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The American Lung Association of the Mid-Atlantic has active COPD coalitions in Pennsylvania, Virginia, West Virginia, New Jersey, Delaware, and planned engagement in Maryland and the District of Columbia. The overall prevalence of COPD in the U.S. is 6.4%, almost 15.7 million people that have been reported having COPD. In 2015, 6.3% of Delaware’s population reported having been told by a healthcare professional that they have COPD. Across the U.S. and Delaware, COPD is a major cause of disability, affecting millions of people. Many additional people are suffering the effects of COPD who have not been diagnosed with the disease, as it is frequently not recognized in its early stages. As a result, the American Lung Association in Delaware has started engagement with a group of stakeholders to craft a Strategic Action Plan to address COPD in Delaware. The plan will serve as the framework to create an educational campaign to address the health care concerns of COPD in Delaware and establish the first COPD Coalition in Delaware. The following individuals served as a COPD stakeholder to help craft the COPD Strategic Action Plan.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Position</th>
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<tbody>
<tr>
<td>Albert Rizzo, MD</td>
<td>Christiana Care Health System</td>
</tr>
<tr>
<td>Anthony Vasile, DO</td>
<td>Wilmington, DE</td>
</tr>
<tr>
<td>Amy Blake</td>
<td>Nurse Practitioner, Christiana Care Health System</td>
</tr>
<tr>
<td>Angela Howard, RRT</td>
<td>Pulmonary Rehabilitation Specialist – Nanticoke Memorial Hospital</td>
</tr>
<tr>
<td>Annette Eyer</td>
<td>American Lung Association</td>
</tr>
<tr>
<td>Brian Wallace</td>
<td>Pulmonary Specialty Sales Grifols</td>
</tr>
<tr>
<td>Catherine Murphy, MSN, RN</td>
<td>Community Health Outreach Coordinator Population Health, Beebe Healthcare</td>
</tr>
<tr>
<td>Chris Steele, RRT</td>
<td>Respiratory, EKG, EEG Director, Beebe Healthcare</td>
</tr>
<tr>
<td>Crystal Hiser, RRT, BS</td>
<td>Respiratory Therapy Navigator – Bayhealth Medical Center</td>
</tr>
<tr>
<td>Dale Goodine</td>
<td>Delaware Tobacco Prevention and Control Program</td>
</tr>
<tr>
<td>Dede Sullivan, RRT</td>
<td>COPD Case Manager, Christiana Care Health System</td>
</tr>
<tr>
<td>Ebony Brown</td>
<td>Manager, Community Benefit and Charity Care Program Saint Francis Hospital</td>
</tr>
<tr>
<td>Elizabeth Hurley</td>
<td>Respiratory Therapy Navigator – Bayhealth Medical Center</td>
</tr>
<tr>
<td>Erica Vasquez</td>
<td>Program Specialist, American Lung Association in New Jersey</td>
</tr>
<tr>
<td>Jaclyn Cherry, ACNP</td>
<td>Christiana Care Pulmonary Associates</td>
</tr>
<tr>
<td>Jacob Hollick, RN</td>
<td>Seasons Hospice in Delaware</td>
</tr>
<tr>
<td>Jefferson Mixwell, RRT</td>
<td>Christiana Care Health System</td>
</tr>
<tr>
<td>Joe Martini</td>
<td>DNREC – Air Surveillance Branch Manager</td>
</tr>
<tr>
<td>Jo Wardell</td>
<td>Tobacco Prevention and Control Program, OPTUM</td>
</tr>
<tr>
<td>John Keith</td>
<td>Asthma Team Director, American Lung Association of the Mid-Atlantic</td>
</tr>
<tr>
<td>Juanita Bernard, RRT</td>
<td>Clinical</td>
</tr>
<tr>
<td>Julie Caldwell, RT</td>
<td>Care Link Coordinator, Christiana Care Health System</td>
</tr>
<tr>
<td>La Vaida Owens-White, MSN, RN</td>
<td>Delaware Region Health Ministries Network (DRHM) Network</td>
</tr>
<tr>
<td>Lisa Moore</td>
<td>Program Manager Delaware Tobacco Prevention and Control Program</td>
</tr>
<tr>
<td>Nicole Goldsboro</td>
<td>Program Specialist/Master Trainer Open Airways, American Lung Association in Delaware</td>
</tr>
<tr>
<td>Rachael Ali-Perrell, RRT</td>
<td>BayHealth – Milford</td>
</tr>
<tr>
<td>Tracy Bowers</td>
<td>Pulmonary Specialty Sales Grifols</td>
</tr>
<tr>
<td>Vinoo Ramaran, MD</td>
<td>Kent Pulmonary Associates</td>
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Executive Summary

The creation of The Strategic Action Plan to Address COPD in Delaware is the result of collaboration between the American Lung Association in Delaware and a group of 28 stakeholders who served on the Delaware COPD Strategic Planning Committee. In an effort to raise awareness and address this public health priority, the Delaware stakeholders group was convened in late February of 2017 and was tasked with developing a plan that could serve as the roadmap to address COPD in Delaware. In addition, the plan will help to address the COPD burden on Delaware and to maximize local, state, and national resources to help raise awareness and affect change for residents who are struggling with COPD.

A statewide needs assessment of COPD programs and policies in the state was conducted to help formulate the COPD strategic action plan. The ultimate goals of The Strategic Action Plan to Address COPD in Delaware are to reduce the morbidity and mortality, as well as improve the quality of life for those living with COPD, create opportunities to leverage statewide resources to raise awareness, and to improve health equity for COPD patients. The Strategic Action Plan to Address COPD in Delaware identifies strategies and implementation methods to address these five goals:

- **Surveillance and Evaluation**: Improve collection, analysis, dissemination, and reporting of COPD-related public health data in Delaware.

- **Public Health Research, Prevention and Treatment Strategies**: Improve understanding of COPD risk factors, prevention, and treatment; provide guidelines and support for health care providers to correctly identify and treat COPD through the continuum of the disease.

- **Programs and Policies**: Increase effective collaboration among stakeholders with COPD-related interests. Improve patient care and outcomes and coordinate COPD advocacy efforts through education and engagement.

- **Communications**: Heighten awareness of COPD among a broad spectrum of stakeholders and decision makers. Increase the awareness among the public and health care providers of the symptoms and risk factors of COPD through COPD advocacy efforts through education and engagement.

- **Sustainability for the Coalition**: Obtain resources for sustainability of the Coalition to help implement educational programs set forth by the COPD Strategic Action Plan.

The Delaware COPD Coalition includes volunteers from several statewide organizations, health care professionals, educators, researchers, industry representatives, community members, and their caregivers. The Strategic Action Plan will serve as a framework to move Delaware forward in focusing public awareness on this important lung disease that affects more than 6.3% of Delaware’s population.
What is COPD?

Chronic obstructive pulmonary disease (COPD) is a group of progressive respiratory conditions, including emphysema and chronic bronchitis, characterized by airflow obstruction and symptoms such as shortness of breath, chronic cough, and sputum production. A definitive COPD diagnosis involves measuring lung function through the use of spirometry, a noninvasive outpatient procedure. While there is no cure for COPD, treatment is available to manage the symptoms that are caused by COPD and to improve quality of life. COPD is one of the most significant preventable and treatable diseases in America today. It is estimated that 15.7 million adults have been told by a physician or other health professional that they have COPD.

COPD is an important contributor to both mortality and disability in the United States. COPD is the primary contributor (>95%) to deaths from chronic lower respiratory diseases and the third leading cause of death in the United States.

COPD Prevalence in the U.S. and Delaware

The overall prevalence of COPD in the U.S. is 6.4%, almost 15.7 million people that have been reported having COPD.

In 2015, 6.3% (age-adjusted) Delaware’s population reported having been told by a healthcare professional that they have COPD.

Across the U.S. and Delaware, COPD is a major cause of disability, affecting millions of people. Many additional people are suffering the effects of COPD who have not been diagnosed with the disease, as it is frequently not recognized in its early stages.

Smoking is a key determinant of a COPD diagnosis. With current smokers COPD rates almost double the national average, and those who never smoked having rates well below the national average. Former smokers show some signs of recovery, with rates equaling the national average.

• **COPD Mortality in Delaware:** In 2014 the majority of COPD caused deaths were in the age category 75+ with 293 COPD caused deaths. The next closest age category being 65–74 with 101 COPD caused deaths in 2014.

• **Race:** In 2014 COPD decreased as an underlying cause among both Black and White populations (121.6 cases per 100,000), however there has been a sharp decrease in deaths for Black patients (70 cases per 100,000). There were no reports for other races or ethnicities.
Smoking Prevalence & COPD in Delaware

- 37.2% of current smoking adults over the age of eighteen were diagnosed with COPD in 2014.
- Delaware BRFSS data reported in 2015 that the cross section of people smoking status diagnosed with COPD, emphysema, or chronic bronchitis:
  - 28.5% were every day current smokers.
  - 9.3% were some days current smokers.
  - 43.4% were formers smokers.
  - 18.8% had never smoked.

COPD Prevalence, by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>COPD Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>6.3%</td>
</tr>
<tr>
<td>2014</td>
<td>6.0%</td>
</tr>
<tr>
<td>2013</td>
<td>5.5%</td>
</tr>
<tr>
<td>2012</td>
<td>6.5%</td>
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Source: CDC BRFSS Prevalence & Trend Tool

Distribution of Medicare Beneficiaries with COPD

In 2014 in Delaware the 10.7% of the Medicare population was diagnosed with COPD.

Broken down by county, Kent County had the highest number of Medicare beneficiaries with COPD, 13.4%, then Sussex County with 11.5%, and finally New Castle with 9.1%.

COPD Medicare Population

Source: Centers for Medicare & Medicaid Services (2014)
Medicare Population with COPD

From 2010 to 2014 the percent of people on Medicare in Delaware that have COPD has stayed about the same and only fluctuated a small amount.

Broken down by race/ethnicity Non-Hispanic Whites (11.3%) on Medicare have the highest prevalence of COPD, but only slightly.

While Asian or Pacific Islanders (5.4%) have the lowest prevalence of COPD of Medicare beneficiaries in Delaware.

COPD Medicare Population by Race/Ethnicity

State: Delaware • Centers for Medicare & Medicaid Services (2014)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>COPD Population</th>
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</thead>
<tbody>
<tr>
<td>Asian or Pacific Islander</td>
<td>5.4%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>9.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.4%</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>11.3%</td>
</tr>
<tr>
<td>Overall</td>
<td>10.7%</td>
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</tbody>
</table>

Socio-Demographics of COPD In Delaware – Gender

In 2014 COPD was more prevalent among females (6.8%) than males (5.3%) in Delaware among adults over the age of 18.

Ever Diagnosed with COPD, Emphysema, or Chronic Bronchitis by Gender, 2015 Delaware

<table>
<thead>
<tr>
<th>Gender</th>
<th>COPD Population</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>36.8% with COPD are male</td>
<td>5.5% of males have COPD</td>
</tr>
<tr>
<td>Female</td>
<td>63.2% with COPD are female</td>
<td>8.6% of females have COPD</td>
</tr>
</tbody>
</table>

Source: 2015 BRFSS Data, WEAT Cross Tabulation Tool
Symptoms and Diagnosis of COPD

- **Symptoms**: Cough (with or without mucus), fatigue, repeated respiratory infections, shortness of breath (dyspnea) that worsens with even mild activity, and wheezing. Patients may also experience swelling of the legs and feet, weight loss, and reduced muscle strength and endurance. Symptoms may appear gradually over time, making it difficult to recognize COPD as a disease rather than aging or other disease.

- **Emergency Symptoms – GO TO AN EMERGENCY ROOM if any of these symptoms occur**: Bluish complexion (face and lips, indicating insufficient oxygen), drowsiness or confusion, extreme difficulty breathing, rapid pulse, severe anxiety due to insufficient air. In addition, an attack may be characterized by an abnormal, uneven breathing pattern, cessation of breathing, chest pain, or tightness in the chest.

- **Diagnosis of COPD**: Evaluation of lung function using a stethoscope to hear lung sounds, spirometry to measure lung function and capacity, chest x-ray or CT scan to visualize the lungs and arterial blood gas measurement to determine the amounts of oxygen and carbon dioxide in the blood. These tests are often used in combination, since any one test may be negative but COPD may still be present.

Alpha-1 test via a lab (serum and phenotype or use of industry available testing) Alpha-1 Antitrypsin Deficiency (Alpha-1): is a genetic (inherited) condition – it is passed from parents to their children through their genes. Alpha-1 may result in serious lung disease in adults and/or liver disease at any age. For each trait a person inherits, there are usually two genes; one gene comes from each parent. People with Alpha-1 have received two abnormal alpha-1 antitrypsin genes. One of these abnormal genes came from their mother and one from their father. Ruling out Alpha-1 Antitrypsin deficiency (Genetic form of COPD). (https://www.alpha1.org/what-is-alpha1)

The American Thoracic Society (ATS) and World Health Organization (WHO) recommend targeted genetic testing to rule out alpha-1 in ALL forms of COPD.

**The ATS Guidelines**

| Test all adults with symptomatic COPD, regardless of smoking history |
| Test all adults with symptomatic emphysema, regardless of smoking history |
| Test all adults with symptomatic asthma whose airflow obstruction is incompletely reversible after bronchodilator therapy |
| Test asymptomatic patients with persistent obstruction on pulmonary function tests and with identifiable risk factors (e.g., smoking, occupational exposure) |
| Test siblings of individuals with alpha-1 |
There is no cure for COPD; once the lung tissue is damaged, it cannot recover. However, there are many options that allow improvement of health, relief of symptoms, and prevention of deterioration of the lungs. These include:

- **Behavioral Change**: The key change essential to the treatment of COPD is for the individual to stop smoking; in addition, exposure to environmental pollutants (in the workplace or home) must be avoided.

- **Medication**: Therapeutic options for patients with COPD are outlined in the GOLD Guidelines (Global Initiative for Chronic Obstructive Lung Disease). Guidelines suggest inhaled bronchodilators, anticholinergics (ex. ipratropium, tiotropium) or beta agonists (ex. formoterol, salmeterol), to open the airways early in the disease process and addition of anti-inflammatory medications, inhaled corticosteroids (ex. becimethasone, fluticasone) or phosphodiesterase inhibitors to reduce lung inflammation, medications (ex. roflimulast). In addition, patients with COPD should receive influenza vaccines and pneumococcal vaccines based on the recommendations given from the Centers for Disease Control (CDC).

- **Surgical Intervention**: In some cases, surgery is needed to remove diseased lung tissue; lung transplant is a treatment of last resort in the most severe cases. Lung reduction surgery and lung transplant are appropriate in a limited numbers of cases.

- **Severe Cases, Flare-ups, and Exacerbations**: Treatment may include steroids by mouth or vein (intravenous); bronchodilator through a nebulizer or inhaler; oxygen therapy; and breathing assistance through a mask, requiring Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BiPAP), or endotracheal tube requiring a ventilator; in addition, antibiotics may be used to avoid or shorten infections.

- **Emergency Treatment**: In the case of having difficulty breathing or talking, blue or grey lips or fingernails (indicating reduced oxygen intake), reduced mental alertness, or rapid heart rate, emergency care should be accessed immediately.
Impact of COPD on Health – Management of COPD

While there is no cure for COPD, proper medical care and self-management can reduce the frequency and seriousness of symptoms, and slow down the progression of the disease. It is important that patients are able to afford the medications and use them correctly. They may be prescribed a medication, but not know how to use it appropriately, causing an exacerbation and admission to the hospital. Management of COPD includes:

- **Cessation of Tobacco Use:** Smokers who have been diagnosed with COPD are encouraged to quit smoking, which can slow the progression of the disease and reduce mobility impairment. Complete cessation of the use of tobacco is essential in order to stop damaging the tissues of the lungs; use of nicotine patches coupled with bupropion, or varenicline tartrate (both must be prescribed by a physician) has been found to be an effective method, as well as participation in support groups.

- **Pulmonary Rehabilitation:** COPD patients should consider participation in a pulmonary rehabilitation program that combines patient education and exercise training to address barriers to physical activity, such as respiratory symptoms and muscle wasting. While COPD cannot be cured, rehabilitation can teach patients to breathe differently to allow continued activity.

- **Strength Conditioning:** An exercise program can help patients to build up strength and endurance to expand capabilities and fitness.

- **Home Environment:** Modifications that will increase function include avoidance of very cold air, removal of all sources of smoke from the home (particularly second-hand tobacco smoke), and reducing air pollutants from fireplaces and other sources.

- **Maintain Health:** Other aspects of health can be enhanced, including an improved diet (lean proteins, fruits, vegetables, and more calories if needed).

- **Stress Reduction:** It is imperative that the mental health aspects of COPD be addressed. The presence of a progressive, activity-limiting disease such as COPD can be stressful for the patient, family, and friends. The patient may also feel stigma related to a disease caused predominantly by smoking. Support groups are one means of sharing experiences and solutions and addressing the mental health components of COPD.

- **Testing to include ruling out Alpha-1 Antitrypsin deficiency (Genetic form of COPD).**

- **Continuing and End-of-Life Care:** Since COPD is a progressive disease with significant impact on lifestyle and with a poor prognosis, use of supplemental oxygen or a breathing machine, more frequent hospital admissions, and other complications are likely. Consultation with the patient’s physician or other caregivers is likely to be needed.

There is no known cure for COPD, but much can be done to treat and help manage the disease if it is found early. According to the GOLD (Global Initiative for Chronic Obstructive Lung Disease) guidelines, the goals of COPD treatment and management for patients are to prevent disease progression, relieve symptoms, improve exercise tolerance, improve health status, prevent and treat complications and exacerbations, reduce mortality and prevent or minimize side-effects from treatment.

The remainder of this document includes the goals, objectives, and strategies set forth by *The Strategic Action Plan to Address COPD in Delaware.*
Surveillance and Evaluation

Improve Collection, Analysis, Dissemination, and Reporting of COPD-related Public Health Data in Delaware

**Goal:** Improve the collection, analysis, dissemination, and reporting of COPD-related public health data (CDC) in Delaware.

**Rationale:** A significant number of COPD patients are misdiagnosed and proper treatment is not implemented. Through the creation of a surveillance system to track the percentage of COPD diagnoses, measure the impact that the disease has on Delaware's economy, and track mortality and morbidity of COPD in Delaware, we will be able to understand and address COPD earlier.

**Strategy:** Implement and measure metrics to determine the educational impact on prevention, diagnosis, and treatment of COPD.

**Action Steps:**

- Identify data sources and determine how to analyze the current COPD data that is available in Delaware
- Define disparities within the state of Delaware
- Ensure that COPD questions continue to be included on the Behavioral Risk Factor Surveillance Survey (BRFSS)
- Review hospital readmission rates and identify best practices for lowering readmission of COPD patients
- Increase outreach efforts on reporting on the Division of Public Health and local state service centers focusing reporting from primary care providers and emergency room providers.
- Establish a statewide system to determine baseline measurements for the following metrics:
  - Incidence rate
  - Spirometry rates
  - COPD admissions and readmissions
  - Emergency Department visits
  - New pulmonary rehabilitation referrals
  - COPD pharmacotherapy utilization
- Monitor the prevalence and incidence of COPD at national, state, and local levels as it pertains to Delaware.
Public Health Research, Prevention and Treatment Strategies

Improve the Understanding of COPD Prevention, Diagnosis, and Treatment

**Goal:** Increased awareness of health care providers will help ensure that patients are treated with the appropriate treatment plan and treated more effectively.

**Rationale:** Management of the disease can be more effective if it is found early. The implementation of the GOLD guidelines, the goals of COPD treatment and management for patients, are to prevent disease progression, relieve symptoms, improve exercise tolerance, improve health status, prevent and treat complications and exacerbations, reduce mortality, and prevent or minimize side-effects from treatment. Early detection of the disease is critical and the use of spirometry in clinical care has been demonstrated to significantly improve early detection of COPD.\(^{18}\) Of course, with 80-90% of all COPD caused by cigarette smoking, it is imperative that resources be leveraged to prevent individuals from starting smoking to begin with.

**Strategy 1: Develop a comprehensive health care provider education curriculum for the detection and treatment of COPD.**

**Action Steps:**

- Provide educational materials that includes information about but not limited to the following topics:

  - What is COPD?
    - Definition of the disease
    - Risk Factors
    - Epidemiology
    - Pathophysiology

  - COPD Burden in Delaware
    - Incorporation of NCQA Hedis Measures
    - Establish a trigger for pulmonary rehab with the Electronic Medical Records (EMR) systems
    - COPD included in community health assessments (CHA)
    - Prevalence /Incidence
    - Demographics
    - Costs – Direct and Indirect, economic impact
    - Morbidity – co-morbidities
    - Mortality
Diagnosing COPD – Avoiding Misdiagnosis
- Key indicators for considering a diagnosis of COPD
- GOLD guidelines
- Importance of differential diagnosis e.g., COPD versus asthma, congestive heart failure, tuberculosis, bronchitis, and other acute diseases

Preventing Misdiagnosis of COPD
- Increase and improve use of spirometry for diagnosis, risk stratification, and monitoring
- Appropriate candidates for screening using spirometry; When is spirometry indicated
- Training to correctly perform spirometry
- Billing and coding issues that lead to the misdiagnosis of the disease
- Bronchodilator reversibility testing
- Chest X-Ray availability and use
- Arterial blood gas measurement use
- Alpha-1 antitrypsin deficiency screenings

Treatment and Management
- Initiate comprehensive COPD Management Program
- Assess and monitor disease
- Reduce risk factors
- Manage stable COPD
- Patient education
- Pharmacologic treatment
- Non-pharmacologic treatment
- Transitions of Care
- Manage exacerbations
- Resources to support patient’s behavioral health

Continuity of care
- Availability and utilization of telemedicine
- Statewide resources available
- Identify pulmonary specialists and pulmonary rehab facilities throughout the state
- Smoking prevention and cessation programs
- Pulmonary rehabilitation
- Dietician services
- Health care plans develop guidelines and measures for COPD
Strategy 2: Implement an educational initiative utilizing the COPD curriculum.

Action Steps:

- Identify all healthcare providers required to complete continuing education for re-licensure.
- Coordinate with the Delaware Healthcare Association to require and implement COPD CME for primary care, general practitioners, and internal medicine certification by health plan.
- Coordinate with state schools of medicine and effected health care professionals to require and implement aforementioned COPD curriculum in standard educational requirements.
- Administer continuing education through health care professional associations/organizations.
- Create or identify a website where the webinars may be accessed.

Strategy 3: Prevent the development and slow down the progression of COPD.

Action Steps:

- Promote evidence based programs throughout Delaware that are successful with treatment of COPD.
- Raise awareness to the importance of incorporating the mental health component when addressing COPD.
- Promote tobacco prevention and cessation resources.
- Adopt comprehensive smoking cessation treatment coverage throughout Delaware to decrease exposure to second hand smoke.
- Decrease exposure to particulate matter (air pollution) by supporting the clean air act.
- Decrease exposures to vapors, gases, dusts, and fumes associated with the development of COPD by encouraging employers in high risk industries to promote respiratory health.
- Develop additional materials for outreach to racial, ethnic minorities, rural and low income populations.
- Encourage patients to attend pulmonary rehabilitation.
Policies and Programs

Increase Effective Collaboration Among Stakeholders

**Goal:** Establish a designated contact with State and local governments and stakeholder groups with the goal of creating a public health infrastructure within the state public health systems.

**Rationale:** COPD is a public health priority for COPD patients, caregivers, and providers. Establishment of a partnership with state and local government to create an opportunity to collaborate between medical organizations, patient advocacy groups, government agencies, and policy makers to reduce the prevalence of COPD in Delaware.

**Strategy 1: Engage local, state, and federal stakeholders to address COPD.**

**Action Steps:**
- Engage the US Preventive Services Task Force (USPSTF) to conclude that there is at least moderate certainty that screening for COPD using spirometry is effective
- If USPSTF assigns an A or B to spirometry, create state regulations for Medicaid and commercial insurance carriers to cover COPD screenings
- Designate a staff person responsible for COPD within the Division of Public Health
- Advocate for smoking prevention and cessation programs throughout Delaware
- Request general funds to support educational efforts around the treatment and diagnosis for COPD

**Strategy 2: Create a COPD tool kit for legislators and policymakers that combines education about COPD that advocates funding for broad based COPD education and awareness initiatives.**

**Action Steps:**
- Designate several legislative champions for COPD
- Create COPD toolkits for advocates to use with legislators
- Coordinate legislative efforts with patient advocacy groups
- Identify those who will use the toolkit in the education of legislators and policymakers, to include champions in the legislature
- Develop and host advocacy training for COPD patients
- Coordinate visits between COPD patient advocates and legislators
- Engage local and state elected officials through the use of proclamations and resolutions recognizing November as COPD national awareness month
- Showcase human interest stories of how many lives COPD touches in the state of Delaware
- Develop a COPD speakers bureau for communities, businesses, schools, and partnering agencies
- Raise awareness about the rise of COPD in women
Communications

Heighten Awareness of COPD Among a Broad Spectrum of Stakeholders and Decision Makers

**Goal:** Increase the awareness among the public and health care providers of the symptoms and risk factors of COPD.

**Rationale:** Raising public awareness of COPD promotes the ability of the affected population to recognize the disease symptoms and consequences of the disease earlier, thereby increasing the chances they will seek appropriate healthcare interventions. It is hoped that as the public becomes more aware of the disease, there will be an increase in the demand for regular surveillance and enhanced public health interventions.

**Strategy 1:** Designate a site where the COPD Coalition’s materials will be located to serve as the designated electronic COPD resource center/website.

**Action Steps:**
- Collaborate on content development with both local and national COPD advocacy groups
- Develop materials as a reflection of the Delaware’s COPD Coalition
- Collaborate with the Alpha 1 Foundation

**Strategy 2:** Create an awareness action plan to disseminate COPD information to every member of the community.

**Action Steps:**
- Engage KGB Delaware students and families with the use of educational materials through social media platform.
- Integrate COPD strategies with KGB Delaware messaging for students and their families.
- Identify trusted members of each community to disseminate COPD information for patients and caregivers
- Assure network infrastructure equally reaches all demographics including rural and low income communities
- Work with nontraditional partners such as churches, senior centers, schools, etc. to reach all demographics
- Engagement around information regarding genetic counseling and family testing when a positive result is found in the population
Strategy 3: Disseminate both print and electronic COPD educational resources.

**Action Steps:**

- Identify entities that provide educational resources including but not limited to pharmaceutical companies, managed care organizations, disease state management companies, patient advocacy groups, durable medical equipment providers, pharmacies, and others.
- Ensure educational materials contain a comprehensive educational review of the disease and its management.
- Develop a resource database.
- Utilize the network/infrastructure created for community coordination and advocacy for dissemination of educational resources.
- Utilize website as another vehicle for the distribution of educational resources.
Goal: Obtain resources for sustainability of the Coalition and to help implement educational program set forth by The Strategic Action Plan to Address COPD in Delaware.

Rationale: Continuation of stakeholder involvement and input is necessary to keep momentum in achieving the goals set forth by The Strategic Plan to Address COPD in Delaware. In order to assess the overall success of the State Plan as a whole, the Stakeholders recommended that the following measures be conducted and results evaluated. The ultimate measure of the overall success of the plan will be realized through the reduction of the number of Delaware residents diagnosed with COPD and an improvement in the quality of life of those already living with the disease. The success of The Strategic Plan to Address COPD in Delaware should be measured by the following:

- Decrease COPD-related mortality over time, as measured by Delaware’s state mortality data
- Promote access to preventive programs and funding dedicated to improving the treatment of the disease
- Decrease in the number of hospitalizations due to COPD, as measured by Delaware’s hospitalization data

Strategy 1: Convene a statewide COPD coalition.

Action Step:
- Hold an annual meeting to conduct an overview of the current outcomes of the action plan and provide additional comment on how to improve outcomes in all recommended goal areas

Potential COPD Partners:
- American Lung Association in Delaware
- List Alpha-1 Foundation
- KBG Delaware
- Community Visiting Nurses Association in Delaware
- Local Health Systems, Federally Qualified Health Centers, Pulmonary Physicians
- COPD Foundation
- Medical Society of Delaware
- Delaware Academy of Family Physicians
- Delaware Association of Nurse Practitioners
- Delaware Association of Physician Assistants
Strategic Plan:

Strategy 2: Distribute information regularly.

Action Steps:

- Create an avenue through the Coalition to distribute information on COPD policies, programs, and resources on a regular basis
- Combine resources of Stakeholders resulting in a comprehensive approach to COPD initiatives across Delaware

References

3. Ibid