

infrastructure of the agency within which the asthma programs will occur.

c. The barriers identified when developing the State Asthma Plan were addressed.

d. The agency's commitment to addressing asthma is demonstrated by accomplishments to date and understanding of the problem.

8. Budget (reviewed, but not scored)

The extent to which:

a. The budget is comprehensive and includes details for year one and projections for year two and three of the project period.

b. The budget contains justifications that are consistent with stated goals, objectives, activities, and the intended use of cooperative agreement funds.

c. The budget is reasonable and includes funds for project staff to attend a yearly conference or grantee meeting convened by CDC. In addition, the applicant included costs for one person to travel to Atlanta, GA, to attend the 6th National Environmental Health Conference on December 3–5, 2003.

9. Performance Goals (reviewed, but not scored)

The extent to which the applicant will reduce the burden of asthma in the State, tribe, territory, tribe or jurisdiction.

Part B: Implementation of State Asthma Plan

1. Implementation Plan (25 Points)

The extent to which:

a. Implementation objectives are specific, realistic, measurable and time-phased for each of the interventions.

b. High priority interventions are based on surveillance data and focus on disparate populations first. Strategies that change systems and individuals to provide improved disease management are included.

c. There is a clear link between the State Asthma Plan and the proposed interventions, including an assessment of existing and needed resources to implement these strategies.

d. The intervention plan is supported in the community and this is demonstrated by the inclusion of letters of support from key members of the community.

e. Statewide partners are involved in implementing and monitoring the plan over time.

f. Proposed intervention strategies are appropriate and have a scientific basis. Asthma management activities are consistent with the National Asthma Education and Prevention Program (NAEPP) "Guidelines for the Diagnosis and Management of Asthma."

g. Methods and measures for monitoring intervention activities are specific, reasonable, and likely to assess the effectiveness of activities in reaching program goals and objectives. Process, impact, and outcome objectives are included.

2. Management and Staffing Plan (20 Points)

The extent to which:

a. The applicant demonstrates a high level of commitment and organizational support for the asthma program. Organizational charts demonstrate clear lines of authority and coordination with related programs at the State health department such as tobacco control, environmental health, or maternal and child health. The plan for institutionalizing and sustaining the asthma program beyond the 5-year project period is achievable.

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

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

d. The staffing plan includes at least a full-time asthma coordinator, at least 2 full-time epidemiologists, and a supervisor. Other staff position(s) are also included.

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 role of the statewide partnership group is appropriate for the oversight of intervention activities.

g. The applicant documents assurance that key personnel will attend scheduled grantee meetings and CDC-sponsored national asthma conferences, and that the applicant agrees to share innovations, information, data and materials.

3. Workplan (15 Points)

The extent to which:

a. The applicant identifies goals, objectives and activities that are specific, measurable, realistic, related to the Recipient Activities, and reflect plans in year one through five of the project.

b. Objectives will contribute to the accomplishment of the stated goals.

c. Activities are likely to achieve related objectives.

d. Project time-line is realistic and indicates when each goal, objective, and activity will be met.

e. Measures for monitoring and evaluating the process, impact, and outcome of each goal and objective are appropriate and specific.

4. Surveillance System (15 Points)

The extent to which:

a. The applicant has an operational surveillance system for asthma within the health agency.

b. Attached surveillance reports are of high quality and comprehensively describe the asthma burden within the State, territory, tribe, or jurisdiction, including, if available, a report on asthma in the Medicaid population and the State Children's Health Insurance Program (SCHIP).

c. The applicant identifies all data currently available to the program as well as additional data the agency will obtain and methods for obtaining it. Plan includes use of the Behavioral Risk Factor Surveillance System (BRFSS) asthma module(s).

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

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

f. The plan describes appropriate measures for asthma prevalence, severity, management, mortality, hospitalization, emergency care, and costs of asthma.

g. The plan includes surveillance and public health interventions for work-related asthma.

h. The approach for conducting analysis, interpreting surveillance data, and disseminating data through published reports is appropriate.

i. The plan for evaluating the asthma surveillance system addresses all program goals and objectives, will be effective in monitoring asthma trends over time, will determine the effectiveness of asthma interventions, and will support modifications to the State Asthma Plan.

5. Approved State Asthma Plan (15 Points)

The extent to which:

a. A commitment by the Agency to implement this plan is demonstrated by the inclusion of a letter of support from the Secretary of Health or the Agency's Medical Director. If the State Asthma Plan is not already approved, the applicant provides assurance that it will be completed within 3 months of the first budget year.

b. The State Asthma plan is comprehensive, addressing all persons with asthma regardless of age, race/