

Goals, Objectives, and Strategies

GOAL #1 – Data and Surveillance: Maintain and expand the current statewide asthma surveillance system toward a comprehensive system that meets the needs of diverse stakeholders through increased data utility and greater communication and collaboration with data users.

Data and Surveillance strategies will be undertaken by MDH except where partners are indicated.

Objective A: Monitor trends in asthma prevalence among Minnesota residents.

1. Track asthma prevalence using surveys such as Behavioral Risk Factor Surveillance System (BRFSS) survey, Minnesota Student Survey and Youth Tobacco Survey.
2. Analyze asthma prevalence in subpopulations, such as Medicaid enrollees and immigrant groups, and by race/ethnicity.

Partner: *MN Department of Human Services (DHS)*

Objective B: Monitor trends in asthma-related health care utilization among Minnesota residents.

1. Analyze asthma-related hospitalization and emergency department data.
2. Develop methods to identify repeat asthma-related emergency department visits in hospital discharge data.
3. Evaluate completeness of the emergency department data.

Objective C: Monitor trends in asthma mortality among Minnesota residents.

1. Analyze death records for which the underlying cause of death was asthma.
2. Disseminate recommendations of the 2007 asthma mortality review and incorporate into data interpretation.

Objective D: Monitor trends in asthma control among Minnesotans with asthma.

1. Track indicators such as activity limitations and sleep disturbances among Minnesotans with asthma using surveys.
2. Develop a model method for tracking rates of school absenteeism among students with asthma. Develop model method for clinics or health plans to track unscheduled clinician visits for asthma.

Partner: *Olmsted Medical Center*

Objective E: Monitor trends in asthma management among Minnesotans with asthma.

1. Evaluate methods for tracking asthma medication prescriptions/use, particularly for controller and quick reliever medications.

Partners: *Health plans, DHS, Pharmacy benefit managers (PBMs), MN Community Measurement Project*

2. Track presence/use of asthma action plans in schools using school nurse/health office survey, as well as in the general population.

Partner: *SNOM*

3. Track use of spacers and holding chambers.

Objective F: Determine costs of asthma care.

1. Calculate costs of asthma-related hospitalizations and emergency department visits.

Objective G: Identify disparities in asthma among subpopulations.

1. Determine best methods and needs-based definitions for identifying race/ethnicity and country of origin in asthma outcome measures.

Partners: *MN health disparities organizations, DHS, HealthPartners*

2. Determine the impact of asthma and other comorbid conditions (e.g., COPD) on Minnesota's senior population.

Partner: *ALAMN (MN COPD Coalition)*

Objective H: Develop partnerships to share data and identify data needs.

1. Convene an asthma data advisory committee.
2. Collaborate with surrounding states and states with Environmental Public Health Tracking grants.
3. Collaborate with state environmental agency to include asthma surveillance data in environmental impact analysis and planning.

Partner: *Minnesota Pollution Control Agency (MPCA)*

4. Develop and pilot linkages with environmental data (e.g., air or other).

Objective I: Use asthma surveillance data to inform and respond to policymakers, local public health, state agencies and the general public.

1. Develop protocols for use of data to respond to community concerns.
2. Provide public education regarding available data through surveillance report, fact sheets, MDH web site, presentations, newsletter and other formats.

GOAL #2 - Environment: Increase awareness and understanding of asthma environmental triggers and decrease exposure to asthma environmental triggers for people with asthma.

Objective A: Increase awareness and understanding by determining target audiences and evaluating the effectiveness of educational materials.

1. Create a “state profile” to establish educational and intervention priorities.
2. Convene a state organized committee to review information in the state profile (Strategy #1); evaluate existing, replicable and evidence-based programs, policies, strategies and “best practices.” Develop a coordinated Minnesota asthma education and outreach plan that includes a final list of actions to be implemented and indicators to be evaluated.
3. Determine target audiences that will maximize the impact of increased understanding of environmental triggers (focused outreach) based upon Strategies 1 and 2.
4. Sponsor at least 5 meetings/forums with lead partners, supporting organizations and representatives of target audiences to solicit comments on recommended actions including the development of culturally appropriate methods and materials.
5. Identify champions for target audiences.
6. Develop/adapt and communicate evidence based asthma information for target audiences.
7. Engage health plans in discussions about the importance of increasing awareness of environmental triggers.
8. Develop a list of existing mechanisms to communicate culturally appropriate information to target audiences in Minnesota. Promote information to address cultural and/or language disparities; translate into appropriate formats.
9. Revise the MDH web site to incorporate updated information and links to resources about indoor and outdoor environmental asthma triggers and Minnesota asthma activities.

10. Identify potential funding organizations & policymakers.

Potential Partners: *MN OSHA, Health Plans, MDE, ALAMN, Public housing agencies, MN Environmental Health Association, MPCA, MN Dept of Agriculture, Local public health, Pediatric Home Service (PHS), Indian Health Service, Children's Defense Fund, MN Kids Network, Social Service agencies, Federal agencies: EPA/CDC/HUD, University of MN, MN State Colleges & Universities, National Oceanic & Atmospheric Administration, Pollen information organizations, Media, Tribal governments, Local Public Health Association, Minnesota Medical Association, MAC, Child Care Association or representatives, School Association or representatives, National/federal research organizations (NIEHS), Health care professionals, Institute for Agriculture & Trade Policy, MDH Programs*

Objective B: Increase the number of Minnesota communities with smoke-free laws, ordinances and policies.

1. Educate legislators on the importance of passing laws to improve indoor and outdoor air quality for individuals with asthma as well as the general public.
2. Promote initiatives that support tobacco-free environments such as youth recreation facilities, community parks and other grounds, and housing.
3. Increase the availability and awareness of health, property and car insurance incentives offered to non-smokers.

Potential Partners: *Tobacco prevention & control representatives, ALAMN, Association of Non Smokers Rights MN, ClearWay MN, MN Smoke-Free Coalition, Tobacco Law Center, MDH Tobacco program and grantees, Local Public Health*

Objective C: Prevent and reduce exposure to indoor environmental triggers.

1. Convene a state organized committee to review information in the state profile (Objective A, Strategy #1); evaluate existing, replicable and evidence-based programs, policies, strategies and "best practices."
2. Develop a coordinated Minnesota plan for reducing exposure to environmental triggers of asthma that includes a final list of actions to be implemented and indicators to be evaluated.
3. Promote the Department of Agriculture program that reduces exposure to pesticides by controlling pests using Integrated Pest Management.

Integrated Pest Management is an environmentally sensitive approach to managing pest problems that takes advantage of all suitable pest management options. It uses a balanced combination of tactics (cultural, mechanical, biological, chemical) to prevent pests or reduce pests to a tolerable level; pesticides are used judiciously to minimize health and environmental risks.

4. Develop new or adapt existing approaches that emphasize the importance of behavior change for certain triggers and activities such as pets and smoking.
5. Replicate existing home intervention strategies (EACH & RETA projects) and identify products that reduce allergens and irritants, including structural modifications as needed.

The City of Minneapolis & St. Paul Ramsey County intervention project (EACH) and the MDH intervention project (RETA) provided asthma education and environmental interventions in the homes of children with poorly managed asthma. EACH and RETA demonstrated statistically significant improvements in several key indicators including hospitalizations, ED visits, missed school days and quality of life indicators.

6. Develop or adapt similar intervention strategies (similar to Strategy #5) but for schools, child care facilities, work-related asthma and new home construction.
7. Improve building practices that impact environmental asthma triggers by working with the state energy codes program and the U of MN Cold Climate Housing Program.
8. Identify and encourage partnerships that implement hierarchy of controls for products used in homes, schools, service industry, health care organizations and other locations.
9. Increase awareness of resources about housing issues related to asthma through partnerships with housing officials, tenant & landlord organizations and MAC regional coalitions and other asthma partners.
10. Identify potential funding organizations to provide resources to implement strategies.

Potential Partners: *ALAMN Health House, MN Dept of Agriculture, Federal agencies (HUD, EPA), UMN School of Public Health (SPH) and Cold Climate Housing Program, Minnesota Interagency Pollution Prevention Advisory Team, School association or representatives, Child Care association or representatives, MDE, MN OSHA, Public housing agencies, Faith-based organizations, MAC, Community Clinics such as Smiley's Clinic, ALAMN, Blue Cross Foundation – Communities for Healthy Air, Tribal governments, Disease Management Organizations, Local Public Health, Greater MN Housing Fund, MN Tenants Union, MN Building Codes & Standards Division, Local housing and building code officials, Community Action Programs, City planners, MN Dept of Commerce, Center for Global Design, MDH programs*

Objective D: Prevent and reduce exposure to outdoor environmental triggers.

1. Convene a state organized committee to review information in the state profile (Objective A, Strategy #1); evaluate existing, replicable and evidence-based programs, policies, strategies and “best practices.” (Same as Objective C, Strategy #1).
2. Increase the number of people receiving the Air Pollution Alerts (based upon Air Quality Index).

The Air Quality Index (AQI) tells us when the air is unhealthy to breathe. An AQI of 101 to 150 is “unhealthy for sensitive groups,” meaning older adults, children and people with preexisting heart and lung conditions. Ozone and fine particles are the air pollutants of concern in Minnesota.

3. Educate and encourage the media to provide information on outdoor environmental asthma triggers.
4. Develop new or adapt existing approaches that emphasize the importance of behavior change for certain triggers and activities such as wood smoke, outdoor boilers and recreational fires.
5. Increase the availability of funding diesel retrofits for school buses and other vehicles.
6. Increase the number of schools and government agencies with “no idling” policies through enforcement of the current state law for school buses and better education on the importance of “no idling” policies.
7. Partner with the Pollution Control Agency & Clean Air Minnesota to identify priorities, collaborate on projects especially transportation. See Data and Surveillance Goal, Objective I.
8. Expand public transportation options (especially light rail), encourage transit use and carpooling among the general public and encourage use of E-85 fuel and E-85 vehicles.

Potential Partners: *MPCA, Clean Air Minnesota, Local Public Health agencies, Met Council, City planners, MnDOT, Schools (diesel retrofits; idling), Community clinics, Tribal governments, Environmental organizations e.g., MN Center for Environmental Advocacy, MN Sustainable Communities Network, Coaches, Team sport organizers, Community centers, MAC, Public transportation, Community Clinics such as Smiley’s Clinic, Community Action Programs, Wind energy, UMN SPH, MDH programs*

GOAL #3 – Work-Related Asthma: Increase awareness about work-related asthma (WRA), tailor interventions to address WRA, and reduce exposure to asthmagens.

Objective A: Promote use of existing resources to identify asthmagens in order to implement control measures in the work place.

1. Identify existing informational resources on asthmagens.
2. Promote these resources and their use to business owners, employers, and health and safety staff especially for small business such as salons, auto body shops, paint shops and other at-risk settings identified in State Profile (Objective E).

Potential Partners: *Minnesota state government agencies, Federal government agencies, Unions, Local chapters of occupational health & safety organizations, Minnesota health plans, Minnesota hospitals and clinics, Academic institutions and programs, Health, environment and safety consulting organizations, Minnesota Safety Council.*

Objective B: Develop and provide learning opportunities on WRA for health and safety staff who serve Minnesota businesses and workers.

1. Develop a training program that encourages documentation of WRA and appropriate follow-up.
2. Improve existing educational materials to supplement the training program.
3. Provide seminars for health and safety staff.

Potential Partners: *Minnesota health plans, Minnesota hospitals and clinics, Local chapters of occupational health & safety organizations, Academic institutions and programs, Continuing education, certification, and licensing organizations, Minnesota state government agencies, Unions, Business associations, Non-profit/Private health and safety organizations.*

Objective C: Develop and provide learning opportunities on WRA for health care providers including emergency department staff, nurse practitioners, physician assistants, community health clinics and others.

1. Incorporate WRA into the emergency physician conference through Hennepin County Medical Center or Regions Hospital.
2. Incorporate WRA into the one-day conference for family practice residents/primary care providers.
3. Develop or modify an existing tool for assessing WRA that addresses cultural and/or language disparities.

4. Submit WRA articles to publications for Minnesota health care providers.
5. Provide seminars for medical students, occupational nurses, and/or occupational medicine.
6. Present WRA at hospital grand rounds.

Potential Partners: *Minnesota health plans, Minnesota hospitals and clinics, Local chapters of occupational health & safety organizations, Academic institutions and programs, Continuing education, certification, and licensing organizations, Minnesota state government agencies, Minnesota health care provider associations.*

Objective D: Develop and promote tools for community organizers, workers, employers, unions and others to identify asthma related to or aggravated by the work environment.

1. Develop a tool for identifying WRA including how to distinguish it from other types of adult asthma.
2. Develop a self-assessment tool for identifying WRA.
3. Identify community organizers, workers, employers, unions and others who encounter WRA.
4. Promote tools to identified audiences who encounter WRA.

Potential Partners: *Minnesota state government agencies, Unions, Minnesota health care provider associations, Minnesota health plans, Minnesota hospitals and clinics, Migrant farm worker organizations*

Objective E: Create a State Profile of risk factors for WRA using existing data to guide strategic plan activities.

1. Include existing data on the incidence of WRA, such as workers' compensation claims.
2. Gather existing work place exposure data from Minnesota OSHA.
3. Gather information on WRA activities and data from other states and determine if they are applicable to Minnesota.
4. Identify occupations or industries where asthmagens may be found.
5. Generate a list of asthmagens used in Minnesota and a list of existing substitution programs.

6. Summarize 1 through 5 into a State Profile.

Potential Partners: *Minnesota health plans, Minnesota hospitals and clinics, Academic institutions and programs, Minnesota state government agencies, Unions*

Objective F: Promote data searches and/or needs assessments on WRA by other organizations including health plans, workers' compensation insurers, unions, post-secondary schools, and government agencies.

1. Work with health plans and workers' compensation insurers to search their records for WRA cases.
2. Work with unions to search their records for WRA cases or conduct a needs assessment of their members.
3. Survey occupational health care providers to obtain WRA trends.

Potential Partners: *Minnesota health plans, Minnesota hospitals and clinics, Academic institutions and programs, Minnesota state government agencies, Unions, Minnesota health care provider associations*

Objective G: Develop model policies for reporting WRA to the State.

1. Review policies and regulations for reporting WRA in other states.
2. Encourage addition of WRA as a reportable disease in Minnesota.

Partners: *All WRA partners.*

Objective H: Develop model partnerships to facilitate innovative interventions.

1. Support Minnesota OSHA Consultation Alliances with industries or businesses to implement hierarchy of controls.
2. Identify and encourage potential partners among businesses, agricultural industry, unions, environmental groups, nonprofit organizations, and others to reduce asthmagens mentioned in the State Profile incorporating the hierarchy of controls used by schools, service industry, health care organizations and others.
3. Identify and encourage partnerships that implement hierarchy of controls for cleaning products used by schools, service industry, health care organizations and others.

Potential Partners: *Minnesota state government agencies, Federal government agencies, Unions, Local chapters of occupational health & safety organizations, Minnesota hospitals and clinics, Academic institutions and programs including Minnesota Technical Assistance Project (MNTAP), Manufacturers of cleaning*

products, Local & national agricultural trade associations, Environmental groups, Non-profit/private health organizations

Objective I: Promote existing product substitution programs.

1. Talk to manufacturers about existing environmentally preferable products and national certification to encourage production of environmentally preferable products.
2. Promote substitution programs identified in State Profile (Objective E) and model profile strategies.
3. Promote model contract language for organizations to purchase and use environmentally preferable products.

Potential Partners: *Minnesota state government agencies, Academic institutions and programs including MNTAP, Unions, Environmental groups, Manufacturers of cleaning products*

Objective J: Incorporate WRA educational materials, prevention messages and assessment tools into existing education programs.

1. Incorporate WRA into Minnesota State Colleges & Universities (MNSCU) courses for occupations and industries where asthmagens may be found.
2. Incorporate WRA into UMN SPH courses.
3. Incorporate WRA into certification, continuing education and continuing licensure courses.
4. Incorporate WRA into trainings provided by unions to their members.
5. Incorporate WRA into medical school, nursing, & pharmacy curricula.

Potential Partners: *Local chapters of occupational health & safety organizations, Academic institutions and programs, Minnesota health care provider associations, Minnesota health professional schools & training programs, Continuing education, certification, and licensing organizations*

Objective K: Promote organizational policy changes.

1. Support adoption of policies to utilize tools to identify WRA in businesses and industries identified in State Profile (Objective E).
2. Notification and hazard communication of asthmagen use/application by workers at multi-employer work sites.

3. Promote development of new environmentally preferable products by manufacturers.
4. Promote model contract language for purchasing and use of environmentally preferable products.

Potential Partners: *Minnesota state government agencies, Minnesota health care provider associations, Unions*

GOAL # 4 - Self Management: Ensure individuals with asthma, their families, and other caregivers* are well-informed and engaged in appropriate asthma self-management, especially among low-income populations in Minnesota. * Caregivers are non-family members who care for individuals with asthma such as day care providers, school staff, etc.

Objective A: Increase knowledge of core messages about appropriate asthma management based on NAEPP guidelines.

1. Develop a patient script with specific questions patients or their families should ask their health care providers and describing the information they should bring with them to their asthma visit.
2. Determine and “brand” MN Core Asthma Messages that are based on NAEPP guidelines, address asthma self-management including environmental asthma triggers, and the importance of asthma action plans.
3. Identify and address cultural, ethnic and literacy factors that affect the delivery and understanding of asthma self-management education in content development and dissemination.
4. Identify or develop, evaluate, and disseminate asthma educational resources (materials and programs) containing MN core messages, to individuals with asthma, their families, and caregivers.

Potential Partners: *Pediatric Home Service, Health Disparities Collaborative, ALAMN, Local Public Health, U of M Academic Health Center, MAC, Children’s Hospital and Clinics, School districts, MDH-Office of Minority and Multicultural Health*

Objective B: Increase the opportunities for individuals to successfully manage their asthma.

1. Promote awareness and use of existing asthma disease management programs available through Minnesota medical insurance plans.
2. Promote coverage by payors, including health plans, of smoking cessation programs and promote to members.

3. Increase consumer demand for effective smoking cessation services by publicizing no-cost access and priority referral to quitlines for smokers and including in clinical and community pathways and in MN core messages.
4. Encourage individuals with asthma and their families to get yearly flu vaccinations.

Potential Partners: *ALAMN (CAACP), Minnesota Council on Health Plans, ICSI, Employers Associations, Local Public Health, Health payors, MDH- Immunization Section*

GOAL #5 – Communities: Create communities with comprehensive, systematic, sustainable, culturally responsive approaches to asthma education through partnerships, collaboratives, coalitions, and communication.

Objective A: Increase the number of individuals reached through community awareness and education.

1. Conduct a social marketing asthma campaign in news markets throughout Minnesota by collaborating with the MAC, EPA, and Ad Council.
2. Convene a work group to review and evaluate existing educational materials and dissemination mechanisms, and to develop an implementation plan that considers cultural, ethnic, age, income and literacy factors that affect the delivery and understanding of asthma educational information.
3. Promote materials and their use across the lifespan, in locations most appropriate for the targeted age such as health care settings, homes, schools, workplaces, libraries, community-based organizations including unions, employer groups, health care coalitions, senior centers and teen centers.
4. Target resources to tribal nations and racial and ethnic populations identified by asthma surveillance data as disproportionately affected by asthma.
5. Promote asthma awareness, activities, events, community resources and other learning opportunities in the MAC regions for people with asthma, their caregivers and the public during each year (e.g., world asthma awareness month).
6. Ensure that asthma partners, including the MAC, provide education in collaboration with smoke-free community groups on the relationship between smoking and asthma.
7. Promote and spotlight model policies for conducting business conferences and meetings in smoke-free cities and counties.

Potential Partners: *ALAMN, DHS, Media outlets, EPA, Ad Council, Community education, ECHO, UMN School of Nursing, MAC, Public libraries, Washington*

County Public Health and Environment, MN Steps, LPHA, Girl Scouts/Boy Scouts, Faith-based organizations, Service organizations, Smoke-Free Coalitions, Asthma Camps, Tribal nations, community-based non-profit organizations, SMOM, MDH chronic disease programs

Objective B: Increase the number of schools that provide appropriate support for individuals with asthma.

1. Continue to offer “Managing Asthma in Minnesota Schools” training or program update throughout Minnesota and promote the corresponding on-line training resources.
2. Compile a list of interventions that would assist schools to become asthma-friendly (e.g., train-the-trainer program for school walkthroughs) and implement as appropriate.
3. Increase the number of school nurses in Minnesota by requiring every school district to employ one full time licensed school nurse for every 750 students in the district.
4. Distribute information to school coaches on the on-line Coach’s Asthma Clipboard program at www.WinningWithAsthma.org.
5. Support inclusion of asthma in school wellness policies and develop appropriate materials.

Potential Partners: *SNOM, MDE, School districts, Community Education*

Objective C: Increase the number of care providers who have participated in asthma education programs.

1. Convene a work group to identify most appropriate delivery mechanisms and content of asthma education to legal unlicensed and licensed care providers (e.g., foster care, crisis nurseries, day care centers, adult care centers, camps).
2. Provide in-person training, facilitated by regional MAC coalitions, to legal unlicensed or licensed care providers at least two times a year using information identified by above work group.
3. Identify or develop and disseminate asthma education programs for out-of-school time providers, especially those who work with adolescents.

Potential Partners: *Child care consultants, Youth Community Connections, Adult day care agencies, Youth development programs, AARP, ALAMN, MVNA-child care consultants, DHS- Licensure, Minnesota Child Care Resources & Referral Network, MDH - Divisions of Environmental Health and Health Promotion and Chronic Disease, Minneapolis Urban League*

Objective D: Increase the number of local public health agencies engaging in asthma activities

1. Complete and promote the local public health toolkit based on the Washington County asthma initiative.

The “Catching Our Breath” asthma initiative in Washington County is a multi-faceted public awareness and action campaign targeted to the general public, coaches, health care providers and people with asthma. It is also providing resources to families and health care providers to raise awareness and improve asthma management.

2. Assist local public health agencies in using the toolkit to develop multi-faceted community-based initiatives.
3. Train local public health agencies on how to incorporate asthma self-management and interventions to reduce environmental asthma triggers into home visits.
4. Encourage local public health agencies to actively participate in regional asthma coalitions (MAC).

Potential Partners: *PHS, MDH-MCSHN and PHN district consultants and MCH staff, Local Public Health, Washington County Public Health and Environment, MAC*

Objective E: Increase communication among health professionals, parents, guardians, schools and other caregivers to promote a continuum of care for people with asthma.

1. Form a multi-disciplinary, statewide group that provides advice and guidance on the implementation of the state asthma plan.
2. Continue and strengthen the Minnesota Asthma Coalition.
3. Establish an inter-departmental state agency asthma work group comprised of key stateholders and meet quarterly.
4. Partner with MDH programs to integrate asthma related services including education, awareness, data collection and reporting, and improving care coordination and case management.

Potential Partners: *FQHCs, Health Disparities Collaboratives, Neighborhood Health Care Network, MN Academy of Pediatrics, MDH –Family & Community Health, Health Promotion, C & TC, WIC, MCSHN, Informatics, Genomics and other chronic disease programs, DHS, MDE, Office of Public Safety, DOER, Admin, Dept of Labor and Industry, MAC, ALAMN*

Objective F: Improve and expand emergency preparedness education for patients/caregivers/care providers/ and consultants, focusing on respiratory care needs during a disaster.

1. Develop and distribute, primarily through the web, a sample individual/family/school emergency preparedness planning kit for individuals with asthma.
2. Provide guidance to public health preparedness coordinators in each local public health agency on use of kit and distribution of above information in collaboration with MDH Public Health Preparedness Consultants.
3. Develop and maintain lists of local and regional pharmacies, including those in clinics and hospitals, willing to donate medications.
4. Develop and maintain regional lists of medical equipment companies or others willing to assist respiratory disease patients in accessing portable equipment (i.e., compressor-nebulizer units, generators, oxygen tanks) and transportation to enable provision of emergency care.
5. Create a list of asthma medications and supplies that could be needed by people with asthma and other respiratory illnesses.
6. Provide information about where individuals with asthma can obtain care in an emergency.
7. Provide information about how physicians and other medical personnel can be mobilized for delivery of emergency asthma care.

Potential Partners: *MDH Office of Emergency Preparedness, MDH Public Health Preparedness consultants, Minnesota Emergency Readiness and Training (MERET) CPHEO, MAC, MDE, ALAMN*

GOAL #6 - Health Professionals: Utilizing the NAEPP asthma guidelines and best practice methods, ensure that all Health Care Professionals (HCPs) who treat people with asthma assist patients to achieve optimal asthma control, and through self-management education, to effectively manage their asthma.

Objective A: Increase the appropriate prescribing of inhaled corticosteroids (ICS)/ controller medications.

1. Determine best method(s) to communicate new guidelines, updates and critical steps to providers, with a focus on Pediatricians, Internal Medicine, Family Practice, Nurse Practitioners, and Physician Assistants (PAs). (*Health plans, private practice groups, professional organizations, clinic systems to determine best methods*).

2. Form an advisory group to determine what key messages from the NAEPP guidelines need to be delivered to HCPs. Identify or develop a user friendly tool (quick and easy) for HCPs to use in the exam room. Distribute this tool to HCPs who care for people who have asthma.

Potential Partners: *MN Medical Association, MN Nurses Association, MN Academy of Family Physicians, American Academy of Pediatrics-MN Chapter, MN Council of Health Plans, ICSI, MN Society for Respiratory Care, American Thoracic Society, SNOM, MN NAPNAP, Health Plans, ALAMN, MAC*

3. Pharmacists will identify the overuse of prescriptions of albuterol (and other rescue medication) and refer the patient back to the prescribing provider for follow-up.
4. Pharmacists will provide one on one education to people with asthma (or parents/caregivers) and provide supporting written educational materials.
5. Pharmacies will post educational notices by inhaled epinephrine encouraging those purchasing this non-prescription medication to discuss appropriate asthma care with the pharmacist.

Potential Partners: *MN Pharmacists Association, PBMs, Chain Pharmacies*

Objective B: Significantly increase providers' use and distribution of asthma action plans.

1. Modify the Interactive Asthma Action Plan (IAAP) to work with EHR computerized systems creating a prompt for notes and reassessment of measures of control. Engage EHR stakeholders to assist in development, funding and incorporation of ONE prompting program by all.
2. Educate providers on how to complete AAPs appropriately.
3. Encourage providers to complete and share AAPs with schools, daycare centers, etc.

Potential Partners: *HIMSS (Healthcare Information & Mgmt Systems Society –MN chapter), Hennepin County Medical Center, ALAMN, MN Academy of Family Physicians, American Academy of Pediatrics-MN Chapter, ICSI, MN Academy of Physician Assistants, MDH E-Health Advisory Committee*

Objective C: HCPs will utilize the NAEPP guidelines to re-assess the control level and educational and treatment needs of their asthma patients and step up or step down the prescribed therapeutic intensity.

1. Form an advisory group to identify and evaluate comprehensive, evidence based programs (e.g., “Easy Breathing” or “Asthma Days” that would work with Minnesota’s health care systems.

2. Identify and (if needed) develop accredited online continuing educational programs for all HCPs and identify an appropriate organization to host these programs on an internet website.
3. Ensure that institutions will use these programs to educate physicians, nurses, PAs, pharmacists, respiratory therapists, and EMTs on how to utilize the NAEPP guidelines and the importance of regular asthma reassessment.

Potential Partners: *HIMSS (Healthcare Information & Mgmt Systems Society –MN chapter), ALAMN, MN Academy of Family Physicians, American Academy of Pediatrics-MN Chapter, ICSI, MN Academy of Physicians Assistants, Minnesota Medical Association (MMA), Minnesota Nurses Association (MNA), Minnesota Health Plans*

Objective D: All MN secondary institutions that educate/ train HCPs will incorporate the NAEPP guidelines into their respiratory disease / asthma curriculum by 2012.

1. Identify key decision makers to contact in order to make changes to curriculum at secondary educational institutions (Universities, Technical colleges, Community colleges etc).
2. Create an advisory group to locate or develop curriculum friendly materials of the NAEPP Asthma Guidelines to be incorporated into curricula of universities, etc.

Potential Partners: *Accreditation Council for Graduate Med Educ. (ACGME), University of MN, MMA, MNA, MN NAPNAP, Pediatricians, Family Physicians*

3. Incorporate into the Public Health Nursing curriculum opportunities for students to learn comprehensive asthma.

Potential Partners: *MPHA, UMN School of Nursing, Other MN nursing programs*

Objective E: Make institutions aware of the value of Certified Asthma Educators (AE-C) and the AE-C course, promote it to health professional students, and increase the number of Certified Asthma Educators in MN.

1. Create materials that describe the benefits of becoming an AE-C and distribute to secondary institutions. Include verbal discussion with institutional decision makers regarding the need for certified asthma educators.
2. Support the continued offering of Certified Asthma Educator preparatory courses across the state, with at least 75 participating each year.
3. Identify funding sources that may offer scholarships to take the AE-C course and certification testing.

4. Encourage reimbursement by employers for the cost of taking the course and exam.

Potential Partners: *ALAMN, MAC, All MN Health Plans, All MN Health Professional Organizations, Neighborhood Health Care Network*

GOAL #7 – Systems Change: Ensure that health systems and their partners will use best practices (i.e., NAEPP guidelines) through coordination of systems processes, information sharing, and reasonable reimbursement for optimal asthma care.

Objective A: Create and disseminate best practice standardized asthma pathways at the individual and community level.

1. Develop individual and community level asthma pathways based on best practices and NAEPP guidelines, using standardized language such as the Omaha system.
2. Promote use of software systems (e.g., CareFacts, CHAMP, PH DOC) that incorporate Omaha System pathways at local public health agencies to document and track public health department asthma interventions.
3. Promote the development of communication pathways between school and community based health providers to facilitate coordinated care for asthma.
4. Collaborate with MN-Public Health Information Network to improve use of information and information systems.

Potential Partners: *Washington County Public Health and Environment, MDE, HLAI, HIMSS (MN Chapter), MN-PHIN*

Objective B: Locate and distribute a chronic care continuum model that ensures comprehensive coordination of care for people who have asthma.

1. Convene an advisory group to develop or modify a comprehensive performance measure of optimal care for asthma based on NAEPP guidelines that includes outcome-based incentives (such as pay for performance) and identify supporting structural systems.
2. Support the roll of and identify Asthma Champions in the health professional community.
3. Work with health systems to further implement best practices of asthma care (i.e., NAEPP guidelines) in a collaborative manner.
4. Work towards information sharing, possibly via electronic health records, between clinical professionals who care for children with asthma and school nurses, staff of C & TC, WIC, MCSHN, LPH, and MDE.

Potential Partners: *Local Public Health, MN E-Health Initiative Advisory Committee, DHS, Health plans, MN Community Measurement Project, Data Intelligence, Inc., ALAMN, ICSI, Asthma Champions, Clinic systems, SNOM*

Objective C: Promote coverage and adequate reimbursement of appropriate individual and group asthma education and smoking cessation programs by all health payors.

1. Convene a work group to develop a plan for promoting reimbursement of services that are delivered in clinic, community and home-based settings and through disease management programs.
2. Educate home care, local public health, clinic, and school personnel on how to obtain reimbursement for education activities conducted by Certified Asthma Educators and others providing asthma education and case management.
3. Disseminate information about health payors that cover smoking cessation programs.
4. Develop policy and funding recommendations for home-based intervention programs that are evidence-based and addresses asthma self-management including environmental asthma triggers specific to the individual with asthma.
5. Make available to health payors the policy and funding recommendations developed.
6. Encourage reimbursement for asthma education provided by Certified Asthma Educators.

Potential Partners: *Health Plans, Health insurance brokers, Consultants for self-insured medical plans, ICSI, Employer associations, Pediatric Home Service, ALAMN, EPA, Local Public Health, Minneapolis Urban League*