



| Ohio Statewide Asthma Plan |

2009-2014 |



OACM OHIO ASTHMA COALITION
Living Well with Asthma

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Letter of Endorsement Director of Health



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It is my pleasure to support our ODH Asthma Program and the Ohio Asthma Coalition in presenting the Ohio Statewide Asthma Plan (2009-2014) to the residents of Ohio. There are over 1.5 million Ohioans who have been told at some time in their life they have asthma. That's a lot of people.

The bad news about asthma is that we don't know what causes it. When asthma is not controlled it can lead to significant loss of quality of life, result in hospitalization and high medical costs and even cause death. The good news about asthma is that with proper management, asthma can be controlled and people who have asthma can lead active, normal lives.

The opportunity for us to do better in helping Ohioans live well with asthma is why this Ohio Statewide Asthma Plan is so important. Many partners have worked together to chart a roadmap for making this opportunity a reality. Please take some time to review this plan and find where you fit in and how you or your organization can join us in this work.

Not only do I thank those of you who worked to put this ambitious plan together, but I also thank those of you who will work to make it happen.

Sincerely,

A handwritten signature in black ink that reads "Theodore E. Wymyslo".

Theodore E. Wymyslo, MD
Director of Health

Letter of Endorsement Chair, Ohio Asthma Coalition



The Ohio Asthma Coalition (OAC) is proud to be a partner with the Ohio Department of Health Asthma Program and the many members and organizations in the coalition in offering this revised Ohio Statewide Asthma Plan. Since the OAC was founded in 2003 through a collaborative effort of the Asthma Program and the American Lung Association of Ohio the Ohio Statewide Asthma Plan has guided the activities of the coalition and offered priorities to those working to promote asthma control.

This revised plan is a significant change from our first plan. It reflects a more mature thinking about what is realistic, what we can accomplish and the challenges everyone with asthma or working with asthma encounter in the community. The goals are large and broad to provide room for everyone to find an activity that will further the goal of helping people to “Live Well with Asthma.” At the same time the goals provide a template for statewide activity including making sure the “numbers” are available to the community for planning and evaluating activities, that those communities that suffer the worst burden of asthma are a priority and that no matter where a person with asthma is there is some intervention to assist them to improve the quality of their life.

As chair of the coalition, I would like to encourage all readers to think of ways they can contribute to the efforts outlined here. Also, I want to thank all the members of the Ohio Asthma Coalition and the supporting staff of the ODH Asthma Program for all their hard work to make this plan a living document through implementation activities and care for all with asthma.

Sincerely,

*Dawn Bolyard, RN, MSN, CNS
Chair*

*Mission: Improve the lives of Ohioans with asthma
Website: <http://www.ohioasthmacoalition.org>*

Executive Summary

Asthma is a chronic disease of the lungs characterized by labored breathing, chest-tightness and coughing. Asthma is one of the ten leading chronic conditions that restrict activity, resulting in a reduced quality of life, increased need for emergency care and hospitalization, and in some cases results in death. The cause of asthma is unknown, and there is no cure. Nonetheless, people who have asthma can still lead active, productive lives if they *control* their asthma. Control of asthma can be achieved by taking medications as recommended by the National Asthma Education and Prevention Program (NAEPP) *Guidelines for Diagnosis and Management of Asthma* and by avoiding contact with environmental triggers for asthma. If asthma is controlled, consequences of the disease may be avoided.



Executive Summary



In 2009, more than one in ten adults in Ohio (14.9 percent) have been diagnosed with asthma.¹ Asthma is seen more frequently in children at 15.2 percent.² Among Ohio adults, more than one in five adults with asthma (22.1%) had symptoms of asthma within the past 24 hours.³ Among Ohio children, prevalence rates for black children are significantly higher than for white or Asian children.² Ohioans with incomes of less than \$15,000 are significantly more likely to have been told by a doctor they have asthma than those making more than \$50,000.¹

The original statewide plan was developed and adopted by the Ohio Department of Health Asthma Program (ODHAP) and members of the Ohio Asthma Coalition (OAC) in 2004. Committees were formed and began developing goals and objectives for the plan at the first meeting. A plan task- force composed of ODHAP staff and members of the OAC steering committee produced the plan based on goals and objectives submitted by the coalition committees. The original statewide asthma plan was a five-year plan to guide professionals, organizations, and individuals throughout Ohio who work on asthma issues toward reducing the burden of asthma in Ohio. Many of the goals and strategies outlined in the original plan have been achieved (See Appendix A) and this revision of the plan is necessary to lay the groundwork for the next phase of addressing asthma in Ohio.

The Ohio Statewide Asthma Plan (2009-2014) outlines a comprehensive approach to address asthma in Ohio through a broad range of population-based strategies (consistent with Healthy People 2020). Because asthma is controllable but not curable or preventable at this time, a coordinated effort is focused on secondary and tertiary prevention, such as controlling the disease to prevent asthma episodes that result in unplanned visits to health care providers and emergency departments, hospitalizations, and death.

Sections of this plan describe asthma, the burden of asthma in Ohio, the purpose and framework of the plan, how the plan will address asthma disparities in Ohio, how the plan will be evaluated, and the goals and objectives. A section of the plan called “Action to Change the Course of Asthma” suggests fundamental systems and policy changes to decrease the burden of asthma in Ohio.

Proposed goals and objectives of the plan are summarized below:

1. Assess the burden of asthma in Ohio.
 - 1.1 Improve ability to track and report asthma deaths, hospitalizations, and disabilities through identification and linkage of existing data collection tools.
 - 1.2 Increase access to Ohio asthma data through identification and implementation of new communication strategies.
2. Reduce asthma disparities among disproportionately affected population segments in Ohio.
 - 2.1 Improve capacity to control asthma in communities affected by healthcare disparities through identification of culturally competent clinical and education approaches for asthma care.
3. Decrease the number of asthma hospitalizations, emergency department, and urgent care visits.
 - 3.1 Increase the percentage of asthma patients who receive self-management education, including developing and using a customized self-management plan, recognizing early signs or symptoms of an asthma episode,



In 2009, more than one in ten adults in Ohio (14.9 percent) have been diagnosed with asthma. Asthma is seen more frequently in children at 15.2 percent.





understanding what to do during an asthma episode or attack, and adjust medications according to the individualized Asthma Action Plan.

- 3.2 Improve systems and policies to support asthma management in schools, clinical, and home settings.
- 3.3 Identify and reduce exposure to outdoor asthma triggers.
4. Develop, facilitate, and strengthen partnerships and collaborations to improve Ohio's ability to address the burden of asthma in Ohio.
 - 4.1 Develop internal partnerships (within the Ohio Department of Health) to raise awareness of the burden of asthma in Ohio and to facilitate the inclusion of asthma in public health initiatives.
 - 4.2 Develop partnerships with local individuals, agencies, or organizations to facilitate addressing the burden of asthma in Ohio.
 - 4.3 Develop state-level partnerships to leverage accomplishment of the Ohio Statewide Asthma Plan and to facilitate the inclusion of asthma in public health initiatives.
 - 4.4 Participate in and strengthen partnership efforts on a federal or national level to promote reducing the burden of asthma in Ohio.

5. Facilitate the conduct and impact of research in Ohio.
 - 5.1 Increase research in Ohio on causes, triggers, and management of asthma.
 - 5.2 Increase access to and utilization of Ohio research through identification of new communication and networking strategies.
6. Review and enhance the Ohio Asthma Program, Ohio Surveillance System for Asthma (OSSA), and asthma partnerships including the Ohio Asthma Coalition (OAC) through comprehensive, ongoing evaluation.
 - 6.1 Develop and maintain the Strategic Evaluation Plan.
7. Advocate for people with asthma.
 - 7.1 Increase advocacy for asthma-friendly laws and administrative rules.
 - 7.2 Increase advocacy for community activities to reduce the burden of asthma.
 - 7.3 Increase awareness of Ohio residents about asthma.

The Ohio Statewide Asthma Plan is intended to be a working document. Development and evolution of the plan will continue. It will be reviewed annually, or more frequently through evaluation activities by the ODHAP, the OAC, and other partners to assess its effectiveness and progress toward achieving its goals and objectives. An updated plan will be published in 2015.



Introduction



What is Asthma?

Asthma is a chronic lung disease in which the airways are inflamed resulting in increased sensitivity to triggers. Triggers are substances that irritate inflamed lung passages and cause the airways to react by becoming more swollen, secreting mucus and constricting. Reactions to triggers reduce airflow and cause the person with asthma to cough, wheeze, and experience chest tightness and shortness of breath.

Triggers may be irritants, allergens or conditions such as strong emotions, stress, air temperature, humidity, and exercise. Some common environmental triggers are second hand smoke, dust mites, animal saliva and dander, cockroaches, and fragrance. Triggers for asthma must be identified individually for each person with asthma.

Asthma, if uncontrolled, can result in reduced quality of life and can also be costly. Individuals often have activity limitations, sleep deprivation, loss of time at work or school for the individual or the child and parent plus increased healthcare utilization such as unplanned physician visits, emergency department visits, and hospitalizations. In rare cases, death can occur as a result of asthma exacerbation. The good news is that asthma can be controlled.

Asthma can be Controlled

Since the mid 1990s asthma control has been achievable for most people with asthma. Control for each person with asthma is individualized and is a combination of medical and environmental management. When the understanding of asthma as an inflammatory disease was acknowledged two decades ago, inhaled corticosteroids became the standard for asthma treatment. This change alone meant that many people with asthma could avoid asthma episodes. A combination of medications have provided for better control of asthma than can be achieved with steroid treatment alone. Environmental management remains a standard part of the control of all people with asthma. In most cases, where asthma environmental and medical management is obtained by the individual with asthma, the disease no longer controls the life of the person; rather, the person controls asthma.

Development and Revision of the Ohio Statewide Asthma Plan

In 2002, the Ohio Department of Health Asthma Program (ODHAP) and the American Lung Association came together to develop the Ohio Asthma Coalition (OAC). ODHAP and OAC developed the first Ohio Statewide Asthma Plan in 2004. During the successive five-year period, committees of the coalition worked to implement the plan with the full understanding that the coalition activities were a part of a larger whole of organizations in Ohio working to improve the burden of asthma.

Some of the accomplishments from the first statewide plan are highlighted below (more detail of accomplishments can be found in Appendix A):

1. **Advocacy**
 - 1.1 Developed a legislative caucus to respond to the many problems and issues requiring legislative solutions.
 - 1.2 Participated in development of Epi-pen and school environmental health legislation.
- 2 **Data/Research**
 - 2.1 Publications produced: “Burden of Asthma in Ohio”, “Asthma Hospital Discharges in Ohio 1999-2003”, local asthma profiles by county, and the “Asthma Data Primer,” a resource for those using asthma data for program planning and development.



- 2.2 Participation in planning and producing three Ohio Asthma Education and Research Conferences.

3. Education

- 3.1 Production of *Managing Asthma in Ohio Child Care Facilities: a Resource Guide*, and worked with the ODH Help Me Grow program to provide nurses to teach a continuing series of classes to child care providers on asthma and allergies.
- 3.2 Planned and executed three biennial asthma education and research conferences.
- 3.3 Developed and maintained Ohio Asthma Coalition Website (www.ohioasthmacoalition.org).

4. Environmental Quality

- 4.1 Developed and implemented rules governing enforcement of the Ohio Smoke Free Workplace and rules for Jarod's Law (School Environmental Health and Safety Inspection).
- 4.2 Trained all local health departments in inspecting schools using the Ohio School Inspection Manual. This manual was used in the development of the U.S. EPA's Healthy SEAT tool. Local health departments inspected schools for two years using these rules (repealed in 2009).

5. Public Awareness

- 5.1 Implemented Childhood Asthma Awareness Campaign in the Appalachian counties of Ohio using the U.S. EPA's and Ad Council's goldfish campaign.
- 5.2 Implemented Childhood Asthma Awareness Campaign in northwest Ohio.
- 5.3 Published county data profiles for each county in Ohio with asthma data from Ohio Surveillance System for Asthma.
- 5.4 Held press session for the coalition in which media representatives discussed information about working with the media in print, radio and television environments.

In the fall of 2008, ODHAP and the steering committee of the OAC began the revision by engaging members in the process to guide activities from 2009 to 2014 through a survey of the membership which received almost 100 responses. ODHAP and OAC steering committee members worked diligently to incorporate the results and lessons learned during the implementation of the first statewide plan and to produce a workable current statewide asthma plan that reflects what all partners believe to be the priority issues for those organizations and

individuals working on asthma in Ohio. Priorities were solidified through discussions of partners at coalition meetings.

Lessons Learned

Some of the lessons learned from the first statewide plan were considered as the new plan was constructed. These lessons included:

- Instead of committees forming goals, goals should be formulated by the entire coalition and then committees should develop objectives and activities.
- Activities should be planned for only a year at a time and modified as part of the comprehensive ongoing evaluation process and revised activities written for each objective yearly.
- Ongoing evaluation is important to assure that resources are being used effectively and efficiently to maximize impact of activities on the burden of asthma.

The Format of the Plan:

In the current plan, goals are formulated to encompass a broad range of activities to be implemented throughout the state. Where possible, a statement about baseline data is also included.

While activities are not included in the plan, work plans for ODHAP and OAC can be accessed on the ODH and OAC Web sites, respectively. Because of the specific nature of these activities it is expected that the coalition and committees will write new work plans each year. This will be part of an annual and ongoing comprehensive evaluation process.

A version of this plan will be disseminated to statewide partners, presented at statewide meetings and displayed on both the ODHAP and the OAC Web sites to give the widest possible dissemination of the plan. Hard copies of the plan will be produced for distribution to key partners and constituents.



The Burden of Asthma in Ohio

How many people in Ohio have asthma?

- Adult Current Asthma¹ **9.9 percent**
- Adult Lifetime Asthma¹ **14.9 percent**
15.2 percent (417,567) of children in Ohio have been told at some time in their life that they had asthma.²
- **1,131,529** of Ohio adults have been told at some time in their life that they had asthma, of which **870,754** reported that they currently had asthma.¹

Who has Asthma in Ohio?

- There are significant associations between asthma prevalence and demographics such as sex, race/ethnicity, and adult educational attainment, for both adults and children. Women, black residents and members of households with low education levels are all significantly more likely to report having asthma.^{1,2}
- Adults who earn less than \$15,000 per year are significantly more likely to have asthma than those who earn \$50,000 or more.¹
- More than one in five (22.4 percent) black children in Ohio have been

diagnosed with asthma, a significantly higher rate than for white or for Asian/Pacific Islander children.²

- In Ohio, nearly one in five children at or below the poverty line has asthma. Children in households that earn 300 percent of poverty level or more are significantly less likely to have asthma.²

- Children with asthma are more likely to be in poor health, most notably in Appalachia. In addition, children with asthma are also more likely to have unmet health needs, special health care needs, need more medical care or educational services, or be in fair or poor mental health.²



How Does Asthma Affect Peoples' Lives?

- Children with asthma are significantly more likely to face a variety of health care access issues than children who do not have asthma. Children with reported asthma are more likely to have an unmet prescription need, an unmet health need, face a problem getting care and experience delayed or avoided care. Their parents are nearly twice as likely to face major medical costs as parents who do not report a child with asthma.²
- Adults 18 years of age and over who were currently employed missed 11.8 million work days due to asthma.⁴
- In 2008, 20.3 percent of Ohio children with asthma missed one to five days of school due to asthma.³
- In 2008, 39.8 percent of children with asthma and 43.6 percent of adults with asthma had an episode of asthma or an asthma attack during the past 12 months.³
- Ohio hospital discharge rates for a primary diagnosis of asthma exceeds all three of the Healthy People 2010 targets by at least 58 percent.⁵
- Adult women have significantly more hospital discharges for a primary diagnosis of asthma than men.⁵
- Children under five have emergency department visit rates for asthma that are nearly twice Healthy People 2010 benchmarks.⁵
- Children under five are significantly more likely than other child age groups to have an asthma attack or an emergency department visit for asthma.^{2,3}
- Since 1990, an average of 160 Ohio citizens per year die from asthma. Women and black citizens are significantly more likely to die of asthma.⁶ Studies have shown that many asthma deaths are preventable with appropriate care.



Purpose and Conceptual Framework

The Ohio Statewide Asthma Plan has been designed to function as a roadmap for asthma activities within Ohio. While it is heavily focused on the priorities of the Ohio Department of Health Asthma Program (ODHAP) and the Ohio Asthma Coalition (OAC), it is meant to serve as a guide for all organizations and individuals who work on issues of asthma in Ohio. The goal of such a roadmap is to highlight opportunities for partnership, to prevent duplication of effort and to encourage leveraging of resources to decrease the burden of asthma on Ohio citizens.

As the plan emerged, objectives and activities were developed around three primary goals:

- Assess the burden of asthma in Ohio.
- Address asthma disparities.
- Reduce hospitalizations and emergency visits for asthma.

Some major guiding principles of the plan include:

Put priorities for intervention where the need is greatest, i.e., work with populations that demonstrate health and asthma disparities.

Although asthma affects Americans of all ages, races, and ethnic groups, those most severely affected are children under five years of age, low-income and minority populations who experience substantially higher asthma prevalence, mortality, hospital admission rates, and emergency department visit rates due to asthma.^{1,2,4,5,6} Ohio children, particularly those age ten to seventeen, are significantly more likely to be diagnosed with asthma compared to adults.² Women have a significantly higher current prevalence of asthma than do men.¹ Geographically, the counties with the highest hospital discharge rates for patients with a primary diagnosis of asthma were predominantly located in Northeast Ohio, and urban counties along Lake Erie.⁵

Choose evidence-based interventions to guard resources and improve likelihood of success.

The evidence-based approach requires strategies be supported by evidence from rigorous, peer-reviewed research or, in the absence of evidence-based strategies, approaches should be based in promising practice. The evidence-based approach will prevent waste of resources in redesigning strategies and will provide some measure of assurance that chosen strategies will be effective.

Create comprehensive model initiatives that can be replicated on a state-wide basis and that are based in policy and systems change.

- Implement systems and policies that change the methods of operation for organizations.
- Use methods that are replicable.
- Address asthma from multiple perspectives (multi-focused interventions).
- Identify strategies to ensure sustainability.
- Focus interventions on areas where people live, learn, work and play.

All asthma initiatives need to be comprehensive to include proper clinical treatment and development of self-management and incorporate environmental and trigger management.

While asthma is a prevalent disease and a major cause of morbidity in the United States, with appropriate medication, medical care, and self-management, most asthma symptoms and episodes are preventable. Recent evidence indicates that asthma self-management education is effective in improving outcomes related to chronic asthma. Guidelines issued by the National Asthma Education and Prevention Program (NAEPP) specify essential components of asthma management, including patient education, objective monitoring of symptoms, and avoiding asthma triggers.

The plan should serve as a guide for all who are working on asthma issues throughout Ohio.

In order to achieve the goal of preventing duplication of effort and maximizing resources, the statewide asthma plan was designed in an attempt to encompass the range of activities addressing asthma that could occur within Ohio. Not all partners could be engaged in the process, but the drafters took into consideration the scope of activities that could occur, using as a framework the graphic below to identify what kinds of activities might fall within the outer circle.



Figure 1: A visual depiction of the relationship of the ODH Asthma Program, the Ohio Asthma Coalition and all other practices, agencies and organizations that contribute to the achievement of these goals.

Asthma Disparities in Ohio



Asthma Disparities

The Office of Minority Health at the U.S. Department of Health and Human Services defines health disparities as “persistent gaps between the health status of minorities and non-minorities in the United States.” Despite continued advances in health care and technology, racial and ethnic minorities continue to have higher rates of disease, disability and premature death than non-minorities.

The causes of disparities in the burden of asthma are complex and may include such factors as differences in genetics, environment, family health belief, socioeconomic status and access to health care. Therefore, efforts to reduce asthma-related disparities must have a multi-factorial focus.

Disparities among Ohio Children with Asthma

Primary school children and secondary school age children are significantly more likely to have asthma than preschool children under age five.² Unlike adults, male children are significantly more likely to have asthma than female children.² Over one in five black children in Ohio has been diagnosed with asthma, a significantly higher rate than for white or Asian/Pacific Islander children.²

Poverty is a strong risk factor for asthma in children. Nearly one in five children at or below the poverty level has asthma. Children in households that earn 300 percent of poverty level or more are significantly less likely to have asthma.²

While children ages five through nineteen have fewer asthma inpatient hospitalizations than adults, they are more likely to experience emergency department visits for asthma than are adults.⁵ High emergency department usage is common when children lack access to regular care or a medical home.

Children with asthma are significantly more likely to be in poor health, most notably in Appalachia. In addition, children with asthma are more likely to have unmet health needs, special health care needs, need more medical care or educational services, or be in fair or poor mental health.² Families who have a child with asthma are more likely to report major medical bills and forgo medical care² than are families who don't have a child with asthma.

Disparities among Ohio Adults with Asthma

There is a strong inverse relationship between income and prevalence of asthma. In Ohio, adults with household incomes under \$15,000 are significantly more likely to report being told by a doctor that they have asthma compared to adults in households making over \$50,000.¹

Asthma deaths are higher in adult females than adult males, reflecting the sex differences seen in asthma prevalence, hospitalization, and Medicaid utilization. In 2007, there were twice as many females who died from asthma compared to males.⁶

The trend from 2000-2009 is that black adults in Ohio are more likely to have asthma than white residents. Black residents of Ohio die more often from asthma than whites. While only 12 percent of the Ohio population is black, they represent 27 percent of asthma deaths.



Poverty is a strong risk factor for asthma in children. Nearly one in five children at or below the poverty level has asthma.



Addressing Asthma Disparities in Ohio

The complexity of addressing asthma disparities is a challenge. This statewide plan includes the following approaches:

- Assuring adequate and accurate collection of data to monitor health disparities of asthma in Ohio; publish reports and disseminate information to partners for use in program planning to address health inequalities and asthma.
- Evaluating all materials and tools produced for cultural appropriateness.
- Assuring health disparities are identified and considered in designing statewide interventions.
- Identifying and partnering with organizations that serve disparate populations to improve asthma awareness and self-management within disparate populations.

Because all initiatives of the coalition will be working toward the same major objectives, all will be addressing asthma disparities where people with asthma live, learn, work and play, as well as where they receive treatment.



Action to Change the Course of Asthma

This section of the plan outlines specific goals and objectives. They reflect the major areas of priority as identified by the Ohio Department of Health Asthma Program and the Ohio Asthma Coalition. They are meant to be inclusive of the majority of activities occurring in Ohio to reduce the burden of asthma in our state.

1. Assess the burden of asthma in Ohio.

- 1.1 Improve ability to track and report asthma deaths, hospitalizations, and disabilities through identification and linkage of existing data collection tools.
- 1.2 Increase access to Ohio asthma data through identification and implementation of new communication strategies.

This goal and its objectives are focused on assuring that we are able to define the face of asthma in Ohio. The Ohio Surveillance System for Asthma (OSSA) must continue to ensure that appropriate data are collected, analyzed, and distributed so those working on asthma in Ohio can make appropriate decisions about where to expend resources so they will be able to judge the effectiveness of their efforts.

Preliminary/Ongoing Activities: Identification of additional existing databases that may offer new information or perspectives on the impact of asthma in Ohio; Survey of data users to identify alternative ways to provide asthma data in ways they will find useful; Development and distribution of formal reports and more frequent updates about asthma trends identified by the OSSA.

2. Reduce asthma disparities among disproportionately affected population segments in Ohio.

- 2.1 Improve capacity to control asthma in communities affected by healthcare disparities through identification of culturally competent clinical and education approaches for asthma care.



OSSA data has identified that in Ohio, asthma affects populations disparately. Among Ohio children, prevalence rates for black children are significantly higher than for white or Asian children². Ohioans with incomes of less than \$15,000 are significantly more likely to be told they have asthma than those making more than \$50,000¹. Other disparities exist as well. We recognize the importance of working to reduce disparities by attacking controllable barriers to health equality.

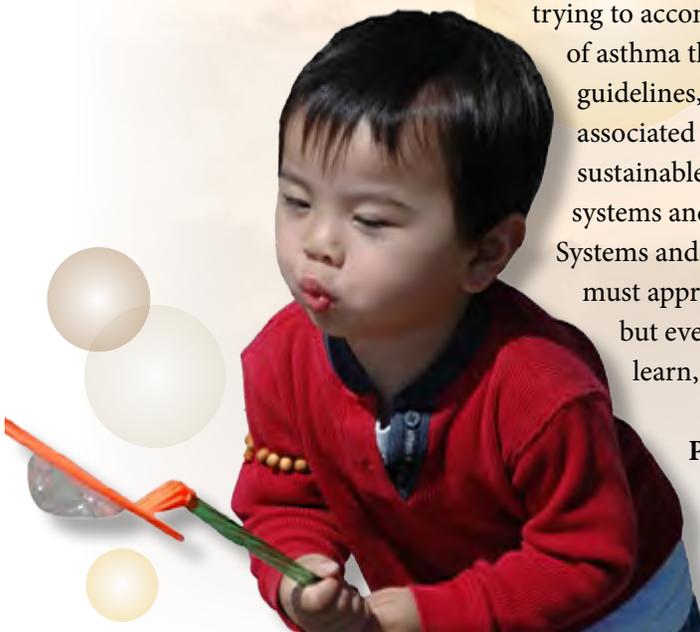
Preliminary/Ongoing Activities: Regular OSSA reports that highlight population disparities; Assurance that interventions are targeted toward disparate populations and that interventions and tools or materials produced are culturally appropriate; Identification of agencies and organizations that work with disparate populations and the provision of materials and tools to raise awareness about asthma within these populations.

3. Decrease the number of asthma hospitalizations, emergency department, and urgent care visits.

- 3.1 Increase the percentage of asthma patients who receive self-management education, including developing and using a customized self-management plan, recognizing early signs or symptoms of an asthma episode, understanding what to do during an asthma episode or attack, and adjust medications according to the individualized Asthma Action Plan.
- 3.2 Improve systems and policies to support asthma management in work, schools, clinical, and home settings.
- 3.3 Identify and reduce exposure to outdoor asthma triggers.

This goal represents the heart of what the Ohio Statewide Asthma Plan is trying to accomplish. By improving self-management of asthma through identified and evidence-based guidelines, we are confident we will see a decrease in associated asthma morbidity. However, we realize that sustainable outcomes will not be achieved without systems and policy changes to support these changes. Systems and policy changes must be multi-focused and must approach asthma not only in a clinical setting, but everywhere that people with asthma live, work, learn, and play.

Preliminary/Ongoing Activities: The Ohio Asthma Coalition will focus on developing evidence-based initiatives appropriate for statewide implementation and will implement these multi-focal



interventions in a limited way to assure effectiveness before beginning statewide implementation (clinical, school, and home in early phases); Facilitate a Statewide Asthma Health Plan Collaborative to assist in achieving this goal.

4. Develop, facilitate, and strengthen partnerships and collaborations to improve Ohio's ability to address the burden of asthma in Ohio.

- 4.1 Develop internal partnerships (within the Ohio Department of Health) to raise awareness of the burden of asthma in Ohio and to facilitate the inclusion of asthma in public health initiatives.
- 4.2 Develop partnerships with local individuals, agencies, or organizations to facilitate addressing the burden of asthma in Ohio.
- 4.3 Develop state-level partnerships to leverage accomplishment of the Ohio Statewide Asthma Plan and to facilitate the inclusion of asthma in public health initiatives
- 4.4 Participate in and strengthen partnership efforts on a federal or national level to promote reducing the burden of asthma in Ohio.

Progress toward goals and objectives of any plan or program will be enhanced through facilitation and use of partnerships. It is our belief that strong partnerships will prevent duplication of effort and will improve our ability to identify evidenced-based interventions. Leveraging of resources toward common goals will also increase the impact we can have on decreasing the burden of asthma in Ohio.

Preliminary/Ongoing Activities: Partnerships will be promoted and maintained through membership development in the Ohio Asthma Coalition; Technical assistance will be offered to new and existing local coalitions

5. Facilitate the conduct and impact of research in Ohio.

- 5.1 Increase research in Ohio on causes, triggers, and management of asthma.
- 5.2 Increase access to and utilization of Ohio research through identification of new communication and networking strategies.

Research is needed to expand our understanding of asthma and also to help us in more efficiently using what we know about asthma to control the burden of asthma. Some of us will do this by promoting and facilitating research, some of us will do this by conducting research, and some of us will do this by implementing interventions based on research findings. All Ohioans who have asthma or work on issues related to asthma can benefit from increased research on asthma and increased communication about asthma research results.

Preliminary/Ongoing Activities: Develop registry of Ohio researchers; Evaluate research funding in Ohio compared with other states; Evaluate and develop networking opportunities for researchers conducting research in Ohio

6. Review and enhance the Ohio Department of Health Asthma Program, Ohio Surveillance System for Asthma (OSSA), and asthma partnerships including the Ohio Asthma Coalition (OAC) through comprehensive, ongoing evaluation.

6.1 Develop and maintain the Strategic Evaluation Plan

Effective, systematic program evaluation is necessary to maximize impact of resources. With limited funds available, it is only with ongoing evaluation that we can assure useful, feasible, ethical, and accurate actions toward change. Ongoing evaluation will also help us to demonstrate the value of our activities and will help us to identify what works to decrease the burden of asthma in Ohio.

Preliminary/Ongoing Activities: Complete development of Strategic Evaluation Plan (SEP); Regular meetings of evaluation team to implement SEP; Distribution of evaluation results

7. Advocate for people with asthma.

- 7.1 Increase advocacy for asthma-friendly laws and administrative rules.
- 7.2 Increase advocacy for community activities to reduce the burden of asthma.
- 7.3 Increase awareness of Ohio residents about asthma.

Advocacy plays an important role in reducing the burden of asthma in Ohio and occurs at many different levels. Some of us in Ohio focus on advocacy at the local or individual level helping to improve awareness about asthma and to create policies or system change at the individual or organizational level. Others of our partners focus on state or even federal campaigns or policy changes.

Preliminary/Ongoing Activities: Renew Asthma Legislative Caucus; Asthma awareness activities focused on disparate populations; Promotion of Tobacco Free Ohio; Work with Ohio Environmental Protection Agency to strengthen Ambient Air Quality Standards in Ohio

Appendix



Appendix A

Accomplishments Since Last State Plan

Data/Research

1. Published and disseminated *Making the Numbers Add Up! Using Public Health Data Effectively, a Basic Primer*, a resource for anyone interested in data use to develop and manage programs. Presented the data primer at the 2006 *What's up with Asthma? Conference*.
2. Expanded the Ohio Surveillance System for Asthma (OSSA) by adding data sets, analyzing and reporting asthma data in Ohio. (See Surveillance section of application for more detail.)
3. Published *The Burden of Asthma in Ohio* monograph (2009).
4. Published the *Ohio Hospital Discharges* monograph (1993-2003).
5. Published local data profiles for all 88 counties. Some of the smaller counties were aggregated to establish more reliable data.
6. Held a small research conference in 2004 for the coalition.
7. Participated in the development of the coalition conferences in 2004, 2006 and 2008.
8. Contributed to the development of the Ohio Asthma Coalition (OAC) Web site by providing data resources for Ohio. (<http://www.ohioasthmacoalition.org>)
9. Participated in the Environmental Public Health Tracking (EPHT) project through the CDC.
10. Published two-page data updates in all asthma newsletters as a pull-out page.



Education

1. Identified a tool to evaluate educational materials and programs to assure they meet cultural and linguistic standards.
2. Worked with a group of agencies including Ohio Department of Job and Family Services Child Care Licensing Bureau, Ohio Department of Health Help Me Grow, School and Adolescent Program and Asthma Program, and providers to produce *Managing Asthma in Ohio Child Care Facilities: A Resource Guide*. Brought the Maryland Chapter of the Asthma and Allergy Foundation of America to Ohio to train nurses supplied by the Early intervention Program and the Ohio Child Care Resource and Referral Association to teach childcare providers to manage asthma and environmental triggers for preschool children. To date over 1000 childcare providers have attended the classes and received the manual online and the nurses have rewritten the course with the help of the ODH Asthma Program and Help Me Grow staff.
3. Assisted in development of the OAC Web site by contributing adequate resources for educational materials and programs that can be used in any community.
4. Organized and held the first biennial OAC state conference “What’s Up With Asthma” on March 10, 2006.
5. Working with members of the Greater Cleveland Asthma Coalition who have expertise in environmental home visits and interventions.
6. Contributed to the planning of the 2008 Ohio Asthma Education and Research Conference.
7. Determined, with the OAC steering committee, that an annual conference was unfeasible and created a joint biennial conference for both asthma education and asthma research.



Environmental Quality

1. Evaluated need and provided training on how to reduce indoor triggers in schools, occupational and residential settings, along with outdoor environmental issues.
2. Monitored environmental legislation issues affecting air quality and pollution issues and advocated for support or opposition by the Ohio Asthma Coalition Steering committee which wrote a number of letters of support or opposition.
3. Urged the OAC to get involved with the Smoke Free Ohio Campaign which ultimately achieved passage of the 2006 smoke free workplace law. Has since promoted opposition to a number of bills introduced in the Ohio General Assembly to weaken the law.
4. Worked with the Ohio General Assembly to craft the Ohio School Environmental Health and Safety law, (Jarod's law).
5. Developed rules for both the Smoke Free Workplaces and School Environmental Health and Safety.
6. Trained all local health departments in inspecting schools using the Ohio School Inspection Manual. This manual has become the basis for the U.S. EPA's Healthy SEAT tool. Local health departments are inspecting schools, citing schools on items that need to be fixed. Schools are submitting abatement plans.
7. It is currently estimated that 95 percent of workplaces are smoke free. Fines are being levied for workplaces that are not yet smoke free.

Public Awareness

1. Developed a brochure for OAC to promote awareness of the coalition and its mission.
2. Developed a press packet for the news media that might have questions about asthma.
3. Developed an orientation packet for new members of the OAC.
4. Coordinated a group from all the committees that developed a new Web site for the OAC, <http://www.ohioasthmacoalition.org>.
5. Coordinated a Childhood Asthma Awareness Campaign in the Appalachian counties of Ohio using the U.S. EPA's and Ad Council's goldfish campaign.
6. Worked with the Northwest Ohio Asthma Coalition to coordinate the messages for a Childhood Asthma Awareness Campaign in northwest Ohio.
7. Worked with the OSSA to produce media friendly data materials for each county.
8. Coordinated a press session for OAC in which media representatives discussed information about working with the media in print, radio and television environments.



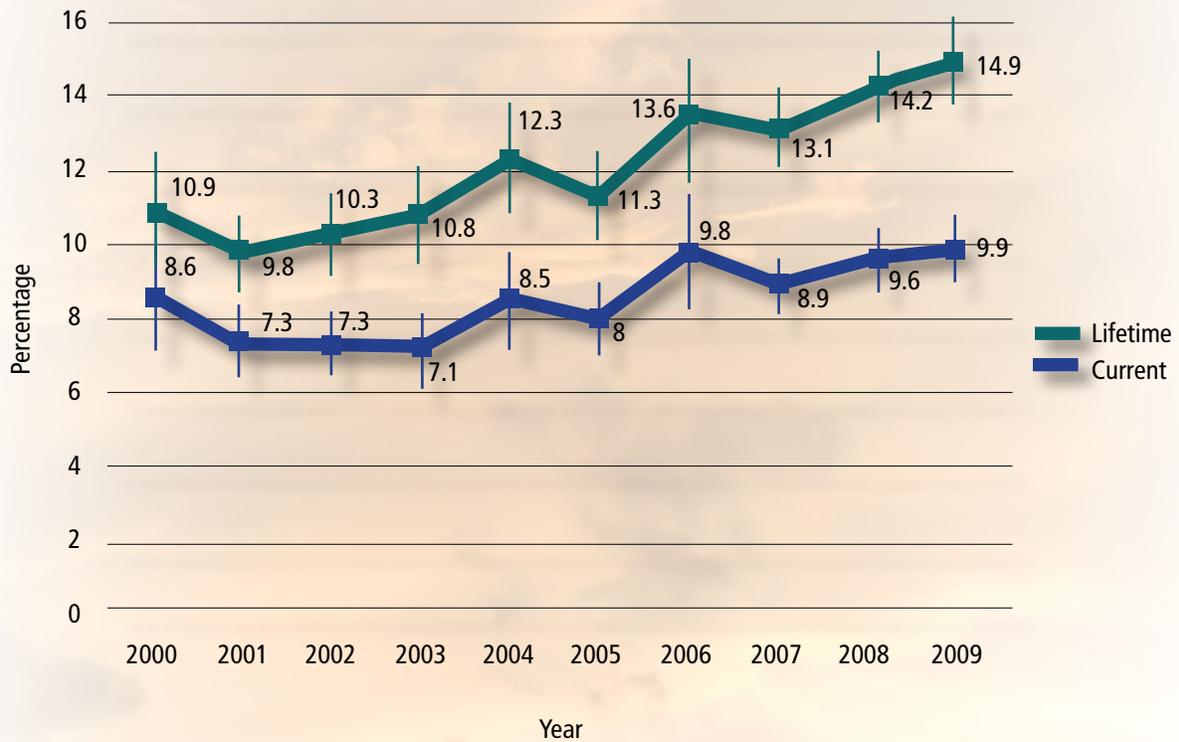
Appendix B – Ohio Asthma Program Logic Model

Inputs	Activities	Outputs
<p>ODH Asthma Program Staff</p> <p>ODH Internal Partners (e.g., Healthy Homes, Tobacco, School Health, Bureau of Children with Medical Handicaps)</p> <p>Ohio Asthma Coalition</p> <p>Local asthma coalitions</p> <p>American Lung Association of Midland States</p> <p>Ohio Environmental Protection Agency</p> <p>Other state and local agencies and organizations (i.e., government)</p> <p>Healthcare Providers (staff, time, and money for future interventions)</p> <p>Schools/childcare centers (staff, time, and money for future interventions)</p> <p>Employers (staff, time, and money for future interventions)</p> <p>Health Plans</p> <p>Community-Based Organizations (churches)</p> <p>CDC Grant \$</p> <p>CDC Technical Assistance</p> <p>USEPA Grant \$</p> <p>Region 5 EPA Grant \$</p> <p>Region 5 EPA Technical Assistance</p> <p>Other grant \$</p> <p>Pharmaceutical companies</p> <p>Media</p> <p>Legislators</p> <p>Asthma researchers</p> <p>Research on asthma</p> <p>OSSA</p>	<p>Development of model asthma interventions</p> <p>Limited implementation of model interventions to determine replicability and sustainability</p> <p>Identification and recruitment of participants for interventions</p> <p>State-level implementation of interventions</p> <p>Develop and present asthma-related educational materials and programs</p> <p>Advocate for asthma issues and legislation</p> <p>Facilitating partnerships and intervention workgroups</p> <p>Participation in partnerships and intervention workgroups</p> <p>Development and maintenance of OSSA.</p> <p>Publishing and distributing data reports</p> <p>Promotion of the use of data from OSSA</p> <p>Create a database of Ohio-based researchers and research efforts</p> <p>Identify funding and how it relates to other states</p> <p>Develop a communication network for asthma-related research efforts</p>	<p>Model interventions</p> <p>Results from limited implementation</p> <p>Number of participants</p> <p>Number of programs adopting interventions; number of participants</p> <p>Number of materials and programs</p> <p>Evidence of advocacy activities</p> <p>Contacts and meetings</p> <p>Evidence of partnership activities</p> <p>New, updated, useable datasets</p> <p>Reports generated and distributed</p> <p>Evidence of data use</p> <p>Database of Ohio-based researchers and research efforts</p> <p>List of funding sources</p> <p>Number of researchers who are a part of the network</p>

Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
<p>Increased awareness and knowledge of asthma and asthma disparities in the following populations and settings:</p> <ul style="list-style-type: none"> ■ School ■ Work ■ Clinical ■ Homes ■ Legislature ■ Local, state, and federal partners, advocates, and agencies ■ Disparate populations <p>Increased awareness and knowledge of research opportunities and collaborations</p> <p>Increased awareness and knowledge of opportunities to partner to address asthma in Ohio</p> <p>Increased awareness and knowledge of available surveillance data and how they can be used</p>	<p>Systematic changes in the following target areas:</p> <ul style="list-style-type: none"> ■ Integration of NIH guidelines into practice ■ Health plan reimbursement for asthma interventions ■ Implementation of model school, clinical, home, and workplace asthma initiatives <p>Asthma-supportive legislation and policy</p> <p>Functioning and sustainable partnerships</p> <p>Behavioral changes of people with asthma and their families including:</p> <ul style="list-style-type: none"> ■ Adherence to treatment ■ Control or avoidance of asthma triggers ■ Use of Asthma Action Plans <p>Asthma data are used to direct asthma activities</p> <p>Research on causes, triggers, and management of asthma</p>	<p>Comprehensive statewide asthma surveillance system</p> <p>Decreased burden of asthma including:</p> <ul style="list-style-type: none"> ■ ED visits ■ Hospitalizations ■ Number of school and work days missed ■ Asthma deaths ■ Asthma activity limitations <p>Increased quality of life for people with asthma</p> <p>Increased access to care</p> <p>Decreased asthma disparities</p> <p>Statewide asthma efforts sustained and improved</p> <p>Strong link between asthma research and asthma interventions</p>

Appendix C - Data Tables

Lifetime and Current Asthma Prevalence Among Adults in Ohio, by Year



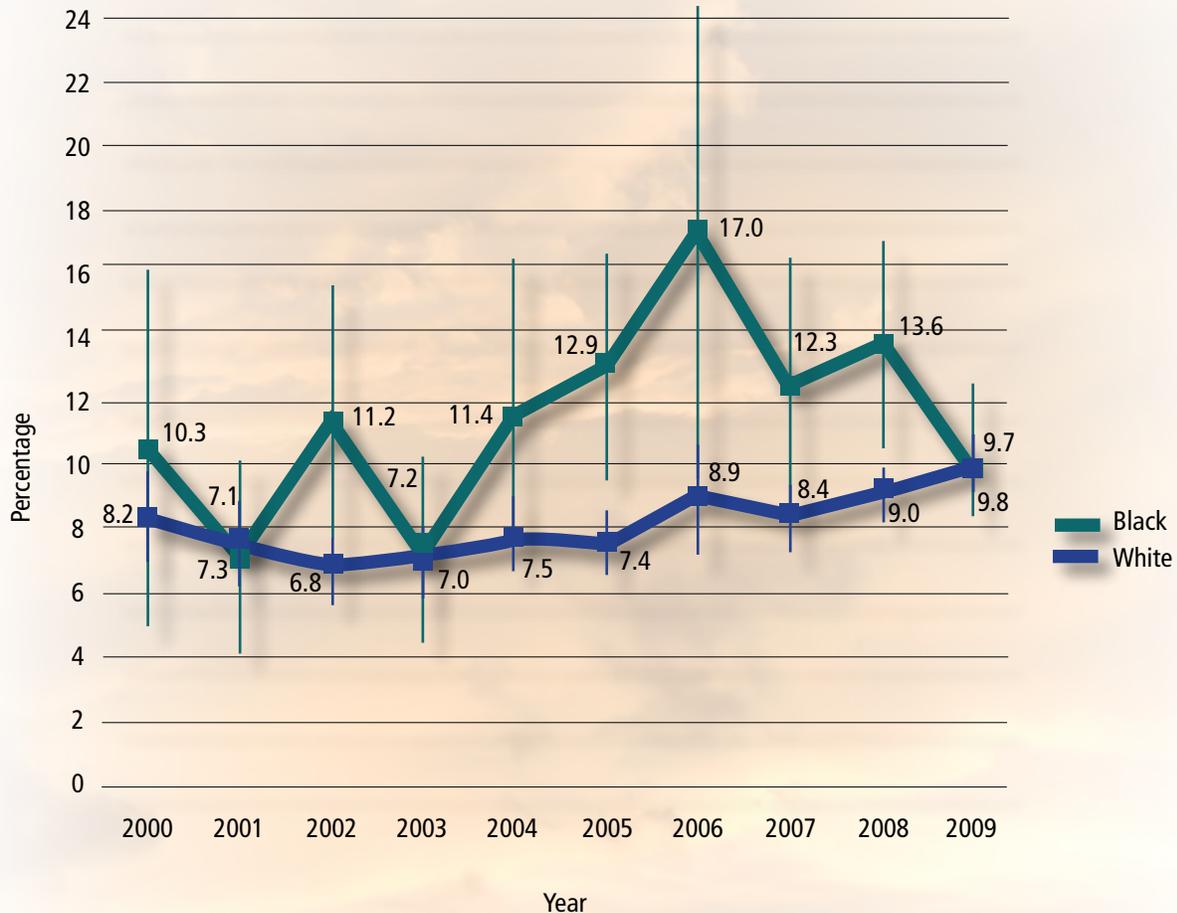
Estimated Adult Current and Lifetime Asthma Prevalence Ohio, 2000-2009

Year	Lifetime	Current
2000	10.9	8.6
2001	9.8	7.3
2002	10.3	7.3
2003	10.8	7.1
2004	12.3	8.5
2005	11.3	8
2006	13.6	9.8
2007	13.1	8.9
2008	14.2	9.6
2009	14.9	9.9

As of 2009, 9.9 percent of Ohio adults have current asthma, and 14.9 percent have lifetime asthma. Both rates have increased significantly since 2000.

Source: Behavioral Risk Factor Surveillance System, Years 2000-2009, Centers for Disease Control and Prevention.

Current Asthma Prevalence Among Adults in Ohio, by Race and Year



Estimated Adult Current Asthma Prevalence, by Race, Ohio, 2000-2009

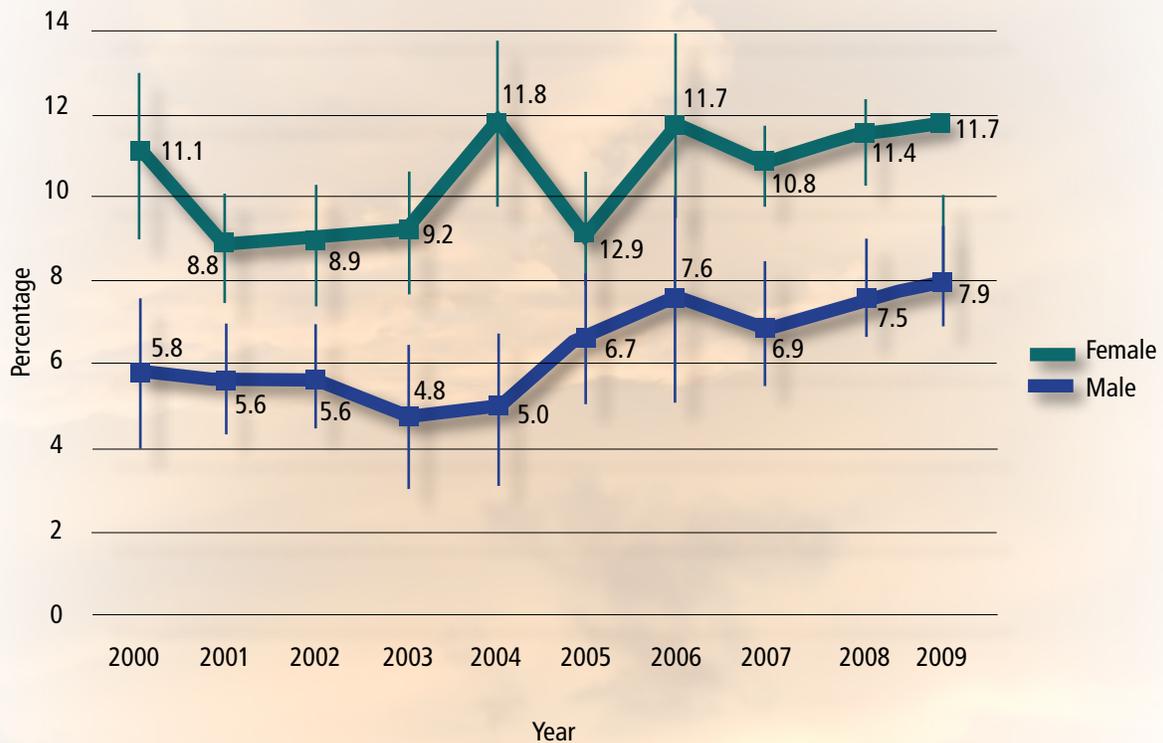
Year	White	Black
2000	8.2	10.3
2001	7.3	7.1
2002	6.8	11.2
2003	7.0	7.2
2004	7.6	11.4
2005	7.4	12.9
2006	8.9	17.0
2007	8.4	12.3
2008	9.0	13.6
2009	9.8	9.7

There is a wide variation in the black prevalence rates from year to year. This may be due to over sampling in Ohio’s major metropolitan areas of Cincinnati, Cleveland, and Columbus during the even years. These three areas have the highest percentages of African American residents in Ohio.

African Americans tend to have significantly higher rates of asthma than whites. In 2008, the current prevalence for black residents, 13.6 percent was significantly higher than whites, at 9.0 percent.

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Year 2008 .

Current Asthma Prevalence Among Adults in Ohio by Sex and Year



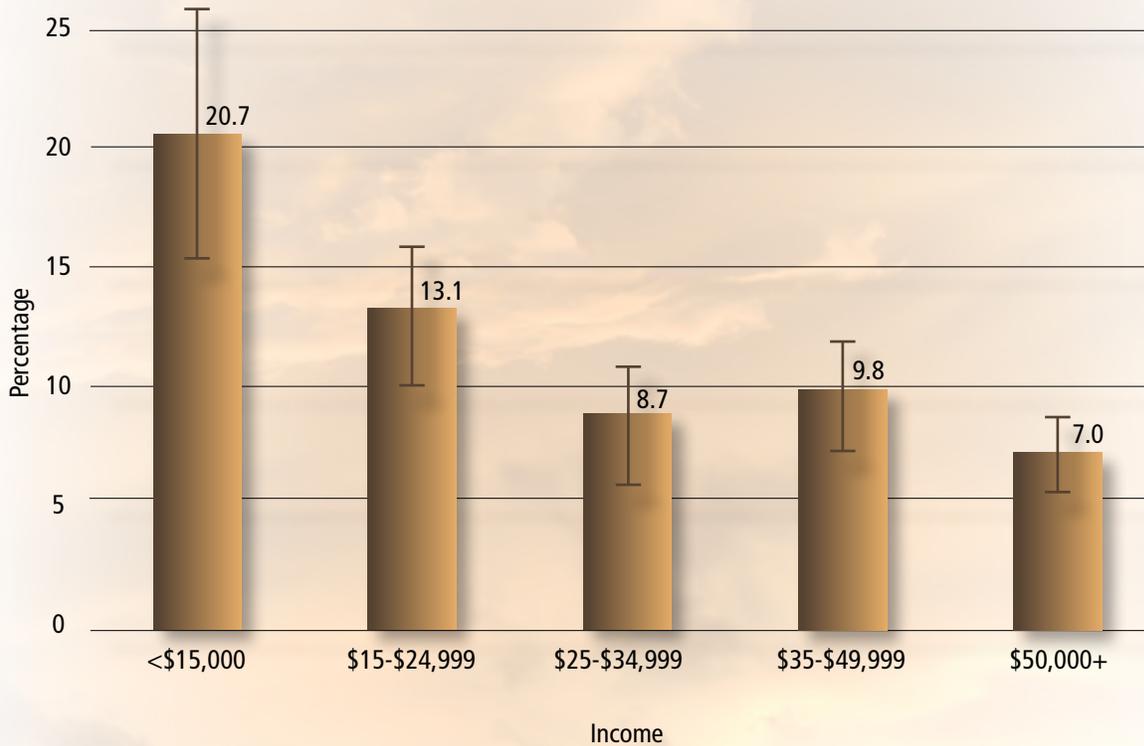
Estimated Adult Current Asthma Prevalence, by Sex, Ohio, 2000-2009

Year	Male	Female
2000	5.8	11.1
2001	5.6	8.8
2002	5.6	8.9
2003	4.8	9.2
2004	5.0	11.8
2005	6.7	9.1
2006	7.5	11.7
2007	6.9	10.8
2008	7.5	11.4
2009	7.9	11.7

Adult females in Ohio have a significantly higher current asthma prevalence than males. The current asthma prevalence rate was significantly higher for women (11.7 percent) than men (7.9 percent), consistent with the higher female asthma burden of higher lifetime prevalence, morbidity, mortality, and health care utilization.

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Years 2000-2009.

Current Asthma Prevalence Among Adults in Ohio by Household Income and Year



Estimated Adult Current Asthma Prevalence, by Income, Ohio, 2000-2009

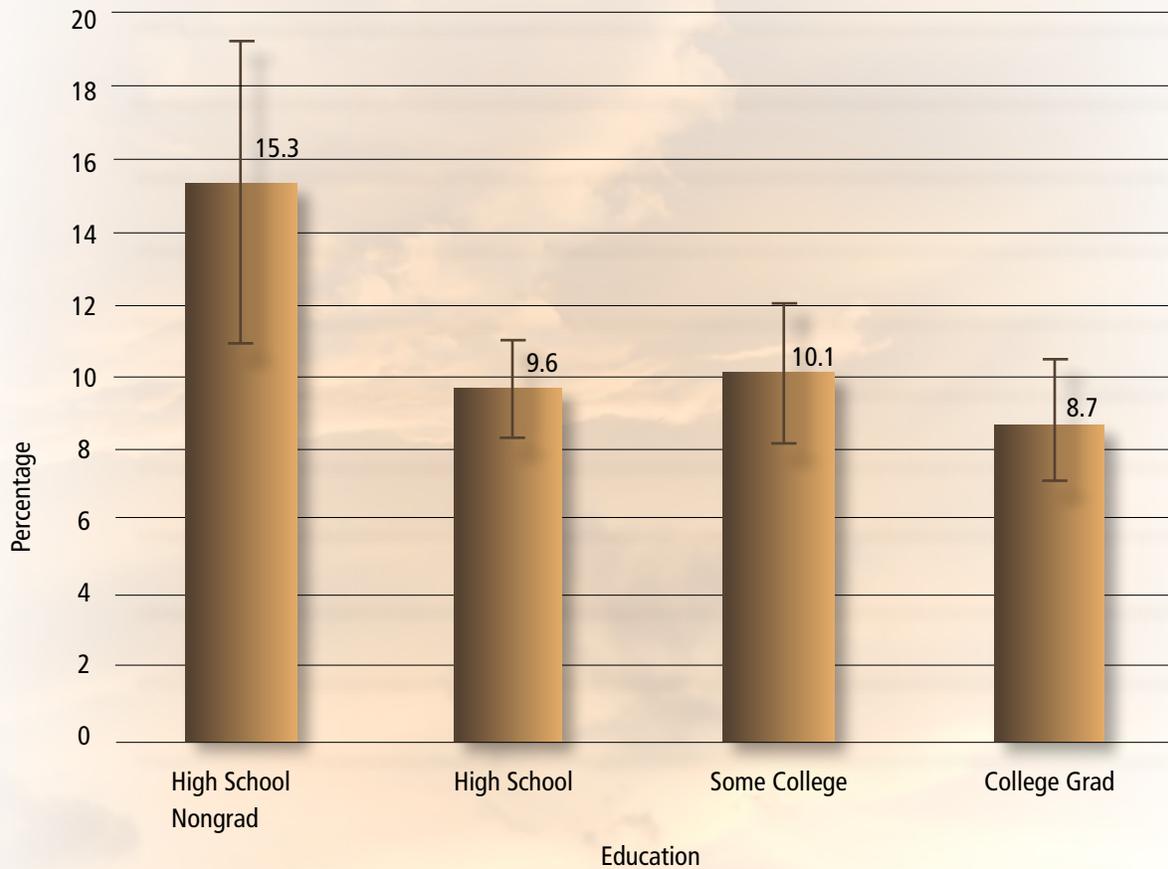
Year	< \$15,000	\$15-\$24,999	\$25-\$49,999	\$50-\$74,999	≥\$75,000
2000	13.7	13.4	7.7	7.8	4.8
2001	13.5	10.0	7.0	4.4	4.9
2002	10.5	8.2	7.2	5.7	5.6
2003	10.3	8.6	6.8	4.8	5.6
2004	16.3	13.2	8.8	5.2	5.6
2005	13.8	10.1	7.8	6.3	6.8
2006	23.4	17.2	7.7	6	6.3
2007	16.4	11.4	8.6	7.6	6.5
2008	18.2	13.0	9.2	8.9	7.1
2009	20.7	13.1	8.7	9.8	7.0

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Year 2008.

In Ohio, adults with household incomes under \$15,000 are significantly more likely to report being told by a doctor that they have asthma when compared to adults in households making over \$50,000.

Many studies have associated poverty with a higher rate of asthma. Low-income families, who are already burdened with greater rates of disease, limited access to health care, and other health disparities.

Current Asthma Prevalence Among Adults in Ohio, by Education Level and Year



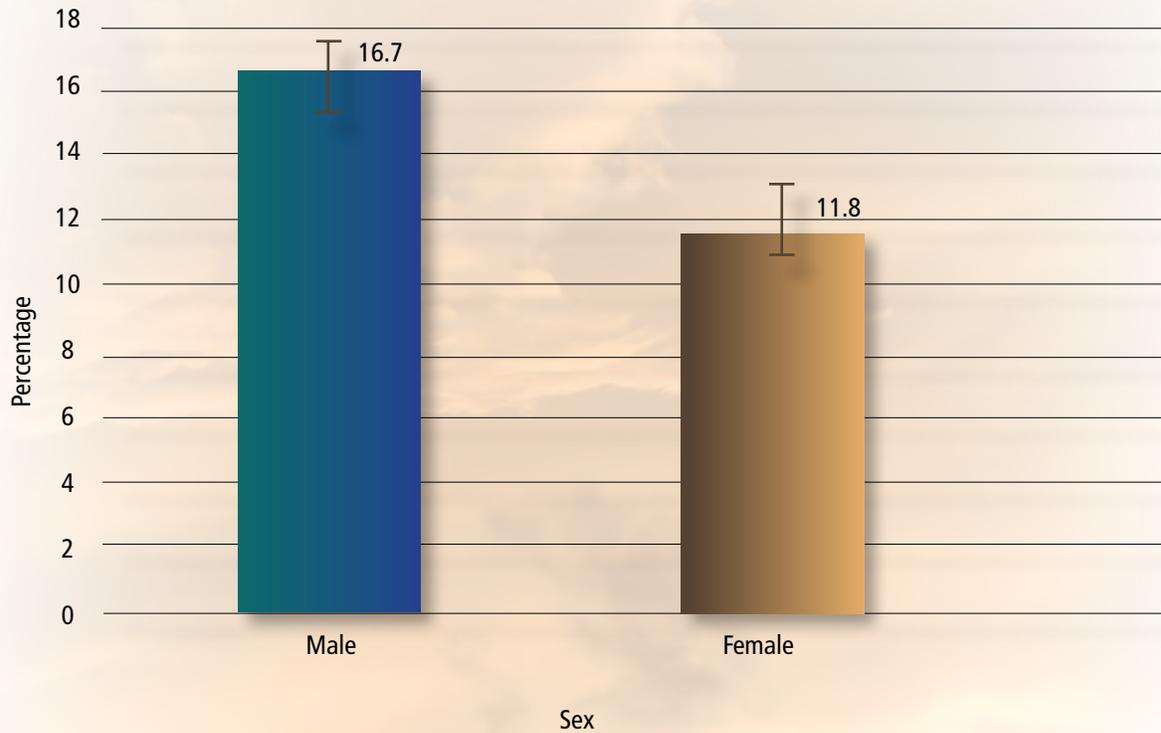
Estimated Adult Current Asthma Prevalence by Education, Ohio, 2000-2009

Year	Non-Grad HS	HS	Some College	College
2000	14.2	8.6	8.0	6.9
2001	11.7	6.9	7.2	5.9
2002	13.3	6.4	7.7	6.5
2003	13.2	6.5	7.1	5.7
2004	17.2	8.9	8.0	6.0
2005	12.8	6.1	8.7	8.2
2006	21.5	7.8	10.1	8.4
2007	12.9	10.1	9.4	6.0
2008	14.3	10.8	9.9	6.6
2009	15.3	9.6	10.1	8.7

Adults who dropped out of high school are significantly more likely to be diagnosed with asthma than those who have completed college.

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Year 2008.

Current Asthma Prevalence Among Children by Sex, 2008



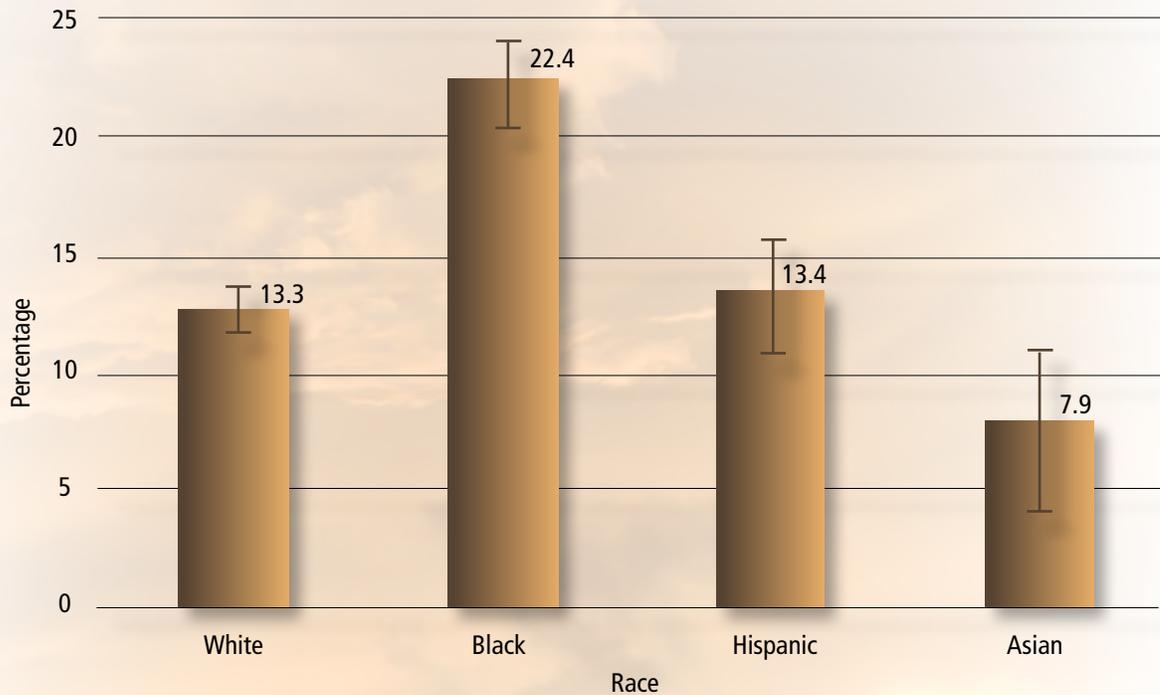
Estimated Adult Child Asthma Prevalence by Sex, Ohio, 2008

Sex	Percentage
Male	16.7
Female	11.8

Source: Ohio Family Health Survey, 2008.

For children under the age of seventeen, males are at a significantly higher risk for asthma, at 16.7 percent, compared to 11.8 percent of females.

Current Asthma Prevalence Among Children, by Race, Ohio, 2008



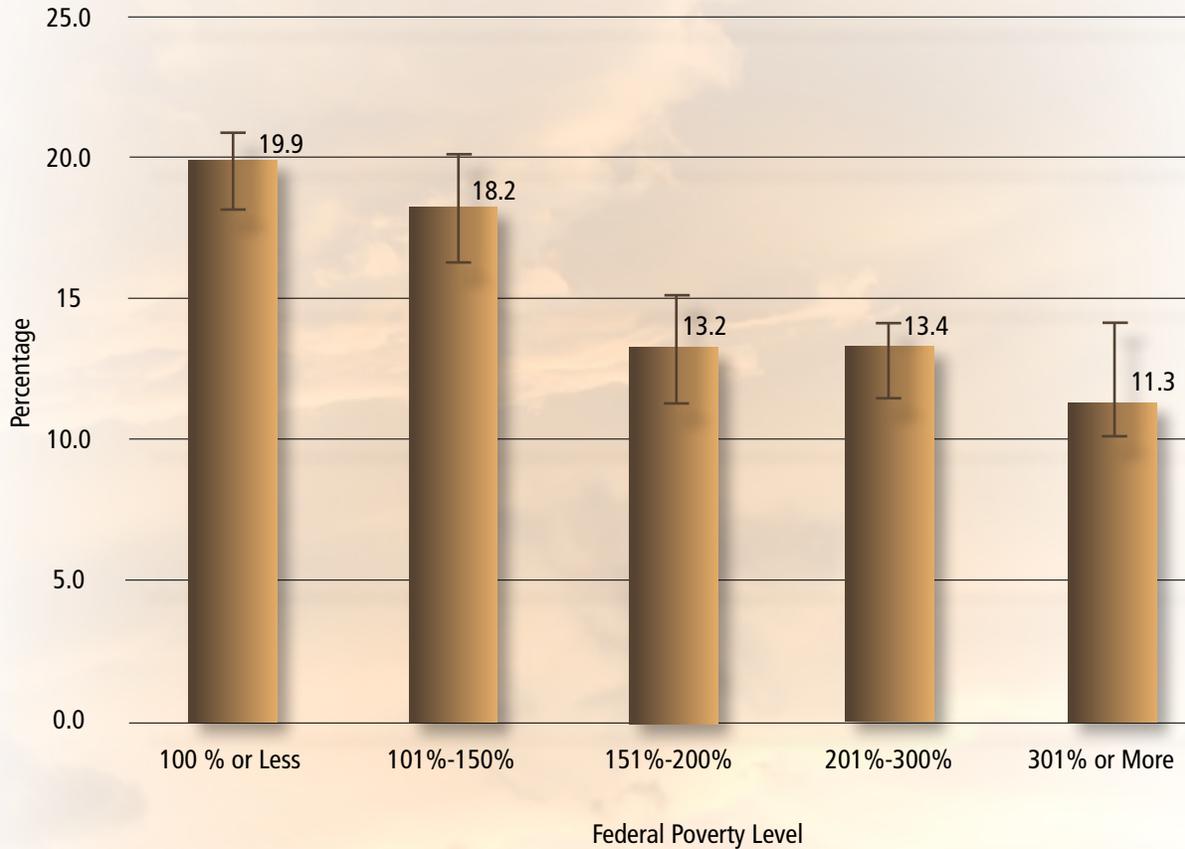
Estimated Child Asthma Prevalence by Race, Ohio, 2008

Race	Percentage
White	13.3
Black	22.4
Hispanic	13.4
Asian or Pacific	7.9

Source: Ohio Family Health Survey, 2008.

Asthma prevalence is significantly higher for black children than white or Asian children in Ohio.

Current Asthma Prevalence Among Children by Federal Poverty Level, Ohio, 2008



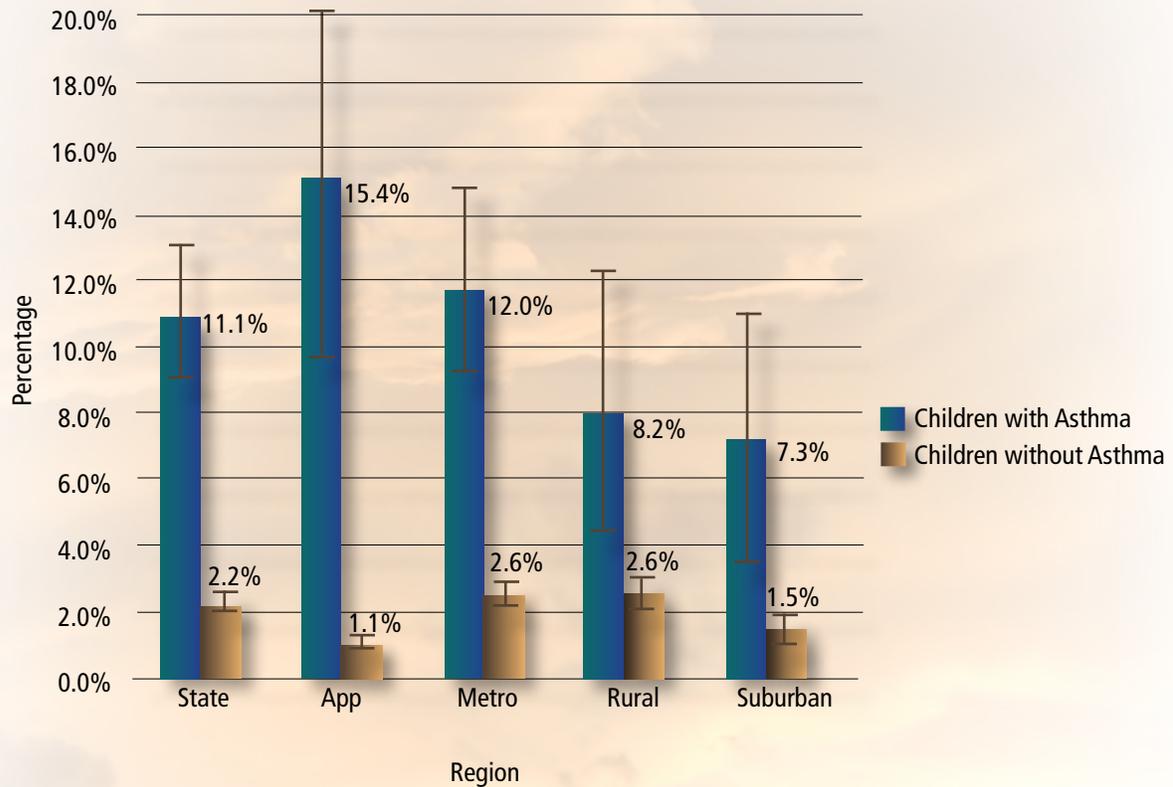
Estimated Child Asthma Prevalence by Federal Poverty Level (FPL), Ohio, 2008

FPL	Percentage
100% or less	19.9
101%-150%	18.2
151%-200%	13.2
201%-300%	13.4
301% or more	11.3

Children who live at or below the federal poverty level of income (\$21,027 or less for a family of four in 2008) are significantly more likely to have asthma than those who earn 300 percent or more of the federal poverty level (\$63,081 or more for a family of four in 2008).

Source: Ohio Family Health Survey, 2008.

Children with Reported Poor Health by Asthma Status and Region, 2008



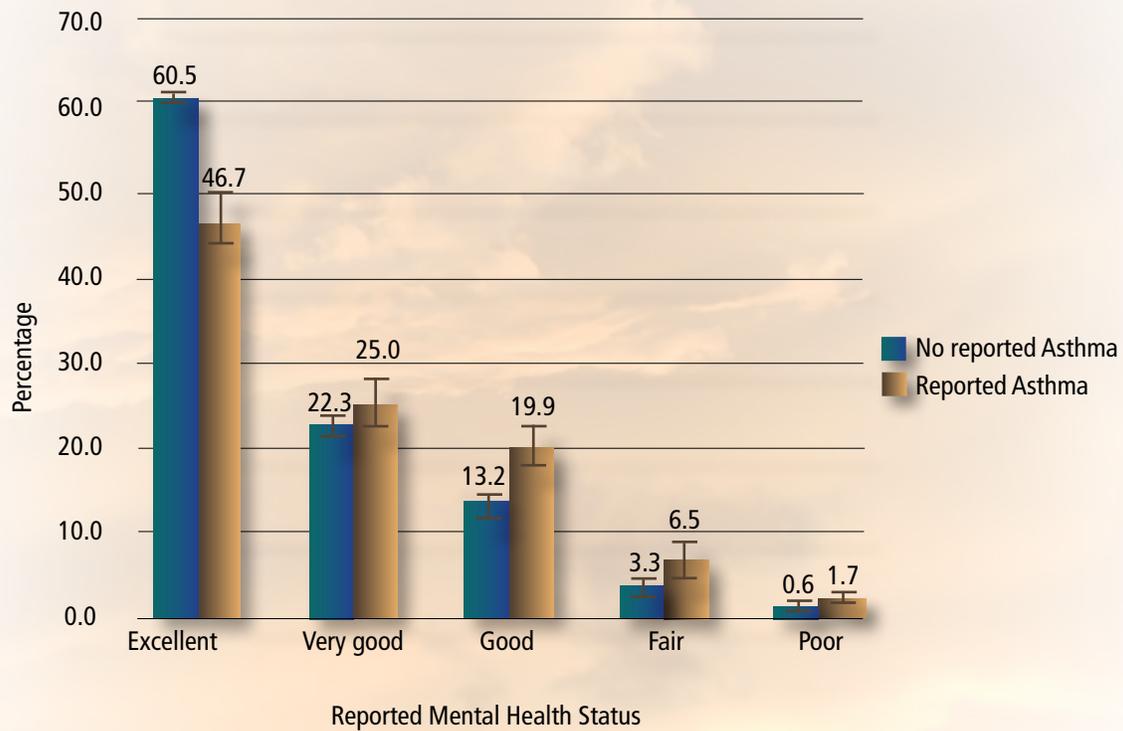
Ohio Children in Poor Health by Asthma Status, 2008

Region	Children with Asthma	Children without Asthma
State	11.1%	2.2%
App	15.4%	1.1%
Metro	12.0%	2.6%
Rural	8.2%	2.6%
Suburban	7.3%	1.5%

Children with asthma are significantly more likely to be in poor health than children with no reported asthma. The difference is especially stark in Appalachia.

Source: Ohio Family Health Survey, 2008.

Reported Mental Health Status by Reported Asthma Status, 2008



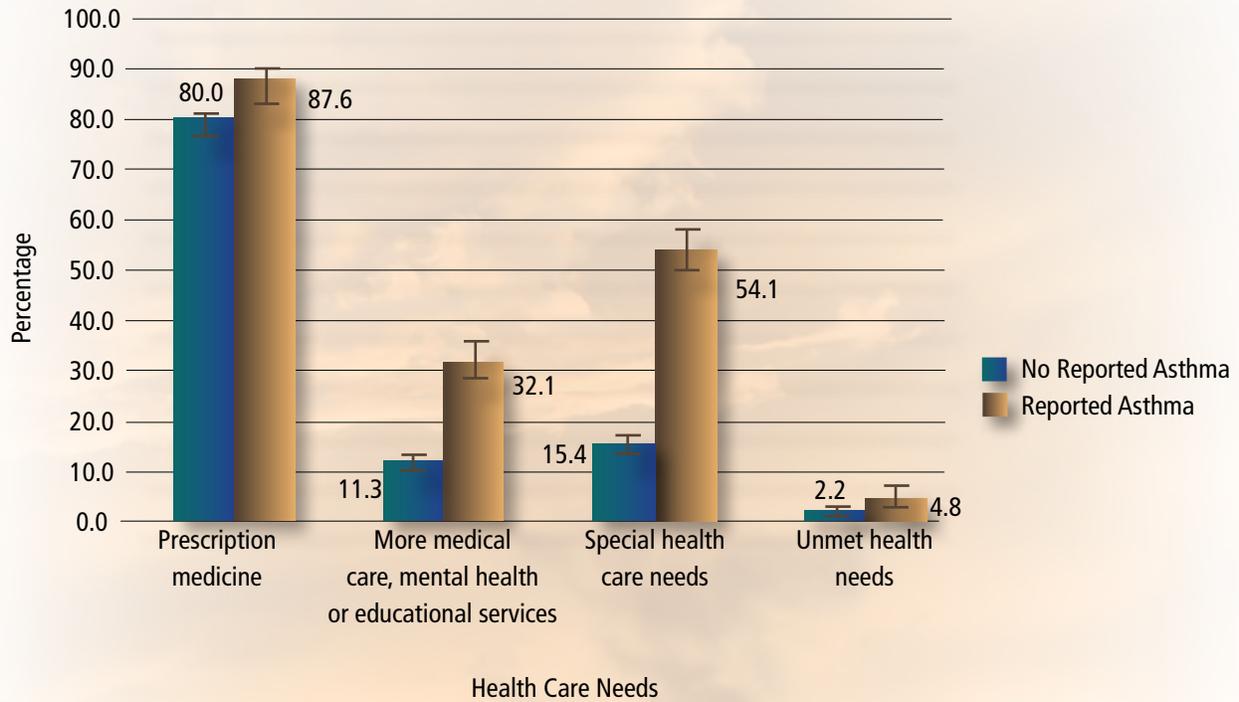
Children's Mental Health Status by Asthma Status, Ohio, 2008

Mental Health Status	No Reported Asthma	Reported Asthma
Excellent	60.5	46.7
Very good	22.3	25.0
Good	13.2	19.9
Fair	3.3	6.5
Poor	0.6	1.7

Source: Ohio Family Health Survey, 2008.

Children with asthma are significantly more likely to be in poor mental health than children with no reported asthma.

Special Health Care Needs by Asthma Status Ohio, 2008



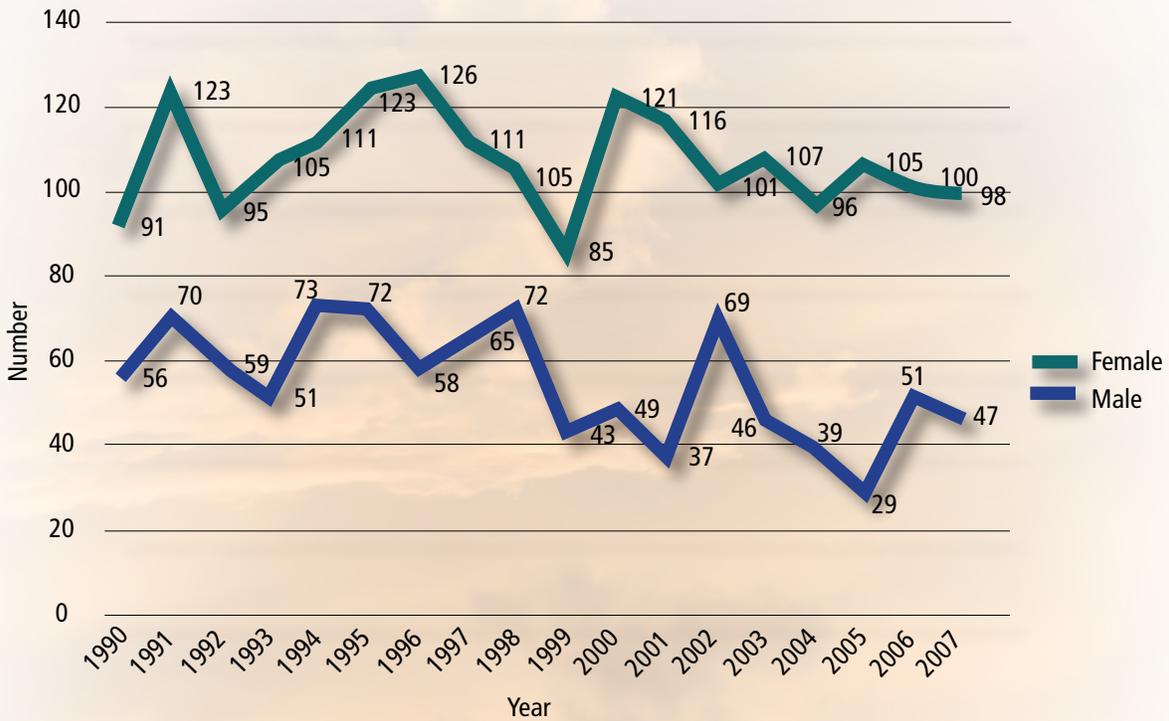
Special Health Needs, by Asthma Status, Ohio, 2008

Special Health Needs	No Reported Asthma	Reported Asthma
Needs Prescription Medicine	80.0%	87.6%
More Medical Care, Mental Health or Educational Services	11.3%	32.1%
Special Health Care Needs	15.4%	54.1%
Unmet Health Needs	2.2%	4.8%

Source: Ohio Family Health Survey, 2008.

Children with asthma are significantly more likely to need prescription medicine, more medical care, mental health or educational services, and to have special health care needs or unmet health needs than children with no reported asthma.

Asthma Deaths, by Sex and Year, 1990-2007



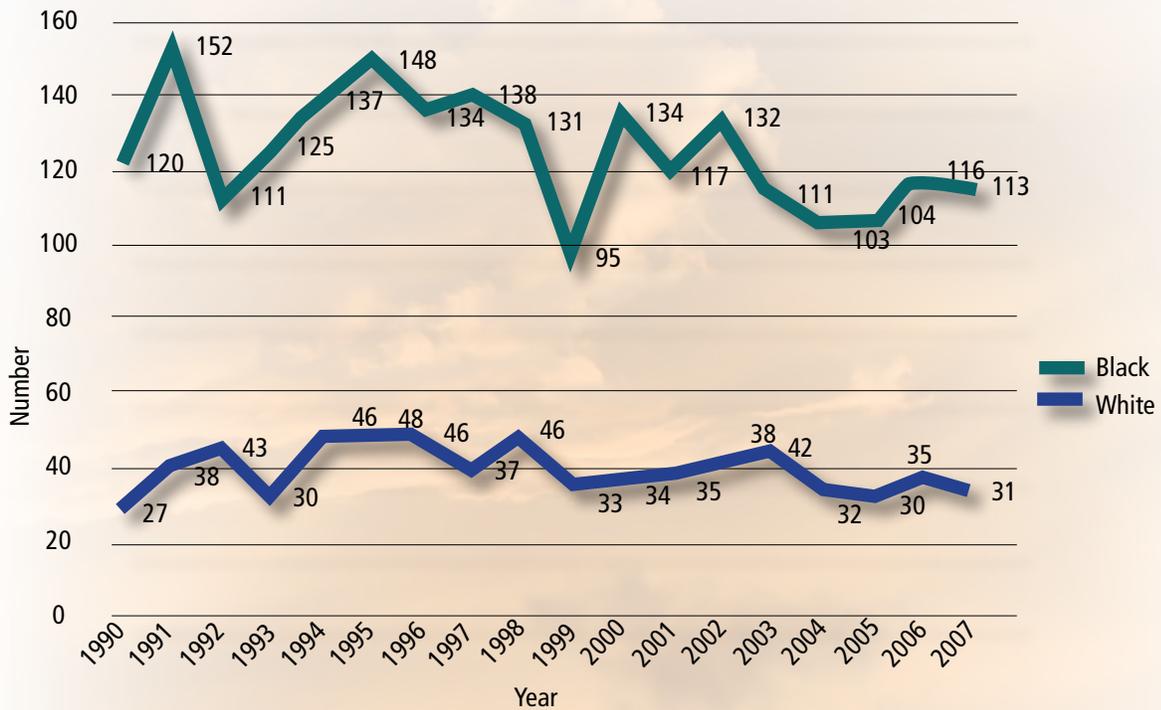
Asthma Deaths by Sex and Year Ohio, 1990-2007

Year	Total	Male	Female
1990	147	56	91
1991	191	70	123
1992	154	59	95
1993	156	51	105
1994	183	73	111
1995	196	72	123
1996	184	58	126
1997	176	65	111
1998	177	72	105
1999	128	43	85
2000	170	49	121
2001	153	37	116
2002	170	69	101
2003	153	46	107
2004	135	39	96
2005	134	29	105
2006	151	51	100
2007	145	47	98

Asthma deaths are higher in adult females than adult males, reflecting the sex differences seen in asthma prevalence, hospitalization and Medicaid utilization. In 2007, there were twice as females who died from asthma, compared to males.

Source: Ohio Department of Health, Center for Vital and Health Statistics, Years 1990-2007.

Asthma Deaths, by Race and Year, 1990-2007



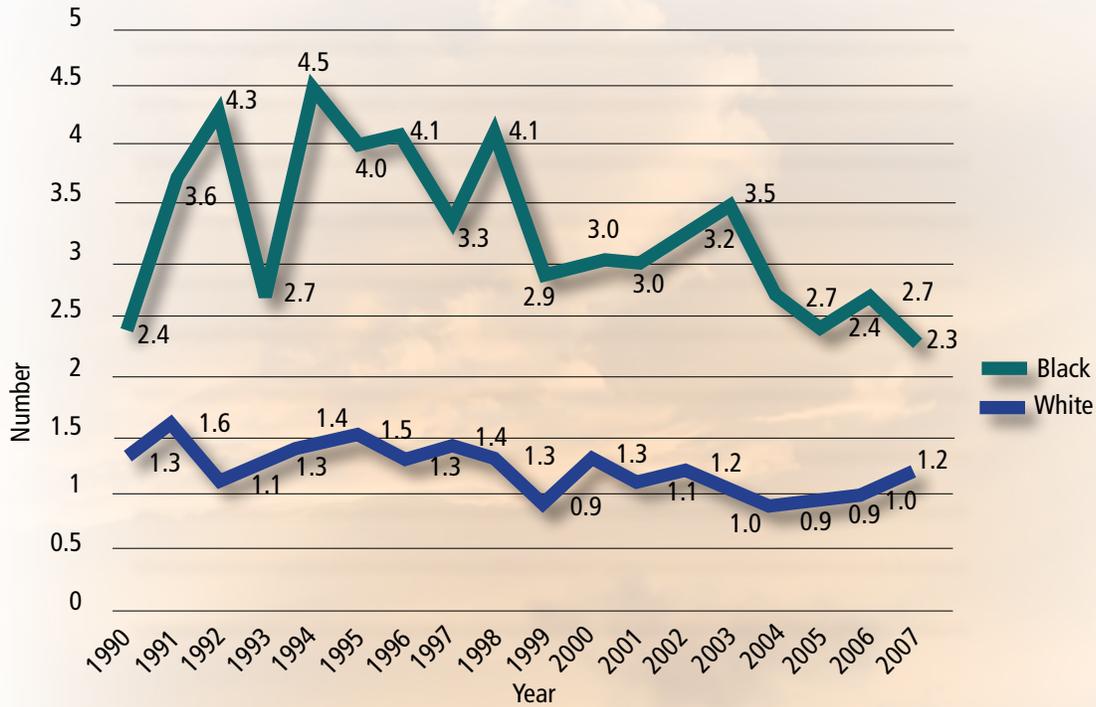
Asthma Deaths by Race and Year Ohio, 1990-2007

Year	Black	White
1990	27	120
1991	38	152
1992	43	111
1993	30	125
1994	46	137
1995	48	148
1996	46	134
1997	37	138
1998	46	131
1999	33	95
2000	34	134
2001	35	117
2002	38	132
2003	42	111
2004	32	103
2005	30	104
2006	35	116
2007	31	113

Black residents of Ohio die more often from asthma than whites. While 12% of the Ohio population is black, they represent 27% of asthma deaths.

Source: Ohio Department of Health, Center for Vital and Health Statistics, 1990-2007.

Asthma Death Rates, by Race and Year, Ohio, 1990-2007



Asthma Death Rates per 10,000 Residents by Sex and Race, Ohio, 1990-2007

Year	Total	Black	White
1990	1.4	2.4	1.3
1991	1.8	3.6	1.6
1992	1.4	4.3	1.1
1993	1.4	2.7	1.3
1994	1.7	4.5	1.4
1995	1.8	4.0	1.5
1996	1.6	4.1	1.3
1997	1.6	3.3	1.4
1998	1.6	4.1	1.3
1999	1.1	2.9	0.9
2000	1.5	3.0	1.3
2001	1.3	3.0	1.1
2002	1.4	3.2	1.2
2003	1.3	3.5	1.0
2004	1.1	2.7	0.9
2005	1.1	2.4	0.9
2006	1.2	2.7	1.0
2007	1.2	2.3	1.2

Black residents of Ohio have a higher mortality rate from asthma than white residents.

Source: Ohio Department of Health, Center for Vital and Health Statistics, 1990-2007.

Appendix D - Partners

Ohio Asthma Coalition Membership

The Ohio Asthma Coalition (OAC) is a collaborative group of medical and public health professionals, business and government agency leaders, community activists and others dedicated to improving the quality of life for people with asthma through information sharing, networking and advocacy. The coalition works together through a variety of committees and venues to implement the Ohio Statewide Asthma Plan.

Major participants in the revision of the statewide asthma plan included the members of the OAC Steering Committee and the staff of the Ohio Department of Health Asthma Program. The revision group used membership input from a survey in late 2008 to revise the plan in early 2009. The membership of the coalition was also involved in reviewing the goals and objectives of the plan and in making suggestions for changes to the plan.



Plan Revision Committee

Ohio Department of Health Asthma Program Staff

Mandy Burkett, Chief, Indoor Environments Section
Barbara Hickcox, Asthma Coordinator
Andrew Thomas, Asthma Sanitarian
Cynthia Weiss, Asthma Epidemiologist

Steering Committee Members

Dawn Bolyard, RN, MSN, CNS - Chair
Glen Needham, PhD - Past Chair
Kevin Morris, BS, RRT - Chair Elect
Karen Florkey, RN - Member-at-large
Phyllis Scheiderer, RN – Local Coalition Member
Jennifer Adkins, MD – Local Coalition Member
Diane McClure – Toxicologist
Paul Koval – Toxicologist
Shelly Kiser – Advocacy Committee
John Carl, MD – Clinical Initiative
Amy Chuang, MD – Clinical Initiative
Dawn Abbott, RN, BSN, MEd, NCSN – School Initiative
Belinda Huffman, BS, RRT, CPFT, AE-C – Home Visit In.
Roberta Taylor – Conference Committee
Barbara Rushley, RRT – Conference Committee
Pat Christoff, PharmD – Ways and Means
Marilyn Walton, MHHS, RRT, AE-C, RPSGT – Members

St. Vincent Mercy Children’s Hospital, Toledo
The Ohio State University
Nationwide Children’s Hospital, Columbus
CareSource, Dayton
Scheiderer Consulting
St. Vincent Mercy Children’s Hospital, Toledo
Ohio Environmental Protection Agency
Ohio Environmental Protection Agency
American Lung Association of Midland States
Cleveland Clinic, Cleveland, Ohio
Cleveland Clinic, Lorain, Ohio
ODH, School & Adolescent Health Program
Dayton Children’s Hospital, Dayton
Premier Community Health, Dayton
Central Ohio Primary Care Physicians
Dayton Children’s Hospital, Dayton
Akron Children’s Hospital, Akron

Health Plan Collaborative Members

Kim Spoonhower	Akron Children's Hospital
Marilyn Walton	Akron Children's Hospital
P. Cooper White	Akron Children's Hospital
Heather Hall	American Academy of Pediatrics, Ohio
Carol Beckham	Amerigroup Corporation
Elaine Beimesche	Amerigroup Corporation
LuAnne Lintner	Amerigroup Corporation
Martine Molett	Amerigroup Corporation
Barry Malinowski	Anthem
Tom Hall	Anthem
Irene Martin	Buckeye Health Plan
Kevin Rhoads	Buckeye Health Plan
Lori Mulichak	Buckeye Health Plan
Mary Pearson	Buckeye Health Plan
Ronald Charles	Buckeye Health Plan
Bob Gladden	CareSource
Craig Thiele	CareSource
Karen Florkey	CareSource
Terry Huysman	CareSource
John Carl	Cleveland Clinic Foundation Healthplan
Brad Singer	Executive Medicaid Management Association
Tamiyke Koger	Executive Medicaid Management Association
Paula Sauer	Medical Mutual of Ohio
Robert Rzewnicki	Medical Mutual of Ohio
Sheri Gavalya	Medical Mutual of Ohio
Brian Kolligian	Molina Healthcare
Dan Fulton	Molina Healthcare
David Snow	Molina Healthcare
Frances Crider	Molina Healthcare
Kevin Smith	Molina Healthcare
Lois Heffernan	Molina Healthcare
Wendy Mizanin	Molina Healthcare
Linda Klem	Mount Carmel Health Plan
Kevin Morris	Nationwide Children's Hospital
Barbara Hickcox	Ohio Department of Health
Cynthia Weiss	Ohio Department of Health

Mandy Burkett	Ohio Department of Health
Suparna Bhaskaran	Ohio Department of Insurance
Kara Miller	Ohio Health Plan, Medicaid
Patricia Barber	Ohio Health Plan, Medicaid
Pam Carr	Partners for Kids
Catherine Rice	Promedica Healthplan
Dawn Bolyard	St. Vincent Mercy Children's Hospital
Linda Easton	Summa Care
Michelle Polland	The Health Plan of the Upper Ohio Valley, Inc
Shelly Rouse	The Health Plan of the Upper Ohio Valley, Inc
Charles B. Paschall	United HealthCare
Jackie Lewis	United HealthCare
Judy Karpinski	United HealthCare
Kim Crandall	United HealthCare
Kimberly Hiltz	United HealthCare
Linda Post	United HealthCare
Melissa Lauria	United Healthcare
Richard Gajdowski	United Healthcare
Suzanne Pierce	United HealthCare
Ben Orris	Wellcare Healthplans, Inc.
Bill Epling	Wellcare Healthplans, Inc.
Calvin Warren	Wellcare Healthplans, Inc.
Julie Murphy	Wellcare Healthplans, Inc.
Ron Menzin	Wellcare Healthplans, Inc.
Terri Adkins	Wellcare Healthplans, Inc.
Terri Ayers	Wellcare Healthplans, Inc.
Valerie Vinson	Wellcare Healthplans, Inc.



General Membership of the Coalition

Yvonne Adair, CRT, RPFT	Genesis Health Care System, Zanesville
Gregg Alexander, MD	Madison Pediatrics, London
Elizabeth Allen, MD	OSU and Nationwide Children's Hospital, Columbus
James Allen, MD	The Ohio State University
Teresa Allton, RN, MSN, CNP	The Breathing Association/Lung Health Services
Tara Anderson	American Lung Association of Ohio
Gloria Ayres, RRT, RCP, AE-C	American Lung Association of Ohio - NW
Carol Ann Baglia, RRT	Correct Breathing Concepts, LLC
Rewa Banks, RN	Nationwide Children's Hospital
Debbie Barcus, RN	Holzer Clinic
Marilyn A. Barge, RN	CareSource
Timothy Barreiro, DO	Northeast Ohio University, College of Medicine
JoAnn G. Bedore, RN, BSPA, AE-C, TTS	Akron Children's Hospital
John Belt	Ohio Department of Health, Healthy Homes
Brian Benick	Knox County Health Department
Cathy G. Benninger, APRN, AE-C	The Ohio State University Medical Center
Sabrina Ben-Zion	Consumer Healthcare Products Association
Karen Berga, RN	Buckeye Community Health Plan
Brenda Biro, RN	Buckeye Community Health Plan
Eric Blake, RRT	Ohio Association of Community Health Centers
Dawn R. Bolyard, RN, MSN, CNS	St. Vincent Mercy Children's Hospital
Phillip B. Bouton	Columbus Public Health, Healthy Homes
Beth Bowman, MSSA	The Ohio State University Medical Center
Judy V. Bozick, RN	OSU Consultant on Head Lice
Pamela Brackett	Cleveland Department of Public Health
Donald Brannen, MPH	Greene County Combined Health District
Brenda Brown, RN	Buckeye Community Health Plan
Marsha M. Brown	Lucas County Children's Services
Tim Brown, PharmD	Akron General Medical Center
Timothy Buckley, PhD	OSU, College of Public Health
Connie Burns	Molina Healthcare of Ohio, Inc.
Robert A. Cain, MD	Asthma & Emphysema Center, Inc.
LaShawn R. Capito	Columbus Neighborhood Health Centers, Inc.
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Appendix E - Glossary

Organizations

ALA-MS	American Lung Association of Midland States (includes Michigan, Ohio, Kentucky and Tennessee)
CDC	Centers for Disease Control and Prevention, Atlanta, GA
NAEPP	National Asthma Education and Prevention Program, part of the National Heart, Lung and Blood Institute at NIH
NIH	National Institutes of Health
OAC	Ohio Asthma Coalition
OAHP	Ohio Asthma Health Plan Collaborative
ODH	Ohio Department of Health
ODHAP	Ohio Department of Health Asthma Program
OEPA	Ohio Environmental Protection Agency
OSSA	Ohio Surveillance System for Asthma
USEPA	United States Environmental Protection Agency

Terms

A

Advocacy	Active support for a position or cause that the OAC pursues verbally, in writing, and in its positions. Advocacy may refer to legislative or community advocacy.
Allergen	The substance that triggers an allergic reaction.
Allergy	An acquired, abnormal immune response to a substance that can cause a broad range of inflammatory reactions.
Anti-inflammatory drugs	Drugs that reduce the symptoms and signs of inflammation.
Anti-leukotrienes	Drugs that are taken orally that reduce the allergic response to allergens in the environment.
Asthma	A chronic, inflammatory lung disease characterized by recurrent breathing problems usually triggered by allergens (infection, exercise, cold air, secondhand smoke and other factors may also be triggers).

B

Bronchodilators

A group of drugs that widen the airways in the lungs.

Burden of Asthma

Refers to a collection of data points that, as a whole, describes the human, economic and population impact of asthma.

C

Childhood Asthma Awareness Campaign

Often referred to as the “Goldfish Campaign”, this series of public service announcements and related materials was developed by the USEPA to promote awareness of asthma and asthma trigger management.

D

Disparities

The Office of Minority Health at the US Department of Health and Human Services defines health disparities as “persistent gaps between the health status of minorities and non-minorities in the United States.”

E

Epidemic

A disease or condition that is clearly in excess of the expected level for a given period of time.

Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma

Full Report, 2007 provides new guidance for selecting treatment based on a patient’s individual needs and level of asthma control. The guidelines emphasize that while asthma can be controlled the condition can change over time and differ among individuals and by age groups. Thus, it is important to monitor regularly the patient’s level of asthma control so that treatment can be adjusted as needed.

H

Healthcare provider

In this plan the term applies to physicians and non physician providers who may be involved in care of the person with asthma including: physicians, nurse practitioners, physician assistants, nurses, respiratory therapists, pharmacists, certified asthma educators.

Healthy SEAT (School Environmental Assessment Tool)

A USEPA tool based on the School Environmental Assessment Manual produced by the ODH School Environmental Health Program, a sister program of ODHAP.

I

Inflammation

Redness, swelling, heat, and pain in a tissue due to chemical or physical injury, infection, or allergic reactions in the nose, lungs, and skin.

Inhaled Corticosteroids

A group of anti-inflammatory drugs similar to the natural corticosteroid hormones produced by the adrenal glands.

Initiatives A replicable, sustainable collection of evidence based interventions, policies, and system changes that create an entire program to address asthma in a specific setting such as schools, clinical settings, homes and workplaces.

Intervention A set of activities that are a deliberate involvement with patients and families or settings to influence events or prevent undesirable consequences, such as asthma morbidity and mortality.

J

Jarod's Law An Ohio law developed in response to a child death from a recalled school product. The law was developed by a state senator working with the ODH School Environmental Health Program. The law addressed school health, safety and indoor air quality. Local health departments inspected schools once a year under the law using the manual developed by the ODH School Environmental Health Program and its advisory committee. The bill was repealed in 2009.

N

NIH Guidelines Published by the National Asthma Education Prevention Program Expert Panel Report, 1997, 2002, 2007 the actual title is "Guidelines for the Diagnosis and Management of Asthma". The NIH Guidelines are widely accepted as evidence based practice guidelines.

M

Mortality rates A measure of the frequency of occurrence of death in a defined population during a specified interval.

P

Policy A set of principles adopted by a person, group or organization that guides actions and decisions.

Prevalence The proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time.

R

Research May refer to a broad group of investigative activities in the laboratory, the community, the clinical setting or other settings. It may involve any number of disciplines including but not limited to: physicians, nurses, respiratory therapist, environmental scientists, public health scientists, educators, and others.

S

Self-management Refers to the ability to understand a disease process and its management so thoroughly that an individual is able to incorporate into daily life the personal interventions and changes necessary to prevent morbidity and mortality.

Strategic Evaluation Plan A document produced by the ODHAP, its evaluation consultants, and members of the OAC that outlines the questions to be answered, the methods by which that information will be collected and the timing when each method will be implemented.

Sustainability Refers to the ability to promote change that will be institutionalized or maintained within a person, setting or system.

System Refers to a method or set of procedures for achieving a goal, i.e. asthma management in a specific setting where people live, work, learn, play and receive healthcare.

T

Trigger A substance or condition that irritates the inflamed airway causing a reaction that creates asthma symptoms such as cough, shortness of breath, and wheezing. These substances may be biological (pollen, insects, dander, and mold), chemical (cleaning agents, perfumes, air fresheners, and paints), environmental conditions (exercise, cold, humidity, dust).

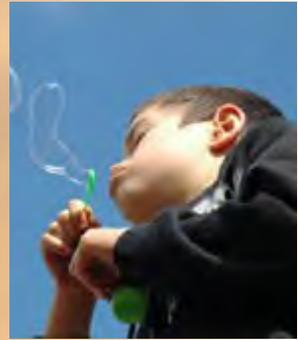
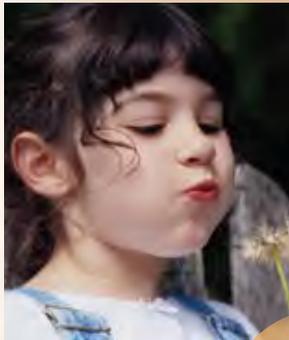


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Notes



OAC OHIO ASTHMA COALITION
Living Well with Asthma



John Kasich, Governor
Theodore E. Wymyslo, M.D., Director of Health

To protect and improve the health of Ohioans