

FLORIDA ASTHMA STATE PLAN 2019-2024

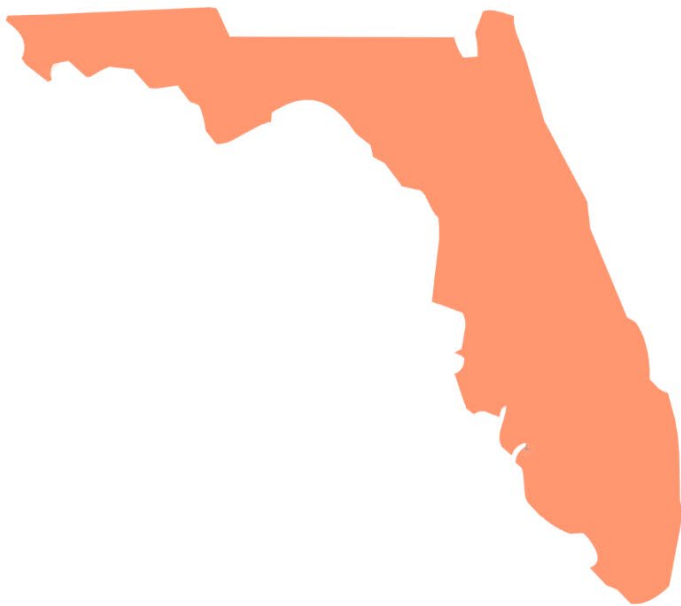


TABLE OF CONTENTS

Introduction	2
The Need for Asthma Management.....	3
The Florida Asthma Coalition.....	7
Asthma Control Strategic Planning Process: 2019- 2024.....	8
Projected Florida outcomes for 2019-2024.....	10
Goals, Objectives & Strategies	11
Goal 1: Schools	11
Goal 2: Health Care Professionals.....	12
Goal 3: Health Systems	14
Evaluation Plan.....	15
Surveillance Plan	15
Appendices	16
Appendix A: Florida asthma Coalition Logic Model	16
Appendix B: Air Quality Flag Program	17

INTRODUCTION

Asthma is widely considered an epidemic in the United States today and is one of the top public health priorities in Florida. Asthma is a chronic (long-term) lung disease that inflames and narrows the airways causing recurring attacks of symptoms, such as wheezing and coughing. Inflammation makes the airways sensitive to various allergens and irritants in the environment, including mold, dust mites, animal dander, pollen, diesel emissions and tobacco smoke. This disease affects people of all ages, but most often starts in childhood. The public health community and asthma experts have very limited information about the precise cause of asthma and ways to prevent it; however, improved scientific understanding of asthma has led to significant improvements in methods to control and manage asthma. The purpose of this plan is to provide direction and guidance for healthcare professionals, public health officials, environmentalists and other members of the health, medical and educational community who are concerned about asthma in Florida. What follows is a summary of demographics in Florida, the burden of asthma, an introduction to the Florida Asthma Coalition, and a five-year strategic plan for addressing asthma across the state.

Demographics of Florida

Florida is the third most populous state in the nation and continuously growing in population size. The population estimate for Florida in 2019 was 21.5 million and is projected to increase as high as 24.1 million by 2025.¹ Over four million (20%) of the population included children under the age of 18 years old, and 1.1 million of these children were under the age of five. Most of the population in Florida (59.7%) were adults between 18 and 64 years old and adults 65 years and over accounted for 20.4% of the population. Florida's children under five and seniors are our most vulnerable residents. In 2019, children under five had a preventable asthma-related hospitalization rate of 742.6 per 100,000 and adults over 65 years old had a preventable asthma-related hospitalization rate of 61.6 per 100,000 population.²



The diversity of the state has remained steady over the past six years. In 2019, a quarter (25%) of residents self-identified as non-White and more than a quarter of residents (26%) identified as Hispanic. Sixteen percent of non-White residents were Black, followed by some other race (3%) and Asian (3%).³ Unfortunately, there is a clear racial disparity with a 2.2 to 1 Black to White age-adjusted rate ratio for deaths from asthma in 2019.²

On average, 20% of children under 18 in Florida are living below the poverty level; however, this varies by race with White children (17%) faring much better than their counterparts who identify as Black (32%), some other race (27%), and Hispanic (24%).⁴ Living in poverty will impact a child's access to a home with good ventilation and air quality and health insurance to access care and affordable medications. In addition, if a child's parent has a lower education level, this may affect their ability to adhere to clinical and medication guidelines. This is important to address in order to reduce disparities because education

¹ Rayer, S., & Wang, Y. (2017). Projections of Florida population by county, 2020–2045, with estimates for 2016. Bureau of Economic and Business Research, 50, 177.

² Florida Department of Health, Division of Public Health Statistics & Performance Management (2020), Asthma Profile. Retrieved from <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.AsthmaProfile>

³ U.S. Census Bureau. (2020). 2019 American Community Survey 1-year ACS Demographic and Housing Estimates. Retrieved from <https://data.census.gov/cedsci/table?q=0400000US12&tid=ACSDP1Y2019.DP05>

⁴ Florida Department of Health, Division of Public Health Statistics & Performance Management (2020), Health Equity Profile. Retrieved from <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.HealthEquityMergeMHPProfile>

levels also vary by race and ethnicity, with most non-White sub-populations having lower graduation rates and levels of educational attainment.

Across the state, Florida's residents live in diverse geographic and social environments, which may impact their burden of asthma. Geographies in Florida include inner city, suburban, rural, industrial, and agricultural communities. In rural regions, asthmatic adults and children may be triggered by agricultural practices and chemicals, and the lack of respiratory specialists in rural counties may make asthma management difficult. However, in more urban areas, higher average daily traffic may increase exposure to car emissions that may trigger asthma in adults and children, and limited access to public transportation may make getting to medical appointments difficult. Therefore, it is important to implement diverse strategies to meet the needs of Florida's ethnically, racially and geographically diverse residents.

THE NEED FOR ASTHMA MANAGEMENT

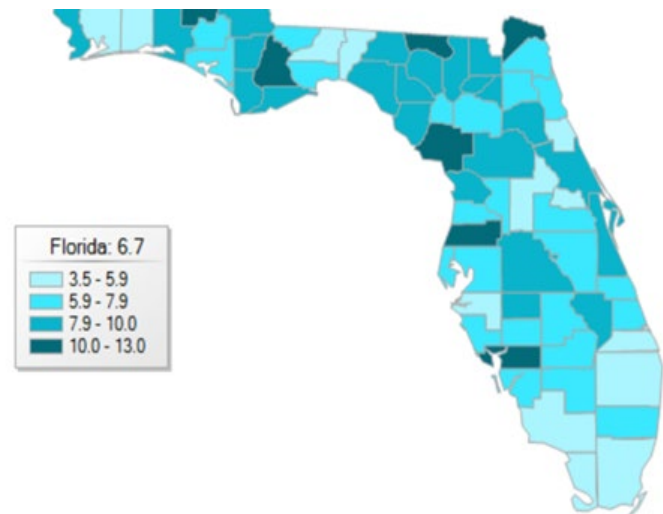
Asthma prevalence has increased by 43 percent since 1999 in the United States. Asthma is a leading cause of preventable emergency department visits and hospitalizations. It incurs high expenses related to cost of care, lost workdays, lost income, lost job opportunities, and lower quality of life for persons with asthma and their families.⁵ For these reasons, asthma education, control, and self-management are public health priorities for the State of Florida.

Asthma is a Public Health Priority in Florida

Figure 1: Percent of Adults in Florida who currently have asthma, 2016

Asthma is a chronic disease that has a direct impact on quality of life. It can, however, be controlled through proper clinical and environmental management, reducing costly asthma-related hospitalizations and improving the health of those affected by asthma.

Recent Florida data show that approximately 20% of middle and high school students and 13% of adults have ever been diagnosed with asthma.^{2,6} In 2020, 19% of middle and high school students with asthma went to the emergency department or an urgent care center due to asthma at least once during the past year and 10% are currently living with asthma.^{7,8} In 2019, approximately 7% of all adults in Florida were also living with the disease.²



The Burden of Asthma in Florida

Figure 2: Age-adjusted Rate of Asthma Emergency Department Visits per 100,000, Residents in Florida, 2019

⁵ Asthma Trends and Burden (n.d.). In *American Lung Association*. Retrieved from <https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/trends-and-burden>

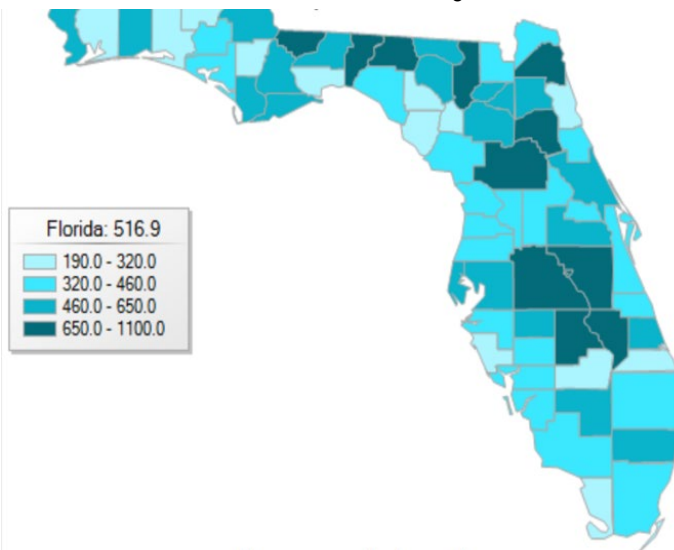
⁶ Percent of students who have ever been diagnosed with asthma (n.d.). In *Florida Health CHARTS*. Retrieved from <http://www.flhealthcharts.com/charts/YouthTobacco/YTStateDataViewer.aspx?bid=0016>

⁷ Percent of students with asthma ever who went to the emergency department or urgent care center due to asthma 1 or more times during the past year (n.d.). In *Florida Health CHARTS*. Retrieved from <http://www.flhealthcharts.com/charts/YouthTobacco/YTStateDataViewer.aspx?bid=0129>

⁸ Percent of students who currently have asthma (n.d.). In *Florida Health CHARTS*. Retrieved from <http://www.flhealthcharts.com/charts/YouthTobacco/YTStateDataViewer.aspx?bid=0013>

Asthma is a leading cause of preventable hospitalizations, school absenteeism and work-related lung disease in Florida, with rates having increased dramatically over the last 30 years among all populations. In addition, asthma incurs high costs, in terms of the costs of care, lost workdays and productivity, and lower quality of life for persons with asthma and their families.

According to the Florida Department of Health, in 2021, approximately 1 in 8 Florida adults and 1 in 9 Florida children have asthma. The burden of asthma also disproportionately impacts vulnerable, marginalized populations in Florida, such as children, women, low-income and inner-city residents, and communities of color.⁹ In 2019, the age-adjusted rate of emergency room visits due to asthma was 516.9 per 100,000 population; however, the rate was three times higher for Black residents and nearly that for those of other races compared to white residents. That same year, the age-adjusted asthma hospitalization rate was 62.4 per 100,000 population and Black residents and those of other races had rates twice as high compared to whites.²



In 2020, Dr. John Prpich, the Medical Director of Pediatric Respiratory Care of St. Joseph's Children's Hospital, listed the following contributing factors to the difficulty of controlling asthma: poor medication compliance (most common); poor medication technique; cultural barriers; split households; and the cost of accessing healthcare and medications.¹⁰ Many of these issues are possible to mitigate and for this reason, asthma is a public health priority for the State of Florida. The Florida Asthma Coalition aims to reduce these disparities and improve asthma control through partnerships and asthma-friendly recognitions for various system-level partners throughout the state.

Childhood Asthma

In the United States, asthma is the most common chronic (long-term) illness among children.¹¹ Many children with asthma spend most or part of their day in school or childcare; therefore, appropriate support at school and childcare facilities is needed to help manage their asthma symptoms. Unfortunately, children often face challenges in controlling their asthma in these settings. Childhood asthma can cause bothersome symptoms that interfere with play, sports, school and sleep. By supporting children in managing their asthma in these environments, schools and childcare facilities can help in maintaining a child's health and wellness. The school districts and childcare facilities must work to overcome the difficulties faced by children with asthma in order to promote their health and education. A critical component of health management in schools and childcare facilities is identifying and tracking children with asthma. Management of



asthma in these setting is vital to preventing asthma symptoms and responding with the appropriate level of care. Forming management or action plans for students and staff, as well as providing asthma education, is also important in these settings.

⁹ Florida Department of Health (2021), What is Asthma?. Retrieved from <http://www.floridahealth.gov/diseases-and-conditions/asthma/what-is-asthma.html>

¹⁰ John Prpich, MD. "Update on Evaluation and Treatment of Asthma." August 2020.

¹¹ American Lung Association (2020), Asthma and Children Fact Sheet., Retrieved from <https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/learn-about-asthma/asthma-children-facts-sheet>

Furthermore, children need support from parents, caregivers, health providers, staff and educators to prevent and manage their asthma.

Disparities in Asthma Care

There have been many developments in the medical management of asthma. Effective treatments could allow most people with asthma to live basically symptom free. However, as of 2018, Florida had the fourth highest uninsured rate in the nation with 13% of residents living without health insurance coverage (US Census Bureau). According to the Kaiser Foundation, in 2021, more than half of the uninsured people who are eligible to get enrolled in a free bronze plan live in Florida or three other states (Georgia, North Carolina, and Texas). Insurance coverage is imperative, as properly managing asthma involves increasing access to care and education for people with asthma and for health care providers. Furthermore, many institutions lack the infrastructure to ensure quality clinical care at every level.

Thoroughly understanding the determinants and distribution of asthma at the community level is critical for controlling, and perhaps preventing, asthma. We know that asthma affects certain subpopulations and neighborhoods more than others. For instance, persons of color and low-income populations bear a disproportionate share of the burden of asthma. Black Americans are currently 1.5 times more likely to have asthma, five times more likely to visit an emergency department due to asthma, and three times more likely to die from asthma compared to white Americans. Hispanics, especially Puerto Ricans are nearly 2 times more likely to have asthma. Numerous studies show that the prevalence of asthma is greater among Puerto Ricans than any other Hispanic subgroup—or any other racial or ethnic group in the United States. Since 2011, asthma attacks among Puerto Ricans have increased from 39% to 52.4%. Asthma-related deaths rates in Puerto Rico are nearly three times higher compared to other Hispanics and white populations in the United States.¹² However, the specific reasons why are not well understood. Identifying the patterns of asthma in Florida is the first step toward developing effective interventions to address this crisis in our state. Much can be done through asthma surveillance and tracking, including key methods, such as ongoing prevalence studies and the use of existing databases to identify patients at higher risk for developing asthma or experiencing worse health outcomes.

Biological determinants

African ancestry shared by Black and Puerto Rican populations has been identified as a potential genetic predictor of asthma. Further understanding of the association between ancestry and asthma continues to be an area of active investigation. Though the extent to which genes contribute to asthma disparities is not entirely clear, various genes have been found to influence an individual's:

- Susceptibility to asthma (heritability)
- Progression of asthma (severity)
- Response to treatment

In addition, racial and ethnic minority populations in the U.S. are disproportionately burdened by exposure to environmental triggers—such as tobacco smoke and other air pollutants—which have been linked to reduced lung function in people with certain genetic variants.¹¹

Behavioral determinants

¹² Asthma and Allergy Foundation of America, (2020). [Asthma Disparities in America: A Roadmap to Reducing Burden on Racial and Ethnic Minorities]. Retrieved from <http://www.aafa.org/asthmadisparities>.

An individual's behaviors play a substantial role in determining asthma outcomes. These behaviors are often modifiable through interventions to improve asthma self-management. Individual factors that may contribute to disparities in asthma include:

- Non-adherence to treatment
- Negative beliefs about medication and health care system
- Distrust of the medical establishment
- Misperceptions about illness and asthma severity ¹¹

Air Quality and Asthma

Pollutants in the air, such as cigarette smoke, dust mite, molds, cockroach allergens, pet dander and particulate matter can trigger asthma symptoms. Research has shown that high-traffic cities and regions have higher rates of pollutants in the air, resulting higher asthma rates. It is critical to monitor and evaluate air quality in higher risk areas to reduce the onset of asthma and/or asthma symptoms. Air pollution refers to both outdoor and indoor level of air quality. Studies have shown that air quality indoors can be just as poor, if not worse, than the outdoor air quality. Many individuals living with asthma reside in homes that have poor air circulation, due to structural deficiencies, and a high level of pollutants, such as molds, dust mites and pet dander. Living in substandard housing increases the risk and intensity of asthma symptoms. Whether indoors or outdoors, it is important to improve air quality and reduce the exposure to air pollutants that can trigger asthma.

Workplace Exposures

Occupational, or workplace, exposure to certain chemicals, toxins, allergens or dust can cause early onset of asthma and its symptoms. Occupational asthma is most common among workers who have personal or family histories of allergies or asthma, and those who are often required to handle or breathe dust, particulate matter or fumes in the workplace. Some of these asthma triggers are chemicals that act as sensitizers, inducing allergic reactions in the airways. Once the airways become sensitized to a specific chemical or particle, even very small amounts can cause intense asthma symptoms, including an asthma attack. Other substances are airway irritants, which cause symptoms in those who have underlying asthma or who are exposed at high concentrations. Short-term exposure to irritants, even at low levels, can induce the onset of occupational asthma symptoms. A person who has occupational asthma has symptoms which disappear or lessen when the worker spends time away from the workplace and return or intensify when exposure to sensitizers or irritant renews. It is important to quickly identify and mitigate workplace exposures to decrease the likelihood of developing asthma.

COVID-19 & Long-term Impacts

As of February 4, 2021, Florida recorded more than 1.75 million COVID-19 positive cases. Of those cases 186,552 were children (0-17) that tested positive for COVID-19, resulting in 1,260 hospitalizations and nine deaths. COVID-19 has had major impacts nationwide and in Florida. Many have lost their jobs, which may have also led to a loss of health insurance that provides access to necessary medical care, management, and medications to prevent asthma-related hospitalizations. Additionally, many households face eviction that has only been stalled due to the state of emergency declared by the state government. This may lead to thousands of families, including children, not having a home that is safe in terms of proper ventilation, mold spores, and other physical attributes that may exacerbate asthma episodes and the severity of them.

In addition to the impact on socioeconomic indicators, COVID-19 has created a barrier between healthcare providers and their patients by decreasing in-person visits and the ability to provide education, monitoring, and management via home visits. Many national organizations have reported that individuals are delaying medical care due to COVID-19-related fear. This will have a lasting impact on individuals living with asthma that is not managed, ultimately leading to an increase in preventable hospitalizations, poorer clinical outcomes, and higher costs.

COVID-19 has also had a significantly negative impact on Florida's health care system. In August 2020, the Florida Hospital Association reported that Florida's hospitals lost \$3.8 billion in four months due to the pandemic. This financial shock to the system has resulted in a loss of staff and capacity, an exacerbation of the existing physician shortage issue, an impact on all hospital operations, and a decrease in ability to ensure preparedness for new waves of COVID-19. It has also strained the

system's ability to accommodate asthma-related appointments and home visits and participate in asthma management programs.

It is important to also note that the Centers for Disease Control and Prevention (CDC) states that those with moderate-to-severe asthma may experience a greater risk for developing severe COVID-19 illness. As such, people with asthma fall into the higher risk category, as the coronavirus may be more likely to cause an asthma attack, impact the respiratory tract, and contribute to the onset of pneumonia and acute respiratory disease. These further stresses the importance of comprehensive asthma management during the time of COVID-19.

THE FLORIDA ASTHMA COALITION

The vision of the Florida Asthma Coalition (FAC) is that Floridians with asthma will achieve optimal health and quality of life. The mission of the coalition is to reduce the overall burden of asthma, especially minimizing racial and socioeconomic disparities via awareness, education, management, policy advocacy, and improving the quality of asthma care provided. The coalition is comprised of a diverse, multi-disciplinary partnership of representatives from local agencies, businesses, organizations, institutions and individuals who wish to work together to achieve the mission and vision of the coalition through a coordinated approach as outlined in this State Asthma Plan.

The Florida Asthma Coalition continually strives to be representative of the burden of asthma in Florida, demographically and geographically. Since its inception in the spring of 2009, FAC has grown to more than 534 members, representing 43 counties across Florida, and over 60 organizations. This partnership unites a diverse group of professionals including, but not limited to, environmental experts, nurses, pharmacists, physicians, schools, state and local government from across the state to increase the effectiveness of asthma programs.

The intent of Florida's Asthma Plan is to serve as a detailed blueprint for how efforts and resources can be combined to strengthen the collective capacity in Florida to lessen the burden of asthma and improve the quality of life for Floridians living with asthma. Providing comprehensive care requires a stepwise approach consisting of various segments, such as asthma control and management and providing or linking those affected to healthcare services. The 2019-2024 Florida Asthma Plan was written by members of the FAC in close collaboration with the Florida Department of Health and the Florida Asthma Program. The Florida Asthma Plan to addresses all necessary components of asthma care and management.

Asthma is a complex disease that requires a multi-faceted and comprehensive approach to effective management at both the individual and population levels. Part of this multi-faceted approach is following the EXHALE technical package from the CDC. The EXHALE technical package is a series of strategies which are based on the best available that can improve asthma control. The first "E" is for education an asthma-self-management. The "X" is for eXtinguishing smoking and secondhand smoke, "H" is for home visits for trigger reduction and asthma self-management education, "A" is for achievement of guidelines based on medical management, "L" is for linkages and coordination of care across settings, and the second "E" is for environmental policies to reduce asthma triggers from indoor, outdoor, and occupational sources. These strategies are imbedded in our three workgroups goals and objectives. The workgroups target focused areas to address this public health priority: The three workgroups are: **1. Schools and Child Care; 2. Primary Care Providers; and 3. Hospitals.** These workgroups work to collaboratively identify innovative opportunities and approaches to address the burden of asthma in Florida and will work through its dedicated partners to implement the objectives and activities outlined in this plan. The list of steering committee members is detailed below.

Coalition Steering Committee:

- **John Michael Prpich, Chairperson**, MD Pediatric Pulmonary Specialists
- **Debra Weiss -Randall, Chairperson**, EdD, MA, CHES,
- **Angela Garcia**, PharmD, MPH, CPh, College of Pharmacy, University of South Florida
- **Angela Taylor**, St. Paul Lutheran School
- **Annette Thomas**, MPA. Florida Department of Health
- **Ashley Frailey**, MSN, Orange Park Medical Center

- **Elizabeth LeFave**, DNP, ARNP, PNP-BC, AE-C University of Florida
- **Mary Martinasek**, PhD, CPH, MCHES, RRT, Assistant Professor, Public Health, Health Sciences and Human Performance, University of Tampa
- **Teresa Summe**, BS, RRT, AE-C, Lee Memorial Health System
- **Xan Nowakowski**, PhD, MPH College of Medicine, Florida State University
- **Kristal Fuentes**, BS, American Lung Association
- **Wanda Rodriguez-Donham**, DrHSc, RRT-NPS Florida Department of Health
- **Beth Ash**, Thermo Fisher Scientific
- **Suhey Tuckler**, MBA, RRT, Tallahassee Memorial HealthCare

The Florida Asthma Coalition will promote the goal and specific activities outlined below, primarily through the efforts of workgroups.

ASTHMA CONTROL STRATEGIC PLANNING PROCESS: 2019- 2024

To address the burden of asthma, the Florida Asthma Coalition (FAC) and the Florida Asthma Program (FAP) have been collaboratively working to bring together asthma stakeholders from across the state to address statewide efforts to reduce the burden of asthma in a sustainable way. The Florida Asthma Program (FAP) coordinates statewide efforts to reduce asthma disparities and hospitalization rates, as well as increase the number of people with asthma receiving self-management education. The program takes a comprehensive and evidence-based approach to preventing and reducing asthma disparities in Florida by following integrated guidelines by the Centers for Disease Control and Prevention (CDC) and the National Asthma Control Program. The FAP provides comprehensive asthma care by ensuring access to guidelines-based medical management and pharmacotherapy for all Floridians with asthma and linking those with poorly controlled asthma to healthcare services.

During the 2019 FAC Summit, the FAC workgroup members collaborated to develop the 2019 FAC Operational Plan which details the objectives and activities the coalition will focus on. In summer 2020, the FAC steering committee then developed the coalition logic model, which visualizes the coalition’s resources, activities, and outcomes (shown in Appendix A). These planning documents serve as a key resource for the development of the 2019-2024 Florida Asthma Plan and evaluation process.

The 2019-2024 Florida State Asthma Plan builds on the 2019 Operational Plan and the Florida Asthma Coalition Logic model, providing the blueprint for how efforts and resources can be combined to strengthen the collective capacity in Florida to ultimately reduce the burden of asthma and improve the quality of life for Florida residents. The FAC identified three overarching priorities through a strategic planning process: 1) School; 2) Healthcare Professionals; and 3) Health Systems. The Florida Asthma Coalition will promote these priorities primarily through the efforts of workgroups.

Impact of COVID-19 on Strategic Plan Implementation

Due to COVID-19, in 2020, implementation of school-based activities for the Asthma Friendly School (AFS) Recognition was impacted due to school closures and restrictions on non-school staff, such as asthma educators not being allowed on campus. Although the AFS had recognized 36 schools during the 2018-2019 school year, during the 2019-2020 application cycle, only eight school submitted an application out of 55 schools that submitted an interest form. To accommodate limitations on individuals allowed on campus, our American Lung Association (ALA) partners have adapted their asthma self-management training to be conducted virtually. In addition, FAC and FAP is working with ALA to engage schools in the pilot of this online training. Although we have seen a decrease in AFS applicants, during this time we have seen an increase in Asthma Friendly Child Care applicants, and our hospital partners have continued to provide trainings for childcare staff. FAP has also expanded their asthma home visiting program through a virtual adaptation, which will be offered in addition to

their in-person program. Therefore, although there have been setbacks due to COVID-19, FAC and FAP have made progress on implementing the Florida Asthma Plan.

Goal: Strengthen the collective capacity in Florida to lessen the burden of asthma and improve the quality of life for Floridians living with asthma, increase the provision and quality of comprehensive asthma control services, and reduce disparities in asthma care and health outcomes.

Long Term Outcomes:

- Expand and sustain comprehensive asthma control services statewide
- Improve the quality of life and asthma self-management among people living with asthma in Florida
- Reduce disparities in asthma care, management, and health outcomes among populations disproportionately affected by asthma
- Reduce the number of asthma-related deaths, hospitalizations, emergency department visits, missed school or workdays, and activity limitations

Intermediate Outcomes:

- Increase early detection and diagnosis of asthma
- Increase the number of individuals with asthma who have a dedicated asthma care-provider (either PCP within a medical home or asthma specialist)
- Increase the number of individuals with asthma who receive self-management education and trigger reduction information
- Increase the number of schools, childcare centers, health systems, and other organizations that develop and use evidence-based practices and effective approaches to asthma control
- Increase the number of primary care providers and health systems that implement asthma quality improvement activities
- Increase the number of providers trained in the provision of asthma self-management education
- Increase the number of providers trained in asthma medical management guidelines
- Increase the number of health care systems using team-based, patient-centered asthma care
- Increase the number of patients with asthma and caregivers that are referred to asthma-related home visit programs
- Increase the number of patients with asthma and caregivers that are referred to tobacco cessation programs or local community resources such as medical care, housing assistance, or social services needs
- Increase the number of organizations and sites participating in the Air Quality Flag Program (Appendix B)
- Increase awareness on social media of the harmful effects on Red Tide and Blue-Green Algae

Short Term Outcomes:

- Increase awareness and knowledge of asthma management among teachers and school nurses
- Increase knowledge of asthma management among hospital staff
- Increase knowledge of asthma management among medical providers
- Increase knowledge of asthma management among pharmacists and pharmacy staff
- Increase awareness and understanding of asthma and asthma management among the community

The Florida Asthma State Plan's goal, objectives and strategies are developed to be in alignment with select goals, objectives and strategies outlined in priority eight of the State Health Improvement Plan (SHIP) which is focused on chronic diseases and conditions. This State Plan has a goal of reducing the burden of asthma through cross-sector collaboration in alignment with SHIP chronic disease goal one (CD.1), focused on increasing cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases, and integrates SHIP chronic disease strategies CD.1 and CD.2, both focused on policy and systems change to increase adherence to clinical best practices and team-based care. The intent of this plan is to provide a roadmap for statewide individuals, organizations, agencies, businesses and partners committed to putting these strategies into action in order to improve the health of all Floridians who are affected by asthma and its

complications. By implementing the strategies and activities outlined in this State Plan the Florida Asthma Coalition, Florida Asthma Program and statewide strategic partners will contribute to achieving SHIP chronic disease objective CD1.2.2 to reduce the age-adjusted asthma ED visit rate from 54.1 per 10,000 population (2017) to 44.4 per 10,000 population (2021), as well the goals, objectives and outcomes outlined in this plan.

GOALS, OBJECTIVES & STRATEGIES

The 2019-2024 Florida Asthma Plan covers a five-year period and is organized around these three strategic goals.

GOAL 1 – SCHOOLS and CHILDCARE CENTERS: Expand access to comprehensive asthma control services through school-based strategies.

GOAL 2 –HEALTH CARE PROFESSIONALS: Increase knowledge and implementation of asthma medical management guidelines among health care professionals.

GOAL 3 - HEALTH SYSTEMS: Coordinate with health care organizations to improve coverage, delivery, and use of guidelines based medical management of asthma.

Each section of the work includes goals, objectives, strategies from CDC's EXHALE guides and activities. Through the successful completion of these strategic objectives, the Florida Asthma Coalition will be well-positioned to help reduce the prevalence of asthma in Florida and enhance the quality of life of people living with asthma.

GOAL 1: SCHOOLS AND CHILDCARE CENTERS

The schools and childcare centers strategic goal seeks to expand access to comprehensive asthma control services using evidence-based approaches that place an emphasis on self-management education, asthma education for caregivers and staff, connections with health care organizations, environmental management, and policies supportive of asthma control. These programs can deliver services in community or healthcare facility settings, if needed to effectively reach the target population. This includes expanding collaboration and partnerships with districts and counties instead of individual schools to reach the highest administrative level and focus on areas with disproportionate levels of asthma burden. This will require committed leaders and champions to promote expansion of asthma management educational programs and advocate for policies supportive of asthma control.

Objective 1: Increase the number of schools recognized for implementing best practices for asthma care from 8 in SY 2019-2020 to 40 by SY 2023-2024.

Strategies:

- Recognize schools and school districts for implementing school-based, guidelines-based medical management for asthma
- Recognize schools and school districts for providing and implementing comprehensive asthma control implementation plans, trainings, activities, and high-quality services
- Assist health care practices and systems that provide home or school-based services with implementing quality improvement activities at schools in their region
- Assist schools and school districts with linking school-aged children to Florida Asthma Program asthma-related home visiting program
- Link schools and school districts to asthma education partners to provide asthma self-management for students with asthma

- Collaborate with asthma education partners to provide asthma training to family members of people receiving school-based services and school staff
- Inform schools and school districts about evidence-based no-smoking policies, air quality school and community-level policies related to the identification and monitoring of students with asthma, and policies aimed to decrease exposure to diesel exhaust and other air pollutant triggers

Activities:

- Maintain an updated list of school health coordinators and nurses to provide monthly educational materials
- Develop and carryout marketing activities for the school recognition as stated in the FAC marketing plan
- Identify and engage key stakeholders within schools to participate in the workgroup and promote the recognition
- Maintain an application that aligns with current asthma management guidelines
- Use surveillance data to target and promote participation among schools serving populations at higher risk for developing asthma
- Monitor, evaluate and implement strategies for continuous improvement

Objective 2: Increase the number of childcare centers recognized for implementing best practices for asthma care from 9 in 2019 to 30 by 2024.

Strategies:

- Recognize childcare centers for implementing school-based, guidelines-based medical management for asthma
- Recognize childcare centers for providing and implementing comprehensive asthma control implementation plans, trainings, activities, and high-quality services
- Assist childcare centers with linking children 0 to 5 to Florida asthma Program asthma-related home visiting program
- Collaborate with asthma education partners to provide asthma training to families of children with asthma and childcare center staff
- Inform childcare centers about evidence-based no-smoking policies, air quality school and community-level policies related to the identification and monitoring of students with asthma, and policies aimed to decrease exposure to diesel exhaust and other air pollutant triggers

Activities:

- Develop and carryout marketing activities for childcare centers recognition as stated in the FAC marketing plan
- Identify and engage key stakeholders within childcare centers to participate in the workgroup and promote the recognition
- Maintain an application that aligns with current asthma management guidelines
- Use surveillance data to target and promote participation among childcare centers serving populations at higher risk for developing asthma
- Monitor, evaluate and implement strategies for continuous improvement

GOAL 2: HEALTH CARE PROFESSIONALS

The health care professionals goal focuses on increasing the capacity of health care professionals to use guidelines-based, asthma medical management to effectively treat and manage asthma. Healthcare professionals can guide people with asthma and their communities to follow best practices for managing asthma and can help reduce the morbidity and mortality of asthma by using evidence-based strategies.

Goal: Increase knowledge and implementation of asthma medical management guidelines among health care professionals.

Objective 3: Increase the number of primary care providers recognized for implementing best practices for asthma care from 5 in 2019 to 10 in 2024.

Strategies:

- Recognize primary care providers for implementing comprehensive asthma control implementation plans, trainings, activities, quality-improvement process and high-quality services
- Inform primary care providers about evidence-based guidelines for diagnosing and managing asthma and asthma care quality improvement resources
- Link health care professionals to asthma education partners to connect patients, families and caregivers to asthma self-management education
- Link health care professional to Florida Asthma Program asthma-related home visiting programs for patient referrals
- Link health care professionals to trainings to become certified to delivery asthma self-management education
- Encourage health care professionals to use personalized action plan to teach patients with asthma, their families and their care givers to manage asthma.

Activities:

- Develop and carryout marketing activities for provider recognition as stated in the FAC marketing plan
- Evaluate and update the recognition opportunity to align with current asthma management guidelines
- Identify and engage Florida primary care physicians to participate in the provider workgroup and promote the recognition
- Use surveillance data to target and promote participation among providers serving populations at higher risk for developing asthma
- Monitor, evaluate and implement strategies for continuous improvement.

Objective 4: Increase the number of pharmacies recognized for implementing best-practice standards for Asthma Care from 0 in 2019 to 8 by 2024.

Strategies:

- Recognize community-based pharmacies for achieving guidelines-based medical asthma management
- Link community-based pharmacies to asthma education partners to connect patients, families and caregivers to asthma self-management education
- Link community-based pharmacies to Florida Asthma Program asthma-related home visiting programs for patient referrals
- Link community-based pharmacies to trainings to become certified to delivery asthma self-management education
- Promote community-based pharmacies using personalized action plan to teach patients with asthma, their families and their care givers to manage asthma.

Activities:

- Identify and engage coalition members to oversee the development of the pharmacy recognition criteria
- Establish a pharmacy recognition opportunity through the Florida Asthma Coalition
- Develop and carryout marketing activities for the pharmacy recognition that will be added to the FAC marketing plan once the application is complete
- Recruit community-based pharmacist from recognized pharmacies to serve as mentors
- Establish and implement Asthma Friendly Pharmacy mentorship program
- Use surveillance data to target and promote participation among community-based pharmacies serving populations at higher risk for developing asthma
- Monitor, evaluate and implement strategies for continuous improvement.

GOAL 3: HEALTH SYSTEMS

The health systems strategic goal promotes population health by coordinating public health and healthcare activities in the context of health system reforms. Supporting these activities will require partnerships with health systems to provide comprehensive and seamless asthma control services. Priority will be given to health systems serving areas of disproportionate asthma burden identified through surveillance data. There are three health system strategic target areas: 1) quality improvement; 2) team-based care; and 3) system-level linkages.

Objective 5: Increase the number of hospitals recognized for implementing best practices for asthma care from 6 in 2019 to 8 by 2024.

Strategies:

- Recognize hospitals for implementing guidelines-based asthma medical management, team-based patient care, asthma quality improvement projects and systems level linkages
- Link hospitals to trainings to become certified to delivery asthma self-management education
- Link community-based pharmacies to asthma education partners to connect patients, families and caregivers to asthma self-management education
- Promote the use of patients-centered, team-based medical care for patients with asthma in health systems
- Inform hospitals about evidence-based guidelines for diagnosing and managing asthma and asthma care quality improvement resources
- Inform hospitals partners about successful policies or practices that help patients with asthma
- Work with hospitals to ensure that non-clinical professionals are engaged to provide education, case management, and care coordination for individuals with asthma
- Link hospitals with Florida Asthma Program asthma-related home visiting programs and trigger reduction services for patient referrals
- Encourage referrals for patients with asthma, their families, and their caregivers to existing home visit programs
- Assist hospitals with conducting community-based asthma activities

Activities:

- Develop and carryout marketing activities for hospital recognition as stated in the FAC marketing plan
- Identify hospitals serving populations with a disproportionate asthma burden that have implemented or are committed to implementing quality improvement processes for asthma
- Continue to evaluate and update the recognition opportunity to align with current asthma management guidelines
- Identify and engage key stakeholders within hospitals to participate in the hospital workgroup and promote the recognition
- Establish and implement an asthma Learning and Action Network for hospital
- Use surveillance data to target and promote participation among hospitals serving populations at higher risk for developing asthma
- Monitor, evaluate and implement strategies for continuous improvement.

EVALUATION PLAN

The Florida Asthma Coalition places great importance on program evaluation. The Florida Asthma Program continues to develop and implement meaningful program goals to ensure sustainability and, ultimately, improve health outcomes for Floridians. As the importance of effective program evaluation increases, so does the need for expertise. Evaluation is a key component in FAC's ability to shift with the changing environment and adjust activities to match the needs of Floridians affected by Asthma. Evaluation data will be used for evidence-based decision-making, quality improvement efforts, and program change. This information will be shared to promote program expansion and encourage continued investment of resources towards the goals outlined in the 2019-2024 Florida Asthma Plan's activities.

This evaluation will determine the extent to which the plan is being implemented as intended and the degree to which objectives are moving toward completion. The Florida Asthma Coalition will review the performance measures and evaluate outcomes for the objectives listed above related to increasing the number partnerships and the number of recognized best practices among schools, health plans, hospitals, primary care providers and pharmacies.

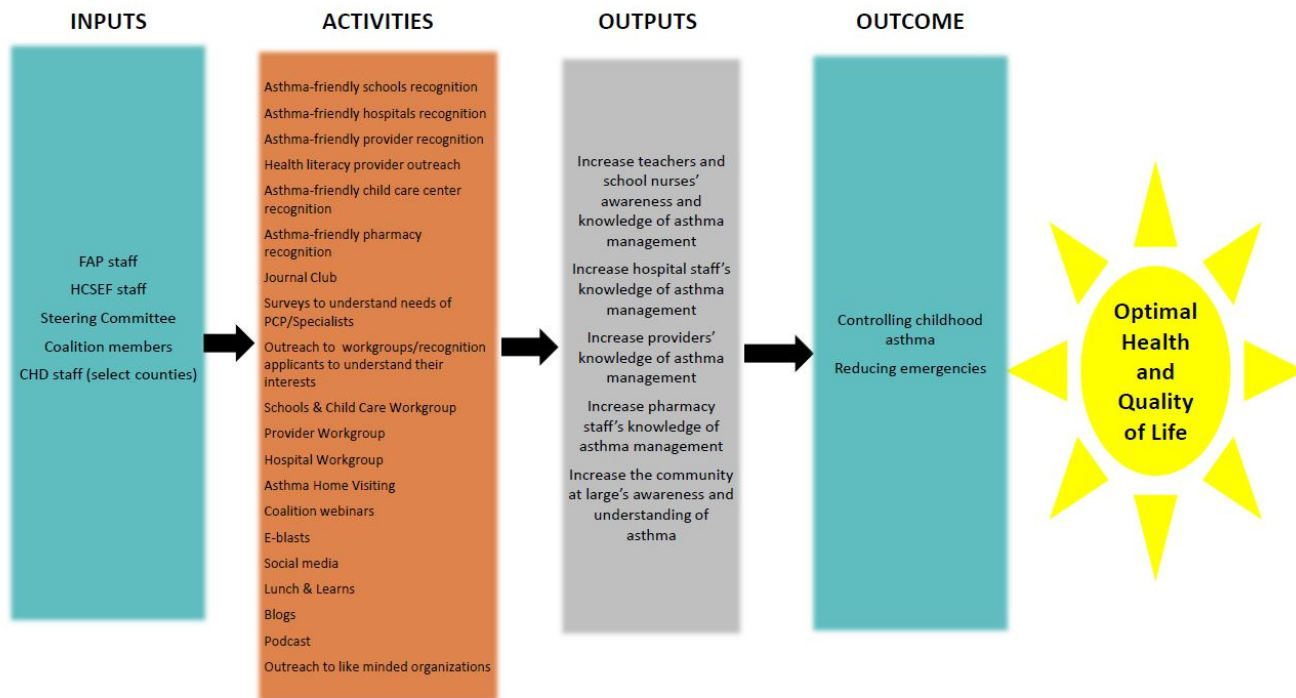
Through data collection findings, the Florida Asthma Coalition plans to demonstrate the impact and effectiveness of its efforts related to reducing the burden of asthma in Florida. The Coalition will make strong efforts to be visible throughout the state of Florida by promoting asthma control and management activities, strengthening partnerships and providing resources to schools, healthcare professionals, public health officials and environmentalists.

SURVEILLANCE PLAN

The goal of the Florida asthma surveillance system is to compile data, conduct analyses, and create reports to inform stakeholders including local and state public health, professionals, health care practitioners, individuals with asthma and their families, program, administrators, the general public, policy makers, and media.

Florida conducts surveillance for asthma using data from a variety of sources. Each source provides specific data elements that, collectively, offer a multi-dimensional view of the burden of asthma in the state. These data sources will be systematically and routinely assessed, analyzed, and results will be disseminated to provide stakeholders with an ongoing understanding of the scope and burden of asthma in Florida.

APPENDIX A: FLORIDA ASTHMA COALITION LOGIC MODEL





Air Quality Flag Program: Fact Sheet

What Is the Air Quality Flag Program?

The Flag Program uses brightly colored flags based on the U.S. EPA's Air Quality Index (AQI) to notify people and their communities about outdoor air quality conditions. Organizations raise a flag each day that corresponds to their local air quality forecast.

Why Is the Flag Program Important?

The Flag Program creates public awareness of outdoor air quality conditions. People can continue to get plenty of physical activity, while still protecting their health from poor air quality. When air quality is unhealthy, people can modify their activities, or move them inside. Recommendations for outdoor activities on poor air quality days can be found at www.airnow.gov/flag.

What Is The Air Quality Index?






The Air Quality Index is a guide for reporting daily air quality. It uses colors and numbers to show how clean or polluted the air is. EPA uses the Air Quality Index to report ground-level ozone and particle pollution. For each pollutant, EPA has established national standards to protect people's health.

What Do the Colors Mean?

The Flag Program uses green, yellow, orange, red and purple flags. These colors correspond to the Air Quality Index.

How Will I Know What Color Flag To Use?

Check the AQI at www.epa.gov/airnow. Sign up for emails (www.airnow.gov/enviroflash), download the AirNow app, or install the AirNow widget on your website.

	Green means air quality is good.
	Yellow means air quality is moderate.
	Orange means air quality is unhealthy for sensitive groups -- people with heart disease or lung disease such as asthma, children & teens, people who are active outdoors, and older adults.
	Red means air quality is unhealthy.
	Purple means air quality is very unhealthy.

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