

**National Asthma Control Program 2014 FOA:**  
***New opportunities for advancing asthma***  
***across the public health and health care sectors***



**Childhood Asthma  
Leadership Coalition**

On March 5, 2014, the Centers for Disease Control and Prevention (CDC) issued a new funding opportunity announcement (FOA) for the National Asthma Control Program (NACP): ***Comprehensive Asthma Control Through Evidence-based Strategies and Public Health—Health Care Collaboration (CDC-RFA-EH14-1404)***. The CDC has greatly restructured the NACP FOA for funding year 2014. While the FOA's components are similar to previous requirements in broad strokes, the new FOA places a much greater emphasis on connecting asthma services across the public health and health care sectors in light of health reform and the changing health care landscape. This document provides an overview of new program requirements and opportunities.

## **(1) REQUIRED STRATEGIES AND ACTIVITIES**

Over the past decade, the NACP has expanded its efforts beyond asthma surveillance to fund State Asthma Control Programs to work on a broader array of activities. These activities include promoting guidelines-based asthma management, providing asthma self-management education and implementing trigger reduction strategies. The 2014 FOA expands on these themes, this time introducing new program requirements to meet opportunities under the Affordable Care Act. While continuing traditional program functions such as surveillance and evaluation, the 2014 FOA does away with the previous structure of “Core” and “Expanded” program components from the 2009 FOA<sup>i</sup>, and instead requires awardees to focus on three types of strategies:

- (1) Infrastructure Strategies.** Under this program strategy, CDC asks awardees to develop the infrastructure needed to maximize the impact of asthma control services. The FOA requires awardees to focus resources on transforming relationships between public health and health care organizations. Activities include: (i) facilitating sharing of resources and data among asthma stakeholders; (ii) promoting comprehensive asthma control services through effective dissemination of surveillance and evaluation data; (iii) promoting adoption of evidence-based strategies by payers and providers by advancing NAEPP EPR-3 guidelines, Community Guide recommendations, and innovative models of health care delivery and financing; and (iv) engaging strategic partners to expand the reach of comprehensive asthma control services.
- (2) Service Strategies.** This program strategy requires awardees to strengthen and expand asthma control efforts in homes and schools while linking with services offered by health care organizations. The FOA instructs that the expansion of school- and home-based strategies should take place in the context of new health system models, including medical homes, Accountable Care Organizations, Community Health Improvement Plans, and Federally Qualified Health Centers. Under this strategy, awardees must work to provide asthma self-management education and secure linkages to guidelines-based care for people with asthma. Awardees are also encouraged to collaborate with partners to provide education for caregivers (e.g., family members, school staff, home visitors) and inform stakeholders about evidence-based policies supportive of asthma control.
- (3) Health Systems Strategies.** The FOA asks NACP awardees to coordinate with health care organizations to improve coverage, delivery, and use of clinical and other services. Under this strategy, NACP-awarded programs must implement at least two of the following strategies: (1) establish quality improvement processes to increase access to guideline-based care; (2) promote use of team-based care in medical homes and other health care delivery models to improve coordination and cultural competence of asthma care across settings; (3) promote coverage for and utilization of comprehensive asthma control services including medicine, devices, intensive self-management education, and home visits; and (4) support the development of public health-health care linkages to provide comprehensive asthma control services.

<sup>i</sup> Under the 2009 FOA, “Core” Components included surveillance and data analysis; program evaluation; partnership building; and interventions to reduce asthma disparities, increase self-management education, reduce the asthma hospitalizations, and educate health care providers. The “Expanded” Component provided applicants with the opportunity to propose projects related to, but above and beyond, those that are possible to achieve within the Core Component, including additional surveillance activities and interventions designed to reduce disparities.



## (2) REQUIRED PARTNERSHIPS

Engaging diverse partners continues to be an important focus of the NACP FOA. Partnerships are fundamental for developing and implementing statewide asthma plans, and implementing and evaluating NACP-funded strategies. In the 2009 funding cycle, CDC required awardees to document a diverse and wide variety of partnerships in the private and public sectors, including:

*offices within the state health department; the clinical community; local health agencies; physician organizations; community health centers; asthma/respiratory health organizations; education agencies; health insurers; policy makers; environmental organizations; departments of aging; colleges/universities; pharmacy groups; parent/teacher organizations; early education programs; faith-based organizations; transportation; construction industry; housing authorities; and other organizations that serve populations experiencing a disproportionate burden of asthma*

The 2014 FOA builds on this structure adding specificity to the types of strategic partnerships and collaborations necessary for successful asthma control. These include:

- *school districts or systems with interest in participating in comprehensive asthma control activities and who have partners to provide high-quality clinical care;*
- *community-based programs that have systems for training/supervising asthma educators or other home health workers and have capacity to provide services in coordination with health care organizations;*
- *health care organizations that have an interest in providing comprehensive asthma control services;*
- *Federally Qualified Health Centers with an interest in improving asthma quality of care and in partnering with school- and home-based asthma services;*
- *hospitals or hospital systems that are planning or conducting Community Health Needs Assessments or working on Community Health Implementation plans that have an asthma component;*
- *health care organizations, including hospital systems, Federally Qualified Health Centers, Accountable Care Organizations, Medical Homes, Managed Care Organizations, school-based clinics, and large, multi-provider practices;*
- *state Medicaid and Children's Health Insurance Program (CHIP) offices, health plans, and the state employee health plan;*
- *health care organizations, researchers, and grant recipients (particularly Center for Medicare and Medicaid Innovation (CMMI) award recipients) in the state who are testing innovative mechanisms to cover or reimburse for asthma education and home visiting services*

## (3) TARGET POPULATION

### 2009 FOA

The 2009 FOA asked applicants to design interventions to "reduce asthma disparities among populations disproportionately affected by asthma as compared to the general population with asthma."

### 2014 FOA

The 2014 FOA adds greater specificity to the target population for proposed program efforts:

- Target populations for the school- and home-based strategies are geographic areas or communities in which there is a high and disproportionate burden of asthma, particularly among racial/ethnic minorities and low-income groups.
- The target populations for health systems strategies are health care organizations that serve populations with a high asthma burden and have a commitment to improving and expanding comprehensive asthma control services through public health – health care collaboration.

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#### (4) PERFORMANCE MEASURES & EVALUATION

The 2014 FOA introduces a multipronged evaluation approach with both qualitative and quantitative methods. Awardees will be required to:

- *Report on CDC-developed outcome performance measures;*
- *Develop and implement state-specific strategic and individual evaluation plans and share findings with CDC; and*
- *Participate in cross-state evaluation efforts.*

The FOA lists approximately 20 performance measures that relate to aspects of the Infrastructure, Service and Health Systems Strategies outlined above. Awardees will work with NACP to establish state-specific targets for each performance measure. Throughout the project period, CDC will work with awardees to refine performance measures and to develop additional qualitative and quantitative measures of progress toward long-term asthma control goals.

CDC plans to use performance measures and evaluation findings to develop annual state-specific performance measure reports; provide one-on-one technical assistance with a focus on action planning for program improvement; and support the creation of a data-driven community of practice in which awardees share successful models as well as program challenges. CDC will use the overall evaluation findings from the five-year project period to establish key recommendations for state health departments and stakeholders on program impact, sustainability, and continued program improvement upon completion of the award.

#### (5) ELIGIBLE APPLICANTS

As in previous funding cycles, entities eligible to apply for NACP funding are State and Territorial Departments of Public Health. However, this FOA is a competitive continuation grant, and eligibility extends only to the 36 entities presently funded.

#### (6) FUNDING

The 2014 FOA has a greatly reduced total funding level as compared to the previous funding cycle. Given a more limited budget, the 2014 FOA states that the CDC anticipates funding fewer entities overall. However, the average award per awardee will increase substantially.

	2009 FOA	2014 FOA
<i>Approximate Total Fiscal Year Funding:</i>	\$17,500,000	\$13,000,000
<i>Approximate Total 5-Year Project Period Funding:</i>	\$87,500,000	\$65,000,000
<i>Number of Awards:</i>	36	20 (anticipated)
<i>Approximate Average Award:</i>	\$400K	\$650K**

\*\*The 2014 FOA provides a table showing the maximum amount of funding available by state. Available funding per state ranges between \$300K and \$800K based on a population-based funding formula.

#### (7) IMPORTANT DATES

Application Deadline: May 12, 2014.

Award Date: September 1, 2014 for a five year cooperative agreement