



Oklahoma State Asthma Plan

2008



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It is my pleasure to recognize the hard work and dedication of the Oklahoma Asthma Initiative as they present the revised *Oklahoma State Asthma Plan*. Asthma is a significant public health concern for many Oklahomans, and a coordinated approach for addressing asthma is needed.

As you know, the burden of asthma within our state remains a high public health priority. It is of most utmost importance that we continue working to establish a comprehensive approach to asthma awareness and management. The *Oklahoma State Asthma Plan* serves as a call to action, challenging Oklahomans to work together to reduce the burden of this disease on our state. By working on the goals and objectives listed in the plan, we *can* reduce the burden caused by this disease.

The American Lung Association in Oklahoma recognizes that asthma is a serious, common and costly disease to our state. Helping people make healthier choices to address asthma management, treatment, and prevention of the disease will benefit the state at large. We recognize that asthma knowledge is key in improving outcomes related to this chronic disease. Helping Oklahoma citizens become more knowledgeable of this disease and its impact, will reduce the economic impact of asthma, improve the overall health status of Oklahomans, and reduce the incidence and prevalence of this disease in our state.

The American Lung Association in Oklahoma is proud to support the mission the Oklahoma Asthma Initiative and the activities outlined in the *Oklahoma State Asthma Plan*.

In Health,



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One Breath at a Time*

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DISCLAIMER

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The analyses, interpretations, discussions, conclusions, or opinions expressed in this report do not represent the views of CDC, OSDH, OAI, American Lung Association of the Central States, or any organization provided data for this report.

EXECUTIVE SUMMARY

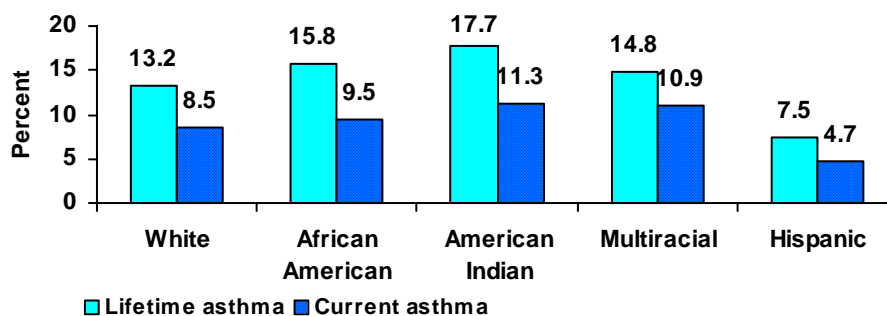
Asthma remains a significant public health concern, and has been described as an epidemic by the U.S. Department of Health and Human Services in its 2000 publication, *Action Against Asthma*. Characterized by wheezing, chest tightness, and shortness of breath, asthma is an inflammatory disease of the airways. Asthma affects 22 million Americans and 232,900 Oklahoma adults and 78,500 Oklahoma children.

The Burden of Asthma:

Oklahoma continues to be a significant public health concern in Oklahoma. The Oklahoma Asthma program recognizes that uncontrolled asthma places a heavy burden on Kansas. Because of this burden there is an increase in healthcare costs, reduced quality of life for asthmatics and their families, and a loss of productivity resulting from missed school and workdays. We also know that asthma is a disease that can be effectively managed by utilizing the appropriate knowledge and resources. Employing a multi-faceted approach to asthma is key in obtaining improved health outcomes.

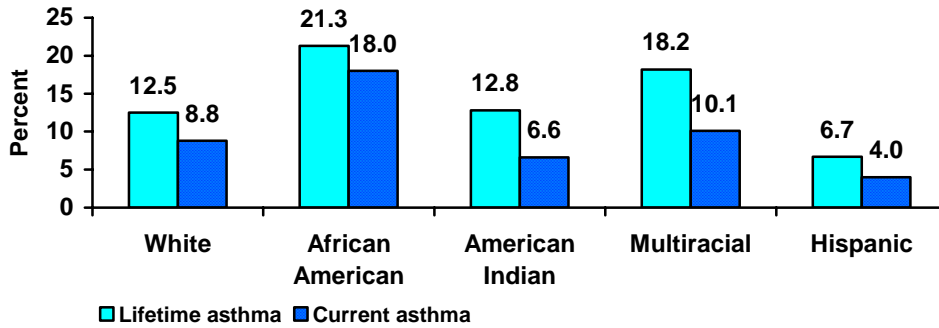
- 232,900 adults 18 years and older (8.6%) reported that they currently have asthma.
- Female adults in Oklahoma have significantly higher prevalence of lifetime and current asthma than males ($p < 0.05$).

Prevalence of Lifetime and Current Asthma by Race/ethnicity: Oklahoma BRFSS 2007



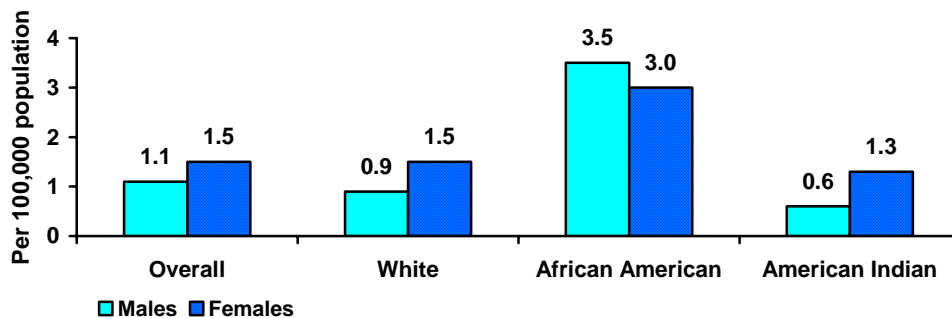
- 78,500 children under age 18 (9.2%) reported that they currently have asthma.
- African American children had the highest prevalence of both lifetime and current asthma.

Prevalence of Lifetime and Current Asthma for Children <18 Years Old by Race/ethnicity in Oklahoma NSCH Data



- 58.1% of adults with current asthma reported they had an asthma attack during the past 12 months. Adults without health coverage reported significantly higher percentage of asthma attacks than those with coverage ($p < 0.05$).
- Among children with current asthma, 71.9% experienced an episode or attack of asthma during the past 12 months.
- 16.6% of adults with current asthma visited an emergency room (ER) or urgent care center because of their asthma during the past 12 months. Females were more likely to have ER visits than males ($p < 0.05$). Adults with household incomes $< \$15,000$ reported significantly more visits to ER, compared with those who had $\$50,000$ and up ($p < 0.05$).
- African Americans have more than doubled asthma mortality rates than Whites.
- There were 47 people died from asthma in 2006 in Oklahoma, 11 of them (23.4%) were under the age of 25 years old.

Oklahoma Asthma Age-adjusted Mortality Rates by Gender and Race*: 2004-2006



Although addressing asthma across the lifespan is important, the Oklahoma State Asthma Plan identifies the following priority areas and populations that must be addressed.

Priority Populations

Oklahoma Minorities—particular attention should be paid to address asthma for African Americans and Native Americans, particularly youth

Priority Focus:

Focus should be given to asthma control strategies that address medication usage and appropriate asthma care.

The Oklahoma Asthma Initiative:

The Oklahoma Asthma Initiative is a statewide asthma coalition working to reduce the burden of asthma in Oklahoma. As such, the Oklahoma Asthma Initiative is comprised of representation across multiple sectors with an interest in addressing asthma.

The Oklahoma Asthma Initiative has formulated four working groups to address asthma across the lifespan:

- **Medical Professional Education Workgroup**
- **Awareness & Education Workgroup**
- **Public Policy Workgroup**
- **Data & Surveillance Workgroup**

Each workgroup has specific objectives and activities that align with the state asthma plan as a means for measuring progress and outcomes. Workgroups address the various areas of asthma management and treatment, and collaborate to raise awareness about the extent of the problem of asthma within our state.

Oklahoma State Asthma Plan:

The Oklahoma State Department of Health Asthma Program along with members of the Oklahoma Asthma Initiative have collaborated to create the Oklahoma State Asthma Plan. The Oklahoma State Asthma Plan identified concrete goals and objectives that will enable us to accomplish our overall mission **to improve the health status of Oklahomans affected by asthma through education, community action and advocacy.**

Utilizing existing asthma data and surveillance, priority populations and interventions have been identified and outlined.

Oklahoma State Asthma Plan

The Oklahoma State Asthma plan has been developed and written by the Oklahoma Asthma Initiative (OAI) to provide a concrete framework for addressing asthma in Oklahoma. The Oklahoma State Asthma plan provides a framework for the activities and direction of the Oklahoma Asthma Initiative. The plan also provides a guide for others in Oklahoma that are addressing asthma.

The plan outlines a comprehensive approach to addressing asthma in Oklahoma through a broad range of population based strategies that are based on the Healthy People 2010 goals for asthma and respiratory health. Efforts outlined in the Oklahoma State Asthma plan focus on secondary and tertiary prevention because asthma can not be cured, but can be managed and controlled.

What is the Oklahoma Asthma Initiative?

The Oklahoma Asthma Initiative is a statewide coalition of organizations and individuals committed to collaborating to address the issue of asthma in Oklahoma. The Oklahoma Asthma Initiative (OAI) was formed through a collaborative effort of the Oklahoma State Department of Health Asthma program and the American Lung Association in Oklahoma (ALA). In order to provide infrastructure for the coalition, an executive committee was formed of key stakeholders. The Oklahoma Asthma Initiative was formalized in 2003, to address the vision and mission for the coalition:

- o Vision: Controlled Asthma
- o Vision Statement: An Oklahoma free of the burden of asthma
- o Mission: to improve the health status of Oklahomans affected by asthma through education, community action, and advocacy

The success of the Oklahoma Asthma Initiative relies extensively on collaborative partnerships. The OAI has extensively collaborated with individuals, agencies, and organizations throughout the state that are focused on improving asthma related health outcomes for Oklahoma citizens. The coalition has formed several workgroups to provide a multi-faceted approach to impacting asthma within our state. Each workgroup has specific objectives and activities that align with the state asthma plan as a means for measuring progress and outcomes. Workgroups address the various areas of asthma management and treatment, and collaborate to raise awareness about the extent of the problem of asthma within our state. The workgroups are:

- Medical Professional Education
- Data and Surveillance

- Public Policy
- Awareness and Education

How Was the Oklahoma State Asthma Plan Created?

The Oklahoma State Asthma Plan was developed through a collaborative process of OAI stakeholders, members, and organizations. The original state plan was developed in 2003, and revision of the plan began in 2008. The OAI Executive Committee and members were asked to utilize the Centers for Disease Control and Prevention's State Plan Index to score the existing plan. Workgroup members were responsible for revising goals, objectives and making recommendations for action. Members worked to ensure that their recommendations were science-based, had the potential for statewide impact, and included measurable and sustainable strategies.

The members of the Oklahoma Asthma Initiative underwent a process of improving and revising the state plan. This four step process involved the following components:

1. Identification of key components needed in a state asthma plan
2. Identification of areas of weakness in the current state asthma plan
3. Identification of priority areas
4. Identification of methods for addressing priority areas

The plan was presented to the entire coalition for final review and comments during a general coalition meeting. The final plan will be distributed in both hard copy and electronic formats to coalition members, key community members and organizations, and will be available on the website.

The Oklahoma State Asthma Plan will be reviewed annually to assess progress toward stated goals and objectives.

What does the Oklahoma State Asthma Plan include:

The goals and objectives of the plan have been based on the Healthy People 2010 asthma goals:

- Reduce asthma deaths
- Reduce hospitalizations for asthma
- Reduce hospital emergency department visits for asthma
- Reduce activity limitations among persons with asthma

- (Developmental) Reduce the number of school or work days missed by persons with asthma due to asthma
- Increase the proportion of persons with asthma who receive formal patient education, including information about community and self-help resources, as an essential part of the management of their condition
- (Developmental) Increase the proportion of persons with asthma who receive appropriate asthma care according to the National Asthma Education and Prevention Program (NAEPP) Guidelines
- (Developmental) Establish in at least 25 states a surveillance system for tracking asthma death, illness, disability impact of occupational and environmental factors on asthma, access to medical care, and asthma management.

How Will the Oklahoma State Asthma Plan be Accomplished?

Each workgroup is charged with aiding in the accomplishment of the OAI mission of improving the health status of Oklahomans affected by asthma. The goals for each of the groups are as follows:

- Medical Professional Education: increase the proportion of the persons with asthma who receive appropriate care according the NAEPP (National Asthma Education and Prevention Program) guidelines.
- Data and Surveillance: establish and maintain a surveillance system for tracking asthma death, illness, and disability. The surveillance system will measure the impact of occupational and environmental factors on asthma, access to medical care and asthma management.
- Public Policy: improve the health status of Oklahomans with asthma through public policy initiatives.
- Awareness and Education: To raise awareness about asthma as a prevalent problem among Oklahoma communities, and Oklahomans with asthma and their caregivers are empowered, knowledgeable and capable of taking responsibility for their own health outcomes.

The Oklahoma State Asthma Plan incorporates several of the Essential Services outlined in the “Ten Essential Public Health Services”

- | |
|---|
| <ul style="list-style-type: none"> • Monitor—understand issues at the state and community level • Mobilize—engage people and organize • Inform, educate—keep people informed about health issues and healthy choices |
|---|

- Diagnose and investigate—Identify and respond to health problems or threats
- Develop policies and plans—plan and implement sound health policies
- Link—make sure people receive the medical care they need
- Assure—maintain a competent public health and medical workforce
- Evaluate—evaluate and improve programs
- Research—support innovation and identify and use best practices

Although the Oklahoma State Asthma Plan focuses on asthma across the lifespan, integrating asthma control activities across disciplines and with other health issues is important for sustainable outcomes.

Evaluation of the Oklahoma State Asthma Plan

Program goals were aligned with Healthy People 2010 Objectives (Appendix). Each workgroup plan was based on a five year timeframe with completion by 2013. Committees were asked to develop specific goals and objectives that met SMART criteria, (Specific, Measurable, Achievable, Relevant, Time-framed). A template for goal and objective development was provided to the workgroups that required the following:

- A program goal and anticipated outcome
- Applicable Healthy People 2010 Goals
- Indicators and data sources for:
 - Outcome objectives
 - Impact objectives
 - Short-term outcome objectives
 - Process objectives

Key activities are listed that identify lead roles, timelines, evaluation measures and target audience. Measurement of these indicators will provide the major quantitative portion of the evaluation. A rationale for the development of goals and objectives were also created by workgroup members.

The Oklahoma State Asthma Plan will be continuously assessed and evaluated by workgroup members.

Asthma Overview:

Asthma remains a significant public health concern, and has been described as an epidemic by the U.S. Department of Health and Human Services in its 2000 publication, *Action Against Asthma*. Characterized by wheezing, chest tightness, and shortness of breath, asthma is an inflammatory disease of the airways. Asthma affects 22 million Americans and 232,900 Oklahoma adults and 78,500 Oklahoma children.

Asthma is a chronic lung disease caused by the narrowing or blocking of the lung's airways, often as a response to various triggers. Asthma can not be cured, but it can be treated and controlled. Although asthma triggers vary from person to person, common triggers include: cigarette and other smoke, mold, pollens, dust, animal dander, exercise, cold air, household and industrial products, air pollutants and infections. The airways of asthma sufferers are almost continuously inflamed and hyperactive, but these and other kinds of triggers can lead to spasms in the lungs, causing asthma attacks. Asthma symptoms include coughing, wheezing and shortness of breath, and can be life-threatening if not properly managed.

What causes asthma?

No one knows for sure what causes asthma, but we do know that it is not contagious and cannot be spread person to person. Anyone can get asthma, at any age. Asthma is very common in children. In Oklahoma, adult females have a significantly higher prevalence rate for asthma than males. Risk factors for asthma include:

- A family history of asthma. Asthma tends to run in families.
- Allergies and eczema
- Children who have had lung problems as infants
- Exposure to secondhand smoke
- Overweight/Obesity
- Urban living
- Elderly

Being mindful of risk factors is important, as is paying attention to asthma signs and symptoms. If you suspect that you have asthma, see your doctor or health care provider.

Asthma symptoms appear as a response to an asthma trigger. Asthma triggers can vary from person to person, and it is important to identify the asthma triggers for each person with asthma. In order to identify asthma triggers, it is recommended that a journal is kept to describe the signs and symptoms and possible trigger for any emerging patterns.

Common asthma signs include:

- Shortness of breath, chest "tightness"
- Wheezing
- Cough lasting more than a week, or that happens during the night or after exercise
- Chronic cough (sometimes coughing is the only symptom you will have)
- When you have a cold, it lasts for more than 10 days, and goes into your chest

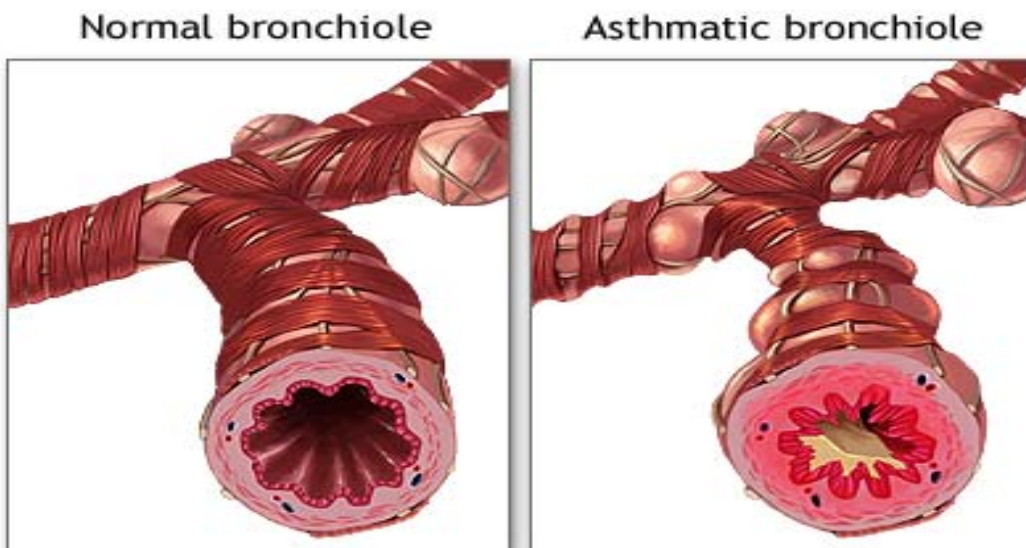
What Happens During an Asthma Episode?

An asthma "attack" or episode is a time when asthma symptoms flare up. The symptoms can be mild or severe. Anyone can have a severe asthma attack, even if they have mild asthma.

During normal breathing, the airways to the lungs are fully open, allowing air to move in and out freely. But people with asthma have inflamed, super-sensitive airways. Their triggers cause the following airway changes, which in turn cause asthma symptoms:

- **The lining of the airways swell** and become more inflamed
- **Mucus clogs** the airways
- **Muscles tighten** around the airways (bronchospasm)

These changes narrow the airways until breathing becomes difficult and stressful, like trying to breathe through a straw stuffed with cotton.



 ADAM.

Things that cause asthma symptoms to flare up are called "triggers." It is important to learn what the triggers are for each person individually so that they can be avoided and controlled. Frequent exposure to triggers is one reason why airways can stay inflamed therefore making them more prone to an attack. Controlling your triggers will help you have fewer asthma symptoms and make your asthma treatment work better.

Here are some common triggers and the actions that you can take to control them:

Dust mites:

Dust mites are microscopic creatures that live on skin flakes shed by humans and pets. They thrive in warm, humid environments like mattresses, pillows and carpets. They are found everywhere humans and warm-blooded animals live.



How to control this trigger:

- *Dust weekly*
- *Reduce clutter, toys, and collections in bedroom*
- *Avoid sleeping or lying on upholstered furniture*
- *Put your mattress and box spring in allergy-proof airtight or plastic covers*
- *Remove carpets*
- *Wash your bed covers and clothes every week in hot water*
- *Reduce indoor humidity to less than 50%*
- *Use a dehumidifier, if needed*
- *Remove drapes*
- *Avoid using a vacuum or being in a room while it is being vacuumed*

Animal dander:



All warm-blooded pets can make your asthma worse if you are allergic to them.

How to control this trigger:

- *Remove animal from the house or keep the pet out of sleeping areas at all times*
- *Wash pet once a week, every week*
- *Avoid products made with fur or feathers*

Cockroaches:

The waste products and rotting bodies of these insects are triggers for some people with asthma

How to control this trigger:

- *Store food in sealed containers*
- *Clean up any food messes/spills quickly*
- *Use roach traps*



Mold

Mold produces spores that can be carried in the air. These spores are triggers for some people with asthma.

How to control this trigger:

- *Try to avoid foods which can contain certain molds (i.e. cider, certain cheeses)*
- *Clean bathrooms and kitchens regularly*

Tobacco and Other Smoke:



Tobacco smoke irritates the airways, and over time, can cause permanent damage to the lungs. Smoke can damage the lining of the nose and lungs, which filter the air that is breathed.

How to control this trigger:

- *Do not smoke*
- *Do not allow smoking in your home or car, and avoid rooms/places where people are smoking*
- *Avoid using wood burning stoves to heat your home*
- *Avoid wood burning fireplaces*

- *Use exhaust fans to cut down on moisture and odors that may cause breathing trouble*
- *Keep bathrooms, kitchens, laundry rooms well aired*
- *Do not use humidifiers or vaporizer*

Strong Odors and Sprays:

Many aerosol sprays, cleaning products and perfumes are known to cause asthma symptoms in some people with asthma

How to control this trigger:

- *Do not stay in your home when it is being painted. Allow enough time for the paint to dry and be aired out.*
- *Try to use low or no VOC waterborne paints*
- *Avoid perfume and perfumed cosmetics*
- *Do not use room deodorizers*
- *Use non-perfumed household cleaning products, when possible*
- *Reduce strong cooking odors by using a fan*





Infections: [colds, flu, sinus infections](#)

Some people with asthma will have asthma symptoms when they get an infection. An increase in coughing, wheezing, shortness of breath means that a change is needed in your asthma care.

How to control this trigger:

- *Get a flu shot*
- *Avoid others with colds or flu*
- *Wash your hands often*

[Weather changes:](#)

Changes in the seasons, pollen or outdoor air pollution can also be asthma triggers. Extreme weather can also trigger asthma symptoms

How to control this trigger:

- *Keep windows closed and use air conditioning, if possible*
- *Consider staying indoors during the middle of the day and afternoon when pollen counts tend to be highest*
- *If you are outside when the pollen count is high, it might help to wash your hair before going to bed*
- *Check the air indexes (<http://www.airnow.gov>)*



- *Wear a scarf or mask over your mouth and nose in cold weather*
- *Dress warmly in the winter or on windy days*
- *Keep track of the daily local weather forecast*
- *Maintain a relatively constant temperature and humidity in the house*

[Physical activity and/or sports](#)

About 90% of people with asthma have exercise as a trigger. It is important that you don't avoid exercise.

How to control this trigger:

- *Work out a plan with your healthcare provider that helps you to exercise comfortably*
- *If you have breathing problems when you exercise, you may need to take your quick-relief medicine 20-30 minutes before you start to exercise*
- *Warm up and cool down*
- *Avoid exercise if symptoms are present*



Some people have known food allergies that trigger asthma attacks. Other people are triggered by the preservatives found in some food

How to control this trigger:

- *Wear a medic-alert bracelet that identifies your food allergies*

Stress/Emotions

Although asthma is not caused by emotions, an attack can be caused by changes in breathing patterns that may go with strong feelings. For some people, laughing, crying, yelling or anxiety can trigger an asthma attack. Learning to handle stress and anxiety can help you better control your asthma

How to control this trigger:

- *Find ways to relax using breathing exercises when you are under stress*

Foods:

- *Carry injectable epinephrine to provide first aid during an emergency allergic reaction, see your doctor for more information*

Gastroesophageal Reflux Disease (Heartburn or GERD)

For some people, the valve between the stomach and esophagus does not close completely, allowing stomach acid to travel up to esophagus. This reflux can irritate the lungs. People with GERD may have trouble breathing at night or upon awakening

How to control this trigger:

- *Raise the head of the bed up*
- *Do not eat or drink anything for at least two hours before lying down or going to bed*
- *Avoid eating foods that increase the amount of acid in your stomach (i.e. fatty foods, alcohol, caffeine)*

How Asthma Is Diagnosed:

To properly diagnose asthma, you'll discuss your medical history and have a physical exam with a physician. You may need lung function tests to detect possible limitations in your breathing, and, in some cases, you may need additional tests, such as a chest or sinus X-ray. If you or your child are having problems breathing on a regular basis, visit a doctor immediately.

Common Diagnostic Techniques:

- **Personal and medical history.** Your doctor will ask you questions to get a complete understanding of your symptoms and their possible causes. Be ready to answer questions about your family history, the kinds of medicines you take, and your lifestyle at home, school, and work. Questions will also include information on current symptoms.
- **Overall physical examination.** If your doctor suspects asthma, he/she will pay special attention to your ears, eyes, nose, throat, skin, chest and lungs during the physical examination. This exam may include a pulmonary function test to detect how well you exhale air from your lungs. You may also need an X-ray of your lungs or sinuses. A physical exam then allows your doctor to further evaluate your overall health.
- **Lung function tests.** To confirm an asthma diagnosis, your doctor may conduct one or more breathing tests known as lung (pulmonary) function tests. These tests measure many aspects related to your breathing. Common lung function tests used to diagnose asthma include:
 - ***Spirometry.*** During this test — the recommended test for confirming the diagnosis of asthma — you breathe into a mouthpiece that's connected to a device known as a spirometer. The spirometer records and measures the amount of air you're able to breathe in and out and its rate of flow.
 - ***Peak Airflow.*** This test, one of the simplest lung function tests, uses a peak flow meter — a small, hand-held device that you breathe into — to measure the rate at which you can force air out of your lungs.

Asthma can not be cured, but it can be managed and controlled. In order to achieve asthma control, you must consult with your healthcare provider to develop an asthma management plan, which includes identification of your asthma triggers, monitoring lung function, an emergency plan and medication.

Medications

There are two types of asthma medications: long-term control medicines and quick-relief medicines. Long-term control medicines are used to prevent asthma symptoms and episodes by controlling airway inflammation. Quick-relief medicines are to be used during an asthma attack and when you have asthma symptoms.

Long-term Control Medicines

Some people with asthma will need to take medicine every day to prevent asthma attacks from starting. These medicines may be anti-inflammatory medicines, methylxanthines (theophylline), and long-acting beta₂-agonists. It is important to take your medicines as they have been prescribed for you, even if you are not feeling symptoms.

- Anti-inflammatory medicines: are used to prevent asthma attacks by preventing and reducing the swelling of the airways and build-up of mucus. These medications must be taken regularly for them to work well and prevent asthma attacks.
- Methylxanthine (theophylline): is used to prevent asthma attacks. This medicine helps to keep the airways relaxed and open so that breathing is easier.
- Long-acting beta₂-agonists are sometimes used to keep daily asthma symptoms under control and prevent asthma episodes. They work by relaxing the muscles around your airways, allowing them to open more fully.

Quick-Relief Medicines

These medicines work to quickly relax the muscles of the airways to make breathing easier. These medicines are usually inhaled and can start working in 5-15 minutes

It is important to remember which medicines to take every day to prevent asthma attacks, and which medicines to take during an asthma attack. Asthma medicines should be taken as directed by your healthcare provider.

Lung function tests are often done before and after inhaling a medication known as a bronchodilator, which opens your airways. If your lung function improves significantly with use of a bronchodilator, it's likely you have asthma. Your doctor may also prescribe a trial with asthma medication to



Asthma Action Plans

With the right Asthma Action Plan, most people with asthma can lead normal, active lives. An asthma action plan is a written plan that tells people with asthma, or those who care for them, how to take care of asthma symptoms. This includes what to do every day to prevent symptoms, and also what to do if symptoms are very bad, or severe. This Plan should be developed together with a health care provider and family members. When used properly, the plan can help people control their asthma.

Emergency Response

1. Stay calm and try to relax
2. Tell someone—get help if you need it
3. Take the quick-relief medication as your asthma action plan tells you to
4. If the quick-relief medicine is not working within 5-10 minutes call the healthcare provider or 911
5. keep taking the quick-relief medicine every 5-10 minutes until emergency help arrives

With proper asthma management and control, you should be able to:

- stay active and symptom free
- reduce or even prevent asthma symptoms
- maintain normal functioning—no missed school/work, no hospitalizations and emergency room visits, sleep through the night without asthma symptoms
- Have no or very little side effects from asthma medicines
- Have normal or near normal lung function
- Be satisfied with your asthma care

Rules of Two

The "Rules of Two" is a great way to identify if you need to talk with your healthcare provider about your asthma control

1. Do you take your "quick-relief inhaler" more than TWO TIMES A WEEK?
2. Do you awaken at night with asthma more than TWO TIMES A MONTH?
3. Do you refill your "quick-relief inhaler" more than TWO TIMES A YEAR?

If YOU can answer "YES" to any of these questions ask your doctor or healthcare provider about a "long-term controller" anti-inflammatory medication. A "long-term controller" medication can help to improve your breathing and prevent asthma emergencies.

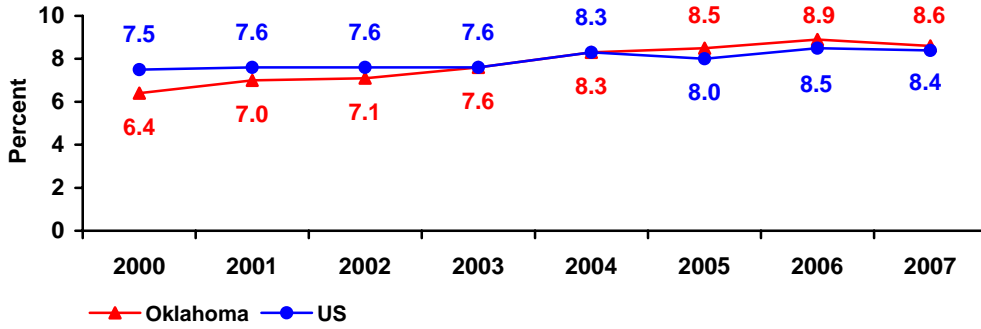
Asthma Matters in Oklahoma: The Burden of Asthma

Asthma is a prevalent disease in the United States, affecting about 16 million adults and 6.5 million children. With the steady increase in the incidence of asthma during recent decades, medical costs, urgent care and hospitalizations, and work loss associated with this disease have risen to nearly \$13 billion. Asthma drugs represented 43% of the \$7 billion direct medical costs.

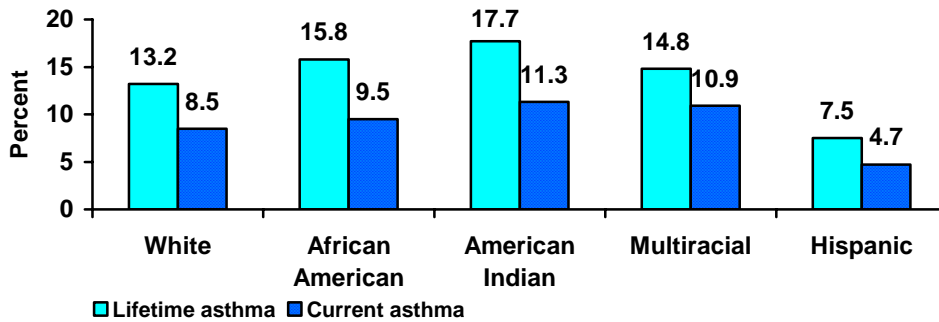
Asthma in Oklahoma Adults

- 365,400 adults 18 years and older (13.5%) reported that they had ever been diagnosed with asthma by health professionals.
- 232,900 adults 18 years and older (8.6%) reported that they currently have asthma.
- Female adults in Oklahoma have significantly higher prevalence of lifetime and current asthma than males ($p < 0.05$).
- Hispanic adults reported significantly lower prevalence of lifetime and current asthma than Non-Hispanic adults ($p < 0.01$), while Non-Hispanic American Indians and African Americans had slightly higher prevalence of asthma than Whites ($p > 0.05$).

Prevalence of Current Asthma: Oklahoma and US, BRFSS 2000-2007



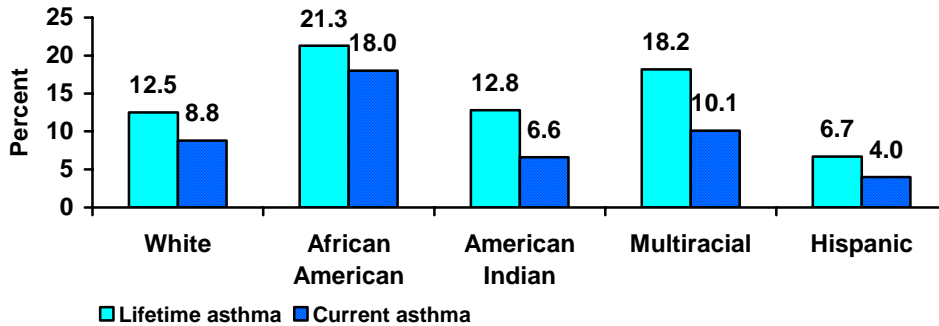
Prevalence of Lifetime and Current Asthma by Race/ethnicity: Oklahoma BRFSS 2007



Asthma in Oklahoma Children

- 114,300 children under age 18 (13.4%) reported that had been told by a health professional that he/she had asthma.
- 78,500 children under age 18 (9.2%) reported that they currently have asthma.
- African American children had the highest prevalence of both lifetime and current asthma.

Prevalence of Lifetime and Current Asthma for Children <18 Years Old by Race/ethnicity in Oklahoma NSCH Data



Asthma Control and Management in Oklahoma

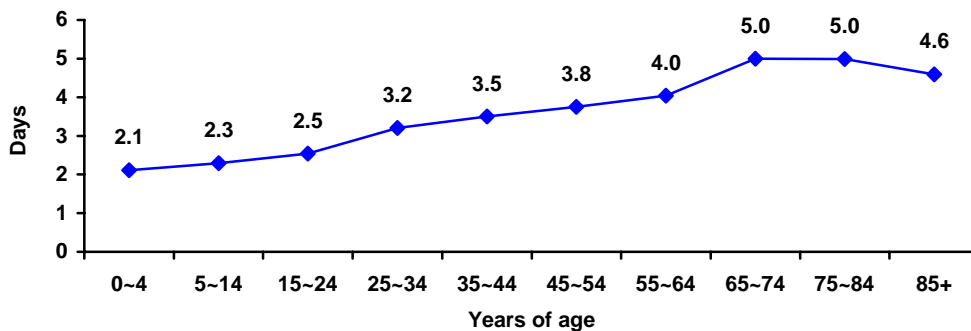
- About 38.4% of adults with current asthma did not take any medication in the past month.
- About 40.5% of children with current asthma took medication within last 24 hours.
- 58.1% of adults with current asthma reported they had an asthma attack during the past 12 months. Adults without health coverage reported significantly higher percentage of asthma attacks than those with coverage ($p < 0.05$).
- Among children with current asthma, 71.9% experienced an episode or attack of asthma during the past 12 months.
- 16.6% of adults with current asthma visited an emergency room (ER) or urgent care center because of their asthma during the past 12 months. Females were more likely to have ER visits than males ($p < 0.05$). Adults with household incomes $< \$15,000$ reported significantly more visits to ER, compared with those who had $\$50,000$ and up ($p < 0.05$).
- 24.1% of adults with current asthma visited a physician or nurse for urgent treatment of worsening asthma symptoms during the past 12 months. Females were more likely to have urgent visits than males ($p < 0.05$).
- 47.3% of adults with current asthma went to their physician for a routine asthma checkup during the past 12 months. Adults without health coverage reported significantly lower percentage of routine checkup than those with coverage ($p < 0.05$).

- 27.8% of adults with current asthma were unable to work or carry out usual activities at least one day during the past 12 months because of asthma.
- 48.7% of adults with current asthma reported influenza vaccination during the past year, while 42.6% of adults with current asthma reported ever received pneumococcal vaccination. Adults without health coverage reported significantly lower percentage of vaccinations than those with coverage ($p < 0.05$).

Asthma Hospitalizations in Oklahoma

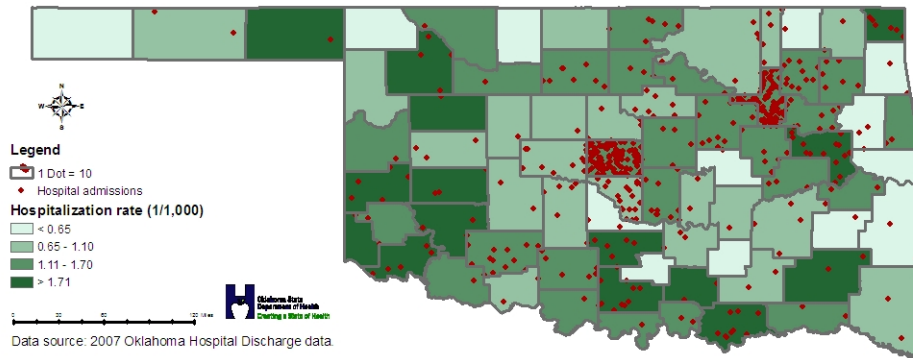
- In 2007, there were 4,983 hospital admissions with asthma as the principle diagnosis.
- The total charges in 2007 were approximately \$57.9 million for hospitalizations with asthma as the principle diagnosis. Females accounted for 67.7% of the total charges and had higher average charges than males.
- In 2007, the average length of stay for hospitalizations with asthma as the principle diagnosis was 3.3 days. Females stayed longer than males on average.

Average Length of Stay for Oklahoma Hospitalizations with Asthma as the Principal Diagnosis by Age, 2007



- Among patients hospitalized with asthma as the principle diagnosis, 66.3% were admitted from the emergency room.
- Although most of asthma hospital admission cases came from Oklahoma City and Tulsa, the counties in southern and western Oklahoma had higher hospitalization rates.

Hospital Admissions with Asthma as the Principal Diagnosis, by County, 2007



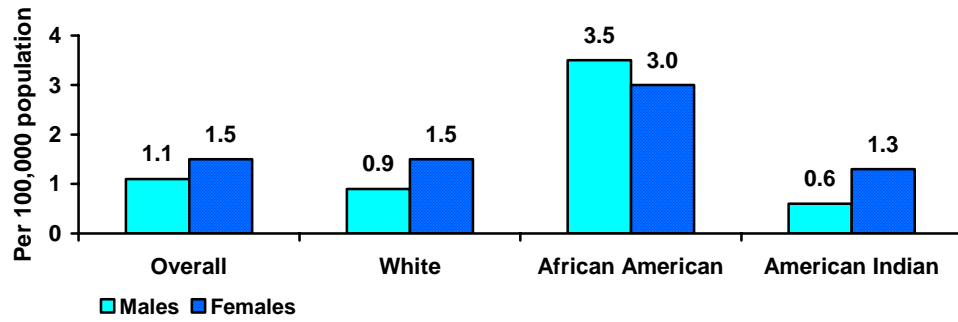
Asthma in Oklahoma Medicaid Beneficiaries

- In 2007, there were 37,221 Medicaid beneficiaries that received paid claims with asthma as the primary diagnosis.
- 53.3% of beneficiaries who had claims with asthma as the primary diagnosis were children younger than 10 years of age.
- The total paid claims with primary diagnosis of asthma was over \$47.8 million in 2007.

Asthma Mortality

- There were 47 people died from asthma in 2006 in Oklahoma, 11 of them (23.4%) were under the age of 25 years old.
- The age-adjusted mortality rate for asthma was similar to that in the US.
- African Americans have more than doubled asthma mortality rates than Whites.
- Asthma mortality rates were much higher among people aged 65 years and over.

Oklahoma Asthma Age-adjusted Mortality Rates by Gender and Race*: 2004-2006



Program Highlights

In order to achieve the mission of the OAI, members of the coalition workgroups have been engaged in interventions designed to reduce the burden of asthma for Oklahomans. To this end, each workgroup has made substantial strides.

Awareness & Education workgroup

Objective: Increase the proportion of persons with asthma who receive formal patient education, including information about community and self-help resources, as an essential part of the management of their condition.

- Implemented program for environmental asthma triggers
 - National Center for Healthy Housing--*"Essentials of Healthy Housing"* workshops
 - Association of Clinicians for the Underserved—*"Realistic Measures for the Reduction of Indoor Asthma Triggers"*
- Implemented the Asthma Friendly Schools project
- Implemented asthma awareness programs for the community at large
 - "Winning with Asthma" program for physical education teachers and coaches
 - Asthma Awareness Month
 - Tobacco Education and Awareness programs and resource distribution
 - Asthma 101 sessions to community organizations and groups

Data & Surveillance workgroup

Objective: Establish a surveillance system for tracking asthma death, illness, disability, impact of occupational and environmental factors on asthma, access to medical care, and asthma management.

- Examined data for Oklahoma and Tulsa county to identify asthma prevalence by zip code; the data will be used to help us focus our interventions on "high risk" populations
- Gathered data for surveillance report on the burden of asthma in Oklahoma
- Assisted in developing evaluation criteria for interventions

Medical Professional Education workgroup:

Objective: (Developmental) Increase the proportion of persons with asthma who receive appropriate asthma care according to the National Asthma Education and Prevention Program (NAEPP) Guidelines

- Implemented asthma education programs

- Implemented asthma quality improvement project with Cherokee Nation
- Implemented asthma education project with St. Francis Health system
- Distributed asthma guidelines for proper asthma management

Public Policy workgroup

Objective: Reduce activity limitations among persons with asthma.

- Worked with local tobacco coalitions to increase the number of schools that adopt 24/7 no-tobacco use policies
- Educate the legislature regarding tobacco and asthma public policy concerns

Collaborative Efforts

Data shows that in order to be successful, we must focus on a shared mission and be dedicated to collaboration.

There are 5 attributes of successful asthma coalitions/efforts:

- Committed leaders/champions: people willing to stay the course
- Strong community ties: effectively impacting the community; being relevant
- High performing collaboratives: partnering and sharing information, activities, strategies
- Integrated health services: coordinating services
- Tailored environmental interventions: multi-dimensional approach

EPA Change Package, Asthma Health Outcomes Project (2006)

We want to ensure that we are operating under a sense of shared collaboration. The Oklahoma State Asthma Plan describes goals and activities that will make significant strides toward reducing the burden of asthma among Oklahomans. The Oklahoma Asthma Initiative members will work to achieve these goals; however, there are things that we can all do to work toward the mission of improving the lives of Oklahomans affected by asthma.

Hospitals Can...

- Assure that asthma is treated according to the national guidelines
- Provide meeting space for asthma support groups
- Organize an asthma support group
- Collaborate to sponsor community-asthma education programs

County Health Departments Can...

- Provide asthma awareness information
- Distribute asthma educational materials

- Promote asthma friendly homes and trigger management
- Participate in community information campaigns

Community Based Organizations Can...

- Provide asthma awareness information to participants
- Encourage participation in asthma education classes
- Provide information on trigger management
- Promote asthma-friendly homes, schools and communities

Professional Organizations Can...

- Provide continuing education credits on asthma topics
- Include asthma control information in meeting agendas
- Form a speakers' bureau to provide information on asthma
- Train facilitators for asthma programs

Schools Can...

- Make your campus tobacco free 24/7
- Encourage tobacco cessation
- Advocate for more school nurses
- Provide an asthma-friendly environment
- Provide asthma education programs

Employers Can...

- Encourage physical activity for employees
- Make asthma information available
- Host an asthma education session
- Use health plans that provide asthma disease management

Faith Based Organizations Can...

- Provide asthma education to members
- Create an asthma friendly environment
- Offer asthma awareness opportunities

Healthcare Providers Can...

- Follow the Guidelines for Diagnosis and Management of Asthma published by the National Asthma Education Prevention Program
- Perform or request lung-function tests
- Work with patients to develop a written asthma action plan
- Ensure patients receive asthma education
- Encourage and refer for tobacco cessation
- Refer patients to specialists, as needed

Oklahomans Can...

- Learn about asthma triggers

- Support smoke-free legislation
- If diagnosed, find out about asthma management and control
- Stop smoking

Addressing Asthma In Oklahoma

In order to experience substantial decreases in asthma burden, we must employ a multi-faceted approach. Research indicates that the Social Ecological approach is effective at soliciting and sustaining behavioral changes to improve health status. To this end, the OAI has developed workgroups engaged in activities and interventions designed to impact change at multiple levels. Additionally, the Oklahoma State Asthma Plan incorporates Essential Services identified in the "Ten Essential Public Health Services."

The members of the Oklahoma Asthma Initiative underwent a process of improving and revising the state plan. This four step process involved the following components:

1. Identification of key components needed in a state asthma plan
2. Identification of areas of weakness in the current state asthma plan
3. Identification of priority areas
4. Identification of methods for addressing priority areas

Outcomes from the revision process has provided the impetus for the following plans that each of the workgroups will be engaged in.

Workgroup Plans

Awareness & Education Workgroup:

The Awareness & Education workgroup is dedicated to raising awareness about asthma as a prevalent problem among Oklahomans. To this end, this workgroup is working to assure that Oklahomans affected by asthma are empowered, knowledgeable and capable of taking responsibility for their own health outcomes.

Rationale:

Opportunities for asthma education and information are scarce, and research indicates that many people with asthma do not understand asthma or how to manage it. This lack of education and awareness increases the likelihood of adverse health outcomes related to asthma. The healthcare system is an acute-care system making prevention messaging and education scarce.

Education is an important tool for changing behaviors of individuals and groups. Studies have supported the advantages of asthma education, and the subsequent self-efficacy and empowerment that ensues following definitive education programs. It is important to empower individuals with asthma with information and resources that can be translated across sectors.

Working collaboratively to enhance education efforts and maximize resources is critical to sustainable action.

Workgroup Mission:

To raise awareness about asthma as a prevalent problem among Oklahoma communities, and Oklahomans with asthma and their caregivers are empowered, knowledgeable and capable of taking responsibility for their own health outcomes.

Workgroup Goals:

1. Ensure individuals with asthma and their caregivers are informed and engaged in appropriate asthma self-management and education based on the NAEPP guidelines
2. Increase awareness and understanding of environmental asthma triggers
3. Decrease exposure to environmental asthma triggers for people with asthma
4. Ensure comprehensive approaches to asthma education through partnerships

Anticipated Outcomes

- *By August 2013, all people with asthma and their caregivers will have access to standardized asthma educational resources.*

Objectives:

- By August 2010, conduct an assessment of healthcare providers utilization of available educational resources
 - By August 2013, the number of health care professionals that provide asthma care, education and materials will increase by 60%
 - By August 2012, health care professionals will be provided educational programs and resources that will enhance patient asthma knowledge and educational skills
 - By December 2010, analyze data from St. Francis asthma education pilot to determine replication
 - By August 2011, pilot effective asthma education pilot in selected sites.
 - By August 2011, develop standards for effective asthma programs and materials to be used by the coalition
 - By August 2013, provide best practice asthma education programs and materials that meet the NAEPP guidelines
-
- *By August 2013, people with asthma and caregivers will practice recommended measures to control environmental asthma triggers*

Objectives:

- By August 2010, obtain educational materials on IAQ, environmental asthma triggers, and asthma to disseminate to schools, homes and childcare facilities
 - By August 2011, initiate training opportunities focused on IAQ and asthma
 - By December 2010, all schools in Oklahoma will receive information on IAQ and environmental management of asthma
 - By August 2013, increase the number of households that implement smoke free home policies by 10 percent
 - By August 2012, develop strategies to support direct environmental interventions intended to reduce exposure of persons with asthma to environmental asthma triggers
-
- *By August 2013, develop asthma intervention strategies for environmental triggers and irritants*

Objectives:

- By August 2010, identify groups/partners that are addressing environmental issues
 - By August 2011, develop or adapt materials and a dissemination plan to educate the public and people with asthma about outdoor asthma triggers
 - By August 2013, develop strategies to support advocacy interventions intended to reduce exposure to outdoor asthma triggers
- *By August 2013, increase the number of individuals reached through community awareness and education*

Objectives:

- By August 2010, an annual World Asthma Day event will be established
- By August 2011, a consistent public message about asthma will be available to all people of Oklahoma
- By August 2013, surveys will show that more people are aware of the primary messages about asthma
- By August 2013, the availability of community-based asthma education classes and activities will increase by 10 percent
- By August 2013, at least three forms of media will be utilized to promote public awareness about asthma

Medical Professional Education workgroup:

Rationale:

Improvement of clinical care for asthma is essential to improving asthma outcomes. Quality asthma care takes a coordinated approach involving education, asthma management plans, identification and control of asthma triggers. Evidence-based treatment protocols have been outlined in "*Guidelines for the Diagnosis and Management of Asthma*" published by the NAEPP. Efforts must be made to deliver standardized, high quality asthma care.

Workgroup Mission:

To increase the proportion of the persons with asthma who receive appropriate care according the NAEPP (National Asthma Education and Prevention Program) guidelines.

Workgroup Goals:

1. Implement effective interventions to improve health care provider compliance to NAEPP guidelines
2. Implement effective interventions to promote high quality asthma care for disparate populations

Anticipated Outcomes

- *By August 2013, health care provider adherence to NAEPP guidelines will have increased by 15% over baseline in the general population*

Objectives:

- *By March 2010, identify practices with both general and underserved populations*
- *By December 2009, identify effective interventions to improve practice patterns relevant to the NAEPP guidelines*
- *By December 2009, analyze the quality improvement project with Cherokee Nation for potential replication to at least two expansion sites*
- *By August 2010, pilot effective interventions in selected expansion sites*
- *By August 2010, conduct assessment on barriers to healthcare provider use of NAEPP guidelines*
- *By December 2010, develop a system for continuing medical education*
- *Annually, provide learning opportunities for healthcare providers on current asthma practices and guidelines*

- *Annually, promote certification of asthma educators through support of asthma educator courses*
- *By August 2013, health care provider adherence will have improved 25% for those working with disparate populations*

Objectives:

- By March 2010, collaborate with the Oklahoma Primary Care Association on ways to promote asthma quality care collaboratives
- By August 2011, increase participation in asthma collaboratives in the Federally Qualified Health Centers by 25%
- By August 2013, healthcare provider adherence to NAEPP guidelines will have increased by 60% in practices serving disparate populations

Public Policy Workgroup:

Rationale:

The establishment of public policies to protect lung health is essential to improving the health status of persons with asthma. Increasing awareness by decision-makers about asthma as a significant public health concern can encourage policy changes. Advocacy is the underpinning of asthma work. For substantive changes, engaging in policy changes can re-set the norms for asthma.

Workgroup Mission:

To improve the health status of Oklahomans with asthma through public policy initiatives.

Workgroup Goals:

1. Monitor legislation, provide technical assistance
2. Prevent and reduce exposure to secondhand smoke

Anticipated Outcomes:

- *By August 2013, establish relationships with legislators and facilitate at least one legislative initiative to change policy related to asthma*

Objectives:

- By March 2010, develop a protocol for OAI response to asthma-related legislation
- By December 2010, develop a strategy for annual contact with legislators
- By June 2013, raise asthma-awareness of legislators
- By March 2011, implement training for each OAI workgroup on ways to advocate for change for their respective area
- By August 2013, provide ongoing technical support to all OAI workgroups on implementation of advocacy activities

- *By August 2013, collaborate to provide direct interventions for the adoption of smoke free policies*

Objectives:

- By December 2009, a SWOT analysis will be completed on previous legislation linked to asthma/lung health
- By December 2012, the OAI will support the statewide initiative to establish a comprehensive smoke free policy
- By December 2011, increase the number of outdoor parks and recreational facilities with a tobacco free policy

Data & Surveillance Workgroup:

Rationale:

Data collection is an essential component for every aspect of public health programming. Effective program planning and evaluation requires surveillance data, which can help to focus programs and ensure that expected outcomes are achieved. Information from an effective surveillance system can be utilized to monitor trends and target interventions.

Workgroup Mission:

To establish and maintain a surveillance system for tracking asthma death, illness, and disability. The surveillance system will measure the impact of occupational and environmental factors on asthma, access to medical care and asthma management.

Workgroup Goals:

1. Facilitate the development and maintenance of a statewide asthma surveillance system
2. Facilitate the distribution of asthma data throughout Oklahoma
3. Provide technical consultation to other workgroups for evaluation of interventions

Anticipated Outcomes

- *By August 2013, the data & surveillance workgroup will regularly produce necessary data for planning and evaluation*

Objectives:

- By March 2010, identify methods to enhance asthma surveillance
- By December 2009, all OAI workgroups will use data produced by the Data & Surveillance workgroup to aid in program development
- By December 2009, conduct a SWOT analysis to identify gaps in asthma data
- Annually, produce an annual data report
- Annually, produce a monograph on specific asthma indicators

Glossary

Allergist: A physician certified in either internal medicine or pediatrics, who has completed an additional two years of training in allergy and immunology at an accredited training program, and passed the examination given by the American Board of Allergy and Immunology

Asthma: a chronic disease in which airflow in and out of the lungs may be blocked by muscle squeezing, swelling and excess mucus. Patients with asthma may also respond to factors in the environment, called triggers. In response to a trigger, the airways become narrow and inflamed resulting in asthma symptoms (i.e. wheezing, coughing, shortness of breath, etc.)

Bronchodilators: a group of medicines that relax the muscles of the airways, thus widening the air passages in the lungs

Epidemic: a disease or condition that is clearly in excess of the expected level for a given period of time.

Healthcare Provider: A term applied to physicians and non-physician providers who may be involved in care of the person with asthma

Incidence: the number of instances of illness happening or persons falling ill during a given period in a specified population

Inflammation: redness, swelling, in a tissue due to chemical or physical injury, infection or allergic reactions in the nose, lungs and skin

National Asthma Education and Prevention Program (NAEPP): part of the National Heart, Lung, and Blood Institute at NIH, sets asthma education quality standards; publishes guidelines for the diagnosis and management of asthma. These guidelines are accepted as evidence based practice guidelines

Oklahoma Asthma Initiative (OAI): State asthma coalition working to reduce the burden of asthma in Oklahoma

Prevalence: the number of instances of a given disease or condition in a given population at a designated time.

Spirometry: A pulmonary measurement made with a spirometer to evaluate airway obstruction.

Trigger: a substance or condition that irritates the inflamed airway causing a reaction the creates asthma symptoms

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Appendix: Roles & Responsibilities of OAI Members

The mission of the Oklahoma Asthma Initiative is **to improve the health status of Oklahomans affected by asthma.**

Asthma Team

- Asthma Team members administer the grant which funds and sustains the Oklahoma Asthma Initiative
- Asthma Team members are comprised of public health staff from the Oklahoma State Department of Health Chronic Disease Service and the American Lung Association

Responsibilities:

- | | |
|--|---|
| <ul style="list-style-type: none">• Assist in the planning• Assist in leading/conducting workgroup meetings• Communicate coalition progress to CDC and other interested parties• Assist in the development of a program sustainability plan• Provide leadership and direction• Facilitate communication between staff and workgroup members | <ul style="list-style-type: none">• Ensure that workgroups are progressing• Conduct regular meeting opportunities for the workgroup as a whole• Responsible for financial and management oversight responsibility for the grant including ensuring grant compliance to the CDC.• Identify coalition leadership |
|--|---|

Coalition Chair

The coalition chair is a leader in their field and community and can offer a valuable resource to OAI staff and workgroup members

Responsibilities:

- | | |
|---|--|
| <ul style="list-style-type: none">• Attend all leadership meetings, and participate in at least one workgroup• Motivate and communicate group progress at meetings, as appropriate | <ul style="list-style-type: none">• Assist in the planning and development of OAI Summit meetings• Assists in providing direction for the coalition overall• Ensures that workgroups are progressing, as outlined in work plans and activity plans |
|---|--|

OAI Workgroups:

- Workgroups will be comprised of professional, community, business, and lay representation throughout Oklahoma
- Membership is open to all interested persons, with emphasis for recruitment on those with expertise in the field(s) pertinent to the workgroup's interventions
 - Public Policy
 - Data & Surveillance
 - Medical Professional Education
 - Education & Awareness

Responsibilities:

- | | |
|--|--|
| <ul style="list-style-type: none">• Workgroup members are responsible for participating in meetings• Workgroup members will assist in determining the direction of the coalition• Workgroup members representing an organization/agency will serve as the liaison to the organization/agency• Assist in drafting the strategic plan and action items, and in prioritizing the goals and objectives• Assist in the implementation of activities, including those that directly relate to the member's organization/agency | <ul style="list-style-type: none">• Serve as a resource for the development of program activities• Serve as an ambassador for the work of the coalition and promote its mission when and wherever possible.• Gather and relay appropriate information to the coalition to serve as a basis for decisions.• Attend meetings on a regular basis.• Help to develop and implement a self-sufficiency plan• Assist in the recruitment of new members |
|--|--|

Workgroup Chair

Serve as a liaison between workgroup and asthma team

Responsibilities:

- Attend meetings on a regular basis
- Lead workgroup meetings
- Assist in setting workgroup meeting agendas

Medical Advisory Committee

The members of the OAI Advisory Board are leaders in their field and community who can offer a valuable resource to OAI staff and workgroups planning and implementing projects to reduce the burden of asthma within our state. The Medical Advisory Board is a functional group of medical professionals engaged in the diagnosis, treatment, prevention of or search for a cure for asthma.

The number of members appointed to this specialized board is flexible and based on the needs of the OAI.

Responsibilities:

- Members of the OAI Medical Advisory Board will advise the Board on matters requiring scientific judgment, including recommendations with respect to effective application of the OAI Mission Statement.
- The Medical Advisory Board shall make recommendations regarding written materials, articles and publications produced by the OAI, act as a resource regarding programs and services initiatives, provide guidance regarding patient inquiries, participate (as appropriate) in OAI sponsored patient and physician educational programs, and act as a resource to locate speakers and shape agendas for such programs

OAI Members & Partners

Asthma Team:

Darrell Eberly, MPH	OSDH, Chronic Disease Service
Peng Li, MS	OSDH, Chronic Disease Service
Kaylee Messic, CHES	OSDH, Chronic Disease Service
Marshan Marick, MPH	American Lung Association
Heather Messer, BA	American Lung Association
Roy Garanton	American Lung Association

Coalition Chair:

James Royall, MD	OU Children's Hospital
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Executive Committee:

Ed Rhoades, MD	OSDH, Family Health Services
Chris Gifford, MD	Springer Clinic
David Hurewitz, MD	Oklahoma Asthma & Allergy Clinic

Medical Professional Education Workgroup:

Jane Purser, MD	Allergy Clinic of Tulsa
Laudy Naimeh, MD	Allergy Clinic of Tulsa
Stanley Grogg, MD	OSU Medical Center
Melody Beard, RRT	Integrus Health System
Robinette Ramsey, RRT	Deaconness Hospital
Nancy Letassy, PharmD, AE-C	OU College of Pharmacy
Vince Dennis, PharmD	OU College of Pharmacy
Maggie Pitt-Helm, RN	Oklahoma Health Care Authority
Phil Woodward, PharmD	Oklahoma Pharmacy Association
Carol Means, RN	St. Francis Hospital
Catie Bosse, RN	OU Medical Center
Karen Gregory, ARNP, AE-C	Oklahoma Asthma & Allergy Clinic
Pam Henry, RN	Norman Regional Health System
Lezli Heyland, RRT	Francis Tuttle Vo-Tech
Tiffany McCrabb, ARNP, AE-C	OU Children's Physicians
Laura Estes, RN	OU Medical Center
Tina Demos, RN	Blue Cross/Blue Shield of Oklahoma
Jane Herrington	AstraZeneca
Teresa Ryan, RN	OSDH-Maternal & Child Health
Cheryl Kraft, BSN	Genentech/Novartis
Nighat Mehdi, MD	OU Children's Hospital
Debbie Berry, RN	OU Children's Hospital
Tom Kincade, MD	Cherokee Nation Health System

Awareness & Education Workgroup:

Sherry Roulston, RRT	Norman Regional Hospital
Judy Bryan	Chickasaw Nation
Peggy Byerly, MS	OSDH-Maternal & Child Health Monty Elder
Debbie Hetrick, RN	Oklahoma Health Care Authority
Amy Jones, RRT	Baptist Integris Hospital
June Maher	Cherokee Nation-Healthy Nation
Jony McLaren, RRT	Integris Southwest Hospital
Kathy Perry, RN, AE-C	St. Francis Children's Hospital
Kim Quinn, RN	RainbowFleet
Gina Ferman, RN	OU SoonerSuccess
Harold Cully	Indian Health Service
Mary Overall, RN	COINS, Inc.
Alicia Shaw	Norman Regional Hospital
Kurt Bishop	Community Member
Lucinda Casteel	Community Member
Margaret Carter, RRT	St. John's Health System
Linda Berlin, RN	Blue Cross/Blue Shield of Oklahoma
Juanita Green	Sepracor
Amber Shockley, RN	Blue Cross/Blue Shield of Oklahoma
Cheryl Barr	OSDH-Childhood Lead Poisoning Prevention Program
Claudia Barajas	Latino Community Development Agency
Clayton Tselee	Indian Health Care Resource Center
Crystal Cosper, RRT	St. Anthony Hospital
Gayle York, RN, AE-C	Springer Clinic
Cindy Harmon, RN	St. Francis Health System
John Harmon, RRT	Cancer Treatment Centers of America
Corey Mondier	Community member
Melissa Matthews	Community member
Julie Hathaway	Dept. of Human Services
Susan Boyd, RN	Dept. of Nursing-OSDH

Public Policy Workgroup:

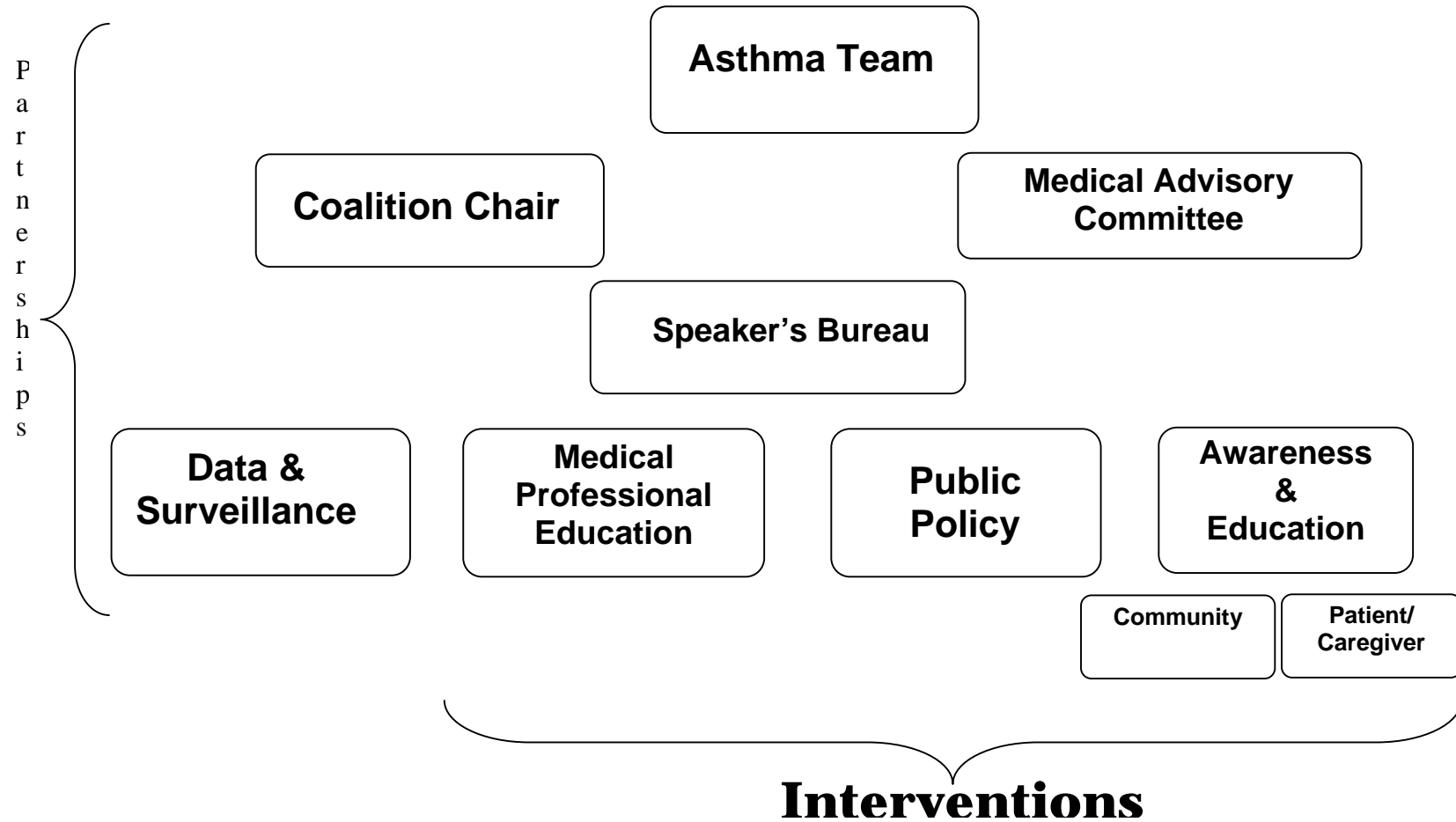
Julie Deerinwater-Anderson	Cherokee Nation-STEPS Program
Linda Eakers, MPH	OSDH-Tobacco Use Prevention Program
Shannon Fields	Cherokee Nation
Vicki Lentz	Tulsa Health Dept.-MATCH program
Tanya Mendoza	OK County Health Department
Michelle Terronez	OK County Health Department
Bonnie Bellah	Oklahoma Institute for Child Advocacy
Barbara Smith, RN	Oklahoma School Nurse Association
Percy Brown	OSU Area Prevention Research Center
Patrick McCann, Ph.D	Ekips Technologies
Karen Blackwell, PharmD	Tinker Air Force Base
Bob Miner	OSDH-Tobacco Use Prevention Program
Nancy Graham	INCOG
Lydia Campbell	Muskogee Creek Nation
Karen Hart, RN, RRT	St. Anthony Hospital
Chris Rogers	African American Tobacco Network
Vanessa Hall-Harper	Tulsa Co. Health Dept.
Suzanna Dooley, RN	OSDH-Maternal & Child Health

Data & Surveillance Workgroup:

Joyce Morris, Ph.D	OSDH-Tobacco Use Prevention Program
Derek Pate, MPH	OSDH-Center for Health Statistics
Helen Carabin	University of Oklahoma
Janis Campbell	Oklahoma Cancer Institute
May Yuan	University of Oklahoma
Fahad Khalid	OSDH-Childhood Lead Poisoning Prevention Program

Oklahoma Asthma Initiative Structure

"The world is full of willing people, some willing to work, the rest willing to let them."
Robert Frost



Healthy People 2010 Objectives

Objective Number	Description
24.1	Reduce asthma death
24.2	Reduce hospitalizations for asthma
24.3	Reduce hospital emergency department visits for asthma
24.4	Reduce activity limitations among persons with asthma
24.5	(Developmental) Reduce the number of school or work days missed by persons with asthma due to asthma
24.6	Increase the proportion of persons with asthma who receive formal patient education, including information about community and self-help resources, as an essential part of the management of their condition.
24.7	(Developmental) Increase the proportion of persons with asthma who receive appropriate asthma care according to the NAEPP Guidelines
24.8	(Developmental) Establish in at least 25 States a surveillance system for tracking asthma death, illness, disability, impact of occupational and environmental factors on asthma, access to medical care, and asthma management.
8.11	Elevated blood lead levels in children
8.16	Indoor allergens
8.17	Office building air quality
8.20	School policies to protect against environmental hazards

PROGRAM NAME: Oklahoma Asthma Program

OVERALL PROGRAM GOAL: to improve the health status of Oklahomans affected by asthma through education, community action, and advocacy

Focus	Resources	Activities	Short-Term Outcomes	Long-Term Outcomes	Impact
Increase use of EPR-3 asthma guidelines by healthcare professionals	OSDH-Chronic Disease Service Staff	Training for healthcare providers on current asthma guidelines	Increased awareness of asthma control by persons with asthma	Policy for quality and systematic asthma care	Improved quality of life for Oklahomans with asthma
Increase access and utilization of evidence based asthma education programs	American Lung Association staff	Policy development related to standard asthma care	Increased awareness of asthma by communities throughout Oklahoma	Access to community based asthma programs	Decreased asthma ER
Increase recognition of asthma as a public health issue	Oklahoma Asthma Initiative Coalition	Implementation of community-based asthma education programs	Increased skills and knowledge related to asthma management	Voluntary no tobacco use policies for cars and homes	Decreased asthma hospitalizations
Increase awareness and understanding of environmental asthma triggers	Asthma Education resources	Research effective environmental asthma interventions	Adherence to asthma treatment plans	Increased asthma management behaviors	Close gap on asthma care for minorities
Decrease exposure to environmental asthma triggers for people with asthma	Certified Asthma Educators	Training for OAI members and organizations	Correct use of asthma management tools	Increased access to health care	Decreased asthma mortality
Implement effective interventions to promote high quality asthma care for disparate populations	Asthma Specialists	Collaboration on asthma interventions		Monitor trends in asthma management	
Prevent and reduce exposure to secondhand smoke	Schools	Partnership development			
Facilitate the development and maintenance of a statewide asthma surveillance system	Asthma legislation				
Facilitate the distribution of asthma data throughout Oklahoma					