



Indiana Asthma Plan 2021



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Executive Summary

A strategic plan to address asthma in Indiana was developed through the joint efforts of the Indiana Department of Health (IDOH) and the Indiana Joint Asthma Coalition (InJAC).

This plan establishes focus areas, objectives, and strategies that can be used by organizations, professionals, and individuals to improve the health of those living in Indiana who have asthma. It provides Hoosiers with evidence-based and comprehensive approaches to improving the health and quality of life for those with asthma while also offering practical strategies that can be implemented and sustained thereafter.

The goals, objectives, and strategies of the Indiana Asthma Plan include healthcare settings, schools and early care settings, workplaces, indoor and outdoor environments, and the homes and buildings in which persons with asthma live or work. The Indiana Asthma Plan is to be considered a work-in-progress. The plan may be modified as the state moves toward implementation and as resources and needs within the state change. InJAC will assess the Indiana Asthma Plan annually and revise it as needed to help ensure that it continues to address asthma effectively and improves the quality of life of Hoosiers with asthma.

Burden of Asthma

Asthma is a chronic inflammatory disease of the lungs and airways.^{3,4} Asthma exacerbations, or asthma attacks, are characterized by episodes of wheezing, coughing, chest tightness, and shortness of breath.¹ Symptoms occur when a reaction causes the airways to become inflamed and obstructed.³ This reaction causes muscles to tighten around the airway and allows less air to reach the lungs; additionally, excess mucus is produced, which further obstructs airflow.⁴ A sensitive immune system causes inflammation and swelling when exposed to certain triggers. Asthma triggers vary from person to person. Common asthma triggers include:

- Pollen, pet dander, mold, pests, and dust mites
- Upper respiratory infections
- Tobacco smoke
- Vaping and e-cigarettes
- Cold, dry air
- Gastroesophageal reflux disease (GERD)
- Stress
- Exercise
- Air pollution

Some people can have unexpected asthma exacerbations caused by hidden triggers in their work, school, or home environment. Uncontrolled asthma can keep people from participating in their daily activities, causing them to miss school and work.¹ Though asthma cannot be cured, proper management helps reduce the risk of having an attack. Asthma can be managed through²

- Avoiding known triggers
- Taking medication as prescribed
- Working with a provider to create and follow an asthma action plan
- Regular follow-up with an asthma care provider
- Remaining current on recommended vaccines, including viral and bacterial vaccinations as indicated⁴

Asthma is the most common chronic disease among children but can impact anyone. Currently in Indiana, about 6.7 percent of children and 9.8 percent of adults have asthma. Asthma disproportionately affects minority groups; among Hoosier adults, 9.8 percent of white adults, 12.7 percent of black adults, and 12.7 percent of multiracial adults have asthma.⁵

¹ Indiana State Department of Health. (2015). *Asthma Fact Sheet*. Retrieved from http://www.in.gov/isdh/files/2015_Indiana_Asthma_Fact_Sheet.pdf.

² Indiana State Department of Health. *Asthma in Children Fact Sheet*. Retrieved from <http://in.gov/isdh/19589.htm>.

³ National Heart, Lung and Blood Institute. (2016). Retrieved from <https://www.nhlbi.nih.gov/health/health-topics/topics/asthma>.

⁴ Mayo clinic. *Asthma*. (August 11, 2020). Retrieved from <https://www.mayoclinic.org/diseases-conditions/asthma/symptoms-causes/syc-20369653>

⁵ Source: CDC and IDOH DAT. (2020). *Behavioral Risk Factor Surveillance System Prevalence Data, 2019*.

Asthma is a costly health problem in Indiana. Uncontrolled asthma causes economic strain on individuals with asthma and their families, the health system, and employers. According to 2013 economic estimates, \$81.9 billion was attributed to medical, absenteeism, and mortality costs.⁶ On average, the estimated per-person economic burden is \$2,698 and will continue to increase with time.⁶

⁶ Nurmagambetov, T., Khavjou, O., Murphy, L., & Orenstein, D. (2017). State-level medical and absenteeism cost of asthma in the United States. *Journal of Asthma*, 54(4), 357-370. DOI: 10.1080/02770903.2016.1218013

Indiana Joint Asthma Coalition

The planning process consisted of three phases: preplanning, listening tours, and stakeholder meetings. The first phase, preplanning, consisted of designing a process to gather the perspectives of various stakeholders. Beginning in the fall of 2016, preplanning included the following activities:

- Review of the current Indiana Asthma Plan
- Review of state and national priorities:
 - Guidance and priorities of IDOH
 - The CDC Comprehensive Asthma Control Funding Opportunity Announcement (FOA) and logic model
 - Healthy People 2020 Goals, Objectives, and Measures related to asthma
- Data review, including:
 - IDOH asthma-related data
 - Crosswalk of data priorities and available data

During the second phase, listening tours were conducted and facilitated by Community Solutions, Inc. The purpose of these meetings was to solicit broad stakeholder participation and expertise from various organizations and unite the current efforts of stakeholders across the state. To gather stakeholder input, five regional meetings were held in:

- Evansville
- Fort Wayne
- Hammond
- Indianapolis
- South Bend

The final phase occurred in August 2019, during which two meetings were organized and facilitated by InJAC's new coalition director. Members were invited to attend, and the meetings were open to the public.

Asthma Plan

The framework and planning process were designed to create a statewide plan that is useful for stakeholders who focus on asthma-related issues throughout Indiana. The plan framework was designed to incorporate individual, organizational, statewide, and national priorities and was organized around a single goal to *reduce the burden of asthma in Indiana*, which is measured by four primary indicators:

1. Asthma-related emergency department visit rate
2. Asthma-related hospitalization rate
3. Healthy People 2020 Goals
4. Percent of Hoosiers with well-controlled asthma

To achieve the goal of reducing the burden of asthma in Indiana, there are three focus areas: reduce environmental triggers; improve quality of care; and strengthen asthma programming infrastructure at the state, county, and community levels by expanding coalition and grassroots efforts. These are the areas in which stakeholders will utilize this plan. The strategies implemented by partners who are concerned with asthma and asthma-related issues in Indiana fall under these three focus areas. The three focus measures are included in Appendix B.

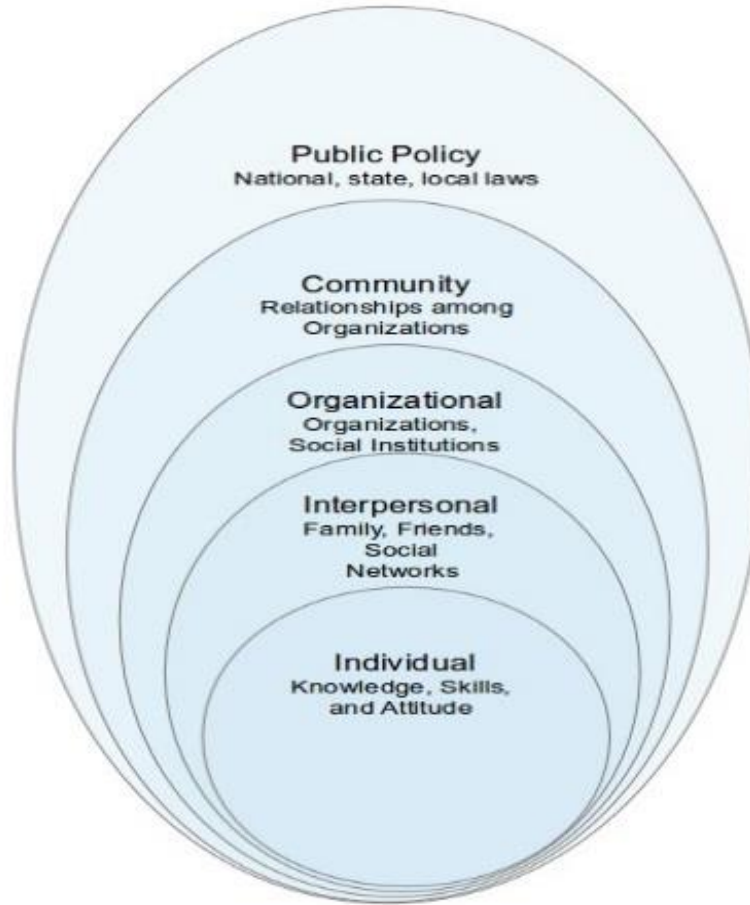
Each focus area has several objectives, which were presented and refined in the five regional meetings. The final list of objectives is included in the plan. These objectives, along with suggested data measures, are included in Appendix B. Each objective contains several strategies, which are presented using the Socio-Ecological Model (below). This model acknowledges the complex relationship between individual, relationship, community, and societal factors.⁸ This builds an understanding that there are multiple factors contributing to the burden of asthma. This model suggests that to address asthma in the state, it is imperative that multiple interventions of the model are occurring at the same time.⁸ This approach can sustain efforts over time more than any single intervention. These strategies describe the work the asthma coalitions and partners will do to make progress within the focus areas and toward the overall goal. InJAC and funded partners throughout the state will report progress to each other through InJAC's communication processes. The strategies included below have been identified as ways to reduce environmental triggers, improve quality of care, and strengthen asthma programming infrastructure and are organized according to the Socio-Ecological Model levels: interpersonal, organizational, community, and policy.

With this plan, partners at different levels are working on various strategies to achieve the same goals, contributing to improvements within the focus areas, which will be measured by the focus area objectives. The collaborative effort across focus areas will result in improvement of the stated asthma indicators and movement toward the plan's goal: *Reduce the burden of asthma in Indiana.*

⁸ Centers for Disease Control and Prevention. (2019). *The Social-Ecological Model: A Framework for Prevention*. Retrieved from <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>

⁹ Socio-Ecological Model: A framework for community based programs (2014). Wikimedia Commons. Umich hudsonmh. Retrieved from https://commons.wikimedia.org/wiki/File:Socio-Ecological_Model

**Socio-Ecological Model:
A framework for community based programs**



Socio-Ecological Model. 9

Asthma Plan: Focus Areas, Objectives, and Strategies

Focus Area 1: Reduce Environmental Triggers

Objectives

This section of the plan seeks to address the key environmental components for successful control of asthma, such as environmental tobacco smoke, pollen, dust mites, furred or feathered pets, cockroaches, molds and fungi, and some chemicals. Exposure to certain air pollutants exacerbates asthma and may even lead to the onset of asthma. It is important to address and monitor air quality in high-risk areas and at the same time to advocate for reduced indoor pollutants known to worsen asthma such as dust mites, secondhand smoke, and chemical irritants.

The specific focus area measures for reducing environmental triggers are:

- Increase awareness and educate staff in schools and childcare centers in ways to identify and reduce asthma triggers in the indoor environment.
- Support efforts that reduce environmental and work-related hazards that contribute to the asthma burden in Indiana's indoor and outdoor workplaces.
- Collaborate with healthcare provider offices and community advocates such as housing professional groups to distribute information about environmental asthma triggers to families.
- Collaborate and provide education with organizations serving families in foster care.
- Increase indoor air quality programs to create asthma trigger reduction education and services available to homeowners, tenants, property owners, and housing professionals.
- Create a comprehensive evaluation plan.

Strategies

The strategies included below have been identified as ways to reduce environmental triggers.

Interpersonal

- Support efforts to reduce adult and youth use of tobacco products including electronic and vaping devices.
- Encourage patients to quit smoking by promoting the Indiana Tobacco Quitline.
- Increase awareness and educate on the harmful effects of tobacco use, including secondhand and thirdhand smoke and aerosol from electronic vaping devices.
- Provide educational information to patients and caregivers to learn asthma self-management skills, including trigger avoidance.
- Provide asthma trigger identification assessments to families whose asthma is difficult to control.

Organizational

- Identify geographical areas in the state that are at risk for a higher burden of asthma.
- Develop a training program for local health departments and building code staff to help identify and reduce environmental hazards in homes, schools, and workplaces.
- Work in collaboration with the IDOH Tobacco Prevention and Cessation Commission to reduce tobacco use, including aerosol from electronic vaping devices, and exposure to environmental smoke.
- Work with housing organizations to develop education for housing authority staff on environmental hazards for asthma and ways to reduce environmental hazards.
- Identify or develop and disseminate guidelines and regulations to communities regarding the control and remediation of environmental hazards for asthma in indoor and outdoor environments.

Community

- Identify resources and materials describing allergens for people with asthma to be made available to tenants, healthcare providers and professionals, school nurses, and family and social service agencies.
- Educate school administration and employers about indoor air quality rules and ways to address asthma trigger exposures and exacerbations.
- Increase awareness and educate the public of the harmful effects of tobacco use including e-cigarette or vaping use, second- and thirdhand smoke, or aerosol.
- Develop and disseminate public service announcements on environmental hazards for asthma through television, print, or social media.
- Encourage schools to facilitate evidence-based programs to raise parent and school staff awareness about indoor and outdoor asthma triggers.
- Identify and develop an informational toolkit that is accessible for asthma patients and caregivers.

Policy

- Advocate for strengthening indoor smoking ordinances statewide.
- Promote funding for indoor air quality programs at the local and state levels.
- Advocate for tenants' rights to a healthy indoor environment.
- Explore opportunities to modify existing regulations or to pass new codes or standards.
- Promote ordinances that protect against unhealthy living environments, such as pest infestations, tobacco and aerosol smoke, and mold.
- Promote policies to eliminate the inappropriate use of sprays, chemical irritants, aerosols, essential oils, and perfumes in schools and workplaces.

Focus Area 2: Improve Quality of Care

Objectives

Access to care and education for people with asthma and for healthcare providers are important to guarantee proper asthma management. This section of the plan will focus on ways to improve the quality of care for people with asthma. Barriers identified need to be reduced and strategies developed to assist clinicians in achieving the goals of asthma management: preventing chronic symptoms and exacerbations, maintaining normal activity and lung function, avoiding missed school and work, and eliminating sleep disruption.

The specific focus area measures for quality of care are:

- Improve the utilization of evidence-based practices (EBPs) and national and international standards of care among asthma providers for the diagnosis and management of asthma.
- Improve medication accessibility and adherence and asthma control among asthma patients.
- Reduce the number of missed work or school days, emergency department visits, and hospitalizations.
- Increase utilization of asthma action plans for all asthma patients.

Strategies

The strategies included below have been identified as potential ways to improve quality of care to reduce the burden of asthma in Indiana.

Interpersonal

- Increase the use of EBPs in the diagnosis and treatment of asthma.
- Identify and provide resources for asthma patients and their care teams to address social determinants of health.
- Provide resources to patients and caregivers to improve understanding of health insurance availability, health plan coverage, and member eligibility requirements.
- Increase awareness among patients, caregivers, and asthma care teams about best practices to optimize control and decrease severe exacerbations.
- Identify and promote culturally appropriate educational and communication tools for those working with asthma patients.

Organizational

- Promote and support the training of more certified asthma educators to provide comprehensive asthma management to patients, caregivers, teachers, and healthcare professionals.
- Investigate strategies to optimize the efforts of asthma care teams across the spectrum of care.

- Educate asthma care providers about EBPs to improve asthma management.
- Continue an ongoing effort to meet the Healthy People Objectives by increasing the proportion of people with asthma who receive appropriate care as set forth by the National Asthma Education Prevention Program (NAEPP) and the National Heart, Lung and Blood Institute (NHLBI) Guidelines.
- Promote and use evidence-based programs to improve patient and provider interactions.
- Educate schools about the process for obtaining stock albuterol for emergencies.

Community

- Promote home visiting programs to educate about asthma.
- Promote care coordination for asthma patients after hospital discharge.
- Encourage health insurance providers to incentivize patient adherence to medication.
- Identify sources of free or reduced cost healthcare resources for people with asthma.
- Collaborate with community organizations on asthma educational events and awareness campaigns.
- Increase the percentage of schools who incorporate asthma as a part of their comprehensive wellness programs.
- Increase collaboration with local health departments on public health programs.
- Work with local community organizations to identify resources serving disparate populations.
- Collaborate with first responders to increase public awareness about asthma.

Policy

- Develop and disseminate best practice guidelines to childcare providers, school nurses, coaches, and other school personnel consistent with EBPs.
- Encourage and promote the incorporation of asthma action plans in the enrollment process for schools and extracurricular activities.
- Promote policies that allow for consistent medication access for asthma patients.
- Educate decisionmakers about the economic costs of asthma and the return on investment for supporting programs.

Focus Area Three: Strengthen Asthma Programming Infrastructure

Objectives

Education and outreach activities are necessary to increase knowledge about asthma management and control. The availability of appropriately tailored and evaluated programs and materials is critical to increasing awareness about

asthma symptoms and management. This section outlines how InJAC and other community partners plan to work together to develop recommendations for the improvement of asthma education efforts, reduced mortality rates, lower healthcare costs, and improved quality of life for all Hoosiers with asthma. The specific focus area measures for strengthening asthma programming infrastructure are:

- Increase data utilization and evaluation findings by coalition partners.
- Increase awareness of and access to resources for asthma management and control.
- Identify and support funding for asthma-related programming throughout the state.
- Increase the number of certified community asthma educators in Indiana.

Strategies

The strategies included below have been identified as ways to strengthen asthma programming infrastructure.

Interpersonal

- Provide education to patients, caregivers, and asthma care teams about available asthma resources.
- Collect qualitative data regarding chronic asthma care.
- Encourage patient and provider participation in asthma coalition efforts.

Organizational

- Create opportunities for healthcare professionals to earn asthma-related continuing medical education.
- Promote evidence-based cessation resources, including the Indiana Tobacco Quitline.
- Disseminate statewide and county-specific findings from asthma surveillance activities (e.g., press release, newsletter, InJAC website).
- Identify peer champions.
- Facilitate the implementation of community programs through technical assistance and identification of training opportunities for community health workers, providers, and peer educators who might serve as asthma educators.

Community

- Promote the importance of controlled asthma for individuals.
- Launch a statewide public awareness campaign to increase the understanding of asthma.
- Promote involvement of InJAC in national networks such as the NHLBI Breathe Better Network, EPA Asthma Community Network, or Green & Healthy Homes Initiative.
- Partner with health plans, healthcare professionals, pharmacies, local health departments, clinics, and other community groups to promote patient awareness of and access to asthma resources.

- Engage people who have multiple perspectives on asthma, including patients, caregivers, healthcare professionals, asthma educators, employers, teachers, and childcare providers.
- Increase promotion and awareness of asthma initiatives throughout the state.
- Pursue funding opportunities for additional projects and programmatic work related to asthma outcomes.
- Promote and support the creation of local asthma coalitions throughout the state.

Policy

- Increase funding and reimbursement for community health workers and asthma health educators.
- Expand funding and reimbursement for asthma-related educational programming.
- Support public policies related to school-based asthma care.
- Increase awareness of reimbursement opportunities for in-office asthma education.

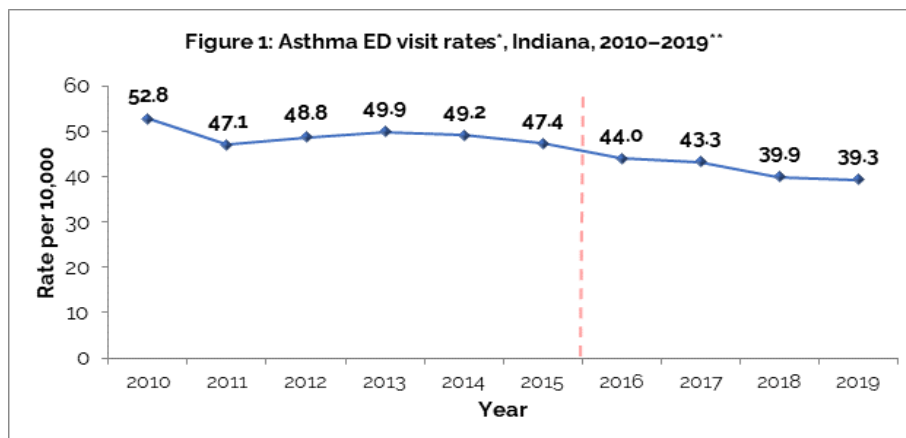
Appendix A: Outcome Data

The goal of the statewide asthma plan is to reduce the burden of asthma in Indiana. The three primary indicators that will be used to measure progress toward the goal are:

- Asthma-related emergency department visit rate
- Asthma-related hospitalization rate
- Healthy People 2020 Goals
- Percent of Hoosiers with well-controlled asthma

Emergency Department Discharge Rate

When people with uncontrolled asthma have an exacerbation, they often go to a hospital emergency department (ED) to stabilize their breathing. ED discharge data is one measure of uncontrolled asthma. The discharge data included below for ED and inpatient discharge show the trends between 2010 and 2019. The ED discharge rate decreased from 52.8 to 39.3 per 10,000 between 2010 and 2019. (Figure 1)



*Age-adjusted to the U.S. standard population 2000; rates per 10,000 population.

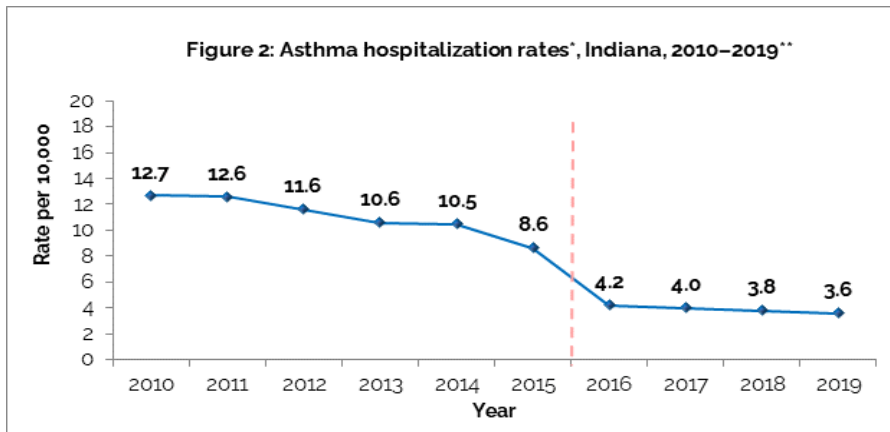
** In October 2015 hospitals transitioned from ICD9- ICD-10, therefore, estimates made in 2016 or later should not be compared to earlier rate estimates.

Source: [Indiana Department of Health \(2020\). Indiana Hospital Discharge Data Files, 2010-2019.](#)

Inpatient Hospitalization Discharge Rate

Patients are admitted to the hospital when their breathing cannot be stabilized in the ED or by their primary care provider. Over the same 2010 - 2019 period, both ED and inpatient hospital discharge rates declined. Figure 2

shows inpatient discharge rates dropped from 12.7 to 3.6 per 10,000 from 2010 to 2019.



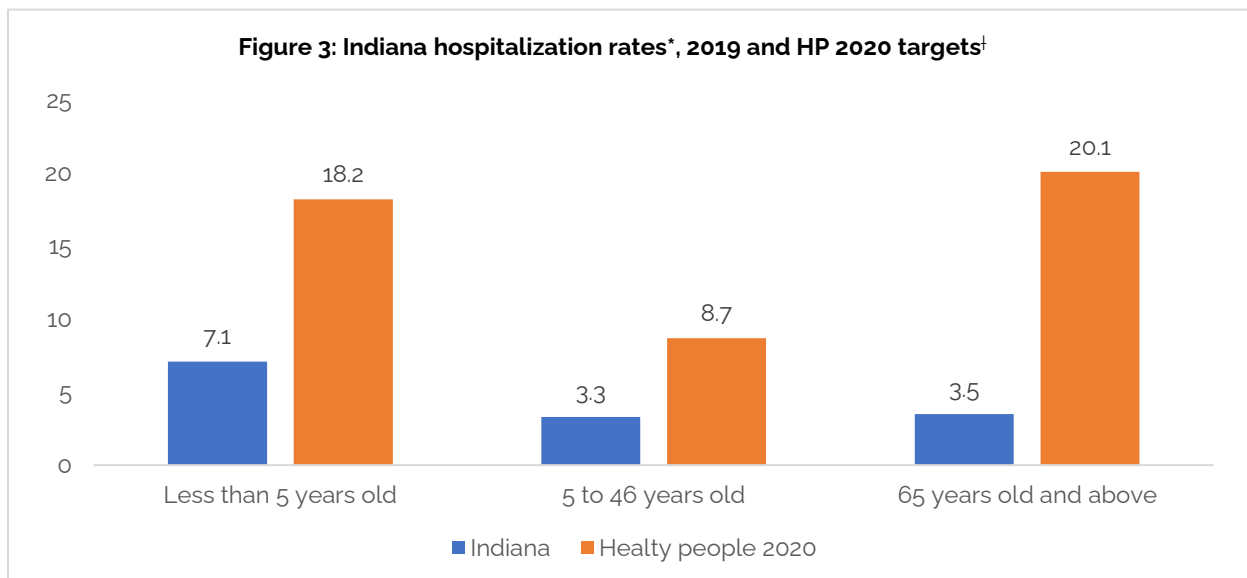
*Age-adjusted to the U.S. standard population 2000, rates per 10,000 population.

**In October 2015 hospitals transitioned from ICD9- ICD-10, therefore, estimates made in 2016 or later should not be compared to earlier rate estimates.

Source: [Indiana Department of Health. \(2020\). Indiana Hospital Discharge Data Files, 2010-2019.](#)

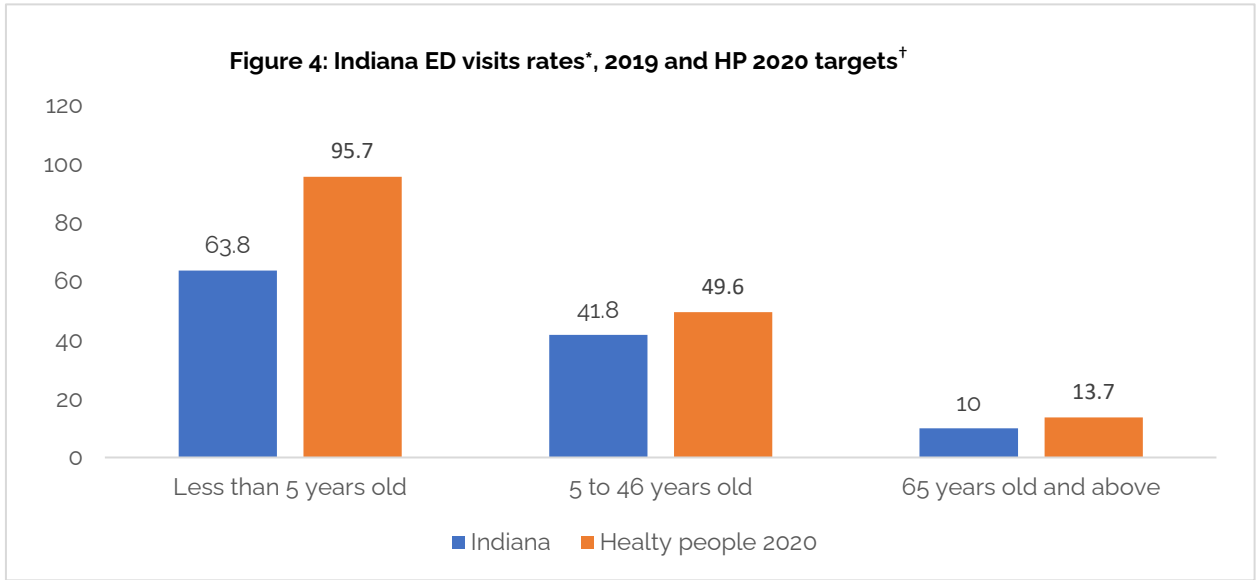
Healthy People 2020 Goals

In 2019, Indiana rates for hospitalization and ED visits were below the national targets for Healthy People 2020. Figure 3 and Figure 4 show rates in Indiana compared to the Healthy People 2020 national targets by age groups. However, Indiana mortality rates are higher than the Healthy People 2020 national targets for both age groups specified (Figure 5).



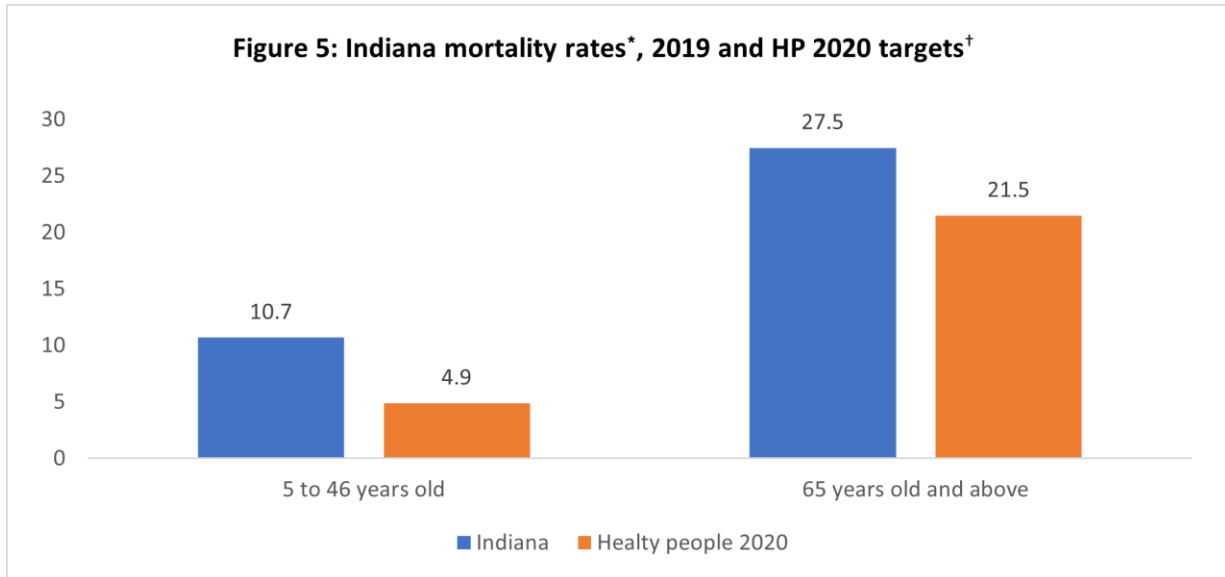
*Age-adjusted to the U.S. standard population 2000, rates per 10,000 population.

†United States Department of Health and Human Services. (2020). Respiratory Disease Objectives - [Healthy People 2020](#)



*Age-adjusted to the U.S. standard population 2000, rates per 10,000 population.

†United States Department of Health and Human Services. (2020). Respiratory Disease Objectives - [Healthy People 2020](#)



*Age-adjusted to the U.S. standard population 2000, rates per 1,000,000 population.

†United States Department of Health and Human Services. (2020). Respiratory Disease Objectives - [Healthy People 2020](#)

Percent of Hoosiers with Well-Controlled Asthma

There is currently not an indicator for the percent of Hoosiers with well-controlled asthma. InJAC could consider using the child and adult asthma callback survey data to develop this indicator. Guidance for indicator development and definition of

asthma control categories are adopted from the National Asthma Education Prevention Program Expert Panel Report 3 Guidelines ¹⁰, as shown below:

Measures for current impairment	Controlled asthma	Uncontrolled asthma	
	Well Controlled Asthma	Not-well-controlled	Very-poorly-controlled
Symptoms	≤ 2 days a week	> 2 days a week	Throughout the day
Night-time awakenings			
Ages 0-4 years	≤ 1 time per month	> 1 time per month	> 1 time per week
Ages 5-11 years	< 1 time per month	≥ 2 times per month	≥ 2 times per week
Ages 12 years and older	≤ 1 time per month	1-3 times per week	≥ 4 times per week
Short-acting β₂-agonists used for symptom control	≤ 2 days per week	> 2 days a week	Several times per day

National Institute of Health (NIH) has recently announced the release of [new updates](#) to the national guidelines for diagnosis, management, and treatment of asthma. Accordingly, guidance indicators could be changed.

¹⁰USDepartmentofHealthandHumanServices,NationalInstitutesofHealth(NIH),NationalHeart,Lung,andBloodInstitute,NationalAsthmaEducationandPreventionProgram(NAEPP).(2007).Expertpanelreport3:guidelinesforthe diagnosisandmanagementofasthma.2007Availablefrom:
<http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf>.

Appendix B: Focus Area Data

FA	Objective	Measure	Data Source	Baseline (Year)	Notes
Environmental Triggers	Increase awareness and educate staff in public schools and daycare centers in ways to identify and reduce asthma triggers in the indoor environment.	Developmental	Asthma Call Back Survey	TBD	BRFSS Child Asthma Call Back Survey has 2011 – 2017 data for Indiana. There is a section specifically about school-related asthma.
	Support efforts that reduce environmental and work-related hazards that contribute to the asthma burden in Indiana's indoor and outdoor workplaces.	Developmental	Asthma Call Back Survey	TBD	BRFSS Child Asthma Call Back Survey has 2011 – 2017 data for Indiana. There is a section specifically about work-related asthma.
	Collaborate with healthcare provider offices and housing professional groups to distribute information about environmental asthma triggers to families.	Developmental	Asthma Call Back Survey	TBD	BRFSS Child Asthma Call Back Survey has 2011 – 2017 data for Indiana. There is a section specifically about modification to the environment.
	Increase indoor air quality programs to make asthma trigger reduction education and services available to homeowners, tenants, property owners, and housing professionals.	Developmental	Asthma Call Back Survey	TBD	BRFSS Child Asthma Call Back Survey has 2011 – 2017 data for Indiana. There is a section specifically about modification to the environment.
	Create a comprehensive evaluation plan.	Developmental	InJAC Administrative Data	TBD	InJAC will develop a tool to measure data and evaluation findings used by partners.
Quality of Care	Improve the utilization of evidence-based practices and national standards of care among primary care providers for the diagnosis and management of asthma.	Developmental	InJAC Administrative Data	TBD	Develop a survey of PCPs to determine the use of EBPs for diagnosis and management of asthma.
	Improve medication adherence among asthma patients.	Developmental	Asthma Call Back Survey	TBD	BRFSS Child Asthma Call Back Survey has 2011 – 2017 data for Indiana. There is a section specifically about medication knowledge of asthma and management plans.
	Increase the utilization of asthma action plans for all asthma patients.	Developmental	Asthma Call Back Survey	TBD	BRFSS Child Asthma Call Back Survey has 2011 – 2017 data for Indiana. There is a section specifically about medication knowledge of asthma and management plans.
	Reduce the number of missed work or school days, emergency department visits, and hospitalizations.	Developmental	Asthma Call Back Survey	TBD	BRFSS Child Asthma Call Back Survey has 2011 – 2017 data for Indiana.
Asthma Coalition Infrastructure	Increase data utilization and evaluation findings by coalition partners.	Developmental	InJAC Administrative Data	TBD	InJAC will develop a tool to measure data and evaluation findings used by partners.
	Increase the number of community asthma educators in Indiana.	Developmental	InJAC Administrative Data	TBD	InJAC will host asthma-related community health worker trainings across the state.
	Increase asthma self-management education and provide resources to the public for information about asthma management and control.	Developmental	InJAC Administrative Data	TBD	InJAC will develop a tool to measure resources provided to primary care offices and respiratory care organizations.
	Identify and support funding for asthma-related programs throughout the state.	Developmental	InJAC Administrative Data	TBD	InJAC will track funding sources for themselves and other asthma coalitions across the state.

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- Community Wellness Partners
- Concordia Lutheran High School
- Cummins
- East Allen County Schools
- Family Voices Indiana
- Fort Wayne - Allen County Department of Health
- Fort Wayne Community Schools
- Franciscan Health Northern Division
- Franciscan Health Tobacco Prevention and Cessation Coalition
- Improving Kids Environment
- Indiana Association of School Nurses
- Indiana Public Health Association
- Indiana Joint Asthma Coalition
- Indiana Department of Health
- IU Riley Hospital
- Lake County Minority Health Coalition
- Lomneth Visuals
- Lutheran High School
- Lutheran Medical Group
- Managed Health Services
- Marion County Public Health Department
- MD Wise
- Monaghan Medical
- New Prairie United School Corporation
- Northwest Indiana Community Action
- Parkview Health
- Teva