

**Ohio Department of Health and Ohio Asthma Coalition
Ohio Statewide Asthma Plan
Work Plan 2009-2010**

Listing of all 5-Year Goals:

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| 1. <u>Assess the burden of asthma in Ohio.</u> | <u>Projected Begin Date</u> <u>Sept., 2009</u> |
| 2. <u>Reduce asthma disparities among disproportionately affected population segments in Ohio.</u> | <u>Sept., 2009</u> |
| 3. <u>Decrease the number of hospitalizations, emergency department and urgent care visits for asthma in Ohio.</u> | <u>Sept., 2009</u> |

Budget Year One (9/01/2009 – 8/31/2010)

- Acronyms are listed on the last page of plan

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| Grantee Name: Ohio Department of Health, Asthma Program | | | Measure(s) | Reference to 2004-2009 Ohio Statewide Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other funding or both) |
| Goal #1: Assess the burden of asthma in Ohio | | | | | |
| Objective 1: Improve ability to track and report asthma deaths, hospitalizations and disabilities through identification and linkage of existing data collection tools. | | | | | |
| Baseline: Information from BRFSS Core and Modules, OHA Hospital Discharges, National Asthma Survey, OHA ED Visits, Ohio Center for Health And Vital Statistics Asthma Death Data, ODJFS Medicaid Data, Ohio Family Health Survey | | | | | |
| Target: 1. By Aug., 2010, data from Ohio Health Plans will be obtained. 2. By Aug., 2010, a plan to coordinate Ohio Health Plan data with the rest of the data available to OSSA will be in place. 3. By Aug., 2010, additional data from RODS, RAPCA and Ohio Hospital Association Hospital Outpatient Data sets will be obtained. | | | 1. Health Plan data has been contributed for cross-payer aggregation. 2. Plan to coordinate data in place. 3. Data has been obtained from RODS, RAPCA and OHA | | |
| Activities | Roles & Responsibilities- Asthma Program Staff & Partners | Time line (begin & end date month/ year) | | | |
| 1.1.1. Obtain data from Ohio health plans by having them partner with the Ohio Asthma Health Plan Collaborative | ODH staff will coordinate data management efforts by the OAC and the OAHPC | Begin: Sept. 2009 End: August 2010 | Health Plan data has been obtained. | Data/Research 1: By August 2009, OSSA will be regularly producing necessary data for planning and evaluation. | CDC Asthma Cooperative Agreement; Health Plans from the Ohio Asthma Health Plan Collaborative |

Ohio Statewide Asthma Plan 2009-10
Goal 1
Work Plan (Continued)

| Activities | Roles & Responsibilities- Asthma Program Staff & Partners | Time line (begin & end date month/ year) | Measures(s) | Reference to 2004-2009 Ohio Statewide Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other funding or both) |
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| 1.1.2. Obtain outpatient hospital data from the Ohio Hospital Association | ODH Asthma Program, OSSA to work with ODH liaison to obtain data more regularly | Begin: Sept. 2009 End: August 2010 | Three single issue data reports have been published | Data/Research 1: By August 2009, OSSA will be regularly producing necessary data for planning and evaluation. | CDC Asthma Cooperative Agreement |
| 1.1.3. Partner with universities to analyze Ohio health plan data sets | ODH, Asthma Program, OSSA, partnering universities to negotiate contract | Begin: January 2010 End: August 2010 | Contracts have been approved | Data/Research 1: By August 2009, OSSA will be regularly producing necessary data for planning and evaluation. | CDC Asthma Cooperative Agreement |
| Objective 2: Increase access to Ohio asthma data through identification and implementation of new communication strategies. Baseline: There is no one consistent vehicle for dissemination of data. Target: 1. By Aug., 2010, the ODH asthma Web page and the OAC Web site will consistently be used to post new asthma data. 2. By Aug., 2010, plans will be developed to consistently distribute asthma local profiles to local partners throughout Ohio as they are updated. | | | 1. ODH and OAC Web sites display asthma data. 2. Distribution plan developed. | | |
| Activities | Roles & Responsibilities- Asthma Program Staff & Partners | Time line (begin & end date month/ year) | | | |
| 1.2.1. Publish a minimum of 3 single data set reports. | ODH Asthma Program, OSSA will be responsible for analysis and publication | Begin: Sept. 2009 End: August 2010 | Three single data set reports published to Web. | Data/Research 1: By August 2009, OSSA will be regularly producing necessary data for planning and evaluation. | CDC Asthma Cooperative Agreement |
| 1.2.2. Use OAC and ODH websites to post publications and newsletters | ODH Asthma Program, OSSA will be responsible for publication of newsletters Partners will contribute to newsletters | Begin: Sept. 2009 End: August 2010 | 2009-10 data publications and newsletters on Web sites | Data/Research 1: By August 2009, OSSA will be regularly producing necessary data for planning and evaluation. | CDC Asthma Cooperative Agreement |

Ohio Statewide Asthma Plan 2009-10
Goal 1
Work Plan (Continued)

| | | | Measure(s) | Reference to 2004-2009 Ohio Statewide Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other funding or both) |
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| Objective 3: Review and enhance the Ohio Asthma Program, Ohio Surveillance System for Asthma (OSSA) and Ohio Asthma Coalition (OAC) through a comprehensive evaluation. Baseline: No evaluation has been completed. Target: By Aug., 2010, a plan for evaluation of the ODH Asthma Program, OSSA and the OAC will be complete. | | | Evaluation plan is complete | | |
| Activities | Roles & Responsibilities - Asthma Program Staff & Partners | Time line (begin & end date month/year) | | | |
| 1.3.1. Identify appropriate contractor to perform evaluation | ODH Asthma Program, OSSA, OAC members to identify ODH to contract | Begin: Sept. 2009 End: August 2010 | Contractor identified Contract initiated | Data/Research 1. By August 2009, OSSA will be regularly producing necessary data for planning and evaluation. | CDC Asthma Cooperative Agreement |
| 1.3.2. Work with contractor to plan a comprehensive evaluation of ODH Asthma Program, OSSA and the Ohio Asthma Coalition (OAC) | Disparities staff will work with the ODH Asthma Program, OAC members and Appalachian partners | Begin: Sept. 2009 End: August 2010 | Contractor attends bimonthly staff meetings, OAC Steering Committee meetings and quarterly OAC meetings Completed evaluation plan | Data/Research 1. By August 2009, OSSA will be regularly producing necessary data for planning and evaluation. | CDC Asthma Cooperative Agreement |

Goal 1

| | | | Measure(s) | Reference to 2004-2009 Ohio Statewide Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other funding or both) |
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| Objective 4: Increase access to and utilization of Ohio research through identification and implementation of new communication and networking strategies. Baseline: Asthma conferences held in 2004,6,8. No IT networking is available. Target: 1. By Aug., 2010, the 2010 Ohio Asthma Education/Research Conference will be held. 2. By Aug., 2010, information technology networking will be developed and researchers will be invited to network. | | | | | |
| Activities | Roles & Responsibilities - Asthma Program Staff & Partners | Time line (begin & end date month/year) | | | |
| 1.4.1. Plan 2010 Ohio Asthma Education and Research Conference | OAC Conference Committee and others, ODH and academic partner will plan meeting together. | Begin: Sept. 2009. End: May, 2010. | Meeting held in time frame projected. Attendance at conference | Education Goal 5: By Aug. 2009, develops an annual Ohio Asthma Conference focused on asthma education issues. | CDC Asthma Cooperative Agreement, CDC Conference Grant, The Ohio State University or other academic partner. |
| 1.4.2. Invite researchers from Ohio universities to join the Research Committee | OAC members, ODH and university partners contribute contacts and invitations. Disparities staff will work with OU | Begin: Sept. 2009 End: Aug. 2010 | Number of invitations made Number of members on the committee | Data/Research Goal 3: Facilitate asthma research in Ohio. | CDC Asthma Cooperative Agreement |
| 1.4.3. Explore with researchers what communication methodologies would be effective in linking them as Ohio asthma researchers group | OAC Research Committee and other research partners, ODH and IT partners | Begin: Sept. 2009. End: Aug. 2010 | Methodology has been identified and planned | Data/Research Goal 3: Facilitate asthma research in Ohio. | CDC Asthma Cooperative Agreement, |
| 1.4.4. Plan an information technology network for Ohio asthma researchers and explore adding it to the OAC Web site or purchasing separately. | ODH invests in or contracts for technology. OAC Research Committee members provide direction and support. | Begin: March, 2010. End: Aug. 2010. | Network planned and created. | Data/Research Goal 3: Facilitate asthma research in Ohio. | CDC Asthma Cooperative Agreement, May seek foundation funding as well. |

Ohio Statewide Asthma Plan 2009-10
Goal 2
Work Plan (Continued)

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| Grantee Name: Ohio Department of Health, Asthma Program | | | Measure(s) | Reference to Most Recent State Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other Funding, or Both) |
| Goal #2: Reduce asthma disparities among disproportionately affected population segments in Ohio | | | | | |
| Objective 1: Increase awareness of the burden of asthma in at least one region of Ohio, using Ohio Surveillance data to focus on high risk, low-income and racial/ethnic minority communities. Baseline: No data currently available Target: By Aug., 2010, target at least one area with asthma disparities to begin implementation of school, clinical and home visit initiatives grant years 2-5. | | | Target(s) population segments chosen and comprehensive initiatives planned | | |
| Activities | Roles & Responsibilities – Asthma Program Staff & Partners | Time line (begin & end date month/ year) | | | |
| 2.1.1 Analyze data to identify groups that are at highest risk | ODH Asthma Program, OSSA and ODH Health Disparities Council will analyze data and identify disparate communities. OAC Clinical, School and Home Visit Initiatives, Ohio Asthma Health Plan Collaborative (OAHPC) will choose | Begin: Sept. 2009 End: Aug. 2010. | At risk populations identified. OAC committees, OAHPC and ODH Asthma Program agree on target groups | Clinical Practice, Goal 1: Implement effective interventions to promote high quality asthma care of lower income and minority populations. | CDC Asthma Cooperative Agreement and partner efforts in communities with asthma disparities. |
| 2.1.2 Identify culturally appropriate strategies that create a heightened awareness of asthma in communities at risk | ODH Asthma Program, OSSA, ODH Health Disparities Council to assist with identifying resources. OAHPC and OAC members to determine strategies to use, timelines, target audiences. | Begin: Sept. 2009 End: Aug. 2010. | Specific strategies identified with cultural relevance for each strategy | Clinical Practice, Goal 1: Implement effective interventions to promote high quality asthma care of lower income and minority populations. | CDC Asthma Cooperative Agreement and partner efforts in communities with asthma disparities. |

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Goal 2

Work Plan (Continued)

| Activities | Roles & Responsibilities - Asthma Program Staff & Partners | Time line (begin & end date month/year) | Measure(s) | Reference to 2004-2009 Ohio Statewide Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other funding or both) |
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| 2.1.3 Identify and engage potential partners that work to address the cause of asthma disparities e.g. poverty, access to health care, discrimination, substandard housing | ODH Asthma Program, OSSA, ODH Health Disparities Council, OAHPC, OAC partners to identify disparate communities and engage partners to identify interventions. | Begin: Sept. 2009 End: Aug. 2010. | Number of potential partners engaged Number of possible interventions identified | Clinical Practice, Goal 1: Implement effective interventions to promote high quality asthma care of lower income and minority populations. | CDC Asthma Cooperative Agreement and partner efforts in communities with asthma disparities. |
| <p>Objective 2: Improve capacity to control asthma in communities affected by health care disparities through identification of culturally competent clinical and educational approaches for asthma care.</p> <p>Baseline: No consistent strategies are used.</p> <p>Target: By Aug., 2010 develop culturally appropriate comprehensive initiatives with implementation plans to address asthma in clinical settings, schools and the home in identified area of asthma disparities.</p> | | | | | |
| Activities | Roles & Responsibilities- Asthma Program Staff & Partners | Time line (begin & end date month/ year) | | | |
| 2.2.1. Identify evidence-based strategies that effectively address asthma in racial/ethnic minorities to include disease prevention, risk reduction, treatment, environmental and self-management. <i>(For use by Clinical, School, and Home Visit initiatives.)</i> | ODH staff to facilitate and coordinate resources with committees. OAC Clinical, School and Home Visit Initiatives, OAHPC.and other partners to identify and choose effective interventions. | Begin: Sept. 2009 End: Aug. 2010 | List of effective evidence-based strategies., | Clinical Practice, Goal 1: Implement effective interventions to promote high quality asthma care of lower income and minority populations. | CDC Asthma Cooperative Agreement and partner efforts in communities with asthma disparities. |

Ohio Statewide Asthma Plan 2009-10
Goal 2
Work Plan (Continued)

| Activities | Roles & Responsibilities - Asthma Program Staff & Partners | Time line (begin & end date month/year) | Measure(s) | Reference to 2004-2009 Ohio Statewide Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other funding or both) |
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| 2.2.2. Identify and support community-based initiatives that address asthma in targeted populations with asthma disparities | ODH staff to facilitate and coordinate with committees. OAC Clinical, Scholl and Home Visit Initiatives, OAHPC and other partners to identify and choose effective interventions. | Begin: Sept. 2009 End: Aug. 2010 | Number of effective community –based interventions occurring in targeted communities. | Clinical Practice, Goal 1- Implement effective interventions to promote high quality asthma care of lower income and minority populations. | CDC Asthma Cooperative Agreement and partner efforts in communities with asthma disparities. |
| 2.2.3. Identify and draft a dissemination plan for strategies that create health system changes (<i>such as the Ohio Asthma Health Plan Collaborative and strategies targeted to populations with asthma disparities i.e. school initiative, clinical initiative, home visit initiative.</i>) | ODH staff to facilitate and coordinate with committees and recruit new partners to table, i.e. FQHC’s, health systems, collaboratives, OAHPC, OAC members to identify, choose and plan dissemination. | Begin: Sept. 2009 End: Aug. 2010 | 1. Strategies for health system change have been identified and disseminated. 2. Numbers of FQHC’s, Health systems and other new partners involved | Clinical Practice, Goal 1- Implement effective interventions to promote high quality asthma care of lower income and minority populations. | CDC Asthma Cooperative Agreement and partner efforts in communities with asthma disparities. |
| 2.2.4. Target efforts and resources to support policy and programmatic efforts that address the needs of people with asthma in high risk groups (<i>such as the clinical, school, home visit initiatives.</i>) | ODH staff to provide support for policy and program efforts and coordinate implementation OAC, OAHPC to choose targets and specify resources | Begin: Sept. 2009 End: Aug. 2010 | Policies identified Advocacy efforts toward policy implementation | Clinical Practice, Goal 1- Implement effective interventions to promote high quality asthma care of lower income and minority populations. | CDC Asthma Cooperative Agreement and partner efforts in communities with asthma disparities. |

Ohio Statewide Asthma Plan 2009-10

Goal 3

Work Plan (Continued)

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| Grantee Name: Ohio Department of Health, Asthma Program | | | Measure(s) | Reference to Most Recent State Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other Funding, or Both) |
| Goal#3: Decrease the number of asthma hospitalizations, emergency department and urgent care visits. | | | | | |
| Objective 1: Increase the percentage of asthma patients who receive self management education, including developing and using a customized self-management plan, recognizing early signs or symptoms of an asthma episode, understanding what to do during an asthma episode or attack, or using a peak flow meter to adjust daily medications. Baseline: Education to use self-mgmt plan 5.2%, given AAP 19.5%, early signs of asthma episode 57.7%, understand actions for episode 67.5%, use peak flow 33.8% Target: By Aug., 2010, increase by 30%, the number of people with asthma who receive asthma self-management education including the including the items in the baseline data. | | | National Asthma Survey 2007, questions 6.1-6.5, which address asthma education with health professionals. These indicators may be looked at alone, or aggregated to form an index. | | |
| Activities | Roles & Responsibilities – Asthma Program Staff & Partners | Time line (begin & end date month/ year) | | | |
| 3.1.1 Identify best practices that utilize a high number of self-management strategies (<i>for homes, schools, clinical settings and workplaces.</i>) | ODH staff will coordinate research efforts by the OAC and the OAHPC | Begin: Dec. 2009 End: June, 2010 | Best Practices have been identified. | Education: Be consultants for health care providers by providing them with appropriate education and educational materials standardized according to the NAEPP Guidelines and the National Asthma Education Certification Board | CDC Asthma Cooperative Agreement and possible funds from health plans |
| 3.1.2 Identify specific self-management tools that can be easily implemented in practice (<i>in all settings.</i>) | ODH staff support OAC Clinical, School and Home Visit committee members and OAHPC in identification, development and dissemination of tools. | Begin: March, 2010 End: Aug. 2010 | 1. Self management tools are identified. 2. Dissemination plans have been developed. | Clinical Practice: Implement effective interventions to improve health care provider compliance to NAEPP Guidelines. Education: Insure that people with asthma and their caregivers have access to quality, cultural and age-appropriate educational resources based on the NAEPP Guidelines. | CDC Asthma Cooperative Agreement and possible funds from health plans |

Ohio Statewide Asthma Plan 2009-10
Goal 3
Work Plan (Continued)

| | | | Measure(s) | Reference to Most Recent State Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other Funding, or Both) |
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| <p>Objective 2: Improve systems of asthma care to achieve optimal asthma management in different types of community environments.</p> <p>Baseline: No consistent systems in schools, healthcare settings, home care or workplaces to measure.</p> <p>Target: By August, 2010, comprehensive initiatives for changing asthma care in schools, healthcare settings and homes will be defined, (including policies, self-management strategies, environmental interventions and adherence to EPR3 Guidelines) and implementation plans will be completed.</p> | | | <p>Number of identified interventions.</p> <p>Number of planned implementation strategies. (All to include policies, standards, environment, medical and self-management strategies).</p> | | |
| Activities | Roles & Responsibilities- Asthma Program Staff & Partners | Time line (begin & end date month/ year) | | | |
| 3.2.1. Facilitate development of asthma care protocols, including asthma self-management strategies, in healthcare settings, schools and homes | ODH staff to coordinate committee needs and set up tracking system, work with OAC Initiatives (for clinical sites, schools and home visits,) and with OAHPC to develop and evaluate protocols, strategies, interventions of the initiatives. | Begin: June, 2010 End: Aug. 2010 | <p>1. Identification and selection of effective protocols is complete.</p> <p>2. Tracking methods are in place</p> | <p>Clinical Practice:</p> <p>1. Implement effective interventions to improve health care provider compliance to NAEPP Guidelines.</p> <p>2. Implement effective interventions to promote high quality asthma care of lower-income and minority populations.</p> | <p>CDC Asthma Cooperative Agreement</p> <p>Possibly partner with university CQI project for dissemination of clinical initiative,</p> |

Ohio Statewide Asthma Plan 2009-10

Goal 3

Work Plan (Continued)

| Activities | Roles & Responsibilities - Asthma Program Staff & Partners | Time line (begin & end date month/year) | Measure(s) | Reference to 2004-2009 Ohio Statewide Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other funding or both) |
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| 3.2.2. Facilitate development of asthma trigger education and abatement programs in home, school and clinical settings | ODH staff, Healthy Homes Program staff and School Environmental Health Program staff to work together to support OAC Initiatives and OAHPC efforts in environmental interventions | Begin: June, 2010 End: Aug. 2010 | <ol style="list-style-type: none"> 1. Number of homes in which people with asthma have been taught management of environmental triggers. 2. Number of homes where abatement has taken place. 3. Number of schools where asthma trigger education and abatement has taken place. | Environmental Quality: Identify and reduce exposure to environmental asthma triggers and irritants. | CDC Asthma Cooperative Agreement CDC Healthy Homes Cooperative Agreement School Environmental Health Program staff Local Health District funds Local and state school District Funds |
| 3.2.3. Advocate that health plans reimburse for asthma education provided by healthcare professionals | ODH staff will coordinate with the OAHPC and the Advocacy Committee of OAC | Begin: Sept. 2009 End: Aug. 2010 | <ol style="list-style-type: none"> 1. Payment for asthma education is being provided by health plans. 2. Care providers are providing asthma education. 3. Plan is developed to increase number of Certified Asthma Educators/ | Education: Insure that people with asthma and their caregivers have access to quality cultural- and age-appropriate educational resources based on the NAEPP Guidelines. | CDC Asthma Cooperative Agreement Health Plan payment for asthma education. |

**Ohio Statewide Asthma Plan 2009-10 Goal 3
Work Plan (Continued)**

| | | | Measure(s) | Reference to 2004-2009 Ohio Statewide Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other funding or both) |
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| <p>Objective 3: Improve systems of asthma care to achieve optimal asthma management in all settings.</p> <p>Baseline: Hospitalization rates: 0-5 years is 39.5, 5-64 years is 12.8, 65+ is 25.2 per 10,000 residents. Emergency Dept. Visits: 0-5 years is 149, 5-64 years is 54, 65+ years is 15.4 per 10,000 residents. In 2006, 13.3% of adults with asthma had and urgent care or ED visit</p> <p>Target: By Aug., 2010, implementation plans to change the systems of asthma care in clinical settings, homes and schools will be completed.</p> | | | Implementation plans are complete | See below. | |
| Activities | Roles & Responsibilities- Asthma Program Staff & Partners | Time line (begin & end date month/ year) | | | |
| 3.3.1. Identify effective system change strategies (<i>for schools, clinical settings, homes.</i>) | ODH staff will provide support and coordination for initiatives with health plans, schools, clinical settings, homes and workplaces. OAHPC and OAC members will identify effective interventions for these settings and plan strategies. | Begin: Sept. 2009 End: Aug. 2010 | Effective system change strategies have been identified and selected for implementation | Advocacy: Educate policymakers and develop policies that promote the implementation and evaluation of community based interventions to decrease the burden of asthma in Ohio. | CDC Asthma Cooperative Agreement CDC Healthy Homes Cooperative Agreement with ODH and local health department healthy homes programs School Environmental Health program staff funding Ohio health plans |
| 3.3.2. Support development of strategies that improve asthma care, asthma self-management, and asthma best practices communication between health care providers, (<i>school personnel, families living with asthma and healthcare providers</i>) | ODH staff will participate in communication of strategies OAHPC and OAC Initiative members will also participate in communication strategies | Begin: Sept. 2009 End: Aug. 2010 | 1.Records of communication 2.Hospitalization rates, 3.Emergency.Department visit rates, 4.Urgent care visit rates | Education: 1.Insure that people with asthma and their caregivers have access to quality cultural- and age-appropriate educational resources based on the NAEPP Guidelines. 2. Be consultants for health care providers by providing them with appropriate education and educational materials standardized. according to the NAEPP Guidelines and the National Asthma Education Certification Board | CDC Asthma Cooperative Agreement CDC Healthy Homes Cooperative Agreement with ODH and local health department healthy homes programs School Environmental Health program staff funding Ohio health plans |

Ohio Statewide Asthma Plan 2009-10

Goal 3

Work Plan (Continued)

| Activities | Roles & Responsibilities - Asthma Program Staff & Partners | Time line (begin & end date month/year) | Measure(s) | Reference to 2004-2009 Ohio Statewide Asthma Plan Goals | Resources: (CDC Asthma Cooperative Agreement, Other funding or both) |
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| 3.3.3. Ensure the incorporation of asthma trigger identification and abatement education into initiatives that will be disseminated to schools, homes and clinical practices. | ODH staff will insure that environmental interventions are included in all initiatives. OAC Steering Committee will also insure this. | Begin: Sept. 2009 End: Aug. 2010 | Evidence in initiative plans Asthma Call Back Survey | Environmental Quality: Identify and reduce exposure to environmental asthma triggers and irritants. | CDC Asthma Cooperative Agreement CDC Healthy Homes Cooperative Agreement with ODH, local health department, School Environmental Health program staff funding Ohio health plans |

Acronyms for the Ohio Department of Health and Ohio Asthma Coalition Work plan

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| CDC | Centers for Disease Control and Prevention |
| EPR3 | Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma 2007 |
| FQHC | Federally Qualified Healthcare Center, now more frequently called Community Healthcare Centers |
| NAEPP | National Asthma Education and Prevention Program, in the National Health Lung and Blood Institute at the National Institutes of Health. Published the Expert Panel Report 3. |
| OAC | Ohio Asthma Coalition |
| ODH | Ohio Department of Health |
| OSSA | Ohio Surveillance System for Asthma, the surveillance part of the Ohio Department of Health Asthma Program |
| OSU | The Ohio State University |
| OU | The Ohio University – the College of Osteopathic Medicine has several Appalachian Health arms |