

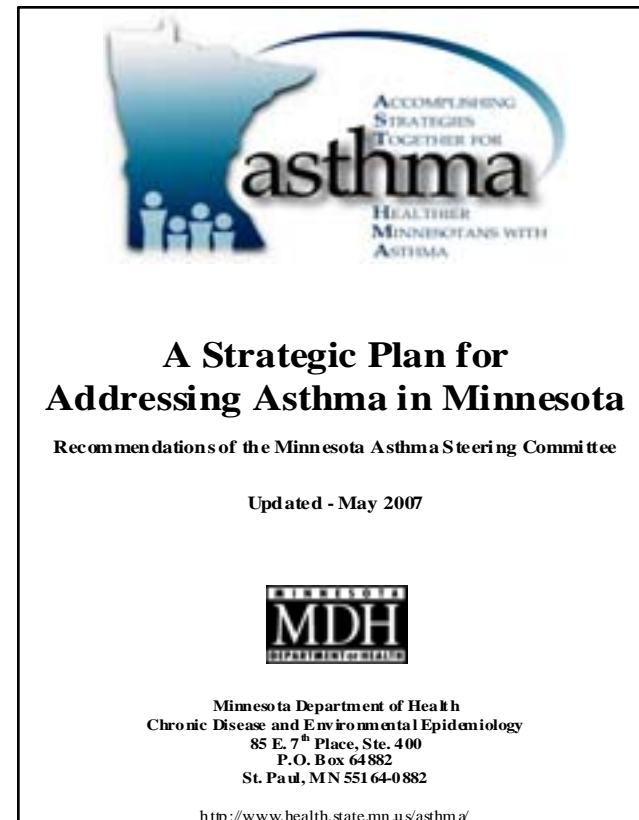
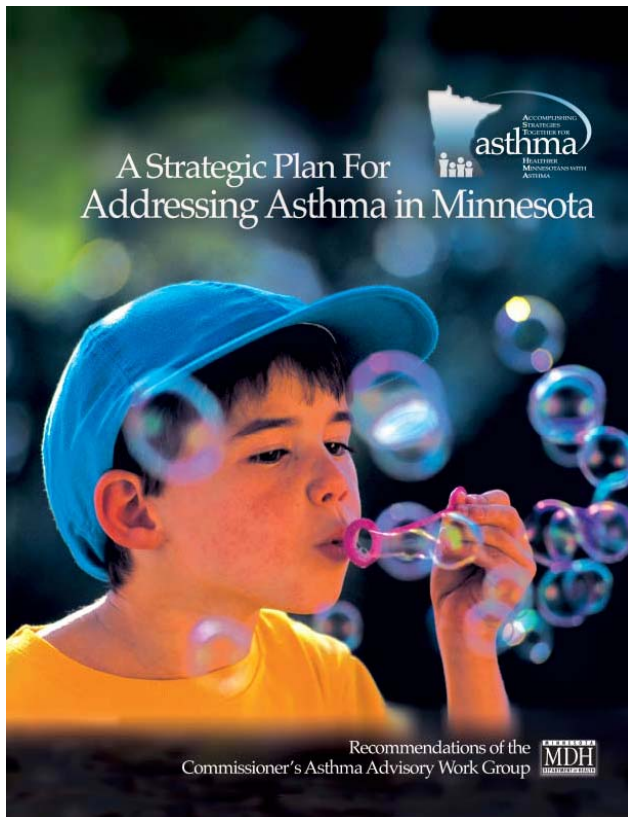
Building capacity for addressing asthma from a public health perspective: Developing a state-level strategic plan

Erica Fishman, MSW MPH

Minnesota Department of Health

www.health.state.mn.us/asthma/

Minnesota State Asthma Plan – Update May 2007





Addressing Asthma from a Public Health Perspective

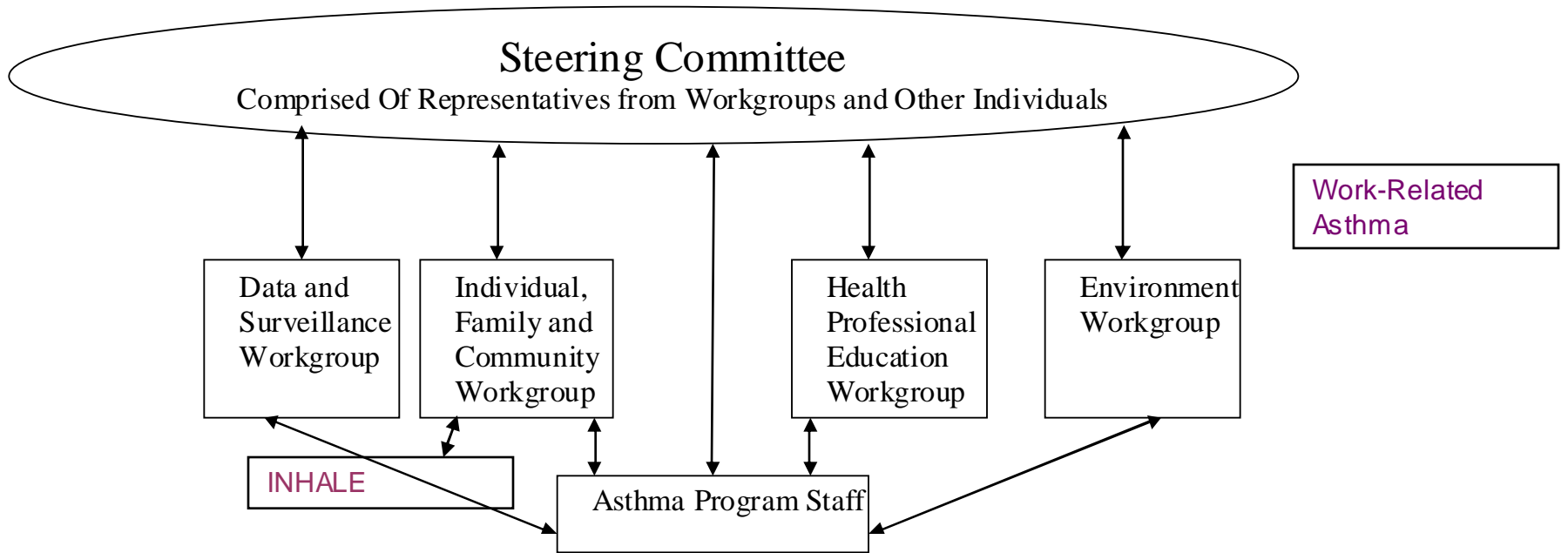
- Centers for Disease Control and Prevention (CDC) awarded MDH a three-year Asthma Planning Grant in 1999
- Commissioner's Asthma Advisory Work Group: 2001-2002
- Strategic Plan for Addressing Asthma in Minnesota, finalized in 2002
- CDC awarded MDH a five-year Asthma Implementation Grant in 2002
- Competitive Grant Application due in May 2007



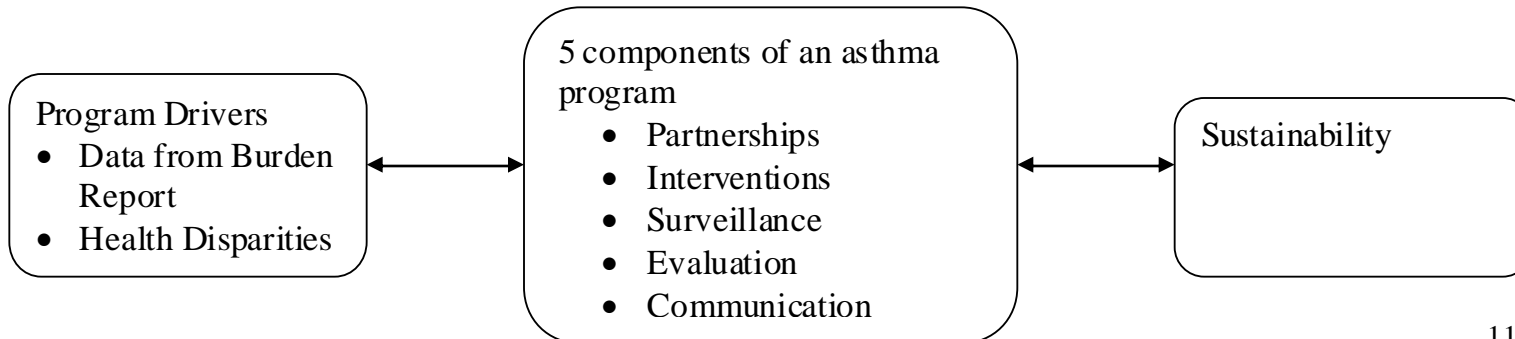
Addressing Health Disparities in the Planning Process and State Plan

- Start with the data
- Include representatives from tribal populations, racial and ethnic groups and rural communities on each work group
- Deliberately include objectives and strategies to address the disparities

Asthma State Plan Update Project Infrastructure



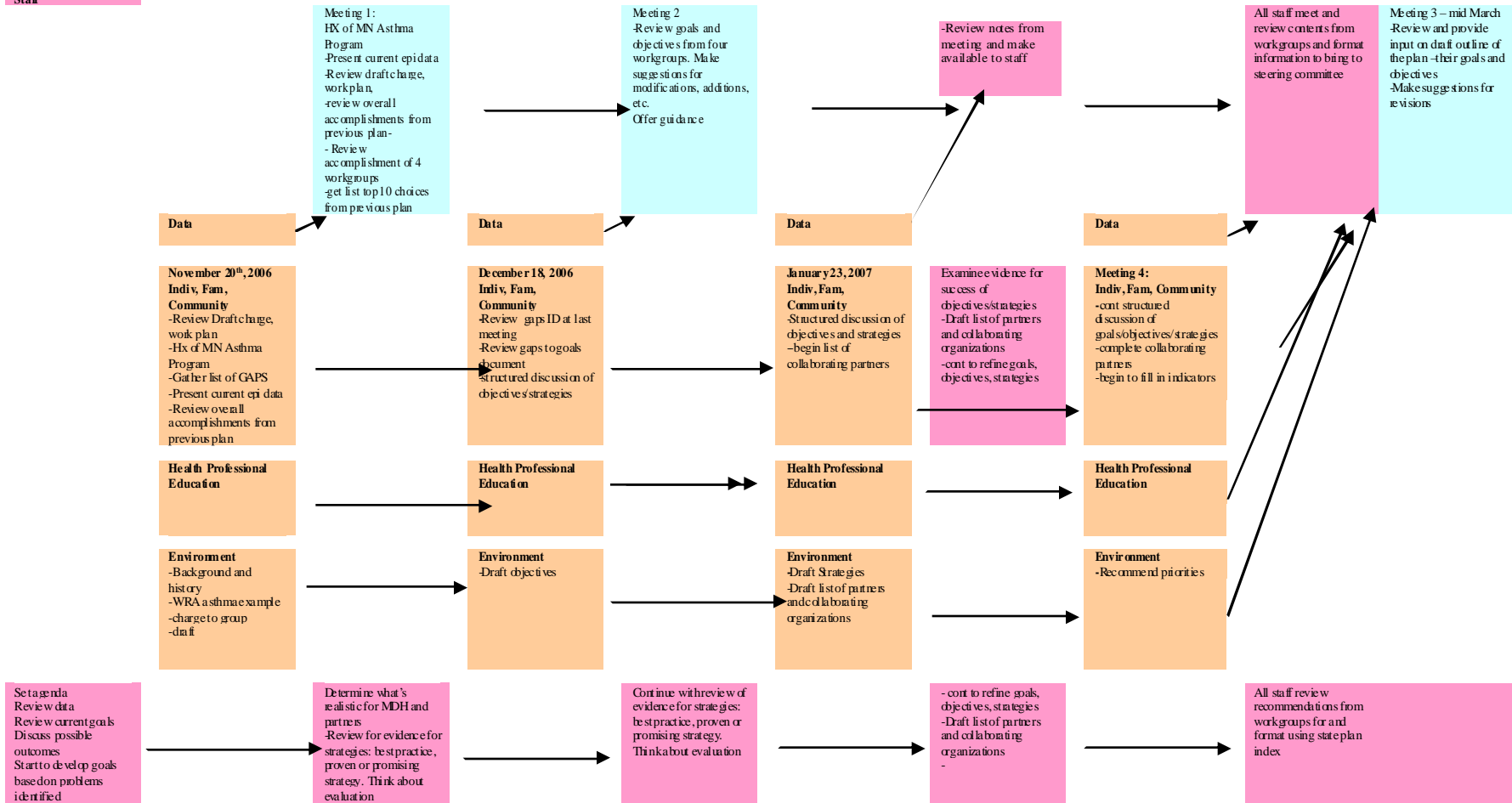
Project Overview



11/6/06

Planning Process-Fall 2006/Winter 2007

Steering Committee
Work groups
Staff





Vision Statement

- “Minnesotans with asthma will have healthy environments and will be able to enjoy life not limited by their asthma because their asthma is appropriately managed and well controlled.”



Steering Committee and Work Groups

- **Steering Committee** – Staffed by Program Manager; Chair – Minnesota Asthma Coalition Chair, Associate Dean for Student Services, Professor, U/MN College of Pharmacy
- **Work-Related Asthma** – Co-staffed by Environmental Research Scientist; PHPS CDC fellow
- **Data and Surveillance** – Co-staffed by MDH Epidemiologists




Work Groups Continued

- **Environment** – Staffed by Environmental Research Scientist; Chair - Professor and Director Indoor Air Project U/MN
- **Health Professional Education** - Staffed by Clinical Advisor; Chair - Nurse Practitioner with St. Paul Public Schools, Certified Asthma Educator
- **Individual, Family, Community-** Staffed by Program Planner; Chair – Manager with Washington County Public Health and Environment
- **INHALE** – Staffed by Program Planner- internal MDH staff work group



Steering Committee Charge

1. Review current activities
2. Review accomplishments since 2002
3. Identify gaps, trends, & unmet needs
4. Update 2002 plan melding output of work groups:
 - a. re-establishing goals,
 - b. developing objectives,
 - c. outlining strategies
 - d. recommending priorities, and
 - e. establishing an evaluation framework.



Individual, Family, Community Work Group - Example

- Membership
- Process
 - Meeting schedule
 - Logistics
 - Emails, handouts, meeting minutes
- Content
- Outcome

Finding Key Members

Overall list by category and workgroup-draft					
Category	Steering committee	data group	individual family Comuty	Health Professionals	Environ-mental
CHAIR					
Schools					
SNOM	x	x	x	x	x
schools					x
MDE	x		x		x
MN STEPS	x	x			
Schools -greater MN					x
Academic					
SPH			x		
School of Nursing	x		x	x	
Building Science					x
Health Care Providers					
federal	x	x			
MN aced of Peds/also ehealth	x				
Intenal Med/FP	x				
Allergy Society					
Asthma and Allergy	x			x	
Asthma and Allergy					
Family Practice				x	
Family Practice				x	
Hospital				x	
Pediatrician			x	x	
MMA	x				
Mayo Rep - pulmonology					
Pulmonologist aging				x	
Pulmonologist	x		x		x
FQHC/Neighborhood HC ntwk					
Health care collaboratives					
RT	x				
Health Plans-	x				

A Sample of Work Group Members



Philanthropy, U/MN
School of Nursing,
Health Plans,
Community
Agencies, Private
Sector



Minnesota Department of **Human Services**



UNIVERSITY OF MINNESOTA
School of Public Health



Minnesota
Department
of Education

Iverson Corner Drug



minnesota asthma coalition





Meeting One – 11/20/06

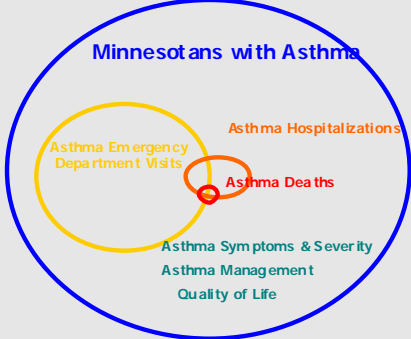
- **Charge to the Individual, Family, and Community Work Group:** The role of the Individual, Family, and Community work group will be to develop new or revised goals, objectives, and strategies pertaining to improving asthma awareness and management within and among individuals, families, and communities.



Sharing of Perceived Gaps

- Please be prepared to briefly share your view of the most important needs or gaps related to asthma awareness and management within and among individuals, families, and communities.
- ***(Approximately 70 gaps identified)***

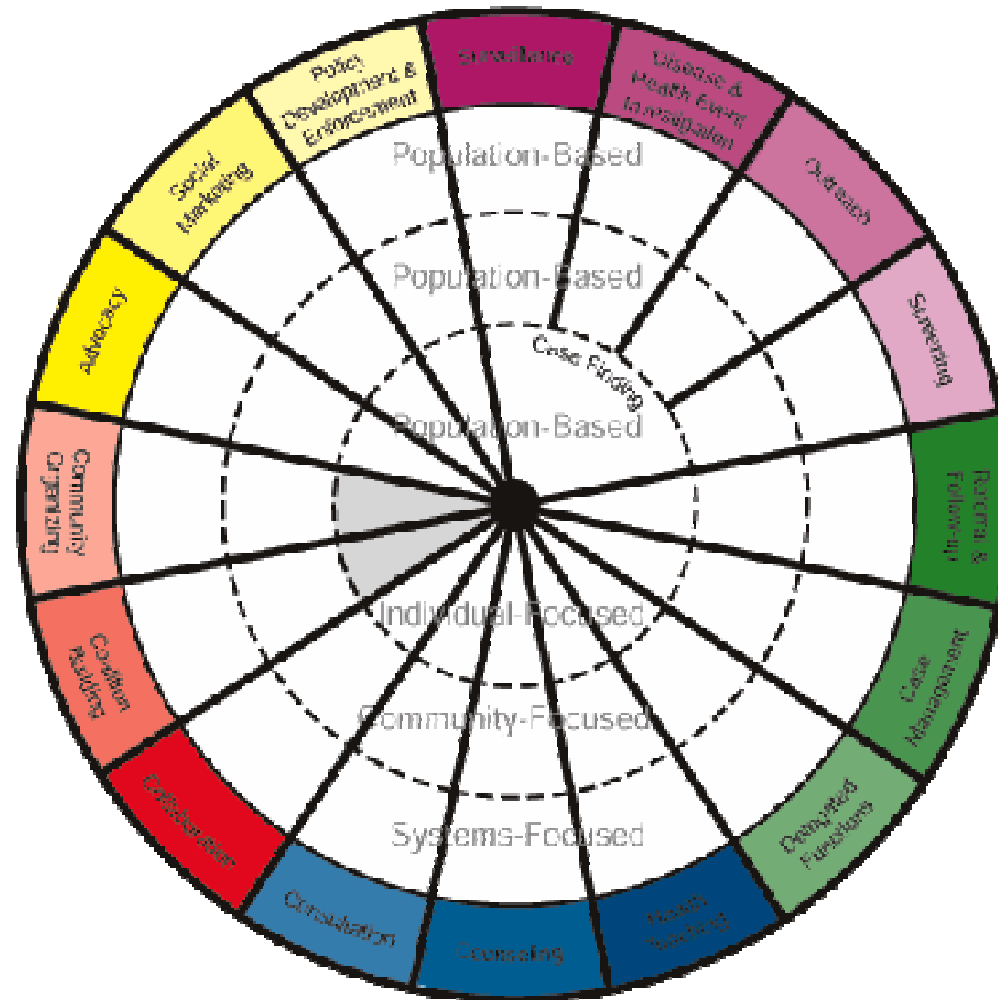
Structured Review of Current Objectives and Accomplishments

Problems or Gaps	Current Goals and Objectives	Current Strategies	Status of Accomplishments	Data
<p>Knowledge Gaps:</p> <ul style="list-style-type: none"> -Asthma management leads to better quality of life -Environmental Asthma Triggers -Low cost interventions to address environmental asthma triggers <p>Resource Gaps:</p> <ul style="list-style-type: none"> -Access to quality medical care -Access to asthma education -Access to low-cost environmental asthma interventions -Asthma programming across the lifespan <p>Behavior Gaps:</p> <ul style="list-style-type: none"> -Compliance with recommended behavior changes 	<p>Goal 1: Individuals with asthma and their families expect and receive appropriate high quality asthma self-management education and support at time of diagnosis and throughout life.</p>		<p>"Asthma in Minnesota: 2005 Epidemiology Report. Minnesota Department of Health. Minneapolis, MN. September 2005." Full report can be accessed on the web at: http://www.health.state.mn.us/divs/hpcd/cdee/asthma/documents/epi2005.pdf</p>	<p>Asthma Surveillance</p>  <p>The diagram illustrates the relationship between different asthma-related metrics. A large blue circle represents the total population of 'Minnesotans with Asthma'. Within this circle, three overlapping circles represent 'Asthma Emergency Department Visits' (yellow), 'Asthma Hospitalizations' (orange), and 'Asthma Deaths' (red). The intersection of all three is marked with a red dot. Below these circles, three other metrics are listed: 'Asthma Symptoms & Severity', 'Asthma Management', and 'Quality of Life'.</p>



Meeting Two- 12/18/06

- Presentation of Washington County's "Catching Our Breath" Initiative
- Review of gaps and recommended goals
 - Passed out excel spreadsheet listing all the gaps and also synthesis of gaps



Public Health Intervention Wheel

Minnesota Department of Health
Center for Public Health Nursing
March 2003



Gaps Identified

1. Related to policy/law
2. Individual, family and provider responsibility gaps
3. Gaps in asthma education systems and community awareness
4. Gaps in care resources and coordination

GAPS	Recommended Goal	Objectives from 2002 State Plan	Brainstorm of Objectives for 2006- for five years
<p><u>Gaps related to policy/law:</u></p> <p>Communities need policies to support improved air quality, for example, secondhand smoke policies, reducing exposure to environmental air pollution.</p> <p>Communities need housing codes that support safe environments in homes.</p> <p>Communities need organizations (such as tenants' groups) that address substandard housing issues.</p>	<p>Healthy and safe living environments for people with asthma</p>	<p>Goal 2: Objective 1: Educate Minnesotans about asthma; including asthma triggers, early identification, and the importance of having regular asthma care.</p> <p>(note: strategy was to promote public policies....)</p>	
<p><u>Individual, family and provider responsibility gaps</u></p> <p>Individuals with asthma need caregivers (families, parents, grandparents, day care</p>	<p>Engaged, well-informed patients, their families, and other significant caregivers are active in appropriate asthma care and/or self-management.</p>	<p>Goal 1: Objective 3: Develop and provide learning opportunities for individuals who interact with people with asthma. (Examples include: school staff, community youth</p>	



Meeting Three – 1/23/07

- Presentation of an in-home education and environmental interventions project for children with asthma and their families
- Discussion of proposed objectives and strategies

Draft as of 1/22/2007 PROPOSED OBJECTIVES AND STRATEGIES FOR REVIEW

GAPS	Goal	Objectives	Strategies	Potential supporting organizations	Indicators How would we evaluate objective? How would we know if we are successful?
<p><u>Gaps related to policy/law:</u></p> <p>Communities need policies to support improved air quality, for example, secondhand smoke policies, reducing exposure to environmental air pollution.</p> <p>Communities need housing codes that support safe environments in homes.</p> <p>Communities need organizations (such as tenants' groups)</p>	<p>Healthy and safe environments for people with asthma</p>	<p>Increase the number of Minnesota communities with smoke free laws and ordinances (baseline 16 December 2006)</p> <p>Increase the number of smoke-free apartment units available (baseline 2% in 2006)</p> <p>Increase resources about substandard housing issues related to asthma</p>	<ul style="list-style-type: none"> • Identity and partner with existing organizations that support policy agendas for people with asthma • Educate legislators on the importance of passing laws to improve indoor and outdoor air quality for individuals with asthma as well as the general population as a whole. • MAC regional coalitions will partner with smoke-free community groups • When possible, hold meetings in smoke-free cities and counties • Promote ANSR's tobacco free youth recreation initiative • Work with Assoc. of Non-Smokers to support their smoke-free apartment initiative, disseminating information to regional coordinators and other partners • Promote document "Legal Options for Condominium Owners Exposed to Secondhand Smoke" • Provide a list of tenant organizations to 	<p>AIA-MN, ANSR, ClearWay MN, SMOKE-FREE COALITIONS, Tobacco Law Center, Blue Cross Foundation MDH Tobacco Program</p> <p>Work with Greater Minnesota Housing Fund</p>	



1/21/2007 - DRAFT	dots
Goal 1:	
Healthy and safe environments for people with asthma	
Proposed Objectives:	
1. Increase the number of Minnesota communities with smoke free laws and ordinances (baseline 16 December 2006)	19
2. Increase the number of smoke-free apartment units available (baseline 2% in 2006)	8
3. Increase resources about substandard housing issues related to asthma	10
4. Increase the availability of insurance incentives offered to non-smokers	8
Goal 2:	
Individuals with asthma, their families, and other significant caregivers are engaged, well-informed and active in appropriate asthma care or self-management or both.	
Proposed Objectives:	



Meeting Four – 3/1/07

- Presentation on Minnesota Asthma Coalition
- Discussed draft NIH/NHLBI/NAEPP asthma guidelines (EPR3)
- Discussion of objectives, strategies and potential partner organizations or individuals
- Next Steps:
 - Review revised documents via email
 - Advisory Group Sign-up list



Goals, Objectives, Strategies –Individual, Community, Family Work group

Potential Partner
Organizations or
Individuals

GOAL 1: Healthy and safe environments for people with asthma

Objective 1: Increase the number of Minnesota communities with smoke free laws, ordinances and policies regarding tobacco-free environments

Strategies:

1. Educate legislators on the importance of passing laws to improve indoor and outdoor air quality for individuals with asthma as well as the general population
2. MAC regional coalitions will partner with smoke-free community groups
3. When possible, hold meetings in smoke-free cities and counties
4. Promote initiatives that support tobacco free environments such as:
 - Tobacco free, metro area, youth recreation initiative
 - Tobacco free parks, zoos, rodeos, county fair grounds
 - Housing related smoke free initiatives: apartments, condominiums, multi-unit housing and foster care



Draft Goals, Objectives, and Strategies

- Work group meeting
 - 4 goals
 - 15 objectives
 - 48 strategies
- INHALE meeting
 - Refined work group report
- Asthma Program Staff
 - Merged with other work group reports and condensed items



Revised 2007 Goals

1. Data and Surveillance
2. Environment
3. Work-Related Asthma
4. Self-Management
5. Communities
6. Health Professionals
7. Systems Change



Outcomes

- 7 goals
- 39 objectives
- 157 strategies
- Priorities
- Commitment from members
- Evaluation measures



Format of State Asthma Plan

- Executive Summary
- Acronyms
- Overview of Asthma –Diagnosis and Treatment
- Asthma in Minnesota (Epidemiology)
- Work Group Summary Reports
- Goals, Objectives, Strategies
- Conclusion
- Appendices (work group membership)



GOAL #1 – Data and Surveillance

- Maintain and expand the current statewide asthma surveillance system toward a comprehensive system that meets the needs of diverse stakeholders through increased data utility and greater communication and collaboration with data users.



GOAL #2 - Environment

- Increase awareness and understanding of asthma environmental triggers and decrease exposure to asthma environmental triggers for people with asthma.



GOAL #3 – Work-Related Asthma

- Increase awareness about work-related asthma (WRA), tailor interventions to address WRA, and reduce exposure to asthmagens.



GOAL # 4 - Self Management

- Ensure individuals with asthma, their families, and other caregivers are well-informed and engaged in appropriate asthma self-management, especially among low-income populations in Minnesota.



GOAL #5 – Communities

- Create communities with comprehensive, systematic, sustainable, culturally responsive approaches to asthma education through partnerships, collaboratives, coalitions, and communication.



GOAL #6 - Health Professionals

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



Goal #7 - Systems Change

- Ensure that health systems and their partners will use best practices (i.e., NAEPP guidelines) through coordination of systems processes, information sharing, and reasonable reimbursement for optimal asthma care.



Challenges

- Coordinating 5 groups simultaneously
- Diversity of staff skills and knowledge
- Keeping individuals from outside the Twin Cities engaged
- Engaging representatives from tribal populations, and racial and ethnic groups
- Keeping focus on vision
- Maintaining integrity of process



Lessons learned

- Take the time to plan and organize
 - Timeline, format, work plan
 - Meeting wizard works well
 - Excel works for organizing information
 - Make time to share ideas among staff
- Work group membership is key - chair
- Work group members learn from each other
- Provide opportunities for work group members to be involved
- Flexibility



Successes

- Completed process within time frame
- Collaboration within and across groups
- Model developed that can be used again
- Ability to reach common end product even though process in each group varied
- Many letters of commitment were received for submission with the grant application
- Individuals began work on goals even before the plan was complete



Evaluation

- Email with link to web-based survey sent by MDH work group staff to participants; content of emails varied
- Survey emailed in mid August; 2 weeks to respond
- Initial link did not work – lost one survey
- Survey contained 7 questions
- Email request went to 116 people; 46 responses were generated



Respondents

- Steering Committee – 36%
- Data and Surveillance – 43%
- Environment – 21%
- Health Professional Education – 43%
- Individual, Family, Community – 50%
- Work-Related Asthma – 41%




Overall Satisfaction with Process	Strongly agree or agree
The membership of the group was appropriate for the task.	96%
The group worked well together.	94%
The staff were helpful and responsive to facilitating the work and discussion of the group	98%
Meetings were a productive use of time	85%
The charge to the group was met.	89%
I am satisfied with the goals, objectives and strategies developed by the group.	85%
The revised Asthma Plan reflects the input of the group participants.	100%




Taking Action

- 3. Did you take action as a result of participating in the group?
 - Yes – 39% No – 59%
 - open ended responses=18
- 4. Do you plan to take action as a result of participating in the group?
 - Yes – 37% No – 41%
 - open ended responses = 15



5. What part of the state plan process did you find most useful? (32 responses)

- It was interesting and helpful to participate in discussion with stakeholders who come from different perspectives; multidisciplinary input (*about half of the responses were similar to this*)
- The steering committee meetings were very useful
- Summary of current asthma statistics and description of successful community interventions
- Literature review and committee discussion
- Discussion on how to measure progress



6. What suggestions do you have for improvements to the planning process? (24 responses)

- None (8)
- Even in the end I felt this was MDH's state asthma plan...(not reflective of other activities across the state)
- Involve more front line workers
- Making sure that diversity is better distributed among the various groups
- I like the mix of members, but fewer of each "type"
- ... Help participants to understand their role within the large scheme of things...



7. Other comments/suggestions:

- I thought this was a great group and hope to be involved in future planning groups!
Thanks!
- As always the hard part is the actual execution of the plan.
- Thank you for inviting me to participate!

