Virginia Asthma Plan 2011–2016

A statewide strategic plan and call to action for asthma in Virginia

Virginia asthma coalition

Virginia Asthma Plan 2011–2016

A statewide strategic plan and call to action for asthma in Virginia

VIRGINIA asthma coalition

Prepared by Patti G. Kiger, MEd, Eastern Virginia Medical School, on behalf of The Virginia Asthma Coalition and in collaboration with the Virginia Department of Health and Asthma Stakeholders throughout the Commonwealth • August 2010

This plan was funded by the Virginia Department of Health through the Centers for Disease Control and Prevention (CDC) • Cooperative Agreement #5U59EH324181-05 • Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

Table of Contents

Letter from Governor McDonnell

COMMONWEALTH of VIRGINIA

Office of the Governor

Robert F. McDonnell
Governor

August 13, 2010

Stuart Tousman, Chair
Virginia Asthma Coalition
866 W. Brambleton Avenue
Norfolk, Virginia 23510

Dear Mr. Tousman,

Congratulations to the Virginia Asthma Coalition, a public/private partnership of health, medical, business and government professionals, for crafting and publishing the Virginia Asthma Plan 2011-2016. Too many Virginians live with uncontrolled asthma, a condition that inflames and narrows the airways causing difficult breathing. With this new Virginia Asthma Plan, we have a blueprint for action to control the disease and prevent unnecessary trips to an emergency department.

The Virginia Asthma Plan urges those with asthma to be self-aware, make good choices, and manage their condition. It also urges health and medical practitioners to follow recommended guidelines in the care of patients, and recommends that employers offer healthy environments. Working together, we can create a brighter tomorrow for Virginians with asthma. I firmly support prevention and gladly support the efforts of the Virginia Asthma Coalition.

Sincerely,

Robert F. McDonnell

Governor

Patrick Henry Building • 1111 East Broad Street • Richmond, Virginia 23259
(804) 786-2211 • TTY (800) 828-1120
www.governor.virginia.gov

Letter from Commissioner Remley

The Virginia Department of Health is pleased to support the Virginia Asthma Plan for 2011-2016. Asthma is a significant health problem for Virginia with nearly 14 percent of all Virginians reporting having lifetime asthma, according to the CDC's 2008 Behavioral Risk Surveillance Survey. Although it is a leading chronic health condition among children and adults, responsible for lower quality of life and undesireable health outcomes, asthma can be controlled. That is why efforts such as the Virginia Asthma Coalition are critical to the well being of Virginians.

The Virginia Asthma Coalition exists to help reduce morbidity and mortality associated with asthma and to enhance the quality of life for Virginians with asthma. It began in the spring of 1998 with a handful of state, not-for-profit and private organizational representatives and has grown steadily. Today, VAC claims 85 members throughout the Commonwealth. It works with the Virginia Department of Health to strengthen a network of regional coalitions and to organize statewide activities.

We are grateful for the effort the Virginia Asthma Coalition has contributed to this plan as well as to the myriad other Virginians who took time to give their input. We believe this plan reflects the concensus of Virginia asthma stakeholders. Although much time and effort went into this plan, more energy will be required to make it a living guideline. We invite all health and medical providers, lay stakeholders and Virginians affected by asthma to review this document, find areas to which they are willing to contribute their partnership and energy, and join the Virginia Asthma Coalition and the Virginia Department of Health as we improve the level of care, reduce asthma triggers, and assist those with asthma in controlling their disease.

Sincerely,

Karen Remley, M.D., M.B.A., F.A.A.P.

State Health Commissioner

The Virginia Asthma Coalition

The Virginia Asthma Coalition (VAC) is a group of organizations and individuals devoted to reducing the morbidity and mortality associated with asthma. Organized in the spring of 1998, Coalition members spearheaded the development and passage of model legislation to provide better access to asthma medications in schools, assisted with the development of an emergency services program on asthma, assisted in developing a low literacy asthma education module for children and their parents, and developed the Asthma Action Plan for use by Virginia schools. More recently VAC has collaborated with the Virginia Department of Health (VDH) to strengthen regional coalitions and to organize statewide activities. This process led to the development of the Virginia Asthma Control Plan.

VAC was created through collaboration between VDH, the American Lung Association of Virginia, and the Virginia Department of Education. VAC provides a forum for people to exchange ideas on ways to improve the quality of asthma care in Virginia. VAC members include physicians, nurses, parents, governmental agencies, respiratory therapists, persons living with asthma and others who are concerned about controlling asthma throughout the Commonwealth.

VAC's mission is to enhance the quality of life for Virginians with asthma. Its goals are as follows:

- To serve as a clearinghouse for surveillance data, training, resources, and promising practices for asthma.
- To serve as an umbrella organization for local coalitions and other concerned partners.
- To promote comprehensive, broad use of revised national guidelines for clinical management of asthma throughout Virginia.
- To advocate for policy and legislative changes that benefit Virginians with asthma.

Executive Summary

Asthma is one of the world's most common chronic diseases. It affects the lungs, causing episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma is associated with missed school days, missed work days, disrupted sleep and symptoms that interfere with physical activity. With proper medical care, routine monitoring of lung function using a peak flow meter, adherence to medication and avoidance of asthma triggers, hospitalizations can be prevented.

Asthma is complex and requires a long-term coordinated and multifaceted approach to improve outcomes. This can be accomplished by using evidence-based care plans that require medical assessment, treatment, education and follow-up, as well as conscientious routine self-care. With proper control, individuals living with asthma can live relatively normal and healthy lives.

The 2011-2016 Virginia Asthma Plan was developed by the Virginia Asthma Coalition and many diverse partners in medicine, healthcare, health maintenance, and health coverage, pharmacy, respiratory therapy, nursing, education, environmental protection, and local and state government. It will require the commitment and participation of all stakeholders to achieve. The plan covers a five-year time frame and is organized around five strategic goals:

One.
Strengthen and vitalize the Virginia Asthma Coalition and its partnerships.

Two.
Use data to guide goals, initiatives and evaluation.

Three.
Pursue a multi-level policy agenda.

Four.
Create strong ties with medical and health organizations to promote standardized asthma care and education.

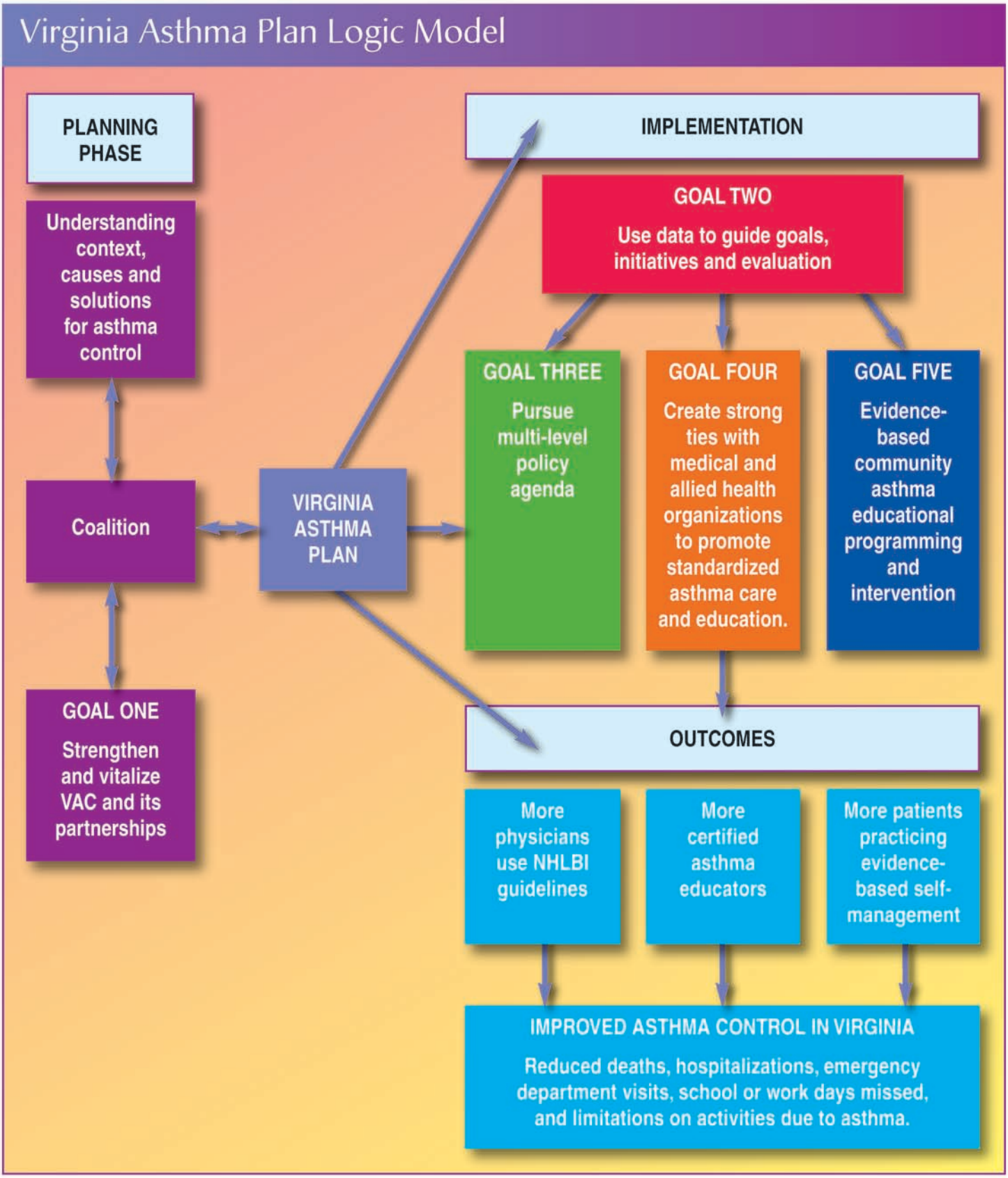
Five.
Promote excellence in community-based asthma educational programming and intervention resources.

The Centers for Disease Control and Prevention goals for asthma and the Healthy People 2020 objectives are the long-term goals desired for this plan. Its intent is to provide a roadmap for committed partners statewide to put these strategies into action to improve the health of all Virginians who are affected by asthma and its complications. The plan is a "call to action" to become involved in this partnership for health.

Virginia Asthma Plan Map

GOAL ONE **Strengthen and vitalize the Virginia Asthma Coalition and its partnerships.**	GOAL TWO **Use data to guide goals, initiatives and evaluation.**	GOAL THREE **Pursue a multi-level policy agenda.**	GOAL FOUR **Create strong ties with medical and health organizations to promote standardized asthma care and education.**	GOAL FIVE **Promote excellence in community-based asthma educational programming and intervention.**
1. Align mission with VAC capabilities and strategies. 2. Achieve not-for-profit status. 3. Members are leaders and reflect the culture VAC serves. 4. Align leadership and organizational structure with by-laws. 5. Acquire resources to accomplish mission. 6. Serve as a resource for asthma data and information. 7. Manage Virginia Asthma Plan systematically.	1. Determine data needs, resources, and a data management process to guide strategic efforts. 2. Evaluate Virginia Asthma Plan for continuous improvement. 3. Build a "business case" for VAC's contribution.	1. Identify and advocate for legislative agenda that supports asthma control from legislative agendas of other partnerships and organizations. 2. Craft and pursue a 5-year policy agenda targeting worksite, schools, health care/health coverage organizations, and local government environments. 3. Promote member advocacy training, borrowing from other partnerships and organizations' advocacy training programs.	1. Recruit committed physician asthma champions. 2. Build strong relationships with state-level primary care physician organizations. 3. Influence use of NHLBI Guidelines, Six Key Messages, Asthma Action Plans and patient education among primary care physicians. 4. Strengthen relationships with allied health provider organizations to influence continued practice of evidence-based asthma care.	1. Post online asthma education programs, links to resources, and local asthma educational opportunities. 2. Create, publish, and promote online tool kits targeted to specific audiences (i.e. local coalitions and providers). 3. Increase the number of Certified Asthma Educators in Virginia 4. Update Asthma Action Plan (AAP) to be more "family friendly."

Virginia Asthma Plan Logic Model



The Burden of Asthma in Virginia

Asthma is a chronic inflammatory disease of the airways characterized by wheezing, breathlessness, chest tightness, and cough, particularly at night and in the early morning. While the exact cause of asthma is not yet well understood, two types of asthma have been characterized: allergic and non-allergic. Individuals with allergic asthma suffer "attacks" often brought on by such triggers as: dust mites, pollens, molds, pet dander, cigarette smoke, strong odors and cockroach droppings. Sinus infection, stress, cold air and physical activity trigger those with non-allergic asthma.[1]

The National Heart, Lung and Blood Institute (NHLBI) groups asthma into four categories:

1. Intermittent – characterized by daytime symptoms that occur two or fewer times per week and nighttime symptoms occur two or fewer times a month. Pulmonary function tests are normal.

2. Mild persistent – characterized by daytime symptoms occurring two or more times per week and nighttime symptoms occurring two or more times a month, with normal pulmonary function.

3. Moderate persistent – characterized by daily daytime symptoms and one or more weekly nighttime symptoms, or pulmonary functioning is reduced to 60 percent to 80 percent of normal.

4. Severe persistent – characterized by continuous daytime symptoms and frequent night symptoms with pulmonary function that may be less than 60 percent of normal.[1]

National Asthma Trends. Based on 2008 National Health Interview Survey results[2], approximately 38.4 million Americans are estimated to have been diagnosed with asthma. Rates of *lifetime diagnosis* (those ever having been diagnosed with asthma) are highest among 5 to 17-year-olds (163.8 per 1,000), a trend which is consistent with *current diagnosis* (those having had asthma symptoms in the last 30 days) prevalence of 107 per 1,000 among 5 to 17-year-olds. Overall, asthma prevalence in females (134.8 per 1,000) is higher than in males (122 per 1,000), a trend that is reversed when comparing gender by age group. Among those younger than age 18 males have higher rates of asthma than females. Lifetime prevalence rates were higher in blacks (160.9 per 1,000) compared to whites (124.7 per 1,000), a trend consistent with those of current asthma rates.

[1]National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program (2007). Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf

[2]CDC National Center for Health Statistics (2008). National Health Interview Survey. http://www.cec.gov/nchs/nhis/nhis_2008_data_release.htm#notice

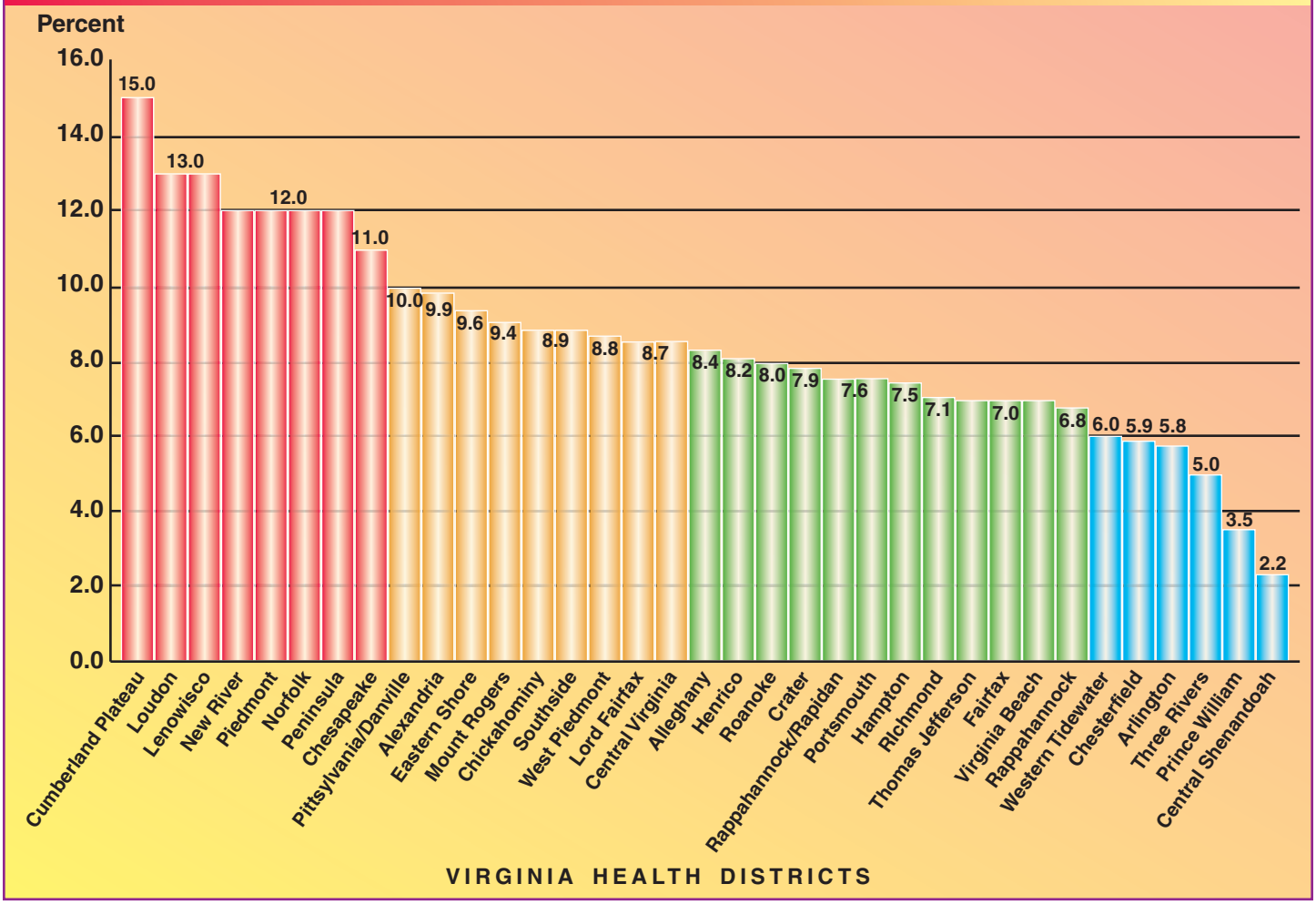
Virginia Asthma Trends. The rate of *lifetime asthma* in adult Virginians has steadily increased since 2000, from 10.5 percent to 14.1 percent (Figure 2), mirroring national trends, though Virginia rates exceed the national rate.[3] *Current asthma* rates for adult Virginians have increased slightly from 7.1 percent in 2000 to 9.3 percent in 2008 (Figure 3), a trend similar to the overall US.[3]

- Adult female rates (11.9 percent) exceeded males (6.5 percent), consistent with national trends.[3]
- Those with the lowest income and education had the highest rates of current asthma.[3]
- Among racial groups, those of Hispanic ethnicity had the lowest rates (94.5 percent), with rates for "other," whites, and blacks 8.2, 9.8 and 9.2 respectively.[3]
- Asthma rates by age reveal highest rates in 18-24 year olds and 25-35 year olds.[3]

Virginia's children have experienced a steady increase in *lifetime asthma* rates from 9.3 percent in 2003 to 14.4 percent in 2008. Likewise *current child asthma rates* have climbed from 9.0 percent in 2004 to 9.6 percent in 2008, vascilliating from a low in 2007 of 7.7 percent to a high of 10.3 percent in 2006.

Richmond, our state capital, was named the 2010 top "Asthma Capital" in the Asthma and Allergy Foundation of America's annual ranking of the 100 most challenging places to live. Up from number fourteen in 2009, Richmond's rise to the top resulted from a number of factors including a higher than average pollen score, continued poor air quality, and a lack of "100% smoke-free" laws .[4]

Figure 1. Current Asthma Prevalence in Adults by Virginia Health District, 2007-2008



[3]National Center for Chronic Disease Prevention and Health Promotion. Behavioral Risk Factor Surveillance System. http://cdc.gov/brfss/

[4]Asthma and Allergy Foundation of America (2010). Richmond named 2010 asthma capital. Retrieved from http://www.asthmacapitals.com

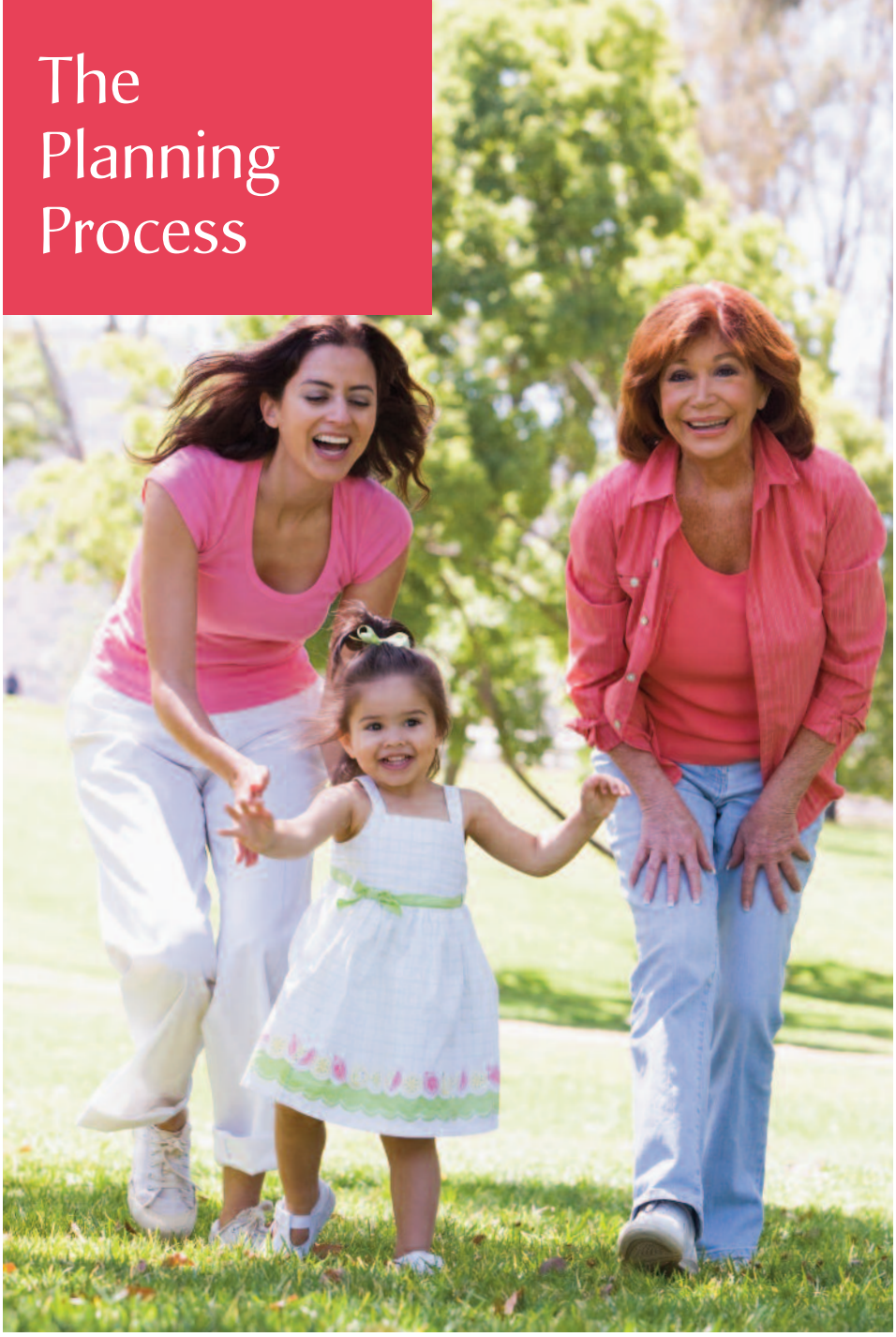
Figure 2. Lifetime Adult Asthma Rates in Virginia, 2000-2008

Figure 3. Current Adult Asthma Rates in Virginia, 2000-2008

Source: http://www.cdc.gov/asthma/rfss/default.htm

For a more detailed view of the Burden of Asthma in Virginia, go to http://www.vahealth.org/cdpc/asthma/

The Planning Process



The Virginia Asthma Plan 2011-2016 was developed through a collaborative process of the Virginia Asthma Coalition (VAC), the Virginia Department of Health – Division of Chronic Disease Prevention and Control Program, Virginia asthma stakeholders, and partner agencies and organizations.

Questionnaire, Dialogue, Interviews. VAC members, asthma stakeholders (those affected by asthma) and key asthma leaders provided input for this plan. During the public input process, all 54 VAC members (VAC has since added members to its roster) had the opportunity to participate in an electronic survey and 21 members (38.8%) responded online. Stakeholders participated in seven Virginia Asthma Dialogues that were held throughout the Commonwealth in Galax, Roanoke, Charlottesville, Richmond, Fredericksburg, Norfolk and Franktown. The Dialogues consisted of 90-minute long facilitated conversations in which a total of 79 stakeholders from diverse organizations gave feedback on the 2004 Virginia Asthma Control Plan, made suggestions for the 2011-2016 Plan, and brought to light local issues to consider for the new document. Finally, 12 key informants participated in telephonic interviews that provided in-depth information into the current status of asthma in Virginia and their thoughts of what a coalition of asthma activists can and ought to undertake in the next five years.

Collaboration and partnership. After the membership drafted a plan, partner organizations throughout the state reviewed it for further edits and to find points of synergy. They offered new facets to the prism of critical ideas needed to accomplish VAC's mission in true coalition style. VAC is grateful for the partnership of all individuals, organizations, agencies and businesses who gave generously of their time, energy, intellect and wisdom to bring this plan to print. The future success of this plan will require the talents of everyone who helped in the planning, as well as all Virginians who share the mission of enhancing the quality of life for Virginians with asthma.

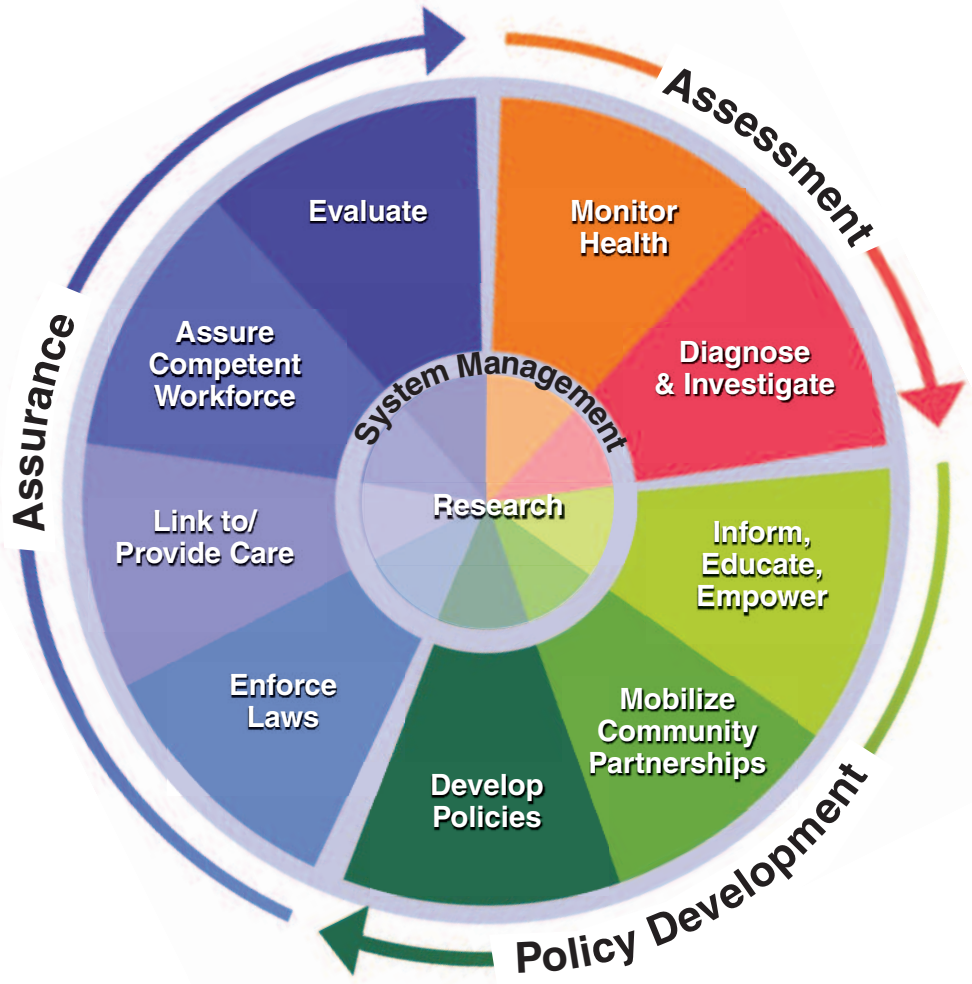
Funding. Funding for this plan was provided by the Virginia Department of Health through a cooperative agreement from the Centers for Disease Control and Prevention. Federal funding for asthma ended in August 2010. Going forward, restoration of CDC funding to Virginia's asthma control efforts will be critical.

Supporting Frameworks

Conceptual frameworks are useful in informing a planning process because they influence beliefs about the processes we are planning and provide structure for how to go about implementing them. They also influence plan application and evaluation. VAC relies on two supporting frameworks:

The CDC's 10 Essential Public Health Services and the Environmental Protection Agency's (EPA) System-Based Model for Creating and Sustaining an Effective Asthma Program.

10 Essential Public Health Services. Created in 1994 by a CDC committee of US Public Health Service agencies and other major public health organizations, the Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.



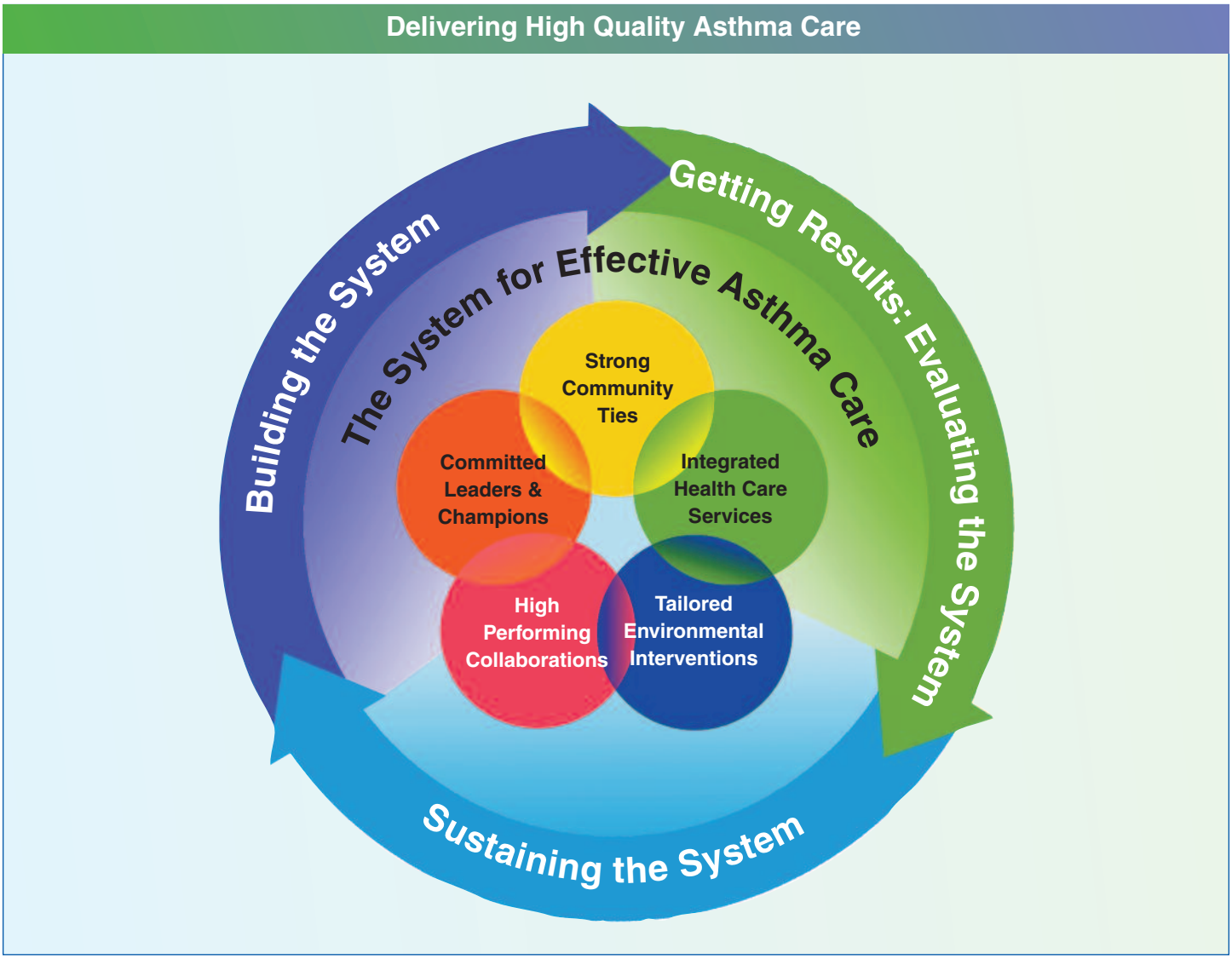
Ten Essential Public Health Services

1. **Monitor** health status to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships and action to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

A Systems-Based Model for Creating and Sustaining an Effective Asthma Program

The *System for Delivering High-Quality Asthma Care*, created by the EPA, provides a conceptual framework for identifying core elements of successful asthma programs and processes that drive implementation, evaluation, improvement and sustainability. The term "community" is flexible and may refer to a rural county, small town, large city, or, in our case, an entire state. The Virginia Asthma Coalition has adapted this framework to guide and sustain the new plan.

This system is dynamic and interactive and is used to deepen, refine and enrich implementation of Asthma Plan goals as they mature. It reminds us that "high-quality asthma care is a marathon and not a sprint."



Reference: Communities in Action Website. Retrieved from www.asthmacommunitynetwork.org/changepackage.aspx.

Communities in Action for Asthma-Friendly Environments Change Concepts* Version 1.0 Adapted

COMMITTED LEADERS AND CHAMPIONS	STRONG COMMUNITY TIES	HIGH-PERFORMING COLLABORATIONS	INTEGRATED HEALTH CARE SERVICES	TAILORED INTERVENTIONS
• **Use outcomes data to promote change.** Make sure everyone knows the program's goals and how performance is measured. • **Demonstrate passion and perseverance in pursuit of goals.** • **Accept uncertainty and test new possibilities.** Try new strategies for achieving goals, track your progress, and when you find a strategy that works, spread it across the program.	• **Focus on relationships in everything you do.** Strong ties to the community can help increase local awareness of your program, identify culturally competent employees and partners, and make it easier for your target community to accept your services. • **Treat relationships like they really matter because they do.** Be visible in your community and invite community stakeholders to help you as you plan your program. Listen to your community's needs and be responsive and open to change.	• **Be ready to partner with everyone** particularly with collaborators that are already active in your target community. • **Always share everything you can** and borrow from your partners; don't reinvent the wheel. You can share or borrow resources, staff, materials, contacts, clients and much more. • **Collaborate with established organizations to build credibility.**	• **Educate clinical care teams** on your processes and goals. Where possible, enlist physician champions to help educate your providers. Help teams to continuously improve by tracking their outcomes and sharing the data with them on a regular basis. • **Address clinical care teams' needs** to make it as easy as possible for them to adopt changes to their care plan. • **Promote patient and provider interaction** by helping providers to deliver new services and promoting patient education at clinical sites.	• **Educate clinical care teams on evidence-based clinical practice** and support them as they implement these programs. • **Assess trigger sensitivity and exposure in clinical interviews** to diagnose triggers and deliver tailored environmental counseling at clinical sites. Tailor your environmental interventions to individual sensitivities. • **Make environmental management a reality at home, school, and work.** Partner with others to address environmental triggers everywhere people with asthma spend time. • **Support community based interventions** that promote best practices for asthma control.

Adapted from EPA Communities in Action for Asthma-Friendly Environments (2009) National Asthma Forum. A Systems-Based Approach for Creating and Sustaining Effective Community-Based Asthma Programs, p.3. (also found at www.asthmacommunity network.org)

Long-term Goals

Healthy People 2020 objectives for asthma and the CDC National Asthma Control Program share similar goals, and the Virginia Asthma Plan 2011-2016 adopts and supports them as our long-term goals.

Healthy People 2020 Objectives

- Reduce hospitalizations for asthma.
- Reduce hospital emergency department visits for asthma.
- Reduce activity limitations among persons with current asthma.
- Reduce asthma deaths.
- Reduce the number of school- or workdays missed among persons with current asthma.
- Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines.

The CDC National Asthma Control Program aims to reduce the number of deaths, hospitalizations, emergency department visits, school or work days missed, and limitations on activities due to asthma.

The Plan

Goal One

Strengthen and vitalize the Virginia Asthma Coalition and its partnerships.

VAC was organized in the spring of 1998 and at the time of this Plan's publication has 85 members. The statewide coalition serves as an umbrella organization for local coalitions and other concerned partners. To sustain its activities, VAC has relied on funding from VDH, the CDC, and contributions from other private organizations. Currently VDH no longer has funding to support VAC; the American Lung Association, a sustaining partner, has reduced its staff and presence in Virginia; and a severe economic recession has left businesses, health care organizations and state government with reduced financial resources and workforce. VAC must find new ways to sustain its work financially and expand its partnership to continue its mission. This will require committed leaders and champions who demonstrate passion and perseverance, accept uncertainty and who are willing to test new possibilities.

Objective 1 Align mission with VAC capabilities and strategies.

Strategy Review mission to insure alignment with VAC capabilities and strategies.
Who Chair leads effort
When Annual meeting, June 2011; annually thereafter
Metric Mission reviewed, changed if necessary

Objective 2 Achieve not-for-profit status.

Strategies a) Explore options of sharing 501 (c)(3) status with other state chronic disease coalitions or health associations, or seek not-for-profit status for VAC.
b) Retain services of attorney for advice and legal work.
Who Steering Committee
When January 2011 – Option for incorporation is selected and legal work completed
Metric Affiliation with incorporated organization or incorporated VAC

Objective 3 Members are leaders and reflect the culture VAC serves.

Strategies a) Appoint Recruitment and Orientation Team.
b) Research existing chronic disease coalitions' orientation and leadership training for possible collaboration.
c) Adapt other training or develop VAC orientation and leadership training.
d) Create recruitment plan and implement.
Who Steering Committee, Orientation and Recruitment Team and VAC Members
When January 2011 – Recruitment and Orientation Team is selected
March 2011 – Orientation and leadership training established and first training scheduled
June 2011 – Orientation and Leadership Team presents recruitment plan report; duties assigned as needed to VAC members
Ongoing – Recruitment
Metrics a) Orientation and Recruitment Team formed on time
b) Orientation and leadership training occurs during regular and identified times
c) Recruitment plan created and reported to Coalition on time

d) Membership and collaborators represent a balance among academic, government, public health, non-profit, business, faith and advocacy organizations that represent people affected by asthma. Department of Health representatives include experts in data collection, epidemiology, minority and multicultural health, as well as stakeholders with expertise in other chronic diseases and associated risk behaviors and risk factors. Members represent a diversity of ethnicities and cultures in its member organizations.

Objective 4 Align leadership and organizational structure with by-laws.

Strategies
a) Steering Committee reviews bylaws for intended structure and compares bylaws to actual VAC structure.
b) Steering Committee proposes coalition structure adjustments as needed.
c) Membership votes on bylaws changes if needed

Who Steering Committee and VAC members

When June 2011; annually thereafter

Metric Coalition leadership and organizational structure are reviewed and changes are made as needed

Objective 5 Acquire resources to accomplish mission.

Strategies
a) Consider VAC membership dues structure.
b) Pursue grant funding from private and public sources.
c) Consider conference and/or training and consultation as sources of revenue.

Who Steering Committee

When
a) By January 2011– Create dues structure, if approved
b) Ongoing – Pursue grant funding
c) April 2012 – Hold conference

Metrics
a) Dues structure is established
b) Number of grants identified, pursued, successful and dollar amount awarded
c) Conference team appointed; conference promoted; number in attendance, income generated

Objective 6 Serve as resource for asthma data and information.

Strategies
a) Post asthma surveillance data, grant opportunities, educational materials and tools, CME opportunities, and other asthma information and links on VAC website.
b) Create VAC application icon for other organizations to place on their web site.
c) Schedule VAC members to speak at other coalition and organization meetings to share VAC resources, successes and opportunities for partnership.

Who Staff, Web Team

When Ongoing – Links
By January 2012 and ongoing – VAC application icon posted on other sites
By January 2012 – VAC members speaking schedule established

Metrics a) Number of data items available online and website hits
b) Application icon established; number of other organizations that display VAC icon
c) Number of VAC members scheduled for speaking engagements

Objective 7 Manage Virginia Asthma Plan systematically.

Strategies a) Dedicate one meeting per year to report on plan accomplishments and propose course adjustments.
b) Create annual "action plan."

Who Steering Committee

When June 2011 and annually thereafter – Report on plan accomplishments and propose needed changes
September 2011 and annually thereafter – Present annual action plan

Metrics a) Annual Meeting held, plan accomplishments reported
b) Annual Planning Meeting held, annual "action plan" presented

PARTNERS Responsible Organization for this Goal

Virginia Asthma Coalition

Key Prospective Partners

American Lung Association
Central Virginia Asthma Coalition
Partnership for People with Disabilities
Virginia asthma educators
Virginia Cancer Plan Action Coalition
Virginia Chapter of the American Academy of Family Physicians
Virginia Chapter of the American Academy Medicine Physicians
Virginia Chapter of the American Academy of Pediatrics
Virginia Department of Health
Virginia Diabetes Council
Virginia Public Health Association
Virginians for a Healthy Future

Goal Two

Use data to guide goals, initiatives and evaluation.

To insure accountability for its activities VAC must be guided by outcomes data. Planning and updating strategies must be supported by data. VAC has limited resources as a result of current economic conditions and must rely on strong community ties with VDH and other partner health and environmental organizations to share available data. These relationships will help VAC plan and be responsive and open to change. They will also improve awareness of VAC programs and strengthen partnerships.

Objective 1 **Determine data needs, resources, and a data management process to guide strategic efforts.**

Strategies a) Select a Data Team charged with managing the data process.
b) Select and report on key surveillance and plan indicators as a means to measure progress.
c) Pursue partnerships with organizations that have and may be willing to share data.

Who Data Team

When January 2012 – Data Team selected
June 2012 and ongoing – Report on selected surveillance and plan indicators
Ongoing – Pursue partnerships with organizations for shared data

Metrics a) Team selected
b) Key surveillance and plan indicators reported
c) Number of new partnerships formed to share data

Objective 2 **Evaluate Virginia Asthma Plan for continuous improvement.**

Strategies a) Evaluate Virginia Asthma Plan using output, process and outcome measures and report to membership.
b) Identify successes, suggest needed changes.
c) If needed, identify teams to address needed improvements.

Who Data Team in collaboration with other VAC teams and VAC members

When June 2011; annually thereafter

Metrics a) Evaluation outcomes
b) List of proposed plan improvements, as needed

Objective 3 **Build a "business case" for VAC's contribution.**

Strategies a) Using data, quantify VAC impact.
b) Develop one-page "business case" brief on VAC impact targeted to funders and prospective partners.
c) Share "business case" widely.

Who Data Team

When June 2012; annually thereafter

Metrics a) Brief developed
b) Number/names of organizations briefed

PARTNERS **Responsible organization**

Virginia Asthma Coalition

Key Prospective Partners

American Cancer Society
American Lung Association
Department of Medical Assistance Services
National Respiratory Training Center
Virginia Business Coalition on Health
Virginia Department of Health
Virginia Hospital and Healthcare Association
Virginia insurers and health plans

Goal Three

Pursue a multi-level policy agenda.

Policy can be either legislative or organizational. It can be a law, regulation, rule, protocol or procedures designed to guide or influence behavior. Policies often mandate environmental changes and increase the likelihood that they will become more permanent. In recent years, the Virginia Asthma Coalition partnered with other state organizations for successful passage of legislation that banned smoking in restaurants. Some business and health organizations have voluntarily created no smoking policies for their property. Health plans have authorized coverage for two sets of spacer devices and medication to allow children to have one set at home and one set at school. These policies improve the environment for asthma patients. The Virginia policy agenda for asthma-friendly environments will require thoughtful and strategic plans pursued by Virginians with a vision, by those who understand the policy process, and those who patiently pursue the goal. Advocating for restoration of CDC-funded VDH Asthma Control Project staffing will be a priority.

Objective 1 **Identify and advocate for legislative agenda that supports asthma control from legislative agendas of other partnerships and organizations.**

Strategies
a) Appoint a Policy Team to prioritize state policy asthma-related issues and identify partners with whom to collaborate in legislative efforts.
b) Review existing policy briefs for each issue and share with VAC membership for approval.
c) Seek partnership with other organizations to support prioritized issues.

Who Policy Team, VAC Members and other partners

When January 2011 – Policy Team appointed
September 2011 and annually thereafter – Policies identified to support

Metrics
a) Policy team appointed
b) Policies for VAC support identified and approved
c) Number of partners VAC recruits for policy action

Objective 2 **Craft and pursue a five-year policy agenda targeting worksite, schools, health care/health coverage organizations, and local government environments.**

Strategies
a) Prioritize non-legislative policies to pursue.
b) Craft one-page policy briefs for each issue to share with partners (include background, purpose, targeted geographic region and organization, barriers to overcome and anticipated timeline).
c) Seek partnership and support from other organizations.

Who Policy Team

When September 2012

Metrics
a) Non-legislative policies identified to pursue
b) Policy briefs crafted
c) Supportive partner organizations identified

Objective 3 **Promote member advocacy training, borrowing from other partnerships and organizations' advocacy training programs.**

Strategies a) Research advocacy training programs developed by other organizations.
b) Schedule and promote advocacy training opportunities for VAC members.
c) Create web-based advocacy training.

Who Policy Team

When September 2013

Metrics a) Training program(s) identified
b) Web-based advocacy training developed and posted on website
c) Number of partners who have successfully completed training
d) Number of web-based advocacy program training hits

PARTNERS **Responsible Organization**

Virginia Asthma Coalition

Key Prospective Partners

American Cancer Society
American Heart Association
American Lung Association
Virginia Business Group on Health
Medical Society of Virginia
Partnership for People with Disabilities
Project Immunize Virginia
Virginia Allergy Society
Virginia Association of Health Plans
Virginia Association of School Nurses
Virginia asthma educators
Virginia Diabetes Council
Virginia Cancer Plan Action Coalition
Virginia Chapter of the American Academy of Family Physicians
Virginia Chapter of the American Academy of Internal
Medicine Physicians
Virginia Chapter of the American Academy of Pediatrics
Virginia Heart Disease and Stroke Alliance
Virginia Nurses Association
Virginia Public Health Association
Virginia Society for Respiratory Care
Virginia Thoracic Society
Virginians for a Healthy Future

Goal Four

Create strong ties with medical and health organizations to promote standardized asthma care and education.

Reducing the burden of asthma requires multiple factors and chief among them is a solid medical and health infrastructure that employs evidence-based practice, provides access to education on evidence-based asthma management practices, and uses an asthma management plan to communicate among patient, family and school. These practices increase patient self-management and quality of life and they decrease unnecessary asthma exacerbations, work and school absences, emergency department use and hospitalizations. The Virginia Asthma Plan recommends National Heart, Lung and Blood Institute (NHLBI) guideline use, in particular the Six Key Messages of the Guideline Implementation Panel Report (GIP), among medical and health professionals for managing the health of asthma patients, as well as the Virginia Asthma Action Plan as a means of communicating between physicians, families and schools.

Objective 1 Recruit committed physician asthma champions.

Strategies
a) Appoint Physician Liaison Member (can be non-physician).
b) Consult with physician stakeholders on creative means of recruiting and connecting with physicians other than in-person meetings.
c) Recruit primary care and pulmonary specialist physician leaders from state-level organizations and medical schools to serve as VAC Asthma Physician Champions within their professional organizations.

Who
VAC leadership appoints Physician Liaison; Physician Liaison recruits Physician Asthma Champions

When
January 2011 – Physician Liaison Member appointed
June 2011 – Asthma Physician Champions identified
June 2012 and ongoing – Asthma Physician Champions renew commitment and add new Champions

Metrics
a) Physician Liaison appointed
b) List of potential other than in-person physician recruitment/contact methods
c) Six Asthma Physician Champions recruited (in 2011)
d) Six Asthma Physician Champions recruited annually thereafter

Objective 2 Build strong relationships with state-level primary care physician organizations.

Strategies
a) Gather and post dates of and presentation opportunities at state physician organization meetings, trainings and conferences.
b) Develop systematic plan to regularly interact (present, exhibit, provide materials, conduct dialogue, enter policy discussions, Physician Champions conduct VAC meetings on site) with organizations.

Who
Physician Liaison and Physician Asthma Champion Team

When
September 2011 and annually thereafter – Physician liaison reports on presentation opportunities
September 2011 and ongoing – Schedule engagements

Metrics
a) Number of Physician Champions that become VAC partners
b) Number of opportunities to interact recorded
c) Number of asthma-related speaking engagements successfully pursued
d) Number of dialogues accomplished
e) Number of policies adopted (NHLBI guidelines, Asthma Action Plan, use of Certified Asthma Educators) by physician organizations or practices

Objective 3 **Influence use of NHLBI Guideline, Six Key Messages, Asthma Action Plans and patient education among primary care physicians.**

Strategies
a) Engage Physician Asthma Champions to influence peers within their own professional organizations to recommend use of guidelines, Six Key Messages, Virginia Asthma Action Plans and Certified Asthma Educators.
b) Link websites for easy reference to guidelines, plans and dates for educational training.
c) Post NHLBI Guidelines, Six Key Messages, Virginia Asthma Action Plan and opportunities for certified asthma educator training to VAC website.

Who
Physician Liaison, Physician Asthma Champions, and Web Team

When
January 2012 – Guidelines, Messages, Asthma Action Plan and opportunities for certified asthma educator training posted to VAC website

Metrics
a) Number of Physician Asthma Champion engagements (to promote Asthma Guidelines, Six Key Messages, Asthma Action Plans, and use of Certified Asthma Educators)
b) Number of physicians adopting NHLBI guidelines
c) Number of Certified Asthma Educators in Virginia

Objective 4 **Strengthen relationships with allied health provider organizations to influence continued practice of evidence-based asthma care.**

Strategies

a) Appoint Health Professionals Liaison(s).
b) Develop relationships with allied health professional state organizations (e.g. pharmacists, nurses, respiratory therapists and school nurses) by recruiting at least one contact from each organization to become a VAC member.
c) Partner with the National Respiratory Training Center (NRTC) and the American Lung Association (ALA) to provide asthma educator training, information, and other resources.
d) Coordinate collaboration with these partner organizations through presentations, exhibits and sharing asthma-related presentations.

Who

Health Professionals Liaison(s)

When

January 2011 – Health Professionals Liaison(s) (HPL) appointed
June 2011 – HPL identifies NRTC and ALA asthma educator trainings and posts to website
June 2012 – HPL identifies all related state-level organizations, including meeting and conference schedule
September 2012 – HPL recruits members from among health professions organizations
January 2013 – HPL identifies allied health professionals who are VAC members and also members of another health professional organization to make asthma presentations at their state meeting

Metrics

a) Health Professions Liaisons selected
b) Number of contacts made with health professional organizations
c) Number of new VAC members recruited who are allied health professionals
d) List of allied health professional organization meetings and conferences created
e) Number of cross-professional asthma speaking/communication engagements completed

PARTNERS **Responsible Organization**

Virginia Asthma Coalition

Key Prospective Partners

American Lung Association
National Respiratory Training Center
Virginia Allergy Society
Virginia Chapter of the American Academy of Family Physicians
Virginia Chapter of the American Academy of Internal Medicine Physicians
Virginia Chapter of the American Academy of Pediatrics
Virginia Nurses Association
Virginia Pharmacists Association
Virginia School Nurses Association
Virginia Society for Respiratory Care
Virginia Thoracic Society

Goal Five

Promote excellence in community-based asthma educational programming and intervention.

Patient and provider asthma education is a lifelong process and critical to patient outcomes. To support all Virginia asthma stakeholders who want educational resources, VAC will provide web-based educational programs, post scheduled professional and community classes, increase the number of Certified Asthma Educators and create toolkits to assist patients, physicians and advocates in their efforts to control asthma.

Objective 1 **Post online asthma education programs, links to resources, and local asthma educational opportunities.**

Strategies
1) Appoint an Education Team.
2) Conduct audit of available evidence-based asthma educational resources and programs and post lists or links to website.
3) Support and promote community-based educational programs that are evidence-based for those who are affected by asthma.
4) Make list of, assign development of, and create needed, but currently not available, educational programs (i.e. for coaches and physical education teacher training).

Who
Education Team

When
January 2011 – Appoint team
Ongoing – Promote community-based educational programs
January 2012 – Complete audit and linking of existing programs
January 2012 – Complete lists and assignments for needed programs
January 2013-2016 – Complete and post at least two new online educational programs per year

Metrics
a) Education Team appointed
b) Audit conducted and number of programs listed or linked to website
c) Output and process indicators for promoting community-based educational programs named, counted and evaluated
d) Number of new programs added to website

Objective 2 **Create, publish, and promote online tool kits targeted to specific audiences (i.e. local coalitions and providers).**

Strategies
1) Collaborate with local coalitions and physicians for toolkit input.
2) Create and test toolkit prototypes for feedback and adjust as needed.
3) Finalize, publish and promote toolkits.

Who
Education team

When
January 2013 – Collaborations with local coalitions and physicians have occurred
January 2014 – Prototype kits tested by coalitions and physicians
January 2015 – Kits launched on website
Ongoing – Toolkits promoted

Metrics
a) Toolkits researched
b) Toolkits drafted and tested
c) Toolkits finalized and published to website
d) Toolkit hits on website

Objective 3 **Increase number of certified asthma educators in Virginia.**

Strategies
1) Maintain and post list of Certified Asthma Educators in Virginia (www.naecb).
2) Develop partnerships to offer at least two asthma educator classes per year, targeting geographic areas of highest need (high rates of asthma, low numbers of certified asthma educators).
3) Promote Asthma Educator – Certification opportunities.

Who
Education Team

When
Annually

Metric
Number of people taking asthma educator class
Number of Certified asthma educators
Number of people who took asthma educator class but did not take exam

Objective 4 **Update Asthma Action Plan (AAP) to be more "family friendly."**

Strategy

1) Obtain parent feedback on AAP use, clarity and usefulness.
2) Obtain health care provider (HCP) feedback on AAP as a communications tool with parents.
3) Research Asthma Action Plans from other states.
4) Research differences between "family," "pediatric" and "school-focused" plans.
5) Redraft and test new "family friendly" AAP with HCPs, families and school personnel.
6) Publish final revised AAP.
7) Promote AAP use with instructional video.

When

June 2014 – Focus groups with parents and physicians completed; research on Asthma Action Plans from other states completed; differences between "family," "pediatric" and "school-focused" plans researched and reported

September 2014 – New plan(s) drafted and presented to membership

January 2015 – New plan(s) distributed throughout Virginia, along with revised DVD explaining how to use the plan(s)

Ongoing – Promote AAP and use of instructional video as HCP teaching tool

Metrics

a) Number of parents contacted
b) Parent cultural and ethnic diversity
c) Parent feedback
d) Number of HCPs contacted
d) Participating HCPs' geographic and cultural diversity
e) HCP feedback
f) New "family friendly" AAP is complete and distributed
g) New video HCP teaching tool to accompany new plan is distributed to Virginia HCPs

PARTNERS **Responsible Organization**

Virginia Asthma Coalition

Key Prospective Partners

American Lung Association
Certified Asthma Educators
GlaxoSmithKline
Merck
National Respiratory Therapy Center
Virginia Allergy Society
Virginia Chapter of the Academy of Family Physicians
Virginia Chapter of the American Academy of Internal Medicine Physicians
Virginia Chapter of the American Academy of Pediatricians
Virginia Department of Education
Virginia Nurses Association
Virginia Pharmacists Association
Virginia Public School PTAs
Virginia School Nurses Association
Virginia Society for Respiratory Care
Virginia Thoracic Society

Call to Action

The Virginia Asthma Plan is a framework from which all Virginians can work to organize around a single set of common goals to address asthma. The active involvement of all individuals, organizations and communities is essential to accomplish this plan. You can help by

1. **Joining the Virginia Asthma Coalition** as a partner to address asthma.
2. **Letting the Virginia Asthma Plan guide actions** in your local community to address asthma.
3. **Sharing your programs and your successes** with the Virginia Asthma Coalition so that all may benefit from your progress.
4. **Sharing data** to allow a better picture of asthma and asthma control efforts in Virginia.

Acknowledgements

Special thanks to the following organizations and individuals who helped to create this plan:

Accomack County Public Schools
Kathy M. Lewis, RN, BSN, NCSN

Allergy and Asthma Center of Fredericksburg, LTD.
Seth Craig, MD
Andrew Kim, MD

Allergy Partners of Fredericksburg
Jonathan Mozena, MD
Peter Smith, MD

Alpha Medical Aids
Judy Seal, CRT

American Association of School Administrators
Lorene Alba, AE-C

American Lung Association in Virginia
David M. DeBiasi, RN, BSN

Anthem HealthKeepers Plus
Tresserlyn Jones

Arlington County DHS
Karin Beecroft

Atlantic Community Health Center
Peggy Holloway

Blue Ridge Care Connection for Children
Gloria Poindexter, RN, BSN, CCM
Sandra Woodward

Bon Secours Richmond Health System
Lucie Ferguson, PhD
LuAnn Grimes

Bon Secours St. Mary's Hospital
Helen N. Ragazzi, MD, FAAP

Carilion Clinic
Regina Rackow, BS, RRT, RPFT, AE-C
Anthony Stavola, MD

Carilion Pediatric Pulmonary Clinic
Sally Southard, PNP, BC, AE-C

Carilion Roanoke Memorial Hospital
Mary Kane

Centra Health
Mary Lavender, RRT, AE-C

Charlottesville County Schools
Marica B. Bell

Chesapeake Public Schools
Barbara B. Robinson, RN, BS, NCSN

Children's Harbor Early Care & Education Center
Susan Pollack

Children's Hospital of The King's Daughters
Heidi Flatin, MD

Children's National Medical Center at Mary Washington Hospital
Francisco Alvarez, MD, FAAP

Children's Specialty Group
Cynthia Kelly, MD, FAAP

CHIP of Greater Richmond
CeCe Cowans, RN
Patricia Purcell, RN, LCSW, BCD
Brendalin Riedlinger, RN

Community Health Care
Russell Copley

Consortium for Infant and Child Health
Amy Paulson, BA, BS

Consumers
George O. Curme IV
Kimberly Elie
Tara Gambino
Toby Jordan
Hanan Powers
Thomas Travis

CVS Pharmacy – Roanoke
Harvey R. Turner, III, RPh

Eastern Shore Health District
Peggy Holloway
Michael Margolius, MD

Eastern Shore Rural Health, Inc.
Angela T. Custis
Faye C. Godbey, PhD
Cynthia Lee, RN, CDE
Kimberly B. Savage, RN

Eastern Virginia Medical School
Michelle Charters, MPH
Christine Matson, MD
Lisa Newman

FCPS Athletic Training Program
Jon Almguist

Fauquier Health System
Linda Jones, BS, RRT, RPFT, AE-C

Glaxo Smith-Kline
Mary O'Neill
Cindy Snyder

HealthSouth Rehab Hospital of Virginia
Cassandra Falt

INOVA Fair Oaks Hospital
Karen Mulheron

INOVA Fairfax Hospital
Natalie Napolitano, RRT

J. Sargeant Reynolds Community College
Christine Baughman, RRT

Jefferson College of Health Sciences
Linda Cochran, MS, RRT-NPS, AE-C
Stuart Tousman, PhD

Mary Washington Hospital
Kelly Brown, CRT, AE-C
Jennifer Sydnor, RN, BSN

MCV Hospital
Patricia Cafaro
Kurt Elward, MD, MPH

Merck Pharmaceuticals
Gretchen Roy
Eddie Hoffman
Melinda Gay Betron Marcelo
William Kevin Montgomery
Robert Avis

National Respiratory Training Center
Judith Taylor-Fishwick, AE-C

Naval Medical Center Portsmouth
Karen Rance, DNP, CPNP, AE-C

Norfolk Health Department
Carolyn Burwell, MD
Lisa McCoy, MD, MPH

Northampton County Public Schools
Linda S. Ashby, RN
Bonnie P. Lewis, RN
Lori Miles, RN

Portsmouth Community Health Center
Barbara Willis

Portsmouth Public Schools
Nita R. Mensia

Potomac Hospital
Jean Coles
Judy Merring

Pulmonary Associates of Fredericksburg
Donna Hooe, RT, RPFT

Roberts Home Medical
Jolynn Hamelman

Schering-Plough Corporation
Dave Evan

Sentara Health System
Alverine Mack

Shenandoah University
Jill Baker

Shore Cardiopulmonary Rehab Services
Angela T. Custis

Sierra Club Virginia, Chesapeake Bay Group
Joe Cook

Stafford County Public Schools
Debra Clark, RN, AE-C

Southern Health Services
Paula Davidson

Twin County Regional Hospital
Cathy Blevins, RRT

University of Virginia Medical School
Thomas A.E. Platts-Mills, BA, BM, BCh, PhD, FRCP

VCU/Partnership for People with Disabilities
Bernice Allen

Virginia Commonwealth University
Henry Caretta, PhD
Marie Chapin, MS, RN, CPNP

Virginia Department of Education
Tia Campbell, RN, MSN, NCSN

Virginia Department of Health
Christine Bosworth
Laura Burns, MPH, RN, BSN
Andrew Curtis, MPH
Bethany Geldmaker
Ramona Schaeffer, MSEd, CHES
Myra Shook, MPH
David Suttle, MD
Janet Wright

Virginia Department of Medical Assistance Services
Carol Stanley

Virginia Pharmacists Association
Timothy Musselman

Virginia Premier Health Plan, Inc.
Debra N. Gayle, RN, BSN, CCM, IC®
Jennifer Gutierrez, CHES, IC®
Amy Jones, RN, BSN, CCM, IC®
Renea Morgan
Nicole Roccaforte
Victoria Squires, BA

William Ramsey Elementary School
Robin Thompson

Woodbridge Middle School
Patricia DeMain

Wythe County Community Hospital
Mark Mustard

855 W. Brambleton Ave • Norfolk, VA 23510
757-668-6442 • www.virginiaasthma.org