

Utah Asthma Plan

2025-2029



Acknowledgements

Special thanks to members of the Utah Asthma Task Force for their work to develop the goals and strategies listed in this plan.

Utah Department of Health & Human Services
Asthma Program
288 North 1460 West
PO Box 142106
Salt Lake City, UT 84114-2106
asthma.utah.gov



This report was prepared by Kellie Baxter and Holly Uphold.

Funding for this publication was provided by the Centers for Disease Control and Prevention (CDC), Cooperative Agreement #NUE1EH001525, Advancing Health Equity in Asthma Control through EXHALE Strategies. The contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Table of contents

Executive statement	4
Introduction	5
Asthma prevalence	7
Healthcare utilization	10
Triggers, barriers, and uncontrolled asthma	12
Section 1: Infrastructure strategies	14
Section 2: EXHALE strategies	17

Executive statement

The Utah Department of Health and Human Services is pleased to present the Utah Asthma Plan 2025-2029. The plan is the result of a statewide joint effort. The plan was developed by asthma experts, community organizations, healthcare professionals, government agencies, and people who have asthma. The Utah Department of Health and Human Services thanks the devoted individuals who gave their time and energy to create this roadmap for asthma efforts throughout the state.

Asthma places a heavy burden on those who have the disease, and can have far reaching consequences for healthcare systems and on economic, social, and psychological outcomes. The Utah Asthma Plan 2025-2029 is a coordinated call to action and challenges us to work toward a common cause. When we work to achieve the goals and strategies outlined in the plan, we can reduce the public health burden caused by asthma. We look forward to working with partners to improve the lives of those who have asthma.

Introduction



What is our vision?

Improve the lives of those with asthma.

What is our mission?

Make lasting connections to improve the lives of those with asthma based on the following:

- Enhance and develop partnerships
- Conduct surveillance and evaluate the burden of asthma in Utah
- Promote the use of best practices
- Share resources

Background



The Utah Department of Health and Human Services applied for funding from the Centers for Disease Control and Prevention (CDC) in 2001 to develop the capacity to address asthma from a public health perspective. Utah was awarded funding and created the Utah Asthma Program. The Utah Asthma Program invited professionals and community members invested in asthma issues to join the Asthma Task Force in 2002. In September 2003, the Utah Asthma Task Force released the first strategic Utah Asthma Plan to address asthma. The 2025-2029 Utah Asthma Plan is the fifth strategic plan since 2003. Members of the Asthma Task Force help plan and implement projects outlined in the state plan. The Asthma Task Force meets 2 times per year to oversee progress of the plan and revise it as needed to address current needs. Task force members are also invited to join project groups to plan and implement specific activities listed in the plan.

Introduction, continued



What is the purpose of the plan?

The Utah Asthma Plan identifies priorities and gives a roadmap of asthma activities for the Utah Asthma Task Force. It is a living document that will be updated as needed to reflect the needs and priorities of community stakeholders and members of the Asthma Task Force.

The planning process

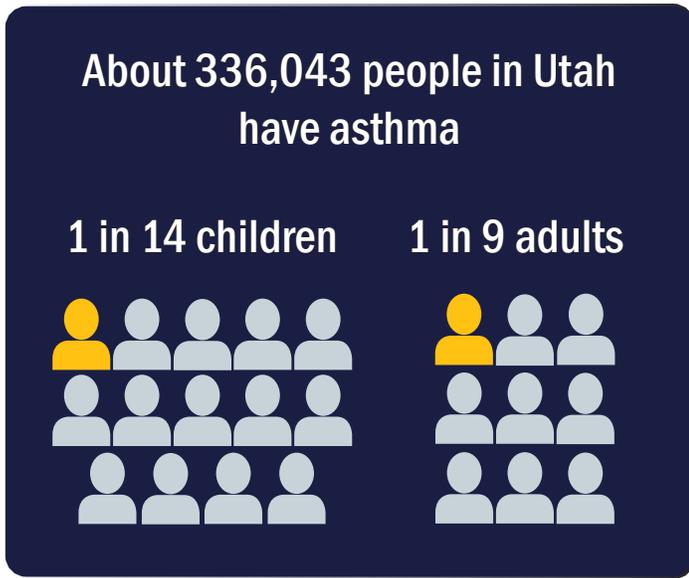
The Utah Asthma Program reviewed previous state plans, asthma efforts underway by partners across Utah, and the CDC EXHALE toolkit to develop a first draft of goals and strategies for the plan. In August 2024, Asthma Task Force members reviewed progress and outcomes from the previous Utah Asthma Plan 2020-2025 to get ready to develop the new state plan. A draft of the Utah Asthma Plan 2025-2029 was presented at the October 2024 Asthma Task Force meeting. Input from members included perspectives from local health departments, tobacco prevention specialists, healthcare professionals, health plans, housing programs, and individuals with asthma. Feedback from Asthma Task Force gave us a better understanding of asthma-related needs in the state and was used to finalize the plan.



Defining the problem through data

Data in this section provides a brief overview of the asthma burden in Utah. More details on the extent of asthma in Utah can be found in the 2018 Utah Asthma Burden report, available at asthma.utah.gov/report.

Asthma burden in Utah—asthma prevalence

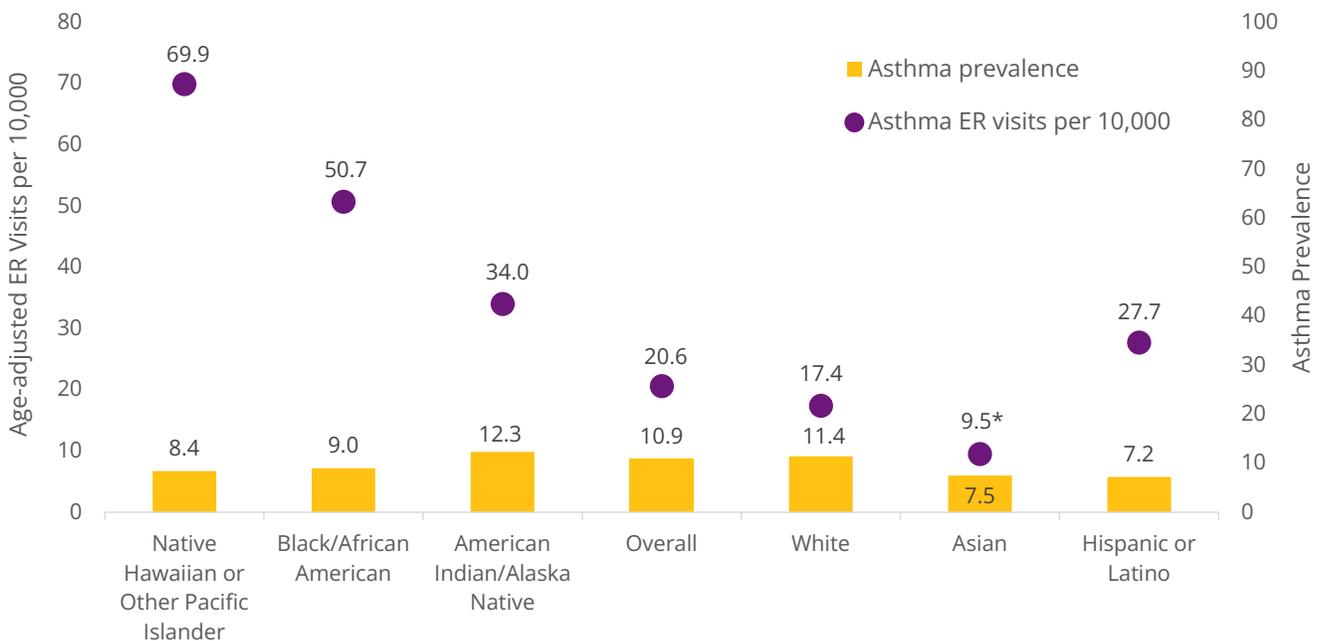


Adults most likely to have asthma	
Race	American Indian/ Native Alaskan
Age	18-34
Income	Less than \$25,000
Sex	Female
Geography	Rural/frontier

Source: Utah Behavioral Risk Factor Surveillance System (BRFSS), 2022.

Even though asthma prevalence is similar, people of certain racial or ethnic backgrounds visit the ER more often for asthma, which is a sign of poor asthma control.

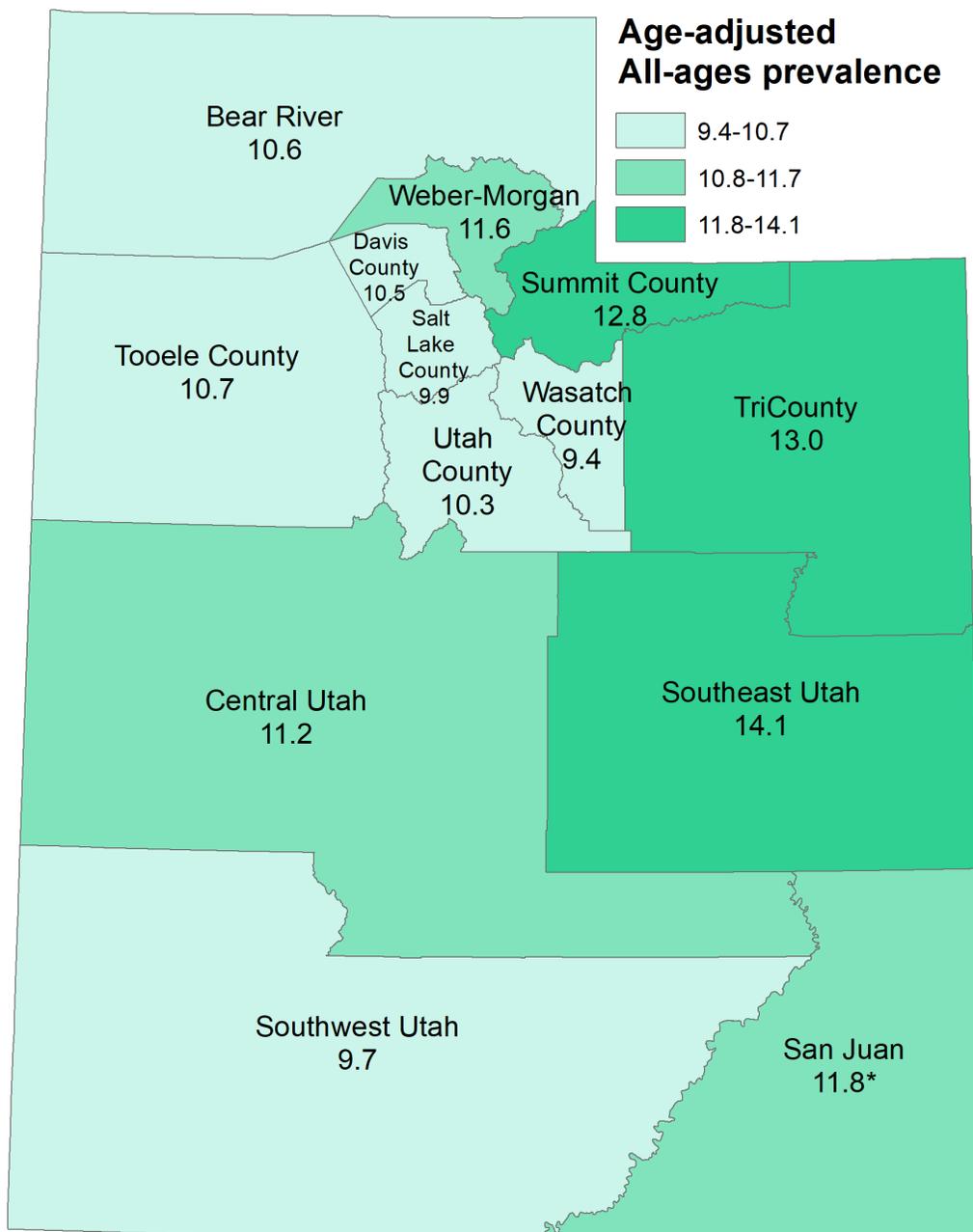
Asthma emergency room visits and prevalence by race/ethnicity, Utah adults, 2022



Source: Utah Emergency Department Encounter Database. Note: The primary diagnosis code ICD J45 was used to identify ED visits due to asthma. Data include patients who were treated and released and those who were admitted as inpatients & Utah BRFSS, 2022. Age-adjusted prevalence. *Insufficient relative standard error to meet DHHS standard for data reliability, interpret with caution.

Asthma burden in Utah—asthma prevalence

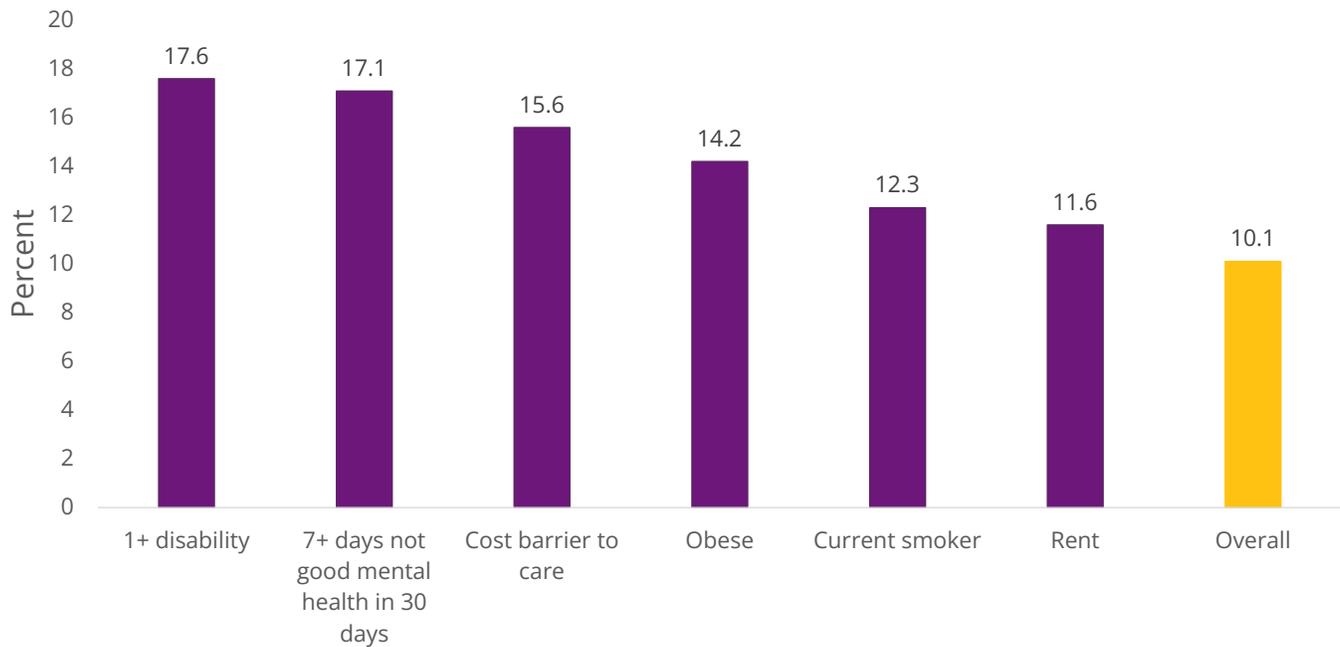
All ages asthma prevalence by local health district, 2021-2022



Source: Utah BRFS, 2021-2022. Age-adjusted prevalence. *Insufficient relative standard error to meet DHHS standard for data reliability, interpret with caution.

Asthma burden in Utah—asthma prevalence

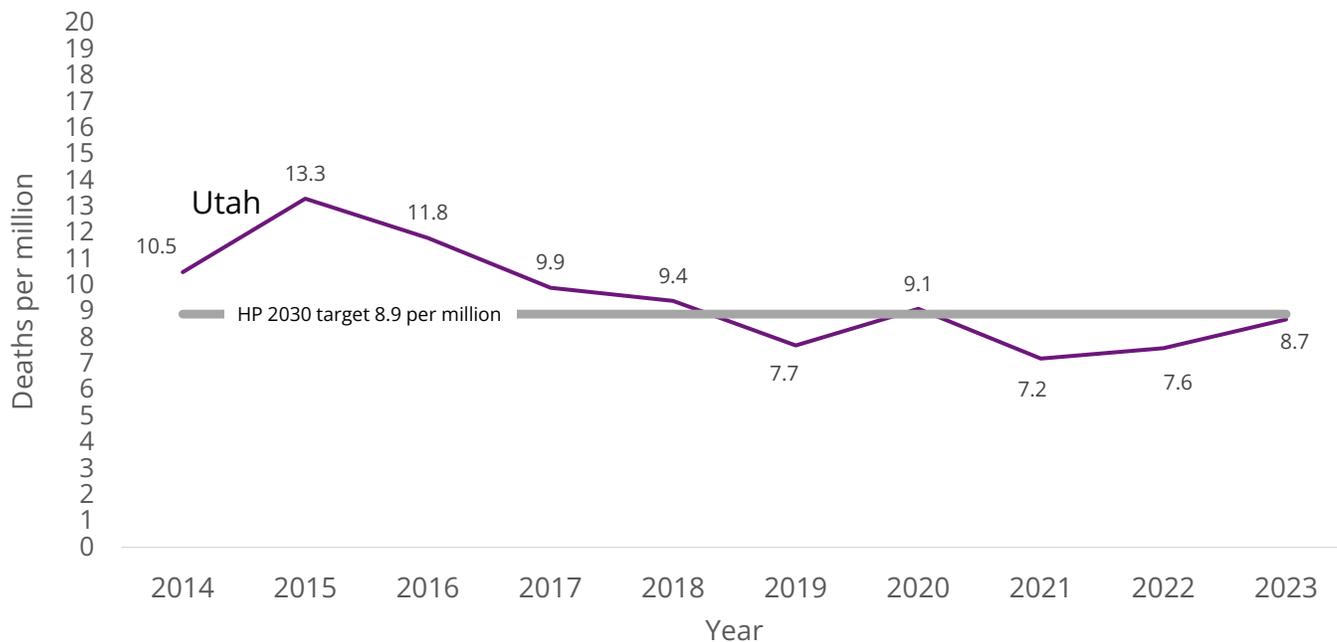
Asthma prevalence by risk factor, Utah, 2020-2021



Source: Utah BRFSS, 2020-2021. Age-adjusted prevalence.

Asthma burden in Utah—mortality rates

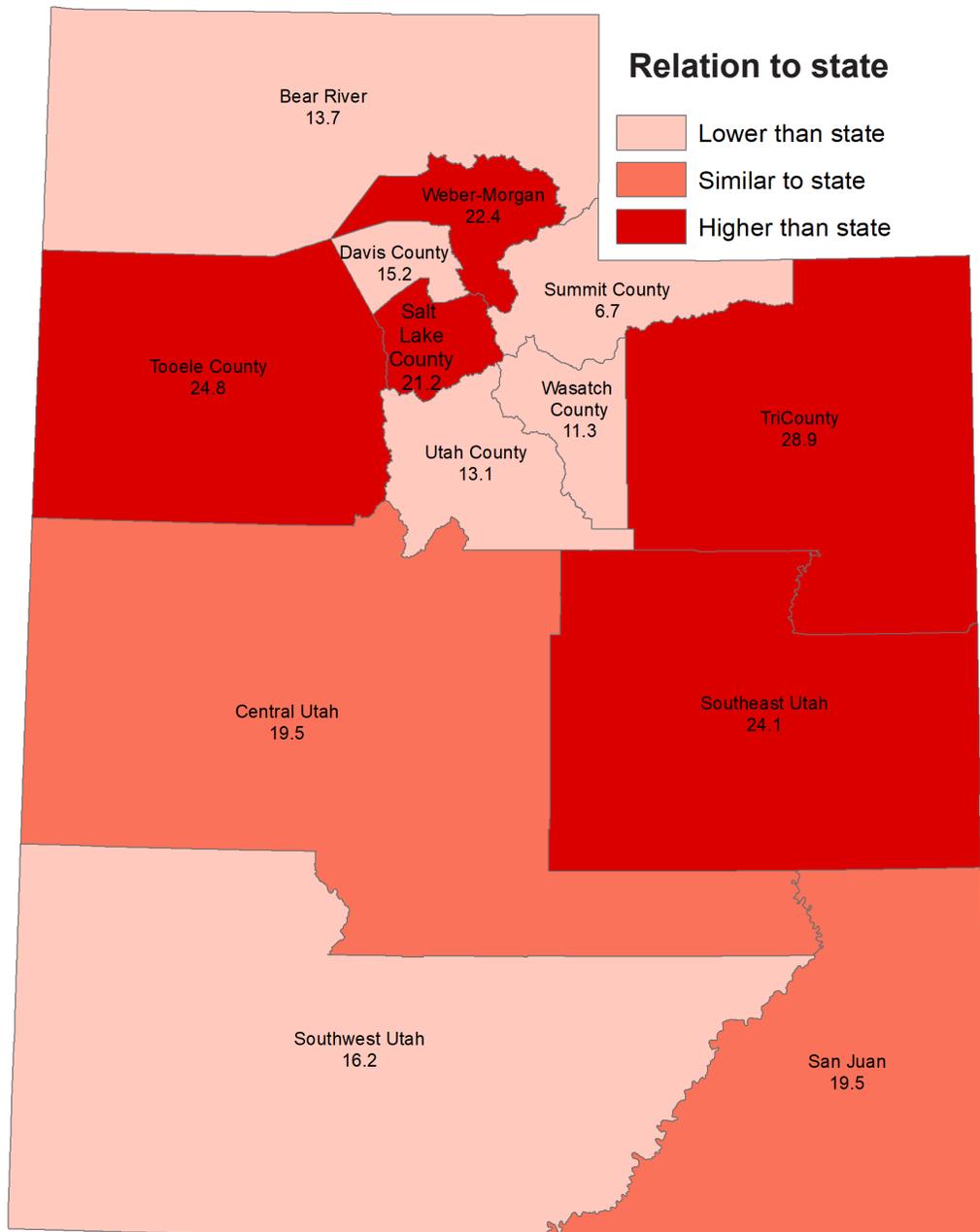
Asthma mortality rates, 2014-2023



Source: Utah Death Certificate Database, 2014-2023. Note: The primary diagnosis code ICD J45 was used to identify deaths due to asthma.

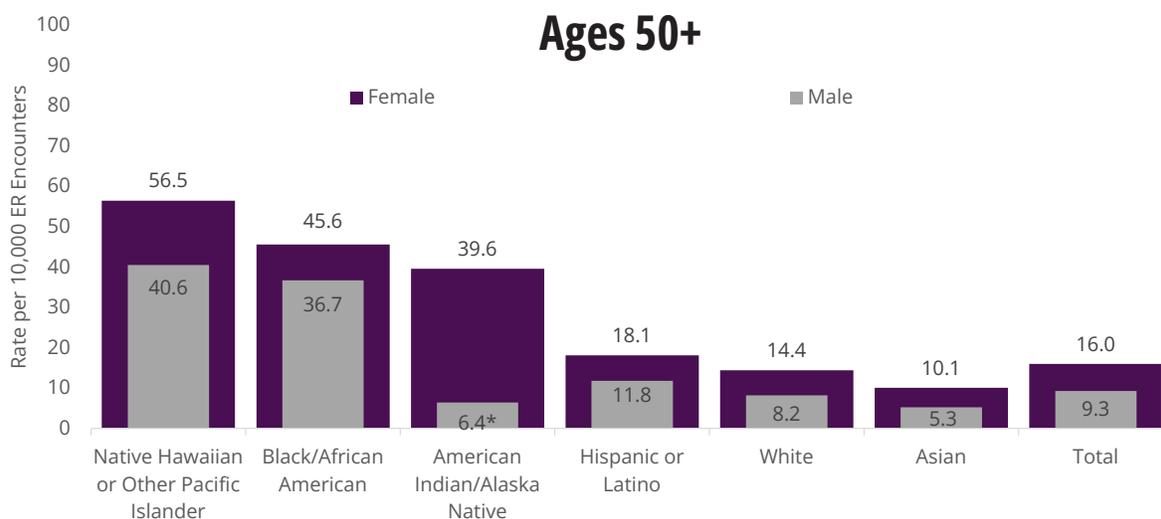
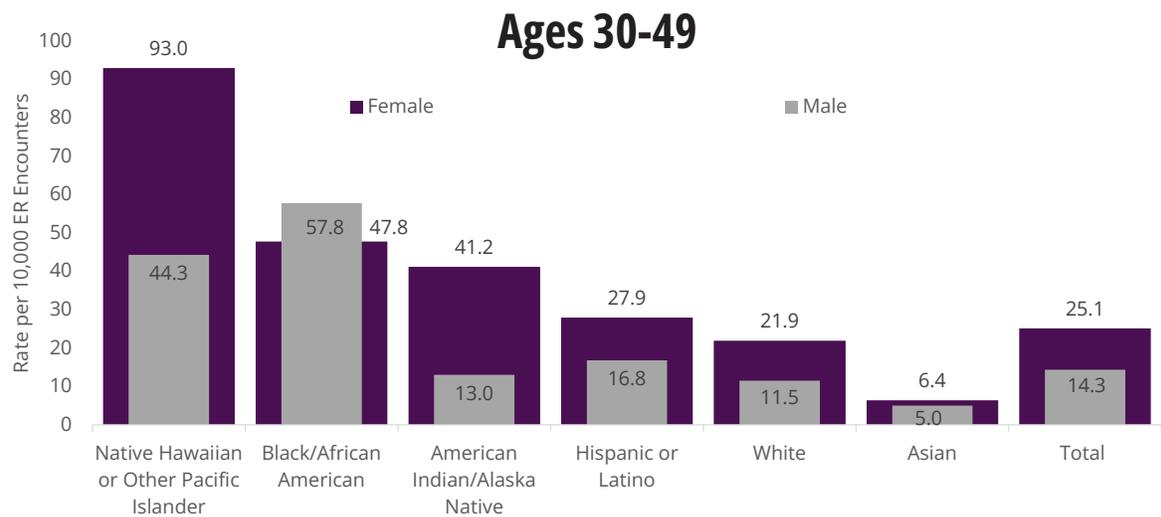
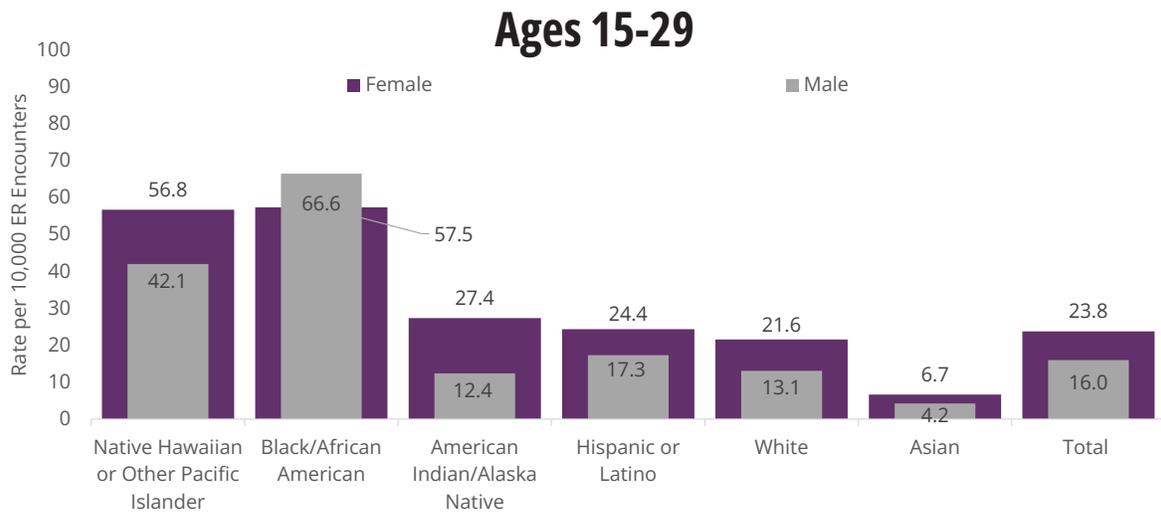
Asthma burden in Utah—healthcare utilization

Asthma-related emergency room visit rates by local health district, 2021-2022



Source: Utah Emergency Department Encounter Database, 2021-2022. Note: The primary diagnosis code ICD J45 was used to identify ED visits due to asthma. Data include patients who were treated and released and those who were admitted as inpatients.

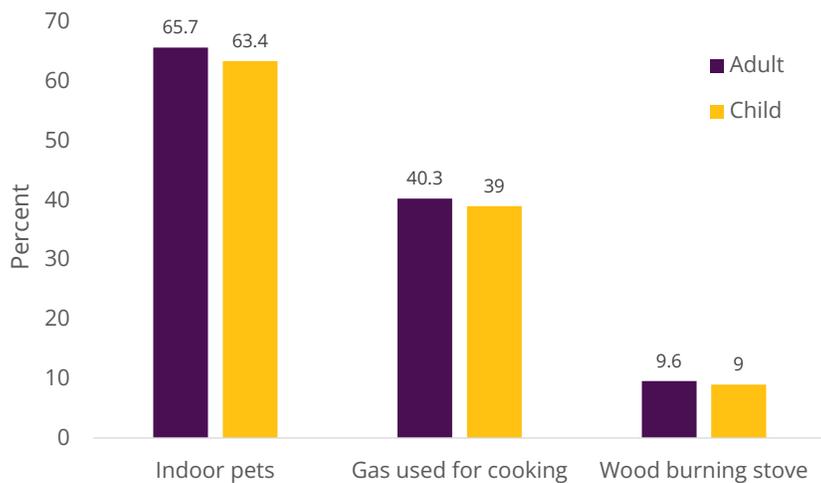
Asthma burden in Utah—ER visits by race and sex, 2019-2021



Source: Utah Emergency Department Encounter Database, 2019-2021. Note: The primary diagnosis code ICD J45 was used to identify ED visits due to asthma. Data include patients who were treated and released and those who were admitted as inpatients.

Asthma burden in Utah—triggers, barriers, and uncontrolled asthma

The 3 most common asthma triggers reported for adults and children are indoor pets, gas used for cooking, and having a wood burning stove



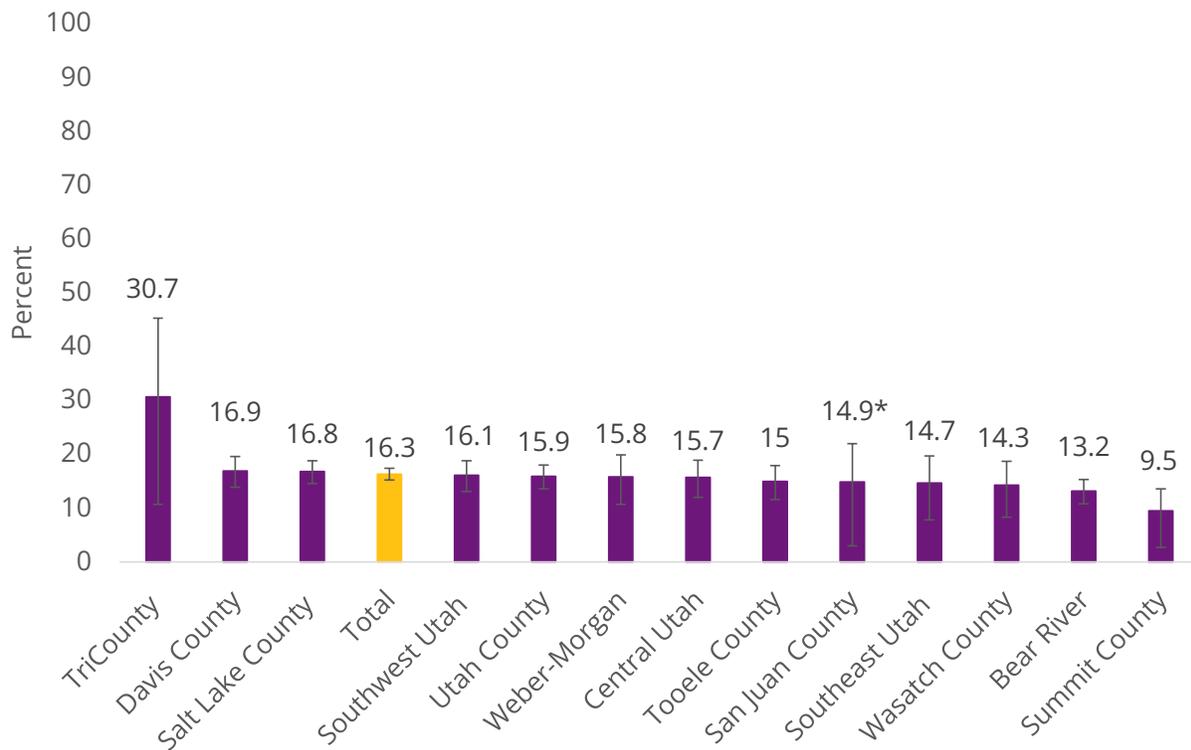
Source: Utah Asthma Call Back Survey, 2019-2022.

Percent of those with asthma who could not afford their medication



Source: Utah Asthma Call Back Survey, 2022-2023.

Missed school due to asthma by local health district, 2015-2023



Source: Utah Prevention Needs Assessment, grades 6, 8, 10, 12, 2015-2023.

Section 1: Infrastructure

Surveillance and evaluation

Goals

1. Collaborate with stakeholders to conduct systematic, high quality evaluations of EXHALE services and expansion of strategies.
2. Maintain the Utah asthma surveillance system.
3. Use population-based surveillance data to describe the burden of asthma in Utah.
4. Monitor and use data to guide strategic action.

Strategies

1. UAP staff and partners will work together implement a new Utah strategic evaluation plan.
2. Use data to inform stakeholders and the public about the burden of asthma in Utah IBIS and the UAP website.
3. Use data to guide asthma activities and monitor the state plan.
4. Assess the UAP's capacity for sustainability using the Program Sustainability Assessment Tool.

Outcomes

1. Review the Utah strategic evaluation plan and Utah Asthma Plan annually and make adjustments as needed.
2. Involve at least 1 stakeholder in evaluation, planning, or implementation to increase capacity of UAP staff and partners to create, implement, and use evaluations.
3. Data is used to guide quality improvement projects and evaluations, target UAP activities, and monitor the Utah Asthma Plan.
4. Develop an action plan to increase the chance that asthma services in Utah will continue.

Communication

Goals

1. Conduct health communication activities to support people with asthma and those who care for them.
2. Use surveillance data to identify those with uncontrolled asthma and put communication strategies in place to meet their needs.

Strategies

1. Develop a communication plan to increase awareness of asthma resources and programs.
2. Conduct communication activities to reach those with uncontrolled asthma.
3. Identify needs for communication and communication channels to reach those with uncontrolled asthma.
4. Maintain the Utah Asthma Task Force listserv.

Outcomes

1. Update the communication plan each year.
2. Conduct at least 2 communication activities each year.

Section 2: **EXHALE**



Education on asthma self-management

Goals

1. Expand access to and delivery of asthma self-management education (AS-ME).

Strategies

1. Increase awareness of AS-ME programs and resources among healthcare providers and people who have asthma.

Outcomes

1. Increase the number of counties served through home visiting services by at least 1.



X-tinguish smoking and exposure to secondhand smoke

Goals

1. Reduce tobacco smoking and exposure to secondhand smoke.

Strategies

1. Increase the number of individuals with asthma who access the Tobacco Quitline.
2. Work with the Utah Tobacco Free Alliance to promote policies that reduce tobacco use and exposure to secondhand smoke.

Outcomes

1. At least 90% of program participants will be screened for referral to the Quitline.
 2. A UAP staff member will participate in quarterly Utah Tobacco Free Alliance meetings.
-



Home visits for trigger reduction and self-management education

Goals

1. Expand access to home visits for AS-ME and trigger reduction.

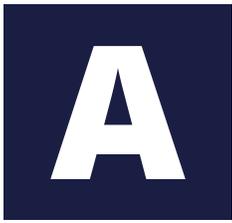
Strategies

1. Increase the number of individuals with asthma who receive home-based AS-ME.
2. Conduct indoor environmental assessments to reduce the impact of indoor asthma triggers for UAHVP participants.
3. Improve reimbursement structure for home-based AS-ME.

Outcomes

1. Maintain a yearly average of 25 participants per partner in the Utah Home Visiting Program.
2. Increase UAHVP participants who complete an environmental home assessment to 90% per year.
3. Update the business case on the effectiveness of the asthma self-management education and share with stakeholders.





Achievement of guidelines-based medical management

Goals

1. Increase access to remote monitoring for asthma management.
2. Improve access and adherence to asthma medications and devices.

Strategies

1. Work with Medicaid to offer remote monitoring for asthma in rural areas.
2. Educate UAHVP participants on proper use of medication.

Outcomes

1. Increase to 50% the percentage of participants in the home visiting program who increase their controller medication use.
2. Increase medication adherence rates among Medicaid members in rural areas.





Linkages and coordination of care across settings

Goals

1. Promote coordinated care for people with asthma.



Strategies

1. Increase awareness of asthma resources and programs including stock albuterol in schools, eAsthma Tracker, prescription assistance programs, home remediation services, and community resources to address social drivers of health.
2. Assess social drivers of health needs among individuals with asthma and provide linkages to community resources.
3. Meet with at least 10 partners that serve those with uncontrolled asthma to invite referrals to the UAHVP.
4. Implement a program to fund school nurses to complete asthma-related projects in schools.

Outcomes

1. Work collaboratively with partners at least 3 times per year to share available asthma resources and programs.
2. Increase to 80% UAHVP participants who are screened for social drivers of health needs.
3. Meet with at least 10 organizations serving those with uncontrolled asthma.
4. Make 5 to 10 funding opportunities available to school nurses each year.



Environmental policies or best practices to reduce asthma triggers

Goals

1. Reduce exposure to environmental asthma triggers.

Strategies

1. Increase awareness of air quality action alerts and health advisories.
2. Promote home weatherization assistance programs through the UAHVP.
3. Promote adoption of smoke-free policies and strategies.

Outcomes

1. Partner with at least 3 organizations to promote air quality action alerts and health advisories.
2. A UAP staff member will attend UCAIR and Utah Tobacco Free Alliance meetings and contribute as needed.
3. 100% of organizations implementing the UAHVP will refer to local home weatherization programs.





Utah Department of
Health & Human
Services