



ASTHMA CONTROL PROGRAM

New Hampshire Department of Health and Human Services

ABOUT:

All program activities in the Asthma Control Program relate to five central objectives: Strengthen program organizational structure and collaborative partnerships; Improve health outcomes by increasing adherence to national asthma education and prevention program guidelines; Increase capacity to create asthma-healthy environments; Enhance public awareness and education; Enhance the asthma surveillance system to support program planning, monitoring, and evaluation.

GOAL:

The overall goal of the Asthma Control Program is to reduce the burden of asthma in New Hampshire.

HOW TO:

In 2001, the Public Health Prevention Department applied for a CDC planning grant for the Asthma Control Program. Using existing key contacts at organizations like the state department, the NH Pharmacy Board and Breathe New Hampshire, the grant application laid out who would be involved in program creation and implementation. Once the grant was awarded, the immediate goal of this Steering Committee was to create a state action plan. The state asthma plan, developed by an advisory council representing these stakeholders from across New Hampshire in collaboration with a contracted consultant, describes the challenge asthma presents in the state and makes recommendations for action in the areas of clinical services and disease management, indoor and outdoor environments, public awareness and education, and surveillance.

Once an action plan was in place, the Asthma Control Program was awarded a CDC implementation grant. In order to begin implementation, working groups were set up in each of aforementioned areas. Volunteers from the Steering Committee selected which working groups they wanted to participate in, and then the program identified additional people to invite. The Asthma Program did the initial convening, but as working groups have matured and developed discrete programs, leadership for convening and facilitating meetings has emerged from the programs. Two of the working groups now meet once a month, while all others meet on an "as needed" basis to plan, develop and advise based on the action plan's recommendations. The Steering Committee currently works to coordinate the efforts and activities of all working groups, and currently meets three to four times per year.

BUDGET:

From 2001-2009, the CDC awarded the Asthma Control Program \$350,000 per year. Funding for 2009-2014 is \$450,000 per year.

BARRIERS:

- **Lack of funding for implementation:** CDC funding did not cover all of the costs associated with staffing, resources, etc.
- **Lack of leadership:** People are busy with their full time positions, home life, etc., and unless they have a personal passion, few people like to step into the demanding leadership roles required in a comprehensive program.
- **Unsupportive environment:** Things like pressure from insurers and lack of supportive policy/legislation create an environment not conducive to positive change.

BEST PRACTICES:

- **Build relationships and cultivate partnerships.** Partners are essential in terms of expert input, funding and other resources.
- **Use volunteers.** Many local professionals in related fields are willing to serve in working groups and ad hoc committees. To save money and resources, seek them out in stakeholder organizations and other public health programs, such as tobacco control, the Department of Agriculture, school nurses and other school departments, etc. Look for whoever touches the asthma issue for one reason or another.
- **If money is short, find more money through partnerships and other open grants.** A great example is the Asthma Control Program's partnership with the Environmental Protection Agency (EPA), a partner which helps to fund school projects on indoor air quality.
- **Develop low/no-cost interventions.** For example, the Asthma Control Program's Healthy School Environments Program is a low/no-cost intervention. The working groups meets monthly, agencies and organizations provide their staff time for free as in-kind contribution. They rely heavily on volunteer staff at the schools and student participation. While there may be expenses for specific programs or interventions (sub-contracting for an educational session, replacing carpet, replacing more toxic cleaners with "green" cleaners), all the work done translates into behavioral change for staff and students and cultural change for the school (doesn't cost).

OVERALL LESSONS AND RECOMMENDATIONS:

- **Value your partnerships and collaborations.** It cannot be done without them. Keep them involved through periodic meetings, newsletters and conferences.
- **Policy change has a positive impact.** While state departments are discouraged from lobbying for specific policy change, other organizations, including partners to state organizations, CAN influence legislation, creating positive change in the community. Your organization and your partners should push for policy change when applicable.

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