The Indiana Plan to Improve Asthma Outcomes

April 2012

Created By:

Indiana State Department of Health's Chronic Respiratory Disease Program
and the
Indiana Joint Asthma Coalition

This document is funded by
Centers for Disease Control and Prevention
Cooperative Agreement #U59EH000507

Table of Contents

History of the Indiana Joint Asthma Coalition

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.

In 2003, the leadership of the Indiana State Department of Health (ISDH) and the Indiana Department of Environmental Management (IDEM) received funding to assist in forming the first statewide asthma coalition. Individuals and organizations were invited to form InJAC with the initial charge of producing Indiana's State Asthma Plan.

The coalition formed multiple workgroups to tackle the many areas their mission of reducing the burden of asthma in Indiana set out to tackle. The Children and Youth, Data and Surveillance, Environmental Quality, Health Care Providers and Public Education workgroups have been standing workgroups throughout the coalition's history. In 2011, a sixth Advocacy workgroup was added to the fold and in 2012; the coalition is working to add a Resources Development committee.

As each workgroup continues to strive towards its goals, use of technology has increased. InJAC's website (www.injac.org) and presence on social networking sites like Facebook, Twitter and YouTube, provide greater opportunities for outreach. These new forums continue to pave the way for InJAC to provide Hoosiers with easy access to asthma information and resources.

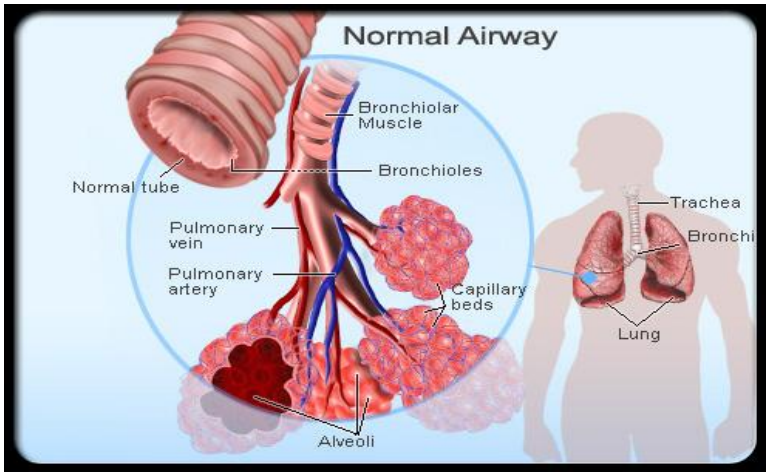
Coalition members have reached out to the Indiana Office of Minority Health and its 25 regional coalitions, the Tobacco Prevention and Cessation Commission (TPCC), the Indiana School Board Association (ISBA), Indiana Department of Education (IDOE),

school nurses, coaches, and many other organizations providing services for or care of children. More unified policies, practices and education addressing asthma control in our schools and early child care settings are continuing to become a reality.

The Indiana State Asthma Plan is considered a work in progress and will continue to change over time. The goals, objectives and strategies outlined in this State Plan are current as of April, 2012.

What is Asthma?

Asthma is a chronic disease that affects the airways and lungs. The inside walls of those airways are inflamed in people with asthma making them more sensitive and reactive to "triggers." Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath and coughing. People with asthma are not affected by every trigger and responses can vary.



Common triggers for people with asthma include:

- Animals (pet hair or dander)
- Changes in weather (most often cold weather)
- Chemicals in the air or in food
- Cockroaches
- Dust
- Exercise
- Feathers
- Food
- Mold
- Outdoor air pollutants and ozone
- Pollen
- Respiratory infections, such as the common cold
- Strong emotions (stress)
- Tobacco smoke

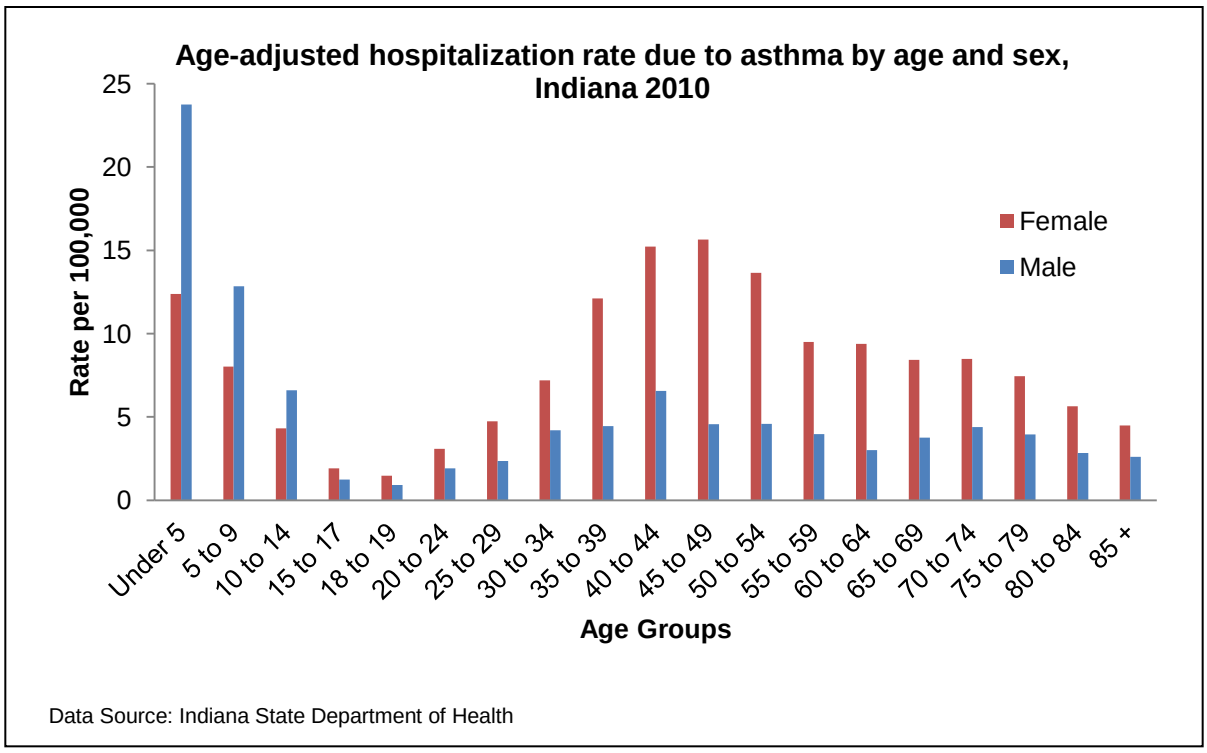
Asthma affects people of all ages, but it most often starts during childhood. An estimated 300 million people worldwide suffer from asthma, with 250,000 annual deaths attributed to the disease. According to a 2007 Centers for Disease Control and Prevention study, in the United States, more than 34 million people have asthma and an estimated 9.6 million of these people are children.

According to the Indiana Hospital Association, there were a total of 30,192 Emergency Department visits in Indiana during 2010. Of those, 11,475 (38 percent) were children.

The Burden of Asthma in Indiana

The 2011 Indiana Asthma Burden Report provides information about the prevalence of asthma among adults and children, as well as hospitalizations, emergency department visits, mortality and the economic cost associated with asthma. It also describes risk and protective factors, and interventions implemented by the Indiana State Department of Health (ISDH). The data presented in this report helps identify populations and geographical areas where the burden of asthma is particularly high. This is critical information for effective planning and resource allocation to address asthma and asthma-related issues. The information given in the report is also useful for asthma education and for guidelines to implement interventions that reduce asthma in the state.

Asthma carries a significant public health burden in Indiana. Asthma affects people of all ages and the severity of the disease differs from one person to another. Specific methods of detection, intervention and treatment exist that may reduce this burden and promote better health.



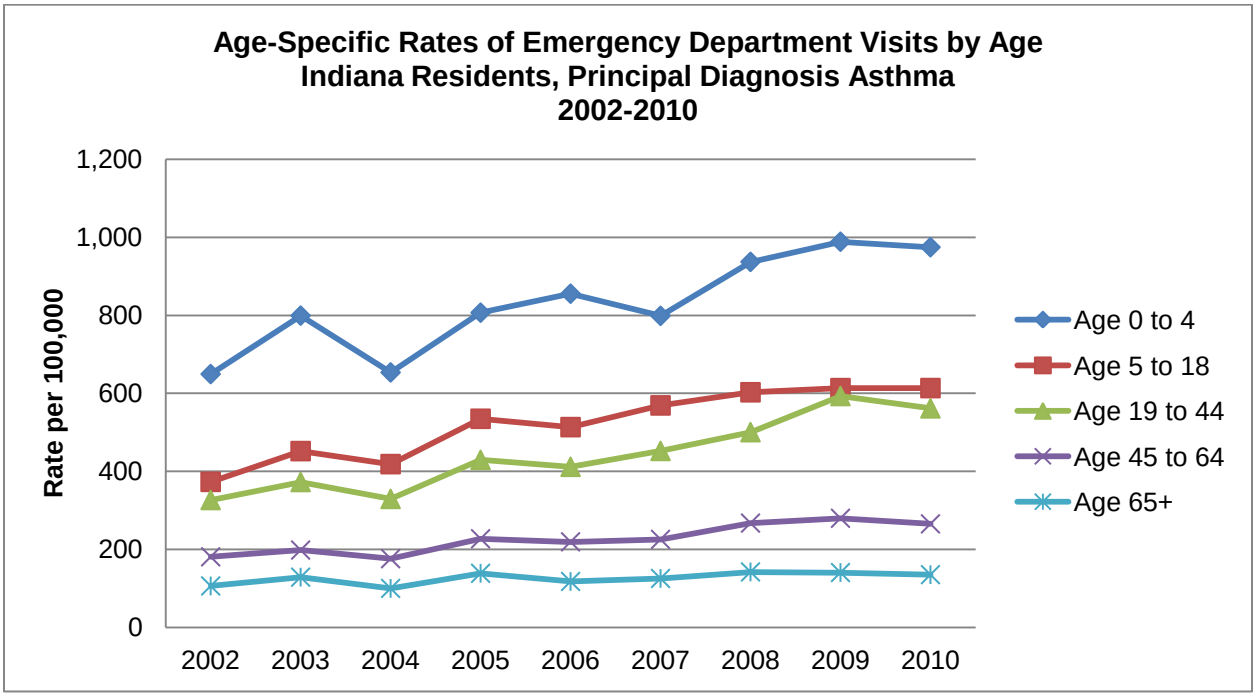
Data Source: Indiana State Department of Health

- Asthma is the third leading cause of hospitalization due to illness among children under the age of 17. In 2010, there were 8,351 hospitalizations with a principal diagnosis of asthma in Indiana, for an age-adjusted hospitalization rate of 12.75 per 10,000 Indiana residents.

- In 2010, an estimated 457,000 (9.5%) Indiana adults and 136,000 (8.8%) children reported currently having asthma. More than 14 percent of adults and 13 percent of children reported having been diagnosed with asthma at some point during their lifetime.

- Nearly 24 percent of high school students reported having asthma at some time in their lives and 12.2 percent reported experiencing asthma symptoms in 2009.

- There were 30,192 emergency room department visits related to asthma in 2010 – a decrease of nearly 1,000 visits from 2009.



Data Source: Indiana State Department of Health

It is clear from the trend analysis above that there is an urgent need to get asthma under control in Indiana.

- More than 8,000 hospitalizations were recorded due to asthma in 2010 – a decrease of 8.7 percent from 2009.

- In 2009, 71 Indiana resident deaths listed asthma as the underlying cause; 40 were females and 31 were males.

- In Indiana, the estimated economic cost attributed to asthma-related hospitalization was $122 million in 2009. The estimated cost of asthma-related emergency department visits was $46 million.

InJAC Workgroups

Advocacy

InJAC's Advocacy workgroup was formed in 2011 to support legislation and formal policies that affect those with asthma.

One of the first goals the group set out to tackle was a formal policy plan, which includes creating institutional changes in healthcare facilities that don't already require their staff to get influenza vaccines during the flu season. Only 40 percent of health care workers on average were actually immunized in the last few years.

InJAC Advocacy Chair Lindsay Grace, also chair of the Smoke-free Indy campaign, speaks at a press conference on the importance of passing a comprehensive smoke-free law.

The Advocacy Workgroup will also work with partners to reduce outdoor burning, starting with the development of a database for outdoor burning violation reporting.

The coalition believes that every worker has the right to breathe clean air. Since cigarette smoke is one of the most common triggers for asthma, InJAC will continue advocating for smoke-free workplace environments for all Hoosiers.

A Smoke-free Indiana and Cleaner Air for All

In 2012, the Indiana General Assembly approved a ban on smoking in most public places and businesses. This ordinance exempts casinos, private clubs, tobacco stores and some in-home businesses.

While the ban was less comprehensive than InJAC's Advocacy committee would have liked, they played an essential role in getting the bill into the 2012 Legislative session.

Children and Youth

The Children and Youth workgroup and the ISDH Chronic Respiratory Disease Section have directed significant resources towards educating child care providers and school personnel in the reduction of asthma triggers within their facilities, and helping the children in their care better manage their asthma.

Improving Asthma Knowledge in Schools and Childcare

InJAC Public Education Co-Chair Robin Costley, who also serves as the Coalition Manager for the Asthma Alliance of Indianapolis and an Asthma Educator for the Marion County Health Department, is one of several presenters at ISDH's Asthma Trainings for School Nurses and Coordinators throughout Indiana.

For the past several years, the Indiana Department of Education (IDOE) has offered training for school nurses in asthma management.

As a result of a partnership with the ISDH Chronic Respiratory Disease Section, these regular trainings have been expanded to include Indoor Air Quality Coordinators for schools throughout the state.

Additionally, the child care provider training that has been available only through in-person delivery, will soon be available on-line, and rather than being an option, will be a

requirement for 5-Star Child Care designation through Indiana Department of Environmental Management (IDEM)

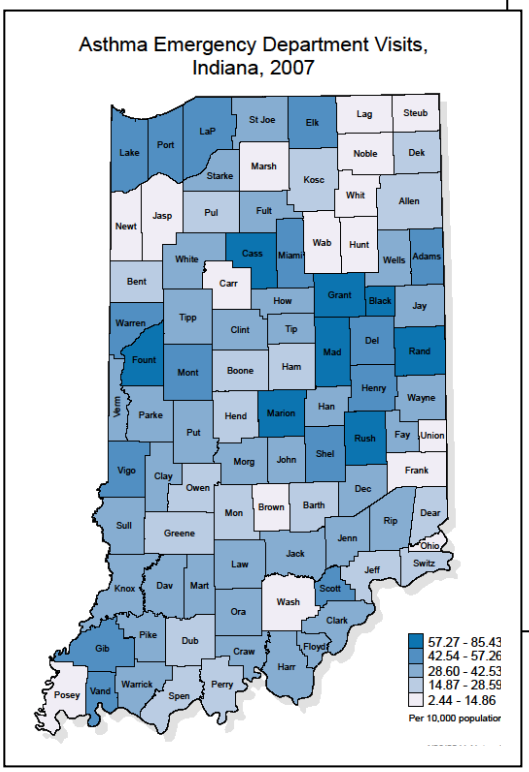
Data and Surveillance

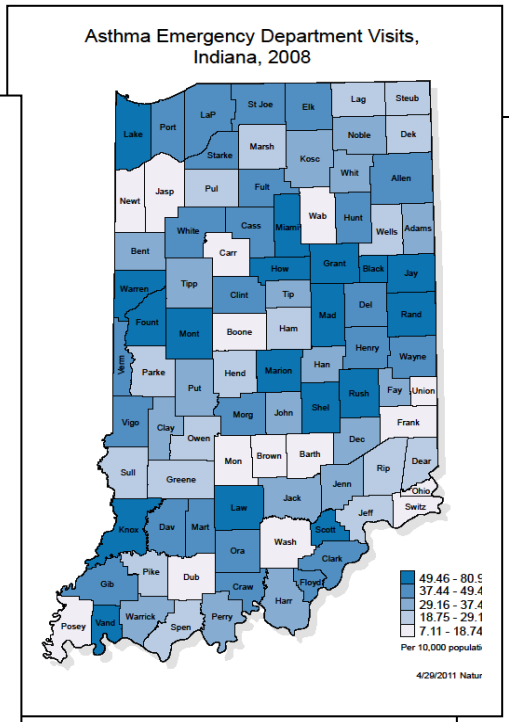
InJAC's Data and Surveillance team will continue their focus on the development and implementation of a comprehensive asthma surveillance program. Strategies for this group include addressing data needs; developing a comprehensive and structured asthma data surveillance system; ensuring timely access to data; and creating standard data definitions.

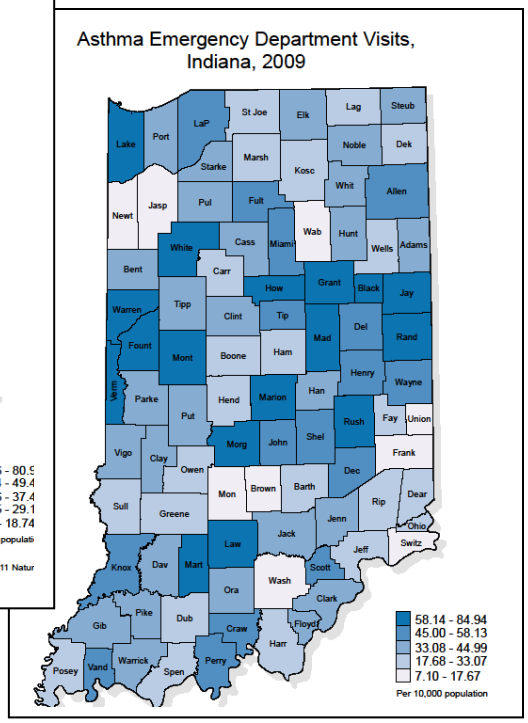
Emergency Room Data: A Trend Report

The Chronic Respiratory Disease Section of ISDH, with the help of members of InJAC's Data and Surveillance Workgroup, created a trend report for the coalition, illustrating the increasing number of emergency department visits due to asthma throughout the state. In addition to the trend graphs, maps were created to provide a visual overview of locations where asthma-related emergency department visits have grown the most.

As seen below, over a period of three years, cases of emergency room visits because of asthma increased substantially. Providing this type of information is at the core of InJAC's strategies moving forward, as the membership investigates the causes and solutions for reducing Indiana's asthma burden.







Environmental Quality

The Environmental Quality workgroup focuses on identifying environmental hazards and work-related risk factors that contribute to asthma. Strategies for this group address environmental hazards that contribute to Indiana's asthma burden in Indiana homes and commercial buildings; schools and regulated child care settings; outdoor air; and indoor and outdoor workplaces.

Fly-a-Flag Program one of the many ways Hoosiers are learning about the importance of our shared environmental health

At the beginning of the 2011-2012 school year, several schools around the state, including Hoover Elementary School in Crawfordsville, Indiana, implemented the Fly-a-Flag program.

Lexi Ridden, Hoover Elementary school nurse Amy Riggen, Indiana Department of Health environmental scientist (and InJAC member) Margaret Rabe, Hoover Principal Kim Nixon and Lindsey Riggen hold the flags that will be flown outside the school this year to indicate air quality. *Photo courtesy of Crawfordsville's Journal Review.*

Fly-a-Flag's goal is to create awareness of outdoor air quality so school children can continue to play and have fun while protecting their health, even when air quality is in an unhealthy range. It also educates people who live in the community about air quality so they, too, can take precautions on days when poor air quality might interfere with normal daily activities.

In order to participate in the program, Fly-a-Flag campuses must be smoke-free and idle-free zones. The school's administrators must also have individual asthma plans in place for the children at the school who have asthma.

The program teaches students to recognize and advertise the different types of air quality days. At the beginning of the school day, a student volunteers to post the flag corresponding to the day's Air Quality Index rating. If the air quality is good the flag will be green; a yellow flag means moderate air quality; an orange flag indicates that the air quality is unhealthy for sensitive groups (such as people with asthma) and if the air quality is unhealthy for the general population, a red flag is flown. The Fly-a-Flag

program is one of many that InJAC's Environmental Quality workgroup and the ISDH Chronic Respiratory Disease staff promotes throughout the year.

Health Care Providers

The Health Care Provider workgroup focuses on asthma management by practicing providers, future health care providers, and meeting patient needs most effectively in a medical home. Strategies for this group address best practice guidelines, patient education that include asthma action plans, health benefit coverage and reimbursement and health care provider education.

Fort Wayne's Parkview Hospital is a national leader in asthma care

Parkview Hospital was one of the recipients of grant funding from the ISDH Chronic Respiratory Disease Section in 2010 and 2011. This funding provided the opportunity to expand a demonstration project implemented by Parkview Hospital in Fort Wayne.

The Parkview Hospital Emergency Room Asthma Call Back Program has reduced the number of ED visits and improved the lives of many local residents. The Community Nursing staff developed a plan to include initial assistance, educational follow-ups and in-home assessments for asthma triggers. The program was expanded to include Parkview Regional Medical Center's ED patients in 2011. Future plans include expansion to additional hospitals in the Parkview system in the coming years.

Photo courtesy of the Fort Wayne Business Weekly

Parkview Health's Integrated Community Nursing Program is one of five programs nationally to receive the American Hospital Association (AHA) NOVA Award, which recognizes hospitals that improve the quality of life for people in the community, like Al McGinnis, an asthma patient. InJAC members Jan Moore, left, a Parkview Health community nursing respiratory therapist, and Deb Lulling, a registered nurse and asthma educator, share a laugh with Al in the living room of his Fort Wayne home.

Telephone interviews review the status of asthma control, discharge instructions, and medications 1-2 weeks after a patient is discharged. Subsequent telephone follow-up calls are made at 1-2 months, 6 months, and at 1 year post discharge. If the patient is hospitalized between follow-up calls,

another call is made to check on the patient's status. The hospitals' Medication Assistance Program (MAP is utilized when prescription are not filled due to inability to pay. Assurance of a medical home and follow-up appointment are discussed. Patients without a medical home are referred to the Parkview Hospital Physician Referral Hotline, Parkview Medical Group, or local free medical clinics. Asthma Education materials are sent to patients with their permission. Home visits are conducted per patient request to identify and help strategize ways to minimize asthma triggers in the home.

The Parkview staff has not rested in their accomplishments though. They continue in their effort to reach out and improve the lives of all Hoosiers with asthma. Currently, they are working with ISDH to evaluate the program's effectiveness. With this formal evaluation, they hope to get a better picture of the overall health improvement benefit and economic impact of the program. Once the evaluation is complete, they will be creating a user manual for other sites to replicate the program. Their goal is to encourage other hospitals to replicate the program by 2013!

Public Education

The Public Education workgroup aims to increase public awareness of asthma as a serious chronic disease and improve on the knowledge and skills of patients regarding the detection, treatment, and control of asthma, particularly among high-risk populations. Strategies for this group address asthma education and public awareness; asthma information resources; peer education and social support; access to quality asthma education programs; and asthma coalition building.

Getting Social for Asthma

In 2011, members of the Public Education workgroup decided to expand their web presence. While InJAC has had a website for several

years, the coalition's presence on sites like Facebook, Twitter, YouTube and LinkedIn are on-going outreach efforts.

Not only have these sites allowed InJAC to reach new audiences, they also work as excellent networking tools with other asthma, health and environmental-focused organizations.

In early 2012, with the sites less than six months old, the combined membership on InJAC's various social networks included more than 150 people and organizations around Indiana and the United States.

Goals and Objectives

Goals in previous Asthma State Plans were developed and listed by workgroup. As a result, some goals overlapped. This revised and updated State Plan outlines major goals for the entire coalition and various partners throughout Indiana. It indicates strategies adopted by various workgroups and partners to achieve the goals. These overarching goals which are:

1. **Improve surveillance throughout the state of Indiana.**
2. **Increase awareness of asthma among school personnel and child care providers.**
3. **Increase the use of evidence-based guidelines in the diagnosis and management of asthma by health care providers and others.**
4. **Reduce the environmental triggers that contribute to asthma in Indiana.**
5. **Expand InJAC visibility and assure coalition sustainability**.

Goal 1: Improve surveillance throughout the state of Indiana

Objective 1: By December 31, 2013, the workgroup will establish a partnership with at least one college or university in which students and faculty are doing research related to asthma.

Strategy 1: The Data and Surveillance workgroup will develop a list of the colleges or universities conducting asthma research in Indiana, including names and contact information of Deans or Department Chairs.

Strategy 2: The Data and Surveillance workgroup will follow up with contacts from the list to develop partnership(s).

Strategy 3: These contacts will work with the Data and Surveillance workgroup to review data from the university research to determine if it can be used as a data source for asthma information that can be disseminated statewide.

Strategy 4: The Data and Surveillance workgroup will discuss the possibility of an intern to assist them in coordinating this and other projects as needed.

Objective 2: By December 31, 2013, the Coalition will provide internship opportunities for one or more students to work with the Data and Surveillance workgroup on at least one data analysis project.

Strategy 1: The Data and Surveillance workgroup will develop an internship activity description for student projects and designate a qualified person to supervise the intern.

Strategy 2: Data projects will culminate in a final product (report, fact sheet, etc.) that will be disseminated via InJAC's various media.

Goal 2: Increase awareness of asthma among school personnel and childcare providers

Objective 1: Create asthma education opportunities where they are lacking throughout the state of Indiana and assist in promoting the trainings that are already available.

Strategy 1: InJAC's Public Education workgroup will promote available online asthma trainings, such as *Winning with Asthma: The Coach's Clipboard Program*, to appropriate audiences throughout the state.

Strategy 2: InJAC will promote available school nurse trainings hosted by the Indiana State Health Department and the Indiana Department of Education on asthma management throughout the state.

Strategy 3: InJAC will promote Indoor Air Quality Coordinator trainings across the state.

Objective 2: Increase the number of school personnel and childcare providers who participate in asthma related trainings from 50 per year to at least 150 per year.

Strategy 1: The Children and Youth workgroup will partner with the Department of Education to promote available trainings through their listserv to all school personnel.

Strategy 2: The ISDH Chronic Respiratory Disease Section and Environmental Quality workgroup will partner with the Indiana Department of Environmental Management (IDEM) to make asthma training a requirement for all 5-Star childcare centers.

Strategy 3: The Data and Surveillance workgroup will analyze pre-test and post-test results from trainings (i.e. School Nurse, IAQ and Coach's Clipboard trainings) to conduct a gap analysis to target areas of the state for additional training.

Strategy 4: The ISDH Chronic Respiratory Disease Section arrange additional trainings in areas identified by the pre- and post-tests.

Goal 3: Increase the use of evidence-based guidelines in the diagnosis and management of asthma by health care providers and others.

Objective 1: By August 31, 2014, the number of health care professional societies in Indiana promoting evidence-based guidelines for asthma management will increase by 30 percent as measured by a survey administered by the InJAC Health Care Providers workgroup.

Strategy 1: The Health Care Provider workgroup will work with the Data and Surveillance workgroup to establish a baseline of professional societies in Indiana promoting evidence-based guidelines for asthma management by administering a survey of InJAC members participating in these societies, and other professional society members.

Strategy 2: InJAC members will promote adoption of evidence-based guidelines by professional societies and their members.

Strategy 3: InJAC members will actively recruit new InJAC members from professional societies in order to extend the reach of InJAC and its promotion of evidence-based guidelines.

Strategy 4: InJAC members will seek resolutions of endorsement, urging society members to become aware of and adhere to evidence-based guidelines.

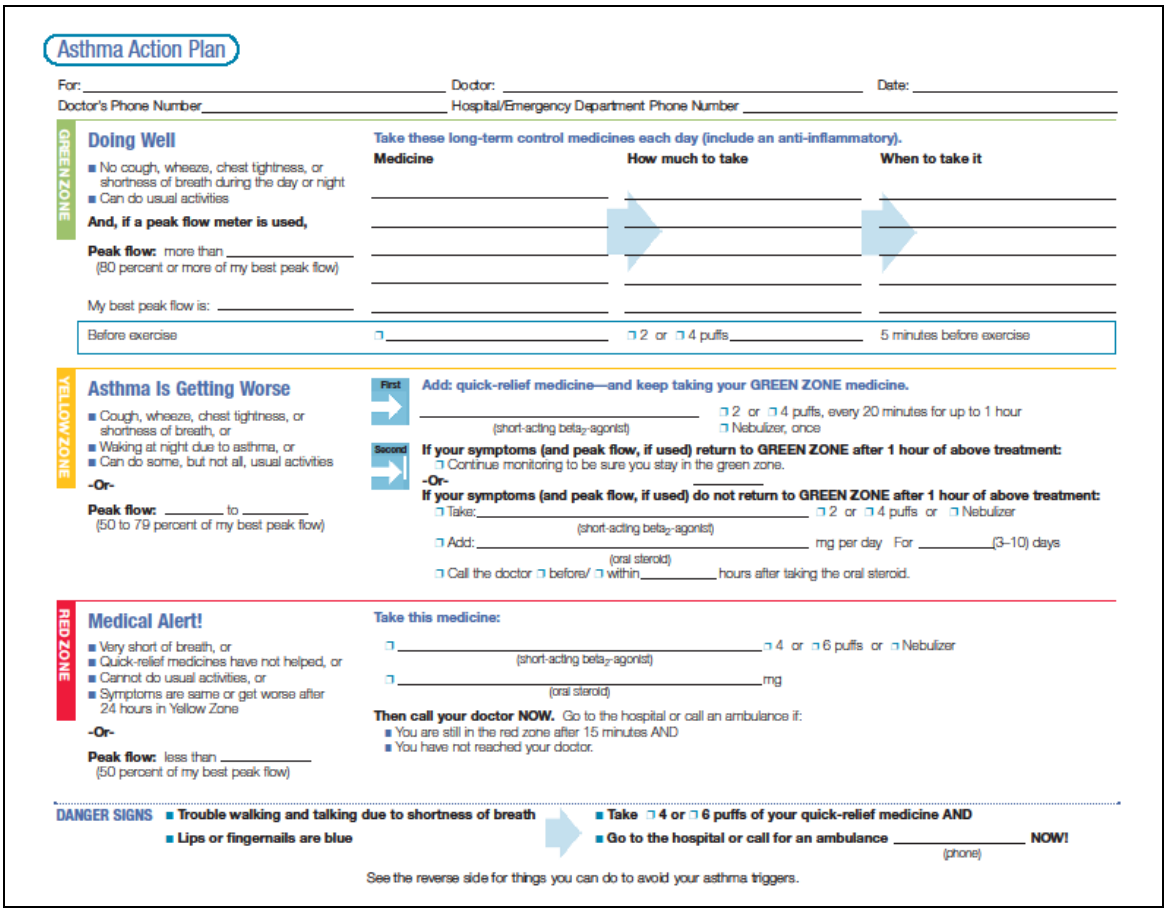
Strategy 5: InJAC members will serve as resources and make presentations on evidence-based guidelines for asthma management at various professional and community meetings and share information about those presentations with InJAC via the InJAC Activity Log on the website.

Objective 2: (Developmental) By August 31, 2015, utilization of an evidence-based guidelines toolkit section of the InJAC website by health care providers and others will increase by 10 percent each year as measured by visitor 'hits' on items in the toolkit section.

Strategy 1: The Health Care Provider workgroup will consistently review and update the toolkit section to provide the most relevant and up-to-date information.

Strategy 2: The Public Education workgroup will publicize information about toolkit availability and content through InJAC's various communications channels.

Strategy 3: As clinical practice tools are revised or newly available on the InJAC website, InJAC members will be advised and encouraged to share these resources with colleagues in order to promote adoption of evidence-based guidelines.



Asthma Action Plan

For: _____ Doctor: _____ Date: _____

Doctor's Phone Number _____ Hospital/Emergency Department Phone Number _____

GREEN ZONE

Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than _____ (80 percent or more of my best peak flow)

My best peak flow is: _____

Take these long-term control medicines each day (include an anti-inflammatory).

Medicine	How much to take	When to take it
Before exercise ❒ _____	❒ 2 or ❒ 4 puffs _____	5 minutes before exercise

YELLOW ZONE

Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: _____ to _____ (50 to 79 percent of my best peak flow)

First

Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.

_____ (short-acting beta$_2$-agonist) ❒ 2 or ❒ 4 puffs, every 20 minutes for up to 1 hour ❒ Nebulizer, once

Second

If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

❒ Continue monitoring to be sure you stay in the green zone.

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

❒ Take: _____ (short-acting beta$_2$-agonist) ❒ 2 or ❒ 4 puffs or ❒ Nebulizer

❒ Add: _____ (oral steroid) mg per day For _____ (3–10) days

❒ Call the doctor ❒ before/ ❒ within _____ hours after taking the oral steroid.

RED ZONE

Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Peak flow: less than _____ (50 percent of my best peak flow)

Take this medicine:

❒ _____ (short-acting beta$_2$-agonist) ❒ 4 or ❒ 6 puffs or ❒ Nebulizer

❒ _____ (oral steroid) mg

Then call your doctor NOW. Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

DANGER SIGNS

- **Trouble walking and talking due to shortness of breath**
- **Lips or fingernails are blue**

- **Take ❒ 4 or ❒ 6 puffs of your quick-relief medicine AND**
- **Go to the hospital or call for an ambulance _____ (phone) NOW!**

See the reverse side for things you can do to avoid your asthma triggers.

Objective 3: (Developmental) By August 31, 2015 Indiana will have established a baseline for utilization of evidence-based guidelines for asthma diagnosis and management by health care providers in primary care settings by conducting a statewide primary care provider chronic disease practices assessment.

Strategy 1: The Health Care Provider workgroup will provide recommendations to the State Department of Health on assessment questions related to asthma diagnosis and management to include in the statewide assessment tool.

Strategy 2: InJAC members will encourage response to the assessment tool through their individual and organizational partners and professional society memberships.

Strategy 3: After determining the number of hospital systems that have incorporated evidence-based practices into their electronic records management systems, the Health Care Provider workgroup will work with hospitals without such integration to determine the best way to ensure their practitioners are utilizing evidence-based guidelines.

Objective 4: (Developmental) By August 31, 2015 Indiana will have established a baseline for implementation of hospital administered home environmental trigger reduction programs (as supported by evidence in The Community Guide to Preventive Services) by administering a statewide hospital asthma related practices assessment tool.

Strategy 1: The Health Care Provider workgroup will identify assessment questions related to hospital administered home environmental trigger reduction programs to include in the statewide assessment tool.

Strategy 2: InJAC members will encourage response to the assessment tool through their professional partners and influence.

Strategy 3: InJAC members will work with the Indiana Hospital Association, hospital quality improvement organizations, and other Indiana organizations providing healthcare to ensure the assessment tool is promoted to hospitals throughout Indiana.

Goal 4: Reduce the environmental triggers that contribute to asthma in Indiana

Objective 1: By August 31, 2015, environmental triggers that contribute to the burden of asthma will be reduced in 30 Indiana school systems.

Strategy 1: The Environmental Quality workgroup will provide 10 Integrated Pest Management (IPM) and/or Tools for Schools and/or Indoor Air Quality (IAQ) presentations each year. Those that choose to implement any of the tools or programs presented will be identified and commended on the InJAC website.

Strategy 2: School personnel who participate in training will receive follow-up contact from the Environmental Quality workgroup two months after the training to determine if they have changed any practices because of knowledge they gained in the training.

Strategy 3: The Environmental Quality workgroup will ensure that at least 30 Indiana schools establish Idle-Free zones on school property.

Strategy 4: The Environmental Quality workgroup will work with the Indiana State Health Department and the Indiana Department of Education to disseminate model policies regarding Idle free zones, Indoor Air Quality and Integrated Pest Management that school districts can adopt.

Objective 2: By August 31, 2014, InJAC will collaborate with at least three other state agencies or partner organizations to address indoor and outdoor environmental triggers of asthma.

Strategy 1: The Environmental Quality workgroup will encourage InJAC members to track actual number of home visits made by coalition members whose job includes interventions to reduce in-home asthma triggers, using an activity log.

Strategy 2: Results from the activity log will be reported annually on InJAC's website.

Objective 3: (Developmental) By August 31, 2014, develop a partnership with a university or college program to gather data on Animal Feeding Operations (AFOs) in Indiana that can be used in assessing human health and air quality impacts.

Strategy 1: Identify the approach for the data collection, including such choices as a health survey or respiratory survey, to establish baseline data regarding human health and air quality impacts around rural AFOs.

Strategy 2: Recruit faculty, students and any other necessary participants to contribute to the project and establish a timeline for its completion.

Objective 3: (Developmental) By June 30, 2015, InJAC will work with partners to strengthen the 2012 statewide smoke-free workplace ban to include bars, restaurants and casinos, at both the local and statewide levels.

Strategy 1: The Coalition will advocate for stronger smoke-free workplace ordinances that include bars, restaurants and casinos.

Strategy 2: The Coalition will support legislation to increase Indiana's tobacco tax.

Strategy 3: Members of the Advocacy Workgroup will work with partners and meet with legislators to provide evidence based information about the impact of increasing the tobacco tax on smoking and secondhand smoke exposure.

Objective 4: (Developmental) By June 30, 2013, create an online resource (database) to assist Hoosiers in reporting outdoor burning to the proper officials.

Strategy 1: By June 30, 2012, the Advocacy workgroup will create a template for a contact list of appropriate county and city officials who are charged with enforcing no outdoor burning ordinances.

Strategy 2: By August 31, 2012, upload the contact list (database) to the InJAC website.

Strategy 3: Advocacy will work with the Public Education workgroup to publicize this resource and encourage the public to share successes on social media pages.

Strategy 4: Monitor website hits and referrals to track online database use.

Objective 5: (Developmental) By June 30, 2014, using the research obtained from Objective 2, identify and publicize one or more model communities that have addressed improving outdoor air quality by ordinance, regulation or policy.

Strategy 1: Advocacy workgroup will review information from the database (Objective 2) to determine any potential policy models in counties throughout Indiana that could be adapted for use by other counties.

Strategy 2: The Advocacy workgroup will create an online toolkit with resources and ideas for others to advocate for improved air quality in their own communities.

Objective 6: By August 31, 2014, InJAC will promote toolkits and informational materials that can be used by insurance providers and employers about improving air quality in the home and workplace to reduce the high cost of absenteeism due to asthma.

Strategy 1: The Coalition will contact insurance providers, employers, wellness coordinators, and others to identify avenues that are currently available to provide asthma information to policyholders, and employees and their families.

Strategy 2: The Coalition will take an active role in the Indiana Workplace Wellness Council, and seek opportunities to make presentations regarding InJAC activities and the state's work to reduce the burden of asthma.

Objective 7: By August 31, 2014, community service organizations who serve children, families and adults in at least 15 counties will have received information or presentations about the impact of environmental improvement/asthma awareness programs.

Strategy 1: The Health Care Provider workgroup will obtain information from the Data and Surveillance workgroup and State Burden Report to identify the 15 counties with the highest rates of asthma and focus information delivery to hospitals, employers, and others within those counties.

Strategy 2: Coalition members will report presentations and activities in which they have been involved, on the InJAC activity tracking database using the Activity Log form.

Strategy 3: The Public Education workgroup will consult with the other workgroups to coordinate presentation content so messages are in alignment regarding environmental issues and asthma awareness best practices.

Goal 5: Expand InJAC visibility and ensure coalition sustainability

Objective 1: By August 31, 2014, ensure the sustainability of the coalition by increasing InJAC's outreach and visibility, especially in areas of the state with the highest asthma burden, as defined by the latest state Burden Report.

Strategy 1: The Coalition will encourage membership registration using InJAC's website, www.injac.org.

Strategy 2: The Coalition will invite, by formal letter, heads of organizations and groups who InJAC has identified as necessary partners in our mission and goals.

Strategy 3: The Coalition will utilize social marketing strategies (Facebook, Twitter, electronic newsletter, etc.) to inform members and generate interest in joining the coalition, as well as to expand the reach and visibility of InJAC.

Strategy 4: The Coalition will solicit members at every conference or event attended by an InJAC representative(s) and use a sign-up sheet to collect contact information for future invitations.

Strategy 5: The Public Education workgroup will work to develop a new brochure and other marketing materials that encourage InJAC membership as well as asthma awareness.
Strategy 6: The Coalition will develop a process for members to request informative materials prior to their activities and events around the state.

Objective 2: By August 31, 2014, ensure the sustainability of the coalition by increasing InJAC's social currency as measured by increasing our combined followers on social networking sites by 100 supporters each calendar year.

Strategy 1: Promote our Facebook, Twitter, LinkedIn and YouTube pages in InJAC promotional materials.

Strategy 2: Request InJAC members to promote our pages within their own social circles.

Objective 3: By December 31, 2012, develop starting budget of $500 to begin advertising our social networking site.

Strategy 1: Work with Facebook's Advertising division to promote InJAC to those users whose interests closely align with the work of InJAC.

Strategy 2: Work with Twitter's Promotion division to promote InJAC to those users whose interests closely align with the work of InJAC.

Objective 4: (Developmental) By August 31, 2012, create a Resources Development Committee, responsible for raising the funds to sustain InJAC financially.

Strategy 1: Form a committee of current and potentially new members who have knowledge and experience to lend in the areas of fundraising and development, to develop a budget needs assessment.

Strategy 2: Identify potential fiscal partners and solicit donations from them, based upon a budget needs-assessment and determined by the committee.

What You Can Do*

Health care providers can:

- Determine the severity of asthma and monitor how much control the patient has over it.
- Make an asthma action plan for patients. Use this to teach them how to use inhaled corticosteroids and other prescribed medicines correctly and how to avoid asthma triggers such as tobacco smoke, mold, pet dander, and outdoor air pollution.
- Prescribe inhaled corticosteroids for all patients with persistent asthma.

People with asthma and parents of children with asthma can:

- Receive ongoing appropriate medical care.
- Be empowered through education to manage their asthma and asthma attacks.
- Avoid asthma triggers at school, work, home, and outdoors. Parents of children with asthma should not smoke, or if they do, smoke only outdoors and not in their cars.
- Use inhaled corticosteroids and other prescribed medicines correctly.

*CDC Vital Signs, May 2011, http://www.cdc.gov/VitalSigns/Asthma/index.html

Schools and school nurses can:

- Use student asthma action plans to guide use of inhaled corticosteroids and other prescribed asthma medicines correctly, to avoid asthma triggers, and to develop targeted asthma education.
- Make students' quick-relief inhalers readily available for them to use at school as needed.
- Take steps to fix indoor air quality problems like mold and outdoor air quality problems such as idling school buses.

Employers and insurers can:

- Promote healthy workplaces by reducing or eliminating known asthma triggers.
- Promote measures that prevent asthma attacks such as eliminating co-payments for inhaled corticosteroids and other prescribed medicines.
- Provide reimbursement for educational sessions conducted by clinicians, health educators, and other health professionals both within and outside of the clinical setting.
- Provide reimbursement for long-term control medicines, education, and services to reduce asthma triggers that are often not covered by health insurers.

For more information about this plan or the current work being done to reduce the burden of asthma in Indiana, contact:

Indiana Joint Asthma Coalition
615 N Alabama Street, #426
Indianapolis, IN 46204
email@injac.org
www.injac.org
(317) 520-9343

or

Indiana State Department of Health
Chronic Respiratory Disease Section
2 North Meridian Street, 6th Floor
Indianapolis, IN 46204
http://www.in.gov/isdh/24965.htm
(317)233-7299

Updated 6/26/12

Indiana Joint Asthma Coalition Membership

Executive Committee

Angela Goode, President	**Minority Health Coalition of Marion County**
Dan Morgan, Treasurer	**Indiana Farm Bureau Insurance**
Marti Michel, Immediate Past President	**James Whitcomb Riley Hospital for Children**

Advocacy Workgroup

Lindsay Grace, Chair	**American Lung Association**
Emily Denton	Teva Pharmaceuticals
Martin Matthews	Merck & Company Inc.
Michael McDonald	Hendricks County Coalition for Tobacco Interven. and Prev.
Carol Price	Healthy Communities of Clinton County Coalition
Richard Stroup	Boone County Health Department

Children and Youth Workgroup

Jacqueline Richards, Chair	**St. Mary's Health System, Evansville**
Deborah Lulling, Co-Chair	**Parkview Hospital, Fort Wayne**
Albertine Allen	Minority Health Coalition of La Porte County
Angie Martin	HealthVisions Midwest, Inc.
Ann Alley	Indiana State Department of Health
Barbara Whitson	Indiana Family & Social Services Administration
Cindy Miller	St Vincent Clay Hospital
Danette Farris	St. Vincent Hospital
Debbie Koehl	Indiana University Health
Diana Butler	Evansville School Community Council
Donna Stephens	Learning Well Inc.
Ellen Hennessy-Harstad	Indiana University Northwest School of Nursing
Ellen Bloom	Indiana State Department of Health
Greta Darlage Achenbach	Indiana University Health
Jane Hollowell	Indiana University Southeast
Julie Slavens	Indiana School Boards Association
Julie St. Clair	University of Southern Indiana
Kathleen Kraner	Memorial Hospital and Health System
Laurie Ahlgrim	Metropolitan School District of Pike Township
Lisa Reed	Riley Hospital for Children
Lynne Bushlack	Teva Respiratory
Marc Lame	Indiana University
Maryann Suero	US Environmental Protection Agency
Michelle Mease	Managed Health Services
Nadia Krupp	Indiana University School of Medicine
Nancy Lloyd	MDWise Hoosier Alliance
Pamela Bryant	Metropolitan School District of Pike Township
Phil Ritchie	Lawrence Township Schools
Phyllis Lewis	Indiana Department of Education
Raul Rivas	Metropolitan School District of Pike Township
Sarah Ketterer	Indiana University Health
Sue Taylor	Memorial Hospital and Health System

Susan Lightle	Indiana Family & Social Services Administration
Traci Mehay	Monroe County United Ministries
Wendy Michalski	Indiana State Department of Health

Data and Surveillance Workgroup

Dr. Marc Rosenman, Chair	**IUPUI**
Linda Stemnock, Co-Chair	**Indiana State Department of Health**
Barbara Lucas	Indiana State Department of Health
Betty Jerome	Indiana Primary Healthcare Association
Dr. Jon Lewis	Indiana State Department of Health

Environmental Quality Workgroup

Lisa Cauldwell, Chair	**Health and Hospital Corporation of Marion County**
Barbara Cox	Indiana CAFO Watch
Carl Lisek	South Shore Clean Cities
Dennis Smith	Concerned Citizen
Dona Bergman	City of Evansville
Fayette Bright	Environmental Protection Agency
Jeanette Marrero	Environmental Protection Agency
Jodi Perras	I*mproving Kids' Environment*
Juan Carlos Ramirez	Ball State University
Judy Van Dyke	MDwise Hoosier Alliance
Julie Menefee	Johnson Memorial Hospital
Karen Teliha	Indiana Dept. of Environmental Management
LaKenya Johnson	Mother of children with asthma
Margaret Rabe	Indiana State Department of Health
Meghan McNulty	American Lung Association of Indiana
Monica Paguia	Environmental Protection Agency
Nancy Huffman	Delaware County Health Department
Nathan Byers	Indiana Department of Environmental Management
Rachel Buckman	Delaware County Health Department
Ron Clark	Indiana State Department of Health

Health Care Providers Workgroup

Jonathan Barclay, Chair	**Indiana AHEC Program**
Kristie Fernamberg,	**Co-Chair**
Chris Vlcan	Merck & Company Inc.
David Blair	Medical Care & Outcomes LLC
Frederick Leickly	James Whitcomb Riley Hospital for Children
Jamie Lee	Wishard Hospital
Julie Koehler	Butler University
Kelly Franks Henderson	MDWise Hoosier Alliance
Kristin Burdine	Teva Pharmaceuticals
Lynn Hert	Deaconess Family Medicine Residency
Marti Michel	James Whitcomb Riley Hospital for Children
Pat Jackson	Indiana University
Susan Wynn	Schneck Medical Center
Trudy Perry, RRT	St. Vincent Joshua Max Simon Primary Care Center
Vicky Hicks	Indiana University Health – Bloomington

Public Education Workgroup

Karl Nichols, Chair	**Saint Joseph County Minority Health Coalition**
Robin Costley, Co-Chair	**Asthma Alliance of Indianapolis**
Amy David	Anthem Blue Cross Blue Shield
Amy Emery	Health and Hospital Corporation
Angela Goode	Minority Health Coalition of Marion County
Angi Reeves	Anthem Blue Cross Blue Shield
Brenda Wilkerson	Johnson Memorial Hospital
Cecilia Williams	Tobacco-Free Coalition of Delaware County
Dan Morgan	Indiana Farm Bureau Insurance
Danette Farris	St. Vincent Indianapolis
Greg Mahuron	Hoosier Uplands
Jan Moore	Parkview Hospital
Jennifer Schatz	Gibson County Health Department
Kathy Syferd	Boone County Health Department
Linda Tarr	Hoosier Uplands
Michelle Eilerman	Anthem Blue Cross Blue Shield
Peg Stanish	Franklin Township Community Schools
Rebecca Schwartz	Centene Corp
Robert Jackson	Teva Respiratory
Sandra Gleim	Healthy Communities of LaPorte County
Susan Mayden	Ivy Tech Community College
Tammy Brinkman	Hendricks County Health Department
Teresa Dobrzykowski	Indiana University South Bend School of Nursing

Indiana State Health Department's Chronic Respiratory Disease Section

Barbara Lucas	**Director, Chronic Respiratory Disease Section**
Ellen Bloom	Program Coordinator
Margaret Rabe	Environmental Analyst
Michael Burns Assoc.	Asthma Program Evaluator
Amy Brandt	Chronic Respiratory Disease Epidemiologist

This document is funded by Centers for Disease Control and Prevention Cooperative Agreement #U59EH000507

Appendix – Healthy People 2020 Targets

			Indiana			US		Indiana Trend Data			
	Overarching Objective	**Component Objective**	**Indiana Baseline Value***	**Indiana 2020 Target**	**Indiana Baseline Year**	**US Baseline**	**US 2020 Target**	2006	2007	2008	2009
1.1	RD-1: Reduce asthma deaths	Under age 35	3.3		2006-07	3.4	NA				
1.2		Age 36-64	10.8		2006-07	11.0	6.0				
1.3		65 and older	41.1		2006-07	43.3	22.9				
2.1	RD-2: Reduce hospitalization rate for asthma	Under age 5	22.9		2007	41.4	18.1		22.9	25.7	27.8
2.2		Age 5-64	8.9		2007	11.1	8.6		8.9	9.8	11.0
2.3		Age 65+	20.7		2007	25.3	20.3		20.7	26.5	23.9
3.1	RD-3: Reduce rate of hospital emergency department visits for asthma	Under age 5	91.6		2007	132.7	95.5		91.6	94.2	98.8
3.2		Age 5-64	45.9		2007	56.4	49.1		45.9	46.2	51.2
3.3		Age 65+	18.5		2007	21	13.2		18.5	14.2	14.0
4.1	RD-4: Reduce activity limitation among persons with current asthma.					12.7	10.2				
5.1	RD-5: Reduce the proportion of persons with asthma who miss school or work days during the past 12 months	5-17 Children miss school				58.7	48.7				
5.2		18-64 Adults miss work				33.2	26.8				

			Indiana			US		Indiana Trend Data			
	Overarching Objective	**Component Objective**	**Indiana Baseline Value***	**Indiana 2020 Target**	**Indiana Baseline Year**	**US Baseline**	**US 2020 Target**	2006	2007	2008	2009
6.1	RD-6: Increase the proportion of persons with current asthma who receive formal patient education		4.5			12.1	14.4				
7.1	Increase the proportion of persons with asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines	RD-7.1: Increase the proportion of persons with current asthma who receive written asthma management plans from their health care providers.	28.8		2008	12.1	33.4	8.1	5.2	4.5	
7.2		RD-7.2: Increase the proportion of persons with current asthma with prescribed inhalers who receive instruction on their use.	96.4		2008	95.9		30.9	34.5	28.8	
7.3		RD-7.3: Increase the proportion of persons with current asthma who receive education about appropriate response to an asthma episode, including recognizing early signs and symptoms or monitoring peak flow results.	75.9		2008	64.8	68.5	97.2	95.5	96.4	
7.4		RD-7.4: Increase the proportion of persons with current asthma who do not use more than one canister of Short-Acting inhaled Beta Agonist per month recognizing early signs and symptoms or monitoring peak flow results.			2008	87.9	90.2	75.9	74.5	75.9	

			Indiana			US		Indiana Trend Data			
	Overarching Objective	**Component Objective**	**Indiana Baseline Value***	**Indiana 2020 Target**	**Indiana Baseline Year**	**US Baseline**	**US 2020 Target**	2006	2007	2008	2009
7.5	RD-7: Increase the proportion of persons with asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines	RD-7.5: Increase the proportion of persons with current asthma who have been advised by a health professional	38.3			50.8	54.5	43.0	37.5	38.3	
7.6		RD-7.6: (Developmental), Increase the proportion of persons with current asthma who have had at least one routine follow-up visit in the past 12 months.			2008	Developmental		43.0	37.5	38.3	
7.7		RD-7.7: (Developmental), Increase the proportion of persons with current asthma whose doctor assessed their asthma control in the past 12 months				Developmental					
7.8		RD-7.8: (Developmental), Increase the proportion of adults with current asthma who have discussed with a doctor or other health professional whether their asthma was work related.				Developmental					