

**GRANT ANALYSIS FORM  
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS**

Department/Division: Health

Contact Person & Phone No: Kathy Blair, 2903, and Amy Murphy, 8028

**Category of Request**

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No. 011557

Previous Council File No.

**Project/Program Title:** Emergency Department Asthma Project

**Grantor Agency:** Robert Wood Johnson Foundation through Children's Hospital of Wisconsin

**Grant Application Date:** N/A - Continuing

**Anticipated Award Date:** January 1, 2003

**Please provide the following information:**

**1. Description of Grant Project/Program (Include Target Locations and Populations):**

The purpose of this grant funded by the Robert Wood Johnson Foundation through Children's Hospital of Wisconsin, is to improve asthma care for children who present in City-wide emergency departments. A patient tracking system will be developed along with emergency department interventions that emphasize family centered education and primary medical care.

**2. Relationship to City-wide Strategic Goals and Departmental Objectives:**

A primary outcome and result measure of the Milwaukee Health Department is to reduce asthma hospitalizations for children under 18 years of age.

**3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):**

The Milwaukee Health Department's service infrastructure to address the growing problem of pediatric asthma is growing in cooperation with Children's Hospital of Wisconsin. This will be a grant funded initiative.

**4. Results Measurement/Progress Report (Applies only to Programs):**

Provision of environmental data – pollen, mold, ozone, temperature - which will be lined to asthma emergency department visits.

**5. Grant Period, Timetable and Program Phase-out Plan:**

This is a multi-year project running from October 1, 2001 through September 30, 2004. However, this file approves funding for one year from October 1, 2002 through September 30, 2003.

**6. Provide a List of Subgrantees:**

N/A

**7. If Possible, Complete Grant Budget Form and Attach to Back.**

\$30,000 – 3 years at \$10,000 each.