

# Utah Asthma Plan

## 2020-2025



## Acknowledgements

The Utah Asthma Program would like to thank members of the Utah Asthma Task Force for their efforts in developing the goals and strategies listed in this plan.

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## Executive Director Letter



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Lieutenant Governor

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February 24, 2021

Dear Fellow Utahns,

The Utah Department of Health is pleased to present the Utah Asthma State Strategic Plan 2020–2025. The plan is the result of a statewide collaborative effort. The plan was developed by asthma experts, community organizations, health care professionals, government agencies, and individuals with asthma. The Utah Department of Health would like to thank 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 with the disease, as well as those who offer support. The Utah Asthma State Strategic Plan 2020–2025 is a coordinated call to action, challenging us to work toward a common cause. By striving to achieve the goals and strategies we can reduce the public health burden caused by asthma. We look forward to working closely with you, as individuals and as partners, to realize the vision of “Utah communities working together to improve the quality of life for people with asthma.”

Sincerely,

Richard G. Saunders  
Executive Director



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## Introduction



### What is our vision?

We are the **Utah Department of Health Asthma Program**. Our vision is to improve the lives of those with asthma.

### What is our mission?

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

- Enhancing and developing partnerships
- Regularly conducting surveillance and evaluation of the burden of asthma in Utah
- Promoting the use of best practices
- Sharing resources



### Background

Recognizing the burden of asthma on Utah citizens, the Utah Department of Health 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. In 2002, the Utah Asthma Program invited professionals and community members invested in asthma issues to join the Asthma Task Force. In September 2003, the Utah Asthma Task Force launched the first Utah Asthma Plan to address asthma from a public health perspective. The Asthma Task Force launched subsequent plans including the 2007-2012 and 2012-2016 state plans. CDC did not direct states to develop state strategic plans again until 2020, which led to the development of the Utah Asthma Plan 2020-2025. Members of the Asthma Task Force will help plan and implement projects outlined in the plan. The Asthma Task Force meets three 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 workgroups to plan and implement specific projects listed in the plan.

## Introduction, continued

### What is the purpose of the plan?

The Utah Asthma Plan identifies priorities and provides 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 being conducted by partners across Utah, and the CDC EXHALE Toolkit to develop a first draft of goals and strategies for the plan. Asthma Task Force members were invited to join the planning process and a virtual stakeholder meeting was held in August 2020 to review the plan. Input from community members included perspectives from local health departments, health plans, healthcare professionals, quality improvement specialists, and housing programs. Information gathered provided a better understanding of asthma-related needs in the state and was used to inform the revision of the plan. A draft of the Utah Asthma Plan 2020-2025 was presented at the October 2020 Asthma Task Force meeting. At this meeting, Asthma Task Force members gave feedback and proposed timelines and partners for each strategy in the plan. This feedback was used to finalize the plan. The final Utah Asthma Plan 2020-2025 was presented to the Asthma Task Force and CDC in February 2021.

## Defining the problem through data

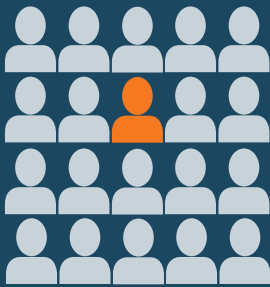
Data in this section provides a brief overview of the asthma burden in Utah. Additional detail on the extent of asthma in Utah can be found in the Utah Asthma Burden Report 2018, available at [health.utah.gov/asthma](https://health.utah.gov/asthma).



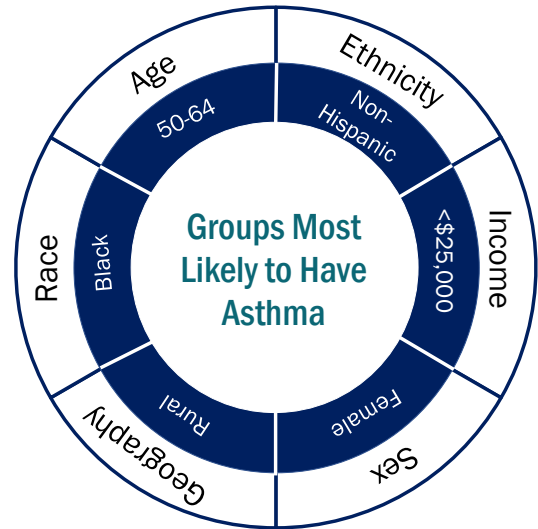
## Asthma Burden in Utah - Asthma Prevalence

Approximately 258,549 people in Utah have Asthma

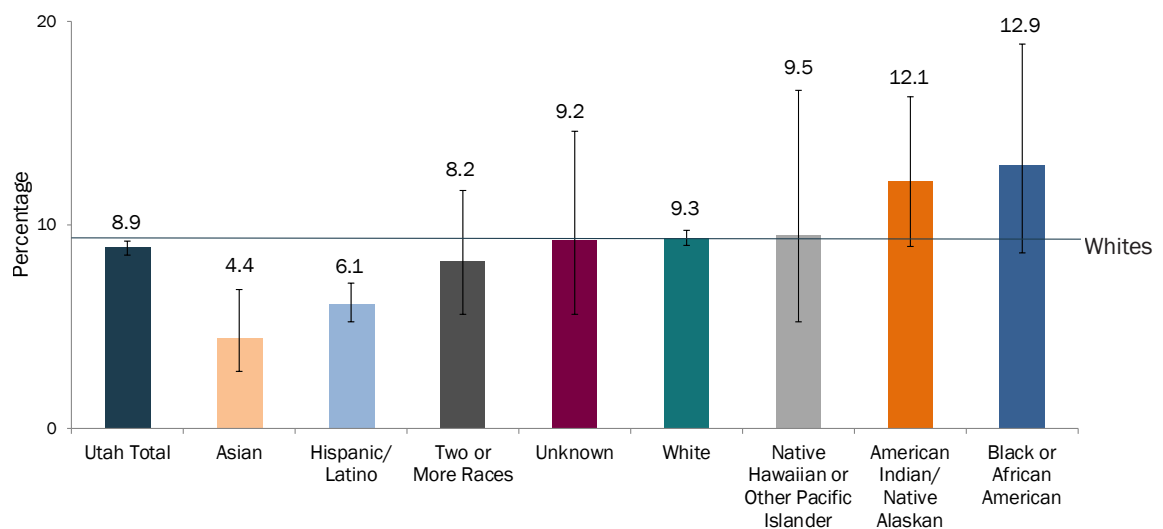
1 in 20 Children



1 in 11 Adults

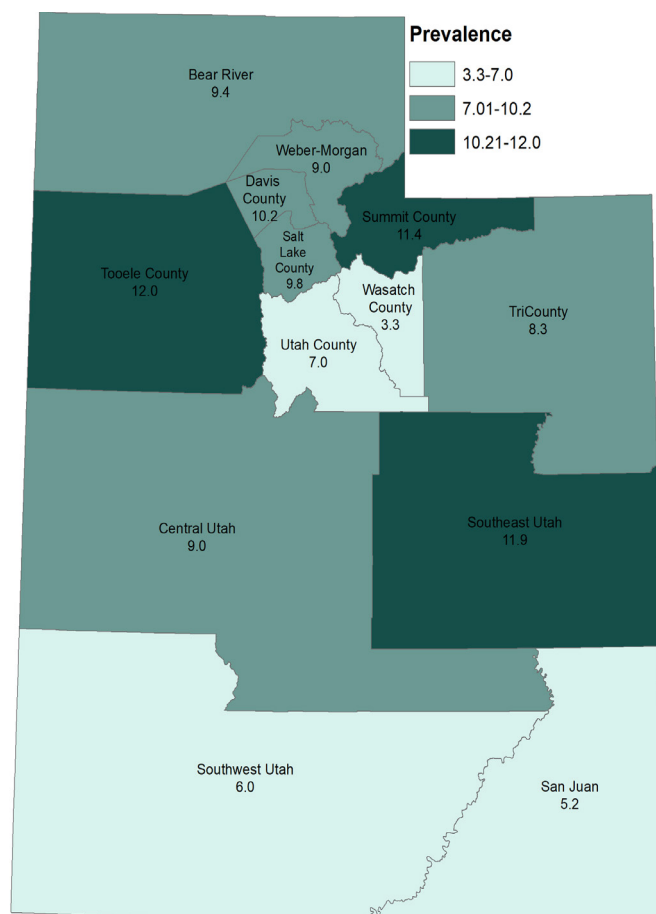


Prevalence of Current Asthma by Ethnicity/Race, Utah Adults (Aged 18+), 2015-2018



## Asthma Burden in Utah - Asthma Prevalence

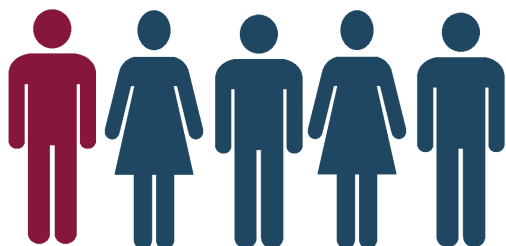
### Age-Adjusted Asthma Prevalence by Local Health District, All Ages, 2018



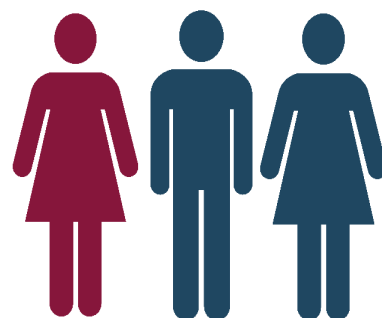
## Uncontrolled Asthma Prevalence by Demographics, Utah, 2015-2017

### Those with asthma that is uncontrolled\*

1 out of 5 children



1 in 3 adults

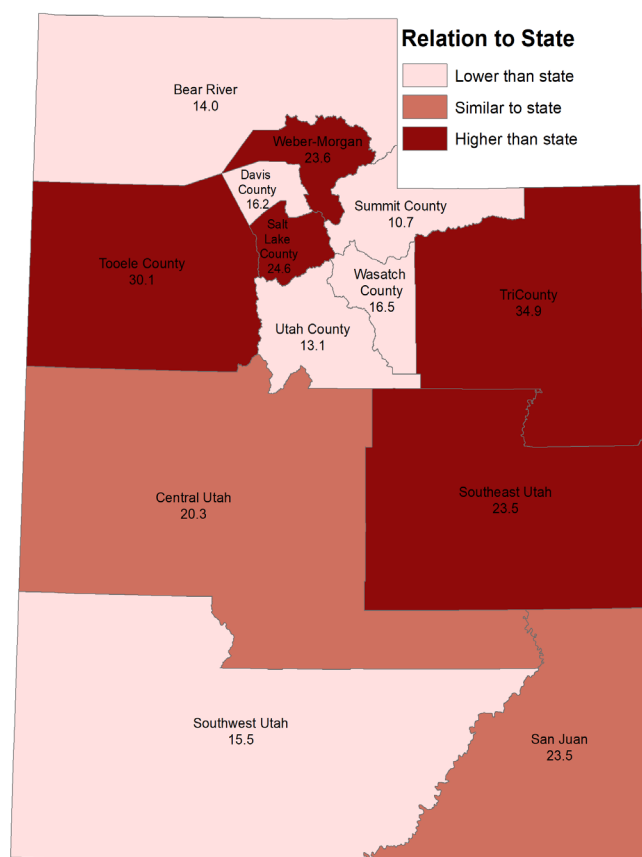


\*Asthma control was defined using CDC's National Asthma Program algorithm. These measures include, daytime symptoms (>2 times a week), nighttime symptoms (Ages 0-4: > 1 time a month, Ages 5-11: >= 2 times a month, Ages 12 or older: 1-3 times a week), and use of B-2 agonists (SABA) (> 2 days a week) for symptom control.



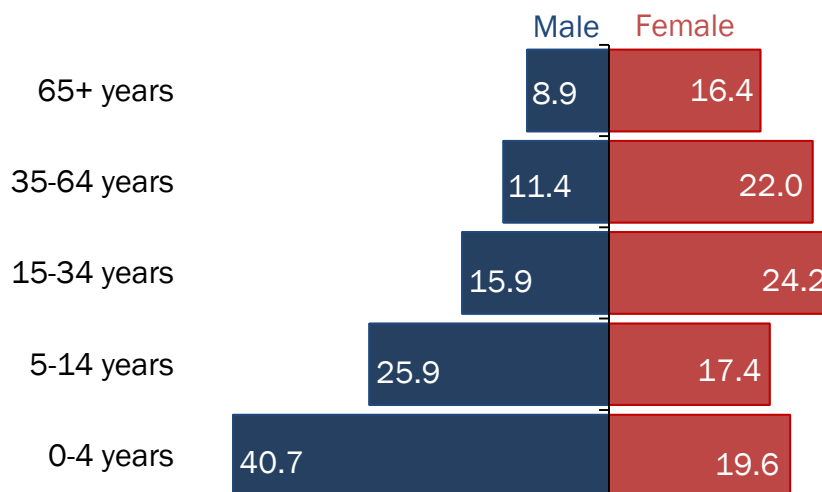
## Asthma Burden in Utah - Healthcare Utilization

### Age-Adjusted Asthma-Related Emergency Department Visit Rates by Local Health District, 2017-2018



## Asthma Burden in Utah - ED Visits by Sex

### Asthma-related ED Visit Rate by Age and Sex, Utah, 2017-2018

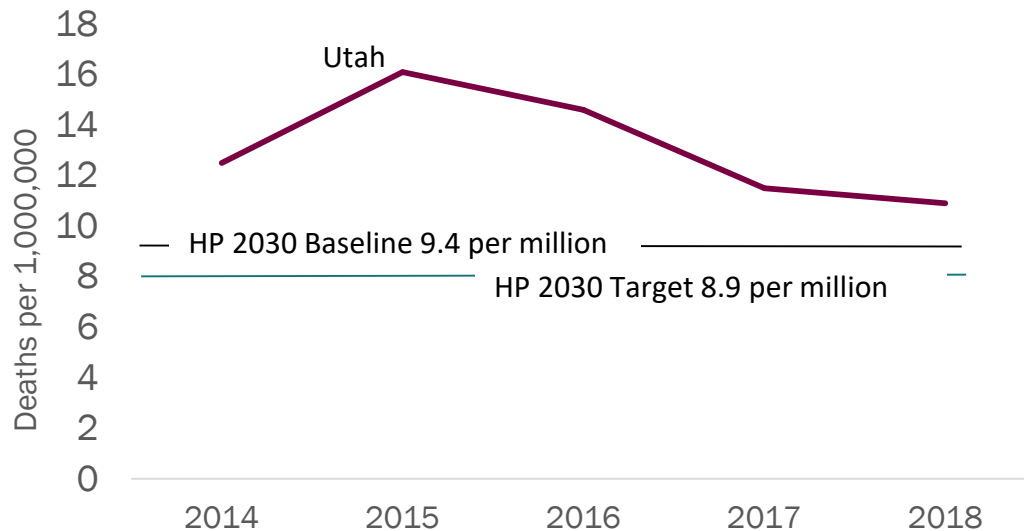


Asthma-related Emergency Department Visit Rate per 10,000



## Asthma Burden in Utah - Mortality Rates

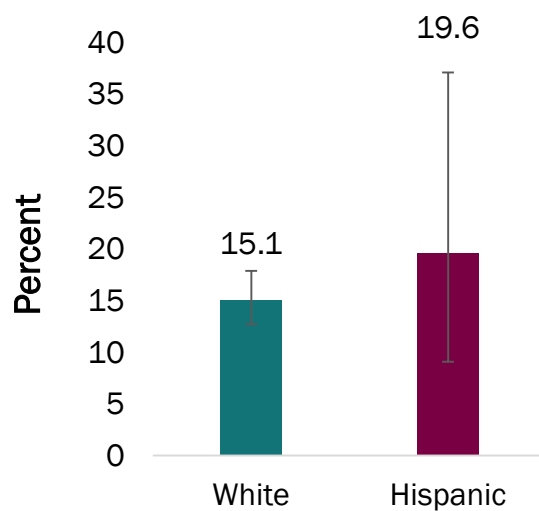
Asthma Mortality Rates, 2016-2018



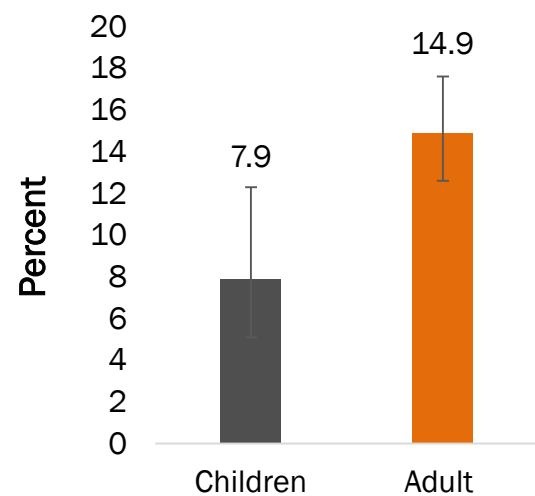
## Asthma Burden in Utah - Cost Barriers

Cost Barrier to Asthma Medication by Demographics,  
Utah, 2015-2017

More people who are Hispanic can't afford their asthma medication when compared with whites



About twice as many adults can't afford their asthma medication when compared with children



# **Section 1: Infrastructure**

# SURVEILLANCE

## Goals

1. Maintain and enhance the Utah asthma surveillance system.
2. Monitor and use data to guide strategic action.
3. Describe the burden of asthma in Utah using population-based surveillance data.

## Strategies

1. Use data to inform stakeholders and the public about the burden of asthma in Utah IBIS and the Utah Asthma Program (UAP) website.
2. Collect, analyze, and interpret asthma data and measures for the UAP and partners.
3. Identify and target information for specific audiences.
4. Use data to guide asthma activities and monitor the state plan.
5. Participate in Utah Department of Health data collection activities to ensure that asthma data collection is a statewide priority.

## Outcomes

1. Maintain data systems to ensure data can be analyzed and compared across time.
2. At least one new data source will be added to the existing Asthma Surveillance System.
3. Data is used to guide QI projects and evaluations, target UAP activities, and monitor the Utah Asthma Strategic Plan.
4. Complete and disseminate at least one data report each year.

# EVALUATION

## Goals

1. Collaborate with stakeholders to conduct systematic, high quality evaluations of EXHALE services and expansion of strategies.
2. Evaluate the implementation of the Utah Asthma Strategic Plan (UASP).
3. Build evaluation capacity within and with UAP partners.

## Strategies

1. Work with partners to create an evaluation plan to evaluate implementation of the UASP.
2. Involve UAP staff and partners in the creation and implementation of the UASP.
3. Implement the Utah Strategic Evaluation Plan including the communication plan.

## Outcomes

1. Review the Utah Strategic Evaluation Plan and Utah Asthma Strategic Plan annually and make course corrections as needed.
2. Increase capacity of UAP staff and partners to create, implement, and use evaluations by involving at least one stakeholder in evaluation, planning, and/or implementation.



# COMMUNICATION

## Goals

1. Conduct health communication activities to support people with asthma and their caregivers.
2. Tailor activities to address specific needs of identified audiences; paying attention to culture, literacy, education and other factors of these groups.

## Strategies

1. Develop a communication plan to increase awareness of available asthma resources and programs.
2. Define key audiences and develop behavioral communication products and messaging based on NAEPP guidelines.

## Outcomes

1. Update communication plan on an annual basis and make course corrections as needed.



## **Section 2: EXHALE**



# Expand access to and delivery of asthma self-management education

## 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 individuals with asthma.
2. Increase the number of community, pharmacy, or healthcare sites offering AS-ME.
3. Improve reimbursement structure for AS-ME.

## Outcomes

1. Increase the number of clinics using flip charts by four per year.
2. Increase the number of partners delivering the home visiting program by one.
3. Review the business case on the effectiveness of the asthma self-management education and share with stakeholders.



# X-tinguish tobacco smoking and 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 those who qualify will be referred to the Quit Line.
2. A UAP staff member will participate in quarterly Utah Tobacco Free Alliance meetings.



# Home visits for trigger reduction and asthma self-management education

## Goals

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

## Strategies

1. Increase the number of individuals with asthma who receive home-based AS-ME.
2. Decrease the impact of indoor asthma triggers for UAHVP participants.

## Outcomes

1. Maintain a yearly average of 25 participants per partner in the Utah Home Visiting Program.
2. Increase UAHVP participants who complete a home walk through (environmental home assessment) to 50% per year.



# Achievement of guidelines-based medical management

## Goals

1. Strengthen systems supporting guidelines-based medical care, including appropriate prescribing and use of inhaled corticosteroids
2. Improve access and adherence to asthma medications and devices

## Strategies

1. Partner with UPIQ to implement a learning collaborative to increase guidelines based-care.
2. Educate UAHVP participants proper use of medication.

## Outcomes

1. Increase the number of new clinics participating in the learning collaborative.
2. Increase to 70% the percentage of participants in the home visiting program who increase their controller medication use.



# Linkages and coordination of care across settings

## Goals

1. Promote coordinated care for people with asthma
2. Increase awareness of asthma resources and programs

## Strategies

1. Increase the use of asthma action plans.
2. Increase awareness of available asthma resources and programs.
3. Implement the stock albuterol legislative policy.
4. Assess social determinants of health needs.
5. Increase referrals from clinics/providers to the UAHVP.
6. Connect school nurses with resources.
7. Promote the utilization and implementation of the e-asthma tracker.

## Outcomes

1. Ensure the UAHVP and UPIQ will educate five to six clinics and all program participants regarding asthma action plans.
2. Work collaboratively with partners at least three times per year to share available asthma resources and programs.
3. Update the strategic communication plan on an annual basis to increase awareness of asthma in Utah.
4. Increase to 90% UAHVP participants who are screened for social determinants of health needs.
5. Increase the number of organizations referring to the UAHVP by one per year.
6. Five to ten mini grants will be made available to school nurses annually.

# Environmental policies or best practices to reduce asthma triggers

## Goals

1. Facilitate the use of air quality Recess Guidance
2. Facilitate smoke-free policies
3. Facilitate home energy efficiency, including home weatherization assistance programs

## Strategies

1. Increase awareness of air quality action alerts and health advisories.
2. Promote home weatherization assistance programs through UAHVP.

## Outcomes

1. Partner with at least three organizations to promote Recess Guidance.
2. Distribute twenty flag kits by the end of the strategic plan.
3. A UAP staff member will attend all UCAIR and UTFA meetings and support and contribute as needed.
4. Ensure all UAHVP partners refer to local home weatherization programs.





