

OREGON ASTHMA LEADERSHIP PLAN



A STATEWIDE CALL FOR ACTION
2006–2011

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*Many thanks
to the partners
in the
Oregon Asthma Network
who made
this document
possible.*

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
ASTHMA: THE BURDEN IN OREGON	3
FOUNDATIONS FOR THE ASTHMA LEADERSHIP PLAN	5
ASTHMA: A CALL FOR ACTION	7
Partnerships to Address Asthma: Oregon Asthma Network ..	8
Self-Management of Asthma	9
Public Awareness of Asthma	11
Healthcare Resources	12
Air Quality and Asthma	6
Schools and Asthma	18
Worksites and Asthma	21
OREGON ASTHMA AND HEALTH CARE PROGRAMS	23
ENDORSEMENTS	26
DATA SOURCES	27

EXECUTIVE SUMMARY



Asthma is one of the most common chronic diseases in the United States. For reasons that are unclear, the proportion of people with asthma increased nearly 75% nationwide from 1980 to 1996. In Oregon in 2004, 9.7% of adults and 6.9% of children reported having current asthma. Together, these percentages suggest that approximately 325,000 adults and children in Oregon have asthma.

Oregonians living with asthma may be affected by health-care disparities related to socioeconomic status, race or ethnicity, and geographic isolation. While varying in magnitude, these disparities exist because of limited access to primary care, lack of educational materials that are easy to read and culturally appropriate, and few community resources available to support individuals and families living with asthma.

There is no cure for asthma, but it can be controlled with quality medical care and good patient self-management. To combat this complicated disease, the Oregon Asthma Network (OAN), a partnership of public and private organizations concerned about asthma, works to ensure that all Oregonians with asthma receive optimal medical care and have the information and skills they need to manage their disease. In addition, the OAN has developed a tracking system to better understand asthma in Oregon. The OAN has identified the following priority areas to establish an infrastructure for addressing long-term asthma outcomes (see table on next page):

1. Partnerships to Address Asthma:
Oregon Asthma Network
2. Self-Management of Asthma
3. Public Awareness of Asthma
4. Healthcare Resources
5. Air Quality and Asthma
6. Schools and Asthma
7. Worksites and Asthma

The Oregon Asthma Leadership Plan (hereafter referred to as the Leadership Plan) outlines the statewide goals, objectives, and strategies needed to address and measure these priority areas. The Leadership Plan is a Statewide Call for Action to achieve positive long-term asthma outcomes and to improve the quality of life for all Oregonians with asthma.

LONG-TERM ASTHMA OUTCOMES	BASELINE*	2010 TARGET**
Reduce the hospital discharge rate due to asthma (discharges per 10,000 pop.).	6.7	5.6
Reduce the mortality rate due to asthma (deaths per 1,000,000 pop.).	16.4	14.8
Reduce the percentage of people who report one or more emergency department or urgent care visits in the past 12 months due to asthma.	17.1%	15.4%
Increase the percentage of people with asthma who report good or excellent health status.	70%	77%

* Baseline from 2000 data for hospital discharge rates, mortality rates, and percentage of people who report good or excellent health; baseline from 2001 data for self-report of emergency department visits.

**Healthy People 2010 objectives provide a framework for prevention for the U.S. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Because asthma prevalence varies across the nation and Oregon prevalence is consistently higher than the overall U.S. prevalence, Oregon 2010 targets are based on a 16% decrease for hospitalizations, a 10% decrease for mortality and self-reported emergency department or urgent care visits, and a 10% increase for people with asthma who report good or excellent health status.

ASTHMA: THE BURDEN IN OREGON

Asthma is a major burden to the quality of life of Oregonians with asthma and to Oregon's healthcare system. In Oregon in 2004, 9.7% of adults and 6.9% of children reported having current asthma, suggesting that approximately 325,000 Oregonians have asthma.

One report suggests that asthma costs Oregonians approximately \$125 million a year in direct and indirect costs*. However, asthma's greatest burden lies in its ability to affect people's quality of life. For example, asthma affects the child who has to miss another day of school due to poor sleep the night before, the employee who cannot perform at capacity because of persistent wheezing, and the older adult who gives up walking on nice autumn days because cold air and leaf mold trigger symptoms. Most of these effects are not easily measurable, but together they place a large, yet avoidable, burden on individuals with asthma, their friends and family, and society as a whole.

To measure part of the burden of asthma in Oregon, the OAN, with support from the Asthma Data Workgroup, analyzed medical claims data from 2004 for Oregonians aged 4–55 with persistent asthma who are insured by commercial or Medicaid healthcare plans. The primary measures of the medical claims data were derived from three indicators in the *Guide to Improving Asthma Care in Oregon* (hereafter referred to as the *Guide*) that reflect effective (or ineffective) asthma management, namely (a) the use of rescue medication**; (b) the use of controller medication**; and (c) the frequency of follow-up outpatient visits after emergency department (ED) visits occur.

With regard to rescue medication, people with controlled asthma generally should not need multiple rescue medication inhalers in a year. Medical claims data reveal, however, that, of the people with asthma, 26% of the commercially insured population and 41% of the Medicaid insured population filled *six or more* rescue inhaler prescriptions in a year. This finding indicates that a significant percentage of people with persistent asthma are living with asthma that is out of control.

The regular use of controller medication is the most effective method for achieving long-term control of asthma. However, medical claims data demonstrate that, of the people with asthma, 20% of the commercially insured population and 36% of the Medicaid insured population did not fill *even one* prescription for a controller medication in a year.

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- *Asthma's greatest burden is its effect on people's quality of life.*
 - *Medical claims show that 26–41% of people with asthma overuse their rescue medication.*
 - *Medical claims show that 20–36% of people with asthma did not fill even one prescription for a controller medication within a year.*
-

The third indicator of effective asthma management analyzed was the frequency of a follow-up outpatient visit following an ED visit. Although most ED visits for asthma should be avoidable, a follow-up appointment focused on regaining control of asthma is an important step once an ED visit has occurred. The medical claims data indicate that approximately 7% of the commercially insured population and 13% of the Medicaid insured population had one or more ED visits for asthma in the previous year.

More alarming is the fact that, of those who had an ED visit for asthma, only 40% of the commercially insured population and 44% of the Medicaid insured population received follow-up outpatient care within 30 days of the ED visit.

Data from other sources tell us that poor asthma control is sometimes manifested in more serious outcomes. In 2003, for example, there were more than 2,400 hospitalizations specifically for asthma. Children younger than four and adults older than 80 were the most likely age groups to experience severe asthma exacerbations requiring hospitalization, which is a frightening and confusing experience at any age. The Agency for Healthcare Research and Quality reports that respiratory disorders account for roughly 23% of hospital stays for children 17 years old and younger in the United States. Of these respiratory disorders, asthma is the most common. Tragically, poorly controlled asthma also leads to approximately 50–80 deaths from asthma in Oregon each year. All of these outcomes, from missed days of school and work to ED visits and hospitalizations to deaths, are largely avoidable.

Overall, the medical claims and serious asthma outcomes data described above suggest that, although many people are effectively managing their asthma, there is still a large percentage of the population that would benefit from better control of their asthma. Furthermore, the contrast in the medical claims data between the commercially insured and Medicaid insured populations indicates that there are important disparities in asthma control due to income. The goals, objectives, and strategies outlined throughout this Leadership Plan address these disparities through a unique statewide approach that simultaneously benefits all Oregonians with asthma.

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- *7–13% percent of people with persistent asthma had one or more ED visits in a year.*
 - *Less than half of asthma patients with an ED visit received follow-up care from a healthcare provider within 30 days.*
-

* State-specific cost data from 1998 has been reported on the Asthma and Allergy Foundation of America Website at: <http://www.aafa.org/display.cfm?id=6&sub=63&cont=142>. The current prevalence of adult asthma in Oregon is about 4 percentage points higher than the prevalence used to estimate this cost in 1998; therefore, the cost now is likely much higher than \$125 million.

**Rescue and controller medications: In order to promote the use of consistent language about asthma, we refer to asthma medications as rescue and controller medications unless otherwise noted. Rescue medications include short-acting inhaled beta₂-agonists. Controller medications include inhaled anti-inflammatory medications.

FOUNDATIONS FOR THE ASTHMA LEADERSHIP PLAN

In Oregon, health systems, medical practitioners and patient advocates have a long history of collaborating on important health issues to identify measurable objectives and develop actions to address those objectives. The Oregon Asthma Network is no exception, and builds on this valuable tradition. The goals, objectives and strategies identified in the Leadership Plan provide a framework to encourage strong partnerships and accountability necessary to address this important public health issue.

Oregon Asthma Network

In 2000, OAN partners began development of the statewide Asthma Leadership Plan. The OAN, a coalition of healthcare practitioners (primary and specialty care), health plans and systems, community-based organizations, environmental groups, schools, local health departments, elected officials, patients and their advocates, and other interested parties, provided numerous and varied opportunities for people to express their opinions and suggestions for action to improve the quality of life for Oregonians with asthma.

The first Leadership Plan was completed in 2001 after receiving input during multiple public meetings and workgroup sessions, and from communications via the Internet. In 2003, the OAN revisited the goals, objectives, and strategies of the Leadership Plan and updated the document to reflect current statewide asthma needs. The revised document was shared for further comment with statewide partners through regional meetings, OAN workgroups, the Oregon Asthma Program (OAP) website, and e-mail.

The update for the 2006–2011 Leadership Plan began in 2005 with the publication of the Oregon Asthma Status Report, a report on the activities outlined in the Leadership Plan. Various partners, including national asthma experts, OAN members, and participants in regional meetings in Astoria, Bend, Eugene, Medford, and Portland, reviewed the report. Comments from partners were used to write the new and revised goals, objectives, and strategies outlined in the 2006–2011 Leadership Plan. The 2006–2011 Leadership Plan was distributed for further comment among statewide partners through e-mail and the OAP website.

The 2006–2011 Leadership Plan includes a more targeted focus on self-management and public awareness. Originally combined, these two priority areas are now separate and address specific goals, objectives, and strategies for each topic. In addition, the OAN will address worksite asthma issues such as implementing worksite policies and improving health insurance coverage for employees with asthma. Objectives and strategies under each goal continue to promote best or promising practices and are expanded to include the reduction of asthma disparities among populations currently experiencing a disproportionate burden of poor asthma outcomes.

ASTHMA: A CALL FOR ACTION



Health systems, providers, public health, community-based organizations, people with asthma and their caregivers must work together to address the burden of asthma in Oregon. The goals identified in the Leadership Plan have helped us develop the following priority areas to improve the quality of life for all Oregonians with asthma.

1. Partnerships to Address Asthma:
Oregon Asthma Network
2. Self-Management of Asthma
3. Public Awareness of Asthma
4. Healthcare Resources
5. Air Quality and Asthma
6. Schools and Asthma
7. Worksites and Asthma

The Leadership Plan identifies a goal for each priority area, and each goal is supplemented by measurable objectives and suggested strategies. Following are the goals to reduce the burden of asthma in Oregon:

Goals to Reduce the Burden of Asthma in Oregon

- *There is a broad partnership to address the burden of asthma in Oregon.*
 - *Oregonians with asthma and the people who care for them have the knowledge and skills necessary to manage the disease.*
 - *The Oregon public has an increased awareness of asthma symptoms, risk factors, prevention of exacerbations, and asthma medical treatment.*
 - *Oregonians with asthma receive high quality care from a responsible, accountable healthcare system.*
 - *Oregonians with asthma live, work, and attend school in environments with good air quality.*
 - *Children with asthma attending Oregon schools receive high quality asthma care, support, education, and monitoring from their school.*
 - *Oregon employers provide high quality support and access to resources for employees with asthma.*
-

PARTNERSHIPS TO ADDRESS ASTHMA: THE OREGON ASTHMA NETWORK



GOAL: There is a broad partnership to address the burden of asthma in Oregon.

Objective 1:

Increase participation in the OAN.

Strategies:

- Identify potential OAN members, especially among vulnerable populations and those who care for them.
- Engage identified OAN members in OAN and workgroup meetings and activities.

Objective 2:

Increase the visibility of the OAN.

Strategies:

- Disseminate findings from asthma tracking activities and efforts to the OAN and the general public.
- Provide opportunities for partners to share best practices, resources and local concerns.
- Implement a moderated listserv for the OAN.

Objective 3:

Increase the proportion of OAN members representing populations made vulnerable because of age, race, ethnicity, poverty, or geographic isolation.

Strategies:

- Identify potential OAN members, especially among vulnerable populations and those who care for them.
- Engage identified OAN members representing vulnerable populations in OAN and workgroup meetings and activities.
- Support community-based initiatives to address asthma in targeted populations.

Measure	Data Source	Results				
		2001	2002	2003	2004	2005
The number of members of the Oregon Asthma Network.	OAN Database	1300	1400	1500	1650	1670
The number of times Oregon Asthma Network activities are highlighted in the media.	Department of Human Services Media Clippings	—	—	—	—	—
The number of organizations in the Oregon Asthma Network that represent vulnerable populations.	OAN Database	—	—	—	—	110

SELF-MANAGEMENT OF ASTHMA

GOAL: Oregonians with asthma and the people who care for them have the knowledge and skills necessary to manage the disease.

Objective 1:

Increase the proportion of people with asthma (children and adults) whose self-management knowledge, understanding, and behavior indicate they successfully manage their asthma.

Strategies:

- Conduct focus groups of people with asthma and their caregivers to determine the level of understanding about asthma, asthma educational needs, and preferred methods of learning about asthma.
- Conduct surveys of people with asthma to determine levels of knowledge and utilization of asthma self-management skills. Report and distribute findings to OAN partners and other interested parties.
- Implement *Living Well with Chronic Conditions*, Stanford University's Chronic Disease Self-Management Program, (a program that teaches self-management skills) in communities to increase self-management knowledge and behavior among people with asthma, especially those made vulnerable because of age, race, ethnicity, poverty, or geographic isolation.
- Build partnerships in the community to improve access to culturally appropriate self-management education and resources.
- Develop and maintain a partnership with the Department of Human Services' Tobacco Prevention and Education Program to address smoking and exposure to secondhand smoke among people with asthma (see *Objective 1 in Air Quality and Asthma*).
- Use self-report surveys to measure the proportion of Oregonians with asthma who smoke or who are exposed to secondhand smoke (see *Objective 1 in Air Quality and Asthma*).

Objective 2:

Increase the proportion of caregivers of people with asthma who use best practices to support quality self-management knowledge and skills for people with asthma, especially among people made vulnerable because of age, race, ethnicity, poverty, or geographic isolation.

Strategies:

- Develop and promote asthma education materials in the Oregon Asthma Resource Bank to be used by people with asthma, their caregivers, and the general public. Continue to ensure that the materials are appropriate for the populations for whom they are intended.

- Provide medical practitioners and health systems with information and training on proven asthma education and management strategies.
- Develop and promote clinically accurate asthma education materials in the Oregon Asthma Resource Bank that are culturally appropriate and easy to use by diverse populations.

Measure	Data Source	Results
		2005
Of those survey respondents who were told by their doctor to use inhaled steroids every day, the proportion who reported “every day” or “most days” when asked: “Which statement <i>best describes</i> how often you use your inhaled steroids?”	Oregon Survey of Adult Asthma	84%
The proportion of the above group who were dispensed at least one daily-inhaled anti-inflammatory during the identification year.	Oregon Survey of Adult Asthma and health plan claims data	70%

Measure	Data Source	Results	
		2004	2005
The number of self-management and healthcare provider education materials available on the Oregon Asthma Resource Bank.	Oregon Asthma Program publication data	8	8

Measure	Data Source	Results				
		2001	2002	2003	2004	2005
The total number of <i>Living Well with Chronic Conditions</i> Master Trainers in Oregon.	Living Well with Chronic Conditions data	1	3	—	—	46
The total number of <i>Living Well with Chronic Conditions</i> Leaders in Oregon.	Living Well with Chronic Conditions data	8	11	—	—	35
The percent of Oregonians with asthma who have completed a <i>Living Well with Chronic Conditions</i> Workshop.	Living Well with Chronic Conditions data	—	—	—	—	—

PUBLIC AWARENESS OF ASTHMA

GOAL: The Oregon public has an increased awareness of asthma symptoms, risk factors, prevention of exacerbations, and asthma medical treatment.

Objective 1:

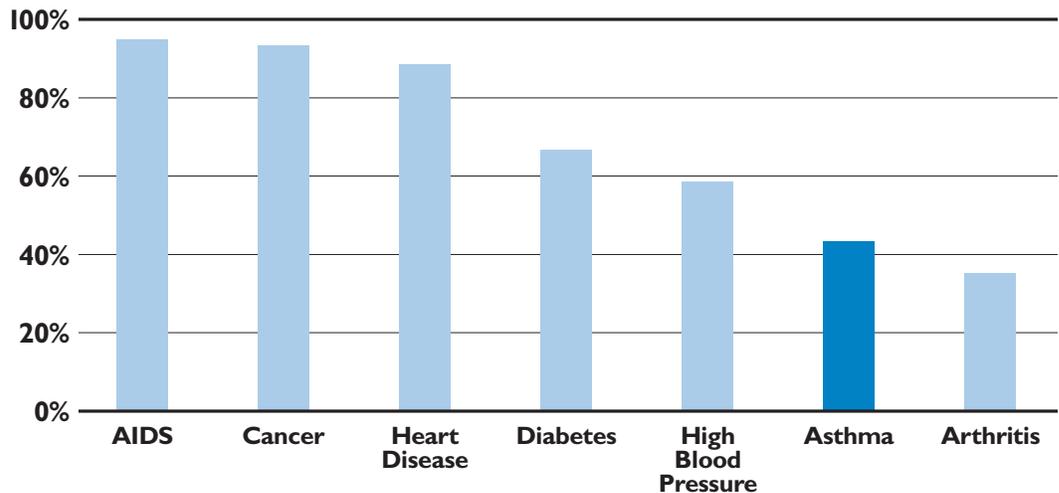
Increase the awareness among the general population of the significant number of people living with asthma, and the understanding that asthma is a controllable chronic disease.

Strategies:

- Implement public awareness activities to promote visibility of and access to the Oregon Asthma Resource Bank, particularly in communities that are made vulnerable because of age, race, ethnicity, poverty, or geographic isolation.
- Increase the public's awareness of asthma symptoms, risk factors, prevention of exacerbations, and asthma medical treatment through the use of media.
- Promote the use of consistent language and messages about asthma; particularly that asthma is a controllable chronic disease, and people with asthma can live normal, active lives.



Adult Oregonians' beliefs about the seriousness* of having certain health conditions: 1999



*Percent scoring the seriousness of having that condition an 8 or higher on a scale of 1-10

HEALTHCARE RESOURCES

GOAL: Oregonians with asthma receive high quality care from a responsible, accountable healthcare system.

Objectives:

- Decrease the proportion of people who are hospitalized for asthma.
- Increase the proportion of people with persistent asthma who are filling appropriate controller medication.
- Increase the proportion of primary care medical practitioners who provide asthma education to patients with asthma.
- Decrease the proportion of people who are seen in the ED for asthma.
- Increase the proportion of people who receive follow-up care from a medical practitioner after an ED visit for asthma.
- Increase the number of healthcare plans that provide patient data on indicators of asthma care, including pharmacy data, to medical practitioners on a regular and timely basis.
- Increase the number of healthcare systems and plans that support health care delivered in accordance with asthma guidelines.
- Increase awareness of the *Guide* among healthcare leaders.
- Increase the number of primary care medical practitioners who address environmental triggers during an asthma visit.
- Increase the percentage of Oregonians who have access to asthma medication, asthma education, tobacco cessation, and other evidence-based asthma benefits through their employer or health insurance.

Strategies:

- Develop provider tools and resources to assist in the implementation of the *Guide* and the National Asthma Education and Prevention Program's *Guidelines for the Diagnosis and Management of Asthma* among healthcare practitioners, hospitals, health plans, and systems.
- Provide educational opportunities and technical assistance to facilitate the implementation of the *Guide* and the National Asthma Education and Prevention Program's *Guidelines for the Diagnosis and Management of Asthma* among healthcare practitioners, hospitals, health plans, and systems.
- Provide primary care clinics with the opportunity to participate in an asthma or chronic disease management collaborative.
- Create data specifications and develop data systems to disseminate pharmacy, outpatient, hospitalization, and ED data to healthcare practitioners in Oregon to support care management of people with asthma.
- Develop and disseminate an ED visit report to health plans and clinics.

continued on p. 13

HEALTHCARE RESOURCES

- Develop tools and resources to assist healthcare practitioners in building capacity for data sharing at the clinic and health system level.
- Build partnerships to increase the capacity of community-based clinics serving vulnerable populations, such as school-based health centers and federally qualified health centers.
- Build partnerships between health systems and local health departments to improve the quality of care and community support for chronic conditions.
- Assess new technology around telemedicine and how it can be incorporated into rural healthcare practices to improve access to primary care.
- Use the *Guide* to measure and report changes in asthma health outcomes within health systems, clinics, hospitals, geographic areas, and schools.
- Cultivate new data sources to measure and report changes in asthma health outcomes for vulnerable populations.
- Review and update the *Guide* every two years, or as new information becomes available.
- Create a widespread communication plan targeting health plans, employers, and insurance brokers regarding asthma benefits including, asthma medication, reimbursement for asthma education, and tobacco cessation (*see Objective 2, Strategy a, in Worksites and Asthma*).

Measure	Data Source	Results					Target 2010
		2000	2001	2002	2003	2004	
The rate of asthma hospitalizations (age-adjusted rate per 10,000 population)	Hospital discharge data	6.7	6.5	7.3	7.0	6.1	5.6

Measure	Data Source	Results			
		2001	2002	2003	2004
The percent of people who report one or more emergency department or urgent care visits in the past 12 months due to asthma.	BRFSS	17.1%	—	12.9%	—

Measure	Data Source	Results							
		Commercial				Medicaid			
		2001	2002	2003	2004	2001	2002	2003	2004
The percent of insured Oregonians aged 4–55 with persistent asthma who were dispensed one or more inhaled-corticosteroids in one year.	ADWG	69%	70%	64%	80%	59%	65%	64%	64%
The percent of ED visits for asthma among insured Oregonians aged 4–55.	ADWG	7%	7%	7%	7%	16%	16%	13%	13%
The percent of ED visits for asthma among insured Oregonians aged 4–55 that were followed by an outpatient respiratory visit within 30 days.	ADWG	41%	40%	44%	43%	37%	38%	40%	39%

Measure	Data Source	Result
		2001
<p>The percent of survey respondents who answered “yes” to all of the following questions:</p> <p>Has a doctor or nurse explained each of the following to you:</p> <ul style="list-style-type: none"> • What to do when you have a severe attack? • How to adjust medication when your asthma gets worse? • What things can make your asthma worse and how to avoid them? 	Oregon Survey of Adult Asthma	56.3%

continued on p. 15

HEALTHCARE RESOURCES

Measure	Data Source	Results					
		2000	2001	2002	2003	2004	2005
The number of health plans that use the <i>Technical Specifications for Quantifying Measures in the Guide to Improving Asthma Care in Oregon: Measuring Quality of Care in Health Systems</i> to measure their asthma care.	ADWG/ Survey of health systems and plans	0	6	6	17	N/A	21

Measure	Data Source	Results						
		1999	2000	2001	2002	2003	2004	2005
The number of health systems/plans in Oregon that provide asthma pharmacy data to medical practitioners on a timely basis.	Survey of health systems and plans	1	2	2	4	3	6	17

Measure	Data Source	Results	
		2004	2005
The number of health plans in Oregon that provide the following services:	Make it Your Business Campaign Report/Survey of health systems and plans		
• Asthma medication		—	—
• Asthma education		—	—
• Tobacco cessation		21	25

AIR QUALITY AND ASTHMA

GOAL: Oregonians with asthma live, work, and attend school in environments with good air quality.

Objective 1:

Increase the proportion of people with asthma who do not smoke tobacco and who are not exposed to secondhand smoke.

Strategies:

- Develop and maintain a partnership with the Department of Human Services' Tobacco Prevention and Education Program to address smoking and exposure to secondhand smoke among people with asthma (see *Objective 1 in Self-Management of Asthma*).
- Use self-report surveys to measure the proportion of Oregonians with asthma who smoke tobacco and who are exposed to secondhand smoke (see *Objective 1 in Self-Management of Asthma*).
- Develop a coordinated approach to tobacco cessation activities focusing on people with asthma and their caregivers (see *Objective 1 in Self-Management of Asthma*).

Objective 2:

Increase the proportion of people with asthma who can identify their triggers and strategies to avoid them.

Strategies:

- Build partnerships to increase home-based environmental or self-management interventions such as maternal case management services offered through local health departments.
- Provide access to information on indoor and outdoor air quality, and how to avoid asthma triggers.

Objective 3:

Increase the accuracy of the public's perception of the role indoor and outdoor air quality play in asthma.

Strategies:

- Promote the Department of Environmental Quality's Clean Air Action Day advisories.
- Strengthen partnerships to raise awareness of the public health effects of urban planning and commuting choices.
- Maintain a partnership with the Department of Human Services' Environmental Public Health Tracking Program.
- Engage in coordinated approaches to improve air quality in the home, school, and workplace environments (see *Objective 1 in Worksites and Asthma and Objective 4 in Schools and Asthma*).

continued on p. 17



AIR QUALITY AND ASTHMA

Measure	Data Source	Results				
		2000	2001	2002	2003	2004
The proportion of adult Oregonians with asthma who report that their doctor or other healthcare provider ever gave them information on how to avoid the things that make their asthma worse.	BRFSS	78.0%	75.4%	N/A	76.1%	N/A
The proportion of adult Oregonians with asthma who do not smoke tobacco.	BRFSS	75.6%	74.6%	78.4%	75.8%	75.8%
The proportion of adult Oregonians with asthma who are not exposed to second-hand tobacco smoke in a typical week.	BRFSS	56.9%	49.8%	55.5%	52.0%	58.3%
The proportion of adult smokers who report having smoke-free homes.	BRFSS	47.6%	51.2%	54.8%	58.8%	59.6%

Measure	Data Source	Results
		2001
The proportion of survey respondents who indicated that the following statement is true: "I recognize things that make my asthma worse."	Oregon Survey of Adult Asthma	76.9%
The proportion of adult Oregonians with asthma who report that their doctor or other healthcare provider ever gave them information on "how to identify things that make their asthma worse and how to avoid them?"	Oregon Survey of Adult Asthma	71.9%

Measure	Data Source	Results			
		2002	2003	2004	2005
The number of businesses or people signed up to receive Clean Air Action Day Advisories.	CAAD	565	679	745	814

SCHOOLS AND ASTHMA

GOAL: Children with asthma attending Oregon schools receive high quality asthma care, support, education, and monitoring from their school.

Objective 1:

Increase the number of schools that implement policies to identify, monitor, and manage students with asthma.

Strategies:

- Implement school asthma policies and practices to address asthma based on the Oregon School Board Association's sample asthma policy and administrative regulation.
- Cultivate new data sources to identify and monitor students with asthma and their school and health outcomes.

Objective 2:

Increase the number of schools that provide asthma education for students, parents, nurses, teachers, coaches, and staff.

Strategies:

- Implement and evaluate asthma awareness and educational programs for students and parents, such as *Open Airways for Schools* and *Fresh Air for Little Noses*.
- Develop, implement, and evaluate training programs for coaches and physical education teachers, such as *Exercise and Asthma*, to promote safe, enjoyable activities for students with asthma.
- Train school health professionals and school staff in best practices for managing students with asthma.
- Build partnerships to provide schools with professional development opportunities, technical assistance, and resources for creating safe and healthy learning environments for students with asthma.

Objective 3:

Increase the number of schools that link students and families, school health professionals, and the student's healthcare practitioner to ensure that a student is on the appropriate asthma medication and has an Asthma Action Plan at school.

Strategies:

- Build partnerships to increase the capacity of school nurses for the daily management of asthma in schools.
- Build partnerships to increase the capacity of school-based health centers to provide asthma care and management.
- Build partnerships to increase parent involvement in implementing components of a coordinated school health approach.

continued on p. 19



- Build partnerships to link students and families, school health professionals, and the student’s healthcare practitioner to ensure that a student is on the appropriate asthma medication and has an Asthma Action Plan at school.
- Ensure that resources are available for students to address the emotional and social aspects of asthma.

Objective 4:

Increase the number of schools that address indoor air quality on a regular, proactive basis.

Strategies:

- Implement programs such as *Tools for Schools* to reduce asthma triggers and provide a safe and healthy school environment.
- Implement programs and policies that address school bus emissions, and school bus idling.
- Engage in coordinated approaches to improving air quality in home, school, and workplace settings (see *Objective 3 in Air Quality and Asthma* and *Objective 1 in Worksites and Asthma*).

Objective 5:

Increase the number of schools identified as disproportionately affected by asthma because of race or ethnicity, geographic isolation, or poverty, and implement components of a coordinated school health approach to reduce the burden of asthma.

Strategies:

- Promote the Asthma Friendly School program elements in communities disproportionately affected by asthma risk factors.
- Give preference to schools disproportionately affected by asthma when awarding Asthma Friendly School grants.

Measure	Data Source	Results	
		2004	2005
The percent of Oregon schools that responded “yes” to the following questions: <ul style="list-style-type: none"> • Does your school have an Indoor Air Quality Management Plan? • Do facilities and maintenance staff conduct routine procedures to check and maintain the level of indoor air quality? 	Oregon SHPPS	38%	—
		50%	—

Measure	Data Source	Results	
		2002	2004
<p>The percent of Oregon Schools that responded “yes” to the following questions:</p> <ul style="list-style-type: none"> • Does your school identify and track all students with asthma? • Does your school identify and track student absences, which are reported to be asthma related? 	CDC SHP	81%	75%
<p>The percent of Oregon Schools that responded “yes” to the following questions:</p> <ul style="list-style-type: none"> • Does your school educate school staff about asthma? • Does your school educate students with asthma about asthma management? • Does your school teach asthma awareness to all students in at least one grade? 	CDC SHP	31%	—
<p>The percent of Oregon Schools that responded “yes” to the following questions:</p> <ul style="list-style-type: none"> • Does your school educate school staff about asthma? • Does your school educate students with asthma about asthma management? • Does your school teach asthma awareness to all students in at least one grade? 	CDC SHP	38%	48%
<p>The percent of Oregon Schools that responded “yes” to the following questions:</p> <ul style="list-style-type: none"> • Does your school educate students with asthma about asthma management? • Does your school teach asthma awareness to all students in at least one grade? 	CDC SHP	39%	29%
<p>The percent of Oregon Schools that responded “yes” to the following questions:</p> <ul style="list-style-type: none"> • Does your school obtain and use an Asthma Action Plan (or individualized Health Plan) for all students with asthma? • Does your school provide intensive case management for students with asthma who are absent 10 days or more per year? 	CDC SHP	27%	26%
<p>The percent of Oregon Schools that responded “yes” to the following questions:</p> <ul style="list-style-type: none"> • Does your school obtain and use an Asthma Action Plan (or individualized Health Plan) for all students with asthma? • Does your school provide intensive case management for students with asthma who are absent 10 days or more per year? 	CDC SHP	50%	49%
<p>The percent of Oregon Schools that responded “yes” to the following questions:</p> <ul style="list-style-type: none"> • Does your school obtain and use an Asthma Action Plan (or individualized Health Plan) for all students with asthma? • Does your school provide intensive case management for students with asthma who are absent 10 days or more per year? 	CDC SHP	25%	31%

Measure	Data Source	Results		
		2003	2004	2005
Number of schools who have Title I-A targeted assistance status and have participated in an American Lung Association of Oregon program, or are an Asthma Friendly School.	ODE Title I-A School-wide/TAS database	2	8	13
Number of schools who have Title I-A school-wide status and have participated in an American Lung Association of Oregon program, or are an Asthma Friendly School.	ODE Title I-A School-wide/TAS database	14	6	11
Total number of schools that participated in an American Lung Association of Oregon Program, or are an Asthma Friendly School (includes schools not eligible for Title I-A status).	ODE Title I-A School-wide/TAS database	26	21	36

WORKSITES AND ASTHMA

GOAL: Oregon employers provide high quality support and access to resources for employees with asthma.

Objective 1:

Increase the number of worksites that implement policies and practices that support self-management among employees with asthma.

Strategies:

- Build partnerships with other chronic disease programs, advocacy organizations, and employers to build employer-based self-management support and resources.
- Implement programs to reduce asthma triggers and provide a safe and healthy work environment.
- Engage in coordinated approaches to improving air quality in home, school and workplace settings (*see Objective 3 in Air Quality and Asthma and Objective 4 in Schools and Asthma*).

Objective 2:

Increase the number of businesses that use quality of care indicators when purchasing health insurance for their employees.

Strategies:

- Create a widespread communication plan targeting health plans, employers, and insurance brokers regarding asthma benefits including asthma medication, reimbursement for asthma education, and tobacco cessation (*see Strategies in Healthcare Resources*).



Measure	Data Source	Results
		2005
The percent of Oregon worksites that offer employees classes, workshops, lectures or special events on smoking cessation.	Oregon Healthy Worksite Assessment	7%
The percent of Oregon worksites that offer employees classes, workshops, lectures, or special events on managing chronic disease.	Oregon Healthy Worksite Assessment	7%
The percent of Oregon worksites that offer employees pamphlets, books, newsletters, or videos on smoking cessation.	Oregon Healthy Worksite Assessment	14%
The percent of Oregon worksites that offer employees pamphlets, books, newsletters, or videos on managing chronic disease.	Oregon Healthy Worksite Assessment	12%
The percent of Oregon worksites that have written policies reinforcing Oregon's Smokefree Workplace Law.	Oregon Healthy Worksite Assessment	79%
The percent of Oregon worksites that have posters about Oregon's Smokefree Workplace Law in addition to the signs that the law requires to be posted at all entrances.	Oregon Healthy Worksite Assessment	42%
The percent of Oregon worksites where smoking is not allowed at any entrance.	Oregon Healthy Worksite Assessment	56%
The percent of Oregon worksites that encouraged employees to participate in community stop smoking programs.	Oregon Healthy Worksite Assessment	2%
The percent of Oregon worksites that offer flu shots to employees, but not as part of the employees' health insurance or job entrance exam.	Oregon Healthy Worksite Assessment	31%
The percent of Oregon worksites that refer people with known chronic disease for free or discounted disease self-management classes.	Oregon Healthy Worksite Assessment	9%

OREGON ASTHMA AND HEALTH CARE PROGRAMS

American Lung Association of Oregon (ALAO): The American Lung Association of Oregon is a non-profit, voluntary public health organization dedicated to fighting lung disease and promoting lung health in Oregon. ALAO offers multiple asthma and tobacco education programs.

Priority Areas: Self-Management of Asthma, Schools and Asthma, Air Quality and Asthma

Contact Information: Website: www.lungoregon.org
Phone: (503) 924-4094 or 1-800-LUNG-USA
E-mail: healthinfo@lungoregon.org

Asthma Friendly Schools (AFS): The Asthma Friendly Schools Demonstration Project is funded by the Centers for Disease Control and focuses on improving the health of students with asthma through a coordinated school health approach. AFS is part of Healthy Kids Learn Better.

Priority Areas: Schools and Asthma

Contact Information: Website: www.hklb.org
Phone: (503) 378-3600

Collaborative on Health and the Environment, Oregon Chapter (CHE-OR): The Collaborative on Health and the Environment is a partnership focused on advancing knowledge and effective action to address growing concerns about the links between human health and environmental factors.

Priority Areas: Air Quality and Asthma

Contact Information: Website: www.chenw.org
Phone: (503) 222-1963

Environmental Public Health Tracking Program (EPHT): The Environmental Public Health Tracking Program is a statewide planning effort working to connect environmental hazards with human health outcomes in Oregon.

Priority Areas: Air Quality and Asthma

Contact Information: Website: www.healthoregon.org/epht
Phone: (503) 731-4025

Healthy Kids Learn Better (HKLB): Healthy Kids Learn Better is a statewide effort to improve the health of students through a coordinated school health approach. HKLB supports the Asthma Friendly Schools Demonstration Project.

Priority Areas: Schools and Asthma

Contact Information: Website: www.hklb.org
Phone: (503) 378-3600

Office of Medical Assistance Programs, Oregon Health Plan (OHP): The Oregon Health Plan is Oregon's Medicaid program that provides healthcare coverage for low-income Oregonians.

Priority Areas: Healthcare Resources

Contact Information: Website: www.oregon.gov/DHS/healthplan
Phone: (503) 945-5772

Oregon Asthma Program (OAP): Oregon's state asthma program is funded by the Centers for Disease Control and Prevention. OAP is charged with reducing the burden of asthma in Oregon through supporting a statewide asthma control plan.

Priority Areas: All

Contact Information: Website: www.healthoregon.org/asthma
Phone: (971) 673-0984
E-mail: asthma.ohd@state.or.us

Oregon Local Health Departments: Local health departments provide public health services to Oregonians in communities statewide.

Priority Areas: All

Contact Information: Website: egov.oregon.gov/DHS/ph/lhd/index.shtml
Phone: Contact the Community Liaison at (971) 673-1222

Oregon Department of Environmental Quality (DEQ): The Oregon DEQ is a regulatory agency responsible for protecting and improving Oregon's environment. DEQ provides leadership to many of the anti-idling efforts across the state of Oregon.

Priority Areas: Air Quality and Asthma, Schools and Asthma

Contact Information: Website: www.deq.state.or.us
Phone: (800) 452-4011 or (503) 229-5696

Oregon Environmental Council (OEC): The Oregon Environmental Council is a leader in addressing environmental problems in Oregon. OEC offer multiple programs that target improving the environment in schools, childcare settings, and the home.

Priority Areas: Air Quality and Asthma, Schools and Asthma

Contact Information: Website: www.oeconline.org

Phone: (503) 222-1963

E-mail: info@oeconline.org

Oregon Health Care Quality Corporation (Q-CORP): Q-Corp provides both a forum for sharing information and best practice and a mechanism to identify strategic projects for improving health care through community-based activities.

Priority Areas: Healthcare Resources

Contact Information: Website: www.q-corp.org

Phone: (503) 273-5935

Tobacco Prevention and Education Program (TPEP): The Tobacco Prevention and Education Program is the state tobacco control program that focuses on reducing tobacco-related illness and death. Since its inception, TPEP has been a comprehensive program, addressing the issues of tobacco use by working to reduce exposure to secondhand smoke, counter pro-tobacco influence, help people quit, and eliminate health disparities.

Priority Areas: Air Quality and Asthma, Schools and Asthma, Self-Management of Asthma, Work-sites and Asthma

Contact Information: Website: www.healthoregon.org/tobacco

Phone: (971) 673-0984

E-mail: tobacco.ohd@state.or.us

ENDORSEMENTS



The following groups have demonstrated their interest and support of a coordinated approach to ensure that all Oregonians with asthma receive optimal medical care, and have the information and skills they need to manage their disease. Endorsement of this Leadership Plan does not necessarily mean agreement with every strategy identified in the Leadership Plan.

Acumentra Health (formerly known as OMPRO)	Oregon Academy of Family Physicians
American Lung Association of Oregon	Oregon Adult Immunization Coalition
CareOregon	Oregon Association of Hospitals and Health Systems
Central Oregon Independent Health Services	Oregon Asthma Program
Confederated Tribes of Siletz Indians	Oregon Center for Applied Science
Confederated Tribes of Warm Springs Reservation of Oregon	Oregon Department of Education, Healthy Kids Learn Better
Coos County Public Health	Oregon Department of Environmental Quality
Doctors of the Oregon Coast South (DOCS)	Oregon Department of Human Services, Health Promotion and Disease Prevention Section
Douglas County Individual Practice Association	Oregon Environmental Council
Environmental Justice Action Group	Oregon Immunization Program
Environmental Public Health Tracking Program	Oregon Pediatric Society
FamilyCare, Inc.	Oregon Primary Care Association
Healthy Kids Learn Better Coalition	Oregon School Based Health Center Program
InterCommunity Health Plan	Oregon School Nurses Association
Kaiser Permanente NW	Oregon Society of Allergy and Immunology
Lane Individual Practice Association	Oregon Society of Health-System Pharmacists
Lincoln County Health and Human Services	Oregon Thoracic Society
Malheur Education Service District	PacificSource
Mid-Rogue Independent Physicians Association	Providence Health Plan
Mid-Valley Independent Physicians Association	Schering-Plough
Multnomah County, Environmental Health	School Based Health Centers Network
Multnomah Education Service District	Tobacco Prevention and Education Program
ODS Companies	Tuality Health Alliance
Office of Medical Assistance Programs	Yamhill County Health and Human Services

DATA SOURCES

Asthma data in this report are drawn from multiple sources. Data sources differ in their reporting years and thus data are not available for all years. Data presented herein are the most current available at the time of publication.

ADWG: The Asthma Data Workgroup (ADWG) is a collaboration among the Oregon Asthma Program and Oregon's health plans and systems. In this workgroup, Oregon's largest commercial and Medicaid insurers have achieved consensus on methods to measure and report asthma data consistently across plans. Data presented in this publication are aggregated from six of the health plans that participate in the ADWG. These data are derived from the claims and encounter records of more than one million insured Oregonians between the ages of 4 and 55 who had at least six months of continuous enrollment in a participating health plan during that time. Data included in the Leadership Plan are from medical claims processed in 2004.

BRFSS: The Behavioral Risk Factor Surveillance System (BRFSS) is a random-digit-dialed telephone survey that is conducted year-round among Oregon adults aged 18 years or older.

CAAD: The Clean Air Action Day (CAAD) report from the Oregon Department of Environmental Quality (DEQ) contains information on the number of Oregonians who have signed up to receive the Clean Air Action Day advisories.

Death Certificates: Mortality rates are estimated from information recorded on state death certificates and stored anonymously.

HDI: The Hospital Discharge Index (HDI) contains information on discharges of Oregonians from acute care hospitals in Oregon and Washington. These data are reported by age-adjusted crude rate per 10,000 persons and by number of asthma discharges per year.

OSAA: The Oregon Survey of Adult Asthma (OSAA) is a self-administered survey that was mailed to approximately 1,800 members in three health plans who were identified as having asthma through claims data. Respondents' data have been weighted to represent the membership of the participating health plans; however, it is unlikely that these data are representative of all insured Oregonians. In addition to the survey responses, one year of medical claims data was collected for each of the respondents.

CDC SHP and Oregon SHPPS: The Centers for Disease Control and Prevention's (CDC) School Health Profile (SHP) and the Oregon School Health Policies and Programs Survey (SHPPS) are administered to school principals and lead health education teachers to assess school health programs. Oregon SHPPS data is not weighted. Therefore, there are limitations on how extensively it should be interpreted. It is not necessarily representative of all Oregon schools and caution should be used in making generalizations about how the data can be applied statewide. However, it also represents the only available source of survey data on such a wide range of school health policies and practices.

ODE Title I-A School-wide/TAS database: An assessment of schools serving low-income children as determined by the school district. Title I-A schools within the school districts are either school-wide or targeted assistance. Eligibility for school-wide status requires that at least 40% of students are eligible for free and reduced lunch, and that the school has gone through a planning process to develop a school-wide improvement plan that targets academics. All other Title I-A funded schools are targeted assistance schools (a district generally will not serve a school with Title I-A funds unless 35% of students are eligible for free and reduced lunch).

Assessment of health plans: An ad-hoc e-mail assessment tool for Quality Improvement Coordinators and Data Analysts at Oregon health systems and plans (Medicaid and commercial) to assess the number of systems and plans that provide asthma data to health-care practitioners.

Healthcare Cost and Utilization Project: Funded by the Agency for Healthcare Research and Quality, national hospitalization data for children is collected and analyzed annually and reported in the Kid's Inpatient Database.

Make It Your Business Campaign Toolkit: An ad-hoc assessment tool for Oregon Businesses to assess the number of health plans that provide tobacco cessation services as part of their benefit package.

Healthy Worksites Initiative Employer Study: Over 2000 public (government worksites) and private worksites were randomly selected to participate in the Healthy Worksite Initiative Employer survey. The survey addressed worksite health promotion policies and activities. Worksites were stratified public vs. private, and by employee size (small = 24–49, large = 50+).

Please contact the Oregon Asthma Program if you would like this information in another format:

OregonAsthmaProgram

800 NE Oregon Street, Suite 730
Portland, OR 97232

Phone: (971) 673-0984 • Fax: (971) 673-0994

E-mail: asthma.ohd@state.or.us

Web: www.healthoregon.org/asthma

