Asthma Data Improvement for Alaska.

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**INTRODUCTION:** While asthma is one of the most chronic conditions facing Alaskans, Alaska is one of twelve U.S. states and territories without an asthma surveillance system or asthma clinical registry. This study assessed Alaska’s capacity, infrastructure, and overall feasibility to develop an asthma data system.

**METHODS:** We conducted two case studies, key-informant interviews, a literature review, and an evaluation of data sources and national asthma-related measures.

**RESULTS:** Strong organizational relationships ensure successful and meaningful data collection. Asthma severity, case management and cost data arose as key components of a successful asthma data system in Alaska usable for clinicians and public health purposes. The ability to diagnosis asthma in remote regions remains a challenge and will affect any data collection efforts. A substantial amount of asthma-related research has been conducted in Alaska resulting in publication in peer-reviewed journals. This provides a strong foundation of local scientific knowledge to develop further work. Alaska asthma data exists within more than 15 publically funded data sources. However, these sources do not systematically analyze and report asthma data. Several national programs provide models to measure asthma, including the Healthy People Goals and other quality improvement programs such as HEDIS and the AHRQ Quality Indicators. Future initiatives, such as Informed Alaskans and eHealth Network, have the potential to support asthma data system development.

**CONCLUSIONS:** Alaska would benefit from an asthma surveillance system, especially one that tracks asthma care and cost information. The process for developing and implementing a system is well understood and lessons from other jurisdictions serve as a guide. Effective coordination across multiple entities, especially healthcare and school providers, is essential to meet the needs of all data users. The data system should be an integral part of the state’s public health infrastructure through ownership or partnership.