

b. The roles of proposed staff members are defined and appropriate for carrying out stated responsibilities.

c. The staffing plan includes at least a full-time asthma coordinator, at least a full time epidemiologist, and a supervisor.

d. Job descriptions, qualifications, and curricula vitae indicate that each proposed staff member has the credentials, knowledge, training, and experience to perform assigned tasks.

e. The plan to expedite filling of the staff position(s), assuring that they will be approved by the applicant's personnel system, is realistic.

f. The applicant plans to attend CDC conferences and meetings and is willing to share innovations, information, data, and materials.

3. State Asthma Plan (15 points)

The extent to which:

a. The State Asthma Plan is comprehensive and approved by the state health agency. If not already approved, the applicant provides assurance that the State Asthma Plan will be completed within 3 months of the first budget year.

b. The plan addresses all persons with asthma regardless of gender, age, race/ethnicity, or geographic area and includes key environments in which persons with asthma spend significant time (e.g. home, school, workplace).

c. The number and type of agencies and organizations that participated in developing the State Asthma Plan are appropriate. Partner's roles and responsibilities are fully described and reasonable.

d. The applicant describes the collaboration's progress in (1) establishing leadership, (2) developing a consensus regarding goals, (3) identifying roles and responsibilities through a negotiated process, (4) developing routine and consistent patterns of communications, and (5) sustaining the participation of members over time.

e. Collaborative relationships are used after the plan is in place and the agency begins to implement selected interventions.

f. Proposed activities to meet the plan's objectives include, but are 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.

g. Data collected in the asthma surveillance system was (and will be) used to identify priority areas and guide the development of program goals and objectives.

h. The applicant describes how the State Asthma Plan will evolve over time and the process by which changes are made.

4. Surveillance Plan (15 points)

The extent to which:

a. The applicant has an operational surveillance system for asthma.

b. Attached surveillance reports are of high quality and fully describe the burden of asthma within State, territory, tribe, or jurisdiction, including, if available a report on asthma in the Medicaid population.

c. The applicant describes data currently available, additional data the agency will obtain, and methods for obtaining it.

d. The applicant clearly identifies populations at risk for poorly controlled asthma such as specific age groups, ethnic/racial groups, socio-economic groups, or geographic areas.

e. The applicant explains how the agency will enhance an ongoing surveillance system and how data will be used to support policy, program development, implementation, and evaluation activities.

f. The plan uses appropriate measures to track asthma morbidity, asthma mortality, work-related asthma, and asthma hospitalizations over time.

g. The applicant plans to use the Behavioral Risk Factor Surveillance System supplemental asthma module within the first year of the project period.

h. The surveillance plan describes appropriate strategies to conduct analysis, interpret surveillance data, and disseminate data through published reports.

i. Includes reasonable strategies for evaluating whether the asthma surveillance system is useful for monitoring trends over time.

5. Collaboration Plan (10 points)

The extent to which:

a. The applicant has had previous experience collaborating with other

chronic or environmentally related or occupationally related agencies.

b. Collaborating organizations and agencies include a wide variety of appropriate partners in 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 populations experiencing a disproportionate burden of asthma. If one or more of these partners are not included, the applicant explains why.

c. The applicant describes how the collaboration's progress in: (1) Establishing leadership, (2) developing a consensus regarding goals, (3) identifying roles and responsibilities through a negotiated process, (4) developing routine and consistent procedures and patterns of communications, and (5) sustaining the participation of members over time will be documented and monitored.

d. Letters of commitment from key organizations demonstrate their willingness, expertise, and capacity to carry out assigned responsibilities.

e. The applicant fully describes how partners who developed the State Asthma Plan will continue to work together to monitor the intervention strategies over time.

f. The plan for determining the effectiveness of collaborations is reasonable.

6. Implementation Plan (10 points)

The extent to which:

a. The applicant presents specific, realistic, measurable and time-phased objectives for each intervention proposed.

b. Interventions focus on high priority and disparate populations. Priorities are based on surveillance data.

c. Interventions will change systems and individuals to provide improved disease management or education.

d. The community supports the intervention plan.

e. The applicant demonstrates a scientific basis for each intervention.

f. The methods and measures for monitoring progress of interventions are appropriate.

7. Description of the Problem (5 points)

The extent to which:

a. The applicant provides a comprehensive description of what is known about the asthma burden in the State, tribe, territory or jurisdiction including all ages, race/ethnic groups, and geographic areas.

b. The applicant fully identifies existing initiatives, capacity, and