

# Appendix 1-A

## Asthma



### Indiana Department of Health Point of Contact:

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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](#)

