

WISCONSIN **ASTHMA** PLAN 2009-2014



WISCONSIN
ASTHMA
COALITION

★ Children's Health
Alliance of Wisconsin

EXECUTIVE SUMMARY

Wisconsin Asthma Plan 2009-2014

Created by the Wisconsin Asthma Coalition and funded in part by the Wisconsin Department of Health Services through a U.S. Centers for Disease Control and Prevention Cooperative Agreement (Award Number 5U59EH524190-05 – *Addressing Asthma from a Public Health Perspective*).

The Wisconsin Asthma Coalition would like to acknowledge Children's Health Alliance of Wisconsin for managing the coalition and facilitating the development of the *Wisconsin Asthma Plan 2009-2014*.

From the Secretary of the Wisconsin Department of Health Services

Asthma is a chronic inflammatory airway disease that afflicts hundreds of thousands of people in Wisconsin. Addressing this critical public health issue can help reduce asthma-related hospitalizations and emergency department visits, decrease absences from school and work, eliminate persistent health disparities in asthma-related health outcomes, and improve the quality of life for people with asthma and their families.

The Wisconsin Asthma Plan represents the blueprint for addressing asthma in Wisconsin for the next five years. This updated plan builds on the efforts of a broad range of statewide partners in implementing the statewide asthma plan that was published in 2003, and sets ambitious and important goals and objectives for the state's public health system to address from 2009-2014. This plan is a product of the collaboration of Children's Health Alliance of Wisconsin, Department of Health Services' Division of Public Health, the U.S. Centers for Disease Control and Prevention, and the broad range of representatives from health care, public health and advocacy organizations that comprise the Wisconsin Asthma Coalition. The coalition sought and received input from organizations and individuals from across Wisconsin, and this plan reflects their thoughtful comments.

As the Secretary of the Department of Health Services, I wish to acknowledge the members of the Wisconsin Asthma Coalition, Executive Committee and workgroups for their dedicated efforts in developing this plan. I am pleased to endorse the Wisconsin Asthma Plan, and look forward to working with the Wisconsin Asthma Coalition to help reduce the burden of asthma in our state.



Karen E. Timberlake
Secretary, Wisconsin Department of Health Services

From the Chair of the Wisconsin Asthma Coalition

As Chair of the Wisconsin Asthma Coalition, I am pleased to present the *Wisconsin Asthma Plan 2009-2014*. This document represents the best efforts of the coalition's leadership and members to develop a strategic statewide plan to reduce the burden of asthma as a public health problem in Wisconsin.

Asthma affects the lives of many people in Wisconsin, including children, parents, teachers, health care and child care providers, and employers. The burden of asthma is disproportionately large within racial and ethnic minority communities in Wisconsin, and new strategies are required to address these disparities. Since the publication of the state's first asthma plan in 2003, much work has been carried out to build and maintain statewide asthma partnerships and to provide and disseminate asthma surveillance data. These partnerships and data have been used to prioritize and implement interventions to reduce the burden of asthma in Wisconsin. This plan seeks to provide the blueprint by which asthma can most effectively be addressed in the next five years.

I wish to acknowledge the efforts of all those who helped create this plan and thank them for the ideas and energy they brought to this process. I hope you will seek ways to achieve the important goals and objectives in this plan, and thus improve the lives of people with asthma in Wisconsin.

A handwritten signature in black ink, appearing to read 'Neal Jain, MD'. The signature is stylized with large loops and a long horizontal stroke extending to the right.

Neal Jain, MD
Chair, Wisconsin Asthma Coalition

Executive summary

Asthma is a chronic lung disease that causes inflammation and narrowing of the airways. While the exact cause of asthma is unknown, it can be properly managed by taking appropriate measures. These measures include routine health care visits, elimination or reduction of environmental asthma triggers, pharmacological treatment and patient education. The *2003 Wisconsin Asthma Plan* laid the foundation for the Wisconsin Asthma Coalition (WAC) and its partners to improve asthma management in Wisconsin and was successfully implemented in a number of capacities. The *Wisconsin Asthma Plan 2009-2014* identifies additional goals set forth by WAC and seeks to be equally successful in its accomplishments.

Data from the *Burden of Asthma in Wisconsin 2007* (DHS, 2007) indicates that continued statewide efforts are necessary to address this public health issue. The report summarizes a variety of asthma data including prevalence, associated costs, disease management, emergency department (ED) and hospitalization visit rates, and mortality. Lifetime asthma prevalence has reached an all-time high of 13 percent in both Wisconsin children and adults, and costs the state over \$60 million annually in hospitalizations and ED visits. In 2005, more than 5,500 Wisconsin residents were hospitalized and more than 22,000 sought ED care for asthma. Significantly more adults with self-reported current asthma perceive their health status as fair or poor compared to adults without asthma. Asthma was the underlying cause of death in an average of 74 deaths per year in Wisconsin (2000-2005).

Addressing disparities in the *Wisconsin Asthma Plan 2009-2014*

The intent of the *Wisconsin Asthma Plan 2009-2014* is to focus all activities on disparately impacted populations in Wisconsin. The overall burden of asthma cannot be reduced without resolving the issues that contribute to the disproportionate burden of asthma in the state. Data from the *Burden of Asthma in Wisconsin 2007* drive the activities included in the *Wisconsin Asthma Plan 2009-2014* with careful assessment of how health disparities could best be identified, measured and addressed.

Individuals with asthma are disproportionately affected across age categories, gender, race and ethnicity, geographic regions and socio-economic status. Across age categories, children under age 5 have the highest hospitalization rate (29.6 per 10,000) and ED visit rate (93.7 per 10,000) in Wisconsin. By gender, males are more severely impacted by asthma during childhood, while females are disproportionately affected after puberty.

Race and ethnicity. At state and national levels, rates of asthma-related adverse

health outcomes continue to disproportionately affect low-income and minority populations. Among racial groups, African Americans have the highest lifetime prevalence of asthma (19 percent, 2002-2005), are hospitalized at 5 times the rate of whites (36.6 versus 7.1 hospitalizations per 10,000, 2005) and have a 3.5 times higher rate of asthma mortality than whites (41.2 versus 12.0 deaths per million, 2000-2005).

Geographic regions. Milwaukee County is the most populous, racially and ethnically diverse, and urbanized county in the state. It ranks second among counties for asthma hospitalizations (21.0 per 10,000, 2003-2005) and has the highest ED visit rate (96.3 per 10,000, 2003-2005). Menominee County, largely comprised of Native Americans, has the third highest hospitalization rate (20.9 per 10,000, 2003-2005) and the second highest ED rate in the state (73.4 per 10,000, 2003-2005).

Socio-economic status. Asthma prevalence in adults appears to be inversely associated with income level. Overall trends show a decrease in current asthma prevalence with an increase in income.

Vision and mission

The vision and mission of WAC stem from surveillance data in the *Burden of Asthma in Wisconsin* and the *National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma* (NIH asthma guidelines) (U.S. Department of Health and Human Services, 2007).

Vision: Individuals with asthma in Wisconsin will attain optimal health and quality of life and asthma will be prevented to the extent possible.

Mission: Develop and implement a sustainable statewide action plan that expands and improves the quality of asthma education, prevention, management, and services, and reduces the disproportionate burden of asthma in disparately impacted populations.

Overarching goals

The overarching goals of the *Wisconsin Asthma Plan 2009-2014* flow from the vision and mission statements of WAC.

- Expand and improve the quality of asthma education, prevention, management and services.
- Decrease the disproportionate burden of asthma in disparately impacted populations.

The *Wisconsin Asthma Plan 2009-2014* encompasses the asthma goals set forth in *Healthiest Wisconsin 2010* (DHS, 2002), Wisconsin's statewide public health plan, and *Healthy People 2010* (U.S. Department of Health and Human Services, 2000), the nation's health plan. *Healthy People 2010* identifies the following asthma-specific goals:

- Reduce asthma deaths.
- Reduce hospitalizations for asthma.
- Reduce hospital ED visits for asthma.
- Reduce activity limitations among persons with asthma.
- Reduce the number of school or work days missed by persons with asthma due to asthma.
- Increase the proportion of persons with asthma who receive formal patient education, including information about community and self-help resources, as an essential part of the management of their condition.
- Increase the proportion of persons with asthma who receive appropriate asthma care according to the NIH asthma guidelines.

***Wisconsin Asthma Plan 2009-2014* goals**

The *Wisconsin Asthma Plan 2009-2014* is divided into four priorities: surveillance, standardized quality care, education and environment. This reduces duplication and increases the ability for workgroups to partner.

The specific goal and associated objectives for each priority of the *Wisconsin Asthma Plan 2009-2014* are:

Surveillance goal: Improve and expand asthma surveillance in Wisconsin.

Objective A: Develop a comprehensive Wisconsin asthma statistics report every three years.

Objective B: Expand Wisconsin asthma surveillance to include schools; Women, Infants, and Children (WIC) centers; and Head Start programs.

Objective C: Investigate the relationship between occupational and environmental exposures and adverse asthma outcomes.

Objective D: Establish new surveillance partnerships.

Standardized quality care goal: Increase implementation of the current NIH asthma guidelines for optimal diagnosis and management of asthma by all health care providers.

Objective A: Promote asthma educator certification.

Objective B: Build capacity within health care systems for identifying and monitoring patients with asthma.

Objective C: Increase utilization of standardized asthma management to improve the

quality of care.

Objective D: Build the business case and secure reimbursement for asthma case management.

Objective E: Implement asthma case management.

Objective F: Evaluate asthma quality measures and innovative payment strategies.

Objective G: Increase access to asthma care.

Education goal: Increase asthma education consistent with the current NIH asthma guidelines.

Objective A: Identify and address gaps and needs in asthma education and outreach.

Objective B: Increase knowledge and skills to manage asthma among parents, students and school personnel.

Objective C: Increase awareness of work-related asthma (WRA).

Objective D: Disseminate professional education and resources.

Environment goal: Reduce or control environmental factors associated with asthma.

Objective A: Reduce exposure to asthma triggers in home environments.

Objective B: Reduce exposure to asthma triggers in public indoor environments.

Objective C: Reduce exposure to asthma triggers in school environments.

Objective D: Reduce exposure to asthma triggers in outdoor environments.

Conclusion

WAC has made great strides in improving asthma management since the release of the *Wisconsin Asthma Plan 2003*, but the burden of this disease and its disproportionate impact remains a priority. The *Wisconsin Asthma Plan 2009-2014*, focuses on addressing asthma disparities to reduce the overall burden of asthma in Wisconsin. WAC's dedicated and determined statewide partners will work strategically and diligently to meet the challenges for the next five years and beyond.

Wisconsin Asthma Coalition Executive Committee

- **Chair** ~ Neal Jain, MD, Dean Health System
- **Vice Chair** ~ Rhonda Yngsdal-Krenz, RRT, NPS, MBA, American Family Children's Hospital
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