

STRATEGIC PLAN  
*2004 - 2007*

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# STRATEGIC PLAN *Overview*

In June 2003, the membership of the New York City Asthma Partnership led by the Steering Committee began the process of developing a strategic plan to guide the actions of NYCAP from 2004 to 2007. The June 2003 Annual Meeting served as a springboard to enhance dialogue about the state of asthma in NYC, the partnership's progress, and the need to formalize NYCAP's strategic direction. NYCAP members played a vital role in shaping the plan by participating in workgroup discussions and making recommendations that became the foundation of the plan.

Following the annual meeting, NYCAP's Steering Committee worked over several months with facilitators from Strategic Human Resources to review recommendations from the general membership, and refine them into a strategic framework. The attached document reflects the tremendous effort set forth by the membership and the steering committee to ensure NYCAP's crucial and ongoing role in establishing, communicating, and advocating for the best practices in asthma control and care in New York City.

Strategic plans are "living documents" which reflect an overall plan for the fulfillment of an organization's mission. Thus far, our strategic planning process has helped us to clarify our mission to develop and advance a plan for asthma prevention and control. The process has also helped us to develop comprehensive strategies to fulfill our mission. The plan encourages collaboration between committees, supports the enhancement of our external visibility as an expert on asthma in NYC, and most importantly, outlines the strategies we must embrace to comprehensively and effectively address asthma as a collective body.

The challenges of asthma and the growing evidence of strategies and interventions to address it reside in a dynamic environment; although our strategic plan will serve as the primary guide for our actions, we recognize that the changing environment will continue to provide opportunities for NYCAP to modify its course and embrace change.

Strategic plans are effective when they focus on actions and activities that can be implemented and measured. While we have identified major strategies, and proposed tactics, our next step is to work at a task force/committee level to prioritize these strategies, and develop goal-oriented, actionable steps. The December 11th Semi-Annual meeting will help us to accomplish this next step in the refinement of our plan; however, it is the work of the committees over the next year that will move us forward in fulfilling our mission.

Six major areas emerged in understanding the thrust of NYCAP's work as part of the planning process. Many of these areas represent our existing work, however, a few new areas, and strategic dimensions have been added: The areas are as follows:

- Environment (Indoor/Outdoor);
- Data and Research,
- Health Care Delivery
- Schools, Childcare, and Recreation programs
- Communication
- Education

With the exception of an education committee, other committees/task forces outlined above will be established to move the work of NYCAP forward. There will be no committee with a sole focus on education, as we recognize the most effective means of promoting asthma education is to make it integral to each of the major areas.

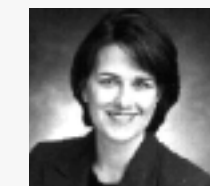
Education remains a critical focus in our strategic plan, and we want to emphasize it as core in the overall purpose of NYCAP. Therefore, as NYCAP's implementation plan is developed, committees will be required to incorporate asthma education promotion as part of their overall plan.

On behalf of the Steering Committee, we thank you for your participation in this planning process. As we move forward, we welcome your input and commitment to develop and implement activities that will establish NYCAP as a leading expert and advocate for asthma prevention and control in the City of New York.

**Lorna E. Davis**  
*Director, NYC Childhood Asthma Initiative*  
NYC Department of Health and Mental Hygiene  
Co-Chair  
New York City Asthma Partnership



**Cindy Erickson**  
*Chief Executive Officer*  
American Lung Association of the  
City of New York  
Co-Chair  
New York City Asthma Partnership



STEERING  
COMMITTEE  
2002 - 2004

Members	Title	Organization
1.Ginger Chew, ScD*	Assistant Professor	Columbia University, Mailman School of Public Health
2.Lorna E. Davis, MS <i>Co-Chair</i>	Director NYC Childhood Asthma Initiative	New York City Department of Health and Mental Hygiene
3.Mala Desai, MSW, MS	Executive Director	Northern Queens Health Coalition
4.Cindy Erickson, MPA <i>Co-Chair</i>	Chief Executive Officer	American Lung Assoc. of the City Of NY
5.David Evans, PhD	Associate Professor of Clinical Public Health	Columbia University, College of Physicians and Surgeons
6.Kathy Garrett-Szymanski, RRT	Asthma Center Administrator	Long Island College Hospital
7.Andrew Goodman, MD, MPH*	Associate Commissioner East & Central Harlem District Public Health Office	New York City Department of Health and Mental Hygiene
8.James Langford	Director of Quality Control and Improvement	The Children's Aid Society
9.Terry Marx, MD, MPH*	Senior School Health Physician	New York City Department of Education
10.Thomas Matte, MD, MPH*	Senior Epidemiologist	New York City Department of Health and Mental Hygiene
11.Robert Mellins, MD*	Professor of Pediatrics	New York Presbyterian The University Hospital of Columbia
12.Robert Silverman, MD	Research Director	Long Island Jewish Medical Center Department of Emergency Medicine

Incoming Steering Committee Members

13.Juan Correa, MD, MPH	Associate Research Scientist	Columbia University, Department of Environmental Health Sciences
14.Marian Feinberg	Health Coordinator	South Bronx Clean Air Coalition
15.Alma Idehen	Regional Health Director	New York City Department of Education
16.Wendy G. Johnson, MD, MPH	Attending Pediatrician	Gouverneur Health Care Services+

\* *Outgoing Steering Committee Members Effective January 2004*

## 1 . ENVIRONMENT

### Strategy 1.1:

Identify, prioritize, and address major outdoor air pollutants contributing to asthma in NYC.

1. Advocate for reducing sources of outdoor air pollution.
  - Work with school committee to reduce emissions from school buses
2. Develop effective interventions for helping the public, people with asthma, and health care professionals deal with outdoor air pollution.
  - Implement "bad air day" alerts through media or New York City Department of Health and Mental Hygiene [DOHMH]
  - Provide information for asthma patients about steps to take.

### Strategy 1.2:

Identify, prioritize, and address major indoor air pollutants contributing to asthma in NYC.

1. Advocate for reducing sources of indoor air pollution.
  - Advocate for funding for infrastructure for smoking cessation programs.
  - Work with the school committee regarding environmental triggers in schools.
2. Advocate for a healthy housing initiative:
  - Recommend building code guidelines.
  - Recommend policies for remediation and placement of individuals with asthma and their families in healthy housing to New York City Housing Authority [NYCHA] and other NYC housing agencies.
  - Collaborate with NYCHA and Housing Preservation Department [HPD] to provide training for community members about control of indoor allergens (mold, dust mites, pests, and pesticides).
3. Develop effective interventions for helping the public, people with asthma, and health care professionals deal with indoor air pollution.
  - Provide information on mold and other asthma triggers.
  - Improve accessibility and communications to encourage smoking cessation.

### Strategy 1.3:

Define effectiveness measures for evaluating efforts to address major air pollution factors contributing to asthma (work with Data and Research Committee). For example:

1. Number of attendees to smoking cessation programs
2. Number of mold inspection visits by city agencies
3. Consider funding allocations for pollution amelioration efforts
4. Number of converted buses or number of new vehicles with low emissions

## 2 . DATA AND RESEARCH

### Strategy 2.1:

Determine what information would help NYCAP and other organizations develop or evaluate interventions to prevent or control asthma.

1. Provide and update data for NYC and its subdivisions on asthma morbidity and mortality by accessing data from SPARCS and the Medical Examiner's office.
2. Work with other committees as requested to:  
Examples:  
Provide data on:
  - Environmentally relevant city activity
  - Trash pick-ups
  - City air pollution monitors
  - City purchase and use of low emissions vehicles
3. Measure adherence to treatment guidelines by medical care providers using sources like IPRO and pharmaceutical databases.
  - Use of written asthma management plans
  - Prescription of controller medications
4. Collect data on indices of housing quality.  
Examples:
  - Mold inspection visits by city agencies
  - Code violations for leaks or pests infestations
5. Identify funding sources and opportunities for NYCAP initiatives.
6. Identify tools to measure asthma health over time.

### 3 . HEALTH CARE DELIVERY

#### Strategy 3.1:

Improve the health care delivery system to facilitate provision of asthma care in New York City. Identify and resolve barriers to health care delivery in NYC.

1. Improve access to information for families about asthma and where to get services (eg: where to find doctor, medications, equipment, etc).
2. Work with pharmacy organizations to share data on use of asthma medicines with providers
3. Address issues to encourage coordinated care (including shifting of insurance coverage).
4. Undertake initiatives to eliminate or diminish cultural/communication barriers.
5. Identify health care system changes that will promote adherence to best standards of asthma care:
  - Provider adherence to treatment guidelines
  - Family adherence to management plan

#### Strategy 3.2:

Promote use of high standards of care (NHLBI, State, CDC, AMA) and compliance with these standards.

1. Encourage medical community team approach in managing asthma.
2. Enhance consistency in implementation of case management standards.
3. Recommend administrative requirements to support change in key points.
4. Centralize asthma management resources:
  - Education for patients (and providers)
  - Caseworkers
  - Interactive workshops
  - Practitioners/ Model asthma clinics
  - Monthly newsletter
5. Advocate for the use of benefits and incentives for both providers and patients to help change behavior.
  - Aid managed care in fulfilling its major role to provide incentives
6. Embed measurement systems in clinical practice.
  - Provide clinical asthma registry software for guidance and support.

#### Strategy 3.3:

Capitalize on underutilized resources (system facilitators) in NYC to encourage use of best care standards and practices.

1. Identify existing and new community focal points for disseminating asthma information, answering family questions, making referrals to needed services and coordinating asthma care resources.
  - Community volunteers
  - Community health workers, and case managers
  - School nurse communications with parents, Managed Care Organizations [MCOS], and Case Management Services [CMS]
2. Improve identification, diagnosis and treatment of asthma by:
  - Encouraging use of practice-based asthma registries
  - Certifying or recognizing primary care physicians who provide excellent asthma care (increase use of spirometry and pulmonary functions testing and feedback on medication use)
  - Tracking indicators of quality of care in MCOS health information systems

#### Strategy 3.4:

Make an asthma friendly health system to support good asthma care.

1. Bridge the gap between primary care and emergency care.
  - More flexible hours for clinic
  - Open access appointment system
  - Fund pilot electronic healthcare charting systems at clinics and EDs which would alert MD of last ED visit, number of visits per quarter, current prescription, etc.
  - Use available models for improving follow up of ED visits with a follow up primary care visit (referrals, ED-to-PCP communication)
  - Improve communication between primary care system and emergency department about patient for purposes of improving access, decreasing emergency department visits, giving appropriate medication, increasing use of AAP, improving continuity of care, and accessing health insurance.
2. Improve access to, and quality of, primary care for asthma.
  - Ensure patient/consumer has access to quality asthma self-management training.
  - Draft reimbursement policy for primary care physician to provide more patient education.
  - Create user-friendly language and culturally appropriate, concise education materials for all patients.
  - Offer incentives to primary care physicians to improve practice for individuals with asthma.

4. SCHOOLS, CHILDCARE AND RECREATION PROGRAMS  
[NON-MEDICAL DELIVERY SYSTEMS]

Strategy 4.1:

Improve asthma prevention and care in schools, childcare and recreation programs.

1. Identify children with active asthma in schools, childcare and recreation programs.
  - Improve case-finding strategies in these settings and linkages to the external health provider
2. Promote the development of systems to collect and use information about school absences and nurse office visits to identify and help families of children whose treatment is not effective in controlling their asthma.
3. Provide guidance in training/education about asthma for school staff, teachers, school health staff, childcare and recreation workers.
4. Provide guidance in education for parents, guardians and students about asthma.
5. Provide outreach to help parents, childcare, and recreation programs to obtain and use Asthma Action Plans and medication forms.

5. COMMUNICATIONS

Strategy 5.1:

Position NYCAP as the asthma expert and lead resource for asthma in New York City.

PUBLIC AWARENESS

1. Articulate and communicate key messages.
  - Brief key constituents.
  - Brief elected officials.
  - Brief media (related organizations).
  - Implement sign-off process and public relations protocols (making public statements).

ADVOCACY

2. Clarify and enact role as advocacy body.
  - Serve as an expert.
  - Serve as a monitor/overseer
    - Assess/evaluate testing (housing).
    - Monitor legislative activity and environment for issues relevant to asthma.
    - Develop public policy agenda to further asthma management priorities and access to public health care.
  - Serve as a resource of information for municipal, state and federal legislation related to asthma.
  - Serve as data clearinghouse.
  - Provide public statements.
    - Release medical public statements.
    - Provide public testimony at legislative hearings on issues regarding asthma management.
  - Serve as educator and facilitator of asthma prevention and care best practices.
    - Hold forums/conferences.
    - Support and/or advocate for community-based organizations.
    - Build community partnerships to support patients outside of clinical setting.
    - Provide a forum for the exchange of asthma prevention and care ideas between asthma coalitions and community-based organizations.

FUNDRAISING

3. Develop a fundraising strategy and proactively engage in fundraising.
  - Retain a grant writer to increase funding opportunities.
  - Retain a development officer (staff or consultant) to explore all opportunities for funding.
  - Seek out grants/sponsors.
  - Explore partnerships with corporations.
  - Honor someone of note who can draw attention to NYCAP and asthma, and help raise funds

## 6 . E D U C A T I O N

*Education remains a critical focus in our strategic plan, and we want to emphasize it as core in the overall purpose of NYCAP. We recognize the most effective means of promoting education for the prevention and care of asthma is to make it integral to each of the major areas our new committee structure addresses. Therefore, the overall strategies presented for education are to be incorporated in the work of all committees under the new NYCAP committee structure.*

### Strategy:

Ensure city-wide access to high quality asthma education for professionals, organizations, and patients.

#### 1. Assess needs for professional education

##### Examples:

- Determine educational needs for healthcare and social service, school and daycare.
- Determine standards of asthma education provided by MCOS and other health systems.

#### 2. Improve consistent educational guidance for providers and institutions.

- Provide better education about medication standards or guidelines.
- Develop education tools and services to support use of standards by providers.
  - Facilitate provider education and outreach resources.
  - Offer providers education locally.
  - Develop simple sheet with key points for provider and patient.
- Clarify guidance on case management standards
- Encourage greater use of Asthma Action Plan, identifying triggers and providing controller access.
- Create resource guides of educational programs (and other resources) for:
  - community-based organizations
  - neighborhood coalitions
  - public

#### 3. Enhance cataloging and inventorying of education programs.

- Inventory programs available:
  1. Group work
  2. Individual home visits
  3. Multiple community health visits
  4. Institute a clearinghouse of programs that have proven successful
  5. Establish NYCAP standards for patient educational videos and other materials.
  6. Standardize training materials for professionals.
  7. Transfer research findings to program operations.

#### 4. Advocate for increased resources for and access to asthma education for patients and their families

- Provide user-friendly, accessible educational tools.
- Provide culturally-sensitive training for providers in patient education methods.
- Encourage patients' active participation in their medical care and education.
- Increase patient knowledge of entitlement to Asthma Action Plan from their provider.
- Seek resources to provide support groups for families.

#### 5. Advocate or publicize a view of asthma as a chronic disease of childhood that can be controlled to patients, parents/guardians, and the public.

- Diminish or eradicate the "no symptoms, no disease" perception of asthma
- Provide more information on the efficacy and safety of corticosteroids.
- Determine issues related to medication compliance and decide how can they be addressed.
- Address "community beliefs" regarding environmental triggers, contributing factors/risks, and the misperception that asthma cannot be controlled to permit normal living.
- NYCAP doctors disseminate asthma-related public health information in lay terms through media (TV, radio).