

Revised WI Asthma Plan
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Objective A: Develop a comprehensive Wisconsin asthma statistics report, every three years.

Action Steps	Target Date	Lead Workgroup(s)
1. Assess the data needs of end users and stakeholders	Fall 2009, Fall 2012	Surveillance, Disparities
2. Identify and obtain hospitalization, risk factor, Medicaid and other data as specified by CDC and other stakeholders	Fall 2009, Fall 2012	Surveillance
3. Perform statistical analysis, interpret results and write report	Summer 2010, Summer 2013	Surveillance
4. Have draft reviewed by WAC (specifically Disparities Workgroup) and other stakeholders	Fall 2010, Fall 2013	Surveillance
5. Produce, present and disseminate the report and a short summary report	November 2010, November 2013	Surveillance

Objective B: Expand Wisconsin asthma surveillance to include schools, WIC centers and Head Start programs.

Action Steps	Target Date	Lead Workgroup(s)
1. Continue to support the addition of asthma-related questions on school and after-school program surveys such as Youth Risk Behavior Survey (YRBS) and Youth Tobacco Survey (YTS)	Annually	Surveillance, Schools
2. Explore development of an improved system for tracking school absenteeism rates among school students with asthma <ul style="list-style-type: none"> a. Partner with urban and rural schools b. Partner/focus on schools that have higher percentage of disparate populations c. Identify schools and local coalitions interested in running a pilot study d. Expand to additional schools e. Disseminate findings 	2009	Schools, Surveillance, Disparities
3. Determine feasibility of adding asthma questions to WIC ROSIE (Real-time Online Statewide Information Environment)	2009	Surveillance, Public Policy & Advocacy
4. Conduct Head Start based asthma surveillance. Pilot new ALA combined curriculum (Asthma 101) at West Allist HeadStart sites and expand evaluation questions to include asthma prevalence, asthma medications and use of asthma action plans	2010	Surveillance

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5. Examine the possibility of surveying childcare centers using pilot information and experience in #4 above	2012	Surveillance
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Objective C: Investigate the relationship between occupational and environmental exposures (indoor and outdoor) and adverse asthma outcomes.

Action Steps	Target Date	Lead Workgroup(s)
1. Collaborate with health and environmental partners to link data on ozone and particulate matter with asthma health outcomes data	2010	Surveillance, Environment/Work-Related Asthma
2. Collect data on indoor environments (passive smoke exposure, molds, dust mites, etc) and link with asthma outcomes data	2012	Surveillance, Environment/Work-Related Asthma
3. Develop standard protocols and evaluation approaches for measuring the prevalence of work-related asthma, including sector-specific prevalence estimates	2010	Surveillance, Environment/Work-Related Asthma
4. Increase the quantity and quality of survey data on work-related asthma, including Behavior Risk Factor Surveillance System data		Surveillance, Environment/Work-Related Asthma
5. Investigate opportunities for identifying datasets that capture daily changes in asthma symptoms (e.g. GPS devices in quick relief holsters to assess location, dates and time of use, symptom diaries)	2009, ongoing	Surveillance
6. Explore data specific to working poor a. Migrant workers and exposure to chemicals	2010	Surveillance, Environment/Work-Related Asthma, Disparities

Objective D: Establish partnerships with stakeholders to collect and share data.

Action Steps	Target Date	Lead Workgroup(s)
1. Examine current and explore new data sources to support Clinical Care and Enhanced Covered Services workgroups to measure implementation of the current guidelines, standardized quality of asthma care and establish a business case for home asthma management	2012	Surveillance, Enhanced Covered Services, Clinical Care
2. Look at current and explore new data sources to further examine asthma among disproportionately affected populations (i.e. organizations treating affected populations)	ongoing	Surveillance, Disparities
3. Develop web-based query systems to share county or	2009	Surveillance

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community-level asthma data with stakeholders, local health officials, researchers and the general public		
4. Explore data specific to working poor a. Expansion of BadgerCare to BadgerCare Plus tracking patients with asthma enrolled in the Benchmark Plan b. Access community health center data	2010	Surveillance, Environment/Work-Related Asthma, Disparities

Objective A: By ??, promote and provide support to those individuals who are seeking to become a certified asthma educator as well as those who are seeking recertification.

Action Steps	Target Date	Lead Workgroup(s)
1. Partner with organizations working with disparate groups to encourage minority & bilingual asthma educators to become certified asthma educators (AE-C) a. Identify funding opportunities to provide scholarships to attend the American Lung Association's <i>Asthma Educator Institute</i> b. Identify funding opportunities to provide financial support to WAC members to take the NAECB examination c. Provide networking opportunities for AE-C and those seeking certification d. Identify and work with medical providers who do not currently have asthma educators to add certified asthma educators to staff	Ongoing	Disparities, Education
2. Provide list of resources and individuals who are willing to mentor those seeking certification	Ongoing	Education

Objective B: By ??, build capacity within health care partners for identifying and monitoring patients with asthma to improve asthma diagnosis and management in alignment with current national asthma guidelines.

Action Steps	Target Date	Lead Workgroup(s)
1. Develop a broad-based template that can be adopted by any healthcare system to facilitate appropriate and direct follow-up plans of asthma patients who are over-utilizing "emergent" asthma care services a. Track patients after emergency department visits, urgent care visits and walk-in visits with specific focus on underserved populations b. Notify primary care practitioner following asthma exacerbation utilizing system similar to Asthma Care Fax for pharmacists c. Provide referral to practitioner for continued asthma care d. Identify process to ensure communication within and		Clinical Care, Public Policy & Advocacy, Enhanced Covered Services, Disparities

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<p>between systems</p> <p>e. Building a network among healthcare networks and making things more standardized statewide (i.e. interoffice communication between ED, urgent care, walk-ins). Interoffice providers outside of such networks to be contacted by fax and phone).</p> <p>f. Identify and implement a standardized follow-up plan</p>		
<p>2. Tracking (aggregate level) patient rescue inhaler use via monitoring refills, regular use of controller medications, and missed scheduled provider visits (consideration of different patient medical homes such as ED, primary care, etc)</p> <p>a. Specific focus on underserved populations looking at race/ethnicity and zip code data</p> <p>b. Increase education and awareness of physicians, nurses, pharmacists, school nurses, social services on current national asthma guidelines</p> <p>c. Identify physicians, nurses, pharmacists, school nurses, social services partners</p> <p>d. Create and implement standardized collection and reporting system for albuterol usage</p>		Clinical Care, Surveillance , Enhanced Covered Services, Schools, Disparities
<p>3. Develop and disseminate education for providers and healthcare systems on appropriate utilization of pharmacy data</p>		Clinical Care , Surveillance, Enhanced Covered Services, Education

Objective C: By ??, increase the utilization of standardized asthma management to improve the quality of care.

Action Steps	Target Date	Lead Workgroup(s)
1. Promote use of <i>Asthma Focused Follow-up Visit</i> by providers (MD, NP, PA, etc)		Clinical Care , Local Development and Communication, Surveillance
2. Document implementation of <i>Asthma Focused Follow-up Visit</i>		Clinical Care
3. Update <i>Asthma Focused Follow-up Visit</i> as needed to be consistent with the most current national asthma guidelines		Clinical Care

Objective D: By ??, build a business case for payment of services to increase reimbursement for asthma management.

Action Steps	Target Date	Lead Workgroup(s)
1. Continue participation in state pay-for-performance contract discussions for Medicaid	June 2009, Ongoing	Enhanced Covered Services , Public

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		Policy & Advocacy, Clinical Care
2. Update on a biannual basis the white paper summarizing the business case for asthma care management. a. The updated white paper will provide a summary of asthma care management research, making the case for improved outcomes and decreased costs associated with appropriate asthma management b. White paper will break down research on each of the action steps that follow (successful interventions in the school, first dollar coverage for controllers, home interventions, etc)	September 2009	Enhanced Covered Services
3. Disseminate updated white paper to: a. Employer groups b. Health benefit managers c. Hospital d. Managed care organizations e. Pharmacy groups f. Provider groups (such as integrated health systems) g. WI Department of Health Services h. Other organizations who compensate or influence compensation/coverage for asthma care management	September 2009 – September 2010	Enhanced Covered Services , Local Development and Communication
4. Consider publication of white paper/presentation	September 2010	Enhanced Covered Services , Local Development and Communication
5. Track changes amongst targeted groups	September 2010	Enhanced Covered Services , Surveillance
6. Secure routine comprehensive coverage for tobacco cessation counseling and medications	2011	Enhanced Covered Services , Public Policy & Advocacy
7. Explore public health financing to provide enhanced cost-sharing for community-based health services for asthma	2012	Enhanced Covered Services, Public Policy & Advocacy
8. Secure coverage of asthma education professional services a. Certified asthma educators b. Nurses c. Social workers d. Lay community health workers e. Respiratory therapists f. Pharmacists (including medication therapy management) g. Health educators	June 2014	Enhanced Covered Services , Public Policy & Advocacy, Disparities
9. Explore coverage opportunity for school-based asthma care and education by Medicaid and others	June 2014	Enhanced Covered Services , Schools, Public Policy & Advocacy

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10. Explore coverage of mobile care for asthma (“breath mobile”)	June 2014	Enhanced Covered Services , Schools, Public Policy & Advocacy
11. Explore consistent and comprehensive coverage for asthma-related durable medical equipment (DME) and supplies (such as spacers, nebulizer equipment, dust mite covers, vacuum cleaners, air conditioners, etc)	2014	Enhanced Covered Services , Public Policy & Advocacy
12. Explore expansion of coverage for transportation for asthma-related ambulatory services	2014	Enhanced Covered Services , Public Policy & Advocacy
13. Explore coverage for on-site environmental assessment and intervention in high-risk groups	2014	Enhanced Covered Services , Environment/Work-Related Asthma, Public Policy & Advocacy
14. Explore first dollar coverage for preventative management <ul style="list-style-type: none"> a. Diagnostic and management tools such as spirometry and exhaled nitric oxide (eNO) b. Controller medications c. Preventative services 	2014	Enhanced Covered Services , Clinical Care, Public Policy & Advocacy, Disparities
15. Support statewide efforts working toward universal health care coverage	Ongoing	Disparities , Enhanced Covered Services, Public Policy & Advocacy

Objective E: By 2009, summarize and distribute data that provides evidence on cost-effectiveness of asthma case management and care coordination.

Action Steps	Target Date	Lead Workgroup(s)
1. Develop short presentation summarizing the data to include the quality and evidence behind supporting asthma education certification	2014	Enhanced Covered Services
2. Develop presentation package for dissemination to include: <ul style="list-style-type: none"> a. White paper b. Power point type presentation c. Template for educating targeted populations on how to access cost-effective and quality asthma care (i.e. decrease emergency department use for primary care, how to access primary care and why) 	2014	Enhanced Covered Services
3. Distribute and present presentation package to:	2014	Enhanced Covered

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<ul style="list-style-type: none"> a. Employer groups b. Health benefit managers c. Hospitals d. Managed care organizations e. Pharmacy groups f. Provider groups g. WI Department of Health Services 		Services , Local Development and Communication
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Objective F: By 2011, implement asthma case management.

Action Steps	Target Date	Lead Workgroup(s)
1. Create BREATHE (Benefits by Reducing Exacerbations of Asthma Through Home Education) program toolkit to include: <ul style="list-style-type: none"> a. Steps for implementing comprehensive asthma case management program b. Technical assistance to be provided from WAC c. Memorandum of Understanding for data-sharing 	2010	Enhanced Covered Services
2. Ensure BREATHE is effective with limited-English proficient and racial or ethnically diverse communities	2010	Enhanced Covered Services, Disparities
3. Present BREATHE program toolkit and encourage implementation by: <ul style="list-style-type: none"> a. Self-insured employers b. Health benefit managers c. Managed care organizations d. WI Department of Health Services 	2011, Ongoing	Enhanced Covered Services
4. Explore funding opportunities to support implementation of BREATHE	2010	Enhanced Covered Services
5. Collect data from BREATHE partners and track outcomes <ul style="list-style-type: none"> a. Pharmacy Claims Data b. ED rates c. Hospitalization rates 	2011, Ongoing	Enhanced Covered Services , Surveillance

Objective G: By ??, examine performance and quality measures.

Action Steps	Target Date	Lead Workgroup(s)
1. Identify pay-for-performance measures being utilized for asthma <ul style="list-style-type: none"> a. Providers b. Integrated Health Systems c. Health Plans 	2010	Enhanced Covered Services , Surveillance
2. Identify or create a metric to track pay-for-performance outcomes	July 2011	Enhanced Covered Services , Surveillance
3. Create and secure signed Memorandum of	December	Enhanced Covered

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Understanding (MoU) from partners to track and report pay-for-performance outcomes	2011	Services
4. Track pay-for-performance outcomes	2012, Ongoing	Enhanced Covered Services
5. Report pay-for-performance outcomes	2013, Ongoing	Enhanced Covered Services
6. Provide recommendations to partners on how to improve pay-for-performance outcomes	2013, Ongoing	Enhanced Covered Services

Objective H: By 2010, increase access to asthma care within racial/ethnic minority and low-income communities.

Action Steps	Target Date	Lead Workgroup(s)
1. Educate policy makers, decision makers and the public about gaps in community access	2009, Ongoing	Disparities , Public Policy & Advocacy, Local Development & Communication
2. Update annually and increase distribution of the Prescription Assistance programs document to providers and patients	2009, Ongoing	Disparities , Public Policy & Advocacy, Clinical Care, Enhanced Covered Services
3. Replicate or create list of community clinics to be distributed to patients	2010, Ongoing	Disparities
4. Decrease use of emergency department for primary care through education to racial/ethnic minority and low income communities on: a. Importance of prevention and use of primary care services b. How to access quality primary care services	2010, Ongoing	Disparities , Education, Schools, Enhanced Covered Services

Objective A: By 2014, establish and implement a protocol for the review and promotion of available asthma education resources.

Action Steps	Target Date	Lead Workgroup(s)
1. Update the educational resource review protocol a. Ensure review tool is consistent with current national asthma guidelines b. Incorporate input and feedback collected from the Disparities Workgroup and FAM Allies listening sessions on culture and healthcare c. Train reviewers to utilize updated review tool	December 2009	Education , Clinical Care, Disparities
2. Disparities workgroup will review culturally appropriate materials and Education workgroup will add to list of available resources	December 2009, Ongoing	Education , Disparities

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3. Review and establish process for reviewing educational materials upon request of WAC members and locally developed materials	December 2009	Education
2. Publicity of WAC Web site a. Promote and post the results of the educational material review and how to obtain materials b. WAC members include WAC Web site as link on organizational Web site c. When appropriate WAC Web site link to partner organizations d. Identify how WAC can direct those looking for information to the WAC Web site?	Ongoing	Education, Disparities, Local Development and Communication
3. WAC Web site to linked to other Wisconsin asthma efforts a. Post mid-year reports from local asthma coalitions b. Increase awareness of asthma resources available (<i>Your Dose of Oxygen</i> , tobacco listserves, etc.) c. Organize distribution/E-mail list for Education Workgroup members to communicate d. Establish protocol for gathering local coalition activities	Ongoing	Education, Local Development and Communication

Objective B: By 2014, identify and address gaps and needs in asthma education and outreach.

Action Steps	Target Date	Lead Workgroup(s)
1. Identify educational programs and outreach being utilized for a variety of target audiences	October 2012	Education , Clinical Care, Disparities
2. Review educational programs for cultural sensitivity and appropriateness	Ongoing	Education, Disparities
3. Provide linkages to educational resources for new and existing local asthma coalitions	Ongoing	Education
4. Prioritize gaps in existing programs and needs based on the Burden of Asthma in Wisconsin report	December 2012	Education , Disparities, Surveillance
5. Identify or create educational materials based on needs identified	2013, Ongoing	Education , Disparities
6. Identify or create new culturally competent asthma educational materials based on needs identified	2013, Ongoing	Education, Disparities
7. Collaborate with partners to distribute educational materials	Ongoing	Education , Disparities
8. Develop and implement a process for monitoring asthma education and outreach provided throughout the state	December 2012	Education , Surveillance

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9. Identify or develop a program for environmental assessment in homes, schools, child care facilities and workplaces	2010	Environment/Work-Related Asthma, Education, Enhanced Covered Services
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Objective C: By 2014, establish regional training opportunities for coalitions to implement educational programming.

Action Steps	Target Date	Lead Workgroup(s)
1. Identify structure for train-the-trainer activities a. Train-the-trainer b. Networking	December 2009	Education, Local Development and Communication
2. Identify priority areas for train-the-trainer activities based on gaps identified in Objective B and Burden of Asthma in Wisconsin report a. Identify training opportunities and programs b. Identify trainers	December 2009	Education
3. Ensure educational programming is effective with limited-English proficient and racial or ethnically diverse communities		Education, Disparities
4. Provide technical support to existing local asthma coalitions to increase effectiveness of educational programming (i.e. promotion, process, logistics, etc)		Education, Local Development and Communication

Objective D: By 2014, increase parent, student and school personnel asthma knowledge and management skills

Action Steps	Target Date	Lead Workgroup(s)
1. Provide education to existing parent, school and community groups, targeting high-risk populations a. Identify parents who may be willing to become asthma educators in the community b. Develop or identify existing training for parent-to-parent education c. Train parent educators on curriculum d. Implement parent-to-parent trainings	Fall 2009, Ongoing	Schools, Education, Disparities
2. Provide asthma education for all students	Fall 2009, Ongoing	Schools, Education, Clinical Care, Disparities
3. Provide asthma education for school personnel	Fall 2009, Ongoing	Schools, Education, Disparities
4. Collaborate with partners to create and distribute educational materials	Ongoing	Schools, Education, Disparities

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5. Promote World Asthma Day and Asthma Awareness Month (May) in the schools	Annually	Schools , Education, Disparities
6. Implement the <i>Brief Pediatric Asthma Screen</i> (BPAS) screening tool to be filled out during elementary school physicals (not currently mandated in WI)	September 2009, Annually	Schools, Clinical Care
7. Increase communication among parents, healthcare providers and school personnel to improve the quality of care for students with asthma	Ongoing	Schools , Clinical Care, Disparities, Local Communication & Development

Objective E: Increase awareness of workplace exposures as contributors to the etiology and exacerbation of asthma.

Action Steps	Target Date	Lead Workgroup(s)
1. Develop, identify and disseminate a program for office environments and educational settings on work-related asthma		Environment/Work-Related Asthma , Education, Schools, Local Development and Communication
2. Develop industry-specific educational materials for target sectors such as agriculture, food and beverage service, flavorings and truck bed liners		Environment/Work-Related Asthma , Education, Disparities
3. Ensure program materials are culturally competent		Environment/Work-Related Asthma, Disparities
4. Increase knowledge and capacity on work-related asthma among health care providers		Environment/Work-Related Asthma , Education, Local Development and Communication
5. Prioritize and implement specific educational interventions for workplace health and safety staff		Environment/Work-Related Asthma , Education, Local Development and Communication
6. Integrate work-related asthma programming in public and private sector wellness programs		Environment/Work-Related Asthma , Education, Enhanced Covered Services, Disparities
7. Increase local asthma coalition capacity to address work-related asthma in their communities a. Create funding opportunities for local surveillance, education and intervention activities		Environment/Work-Related Asthma , Local Development and Communication

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Objective F: By ??, disseminate professional education and resources for implementing the current national asthma guidelines.

Action Steps	Target Date	Lead Workgroup(s)
1. Increase the use of validated tools ((i.e. Asthma Control Test (ACT), Child-ACT and Asthma Therapy Assessment Questionnaire (ATAQ))		Clinical Care, Education, Local Development and Communication
2. Monitor usage of tools and number receiving education		Clinical Care, Surveillance
3. Utilize existing or translate national asthma guidelines into easily implemented, concise documents		Clinical Care
4. Promote the use of spirometry and/or other non-invasive objective measures		Clinical Care, Local Development and Communication
5. Provide clinician training on culturally competent asthma information a. Partner with Center for Tobacco Research and Intervention to incorporate asthma information into all presentations b. Communicate with community and tribal leaders to obtain input on how to address cultural traditions within asthma care c. Partner with WAC members to provide outreach and training to clinicians	Ongoing	Disparities Education
6. Increase involvement of local coalitions to facilitate implementation of the current national asthma guidelines a. Encourage attendance at local Allergist Outreach Asthma Education programs b. Provide information at local health fairs c. Coordinate grand rounds by allergist/ pulmonologist d. Recruit Fellows from training programs and provide funding to give grand rounds at local hospitals		Clinical Care, Local Development and Communication
7. Collaborate with partners as a resource for creating and distributing educational materials		Clinical Care, Disparities

Objective A: Reduce exposure to environmental asthma triggers in home environments

Action Steps	Target Date	Lead Workgroup(s)
1. Increase patient knowledge of home-based asthma triggers		Environment/Work-Related Asthma, Education, Local Development and Communication
2. Increase capacity of health care and public health professionals who currently visit homes to identify and address home-based triggers		Environment/Work-Related Asthma, Enhanced Covered Services, Clinical Care

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3. Increase the number of health plans that include home environmental assessments in asthma case management		Environment/Work-Related Asthma, Enhanced Covered Services
4. Implement peer-to-peer education program (i.e. parents who educate parents)		Environment/Work-Related Asthma, Education
5. Identify resources for abatement		Environment/Work-Related Asthma
6. Develop and implement model for decreasing home asthma trigger exposure among children enrolled in child care centers		Environment/Work-Related Asthma, Education, Schools

Objective B: Reduce exposure to environmental asthma triggers in public indoor environments

Action Steps	Target Date	Lead Workgroup(s)
1. Increase knowledge of cleaning and sanitation practices that reduce exposure to asthma triggers		Environment/Work-Related Asthma, Education
2. Identify and disseminate best practices for building operations that reduce trigger exposure a. Review existing award programs, develop and implement awards criteria b. Adopt awards for optimal building operation		Environment/Work-Related Asthma,
3. Communicate benefits of smoke-free policy change for people with asthma		Environment/Work-Related Asthma, Local Development & Communication
4. Enact and implement smoking ban in public places and indoor work places		Environment/Work-Related Asthma, Education, Public Policy & Advocacy

Objective C: Reduce exposure to asthma triggers in school environments

Action Steps	Target Date	Lead Workgroup(s)
1. Support the enactment of indoor air quality policies that support asthma trigger exposure reduction		Environment/Work-Related Asthma, Schools, Public Policy & Advocacy
2. Modify and enact Minnesota's environmental walkthrough school inspection program a. Develop and administer asthma friendly school awards (bronze, silver and gold) based on compliance with specified criteria	Fall 2011	Schools, Environment/Work-Related Asthma
3. Bus idling policies	July 2009	Public Policy &

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<ul style="list-style-type: none"> a. Explore existing WI Department of Transportation and WI Department of Public Instruction rules concerning school bus idling policies b. Explore possibility of legislation restricting school bus idling in school zones c. Survey school districts for self-owned vs. contracted bus service to identify school districts to target for anti-idling policies starting with those with self-owned fleets. d. Increase knowledge and adoption of recommended bus idling practices 		Advocacy, Schools, Environment/Work-Related Asthma
4. Identify and apply for grants for retrofitting technology		Public Policy & Advocacy, Schools, Environment/Work-Related Asthma
5. Reduce exposure to asthma triggers in child care settings <ul style="list-style-type: none"> a. Enforce existing and emerging child care based smoke-free policies 		Environment/Work-Related Asthma, Schools
6. Provide guidance on air quality alerts <ul style="list-style-type: none"> a. Interpretation/interventions within schools b. Incorporation into school district policy 	Fall 2009	Schools, Environment/Work-Related Asthma

Objective D: Reduce exposure to asthma triggers in outdoor environments

Action Steps	Target Date	Lead Workgroup(s)
1. Increase education to health departments and general public on hazards associated with wood smoke, outdoor wood-fired boilers, recreational fires, leaf burning and burn barrels		Environment/Work-Related Asthma,
2. Survey municipalities concerning existing outdoor wood boiler policies	July 2009	Public Policy & Advocacy, Environment/Work-Related Asthma
3. Identify potential legislation and make policy recommendations restricting use of outdoor wood boilers <ul style="list-style-type: none"> a. Higher stacks b. Minimum footage from next property c. Complete ban on use d. Local municipalities adopt model ordinance developed by state e. Federal legislation on manufacture of OWB's 	January 2010	Public Policy & Advocacy, Environment/Work-Related Asthma
4. Increase general public awareness of air quality alerts and the quality of response and information provided when air quality is poor <ul style="list-style-type: none"> a. Increase connection to local sources of weather 		Environment/Work-Related Asthma, Local Development and Communication

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alerts		
5. Increase knowledge and adoption of recommended bus idling practices (i.e senior centers, etc)		Environment/Work-Related Asthma
7. Ensure WAC membership on the Wisconsin Clean Diesel Coalition		Environment/Work-Related Asthma
6. Integrate outdoor environmental pollutant data with data on adverse asthma-related health outcomes a. Include demographics such as address, data on people living in the area b. Increase availability of locality-specific information for community and public health programs		Environment/Work-Related Asthma, Surveillance, Disparities
7. Re-introduce legislation granting DNR citation authority for open burning violations	September 2009	Public Policy & Advocacy, Environment/Work-Related Asthma
8. Develop and disseminate critical messages connecting asthma to broader issues such as smoke-free workplaces, alternative transportation and climate change	September 2009	Environment/Work-Related Asthma, Local Development & Communication, Public Policy & Advocacy

WI Asthma Plan Outcomes: By 2014

1. Implementation activities are prioritized based on current surveillance data.
2. The asthma mortality rate will be decreased.
3. The number of asthma hospitalizations will be decreased.
4. The number of asthma emergency department visits will be decreased.
5. The number of Medicaid recipients receiving appropriate asthma care will be increased.
6. Decreased activity limitations will be reported amongst people with asthma.
7. Decreased number of school or work days will be missed by people with asthma.
8. The proportion of people with asthma who receive appropriate asthma care according to the national asthma guidelines will be increased.
9. The proportion of high-risk asthma patients who receive asthma case management will be increased.