

**MN Asthma Coalition Visioning Process**  
**September 17, 2009**

**Participants:**

- |                     |                   |                      |                        |
|---------------------|-------------------|----------------------|------------------------|
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| 3. Susan Bishop     | 13. Bob Zajac     | 22. Molly Ekstrand   | 31. Kelly Hyland       |
| 4. Liana Hennum     | 14. Brenda Guyer  | 23. PharmD student   | 32. Polly Samardich    |
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| 6. Kevin K          | 16. Cheryl Smoot  | 24. Mary Anne Elder  | 34. Lisa Kwiatkowski   |
| 7. Jan Salo-Kroby   | 17. Stephanie     | 25. Roxanne Erickson | 35. May Heiman         |
| 8. Heather Steffens | Kimmes            | 26. Kerry Ward       | 36. Denise Herrmann    |
| 9. Erica Fishman    | 18. Don Uden      | 27. Lisa Meyer       | 37. Jill Heins Nesvold |
| 10. Janet Keysser   | 19. Carol Stromme | 28. Pat McKone       |                        |

**Mission discussion:**

- Have more active wording, such as “to actively work”, optimize, empower. Need more energy in the mission statement.
- Include all people, not just children
- “To actively work to enhance the quality of life for kids and adults with asthma in Minnesota.”

**Vision:**

- It is currently boring.
- “Managed and controlled” is too clinical.
- Include more active, non-clinical, broader language.
- Asthma control is key in the message
- Include all people and partnerships.
- Is it a vision for MAC or vision for individuals with asthma?
- MAC’s name does not need to be in the vision statement.
- “People with asthma in Minnesota believe life without limits is possible.”

**Goals:**

- Change “manage” to asthma control
- Take out word “foremost”
- Unclear to what degree MAC supports local efforts
- Are we still developing/building new local coalitions” Or are we supporting existing coalitions? What does “support” mean?
- Is it MAC’s role to support (\$\$, time, resources) with local coalitions, or it is MAC’s role to partner?
- Inspire more involvement
- MAC should be proactive and pursue partnerships
- Foster local coalitions/activities as separate goal

- Is it MAC's goal to sustain regional coalitions?
- Goal 1 needs to be separated
- Need clarification about how ALA, PAA, regional coalitions, and other partners fit together
- MAC can be coordinating sector for all that happens around asthma – or is it the structure?
- People wanted organization for communication exchange
- Forum for sharing work around Minnesota
- Sharing conference needs to come back
- “MAC is a forum for coordinating, communicating, and collaborating to improve the quality of life for people with asthma.”
- MAC doesn't need diverse partnerships, rather strategic partnerships
- Get rid of last 2 goal statements (effective operations and long-term sustainability)
- Increase awareness is too vague
- Goal 4 is poorly worded
- Put target of the action at the beginning of each goal statement
- Consider reference to environmental management/environmental control
- Add “advocate for/initiative policy”
- Advocate for public policies and environmental control
- Use “stakeholders” in goal #3
- Write goals in measureable way.
- Do we also need operational goals?

“Holy Crap – WOW!” award goes to Bob Zajac!

**Action Plan (another way of saying goals):**

- Should we include support to regional coalitions in our action plan?
- Keep broad categories so all activities can fit into them
- “outreach” is passive
- Measureable
- Regions want more general work plans
- Develop systemic activities that all can do (eg county level childcare provider trainings)

**Structure moving forward:**

- There are multiple levels from patient/family/provider/practice/community/region/state
- More active structure

**Other comments of note:**

- Passive members are welcome! You never know when they will get involved.
- The ebbing and flowing of funds causes hard feelings at the local level
- Host a statewide meeting to train program facilitators
- Funding is vital. Consider MAC membership fees, annual dues, meeting attendance fees, etc.

