

**Health Priority: Environmental and Occupational Health Hazards
Objective 2: Respiratory Diseases (Logic Model)**

Long-term (2010) Subcommittee Outcome Objective:

By 2010, reduce the incidence of illness and death from respiratory diseases related to or aggravated by environmental and occupational exposures.

2a: By 2010, reduce the asthma hospitalization rate to 8.5 per 10,000 from the 2000 baseline asthma hospitalization rate of 10.6 per 10,000.

2b: Reduce public exposures to indoor radon in all buildings with radon concentrations >4 pCi/L in occupied spaces.

2c: By 2010, reduce occupational mesothelioma illness and death by 30 percent, below the 2000 baseline.

2d: By 2010, reduce occupational pneumoconiosis illness and death by 30 percent, below the 2000 baseline.

Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Health educators Partners in residential service industry State and local health departments Tribes State legislature and local units of government Media K-12 and preschool educators Educational administrators	Development and dissemination of information for residential service industry professionals to provide for appropriate guidance and intervention. Provide useful comparative information on equality of benefit in reducing risk associated with radon and other contaminants. Increased willingness to use legislative process to bring about steps to reduce occupational and environmental respiratory disease. Improved curriculum emphasis and improved staff training on	Citizens Healthcare and child care providers Policymakers Public institutions Private and non-profit organizations Business Schools Faith communities Home owners Industry	Increase recognition of occupational and environmental respiratory disease hazards in the residential dwelling service industry (e.g., realtors, lenders, inspectors, construction trades). Increase motivation to reduce risks to naturally occurring or man-made contaminants. Increase awareness of policymakers and the public. Increase awareness among targeted populations such as schools. Establish a comprehensive asthma surveillance program.	Increase the number of buildings constructed and operated to meet indoor air quality guidelines. Reduce excesses of occupational and environmental standards through voluntary and enforcement efforts. Reduce industrial use and discharge of respiratory hazards. Increase appropriate use of engineering controls and personal protective equipment. Increase awareness of occupational and	Reduce exposure to environmental and occupational determinants that contribute to respiratory disease. Increase the percentage of people with respiratory disease who manage their disease in accordance with recommended practices. Increase accurate and appropriate diagnosis or occupational and environmental respiratory disease. Achieve full integration of data on respiratory

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<p>State and local public health staff</p> <p>Resources to carry out surveillance activities</p> <p>Labor unions</p> <p>Public and private sector employers</p> <p>Federal and state agencies</p> <p>Academic partners</p> <p>Department of Regulation and Licensing</p> <p>Community-based organizations</p> <p>Building inspectors</p> <p>Construction trade workers</p> <p>State and local agencies</p> <p>Tribes</p>	<p>air pollutants.</p> <p>Increased quality and quantity of data on statewide asthma prevalence.</p> <p>Increased inclination to use product substitution, worker isolation, ventilation and respiratory protection when appropriate as hazard control strategies.</p> <p>Heightened awareness and competence with occupational and environmental respiratory disease and associated risk factors among healthcare practitioners.</p> <p>Organized framework for developing and assessing asthma prevention and intervention efforts.</p> <p>Increased effectiveness in disseminating information among individuals and communities.</p>	<p>Health agencies</p> <p>Federal government</p> <p>Tribes</p> <p>Laboratory staff</p> <p>Labor unions</p>	<p>Increase awareness of engineering controls and personal protective equipment.</p> <p>Increase the number of contact hours in medical, nursing, and related curricula on occupational and environmental respiratory disease.</p> <p>Develop a comprehensive state asthma plan.</p> <p>Increase the availability of scientific information written to be accessible to the public.</p> <p>Increase the role of occupational and environmental respiratory disease as an evaluation component in assessing community health needs.</p>	<p>environmental respiratory disease among communities, healthcare providers, and individuals.</p> <p>Increase access to knowledgeable healthcare providers and information sources.</p> <p>Increase the adoption of practice guidelines for occupational and environmental respiratory disease.</p> <p>Increase the use of uniform case definition and diagnostic protocols for respiratory disease.</p> <p>Increase timely availability of data relevant to respiratory hazards and diseases.</p> <p>Increase the use and availability of disease and hazard coding systems relative to occupational and environmental respiratory diseases.</p>	<p>hazards and occupational and environmental respiratory disease to accomplish optimal surveillance.</p> <p>Reduce the number of communities disproportionately affected by respiratory hazards.</p>

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Federal, state, and local government Federal and state agencies Industries Agricultural organizations American Lung Association Resources to disseminate the message to the public Healthcare providers Healthcare practitioners Professional healthcare organizations Physicians and other healthcare practitioners State health department Academic sector	Better coordination in assessing community health needs related to occupational and environmental respiratory disease. Decrease exposure to contaminants, conditions, and organisms associated with respiratory disease and illness. Fewer workers and citizens at risk of respiratory disease from elevated exposure. Reduce consumption of materials and products associated with respiratory disease risks. Reduce in exposure to persons exposed to occupational and residential settings. Formulate public health messages targeted to appropriate populations. Increase quality and quantity of information on occupational and environmental health for guidance and intervention and to			Increase local and regional public health capacity and training relative to occupational and environmental respiratory disease. Increase community access to knowledgeable healthcare providers and information sources. Increase use of accurate and precise methods for assessing cumulative health risk from respiratory hazards.	

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<p>Wisconsin Department of Natural Resources</p> <p>Laboratories</p> <p>Hospitals and healthcare organizations</p> <p>Local and regional planners</p>	<p>the public on occupational and environmental respiratory disease.</p> <p>Achieve consensus on guidance for diagnosing and managing occupational and environmental respiratory disease.</p> <p>Increase confidence by data users in morbidity data on occupational and environmental respiratory disease.</p> <p>Increase ability to track respiratory disease and related exposures in Wisconsin.</p> <p>Strengthen ability of data systems to capture respiratory disease diagnoses with accuracy and specificity.</p> <p>Improve capacity for guidance and intervention on occupational and environmental respiratory disease in Wisconsin localities.</p> <p>Improve quality and quantity of information provided to the public on occupational and environmental respiratory disease.</p>				

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	<p>Improve methodology for health and environmental analyses on which to base community decisions about respiratory hazards.</p> <p>Reduction in mean and peak exposures to determinants of occupational and environmental respiratory disease.</p> <p>Fewer emergency room and acute care visits related to asthma and other respiratory diseases.</p> <p>Increased compliance with medication and exposure avoidance strategies.</p> <p>Greater percentage of affected individuals with access to appropriate treatment.</p> <p>Increased ability to detect and intervene when acute exposures of concern arise.</p> <p>Increased ability to identify, specify and quantify exposure-response relationships in populations at risk for respiratory disease.</p>				

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	Reduce burden of respiratory disease in communities most seriously affected.				