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COLLABORATIVE



Living Well with Asthma

You can live a healthy, symptom-free life.

New Hampshire State Asthma Plan 2015–2019

Dedicated to reducing the burden of
asthma in New Hampshire



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New Hampshire State Asthma Plan 2015–2019



Maggie Hassan, Governor

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New Hampshire Department of Health
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Asthma Control Program
2015

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TABLE OF CONTENTS	
I. Executive Summary	7
II. Asthma in New Hampshire	9
III. Goals, Objectives and Actions Steps for 2015-2019	18
A. Partnerships, Collaboration and Sustainability 1. Convene and support the NH Asthma Collaborative. 2. Increase effective communication, visibility, & outreach of the NH Asthma Collaborative. 3. Promote collaboration, coordination, and integration among public health programs... 4. Generate leadership for policy development and policy initiatives.	18
B. Health Outcomes 1. Improve health care provider performance to achieve optimal patient outcomes. 2. Improve asthma self-management among individuals with asthma, their families etc... 3. Improve the quality of health care resources. 4. Improve access to comprehensive asthma care.	21
C. Environmental Risk Reduction 1. Increase public awareness & policy initiatives on the impact of environment on human health. 2. Reduce or control environmental risk factors and improve asthma management in the home. 3. Reduce or control environmental risk factors and improve asthma management in schools. 4. Reduce or control environmental and workplace risk factors for asthma. 5. Reduce tobacco use and exposure to secondhand smoke and tobacco particulate matter.	27
D. Surveillance 1. Partner with data stewards to ensure the availability of essential data sources 2. Track asthma prevalence, morbidity, & mortality ... 3. Identify and assess new data sources to enhance the surveillance system 4. Increase partnerships and collaborations to enhance surveillance efforts and data use. 5. Increase use of data to develop, monitor, and evaluate public health programs.	33

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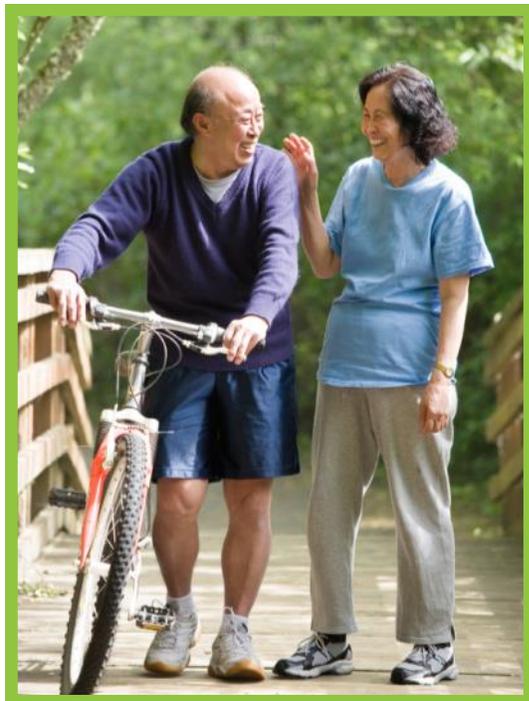
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I. EXECUTIVE SUMMARY

The complexity of diagnosing and successfully managing asthma is well-documented in the 2007 National Asthma Education and Prevention Program Expert Panel Report 3 *Guidelines for the Diagnosis and Management of Asthma* as well as numerous studies and articles. While allergists, immunologists, pulmonologists and other clinicians who may specialize in asthma are well-versed in the complexities of the condition, primary care clinicians, individuals with asthma and their families are less fluent, and it is this gap between a specialized world and the everyday world that the Centers for Disease Control and Prevention seek to address with the National Asthma Control Program that began in 1999. Located in the National Center for Environmental Health, Air Pollution and Respiratory Health Branch, the goals of the national program are to reduce exacerbations, limitations on activity, school or work days missed, emergency department visits, hospitalizations and death due to asthma. The program takes a public health approach and works toward building capacity in the following core areas of public health:

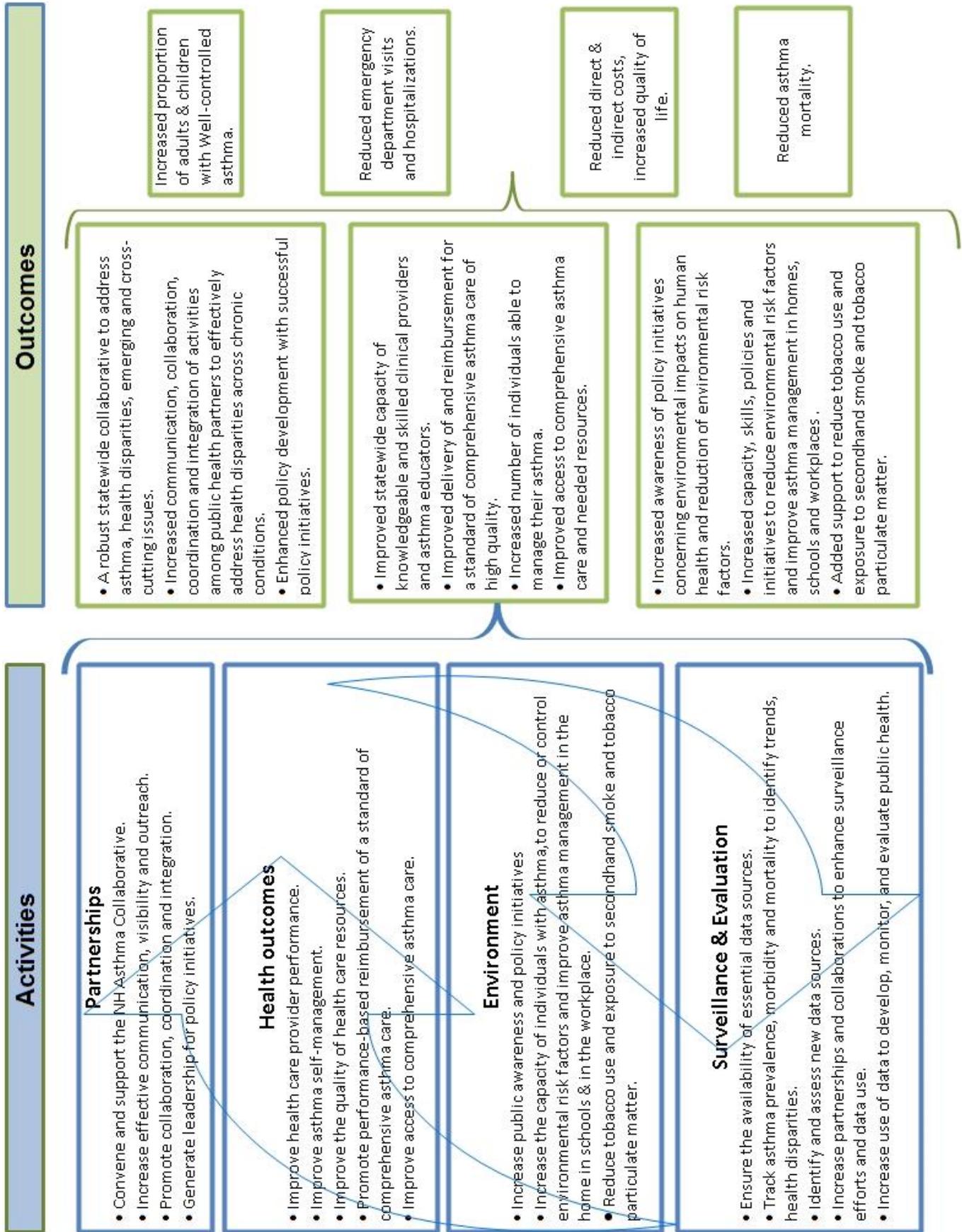
“the goals of the national program are to reduce exacerbations, limitations on activity, school or work days missed, emergency department visits, hospitalizations and death”

- **Tracking:** collecting and analyzing data on an ongoing basis to understand when, where, and in whom asthma occurs.
- **Interventions:** implementing evidence-based and promising public health practices and programs to reduce the burden of asthma.
- **Partnerships:** engaging all stakeholders in opportunities to develop, implement and evaluate asthma control programs.

The *2015–2019 New Hampshire State Asthma Plan* is aligned with the goals and framework of the national program. It presents a set of goals, objectives, and action steps to help build capacity in New Hampshire for successful partnerships and collaborations, effective clinical and environmental interventions, and a comprehensive surveillance system to accurately track asthma. There is a strong focus on priority actions most likely to result in sustained progress and equitable health outcomes: increasing integration and collaboration among partners and activities; decreasing health disparities experienced by vulnerable populations; increasing appropriate self-management of asthma, co-morbidities and associated risk factors; strengthening policy and systems change; and mobilizing resources. As a guidance document for action, it is hoped the 2015-2019 Plan will succeed in helping to reduce the burden of asthma in New Hampshire in a sustainable way.

The New Hampshire Asthma Plan reflects the current goals, objectives, and action plans of the New Hampshire Asthma Collaborative and the most recent data available that includes prevalence, hospital utilization, asthma control, management, cost, immunizations, and environmental factors. The plan is organized into four sections: Partnerships, Collaboration and Sustainability; Health Outcomes; Environmental Risk Reduction; and Surveillance. Each section provides a goal, objectives, and action steps for recommendations made for improvement and anticipated outcomes.

The conceptual framework for the 2015–2019 New Hampshire State Asthma Plan appears on below:



II. ASTHMA IN NEW HAMPSHIRE

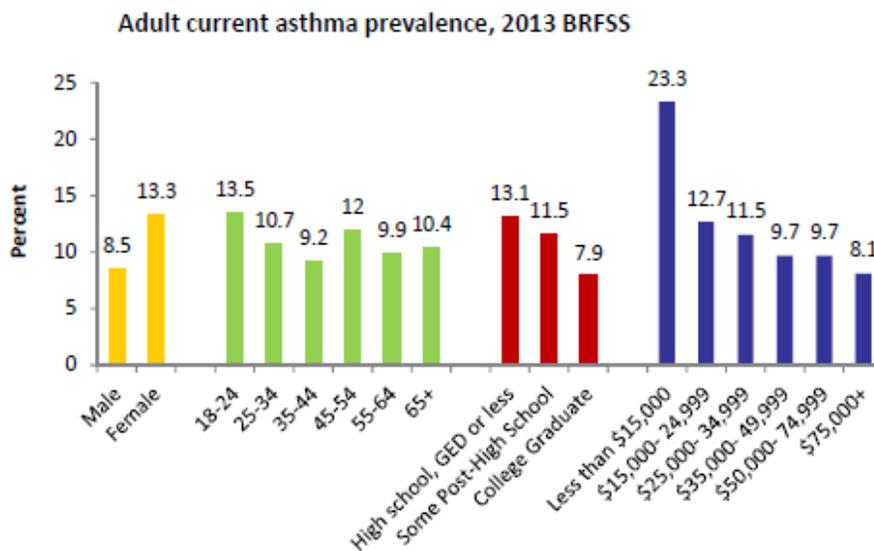
The New Hampshire Asthma Control Program (NHACP) has produced several reports examining the burden of asthma in New Hampshire in detail. These are available on the NHACP web site: www.dhhs.nh.gov/dphs/cdpc/asthma/.

A summary of findings from the report New Hampshire Asthma Burden Report Update, 2015 follows.

WHO HAS ASTHMA IN NEW HAMPSHIRE?

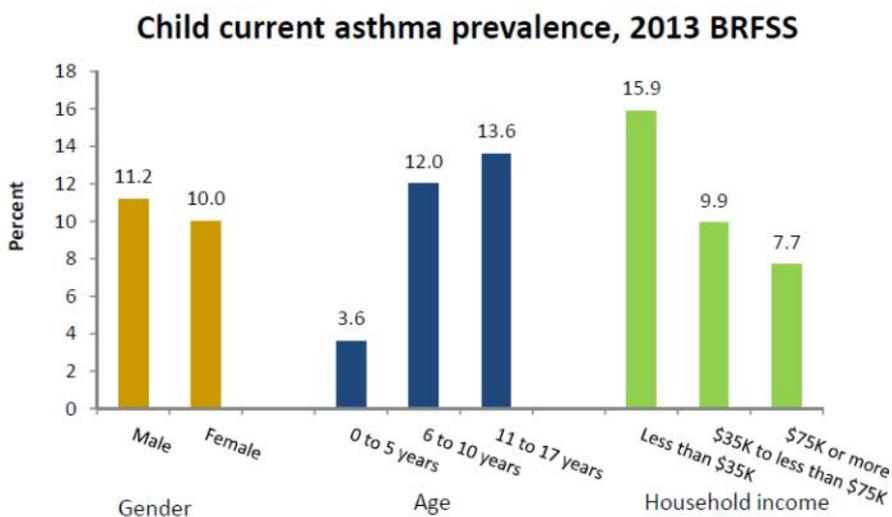
New Hampshire has consistently seen one of the highest adult prevalence rates of current asthma in the country.

- 11% or approximately 114,563 NH adults had current asthma in 2013.
- In 2013, current adult asthma prevalence was higher among women compared with men, and among adults with less education and lower incomes.



No differences were found between the prevalence rate of current asthma among New Hampshire children and the national average.

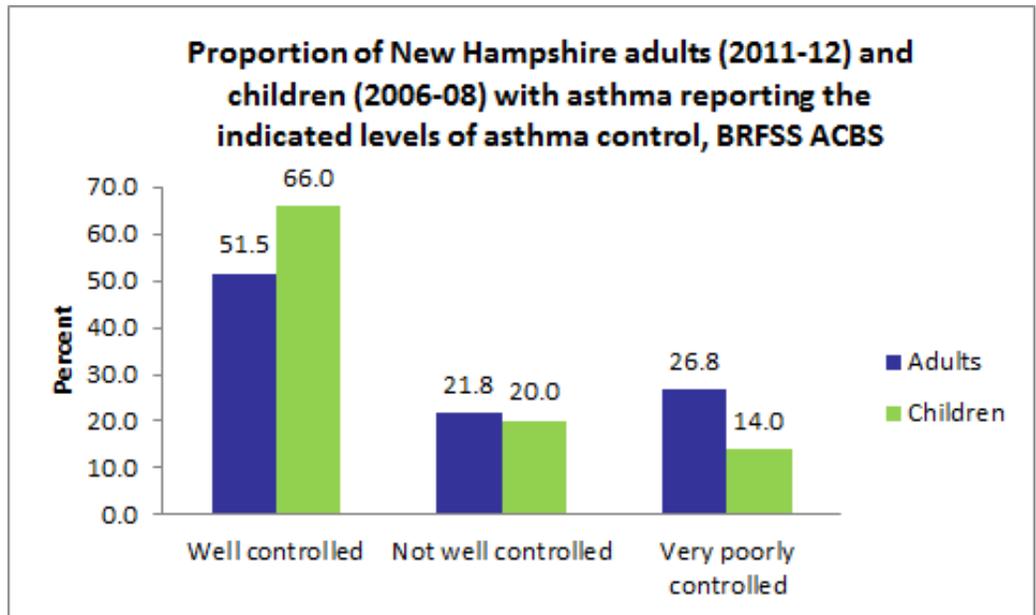
- 10.6 percent or approximately 28,000 New Hampshire children had current asthma in 2013.
- Current asthma was more prevalent among older children.
- No statistically significant differences were found in current asthma prevalence by household income or child gender.



THE GOAL IS WELL-CONTROLLED ASTHMA

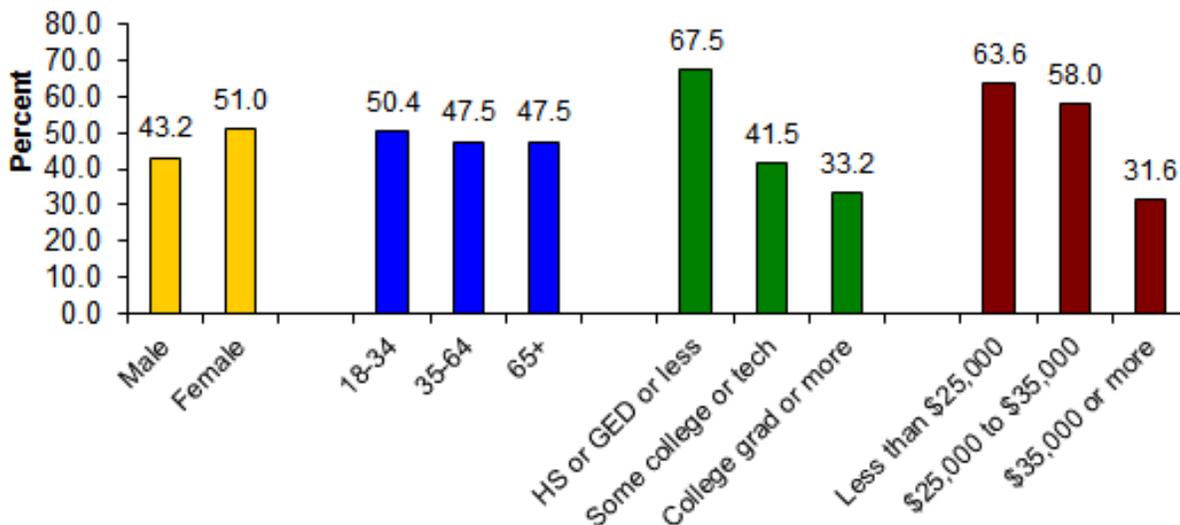
With today's knowledge and treatments, most people who have asthma have the ability to have their asthma be controlled with few, if any, symptoms, enabling them to live normal, active lives and sleep through the night without interruption from asthma.

In 2011 and 2012, just over half of New Hampshire adults with current asthma had well-controlled asthma. In 2006-2008 (the most recent data available for children's asthma control) two-thirds of New Hampshire children with current asthma had well-controlled asthma.



- The proportion of New Hampshire adults with asthma that was not well-controlled or very poorly controlled was significantly higher among those with a high school education, graduate equivalence exam (GED) or less compared with those with a college degree or more.
- The proportion of adults with asthma that was not well-controlled or very poorly controlled was also significantly higher among those with household incomes below \$25,000 compared with those reporting incomes of \$35,000 or more. No statistically significant differences were found by age or sex.

Percent of adults reporting current asthma that is not well-controlled, or very poorly controlled, by demographic characteristics, 2011 and 2012 BRFSS ACBS



NHLBI EPR3 guidelines recommend four components considered essential to effective asthma management:

- Assessing and monitoring asthma severity and control,
- Controlling environmental triggers,
- Appropriate medication, and
- Patient education.

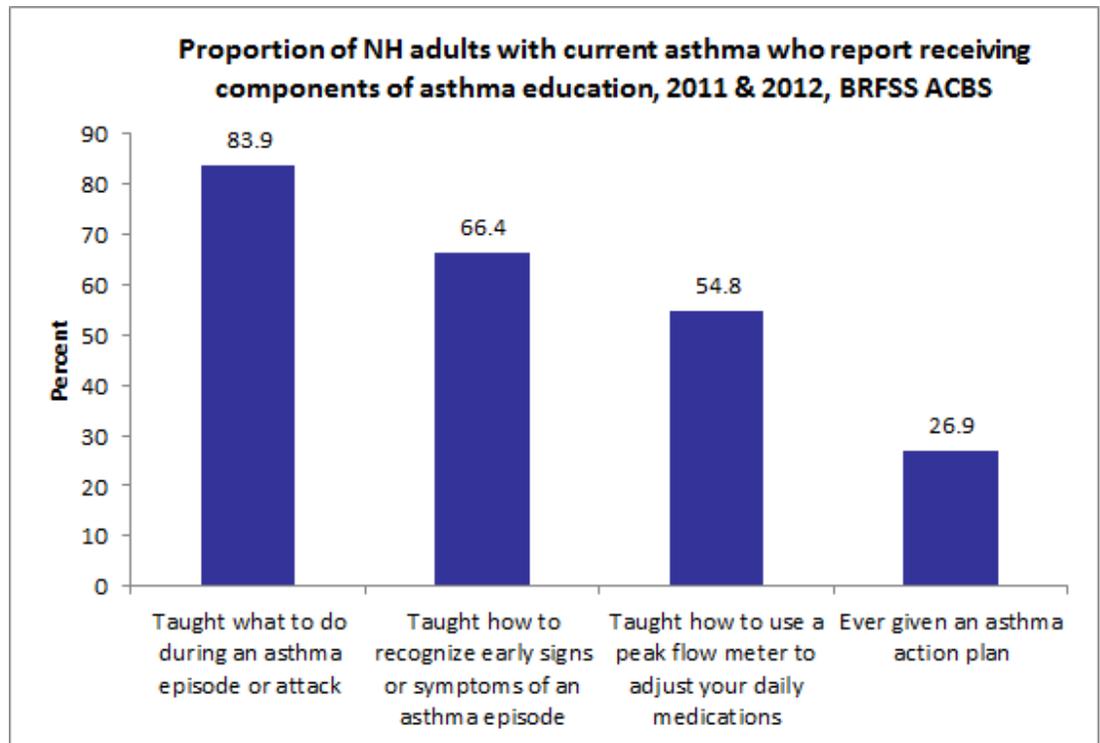
NHLBI EPR 3 guidelines report “abundant” evidence supporting the

effectiveness of patient asthma self management education in improving control and preventing exacerbations, reducing urgent care visits and hospitalizations, reducing asthma-related health care costs, and improving healthy outcomes.

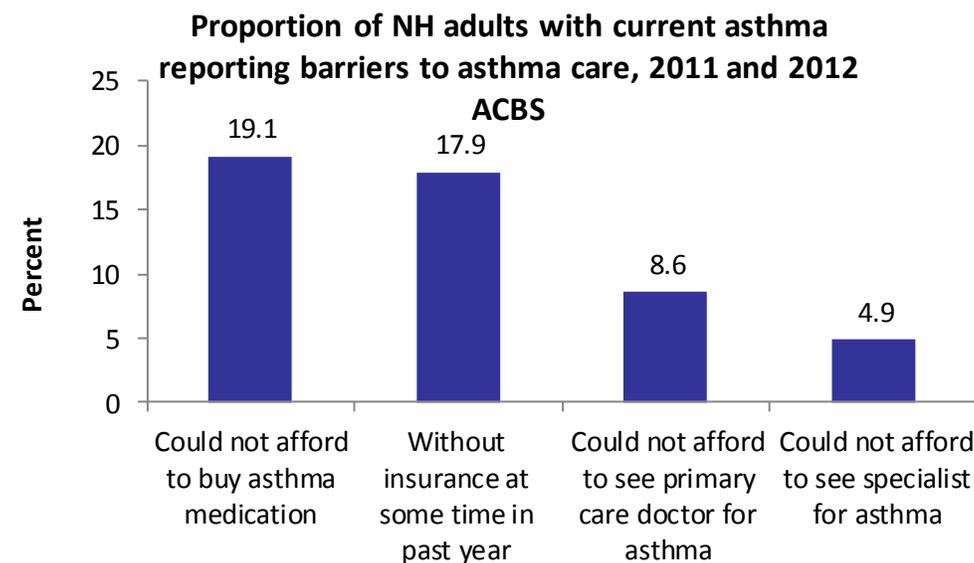
While 83.9% of New Hampshire adults with current asthma reported that a doctor or other health professional had taught them what to do during an asthma episode or attack, only 26.9% reported a doctor or other health professional had ever given them a written asthma action plan to guide them in their asthma care.

Once asthma control is achieved, the NHLBI EPR3 guidelines recommend asthma visits to a medical provider at 1- to 6-month intervals to monitor whether asthma control is maintained. An average of 2011 and 2012 BRFSS data found the

most common barrier encountered was inability to afford asthma medication due to cost. Almost one-fifth of New Hampshire adults with asthma reported they could not afford asthma medication at some time in the past 12 months.



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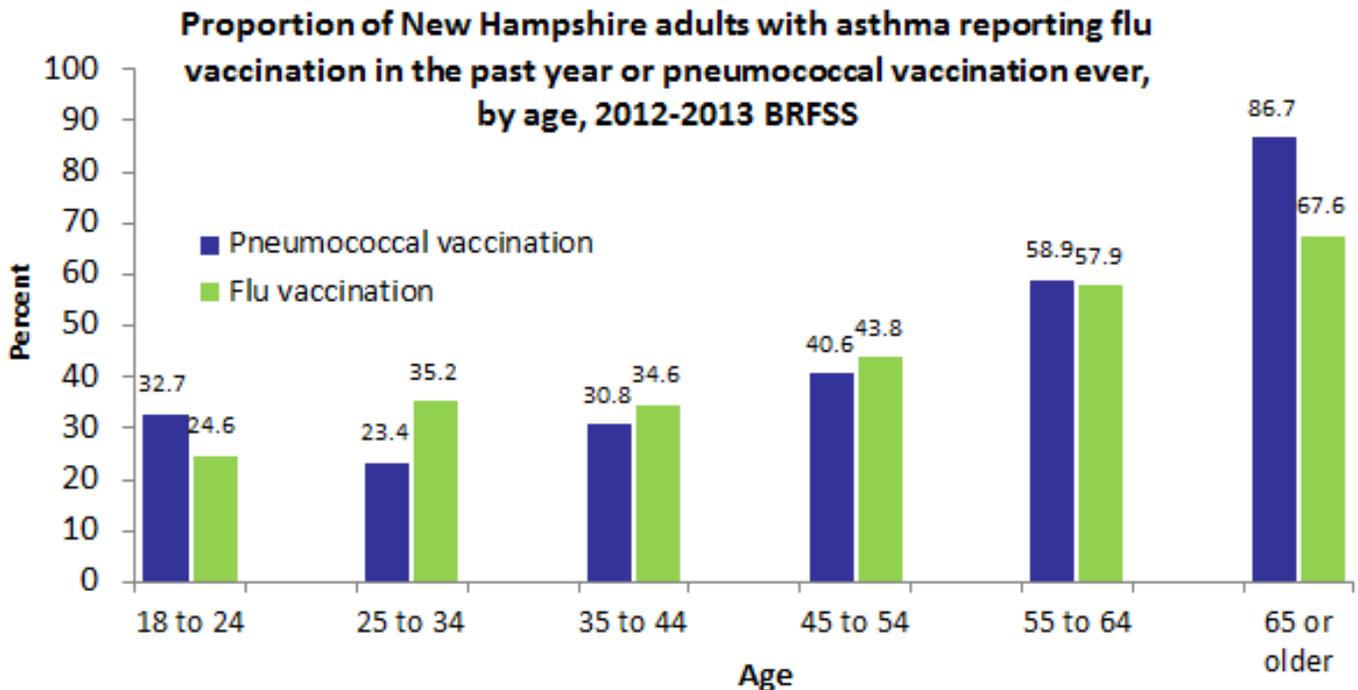
New Hampshire State Asthma Plan 2015 –2019

IMMUNIZATION

CDC recommends an annual influenza vaccination for all people aged 6 months or older who do not have contraindications. Vaccination to prevent flu is particularly important for persons with asthma, who are at increased risk for severe complications. CDC also recommends that any adult 19 through 64 years of age who has asthma and all adults 65 years or older should receive a pneumococcal vaccination.

In 2013, less than half of New Hampshire adults with current asthma reported they had received a flu vaccination in the past 12 months.

Less than half of New Hampshire adults with current asthma reported ever receiving a pneumococcal vaccination in 2013.



ASTHMA AND THE HOME ENVIRONMENT

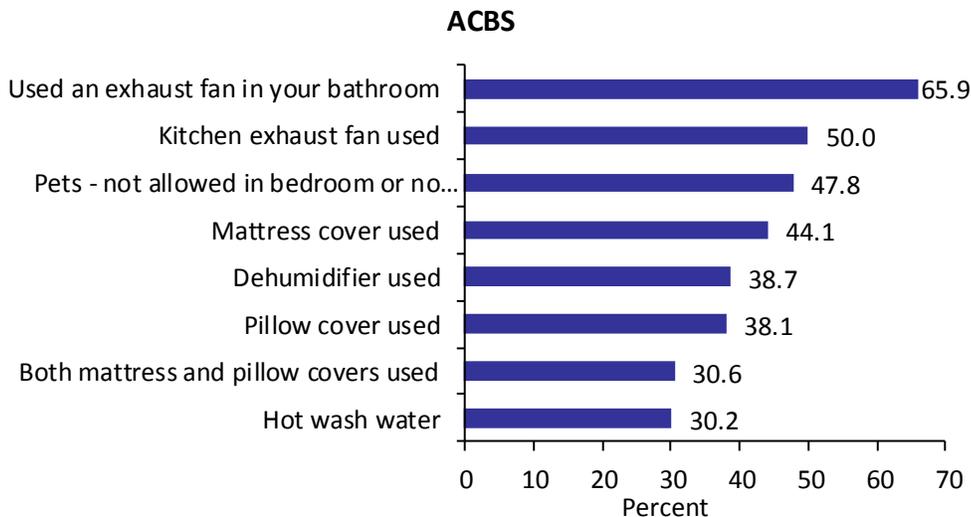
The NHLBI Guidelines recommend several steps to help people with asthma avoid allergens and irritants that might worsen asthma symptoms. These steps include:

- Avoiding smoke from tobacco and burning wood
- Keeping pets outside or, if this is not possible, out of bedrooms
- Encasing pillows and mattresses in dust mite proof covers
- Washing pillows and bed linens in hot water to kill dust mites
- Using exhaust fans in the kitchen and bathroom
- Using a dehumidifier.

The most frequently reported home environmental control reported by New Hampshire adults with current asthma was use of an exhaust fan in the bathroom (65.9%) and kitchen (50.0%).

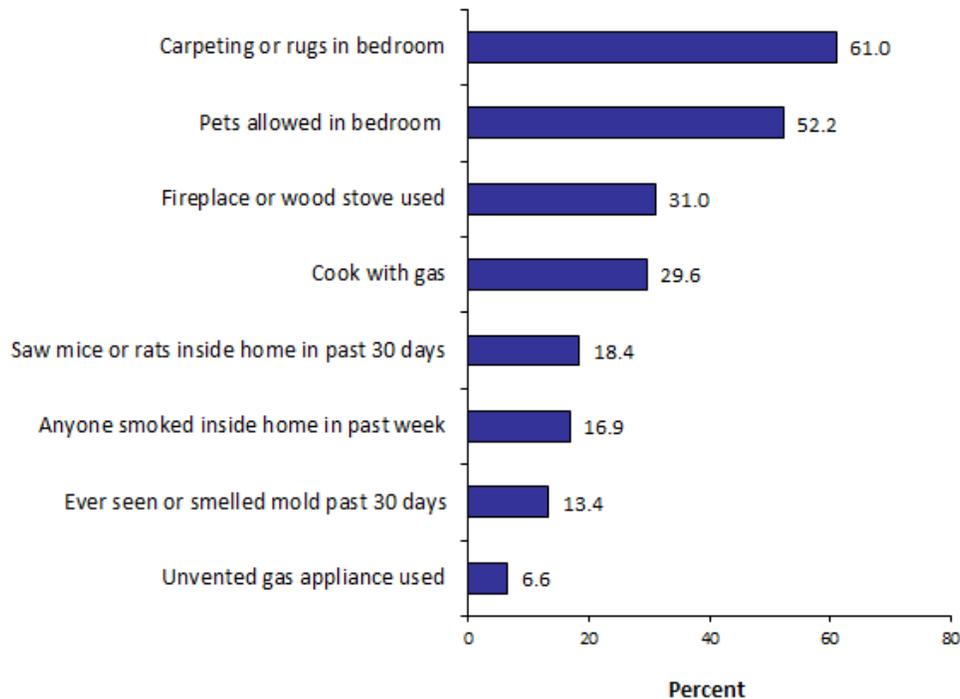
- 47.8% of New Hampshire adults with current asthma reported that they either did not have pets or did not allow them in the bedroom.
- 44.1% reported use of a mattress cover and 38.1% reported use of a pillow cover while 30.6% used both.
- 38.7% reported use of a dehumidifier and,
- 30.2% reported use of hot water for washing sheets and pillowcases.

New Hampshire adults with current asthma reporting the indicated home environmental controls, 2011 and 2012



Among New Hampshire adults with current asthma, the most common sources of potential asthma allergens reported were:

New Hampshire adults with current asthma reporting the indicated home environmental controls, 2011 and 2012 BRFSS ACBS



- Carpeting or rugs in the bedroom (61.0%) and
- Pets allowed in the bedroom (52.2%).

The most frequently reported potential irritants were:

- Wood stoves or fire places that could produce smoke and particulates (31.0%) and
- Gas cooking (29.6%) (associated with the release of nitrous oxide).

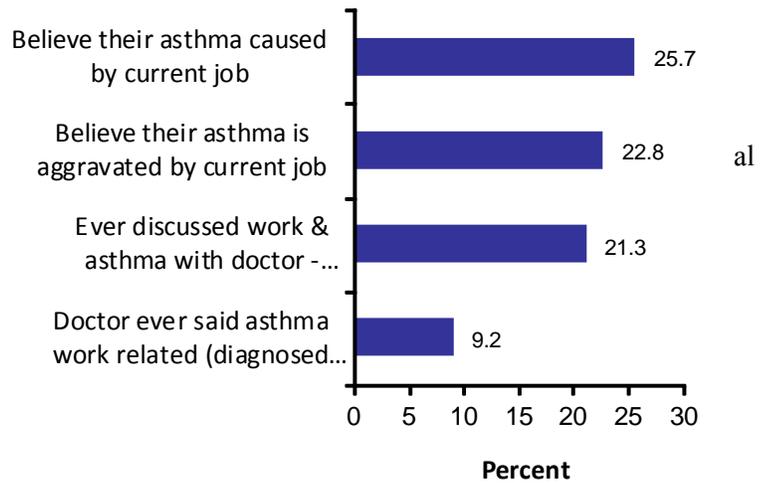
ASTHMA AND THE WORK ENVIRONMENT

Work-related asthma (WRA) includes preexisting asthma made worse by factors related to the workplace environment and occupational asthma (new onset asthma attributed to the workplace environment). WRA is a preventable occupational lung disease associated with serious adverse health and socioeconomic outcomes.

Among New Hampshire adults with current asthma:

- About a quarter reported that they thought their asthma had been caused by their current job.
- About 23% said they thought their asthma was made worse by something at their current job.
- About 21% reported they had ever discussed work and asthma with their health care provider.
- About 9% reported they had been diagnosed with work-related asthma (told by a doctor that they had work-related asthma)

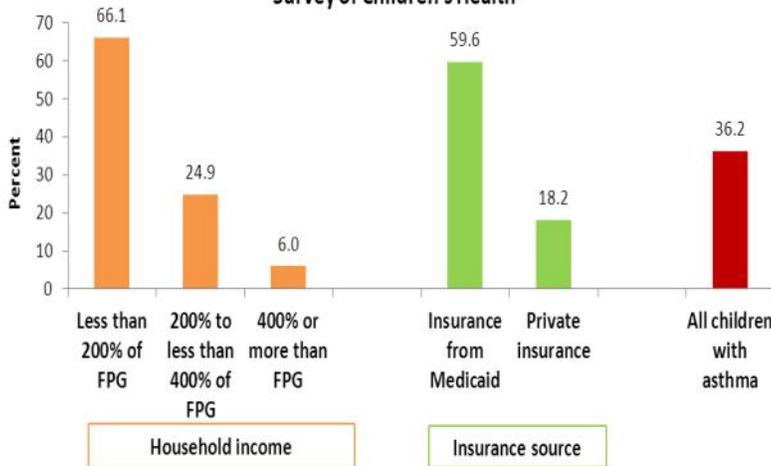
New Hampshire adults with current asthma reporting work impact on their asthma, 2011 and 2012 BRFSS ACBS



TOBACCO SMOKE

Results from the National Survey of Children’s Health (NSCH) found that 36.2% of New Hampshire children with current asthma lived in a home where someone smoked tobacco during 2011/2012. This proportion varied significantly by income and insurance source.

Proportion of New Hampshire children with asthma living with someone who smokes tobacco products, 2011/2012 National Survey of Children’s Health



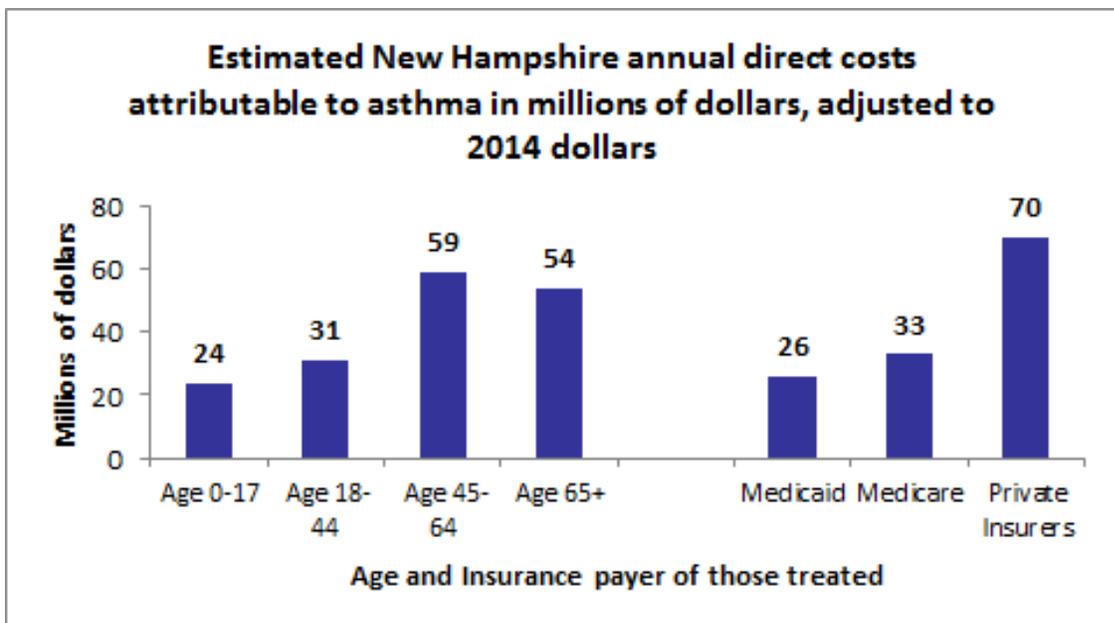
The proportion of children with current asthma living in a household with a smoker was more than ten times higher in the lowest income group (66.1%) than in the highest income group (6.0%). The proportion of children with current asthma living with a smoker was about three times higher among those with Medicaid compared with those having private health insurance.

In addition to an increase in asthma symptoms and episodes, medical research has found that tobacco smoke exposure causes the *development* of new asthma cases among children, with the strongest effect from prenatal maternal smoking.

- More than a third of New Hampshire children with current asthma lived in a home with someone who smoked cigarettes, cigars or pipe tobacco.
- The proportion of New Hampshire children with current asthma living with a tobacco smoker was significantly higher among those living in lower income households and among those having Medicaid.

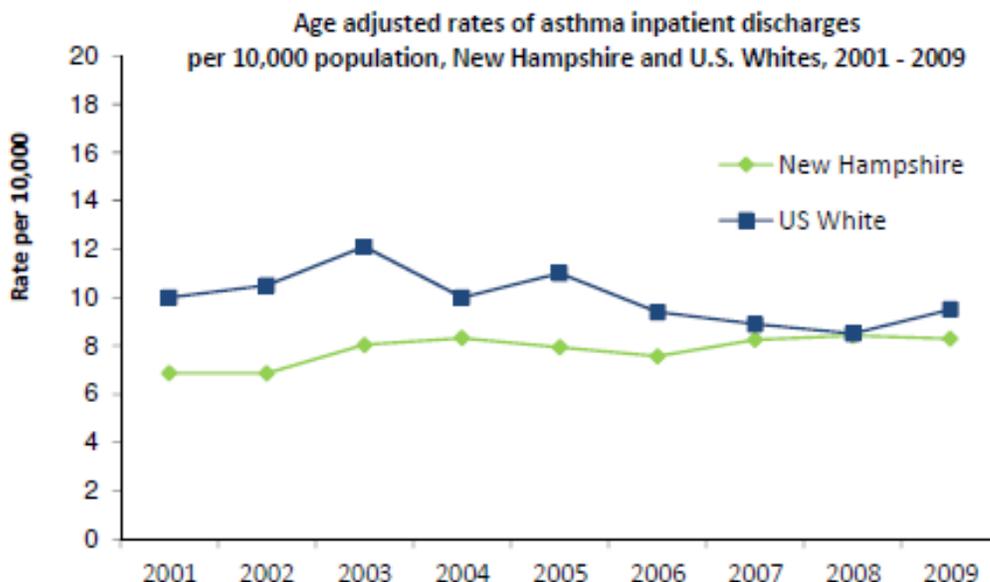
ASTHMA COSTS

- Direct medical costs associated with asthma are estimated at \$167 million annually in New Hampshire. Of the \$24 million in direct costs to children, an estimated \$8 million was due to poor air quality
- Estimated costs varied by age and by payer with higher costs among older adults and private insurers.
- Costs associated with lost wages due to asthma care are estimated at \$21 million annually in New Hampshire.

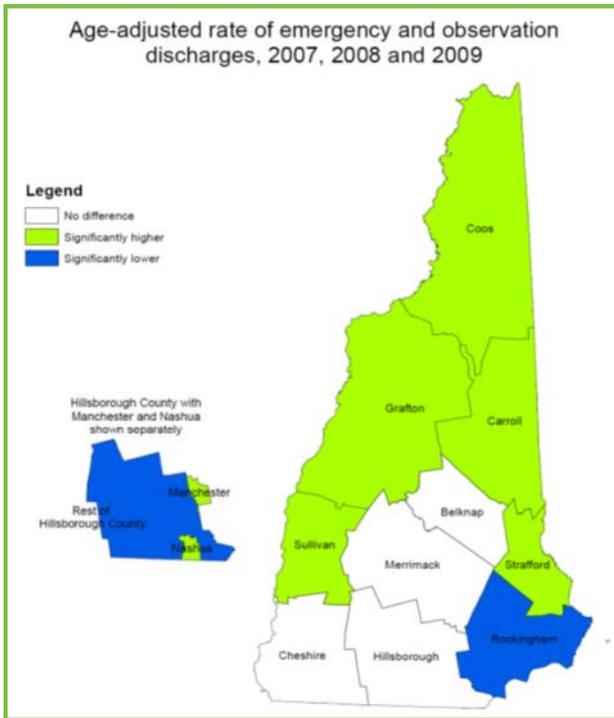


ASTHMA HOSPITAL UTILIZATION

- There were approximately 6,000 emergency department (ED) or observation discharges due to asthma each year for New Hampshire residents.
- The New Hampshire rate of ED and observation discharges declined significantly between 2001 and 2009.



New Hampshire State Asthma Plan 2015 –2019



- Coos, Carroll, Grafton, Strafford and Sullivan Counties and the cities of Manchester and Nashua had higher rates of emergency department and observation stays compared to the rest of New Hampshire
- On average, there were more than 1,000 inpatient asthma discharges for New Hampshire residents each year.
- The New Hampshire rate of inpatient asthma discharges increased significantly between 2001 and 2009.
- In 2009, the New Hampshire inpatient asthma discharge rate did not differ from the rate for U.S. Whites.

Age adjusted rates of inpatient discharges with asthma as the principal diagnosis, per 10,000 residents, 2001 - 2009

Year	New Hampshire			U.S. Whites	
	Number of discharges	Age adjusted rate	95% CI	Age adjusted rate	95% CI
2001	857	6.9	6.4-7.4	10.0	8.6-11.4
2002	868	6.9	6.3-7.4	10.5	8.9-12.1
2003	1,028	8.0	7.5-8.6	12.1	10.5-13.7
2004	1,083	8.3	7.7-8.9	10.0	8.6-11.4
2005	1,033	7.9	7.5-8.4	11.0	9.6-12.4
2006	1,003	7.6	7.1-8.0	9.4	8.0-10.8
2007	1,088	8.3	7.8-8.8	8.9	7.3-10.5
2008	1,110	8.4	7.9-8.9	8.5	6.9-10.1
2009	1,110	8.3	7.8-8.8	9.5	7.9-11.1

Please note: New Hampshire rates are compared to U.S.-White rates due to the racial composition of the New Hampshire population.

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III. GOALS, OBJECTIVES AND ACTION STEPS FOR 2015–2019

A. Partnerships, Collaboration, & Sustainability

Anticipated Outcomes

- A robust statewide collaborative to address asthma, health disparities and emerging and cross-cutting issues in the state (Objective 1).
- Increased communication, collaboration and integrated outreach among partners (Objectives 1, 2).
- Active integration, coordination and collaboration among public health partners to effectively address health disparities across chronic conditions (Objective 3).
- Enhanced policy development with successful policy initiatives (Objective 4).

GOAL

Build a diverse, responsive and dynamic network of partners to address the burden of asthma in New Hampshire and enhance sustainability of effort.

Objective 1: Convene and support the NH Asthma Collaborative.

ACTION STEPS:

- 1.1 Strengthen representation on the NH Asthma Collaborative (NHAC) to include a broad array of stakeholders, including individuals and organizations representing populations experiencing health disparities.

PERFORMANCE INDICATORS:

- Number of organizations that represent broad array of stakeholder groups.
- Number of individuals and organizations that represent vulnerable populations.

- 1.2 Increase awareness among stakeholders/partners of the burden of asthma, successful asthma management, the impact of health disparities, and emerging and cross-cutting issues.

PERFORMANCE INDICATORS:

- Increased knowledge and understanding among stakeholders.
- NHAC priorities reflect the important characteristics of the impact of asthma in NH, including successful asthma management, existing health disparities, and emerging and cross-cutting issues.
- Increased number of stakeholders who address NHAC priorities in their work.

- 1.3 Increase direct stakeholder-stakeholder communication, collaboration and leadership among all partners/stakeholders, especially across organizational focus areas (e.g., environment and clinical).

PERFORMANCE INDICATORS:

- Increased frequency of communication among stakeholders.
- Increased partnering among stakeholders to achieve NHAC priorities.

1.4 Convene working groups, ad hoc teams, coalitions and other groups as needed to identify and address NHAC priorities as well as emerging and cross-cutting issues.

PERFORMANCE INDICATORS:

- NHAC priorities identified.
- Number of groups and stakeholders meeting to address priorities.
- Number of programs, activities and initiatives to address priorities.

Objective 2: Increase effective communication, visibility, and outreach of the NH Asthma Collaborative and its partners.

ACTION STEPS:

2.1 Develop the AsthmaNowNH website to facilitate communication among NH Asthma Collaborative partners, working groups, ad hoc committees and other task-specific entities.

Building strong partnerships and collaborations has always been a fundamental part of activities addressing asthma in the state.

PERFORMANCE INDICATORS:

- Increased number of work-related postings by working groups and others.
- Numbers of partners and working groups using website for work and communication.
- Increased satisfaction with the AsthmaNowNH website as a tool for communication.

2.2 Encourage partners to develop public-friendly websites with social networking capacity.

PERFORMANCE INDICATORS:

- Number of partners with social networking capacity on their websites.

2.3 Target NHAC E-news to partners, stakeholder groups and other related organizations.

PERFORMANCE INDICATORS:

- Number and frequency of NHAC E-news.
- Number of organizations reached.
- Number of partners indicating satisfaction with E-news as a tool for communication.

2.4 Promote integrated and coordinated outreach among partners with information on key messages, interventions and resources.

PERFORMANCE INDICATORS:

- Number of partners engaged in integrated, coordinated outreach.
- Number of events attended for outreach purposes.

New Hampshire State Asthma Plan 2015 –2019

2.4 Conduct statewide conference/summit bi-annually.

PERFORMANCE INDICATORS:

- Statewide conference held bi-annually.
- Number of attendees representing broad array of stakeholders.
- Number of attendees indicating satisfaction with conference as a vehicle for communication and dissemination of knowledge.

Objective 3: Promote collaboration, coordination and integration among public health programs and other partners to address health disparities across health conditions and focus areas.

ACTION STEPS:

3.1 Increase awareness of the relationships among asthma, other chronic conditions (e.g., COPD, chronic bronchitis, allergies, diabetes, cardio vascular disease), common risk factors (e.g., smoking, overweight/obesity, physical inactivity, inflammation, air quality), and vulnerable populations.

PERFORMANCE INDICATORS:

- Increased understanding and knowledge of interrelationships referred to above.

3.2 Promote opportunities for public health programs (e.g., NH Tobacco Prevention and Control Program, NH Diabetes Education Program) and other partners to collaborate, integrate and coordinate interventions (including policy initiatives) around chronic conditions and populations with common risk factors, especially populations experiencing health disparities.

PERFORMANCE INDICATORS:

- New partnerships formed.
- Number of integrated activities and policy initiatives planned and implemented.

Objective 4: Generate leadership for policy development and policy initiatives.

ACTION STEPS:

4.1 Increase awareness among NH Asthma Collaborative stakeholders of key, emerging and cross-cutting issues for policy development and policy initiatives. e.g.,:

- tobacco-free policies;
- construction, assessment and maintenance of public buildings for improved indoor air quality;
- transportation and reduced vehicle emissions and particulate matter for improved outdoor air quality;
- health systems, best practices for asthma and health plan coverage;
- health status of communities and integrated public health interventions; and
- climate change and public health impacts.

PERFORMANCE INDICATORS:

- Increased understanding and knowledge of policy issues among NHAC stakeholders.

- Use of data to describe and identify issues for policy development and related initiatives.
- Number of NHAC meetings where policy development and related initiatives are agenda items/

4.2 Promote opportunities for policy development, policy initiatives and participation by NHAC stakeholders.

PERFORMANCE INDICATORS:

- Number of policy initiatives.
- Number of partners involved in policy development and initiatives related to NHAC priorities.
- Number of partnerships formed to move policy initiatives.

4.3 Educate policymakers and the public concerning NHAC policy priorities and related initiatives.

PERFORMANCE INDICATORS:

- Number of communication contacts.
- Amount of media coverage.
- Increased number of asthma-friendly policies introduced and implemented.

B. Health Outcomes

Anticipated Outcomes

- Improved statewide capacity of knowledgeable and skilled clinical providers and asthma educators in primary, acute and specialty care settings (Objective 1)
- Improved delivery of and reimbursement for a standard comprehensive asthma care of high quality (Objectives 1, 3)
- Increased number of individuals able to manage their asthma (Objective 2)



New Hampshire State Asthma Plan 2015 –2019

- Improved access to comprehensive asthma care and needed resources (Objective 4)
- Reduced emergency department visits and hospitalizations

Objective 1: Improve health care provider performance in primary, acute and specialty care settings to achieve optimal patient outcomes.

ACTION STEPS:

- 1.1 Increase exposure of medical students and residents, nurse practitioners, physician assistants, nurses, medical assistants and other primary care providers in training to National Asthma Education and Prevention Program (NAEPP) current Expert Panel Report (EPR) Asthma Guidelines, including those concerning environmental factors and resources.

PERFORMANCE INDICATORS:

- Increased number of contacts with medical and primary care provider education programs.
- Increased number of medical and primary care provider students and residents that complete medical education sessions on NAEPP EPR3 Guidelines.

- 1.2 Increase skills of clinical providers and clinical support professionals in the areas of asthma management and self-management, according to NAEPP EPR3 Asthma Guidelines.

PERFORMANCE INDICATORS:

- Increased number of clinical practices that complete continuing medical education sessions in asthma management topics and self-management.
- Increased skill of clinical providers and support professionals relative to specific performance measures based on the NAEPP EPR3 Asthma Guidelines (e.g., appropriate medications, assessment of environmental factors).

- 1.3 Increase the number of nationally certified asthma educators in all regions of New Hampshire.

PERFORMANCE INDICATORS:

- Maintain current number of Asthma Educator Institute trainings and number of Asthma Educator –Certified (AE-C) Exam Prep workshops held.
- Increase number of attendees from a variety of health care professions (e.g., registered nurses, medical assistants, respiratory therapists, physicians, nurse practitioners, school nurses, pharmacists).
- Increased number of certified asthma educators working in each region of the state.

- 1.4 Promote quality improvement projects in primary, acute and specialty care settings to address adherence to NAEPP EPR3 Asthma Guidelines and clinical decision-making (e.g., projects covering appropriate treatment and management objectives, needed resources and systems changes, when to refer to specialists, when to hospitalize, and appropriate discharge and follow-up protocols).

GOAL

Improve the management of asthma in New Hampshire to reduce the burden of disease.

PERFORMANCE INDICATORS:

- Increased number of quality improvement projects in primary, acute and specialty care settings.
- Positive change in performance measures that are based on NAEPP current EPR Asthma Guide-lines and selected by quality improvement project participants (e.g., use of asthma treatment plan, provision of comprehensive asthma education, scheduling of asthma follow-up visit, appropriate referrals to specialists, appropriate discharge instructions).

1.5 Promote dissemination of reliable and accurate information, new technology, and practice improvements among health care providers.

PERFORMANCE INDICATORS:

- Development of presentations to disseminate information, technology and practice Improvements.
- Number and variety of venues used to disseminate reliable and accurate information (e.g., websites, continuing medical education sessions, conferences, networking opportunities, meetings).

Objective 2: Improve asthma self-management among individuals with asthma, their families, schools, workplaces, and communities.

ACTION STEPS:

2.1 Promote awareness of and use of asthma disease (case) management programs available through health plans operating in New Hampshire.

PERFORMANCE INDICATORS:

- Increased awareness of asthma management programs among providers and families.
- Increased participation of individuals and families in disease management programs.

2.2 Promote the use of proven strategies and programs for asthma education and self-management (e.g., Living Well with Chronic Conditions based on the Stanford Chronic Disease Self-Management Model).

PERFORMANCE INDICATORS:

- Increased dissemination of proven education and self-management strategies.
- Increased availability of self-management programming (e.g., Tobacco Cessation, Living Well with Chronic Conditions).
- Increased number of providers who provide and refer for asthma education and self-management strategies.



New Hampshire State Asthma Plan 2015 –2019

2.3 Increase integrated and coordinated public education messaging to address asthma and other chronic disease risk factors (e.g., environmental exposures, tobacco use, nutrition, physical activity).

PERFORMANCE INDICATORS:

- Integrated, coordinated public education messaging developed which includes importance of having an asthma action plan.
- Messaging related to childcare providers – including importance of quality asthma education and use of an asthma action plan on every patient diagnosed with asthma.
- Messaging related to adults with asthma (including seniors with asthma) as related to aging population in NH Messaging related to children with asthma (schools, community and youth serving organizations).

2.4 Promote model policies supporting reduction of and effective management of risk factors at home, school and work.

PERFORMANCE INDICATORS:

- Increased number of policies that support reduction and effective management of risk factors in homes, schools, workplaces and community settings.
- Increased number of integrated programs addressing reduction of and effective management of risk factors in homes, schools, workplaces and community settings.

2.5 Disseminate culturally competent resources to support self-management.

PERFORMANCE INDICATORS:

- Increased number of providers and health plans making culturally competent resources available to support self-management.

2.6 Increase coordination of provider, family, school and community efforts to successfully manage asthma and other lung diseases.

PERFORMANCE INDICATORS:

- Increased number of asthma action plans health care providers complete to send to home, school, workplace and community settings.
- Increased use of information release form between doctor's office and the school nurse.
- Increase asthma management knowledge of health care teams, family, school and community organizations.



Objective 3: Improve the quality of health care resources.

ACTION STEPS:

3.1 Promote performance-based reimbursement of a standard comprehensive asthma care based on the NAEPP EPR3 Asthma Guidelines (e.g., standard including asthma education, case management and coordination of care to address high-risk patients, multiple risk factors, and chronic conditions at home, school and work).

PERFORMANCE INDICATORS:

- Standard comprehensive asthma care developed as a reimbursable health benefit.
- Increased awareness of and demand for health plan benefit by purchasers and providers.
- Standard school based asthma education developed as a reimbursable health benefit.

3.2 Promote routine provision of health indicator and utilization data to health care providers in primary, acute and specialty care settings.

PERFORMANCE INDICATORS:

- Increase in health indicators and utilization data reported to health care providers by health plans and provider sites, including emergency departments.
- Health plans and provider sites generate comprehensive data on a routine basis.
- Increase access to the Web-based Interactive System for Direction and Outcome Measures (WISDOM) asthma measures available for health care providers, general public.

3.3 Increase the number of quality improvement projects in primary, acute and specialty care settings to address adherence to NAEPP EPR3 Asthma Guidelines, systems improvements and clinical decision-making (e.g., projects including appropriate treatment and management objectives, information systems, needed resources and systems changes, when to refer to specialists, when to hospitalize, appropriate discharge and follow-up protocols, coordination and continuity of care).

PERFORMANCE INDICATORS:

- Increased number of quality improvement projects in primary, acute and specialty care settings.
- Positive change in performance measures that are based on NAEPP EPR3 Asthma Guidelines and selected by quality improvement project participants (e.g., use of asthma treatment plan, provision of comprehensive asthma education, scheduling of asthma follow-up visit, appropriate referrals to specialists, appropriate discharge instructions).
- Increased number of documented systems improvements.

Objective 4: Improve access to comprehensive asthma care.

ACTION STEPS:

4.1 Increase capacity for comprehensive asthma care in all regions of New Hampshire.

PERFORMANCE INDICATORS:

- Increase number of continuing medical education and asthma education workshops held.
- Increase number of attendees from different regions at continuing education and asthma educator training sessions.
- Increase in number of primary care practices, hospitals, schools, community settings, pulmonary, specialty, home health, and emergency departments with personnel and resources to deliver comprehensive asthma care.

New Hampshire State Asthma Plan 2015 –2019

- Increase the number of nationally certified asthma educators receiving reimbursement for comprehensive asthma care.

4.2 Support reimbursement of a standard of comprehensive asthma care in primary, acute and specialty care settings based on NAEPP EPR3 Asthma Guidelines.

PERFORMANCE INDICATORS:

- Standard comprehensive asthma care reimbursed as a health benefit.
- Increased awareness of and demand for health plan benefit by purchasers and providers.
- Standard of school based asthma education reimbursed as a health benefit.

4.3 Address availability of and access to needed resources (e.g., spacers, medications) for effective asthma management.

PERFORMANCE INDICATORS:

- Identify needed resources.
- Needed resources are available.
- Needed resources are accessible.

4.4 Increase knowledge of available resources on the part of providers, individuals with asthma, their families and communities.

PERFORMANCE INDICATORS:

- Information resources developed and disseminated.
- Increased knowledge of resources among health plans, health care providers, community-based entities, individuals, and families.
- Increased use of available resources.



4.5 Increase coordination and collaboration among partners, health care providers and health plans to help individuals access care, especially among vulnerable populations (e.g., Medicaid voluntary disease management program, tobacco cessation programs).

PERFORMANCE INDICATORS:

- Increased networking and coordination among partners, health providers and health plans.
- Increased use of available care and resources.

4.6 Make data reports on asthma care for vulnerable populations available to partners, health care providers, the public and policy makers.

PERFORMANCE INDICATORS:

- Data reports developed and disseminated to partners, health care providers, the public and policy makers.

C. Environmental Risk Reduction

Anticipated Outcomes

- Increased awareness and policy initiatives concerning environmental impacts on human health and reducing environmental risk factors (Objective 1).
- Increased capacity, skills, policies and initiatives to reduce environmental risk factors and improve asthma management in homes, schools and workplaces (Objectives 2, 3, 4).
- Added support to reduce tobacco use and exposure to secondhand smoke and tobacco particulate matter (Objective 5).

Objective 1: Increase public awareness and policy initiatives concerning the impact of the environment on human health.

ACTION STEPS:

1.1 Enhance awareness concerning the effects of global climate change and severe weather events on populations with asthma, allergies and other chronic conditions.

PERFORMANCE INDICATORS:

- Increased public information concerning the effects of global climate change and severe weather events on populations with asthma, allergies and other chronic conditions.



New Hampshire State Asthma Plan 2015 –2019

- Increased public awareness of the effects of global climate change and severe weather events on populations with asthma and other chronic conditions.

- 1.2 Improve collection and dissemination of environmental public health tracking information on environmental contributors to asthma and other respiratory conditions.

PERFORMANCE INDICATORS:

- Environmental Public Health Tracking data available on environmental contributors to asthma and other respiratory conditions.
- Increased awareness of environmental contributors to asthma and other respiratory conditions.

GOAL

Minimize the impact of environmental risk factors to reduce the burden of asthma in New Hampshire.

- 1.3 Integrate and coordinate consistent public information messaging regarding air quality and health hazards (e.g., elimination of secondhand smoke, reduction of environmental contaminants and asthma triggers, air quality alerts, indoor air quality and building maintenance for healthy indoor environments).

PERFORMANCE INDICATORS:

- Consistent integrated public health information messaging developed on air quality and health hazards.
- Increased awareness of the relationships between air quality and health hazards.

- 1.4 Promote policies to prevent or reduce environmental risk factors and triggers for asthma and other respiratory conditions (e.g., policies concerning school air quality and building maintenance, smoke-free workplaces and multi-family housing units, licensure of building inspectors and health officers, vehicle idling, outdoor wood boilers).

PERFORMANCE INDICATORS:

- Policies established to prevent or reduce environmental risk factors and triggers for asthma and other respiratory conditions.
- Policies implemented, monitored and enforced.
- Reduction in environmental risk factors and triggers for asthma.

- 1.5 Support initiatives to strengthen enforcement of environmental health and building standards that impact asthma and other respiratory conditions (e.g., No Smoking regulations in bars and restaurants, NH State Building Code to include International Code Council's Property Maintenance Standards—in addition to those already on the books, the International Building Code, Residential Code, and others).

PERFORMANCE INDICATORS:

- Initiatives implemented to strengthen enforcement of environmental health and building standards that impact asthma and other respiratory conditions.
- Improved enforcement of environmental health and building standards.

Objective 2: Increase the capacity of individuals with asthma, their families, health and child care providers and other relevant professionals to reduce or control environmental risk factors and improve asthma management in the home.

ACTION STEPS:

2.1 Increase knowledge and skills of individuals with asthma, their families and health and child care providers concerning reducing exposure to environmental triggers and maintaining healthy homes to successfully manage asthma.

PERFORMANCE INDICATORS:

- Number of education sessions held concerning reducing exposure to environmental triggers and maintaining healthy homes.
- Increased knowledge and skills of individuals with asthma, their families and health and child care providers.
- Reductions in environmental triggers in homes.

2.2 Support the development of certified Healthy Homes Specialists among public health, housing and building inspection professionals to recognize environmental risk factors in the home, reduce their impact, and enforce state housing codes.

PERFORMANCE INDICATORS:

- Number of Healthy Homes Specialist training workshops held.
 - Number of public health, housing and building inspection professionals who attend training workshops.
 - Number of public health, housing and building inspection professionals certified as Healthy Homes Specialists.



2.3 Promote health plan reimbursement for home visits, home environmental assessments, education and resources needed to reduce environmental risk factors and improve asthma management among individuals at risk of poorly controlled asthma, as part of coverage for comprehensive asthma care.

PERFORMANCE INDICATORS:

- Home visits, home environmental assessments, education and resources reimbursed as part of comprehensive asthma care.
- Increased number of individuals at risk of uncontrolled asthma who receive home visits and home environmental assessments.

2.4 Enhance networking and referral systems among public health, housing and building inspection professionals who make home and child care facility visits.

PERFORMANCE INDICATORS:

- Increased opportunities for networking among public health, housing and building inspection professionals.
- Referral systems established for public health, housing and building inspection professionals who make home and child care facility visits.

- 2.5 Support policies and initiatives to develop a comprehensive state housing code, reduce environmental risk factors in the home and child care facilities, and improve asthma management in the home and child care facilities (e.g., state housing code to include the International Property Maintenance Code).

PERFORMANCE INDICATORS:

- Policies established to develop a comprehensive state housing code, reduce environmental risk factors in the home and child care facilities.
- Policies implemented, monitored and enforced.
- Reduction in environmental risk factors in the home and child care facilities.
- Improved asthma management in the home and child care facilities.

Objective 3: Increase the capacity of individuals with asthma, their families, health care providers and school personnel to reduce or control environmental risk factors and improve asthma management in schools.

ACTION STEPS:

- 3.1 Increase knowledge and skills of students with asthma, their families, health care providers and school personnel concerning reducing exposure to environmental triggers, maintaining healthy schools, and improving asthma management.

PERFORMANCE INDICATORS:

- Number of information sessions held on reducing exposure to environmental triggers, maintaining healthy schools and improving asthma management.
- Increased knowledge and skills of students with asthma, their families, health care providers and school personnel relative to reducing exposure to environmental triggers, maintaining healthy schools and improving asthma management.

- 3.2 Increase knowledge and skills of school officials and inspectors to plan for, assess and maintain high performance school protocols for construction, renovation, indoor air quality standards and maintenance.

PERFORMANCE INDICATORS:

- Number of information sessions held on planning for, assessing and maintaining high performance school protocols for construction, renovation, indoor air quality standards and maintenance.
- Number of school officials and inspectors who attend training workshops.
- Increased knowledge and skills on the part of school officials and inspectors relative to planning for, assessing and maintaining high performance school protocols for construction, renovation, indoor air quality standards and maintenance.

- 3.3 Strengthen communication between health care providers and families, schools and child care facilities concerning successful management of students with asthma.

PERFORMANCE INDICATORS:

- Increased number of asthma treatment plans that are completed by providers and shared with families and schools.

- Increased number of provider release and referral forms found in school nurse records.

3.4 Support Healthy Schools improvement projects to reduce environmental risk factors and improve asthma management.

PERFORMANCE INDICATORS:

- Increased number of Healthy Schools improvement projects.
- Reduction in environmental risk factors in schools.
- Improved asthma management in schools.

3.5 Support statewide policies and initiatives to reduce environmental risk factors and improve asthma management in schools (e.g., air quality standards for schools, student medication carry law, Integrated pest management).

PERFORMANCE INDICATORS:

- Policies established to reduce environmental risk factors and improve asthma management in schools.
- Policies implemented, monitored and enforced.
- Reduction in environmental risk factors in schools.
- Improved asthma management in schools.

Objective 4: Increase the capacity of individuals with asthma, health care providers, employers, and other relevant professionals to control environmental and workplace risk factors for asthma.

ACTION STEPS:

4.1 Increase access to knowledge and resources/tools for adults with asthma, employers and others associated with the workplace concerning exposures to environmental triggers for asthma, maintaining healthy workplaces and assistance with asthma management at work.

PERFORMANCE INDICATORS:

- Number of outreach materials and fact sheets, reports and issue briefs accessed through meetings, conferences, and wellness fairs, etc...
- Number of website visits for outreach materials.
- Number of requests for more information.
- Number of “venues” outreach materials are published in (newsletters, list serves, etc).

4.2 Increase state and regional surveillance efforts to produce data describing workplace environmental exposures and work-related asthma.

PERFORMANCE INDICATORS:

- Number of reports, fact sheets, issue briefs that are disseminated on state and regional burden of asthma and associated workplace environmental exposures.
- Number of data sets that include fields to collect industry and occupation.

New Hampshire State Asthma Plan 2015 –2019

- 4.3 Increase the number of health care providers who ask patients about workplace exposures and assess whether their asthma may be work-related.

PERFORMANCE INDICATORS:

- Host at least one pilot site to include asthma “module” (asthma action plan) in Electronic Medical Reporting (EMR) system, collecting information about work and possible exposures contributing to a patient’s asthma.
- Number of potential health care providers receiving information about including an asthma action plan in their EMR system.

- 4.4 Support statewide policies and initiatives to reduce environmental risk factors and improve asthma management in workplaces.

PERFORMANCE INDICATORS:

- Number of policies monitored and supported.
- Dissemination of legislation information to Collaborative members for action.
- Number of partners in Collaborative who acted to support policies.

Objective 5: Reduce tobacco use and exposure to secondhand smoke and tobacco particulate matter.

ACTION STEPS:

- 5.1 Promote collaborative and integrated efforts with the NH Tobacco Prevention and Control Program and partners to address smoking, secondhand smoke, tobacco particulate matter and tobacco policies.

PERFORMANCE INDICATORS:

- Increase in number of collaborative and integrated efforts with the NH Tobacco Prevention and Control Program and partners.

- 5.2 Increase public awareness of the relationships between smoking, secondhand smoke, Tobacco particulate matter and asthma and other respiratory conditions, particularly among youth.

PERFORMANCE INDICATORS:

- Public information disseminated regarding the relationships between smoking, secondhand smoke, tobacco particulate matter and asthma and other respiratory conditions.
- Increased awareness of the relationships between smoking, secondhand smoke, tobacco particulate matter and asthma and other respiratory conditions.
- Reduction in smoking among individuals with asthma.



5.3 Promote and support implementation of evidence-based cessation strategies (e.g., the New Hampshire Tobacco Helpline, the 2 A +1R (Ask, Assist, Refer)), and other cessation services.

PERFORMANCE INDICATORS:

- Public information disseminated regarding evidence-based cessation strategies.
- Number of training workshops held for evidence-based cessation strategies.
- Reduction in smoking among individuals with asthma.

5.4 Support initiatives to implement and enforce 24-7 tobacco-free policies in homes, schools and workplaces (e.g., bars and restaurants, multi-unit housing, head starts and child care facilities, college campuses, state government campuses).

PERFORMANCE INDICATORS:

- Increased number of initiatives to implement and enforce 24-7 tobacco-free policies in homes, schools and workplaces.
- Increased number of venues with 24-7 tobacco-free policies.

D. Surveillance



Anticipated Outcomes:

- Increased funding sources for data sets (Objective 1).
- Increased number of stakeholders using data to develop, plan, monitor, assess, and evaluate activities/initiatives/ programs (Objectives 2, 3, 4, 5).
- Increased number of stakeholders using data to inform policy change (Objectives 2, 3, 4).
- Increased number of integration efforts across chronic diseases (Objectives 4).

Objective 1: Partner with data stewards to ensure the availability of essential data sources

(e.g., Behavioral Risk Factor Surveillance System Survey Data; Hospital and Emergency Department Discharge Data; Mortality Data; and Commercial and Medicaid Claims Data).

ACTION STEPS:

1.1 Work with state data stewards to develop strategies to maintain and increase funding of data sources (e.g., public health programs incorporate funding of data sources into grant applications).

PERFORMANCE INDICATORS:

- Meetings held to discuss strategies.
- Strategies developed and are implemented.
- Increased funding for data sources.
- Data sources continue to be funded.

New Hampshire State Asthma Plan 2015 –2019

Objective 2: Track asthma prevalence, morbidity and mortality to identify trends, health disparities, and at-risk and high-risk populations.

ACTION STEPS:

- 2.1 Monitor asthma prevalence, emergency department visits, hospitalizations and mortality for all persons in New Hampshire.
- 2.2 Monitor asthma medication use, office visits, emergency department visits and hospitalizations in the Medicaid and commercially insured populations.
- 2.3 Monitor the cost of asthma care.
- 2.4 Monitor asthma management, control and quality-of-life indicators.
- 2.5 Conduct analyses using small geographic areas when possible (e.g., counties, public health networks, hospital service areas).

GOAL

Maintain, enhance, and use the current asthma surveillance system to accurately describe the prevalence of asthma and its impact and to monitor and evaluate program outcomes.

PERFORMANCE INDICATORS:

- Data analyzed, interpreted, and disseminated.
 - Number of stakeholders using these data to guide their activities/initiatives/programs.
- 2.6 Identify disparities in asthma health outcomes.

PERFORMANCE INDICATORS:

- Disparities in asthma health outcomes and vulnerable populations identified.
 - Number of stakeholders using these data to guide their activities/initiatives/programs.
- 2.7 Assess the impact of co-morbidities and other respiratory conditions (i.e., COPD) on NH residents with asthma.

PERFORMANCE INDICATORS:

- Co-morbidities and respiratory conditions to be examined are identified.
- Data availability determined.
- Analysis plan developed.
- Outcomes related to these conditions estimated, interpreted and disseminated.
- Number of stakeholders using these data to guide their activities/initiatives/programs.

Objective 3: Identify and assess new data sources to enhance the surveillance system.

ACTION STEPS:

- 3.1 Identify new data sources and assess data quality (i.e., pollen and air quality data from the Environmental Public Health Tracking Program, high performance schools data, results from asthma intervention evaluation).
- 3.2 Develop a list of indicators and measures for analysis.
- 3.3 Perform and evaluate data analyses.

PERFORMANCE INDICATORS:

- New data sources identified and assessed for data quality.
- Data used to further describe the burden of asthma in New Hampshire.
- Number of stakeholders using these data to guide their activities/initiatives/programs.

Objective 4: Increase partnerships and collaborations to enhance surveillance efforts and data use.

ACTION STEPS:

- 4.1 Collaborate with state, regional and national partners to create comparable measures and identify new ways of describing the burden of asthma.

PERFORMANCE INDICATORS:

- Number of new measures developed.
- Number of new measures the surveillance system has used.
- Number of other states using these measures.
- Number of stakeholders using these measures to guide their activities/initiatives/programs.

- 4.2 Support integration across chronic disease programs by identifying populations, risk behaviors and health disparities that are common across programs.

PERFORMANCE INDICATORS:

- Populations, risk behaviors and health disparities among chronic disease programs identified.
- Number of chronic disease programs using this information to support integrated activities/initiatives/programs.

- 4.3 Promote the use of data to inform policy change in organizations (e.g., schools, businesses), communities and public policy.

PERFORMANCE INDICATORS:

- Meetings held to educate stakeholders and key public figures about how to use data to inform policy changes.

New Hampshire's asthma surveillance system is to describe the burden of asthma in the state and make information available that can be used to plan, monitor and evaluate the effectiveness of efforts to address asthma.

New Hampshire State Asthma Plan 2015 –2019

- Data briefs developed with information needed to support policy changes.
- Number of stakeholders using data to inform policy initiatives.
- Number of policy initiatives using data to support a change in public policy.

Objective 5: Increase use of data to develop, monitor, and evaluate public health programs.

ACTION STEPS:

- 5.1 Promote the use of data to drive public health program planning and development.
- 5.2 Promote the routine use of assessment and evaluation tools.
- 5.3 Promote the use of results from assessments and evaluations to modify and enhance public health programs.

PERFORMANCE INDICATORS:

- Meetings held to educate stakeholders on how to use data to inform program planning and development and how to use assessment and evaluation tools to evaluate activities/ initiatives/ programs .
- Standard assessment and evaluation tools developed and disseminated.
- Number of stakeholders using data to drive the planning and development of their activities/ initiatives/programs.
- Number of stakeholders routinely assessing and evaluating their activities/initiatives/programs.
- Number of stakeholders using the results of their assessments and evaluations to modify and enhance their activities/initiatives/programs.

For additional information on the New Hampshire Asthma Plan:

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Division of Public Health Services

Asthma Control Program

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