



ALABAMA ASTHMA COALITION
STATE PLAN

A Report from the
**ALABAMA DEPARTMENT
OF PUBLIC HEALTH**
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ALABAMA DEPARTMENT OF PUBLIC HEALTH

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A LETTER FROM THE STATE HEALTH OFFICER

April 3, 2009

Dear Fellow Citizen:

I am pleased to introduce the 2009-2014 Alabama Asthma Plan by the Alabama Asthma Coalition. This plan is an outline for reducing the burden of asthma within our state.

Approximately 1 in 10 Alabamians currently has asthma. The rates of asthma are on the rise in Alabama, and the state's current and lifetime rates for asthma are now greater than those of the United States as a whole. Although asthma is found within all categories of the population, the burden of asthma is unequally borne by children, females, African Americans, and those with low income and educational levels.

The Alabama Asthma Coalition is a group of stakeholders from throughout the state who are committed to reducing the burden of asthma in Alabama. This burden document has been made possible by the dedication to this cause by the members of the coalition. It is the hope of the coalition that this document will guide activities throughout the state related to asthma.

Finally, I encourage you to become involved in reducing the burden of asthma on the citizens of Alabama. The members of the Alabama Asthma Coalition invite you to join them in this effort. More information about this can be found on our Web site, www.adph.org.

Sincerely,



Donald E. Williamson, M.D.

DEW/RW

EXECUTIVE SUMMARY

Asthma is one of the most common chronic diseases in the United States, and the rates of asthma are steadily climbing in Alabama. As many as one in ten Alabamians may be affected. The Centers for Disease Control and Prevention (CDC) defines asthma as a chronic disease of the airways that causes recurrent and distressing episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. The CDC also states that asthma is a complex disease that requires a long-term and multifaceted solution. This includes educating, treating, and providing ongoing medical care and monitoring for people with the disease, changing behaviors that lead to asthma or make it worse, and eliminating or avoiding triggers.

The Alabama Asthma State Plan is a course of action created by the Alabama Asthma Coalition (AAC) and other stakeholders throughout the state. The plan aims to decrease the burden of asthma on the citizens of Alabama. The Alabama Asthma State Plan and ACC were created as work on asthma developed among the Alabama Department of Environmental Management, the Alabama Medicaid Agency, and the Steps to a Healthier Alabama Program at the Alabama Department of Public Health (ADPH). The plan will be used to enhance statewide asthma prevention activities and disease management. It can be used by those in healthcare, schools, community and nonprofit organizations, government agencies, and others. The plan will be available in printed form as well as being available in an on-line, downloadable version on the ADPH Web site. It is set up in a five-year format and will be executed as resources become available or opportunities present themselves.

ALABAMA ASTHMA COALITION

The AAC was convened in the summer of 2008. Stakeholders interested in asthma from many disciplines throughout the state were invited to participate in the AAC. The coalition began work on the Alabama State Asthma Plan at its first meeting. The members decided to create six subcommittees: Healthcare, Community, Schools, Environmental, Data and Surveillance, and Policy and Advocacy. The coalition continued work via electronic communication and held a second meeting during the winter of 2009. The AAC decided that quarterly meetings would be appropriate for the work of the coalition, and co-chairs were nominated and approved. While work was ongoing with the state plan, the Alabama Asthma Burden Report was also being compiled.

THE BURDEN

Alabama's rates for asthma, both current and lifetime, exceed those for the U.S. as a whole. Approximately one in ten Alabamians has asthma, and these rates are increasing. Students in grades 9-12 along with people in the 18-24 and 45-64 age ranges are among the age groups that seem to have particularly high rates of asthma. Besides age, there is also a significant difference in other categories such as gender, race, educational attainment, and income. Female rates of asthma are nearly twice as high as those of males, and African American rates average about three percent higher than those of whites. There is also an inverse relationship between levels of education and income and the prevalence of asthma.

The Alabama Medicaid Agency and the Alabama Children's Health Insurance Program (CHIP), both of which serve Alabama's low-income population, have provided data for the Asthma Burden Report. Alabama Medicaid has observed increased emergency room visits and hospitalizations, likely due to the misuse of controller medications. Of the 93,437 children enrolled in the Alabama Children's Health Insurance Program in 2007, 5,340 (or 5.7 percent of the total membership) received medical services for asthma, and children enrolled in CHIP in 2007 who were asthmatic, the largest proportions by far were male and in the 6-14 age category.

From 2000-2006 there were 475 documented deaths from asthma, 57.3 percent were to whites and 42.1 percent to African Americans. Death from asthma seems to be most prevalent in white females, followed by African American females. The number of deaths from asthma in Alabama has leveled off since 2005, from a previous rise.

ALABAMA ASTHMA COALITION MISSION STATEMENT

Mission: To reduce the burden of asthma throughout Alabama by making quality asthma care available to all people who have asthma.

Definitions

Asthma guidelines - This plan is based on the 2007 National Institutes of Health (NIH), National Heart Lung and Blood Institute (NHLBI) Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, and will be referred to simply in this document as "**asthma guidelines.**"

Asthma education - Asthma education for the individual with asthma and his or her family is comprehensive and complex, involving skills training and return demonstration as described in the guidelines, but for the purpose of clarity in the document it will simply be referred to as "**asthma education.**"

Healthcare providers can include: physicians (primary care as well as specialists), nurse practitioners, nurses, physician assistants, athletic trainers, respiratory therapists, pharmacists, social workers, and others on the health care team who provide care to those with asthma.

MEMBERS OF THE ALABAMA ASTHMA COALITION

Alabama Allergy and Asthma Center	Association of Asthma Educators
Alabama Cooperative Extension System	Auburn University School of Pharmacy
Alabama Department of Environmental Management Environmental Justice Meteorological Division	Baptist Medical Center South Pulmonary Rehabilitation
Alabama Department of Public Health Healthy Child Care Alabama Office of Women's Health Office of Minority Health Tobacco Prevention and Control Branch Children's Health Insurance Program Center for Health Statistics Bureau of Environmental Services Bureau of Family Health Services Bureau of Health Promotion and Chronic Disease Nutrition and Physical Activity Division Pharmacy Division Steps to a HealthierAL	Blue Cross Blue Shield of Alabama Birmingham City Schools Children's Hospital of Alabama City of Hayneville CTK Clinical Consultants Dallas County – Selma City Headstart Huntsville Hospital Center for Chest Disease
Alabama Department of Senior Services Nutrition Services	Jefferson County Board of Education
Alabama State Department of Education Prevention and Support Services, School Nurses Curriculum, Physical Education and Health	Merck and Company Samford University McWhorter School of Pharmacy
Alabama Medicaid Agency	Steps to a HealthierAL Southeast Alabama Region River Region
Alabama Parent Teacher Association	University of Alabama, Birmingham Lung Health Center School of Nursing Department of Pediatrics, Pulmonary Division
Alabama Pharmacy Association	
Alabama Pulp and Paper Council	
Alabama Society for Respiratory Care	
Alliance for a Healthier Generation	University South Alabama Cardiorespiratory Care
American Heart Association	
American Lung Association of Mid South	Virginia College Respiratory Therapy
Alabama State University	

STATE ASTHMA PLAN

HEALTHCARE

Goal: Healthcare providers will identify, monitor, and manage individuals with asthma following the asthma guidelines.

Objective 1: By 2014, increase the knowledge of healthcare providers in the state on the Four Components of Asthma Management outlined in the asthma guidelines: (1) Assessing and Monitoring Asthma Severity and Control, (2) Education for a Partnership in Care, (3) Control of Environmental Factors & Comorbid Conditions That Affect Asthma, and (4) Medications.

- Provide education and training sessions to healthcare providers on the asthma guidelines throughout the state.
- Ensure asthma guidelines content is included in undergraduate, graduate, and postgraduate healthcare provider education.
- Increase the number of certified asthma educators in Alabama.

Data Measures: Number of trainings, types of trainings, attendance at trainings (number and type of professionals, number of certified asthma educators in Alabama).

Responsible: Healthcare Subcommittee.

Objective 2: By 2014, increase the number of trained healthcare providers who incorporate the Four Components of Asthma Management outlined in the asthma guidelines in providing care for individuals with asthma.

- Survey healthcare providers in Alabama regarding practice patterns on: (1) the use of standardized asthma severity and control assessments, including spirometry, (2) completing asthma action plans with patients that include instructions for daily treatment and ways to recognize and handle worsening asthma, (3) referral for proper allergy testing or referral to an asthma specialist when patient history warrants, and (4) using long term asthma control medications according to clinical guidelines.
- Establish an on-line directory of asthma providers, specialists, and subspecialists in the different regions of Alabama as a referral resource.

Data Measures: Post-training survey (number of people indicating that they have made changes after being trained), number of hits to on-line directory.

Responsible: Healthcare Subcommittee.

Objective 3: By 2014, reduce healthcare utilization and morbidity associated with asthma as evidenced by:

- Year 1, establish baseline data for emergency room use, hospitalizations for asthma, missed school days or lost work days using all available data sources.
- Year 2-5, monitor data for emergency room use, hospitalizations for asthma, missed school days or lost work days using all available data sources.
- Year 1, request from Social Security Administration the number of individuals in Alabama with severe asthma as evidenced by numbers receiving Supplemental Social Security Income from an asthma disability to establish a baseline and track yearly.
- Year 1, establish baseline data for number of individuals with asthma who have filled prescriptions for controller medication(s) per insurance refill data and track yearly. Baseline could begin using Medicaid data, and then invite other insurance carriers.

Data Measures: Baseline and subsequent data reports.

Responsible: Healthcare Subcommittee, Data and Surveillance Subcommittee.

COMMUNITY

Goal: To increase the awareness of all citizens, especially those of low income and education level, regarding asthma burden, disease triggers, symptoms, and management in order to improve the quality of life of persons with asthma.

Objective 1: Beginning in 2009, design and start to implement an action plan to increase awareness of asthma throughout the state.

- Identify and maintain links to local and state level organizations and champions that can assist in the awareness campaign.
- Start work to complete the Asthma Awareness Plan (AAP) that includes specific activities to raise awareness throughout the state. The plan should cover communities, schools (daycare, K-12, and higher education), worksites, and healthcare.
- Carry out the activities in the AAP.
- Identify and promote Asthma Centers of Excellence.

Data Measures: List of partners, completed AAP, documentation of completed AAP activities, list of Asthma Centers of Excellence.

Responsible: Community Subcommittee.

Objective 2: Beginning in 2009, identify or design environmental assessment(s) for asthma triggers which can be used in homes, schools, worksites, and other public places.

- Determine if any current asthma environmental assessments exist and review them.
- Choose assessment(s) and develop a distribution plan.
- Begin distribution of the assessment to key contacts in schools, worksites, and communities.

Data Measures: Environmental assessment identified, completed distribution plan, list of sites to which assessment is distributed.

Responsible: Community Subcommittee.

Objective 3: Beginning in 2009, organize local and regional asthma coalitions.

- Assess communities to determine the presence of local or regional coalitions.
- Assess the interest of coalition members to have local or regional asthma coalitions.
- Organize local and regional asthma coalitions, where appropriate, and include these in the statewide coalition.
- If any local or regional coalitions are identified, ask them to give yearly reports of activities to the statewide coalition.

Data Measures: List of current local coalitions, list of local coalitions which are created, yearly reports from local coalitions.

Responsible: Community Subcommittee.

SCHOOLS (including pre-school, daycare settings, and K-12)

Goal 1: Increase the knowledge of asthma triggers, symptoms, and management in school system staff, parents/caregivers, and students.

Objective 1: By 2014, one asthma in-service will be offered for staff during each school year.

- Identify and disseminate through the Alabama State Department of Education (ALSDE) and School Nurse Association an appropriate educational curriculum which could be offered to all staff.

Data Measure: Number of schools to which curriculum is disseminated.

Responsible: School Subcommittee.

Objective 2: By 2014, an asthma education curriculum will be available for students.

- Encourage schools to investigate incorporating asthma education into health education and/or other classes for students, especially those in grades 9-12.
- Encourage schools to have an asthma education day, allowing children with asthma to educate others.
- Encourage the ALSDE to establish a policy requiring all asthmatics to have a “buddy” assigned to them for the year, for the purpose of assuring the safety of asthmatic students.

Data Measure: Number of schools with an asthma education day, number of schools using the asthma “buddy” system, number of schools incorporating asthma education into curriculum.

Responsible: School Subcommittee.

Objective 3: By 2014, schools will have a resource list of outside entities (such as healthcare providers and community organizations) whom they can contact to provide education to students and parents/caregivers of children with asthma.

- Provide a resource list to schools which is developed by local and regional asthma coalitions.
- Inform schools that the coalition will provide them with technical assistance.
- Encourage interested schools to partner with interested healthcare providers and community organizations to provide asthma education to students and parents/caregivers (Parent Teacher Organization/Association, American Lung Association of Alabama).
- Encourage participating schools to collaborate with national, state, and community organizations to identify possible asthma camps and programs offered for students, parents, or caregivers within the community.
- Encourage participating schools to partner with the ADPH Tobacco Prevention and Control Program to increase access to smoking cessation classes, second hand smoke education, and the toll-free quitline, 1-800-QUIT-NOW.
- Encourage schools to identify asthmatic students who are uninsured, and provide them with Children’s Health Insurance Program (CHIP) information and application assistance.

Data Measure: Resource list, documentation of use of the resource list.

Responsible: School Subcommittee.

Goal 2: Maintain school environments (campus, grounds) that eliminate triggers for students, faculty, and staff with asthma.

Objective 1: By 2014, schools will complete an assessment and have an environmental triggers elimination plan in place.

- Encourage schools with interest in controlling environmental triggers to take steps to identify common asthma triggers within the school environment.
- Give schools which have identified environmental triggers training and information to create and implement a plan to reduce the triggers.
- Encourage schools to develop and utilize a plan to monitor common triggers.

Data Measure: Number of trainings, number of school environmental trigger reduction plans.

Responsible: School Subcommittee.

ENVIRONMENTAL

Goal: Reduce the environmental impact on people with existing and potential problems with asthma.

Objective 1: By 2014, improve outdoor and indoor air quality within the state by increasing environmental interventions, thereby reducing some asthma triggers.

- Identify pollutants and their source(s) which act as asthma triggers.
- Increase compliance activities at sources identified as generators of pollutants that trigger respiratory distress.
- Work to encourage performance of emissions testing on stationary sources identified as generators of pollutants causing respiratory distress.
- Encourage performance audits on continuous emission monitoring systems (CEMS) at stationary sources identified as generators of pollutants causing respiratory distress.
- Identify community planners and construction entities of building materials and products recommended for clean indoor air and allergy-free environments.
- Implement a pollen count program statewide.

Data Measure: Number of new pollutant sources, number of new emission testing sites, number of performance audits, number of informational sessions.

Responsible: Environmental Subcommittee.

Objective 2: By 2014, make efforts to collaborate with industry and business leaders to improve the indoor and outdoor air quality in Alabama.

- Identify industrial associations within the state that are concerned with air quality.
- Identify governmental entities within the state that are concerned with air quality.
- Meet with interested industrial and governmental agencies to discuss improving Alabama's air quality and make recommendations/suggestions.

Data Measure: Number meetings held, meeting minutes.

Responsible: Environmental Subcommittee.

Objective 3: By 2014, plan and conduct an environmental education program about asthma triggers, especially those with low income and education levels.

- Find or create educational materials about environmental triggers and asthma appropriate for the general public, elected officials, and industry leaders.
- Identify and contact trade and environmental groups to offer trainings for them and provide educational material about pollutants and asthma triggers.

Data Measure: Number of environmental education trainings.

Responsible: Environmental Subcommittee.

DATA AND SURVEILLANCE

Goal: Establish a comprehensive surveillance system to monitor the burden of asthma in Alabama.

Objective 1: By 2014, begin to establish and maintain a comprehensive surveillance system for asthma in Alabama.

- Identify all current sources of data available within the state.
- Identify a way to monitor data surveillance activities relevant to coalition members' needs.
- Identify any new sources of data that the coalition would find useful and work to create an action plan to obtain the new sources.
- Seek resources to conduct the Asthma Call-back Module of the Behavioral Risk Factor Surveillance System.
- Publish an updated asthma burden report as deemed necessary.
- Have data available to coalition members in a central, accessible location, such as a Web site.

Data Measure: Number of data sources, published reports, Web site development.

Responsible: Data and Surveillance Subcommittee.

ADVOCACY AND POLICY

Goal: Advocate for state and local regulation and policy to improve the quality of life for all Alabama citizens with asthma.

Objective 1: Beginning in 2009, the AAC will partner with the Coalition for a Tobacco Free Alabama to work on issues related to asthma and tobacco use.

- Contact the Coalition for a Tobacco Free Alabama to determine how the AAC can assist with helping Alabama become tobacco free.
- Promote with the Coalition for a Tobacco Free Alabama the need for tobacco policy changes at local and state level.
- Target youth tobacco users through partnership with the Coalition for a Tobacco Free Alabama to reduce the usage of tobacco products.

Data Measure: Number of policies created.

Responsible: Advocacy and Policy Subcommittee.

Objective 2: Beginning in 2009, advocate for the adoption of outdoor air regulations to reduce environmental triggers.

- Advocate for vehicle inspection and maintenance programs to reduce tailpipe emissions.
- Advocate for Alabama cities to establish bicycle and carpool lanes.
- Advocate for sidewalk installation initiatives.
- Advocate for state government policies that will reduce outdoor air pollutants.

Data Measure: Number of policy and environmental changes made; regulations created.

Responsible: Advocacy and Policy Subcommittee.

Objective 3: Beginning in 2009, advocate for the adoption of indoor air regulations to reduce environmental triggers.

- Advocate for local and state regulations to establish molds as building code violations.
- Advocate for state government policy that will reduce indoor air pollutants.
- Advocate for governmental policy or rules and regulations that will reduce formaldehyde and other harmful indoor air pollutants in homes and office buildings, particularly in mobile and manufactured homes.
- Advocate for local governments to develop policies to provide damage repair and cleanup of any moisture intrusion in public buildings to prevent mold growth impacting people with asthma.
- Advocate providing adequate resources for indoor air quality services which relate to asthma.
- Strengthen existing protection of tenants to enforce and maintain rental residences in habitable conditions, especially for people with asthma, respiratory illness and indoor air allergies.

Data Measure: Number of policy and environmental changes made; number of regulations created.

Responsible: Advocacy and Policy Subcommittee.

Objective 4: Beginning in 2009, advocate for improved insurance coverage for persons with asthma.

- Advocate for insurance standards for the coverage of asthma, such as asthma and allergy testing equipment, medications, and immunotherapy.
- Advocate for a policy that precludes asthma as a pre-existing condition that prevents the patient from obtaining insurance coverage, admission to schools, and employment.
- Advocate with insurance companies and employers for reimbursement for the additional time health professionals spend to meet current standards for asthma education, teaching, and training.
- Advocate for the certification of asthma education/management programs.
- Work with insurance companies to allow K-12 students to have multiple inhalers at a time, allowing them to always have access at home and school.

Data Measure: Asthma related insurance coverage changes.

Responsible: Advocacy and Policy Subcommittee.

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