**Long Term Outcomes**:

- Children in the Louisiana will have decreased emergency room visits and hospitalizations secondary to asthma exacerbations.

- At the city/county level, there will be improved enforcement of housing codes and better maintenance of apartment complexes.

- Decreased tobacco-related health disparities in Louisiana.

- Pediatric primary care provider and specialty medicine providers will participate in school health advisory councils to offer advice on school health policies and guidelines for telehealth services.

- Children with asthma and parents will experience less absenteeism due to asthma exacerbation.

- Academic partner will work with participating schools to create a sustainable, school-based eco-education project – with an emphasis on environmental health and air quality.

**Short Term Outcomes**:

- Children with asthma and their families/caregivers will have increased knowledge about asthma triggers and demonstrate adherence to individualized asthma action plan including the medication regimen.

- School administration will obtain knowledge of who should be considered when seeking to create, change, or modify public policies on asthma management in a school district.

- Utilize knowledge of strategies for building relationships with school leadership and the community around asthma awareness and asthma management.

- Connect patients and families with their patient centered medical home for continuity of care and coordination of services.

- Develop a support group in the state of Louisiana through the Asthma and Allergy Foundation of America.

- Utilize public health websites (AAAAI, CDC, EPA, NIH, etc.) to stay abreast of advocacy and funding opportunities.

- Create school based project in partnership with Tulane University School of Public Health.

**Outputs**:

- Provide smoking cessation resources and programs

- Educate school staff and administration to recognize signs and symptoms and asthma exacerbation.

- Develop individualized asthma action plan.

- Connect patients to patient centered medical home/primary care provider.

- Utilize telemedicine technology real-time synchronous, videoconferencing to conduct consultation with asthma specialist.

- Advance translational research for asthma management.

- Implement a referrals process.

- Provide program valuation surveys to be collected at the end of each telehealth consultation.

- Administer quantitative survey with qualitative exploration, nine months after telehealth visit.

**Activities**:

- Provide motivational interviewing and health education for smoking cessation resources and programs.

- Educate school staff and administration on recognizing the signs and symptoms an asthma attack.

- Develop patient education material/fact sheet about asthma.

- Conduct formative, process and impact evaluation

- Develop individualized asthma action plan.

- Refer patients to patient centered medical home.

- Utilize telemedicine technology real-time synchronous, videoconferencing.

- Provide self-management support.

- Guide community mobilization efforts.

- Put together reports for presentation at committee meetings and communication with CDC project officer and PGO office.

- Perform SWOT analysis.

**Inputs**:

- Program staff (e.g. PI, co-PI, program manager).

- NIH project officers.

- Louisiana Health Department and local (district) health offices and boards of health.

- Academic partners: Tulane University School of Public Health, Louisiana State University School of Public Health.

- Children’s Hospital - New Orleans, LA.

- Primary care and specialty clinicians who specialize in asthma care and management.

- Department of Education and participating school Districts.

- NIH Research funding mechanism.

- State and regional environmental protection agencies.

- Social workers, community health workers, case managers.

- Telehealth and durable medical equipment.

- Health Information Technology.

- Subaward recipient.

- Louisiana Parent Teacher Association (PTA)

**Priority**

Louisiana has a unique set of

demographic, socioeconomic, environmental, and geographical factors that contribute to state’s burden of childhood asthma.

**Situation**

Asthma is one of the most common chronic childhood conditions in the United States, affecting approximately nine million children under the age of eighteen.

**Assumptions**:

A project that utilizes and adapts telehealth capabilities for asthma prevention and management will provide quality healthcare services, increase asthma awareness, promote prevention strategies, provide health education, encourage self-management, improve population health, and demonstrate sustainability.

**External Factors**:

* Shifting political leadership and agenda setting at the local and federal levels; limited capacity to prioritize asthma; budgetary cuts.
* Racial disparities and health inequalities; limited access to healthcare services; cultural beliefs and norms; limited functional and health literacy.
* Epidemiologic, behavioral, environmental, socio-political, economic, and geographical variables influence state burden of childhood asthma in Louisiana.