

What EXHALE Can Look Like in a State: An Example from Utah

For Public Health Professionals Working on Asthma

The Centers for Disease Control and Prevention's (CDC's) National Asthma Control Program (NACP) and its partners help Americans with asthma achieve better health and improved quality of life. NACP developed EXHALE, a set of six strategies that each contribute to better asthma control.

What are the EXHALE strategies?



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Education

on asthma self-management

X-tinguishing

smoking and exposure to secondhand smoke

Home

visits for trigger reduction and asthma self-management education

Achievement

of guidelines-based medical management

Linkages

and coordination of care across settings

Environmental

policies or best practices to reduce asthma triggers from indoor, outdoor, or occupational sources

Each EXHALE strategy is proven to reduce asthma-related hospitalizations, emergency department visits, and healthcare costs

Learn how the Utah Asthma Program has carried out EXHALE-related activities to help children and adults with asthma



Centers for Disease
Control and Prevention
National Center for
Environmental Health

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State public health departments, working in close collaboration with state and local partners, have the unique capacity to coordinate the implementation of activities related to all six EXHALE strategies. The **Utah Department of Health (UDOH) Asthma Program (UAP)** is funded by CDC's National Asthma Control Program. Here are some UAP accomplishments, listed by EXHALE strategy:

Education on asthma self-management

The UAP has helped expand access to **asthma self-management education (AS-ME)**, through asthma-related home visits and healthcare quality improvement activities. More information is available in [Home visits for trigger reduction and asthma self-management education](#) and [Achievement of guidelines-based medical management](#).

X-tinguishing smoking and exposure to secondhand smoke

The UAP has established partnerships to **extinguish smoking and exposure to secondhand smoke among people with asthma**. The UAP has worked with partners, including the UDOH Tobacco Prevention and Control Program (TPCP), to increase referrals to guidelines-recommended tobacco cessation treatments for people with asthma, their families, and their caregivers. For example, the UAP has collaborated with TPCP to help local health departments (LHDs) use the Utah Tobacco Quit Line's online referral portal. This connects people with asthma and their families directly to tobacco cessation services, and allows LHDs to track which individuals utilize Quit Line services. These activities have enhanced home visit services for asthma in Utah, which are described further in [Home visits for trigger reduction and asthma self-management education](#).

Home visits for trigger reduction and asthma self-management education

The UAP has led the development, implementation, and evaluation of the **Utah Asthma Home Visiting Program (UAHVP)**. Since 2015, UAP has partnered with LHDs and other partners to deliver home visits for trigger reduction and AS-ME. This program serves families with uncontrolled asthma and includes three home visits, as well as two phone calls, over the course of approximately one year. Certified asthma educators or health educators at the LHDs conduct these home visits, which include education on inhaler technique and home environmental assessments. UAP's support of the UAHVP includes creation and dissemination of program materials, as well as coordination of monthly meetings with partners to discuss successes and challenges. In addition, the UAP has led program evaluation activities, including a return on investment analysis that found each \$1 invested in UAHVP led to a savings of \$3.31 in avoided healthcare costs. The UAP has shared these data with partners in Utah Medicaid and in [CDC's 6|18 Initiative](#) to determine potential mechanisms for reimbursement of UAHVP services. UAP has described their experience working toward UAHVP reimbursement in this [webinar](#) and [conference abstract](#). More information about the UAHVP is available in this [webpage](#) and [evaluation brief](#).

What EXHALE Can Look Like in a State: An Example from Utah (continued)

Achievement of guidelines-based medical management

The UAP has collaborated with healthcare partners to improve quality of care for children with asthma. The UAP has worked with the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) to promote guidelines-based medical management of asthma. These efforts have successfully engaged healthcare professionals from pediatric and family practice clinics, including federally qualified health centers, resulting in quality improvement (QI) projects conducted over 6 months at each clinic. As part of QI activities, UPIQ has provided healthcare professional training webinars, standardized asthma control assessment tools, review of clinic workflow processes, and feedback on opportunities to improve. AS-ME has been promoted among participating clinics by encouraging the use of asthma action plans. UAP support has included using surveillance data on populations disproportionately affected by asthma to help UPIQ recruit clinics in high-need areas, as well as helping connect patients in participating clinics to the UAHVP when needed (described in [Home visits for trigger reduction and asthma self-management education](#)).

The UAP has promoted guidelines-based management of asthma in schools. UAP offers a school nurse mini-grant program to promote guidelines-based asthma management in schools. School nurses can choose from a variety of projects or design their own project that improves asthma management in school. Examples of projects include: collecting asthma action plans for students with asthma, providing AS-ME in the school setting, assessing asthma management policies at school, developing a plan for stock albuterol, referring students to asthma home visiting services, and providing asthma training for school staff. UAP has also helped develop presentations to train school staff on responding to asthma emergencies and how to manage and deliver stock albuterol, as well as an Asthma School Nurse Toolkit. Many of the resources are only available on the Utah Board of Education Canvas account; other resources are available [here](#).



What EXHALE Can Look Like in a State: An Example from Utah (continued)

Linkages and coordination of care across settings

The UAP has facilitated linkages and care coordination to improve the health of people with asthma. The UAP has partnered with the Utah Children's Care Coordination Network to raise awareness of and referrals to UAHVP (described in [Home visits for trigger reduction and asthma self-management education](#)) among care coordinators, who are healthcare professionals trained in helping patients and families manage their care. In a second example, UAP's partnerships with the TPCP and LHDs (described in [X-tinguishing smoking and exposure to secondhand smoke](#)) have helped LHDs more easily refer UAHVP participants to services provided by the Utah Tobacco Quit Line. Another result of these partnerships is a plan for TPCP to share data with UAP and LHDs on how many UAHVP participants initiate and complete Tobacco Quit Line services. As a third example, the UAP has facilitated linkages between healthcare professionals participating in quality improvement activities and community health workers, because of partnerships UAP has established with UPIQ and the Association for Utah Community Health.

Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, or occupational sources

The UAP has worked with partners to encourage environmental policies and best practices to reduce exposure to asthma triggers. For example, UAP has collaborated with the Utah Clean Air Partnership and Breathe Utah to support programs that promote the adoption of clean diesel bus technology. These efforts can reduce air pollution and help children with asthma avoid hospitalizations and emergency department visits for asthma.

For more information, visit:

<https://www.cdc.gov/asthma/exhale/>

