

### 3. Surveillance Plan

Describe the current operational asthma surveillance system within the health agency (if one exists). Provide a surveillance plan containing the following information: (a) A description of data currently available to the program; (b) additional data the agency will obtain and methods for obtaining it; (c) plans for identifying specific populations at-risk for poorly controlled asthma (e.g. gender, age groups, racial/ethnic groups, socio-economic groups, and/or geographic areas); (d) how the agency will use data to develop (or enhance) an ongoing surveillance system; and (e) how the surveillance data will be used to support policy, program development, implementation, and evaluation activities. At a minimum, the surveillance system should include measures to track asthma morbidity, asthma mortality, and work-related asthma. For more information about work-related asthma, refer to:

“Surveillance of Work-Related Asthma in Selected U.S. States Using Surveillance Guidelines for State Health Departments—California, Massachusetts, Michigan and New Jersey, 1993–1995,” *Morbidity and Mortality Weekly Report*, June 25, 1999/48 (SS03); 1–20 at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss4803a1.htm>.

Workgroup Report “The Role of States in a Nationwide Comprehensive Surveillance System for Work-related Diseases, Injuries and Hazards” at <http://www.cste.org/occupationalhealth.htm>.

“Minimum and Comprehensive State-Based Activities in Occupational Safety and Health,” June 1995—DHHS (NIOSH) Publication No. 95–107 at <http://www.cdc.gov/niosh/95-107.html>.

Applicants funded by this announcement will be expected to use the Behavioral Risk Factor Surveillance System (BRFSS) supplemental asthma module within the first year of the project.

Describe a strategy to conduct analysis, interpret surveillance data, and disseminate data through published reports to local, state, and federal partners and agencies.

Present a detailed plan for evaluating whether the asthma surveillance system is useful for monitoring trends over time. Refer to “Updated Guidelines for Evaluating Surveillance Systems, Recommendations from the Guidelines Working Group,” *Morbidity and Mortality Weekly Report*, July 27, 2001/ (50)RR–13; 1–35 or <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm>

### 4. State Asthma Plan

Describe the process by which a comprehensive State Asthma Plan will be developed. The plan must address all persons with asthma in the State regardless of age, race/ethnicity, gender or geographic area. Include key environments in which persons with asthma spend significant time (e.g. home, school, and workplace). If a specific population in the State is not affected by asthma, clearly identify and describe this population.

Include information about the agencies and organizations that will participate in developing the State Asthma Plan. Describe each partner's roles and responsibilities. Explain how the collaborative relationships will be used after the plan is in place and the agency is ready to implement interventions.

Describe how data collected in the asthma surveillance system will be used to identify priority areas and guide the development of program goals and objectives. Explain how the State Asthma Plan will evolve and change based on surveillance data, evaluation of interventions, and other outside factors that affect the overall climate in the State.

### 5. Collaboration Plan

Describe experiences with collaborative relationships around asthma or with other chronic or environmentally-related or occupationally-related disease requiring extensive collaborative relationships both within and outside the agency. Specifically define the approach to be used to establish or further develop these relationships.

Document partnerships with the clinical community; local health agencies; physician organizations; community health centers; local, State, or regional asthma or respiratory health organizations (such as the American Lung Association); local education authorities; and groups or organizations that serve minority or other populations experiencing a disproportionate burden of asthma. If one or more of these partners will not be included, the applicant should explain why.

Describe how the collaboration will (1) establish leadership, (2) develop consensus regarding goals, (3) identify roles and responsibilities of members, (4) develop procedures and patterns of communications, and (5) sustain the participation of members over time.

Provide letters of commitment from each specific organization, including a statement of how they intend to collaborate, as well as their expertise,

and capacity to carry out assigned responsibilities.

Grant funds may be used to leverage asthma program development in the State, territory, tribe or jurisdiction along with resources from other agencies and organizations.

Present a plan to determine the effectiveness of collaborations.

### 6. Management and Staffing Plan

Demonstrate the applicant's organizational commitment to the asthma program by describing how the agency as a whole will focus its efforts on asthma. Provide a plan to maintain a strong commitment within the State Health Department to support continued efforts of the asthma program.

Describe the organizational location of the proposed staff, their relation to the State's asthma contact (the position in the agency currently responsible for contact with CDC on asthma issues), and the support within the organizational structure for the activities defined for the project staff. Attach an organizational chart for the unit where asthma activities will be located and, at a minimum, the next two levels above it.

Describe the qualifications and roles of trained public health professionals to serve as a full-time asthma coordinator for the agency to manage the planning process and conduct other programmatic activities; a full-time epidemiologist to develop and implement surveillance activities for the asthma project; and a supervisor who will assure support for the project staff. Other program positions may also be proposed. Attach position descriptions, qualifications, and curricula vitae for all staff positions.

For each position, describe the primary roles and responsibilities for the project staff over the three-year grant period. Also, include the specific staff activities that will contribute to meeting each objective.

Provide a plan to expedite filling of the staff position(s) and assure that they have been or will be approved by the applicant's personnel system. Include a letter of support from the agency guaranteeing hiring of personnel and support for the asthma program. Also, describe positions in the asthma program that are currently filled, but will not be funded by resources under this cooperative agreement.

Document assurance of the ability of key project staff to participate in conferences or grantee meetings convened by CDC and willingness to share innovations, information, data, and materials.