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Background

Asthma is a chronic, inflammatory disease that affects the lungs. Asthma causes the airways to narrow and swell making breathing difficult. It is one of the most common long-term diseases in the United States and affects people of all ages, incomes, and races and ethnicities. Asthma can be severe and even life-threatening if not well-controlled. For Indiana residents, asthma is a serious public health concern that affects 9.8% or approximately 648,729 of Indiana's adults. *Data Source: Indiana Department of Health DAT Team. (2020). Behavioral Risk Factor Surveillance System (BRFSS).*

Approximately 1 in 10 (9.8%) Indiana adults (18 years and older) are diagnosed with asthma.

- Adult females in Indiana are more likely than males to have asthma.
- Multiracial adults in Indiana have a higher prevalence rate than other races in the state.
- An asthma diagnosis is more likely with an annual household income less than \$15,000 in comparison to those households with incomes greater than \$15,000.

In 2019, 86 Indiana residents' deaths had asthma listed as the leading cause of death.

Mortality increased from 2018 (73 deaths) to 2019 (86 deaths). *Data source: Indiana Department of Health Chronic Respiratory Disease Section. (2020). Death Reports.*

- 49 of those deaths were female
- 37 were male
- 55 deaths occurred white residents, 27 in African Americans
- Average age of mortality was 56 years

Purpose

The purpose of this funding opportunity is to reduce the burden of asthma on Indiana adults and children.

Objective: Reduce emergency department visits for people aged 5 years and over with asthma' Target is 44.0 per 10,000. *Data source: Healthy People 2030.*

Strategies:

- i. Promote coordinated care for people with asthma
- ii. Expand access to and delivery of asthma self-management education
- iii. Expand access to and delivery of home visits (as needed) for asthma trigger reduction and education for asthma self-management

- iv. Strengthen systems supporting guidelines-based medical care, including appropriate prescribing and use of inhaled corticosteroids
- v. Facilitate home energy efficiency, including home weatherization assistance programs and promote smoke-free policies

Description of proposal for funded activities

Describe how your organization will institute a program to accomplish the following.

1. Reduce Environmental Triggers
 - a. Objectives:
 - i. Increase awareness and educate staff/providers in public schools, daycare centers, foster care, and congregate living settings in ways to identify and reduce asthma triggers in the indoor environment
 - ii. Support efforts that reduce environmental and work-related hazards that contribute to the asthma burden in indoor and outdoor workplaces
 - iii. Collaborate with healthcare provider offices and housing professional groups to distribute information about environmental asthma triggers to families
 - iv. Increase indoor air quality programs to make asthma trigger reduction education and services available to homeowners, tenants, property owners, and housing professionals
2. Improve Quality of Care
 - a. Objectives:
 - i. Improve the utilization of evidence-based practices and national standards of care among primary care providers for the diagnosis and management of asthma
 - ii. Improve medication adherence among asthma patients
 - iii. Increase the utilization of asthma action plans for all asthma patients
 - iv. Reduce the number of missed work or school days, emergency department visits and hospitalizations
3. Strengthen Asthma Programing Infrastructure
 - a. Objectives:
 - i. Increase the number of community asthma educators in Indiana
 - ii. Increase asthma self-management education programming and provide resources to the public for information about asthma management and control

The following evidence-based programs may be used to structure your proposal:

1. [Asthma: Home-Based Multi-Trigger, Multicomponent Environmental Interventions – Children and Adolescents with Asthma](#)
2. [Asthma: School-Based Self-Management Interventions for Children and Adolescents with Asthma](#)
3. [CDC National Asthma Control Program](#)
4. <https://www.cdc.gov/asthma/interventions.htm>
5. [EXHALE](#)



Organizations eligible to receive funding

- Hospitals
- Federally-qualified health centers (FQHCs)
- Community health centers
- Associations serving specific populations, including people of color, people older than 65 years of age, LGBTQ+, and/or people with disabilities
- Other not-for-profit and for-profit community-based organizations

Health equity statement (required)

Describe populations disproportionately impacted by the specific topic area and how applicant will address these populations specifically.

Please refer to the General Grant Guidance for more details.

Metrics and evaluation of funded activities

Measures to be collected regularly and submitted monthly to IDOH:

1. Demographics:
 - a. Number of individuals served by race (Black/African American, American Indian/Alaska Native/Native Hawaiian/Other Pacific Islander, Asian, Caucasian/White, etc.)
 - b. Number of individuals served by ethnicity [Hispanic/Latin(a/o/x), other]
 - c. Number of individuals served by gender/gender identity (males, females, those who prefer not to answer)
 - d. Number of members of the LGBTQ+ community served
 - e. Age ranges served
 - f. Number of individuals served with a primary language other than English
 - g. Number of unique individuals served that meet at least one of the following criteria:
 - i. Active enrollment in MEDICAID/HIP;
 - ii. Active enrollment in SNAP/Food Stamps;
 - iii. Active enrollment in TANF; or
 - iv. Residing in a household at or below 200% of poverty per the HHS Poverty Guideline as noted in the HHS Poverty Guidelines for 2022 ([Poverty Guidelines | ASPE \(hhs.gov\)](#))
 - h. Additional factors, including but not limited to education level, disability, substance abuse, mental illness, etc.
2. Health Equity: Please share progress made toward achieving your health equity goals (as defined in your Health Equity Statement).
3. Participation:
 - a. Number of unique participants served.
4. Program Area Metrics:
 - a. Asthma Action Plans



- i. Number of participants who had an asthma action plan before enrollment.
- ii. Number of participants who created an asthma action plan by completion.
- b. Healthcare Utilization
 - i. Number of emergency department visits for asthma-related illnesses among participants.
 - ii. Number of hospitalizations for asthma-related illnesses among participants
- c. Environmental Asthma Triggers
 - i. Number of home visits conducted
 - ii. Number of environmental asthma trigger assessments completed
 - iii. Number of participants who had home environmental asthma trigger(s) identified
 - iv. Number of participants who had work or school environmental asthma trigger(s) identified
- d. Education and Outreach
 - i. Number of outreach activities (educational events, presentations, distribution of informational materials, etc.) performed
 - ii. Number of people educated by your program (regardless of enrollment status)
 - iii. Number of community partnerships made

Please provide a plan for how you will evaluate the program over your grant project period.

The above measures may be altered at any time at the discretion of the Health Innovation Partnerships and Programs Division of IDOH.

References

- <https://www.aafa.org/asthma-disparities-burden-on-minorities.aspx>
- [Health Equity: School-Based Health Centers](#)
- [Strategies for Addressing Asthma Within a Coordinated School Health Program](#)

