

The approved plan (or attachments to the plan) must include:

a. Background information that defines the current condition and describes why asthma should be a public health priority, and an assessment of the asthma burden in the State, territory, tribe, or jurisdiction using population-based data. The plan must address all persons with asthma in the State regardless of age, race/ethnicity, or gender and include key environments in which persons with asthma spend significant time (e.g. home, school, or workplace). If a specific population in the State is not affected by asthma, the plan should clearly identify and describe this population.

b. A description of the process by which the plan was developed, a list of partners that participated in the development of the plan, and how they contributed to the process.

c. A description of the established asthma priorities within the State, territory, tribe, or jurisdiction based on the results of surveillance activities. These objectives should be time-phased and organized in accordance with the priorities identified in the State Asthma Plan. Highlight issues unique to your region and note how your priorities may differ or coincide with national asthma control priorities.

d. Proposed activities to meet the plan's objectives including, but not limited to, efforts to (1) expand surveillance for asthma; (2) improve provider compliance with the National Asthma Education and Prevention Program's (NAEPP) "Guidelines for the Diagnosis and Management of Asthma," (Clinical Practice Guidelines, Guidelines for the Diagnosis and Management of Asthma. National Institutes of Health (NIH), National Heart, Lung and Blood Institute. NIH publication No. 97-4051, April 1997); (3) improve the skills of patients and families affected by asthma to manage the disease; (4) review legislation and policies impacting people with asthma; (5) identify environmental factors that contribute to asthma prevalence and morbidity, and reduce or eliminate exposure to these factors; and (6) communicate between those implementing and those affected by planned activities.

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 (e.g. 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.

Describe how partners who developed the State Asthma Plan will continue to work together to implement and monitor intervention strategies and modify the plan over time. Expand partnership activities as appropriate.

Note that 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. Implementation Plan

Provide specific, realistic, measurable, and time-phased objectives for each of the interventions to be implemented over the five-year project period using resources of this announcement. If objectives and interventions from the plan are addressed using other resources, explain how they are related. While the overall State Asthma Plan must address all populations, implementation strategies should be prioritized based on surveillance data, focusing on high priority and disparate populations first. Interventions that change systems and individuals to provide improved disease management or education are preferred.

Discuss guidelines the applicant will use for work-related asthma (e.g., adapted from generic Minimum and Comprehensive State-Based Activities in Occupational Safety Health, June 1995—DHHS (NIOSH) Publication No. 95-107) at <http://www.cdc.gov/niosh/95-107.html>; or from the 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>.

Include an assessment of existing and needed resources to implement these strategies.

Describe how the State Asthma Plan implementation activities were developed and how members of the statewide partnership group determined that these particular objectives and strategies would be addressed. Demonstrate the extent to which the intervention plan is supported in the community by including letters of support from key members of the community.

Demonstrate the scientific basis for proposed interventions. If proposed interventions include case management programs, assure that patients enrolled are those with moderate to severe persistent asthma and are receiving care consistent with the National Asthma Education and Prevention Program (NAEPP) Guidelines for the Diagnosis and Management of Asthma. Refer to "Guidelines for the Diagnosis and Management of Asthma," (Clinical Practice Guidelines, Guidelines for the Diagnosis and Management of Asthma. National Institutes of Health (NIH), National Heart, Lung and Blood Institute. NIH publication No. 97-4051, April 1997) at <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>.

Provide the methodology and specific measures for monitoring progress in meeting all objectives related to implementation of activities in the asthma plan. Discuss how process, impact and outcome objectives will be evaluated. Refer to "Framework for Program Evaluation in Public Health," *Morbidity and Mortality Weekly Report*, September 17, 1999/48 RR-11; 1-40 at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm> or other evaluation resources on the CDC Web site at <http://www.cdc.gov/eval/index>.

7. 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. Explain how the overall asthma program will be institutionalized and sustained upon completion of funding from this cooperative agreement.

Describe the organizational location of proposed staff, their relation to the State's asthma contact (the position in the agency currently responsible for contact with the CDC on asthma issues), and the support within the