEs, for health care professionals.



In addition to current health care professionals, the group had decided to target those who are enrolled in various health care education programs. They will assess the number of Indiana academic institutions that educate/train graduate and post-graduate level health care providers that incorporate NAEPP guidelines into their respiratory disease/asthma curricula. Following the assessment, they will send follow-up messages to any institutions not specifically promoting the use of NAEPP guidelines, and survey the group again each year to measure the increase in number. Potential partners in this effort include all academic institutions for medical and health care provider education.

Goal 4: Increase the use of best practices and NAEPP guidelines in the diagnosis and management of asthma by health care providers.

Objective 1: By August 31, 2014, Representation of health care professional societies among InJAC members will increase from 12 to 25, as measured by member registration information.

***Strategy 1:** Recruit new InJAC members who report membership in health care professional societies, to become members of the Health Care Provider workgroup.*

***Strategy 2:** InJAC members will actively promote NAEPP Guidelines and adherence to asthma best practices to their respective professional health care societies by publishing articles in society newsletters and other membership communications, and making presentations at meetings.*

Objective 2: (Developmental) By August 31, 2014 utilization of the toolkit section on InJAC website by Health Care Providers and others will increase by 10 percent each year as measured by counters on items in the toolkit section.

***Strategy 1:** Work with web designer and others to place innovative technology based education materials and programs on the InJAC website (e.g., an interactive asthma action plan).*

***Strategy 2:** Communicate with InJAC members and collaborative partners about website features and tools at quarterly meetings, the member section of the InJAC website, and via email.*

Objective 3: By August 31, 2014, number of patients reporting asthma care outcomes consistent with NAEPP EPR-3 Key Clinical Guidelines for Quality Asthma Care will increase as measured by the following items in the Asthma Call Back Survey:

The percentage of adults who have received an asthma action plan from a health care provider will increase from 33.3 percent to at least 40 percent.

The percentage of children who have received an asthma action plan from a health care provider will increase from 39.2 percent to at least 50 percent.

The percentage of adults who had 3 or more follow-up visits for asthma care in the past year will increase from 35.2 percent to at least 50 percent.

The percentage of children who had 3 or more follow-up visits for asthma care in the past year will increase from 27.7 percent* to at least 40 percent. (*There were fewer than 50 respondents, so this number should be used with caution.)

The percentage of children who received a flu vaccination during the past 12 months will increase from 31 percent to at least 50 percent. (Includes both shot and flu mist.)

***Strategy 1:** Health care professionals will be encouraged to utilize the tools such as the Asthma Control Test (ACT) and others on the InJAC website to improve patient outcomes.*

***Strategy 2:** As new health care professionals become InJAC members, they will encourage colleagues to utilize tools on the InJAC website.*

***Strategy 3:** Develop an InJAC Speakers Bureau: Solicit participants from current InJAC membership; Invite partners from collaborative relationships to participate in InJAC Speakers Bureau; Catalog and promote InJAC Speakers Bureau on InJAC website and through collaborative partnerships.*

***Strategy 4:** Update, recertify and promote free CME on InJAC website.*

Objective 4: (Developmental): By August 31, 2014, assess the number of Indiana academic institutions that educate/train graduate and post-graduate level health care providers that incorporate NAEPP guidelines into their respiratory disease/asthma curricula.

***Strategy 1:** Establish liaison with key contacts in academic and post graduate institutions and programs.*

***Strategy 2:** Year 1 - Inventory graduate level health care educational programs throughout the state.*

***Strategy 3:** Year 2 - Develop, pilot and apply survey, and analyze data.*

***Strategy 4:** Send promotional info about Asthma Guidelines to key people at academic and post graduate institutions/ programs.*

Environmental Quality

In developing goals to reduce the asthma burden in Indiana, the Environmental Quality workgroup sought to identify environmental hazards and risk factors that contribute to asthma and then consider remedies that focus on systems, policy, or environmental change.

The workgroup relied on authoritative sources such as the National Asthma Education and Prevention Program (NAEPP), the Institute of Medicine (IOM), U.S. Surgeon General, U.S. Environmental Protection Agency (EPA), and U.S. Occupational Safety and Health Administration (OSHA)—augmented with other research.

School children who must contend with physical illness find it difficult to learn. Therefore, it is clear that schools and early child care settings are places where environmental hazards for asthma should be reduced. Environmental triggers can be greatly reduced if effective integrated pest management strategies, no idling policies, tobacco free campus policies, and indoor air quality standards are adopted by schools and child care settings.

While sensitivity to pollutants varies greatly among the general population, young children, especially those living in poverty, certain minority and elderly populations are at greater risk of asthma than others. Research continues to make strong connections between air pollution and asthma. In many instances, even those afflicted with asthma do not realize the hazards that exist within the facilities where they live, work, and visit.

A large scale partnership has come together to focus resources on improving health and quality of life by improving the quality of air in places where we work, play, and live. Among those joining forces with InJAC and the Environmental Quality workgroup are: the Indiana Department of Education, Indiana School Boards Association, Indiana Principals Association, Indiana School Superintendents Association, and FSSA Child Care Consultant Program.



Goal 5: Reduce the environmental triggers that contribute to asthma in Indiana.

Objective 1: (Developmental) By August 31, 2014, environmental triggers that contribute to the burden of asthma will be reduced in at least 30 Indiana schools and early child care settings.

***Strategy 1:** Schools and early child care settings will receive information about Idle Free Zones (no idling policies and practices)*

***Strategy 2:** Provide 10 Integrated Pest Management (IPM) and/or Tools for Schools and/or Indoor Air Quality (IAQ) presentations each year.*

Objective 2: (Developmental) By August 31, 2014, reduce the environmental triggers that contribute to asthma in Indiana homes and/or rental properties.

***Strategy 1:** Collaborate with our state partners to conduct asthma environmental home assessments and provide asthma environmental education throughout counties in Indiana.*

***Strategy 2:** Provide 25 presentations regarding asthma and healthy homes initiatives throughout Indiana each year.*

Objective 3: By August 31, 2014, collaborate with one new state agency or partner to address indoor and outdoor environmental triggers of asthma.

***Strategy 1:** Analyze strategic plans of potential partners to identify collaborative opportunities.*

***Strategy 2:** Plan, implement and evaluate one evidence-based strategy across agencies that impacts environmental asthma triggers.*

***Strategy 3:** Provide two presentations on collaborative activities among professional health care provider groups.*

Objective 4: By August 31, 2014, the proportion of school districts with a tobacco free campus policy will increase from 65 percent to 85 percent as measured by the Indiana Tobacco Prevention & Cessation's (ITPC) Policy Tracking System and the Healthy Communities Division database.

***Strategy 1:** Collaborate with the Indiana State Department of Health's Healthy Communities School Coordinator and ITPC's local community coalitions to increase the number of tobacco-free school campuses.*

Public Education

Asthma is a public health issue for many reasons: It is found in every state, county, city, school, work place, playground and public gathering – in other words, it affects every Hoosier in a variety of ways. It is the most common chronic disease that exists in Indiana. The goal of the Public Education workgroup, and the central theme of its activities is to educate all Hoosiers about asthma and provide information to help control it.

Plans for disseminating more and better information involve increasing membership in InJAC, working more closely with environmental groups, and getting involved with schools, among other things. Many of the objectives of this workgroup overlap those of other workgroups, thus there are many opportunities to collaborate across workgroups.

Increasing InJAC membership is also a goal of the Health Care Provider workgroup; however, the objectives and strategies are much different. With the different approaches, it is anticipated that InJAC membership can be significantly increased during the coming years.

The Public Education workgroup plans to utilize some of the same strategies (promote the Fly a Flag Program, promote No Idle Zones, etc.) as the Children and Youth and Environmental Quality workgroups . As communities adopt some of these practices, the Public Education workgroup will provide sample public service announcements, school newsletter inserts, and other material that can be used locally to help publicize the programs. Materials will be available on the InJAC website for public dissemination.



Goal 6: Increase awareness and educate Hoosiers about asthma.

Objective 1: By August 31, 2014 the number of schools currently implementing an environmental intervention program will increase from 3 to 50, as measured by the number of schools utilizing the Fly a Flag program, an integrated pest management program, a no idling policy, Tools for Schools, or other environmental improvement/awareness programs.

***Strategy 1:** Promote the Tools for Schools program throughout the state of Indiana.*

***Strategy 2:** Promote the Fly a Flag program throughout the state of Indiana.*

***Strategy 3:** Promote the use of integrated pest management in schools and other public settings.*

***Strategy 4:** Promote No School Bus and No Automobile Idling.*

***Strategy 5:** Collaborate with ITPC to reduce smoke exposure in/ around schools.*

Goal 7: Increase InJAC membership.

Objective 1: By August 31, 2014 the Indiana Joint Asthma Coalition membership will increase from 100 members to 150 members as measured by the number of members signed up through the Indiana Joint Asthma Coalition website, www.injac.org.

***Strategy 1:** Update and enhance the current website.*

***Strategy 2:** Increase the number of local and regional coalitions throughout the state by doing strategic coalition building.*

***Strategy 3:** Invite, by formal letter, heads of organizations and groups that might have an interest in InJAC.*

***Strategy 4:** Utilize social marketing strategies to expand the reach and visibility of InJAC.*

***Strategy 5:** Utilize a signup sheet at every conference or event attended by an InJAC representative.*

Objective 2: By August 31, 2014 members who actively participate in the Indiana Joint Asthma Coalition workgroups will increase from 20 to 40, as measured by the number of members attending workgroup meetings and representing the Indiana Joint Asthma Coalition at conferences and other events.

***Strategy 1:** Update and enhance the current website .*

***Strategy 2:** Make conference lines available for all meetings.*

***Strategy 3:** Make the InJAC logo available for use on business cards, websites, and letterheads of InJAC members.*

***Strategy 4:** Have members assist in recruitment by providing them with handouts for potential new members and a letter template to use when mailing potential new members.*

Evaluation Plan

As stated previously, evaluation is essential in order to keep a plan on track. A good evaluation will allow stakeholders to see where there might be problems and make corrections to keep the plan moving forward. Without an evaluation component, it is difficult to meet program goals.

Below is an overview of the evaluation plan for this grant term. Individual evaluation plans will be developed for activities listed in the table below, according to the timeline indicated.

This evaluation plan is based on the assumption that, even when programs are not being formally evaluated, they will be monitored. This will help ensure that all goals are met on time. Therefore, while some activities are being evaluated, other evaluation plans will be in development, and all other activities will be formatively monitored.

5 Year Work Plan				
The Indiana Asthma Strategic Evaluation Team				
2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Develop Overall Evaluation Plan	<p><i>Evaluate</i></p> <ul style="list-style-type: none"> -Parkview 	<p><i>Evaluate</i></p> <ul style="list-style-type: none"> -Burden Report and Fact Sheets 	<p><i>Evaluate</i></p> <ul style="list-style-type: none"> -InJAC 	<p><i>Evaluate</i></p> <ul style="list-style-type: none"> - InJAC (Continued)
	<p><i>Formative Monitoring</i></p> <ul style="list-style-type: none"> -InJAC -Evansville project -Frankfort Project -South Bend project -Child Care Provider Training 	<p><i>Formative Monitoring</i></p> <ul style="list-style-type: none"> -InJAC -Parkview -Evansville project -Frankfort Project -South Bend project -Child Care Provider Training 	<p><i>Formative Monitoring</i></p> <ul style="list-style-type: none"> -Parkview -Evansville project -Frankfort Project -South Bend project -Child Care Provider Training 	<p><i>Formative Monitoring</i></p> <ul style="list-style-type: none"> -Parkview -Evansville project -Frankfort Project -South Bend project -Child Care Provider Training

Where Do We Go From Here

The Indiana State Asthma Plan outlines strategies to affect changes that will lead to a reduced asthma burden. Our future direction will be guided by the *Indiana State Asthma Plan* and its regular assessment (no less often than annually). The intent is to ensure the *Indiana State Asthma Plan* is being implemented effectively through evaluation. Although goals should remain relatively stable throughout the entire funding period, objectives and strategies may change. Strategies will be assigned to specific partners and individuals within each workgroup. Benchmarks will be established and monitored related to each objective. Changes in strategies are likely to occur as the plan moves forward, new data sources are identified, new partners come on board, and/or additional resources become available.

Planning and evaluation are essential in this process. Systems, policy and environmental changes do not occur quickly, and careful monitoring can make our planning and evaluation efforts more effective. The Indiana State Asthma Plan is designed to embrace change as new technologies become available and additional methods are identified to mitigate the health effects of asthma. Evaluation plans will be altered as needed to incorporate these amended strategies. These evaluations will determine the extent to which the interventions, activities, and initiatives are working, and what programmatic changes need to be made to improve effectiveness.

Occasionally, formal reports will be made and presented to the appropriate stakeholders. It is anticipated, however, that in most cases, informal progress reports will be regularly presented to workgroups and/or the larger InJAC meetings.

Along with these evaluation reviews and as new issues arise, some InJAC workgroups may change their focus. For instance, at the last InJAC meeting, there was a recommendation that a Policy workgroup be created, and the Executive Committee has taken the suggestion under advisement.

It is also anticipated that this work will not stop at the end of the grant period. Rather, the plan is designed to accommodate change over time, provide a vehicle for continuous improvement in programs, and monitor the effects of interventions on the short and long term outcomes on the health of Indiana residents.

No matter what changes occur, our primary goal, to reduce the burden of asthma in Indiana, will continue to guide all of our efforts.



What You Can Do

The Indiana State Asthma Plan is an outline of the common goals for all Hoosiers to address the burden of asthma. InJAC and its members will work to achieve these goals and objectives. However for the most impact, involvement of all individuals, organizations, and communities is essential to accomplish this plan. You can help by:

- 1. Becoming a member of InJAC and actively participating in one of the five workgroups.**
- 2. Letting the Indiana Asthma Plan guide actions in your local community to address asthma.**
- 3. Sharing your programs and your successes with InJAC so that all may benefit from your progress.**
- 4. Sharing data to allow a better analysis of asthma and asthma control efforts in Indiana.**

Please see the following examples of what you and your organization can do to help achieve the goals and objectives outlined in this plan. Use these examples, along with any of the suggested strategies, to determine what actions you can take to reduce the burden of asthma in Indiana. Fill in the blank space with your own ideas and feel free to share them by contacting the Indiana Joint Asthma Coalition, 2 N. Meridian St. 6-B, Indianapolis, IN, 46204, Attention: InJAC.

Hoosiers:

- Be tobacco-free
- Participate in No-Idle Zones
- Advocate for asthma education
- Ensure students and employees have immediate access to quick-relief medications
- Inform schools and workplaces about the need for asthma emergency plans
- Encourage participation in asthma friendly environments – Be trigger-free
- Advocate for legislation that promotes asthma education and control
- Show support for those that are affected by asthma
- Other _____

Resources

Organization	Website
Indiana Joint Asthma Coalition	www.injac.org
Indiana State Department of Health - Asthma Program	www.asthma.in.gov
Chronic Disease Control – Asthma	www.cdc.gov/asthma
ASK – About Special Kids	www.aboutspecialkids.org
Air Quality Index	www.airnow.gov
Asthma Alliance of Indianapolis	www.asthmaindy.org
American Lung Association	www.lungusa.org
Asthma & Allergy Foundation of America	www.aafa.org
Asthma Community Network	www.asthmacommunitynetwork.org
Asthma Control Test	www.asthmacontrol.com
Central Indiana Clean Air Partnership	www.indycicap.org
Environmental Protection Agency	www.epa.gov/nscep
IKE – Improving Kids Environment	www.ikecoalition.org
Indiana Dept. of Environmental Mgt.	www.in.gov/idem
KnoZone	www.knozone.com
National Heart, Lung, & Blood Institute	www.nhlbi.nih.gov/guidelines/asthma
Partnership for a Healthier Johnson Co. – Asthma Coalition	www.healthierjc.org
Pennsylvania Pediatric Asthma Toolkit	www.PAasthma.org Email ID: info@PAasthma.org Password: Asthma
Starlight Foundation	www.starlight.org
Winning with Asthma – “Coach’s Clipboard” Training	www.winningwithasthma.org
Zap Asthma Simulation	www.peachtreelearning.com

Acknowledgements

Participating Organizations

ADVANTAGE Health Solutions
Allen County Asthma Coalition
Alliance for Health Promotion
American Lung Association
Anthem Blue Cross Blue Shield
Anthem Hoosier Healthwise - WellPoint, Inc.
Asthma Alliance of Indianapolis
Bloomington Hospital
Butler University
City of Evansville
City of Indianapolis –
Knozone Program, Clean Air Matters
Clarian Health
Delaware County Health Dept.
Franklin Township Comm. Schools
GlaxoSmithKline
HealthNet
HealthVisions Midwest, Inc.
Healthy Communities of LaPorte Co.
Hendricks County Health Dept.
Improving Kids' Environment
Indiana AHEC Program
Indiana Dept of Education
Indiana Dept. of Environmental Mgt.;
Office of Pollution Prevention & Technical Assistance
Indiana Environmental Health Assoc.
Indiana Farm Bureau Insurance
Indiana Minority Health Coalition
Indiana School Boards Assoc.
Indiana State Department of Health
Indiana Tobacco Prevention & Cessation
IU Asthma Clinical Research Center
IU School of Medicine
IU School of Nursing
Ivy Tech Community College
James Whitcomb Riley Hosp. for Children
Johnson Memorial Hospital
Managed Health Services
MDWise Hoosier Alliance
Merck & Co., Inc.
Minority Health Coalition of Marion Co.
Novartis Pharmaceuticals, Inc.
Parkview Hospital
Putnam Co. Tobacco Prevention & Cessation
Riley Hospital for Children
Schneck Medical Center
South Shore Clean Cities
St. Mary's Medical Center
Tippecanoe Comm. Health Clinic
Tobacco Free Partnership of Tippecanoe County
U.S. EPA Region 5
Union Hospital Health Group
Wishard Hospital

Indiana State Asthma Plan

Goals & Objectives 2009-2014

Data and Surveillance	Children and Youth	Health Care Provider	Environmental Quality	Public Education		
<p>GOAL 1 Improve & maintain data surveillance</p>	<p>GOAL 2 Increase awareness among school aged children & their communities</p>	<p>GOAL 3 Improve asthma mgt. knowledge among regulated early child care staff</p>	<p>GOAL 4 Increase use of best practices & NAEPP guidelines in diagnosis & management of asthma by health care providers</p>	<p>GOAL 5 Reduce environmental triggers that contribute to asthma</p>	<p>GOAL 6 Increase awareness & educate Hoosiers about asthma</p>	<p>GOAL 7 Increase InJAC membership</p>
<p>(Developmental) Develop & pilot instrument to collect data from Indiana School Districts about asthma related absenteeism</p>	<p>Increase percentage of superintendents who receive asthma education training from 5% to 30%</p>	<p>Increase number of early child care providers who are trained on asthma triggers & mgt. to 200</p>	<p>Increase health care professional societies InJAC membership from 12 to 25</p>	<p>(Developmental) Reduce the environmental triggers that contribute to asthma in 10 schools & early child care settings each year</p>	<p>Increase the number of schools from 3 to 50 implementing an environmental intervention program</p>	<p>Increase number of members from 100 to 150</p>
<p>(Developmental) Include a question on BRFSRS regarding flu immunizations and children</p>	<p>Increase number of trainings available to school building administrators from 2x/year to 10x/year</p>	<p>(Developmental) Increase number of early child care settings with implemented asthma action plans to 100</p>	<p>(Developmental) Increase by 10% each year the use of InJAC website toolkit by health care providers</p>	<p>(Developmental) Reduce the environmental triggers to asthma in 50 homes &/or rental properties each year</p>		<p>Increase number of active workgroup members from 20 to 40</p>
<p>(Developmental) Establish trend lines of asthma related data on Asthma Burden Report</p>	<p>Increase number of school nurses educated on asthma mgt. from 10% to 50%</p>		<p>Increase number of patients reporting asthma care outcomes consistent with NAEPP EPR-3 Key Clinical Guidelines for Quality Asthma Care</p>	<p>Collaborate with 1 new state agency or partner to address indoor & outdoor environmental triggers</p>		
	<p>Increase number of school principals & asst. principals educated on asthma mgt. from 30 to 150</p>		<p>(Developmental) Assess number of academic institutions that educate health care providers to incorporate NAEPP guidelines</p>	<p>Increase the number of school districts with tobacco free campus policy from 65% to 85%</p>		



Indiana State Department of Health

For further information about
Asthma in Indiana, contact the
Indiana State Department of Health
Asthma Program
at 317-233-7299,
at www.asthma.in.gov, or
www.injac.org