

FLORIDA ASTHMA STATE PLAN 2024-2028



Florida Asthma Plan 2024-2028



Developed by the Florida Asthma Program

Funding for the contents of this plan was made possible in part by cooperative agreement NUE1EH001508, Advancing Health Equity in Asthma Control through EXHALE Strategies from the Centers for Disease Control and Prevention (CDC). The views expressed in written plan materials or publications do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

TABLE OF CONTENTS

Introduction	4
The Need for Asthma Management	4
The Florida Asthma Coalition	8
Asthma Control Strategic Planning Process: 2024-2028	9
Projected Florida outcomes for 2024-2028	9
Goals, Objectives & Strategies.....	11
Goal 1: Schools.....	11
Goal 2: Health Care Professionals	13
Goal 3: Health Systems.....	14
Evaluation Plan	15
Surveillance Plan	15
References.....	16
Appendices	17
Appendix A: Florida asthma Coalition Logic Model	17
Appendix B: Air Quality Flag Program.....	18

INTRODUCTION

Asthma is widely considered an epidemic in the United States today and is one of the top public health priorities in Florida. Asthma is a chronic (long-term) lung disease that inflames and narrows the airways causing recurring attacks of symptoms, such as wheezing and coughing. Inflammation makes the airways sensitive to various allergens and irritants in the environment, including mold, dust mites, animal dander, pollen, diesel emissions and tobacco smoke. This disease affects people of all ages, but most often starts in childhood. The public health community and asthma experts have very limited information about the precise cause of asthma and ways to prevent it; however, improved scientific understanding of asthma has led to significant improvements in methods to control and manage asthma. The purpose of this plan is to provide direction and guidance for health care professionals, public health officials, environmentalists and other members of the health, medical and educational community who are concerned about asthma in Florida. What follows is a summary of demographics in Florida, the burden of asthma, an introduction to the Florida Asthma Coalition, and a four-year strategic plan for addressing asthma across the state.

Demographics of Florida

Florida is the third most populous state in the nation and continuously growing in population size. The population estimate for Florida in 2023 was 22.7 million and is projected to increase as high as 24.4 million by 2030.^{1,2} Over four million (19.2%) of the population included children under the age of 18 years old, and 1.1 million of these children were under the age of five. Most of the population in Florida (59.3%) were adults between 18 and 64 years old and adults 65 years and over accounted for 21.5% of the population. Florida's children under five and seniors are our most vulnerable residents. In 2023, children under five had a preventable asthma-related hospitalization rate of 487.4 per 100,000 and adults under 65 years old had a preventable asthma-related hospitalization rate of 47.3 per 100,000 population.³

On average, 17.1% of children under 18 in Florida live in household below the poverty level.⁴ Living in poverty will impact a child's access to a home with good ventilation, air quality, and health insurance to access care and affordable medications. In addition, if a child's parent has a lower education level, this may affect their ability to adhere to clinical and medication guidelines. This is important to address in order to reduce barriers to healthy living because education levels which, have an impact on Floridians living with asthma.

Across the state, Florida's residents live in various geographic areas, which may impact the burden of asthma. Geographies in Florida include inner city, suburban, rural, industrial, and agricultural communities. In rural regions, asthmatic adults and children may be triggered by agricultural practices and chemicals, and the lack of respiratory specialists in rural counties may make asthma management difficult. However, in more urban areas, higher average daily traffic may increase exposure to car emissions that may trigger asthma in adults and children, and limited access to public transportation may make getting to medical appointments difficult. Therefore, it is important to implement tailored strategies to meet the needs of Floridians living with asthma.

THE NEED FOR ASTHMA MANAGEMENT

Asthma prevalence has increased by 48 percent since 1999 in the United States. Asthma is a leading cause of preventable emergency department visits and hospitalizations. It incurs high expenses related to cost of care, lost workdays, lost income, lost job opportunities, and lower quality of life for persons with asthma and their families.⁵ For these reasons, asthma education, control, and self-management are public health priorities for the State of Florida.

Asthma is a Public Health Priority in Florida

Asthma is a chronic disease that has a direct impact on quality of life. It can, however, be controlled through proper clinical and environmental management, reducing costly asthma-related hospitalizations and improving the health of those affected by asthma.

Recent Florida data (2023) show that 17.4% of middle and high school students and 13.3% of adults have ever been diagnosed with asthma.^{2,6} In 2023, 19.9% of middle and high school students with asthma went to the emergency department or an urgent care center due to asthma at least once during the past year and 8.8% are currently living with asthma.⁷ In 2023, approximately 8.5% of all adults in Florida were also living with the disease.³

In 2019, the overall prevalence rate of current asthma among Florida adults was 7.4%. Gadsden, Orange, Seminole counties were among counties with the highest prevalence rates and these are the selected counties in which the Florida Asthma Program will conduct the intervention, the Asthma Home Visiting Program (Figure 1).

According to the Florida Department of Health, in 2023, approximately 1 in 12 Florida adults and 1 in 17 Florida children have asthma.³ The burden of asthma also greatly impacts Floridians who are, children, women, low-income, rural, and inner-city residents.⁸ In 2023, the age-adjusted rate of emergency room visits due to asthma was 431.7 per 100,000 population. Gadsden, Orange, and Miami-Dade counties were among counties with the highest rates of emergency department visits (Figure 2).

Figure 1: Percent of Adults in Florida Who Currently Have Asthma, by County, 2019

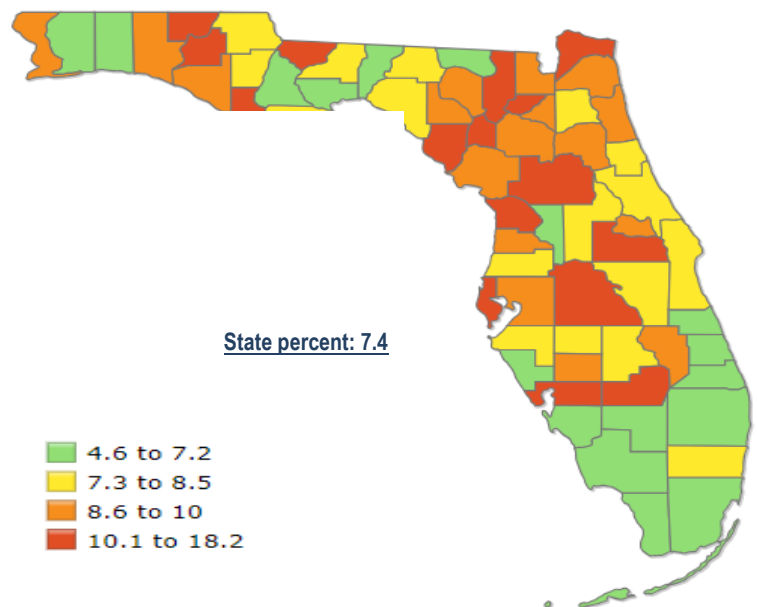
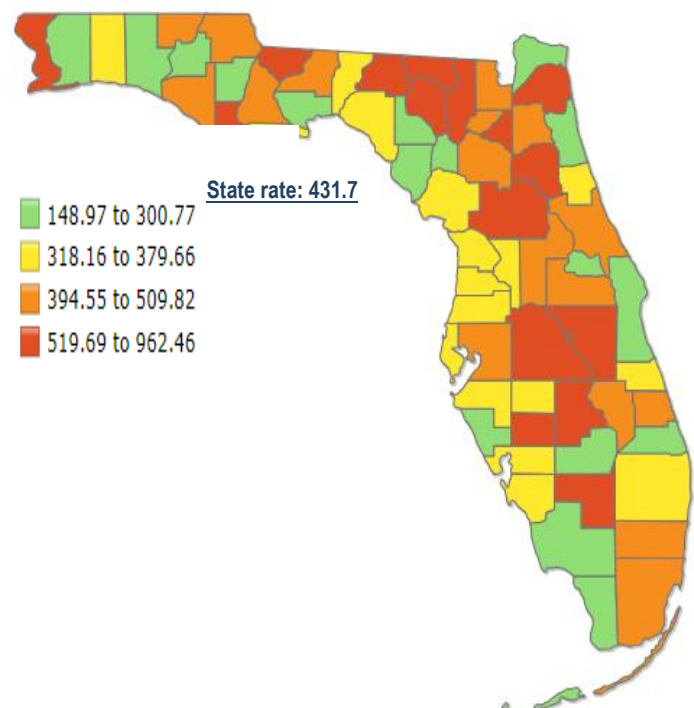


Figure 2: Age-adjusted Rate of Asthma Emergency Department Visits per 100,000 Residents, by County, Florida, 2023

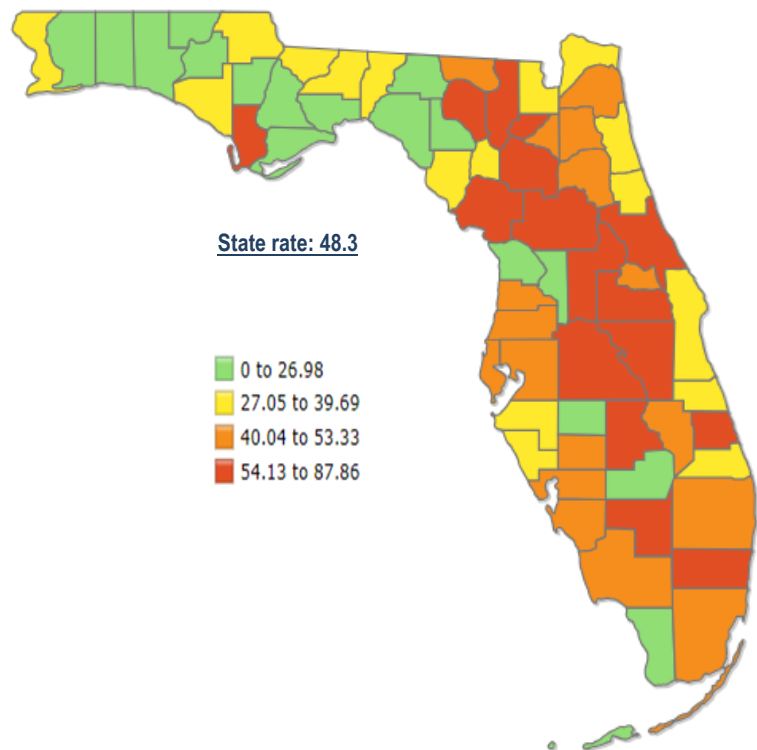


The Burden of Asthma in Florida

Asthma is a leading cause of preventable hospitalizations, school absenteeism and work-related lung disease in Florida, with rates having increased dramatically over the last 30 years among all populations. In addition, asthma incurs high costs, in terms of the costs of care, lost workdays and productivity, and lower quality of life for persons with asthma and their families.⁵

In 2023, the age-adjusted asthma hospitalization rate was 48.3 per 100,000 population. Asthma hospitalization rate was almost two times higher in Black residents (89.9 per 100,000).³

Figure 3: Age-adjusted Rate of Asthma Hospitalizations per 100,000 Residents, by County, Florida, 2023



Miami-Dade, Orange, and Seminole counties were among counties with the highest rates of hospitalizations (Figure 3). In 2020, Dr. John Prpich, the Medical Director of Pediatric Respiratory Care of St. Joseph's Children's Hospital, listed the following contributing factors to the difficulty of controlling asthma: poor medication compliance (most common); poor medication technique; split households; and the cost of accessing health care and medications.⁹ Many of these issues are possible to mitigate and for this reason, asthma is a public health priority for the State of Florida. The Florida Asthma Program aims to reduce these barriers to healthy living and improve asthma control through partnerships and asthma-friendly recognitions for various system-level partners throughout the state.

Childhood Asthma

In the United States, asthma is the most common chronic (long-term) illness among children.¹⁰ Many children with asthma spend most or part of their day in school or childcare; therefore, appropriate support at school and childcare facilities is needed to help manage their asthma symptoms. Unfortunately, children often face challenges in controlling their asthma in these settings. Childhood asthma can cause bothersome symptoms that interfere with play, sports, school and sleep. By supporting children in managing their asthma in these environments, schools and childcare facilities can help in maintaining a child's health and wellness. The school districts and childcare facilities must work to overcome the difficulties faced by children with asthma in order to promote their health and education. A critical component of health management in schools and childcare facilities is identifying and tracking children with asthma. Management of



asthma in these settings is vital to preventing asthma symptoms and responding with the appropriate level of care. Forming management or action plans for students and staff, as well as providing asthma education, is also important in these settings. Furthermore, children need support from parents, caregivers, health providers, staff and educators to prevent and manage their asthma.

Differences in Asthma Care

There have been many developments in the medical management of asthma. Effective treatments could allow most people with asthma to live basically symptom free. However, as of 2023 and according to the United Health Foundation Florida ranked 45 in the United States regarding health insurance coverage with 10.7% of the state population not covered by private or public health insurance.¹¹ According to the Kaiser Foundation, in 2021, more than half of the uninsured people who are eligible to get enrolled in a free bronze plan live in Florida or three other states (Georgia, North Carolina, and Texas). Insurance coverage is imperative, as properly managing asthma involves increasing access to care and education for people with asthma and for health care providers. Furthermore, many institutions lack the infrastructure to ensure quality clinical care at every level.

Thoroughly understanding the factors and distribution of asthma at the community level is critical for controlling, and perhaps preventing, asthma. We know that asthma affects certain Floridians and neighborhoods more than others. Further understanding of the association between genetics and asthma continues to be an area of active investigation. Though the extent to which genes contribute to asthma differences is not entirely clear, various genes have been found to influence an individual's:

- Susceptibility to asthma (heritability)
- Progression of asthma (severity)
- Response to treatment

In addition, geographic differences in populations in the U.S. are affected by exposure to environmental triggers such as tobacco smoke and other air pollutants which have been linked to reduced lung function in people with certain genetic variants.¹¹

Behavioral factors

An individual's behaviors play a substantial role in determining asthma outcomes. These behaviors are often modifiable through interventions to improve asthma self-management. Individual factors that may contribute to differences in asthma include:

- Non-adherence to treatment
- Negative beliefs about medication and health care system
- Distrust of the medical establishment
- Misperceptions about illness and asthma severity¹⁰

Air Quality and Asthma

Pollutants in the air, such as cigarette smoke, dust mite, molds, cockroach allergens, pet dander and particulate matter can trigger asthma symptoms. Research has shown that high-traffic cities and regions have higher rates of pollutants in the air, resulting higher asthma rates. It is critical to monitor and evaluate air quality in higher risk areas to reduce the onset of asthma and/or asthma symptoms. Air pollution refers to both outdoor and indoor level of air quality. Studies have shown that air quality indoors can be just as poor, if not worse, than the outdoor air quality. Many individuals living with asthma resides in homes that have poor air circulation, due to structural deficiencies, and a high level of pollutants, such as molds, dust mites and pet dander. Living in substandard housing increases the risk and intensity of asthma symptoms. Whether indoors or outdoors, it is important to improve air quality and reduce the exposure to air pollutants that can trigger asthma.

Workplace Exposures

Occupational, or workplace, exposure to certain chemicals, toxins, allergens or dust can cause early onset of asthma and its symptoms. Occupational asthma is most common among workers who have personal or family histories of allergies or asthma, and those who are often required to handle or breathe dust, particulate matter or fumes in the workplace. Some of these asthma triggers are chemicals that act as sensitizers, inducing allergic reactions in the airways. Once the airways become sensitized to a specific chemical or particle, even very small amounts can cause intense asthma symptoms, including an asthma attack. Other substances are airway irritants, which cause symptoms in those who have underlying asthma or who are exposed at high concentrations. Short-term exposure to irritants, even at low levels, can induce the onset of occupational asthma symptoms. A person who has occupational asthma has symptoms which disappear or lessen when the worker spends time away from the workplace and return or intensify when exposure to sensitizers or irritant renews. It is important to quickly identify and mitigate workplace exposures to decrease the likelihood of developing asthma.

THE FLORIDA ASTHMA COALITION

The vision of the Florida Asthma Coalition (FAC) is that Floridians with asthma will achieve optimal health and quality of life. The mission of the coalition is to reduce the overall burden of asthma by minimizing the impact of barriers to healthy living via awareness, education, management, policy change, advocacy, and improving the quality of asthma care provided. The coalition is comprised of a multi-disciplinary partnership of representatives from local agencies, businesses, organizations, institutions and medical professionals who commit to work together to achieve the mission and vision of the coalition through a coordinated approach as outlined in this Florida Asthma Plan.

The Florida Asthma Coalition continually strives to be representative of the burden of asthma in Florida, demographically and geographically. Since its inception in the spring of 2009, FAC has grown to more than 534 members, representing 43 counties across Florida, and over 60 organizations. This partnership unites professionals including, but not limited to, environmental experts, nurses, pharmacists, physicians, schools, state and local government from across the state to increase the effectiveness of asthma programs.

The intent of Florida Asthma Plan is to serve as a detailed blueprint for how efforts and resources can be combined to strengthen the collective capacity in Florida. This collaboration assists to lessen the burden of asthma and improve the quality of life for Floridians living with asthma. Providing comprehensive care requires a stepwise approach consisting of various segments, such as asthma control and management and providing or linking those affected to healthcare services. The 2024-2028 Florida Asthma Plan was written by members of the FAC in close collaboration with the Florida Department of Health and the Florida Asthma Program. The Florida Asthma Plan addresses all necessary components of asthma care and management.

Asthma is a complex health condition that requires a multi-faceted and comprehensive approach to effective management at both the individual and population levels. Part of this multi-faceted approach is following the EXHALE technical package from the CDC. The EXHALE technical package is a series of strategies which are based on the best available information that can improve asthma control. The first “E” is for education and asthma-self-management. The “X” is for eXtinguishing smoking and secondhand smoke, “H” is for home visits for trigger reduction and asthma self-management education, “A” is for achievement of guidelines based on medical management, “L” is for linkages and coordination of care across settings, and the second “E” is for environmental policies to reduce asthma triggers from indoor, outdoor, and occupational sources. These strategies are imbedded FACs three workgroups goals and objectives. The workgroups target focused areas to address this public health priority: The three workgroups are: **1. Schools and Child Care; 2. Primary Care Providers; and 3. Hospitals.** These workgroups work to collaboratively identify innovative opportunities and approaches to address the burden of asthma in Florida and will work through its dedicated partners to implement the objectives and activities outlined in this plan. The list of the FAC steering committee members is detailed below.

FAC Steering Committee:

- **John Michael Prpich, Chairperson**, MD Pediatric Pulmonary Specialists
- **Debra Weiss-Randall, Chairperson**, EdD, MA, CHES,
- **Angela Garcia**, PharmD, MPH, CPH, College of Pharmacy, University of South Florida
- **Angela Taylor**, St. Paul Lutheran School
- **Ashley Frailey**, MSN, Orange Park Medical Center
- **Elizabeth LeFave**, DNP, ARNP, PNP-BC, AE-C University of Florida
- **Mary Martinasek**, PhD, CPH, MCHES, RRT, Assistant Professor, Public Health, Health Sciences and Human Performance, University of Tampa
- **Teresa Summe**, BS, RRT, AE-C, Lee Memorial Health System
- **Kristal Fuentes**, BS, American Lung Association
- **Beth Ash**, Thermo Fisher Scientific
- **Suhey Tuckler**, MBA, RRT, Tallahassee Memorial HealthCare

The Florida Asthma Coalition will promote the goal and specific activities outlined below, primarily through the efforts of workgroups.

ASTHMA CONTROL STRATEGIC PLANNING PROCESS: 2024-2028

To address the burden of asthma, the Florida Asthma Program (FAP) and Florida Asthma Coalition (FAC) continues to work collaboratively to bring together asthma stakeholders from across the state to address statewide efforts to reduce the burden of asthma in a sustainable way. The FAP coordinates statewide efforts to reduce asthma emergency department visits and hospitalization rates, as well as increase the number of people with asthma receiving self-management education. The program takes a comprehensive and evidence-based approach to preventing and reducing the burden of asthma in Florida by following integrated guidelines by the Centers for Disease Control and Prevention (CDC) and the National Asthma Control Program. The FAP provides comprehensive asthma care by ensuring access to guidelines-based medical management and pharmacotherapy for all Floridians with asthma and linking those with poorly controlled asthma to healthcare services.

During the 2019 FAC Summit, the FAC workgroup members collaborated to develop the 2019 FAC Operational Plan which details the objectives and activities the coalition will focus on. In summer 2020, the FAC steering committee then developed the coalition logic model, which visualizes the coalition's resources, activities, and outcomes (shown in Appendix A). These planning documents serve as a key resource still for the development of the 2024-2028 Florida Asthma Plan.

The 2019-2024 and the 2024-2028 Florida State Asthma Plans build on the 2019 Operational Plan and the Florida Asthma Coalition Logic model, providing the blueprint for how efforts and resources can be combined to strengthen the collective capacity in Florida to ultimately reduce the burden of asthma and improve the quality of life for Florida residents. The FAC identified three overarching priorities through a strategic planning process: 1) School; 2) Health care Professionals; and 3) Health Systems. The FAC will promote these priorities primarily through the efforts of workgroups.

PROJECTED FLORIDA OUTCOMES FOR 2024-2028

Goal: Strengthen the collective capacity in Florida to lessen the burden of asthma and improve the quality of life for Floridians living with asthma, increase the provision and quality of comprehensive asthma control services, and reduce differences in asthma care and health outcomes.

Long Term Outcomes:

- Expand and sustain comprehensive asthma control services statewide
- Improve the quality of life and asthma self-management among people living with asthma in Florida
- Reduce variations in asthma care, management, and improve health outcomes among Floridians who are affected by asthma
- Reduce the number of asthma-related deaths, hospitalizations, emergency department visits, missed school or workdays, and activity limitations

Intermediate Outcomes:

- Increase early detection and diagnosis of asthma
- Increase the number of individuals with asthma who have a dedicated asthma care-provider (either PCP within a medical home or asthma specialist)
- Increase the number of individuals with asthma who receive self-management education and trigger reduction information
- Increase the number of schools, childcare centers, health systems, and other organizations that develop and use evidence-based practices and effective approaches to asthma control
- Increase the number of primary care providers and health systems that implement asthma quality improvement activities
- Increase the number of providers trained in the provision of asthma self-management education
- Increase the number of providers trained in asthma medical management guidelines
- Increase the number of health care systems using team-based, patient-centered asthma care
- Increase the number of patients with asthma and caregivers that are referred to asthma-related home visit programs
- Increase the number of patients with asthma and caregivers that are referred to tobacco cessation programs or local community resources such as medical care, housing assistance, or social services needs
- Increase the number of organizations and sites participating in the Air Quality Flag Program (Appendix B)
- Increase awareness on social media of the harmful effects on Red Tide and Blue-Green Algae

Short Term Outcomes:

- Increase awareness and knowledge of asthma management among teachers and school nurses
- Increase knowledge of asthma management among hospital staff
- Increase knowledge of asthma management among medical providers
- Increase knowledge of asthma management among pharmacists and pharmacy staff
- Increase awareness and understanding of asthma and asthma management among the community

The Florida Asthma Plan's proposed goal, objectives, and outcomes are developed to be in alignment with select goals, objectives outlined in the State Health Improvement Plan (SHIP), which is focused on chronic diseases and conditions. This Florida Asthma Plan has a goal of reducing the burden of asthma through cross-sector collaboration in alignment with the SHIP's Chronic Diseases and Conditions Priority Area Workgroup. Specifically, Objective CD5.2, By December 31, 2026, reduce the number of childhood asthma-related emergency room visits from 38,808 (2019) to 25,704 was included in the SHIP to bring attention to the burden of asthma in our younger populations.

Within the Chronic Diseases and Conditions Priority Area Workgroup, there is a new effort to include a focus on chronic obstructive pulmonary disease (COPD) and providing an opportunity of shared stakeholders and health care professionals to collectively support a surveillance registry collecting key data on COPD and asthma to better inform policy and practice to improve the lives of Floridians impacted by each respective disease.

GOALS, OBJECTIVES & STRATEGIES

The 2024-2028 Florida Asthma Plan covers a five-year period and is organized around these three strategic goals.

GOAL 1 – SCHOOLS and CHILDCARE CENTERS: Expand access to comprehensive asthma control services through school-based strategies.

GOAL 2 – HEALTH CARE PROFESSIONALS: Increase knowledge and implementation of asthma medical management guidelines among health care professionals.

GOAL 3 – HEALTH SYSTEMS: Coordinate with health care organizations to improve coverage, delivery, and use of guidelines based medical management of asthma.

Each section of the work includes goals, objectives, strategies from CDC's EXHALE guides and activities. Through the successful completion of these strategic objectives, the Florida Asthma Coalition will be well-positioned to help reduce the prevalence of asthma in Florida and enhance the quality of life of people living with asthma.

GOAL 1: SCHOOLS AND CHILDCARE CENTERS

The schools and childcare centers strategic goal seeks to expand access to comprehensive asthma control services using evidence-based approaches that place an emphasis on self-management education, asthma education for caregivers and staff, connections with health care organizations, environmental management, and policies supportive of asthma control. These programs can deliver services in community or healthcare facility settings, if needed to effectively reach the target population. This includes expanding collaboration and partnerships with districts and counties instead of individual schools to reach the highest administrative level and focus on areas with various levels of asthma burden. This will require committed leaders and champions to promote expansion of asthma management educational programs and advocate for policies supportive of asthma control.

Objective 1: Increase the number of schools recognized for implementing best practices for asthma care from 10 in 2024 to 20 by 2028.

Strategies:

- Recognize schools and school districts for implementing school-based, guidelines-based medical management for asthma
- Recognize schools and school districts for providing and implementing comprehensive asthma control implementation plans, trainings, activities, and high-quality services
- Assist health care practices and systems that provide home or school-based services with implementing quality improvement activities at schools in their region

- Assist schools and school districts with linking school-aged children to Florida Asthma Program asthma-related home visiting program
- Link schools and school districts to asthma education partners to provide asthma self-management for students with asthma
- Collaborate with asthma education partners to provide asthma training to family members of people receiving school-based services and school staff
- Inform schools and school districts about evidence-based no-smoking policies, air quality school and community-level policies related to the identification and monitoring of students with asthma, and policies aimed to decrease exposure to diesel exhaust and other air pollutant triggers

Activities:

- Maintain an updated list of school health coordinators and nurses to provide monthly educational materials
- Develop and carryout marketing activities for the school recognition as stated in the FAC marketing plan
- Identify and engage key stakeholders within schools to participate in the workgroup and promote the recognition
- Maintain an application that aligns with current asthma management guidelines
- Use surveillance data to target and promote participation among schools serving populations at higher risk for developing asthma
- Monitor, evaluate, and implement strategies for continuous improvement

Objective 2: Increase the number of childcare centers recognized for implementing best practices for asthma care from 9 in 2019 to 20 by 2028.

Strategies:

- Recognize childcare centers for implementing school-based, guidelines-based medical management for asthma
- Recognize childcare centers for providing and implementing comprehensive asthma control implementation plans, trainings, activities, and high-quality services
- Assist childcare centers with linking children 0 to 5 to Florida Asthma Program asthma-related home visiting program
- Collaborate with asthma education partners to provide asthma training to families of children with asthma and childcare center staff
- Inform childcare centers about evidence-based no-smoking policies, air quality school and community-level policies related to the identification and monitoring of students with asthma, and policies aimed to decrease exposure to diesel exhaust and other air pollutant triggers
-

Activities:

- Develop and carryout marketing activities for childcare centers recognition as stated in the FAC marketing plan
- Identify and engage key stakeholders within childcare centers to participate in the workgroup and promote the recognition
- Maintain an application that aligns with current asthma management guidelines
- Use surveillance data to target and promote participation among childcare centers serving populations at higher risk for developing asthma
- Monitor, evaluate, and implement strategies for continuous improvement

GOAL 2: HEALTH CARE PROFESSIONALS

The health care professionals goal focuses on increasing the capacity of health care professionals to use guidelines-based, asthma medical management to effectively treat and manage asthma. Healthcare professionals can guide people with asthma and their communities to follow best practices for managing asthma and can help reduce the morbidity and mortality of asthma by using evidence-based strategies.

Goal: Increase knowledge and implementation of asthma medical management guidelines among health care professionals.

Objective 3: Increase the number of primary care providers recognized for implementing best practices for asthma care from 5 in 2024 to 20 in 2028.

Strategies:

- Recognize primary care providers for implementing comprehensive asthma control implementation plans, trainings, activities, quality-improvement process and high-quality services
- Inform primary care providers about evidence-based guidelines for diagnosing and managing asthma and asthma care quality improvement resources
- Link health care professionals to asthma education partners to connect patients, families and caregivers to asthma self-management education
- Link health care professional to Florida Asthma Program asthma-related home visiting programs for patient referrals
- Link health care professionals to trainings to become certified to delivery asthma self-management education
- Encourage health care professionals to use personalized action plan to teach patients with asthma, their families and their care givers to manage asthma.

Activities:

- Develop and carryout marketing activities for provider recognition as stated in the FAC marketing plan
- Evaluate and update the recognition opportunity to align with current asthma management guidelines
- Identify and engage Florida primary care physicians to participate in the provider workgroup and promote the recognition
- Use surveillance data to target and promote participation among providers serving populations at higher risk for developing asthma
- Monitor, evaluate, and implement strategies for continuous improvement.

Objective 4: Increase the number of pharmacies recognized for implementing best-practice standards for Asthma Care from 0 in 2024 to 8 by 2028.

Strategies:

- Recognize community-based pharmacies for achieving guidelines-based medical asthma management
- Link community-based pharmacies to asthma education partners to connect patients, families and caregivers to asthma self-management education
- Link community-based pharmacies to Florida Asthma Program asthma-related home visiting programs for patient referrals
- Link community-based pharmacies to trainings to become certified to delivery asthma self-management education
- Promote community-based pharmacies using personalized action plan to teach patients with asthma, their families and their care givers to manage asthma.

Activities:

- Identify and engage coalition members to oversee the development of the pharmacy recognition criteria
- Establish a pharmacy recognition opportunity through the Florida Asthma Coalition

- Develop and carryout marketing activities for the pharmacy recognition that will be added to the FAC marketing plan once the application is complete
- Recruit community-based pharmacist from recognized pharmacies to serve as mentors
- Establish and implement Asthma Friendly Pharmacy mentorship program
- Use surveillance data to target and promote participation among community-based pharmacies serving populations at higher risk for developing asthma
- Monitor, evaluate, and implement strategies for continuous improvement.

GOAL 3: HEALTH SYSTEMS

The health systems strategic goal promotes population health by coordinating public health and healthcare activities in the context of health system reforms. Supporting these activities will require partnerships with health systems to provide comprehensive and seamless asthma control services. Priority will be given to health systems serving geographical areas of asthma burden identified through surveillance data. There are three health system strategic target areas: 1) quality improvement; 2) team-based care; and 3) system-level linkages.

Objective 5: Increase the number of hospitals recognized for implementing best practices for asthma care from 6 in 2019 to 10 by 2028.

Strategies:

- Recognize hospitals for implementing guidelines-based asthma medical management, team-based patient care, asthma quality improvement projects and systems level linkages
- Link hospitals to trainings to become certified to delivery asthma self-management education
- Link community-based pharmacies to asthma education partners to connect patients, families and caregivers to asthma self-management education
- Promote the use of patients-centered, team-based medical care for patients with asthma in health systems
- Inform hospitals about evidence-based guidelines for diagnosing and managing asthma and asthma care quality improvement resources
- Inform hospitals partners about successful policies or practices that help patients with asthma
- Work with hospitals to ensure that non-clinical professionals are engaged to provide education, case management, and care coordination for individuals with asthma
- Link hospitals with Florida Asthma Program asthma-related home visiting programs and trigger reduction services for patient referrals
- Encourage referrals for patients with asthma, their families, and their caregivers to existing home visit programs
- Assist hospitals with conducting community-based asthma activities

Activities:

- Develop and carryout marketing activities for hospital recognition as stated in the FAC marketing plan
- Identify hospitals serving populations with a disproportionate asthma burden that have implemented or are committed to implementing quality improvement processes for asthma
- Continue to evaluate and update the recognition opportunity to align with current asthma management guidelines
- Identify and engage key stakeholders within hospitals to participate in the hospital workgroup and promote the recognition
- Establish and implement an asthma Learning and Action Network for hospital

- Use surveillance data to target and promote participation among hospitals serving populations at higher risk for developing asthma
- Monitor, evaluate and implement strategies for continuous improvement.

EVALUATION PLAN

The Florida Asthma Program (FAP) places great importance on program evaluation. The FAP continues to develop and implement meaningful program goals to ensure sustainability and, ultimately, improve health outcomes for Floridians. As the importance of effective program evaluation increases, so does the need for expertise. Evaluation is a key component in FAP's ability to shift with the changing environment and adjust activities to match the needs of Floridians affected by Asthma. Evaluation data will be used for evidence-based decision-making, quality improvement efforts, and program change. This information will be shared to promote program expansion and encourage continued investment of resources towards the goals outlined in the 2024-2028 Florida Asthma Plan's activities.

This evaluation will determine the extent to which the plan is being implemented as intended and the degree to which objectives are moving toward completion. The FAP will review the performance measures and evaluate outcomes for the objectives listed above related to increasing the number partnerships and the number of recognized best practices among schools, health plans, hospitals, primary care providers and pharmacies.

Through data collection findings, the FAP plans to demonstrate the impact and effectiveness of its efforts related to reducing the burden of asthma in Florida. The FAP along with the coalition will make strong efforts to be visible throughout the state of Florida by promoting asthma control and management activities, strengthening partnerships and providing resources to schools, healthcare professionals, public health officials and environmentalists.

SURVEILLANCE DATA MANAGEMENT PLAN

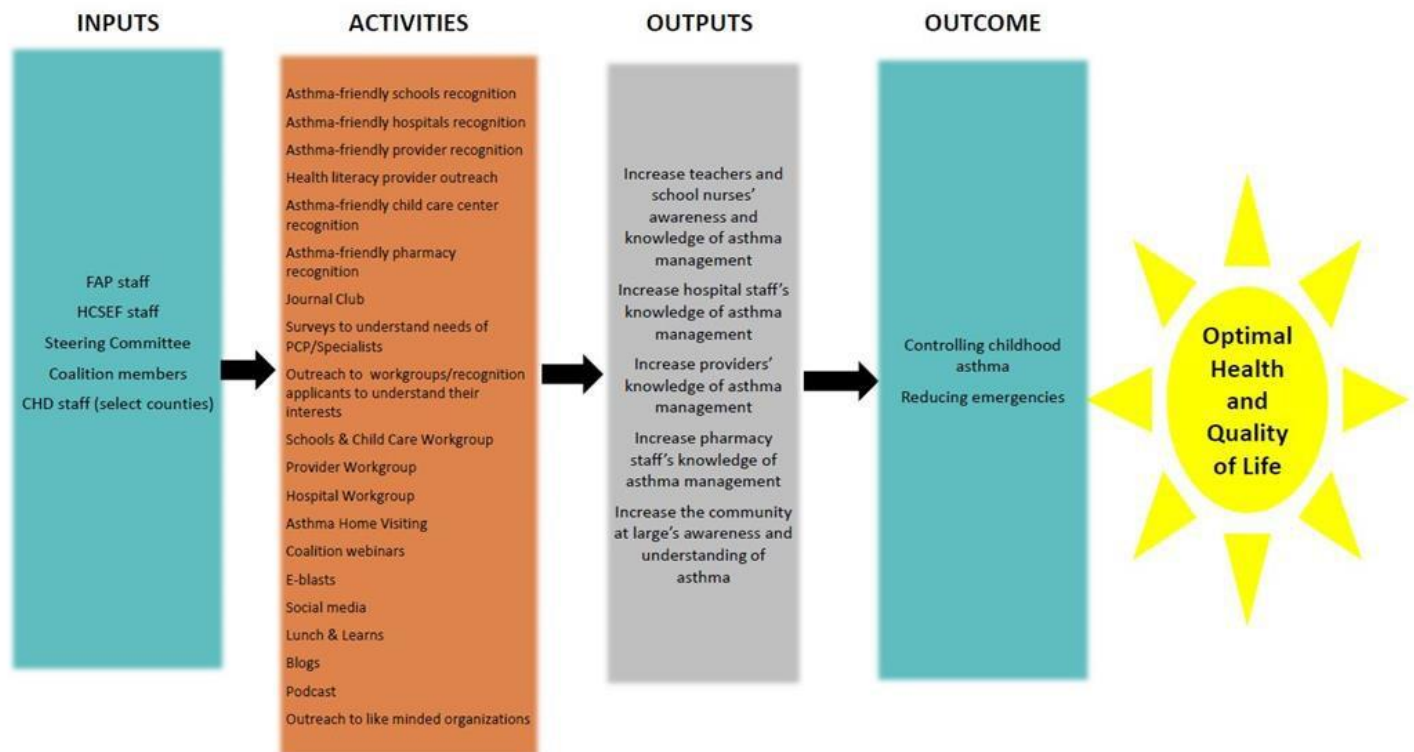
The goal of the Florida asthma surveillance system is to compile data, conduct analyses, and create reports to inform stakeholders, including local and state public health professionals, health care practitioners, individuals with asthma and their families, program administrators, the general public, policy makers, and media. Florida conducts surveillance for asthma using data from a variety of sources. Each source provides specific data elements that, collectively, offer a multi-dimensional view of the burden of asthma in the state. These data sources will be systematically and routinely assessed and analyzed, and results will be disseminated to provide stakeholders with an ongoing understanding of the scope and burden of asthma in Florida.

REFERENCES

- 1- Florida Department of Health (2025). FLHealthCHARTS-Pulation estimates query system. Retrieved January 31, 2025, from: https://www.flhealthcharts.gov/FLQUERY_New/Population/Count
- 2- Rayer, S., & Wang, Y. (2020). Projections of Florida population by county, 2020–2045, with estimates for 2019. Bureau of Economic and Business Research. Retrieved January 31, 2025, from: https://www.bibr.ufl.edu/sites/default/files/Research%20Reports/projections_2020.pdf
- 3- Florida Department of Health, Division of Public Health Statistics & Performance Management (2025). FLHealthCHARTS. Florida Asthma Profile. Retrieved January 31, 2025, from <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=Asthma.Report>
- 4- United Health Foundation (2025). America's Health Rankings. Children in poverty in Florida. Retrieved January 31, 2025, from <https://www.americashealthrankings.org/explore/measures/ChildPoverty/FL#measure-trend-summary>
- 5- American Lung Association (2025). Asthma trends and burden. Retrieved February 3, 2025, from: <https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/trends-and-burden>
- 6- Florida Department of Health (2025). FLHealthCHARTS Florida Youth Surveys. Florida Youth Tobacco Survey data. Retrieved January, 31,2025, from: <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.YTS.Dataviewer&cid=0016>
- 7- Florida Department of Health (2025). FLHealthCHARTS Florida Youth Surveys. Florida Youth Tobacco Survey data. Retrieved January, 31,2025, from: <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.YTS.Dataviewer&cid=0129>.
- 8- Florida Department of Health (2024). What is asthma? Retrieved January 31, 2024, from: <https://www.floridahealth.gov/diseases-and-conditions/asthma/what-is-asthma.html>
- 9- John Prpich, MD. "Update on Evaluation and Treatment of Asthma." August 2020.
- 10- American Lung Association (2025), Asthma and Children Fact Sheet., Retrieved February 3, 2025, from: [Asthma Trends Brief: Current Asthma Demographics | American Lung Association](#)
- 11- United Health Foundation (2025). Uninsured in Florida. Retrieved February 3, 2023, from: <https://www.americashealthrankings.org/explore/measures/HealthInsurance/FL>
- 12- Asthma and Allergy Foundation of America (2025). Asthma disparities in America. Retrieved February 3, 2025, from: <https://aafa.org/asthma-allergy-research/our-research/asthma-disparities-burden-on-minorities/>

APPENDICES

APPENDIX A: FLORIDA ASTHMA COALITION LOGIC MODEL





Air Quality Flag Program: Fact Sheet

What Is the Air Quality Flag Program?

The Flag Program uses brightly colored flags based on the U.S. EPA's Air Quality Index (AQI) to notify people and their communities about outdoor air quality conditions. Organizations raise a flag each day that corresponds to their local air quality forecast.

Why Is the Flag Program Important?

The Flag Program creates public awareness of outdoor air quality conditions. People can continue to get plenty of physical activity, while still protecting their health from poor air quality. When air quality is unhealthy, people can modify their activities, or move them inside. Recommendations for outdoor activities on poor air quality days can be found at www.airnow.gov/flag.

What Is The Air Quality Index?






The Air Quality Index is a guide for reporting daily air quality. It uses colors and numbers to show how clean or polluted the air is. EPA uses the Air Quality Index to report ground-level ozone and particle pollution. For each pollutant, EPA has established national standards to protect people's health.

What Do the Colors Mean?

The Flag Program uses green, yellow, orange, red and purple flags. These colors correspond to the Air Quality Index.

How Will I Know What Color Flag To Use?

Check the AQI at www.epa.gov/airnow. Sign up for emails (www.airnow.gov/enviroflash), download the AirNow app, or install the AirNow widget on your website.

	Green means air quality is good.
	Yellow means air quality is moderate.
	Orange means air quality is unhealthy for sensitive groups -- people with heart disease or lung disease such as asthma, children & teens, people who are active outdoors, and older adults.
	Red means air quality is unhealthy.
	Purple means air quality is very unhealthy.

EPA Flag Program Contact

Donna Rogers
US Environmental Protection Agency
Email: rogers.donna@epa.gov



EPA-456/F-15-003
April 2015