

Faith-Based Programs to Improve Asthma Control in Minority Communities

The Not One More Life Model



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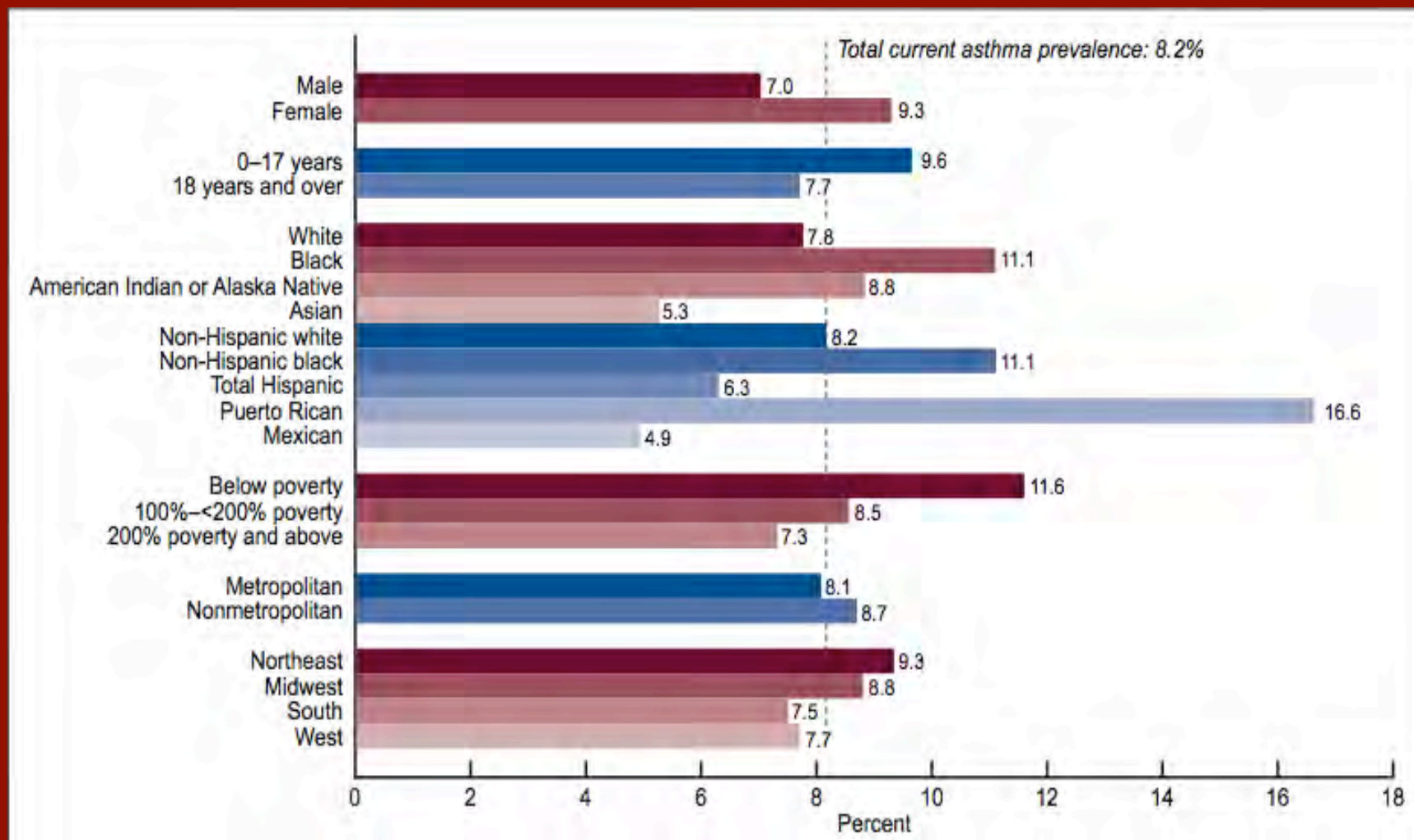


Background

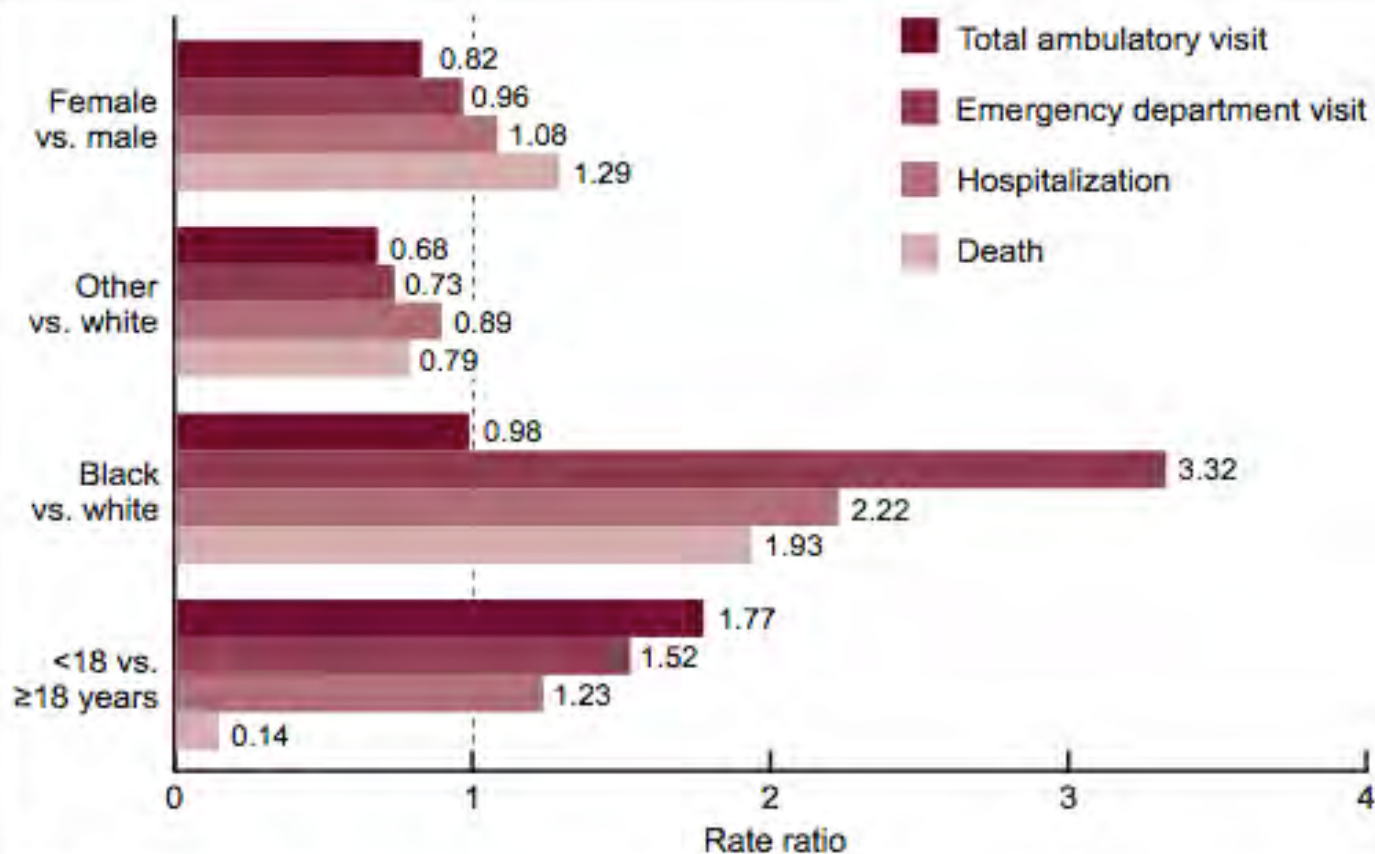
- Nearly 26 million Americans have Asthma
- Asthma is the #1 single diagnosis to result in hospitalization at every children's hospital in America
- Asthma remains both under-diagnosed and under-treated despite NHLBI evidence based guidelines for its diagnosis and management leading to excessive medical utilization
- A knowledge gap persists among both patients, their families and many primary care providers who treat asthma in all populations, particularly in minorities and the poor
- Asthma is characterized by alarmingly persistent disparities in prevalence, morbidity and mortality among children, minorities and the poor



Background



Background



NOTE: A rate ratio of 1.0 (dashed line) indicates equal rates between the groups being compared.

SOURCES: CDC/NCHS, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, National Hospital Discharge Survey, Mortality component of the National Vital Statistics System, and National Health Interview Survey (population with current asthma).



In the last 10 years.....

- Overall prevalence has increased by 12.3% to 8.2%, most notably in
 - Children – 9.6%
 - Poor children – 13.5%
 - African American male children – 17.0%
 - Adults
 - Women – 9.3%
 - Poor adults – 13.5%

CDC, NHIS 2011



The Urban Environment

- **Nutrition**
 - Higher intake of snacks, fast food, sweetened beverages
 - Less availability of fresh fruit and vegetables, dietary sources of omega-3 FA's
- **Outdoor Pollution**
 - Higher exposure to vehicular traffic, ozone and PM, more oxidant stress
 - Proximity to coal-fired power plants
- **Indoor pollution**
 - More crowded living environment
 - Higher exposure to ETS, mold, dust mites, rodents, cockroaches,
- **Social**
 - More dynamic household membership
 - More housing instability
 - Greater exposure to violence
 - Financial challenges
 - Parental/caretaker stress
 - Competing priorities
- **Practice Setting**
 - Greater prevalence of care by community health centers and hospital based clinics
 - ED as locus of care
 - Higher percentage of “minority served” practices



Not One More Life, Inc

- Community based programs of education, screening, counseling, referral and outcome monitoring
- Model expanded to 17 other US cities
- On line public education on asthma
- On line provider education(CME) on asthma management
- Live provider education (CME) in cities in which NOML has established a community presence
- Monthly free Pulmonary Clinic

www.notonemorelife.org



NOML-Our Methods Are Novel

NOML programs scheduled at local communities of faith through health ministries:

- short didactic presentation on asthma followed by Q and A
- participants screened by validated (Juniper) questionnaire and spirometry
- Pulmonologist/allergist/PCP reviews and discusses results with participants
- Information relayed to PCP and/or specialty follow up arranged
- serial telephone follow up at 1, 3, 6 and 12 months
- Individual case management





Our Partners



Why Communities of Faith?

- Enduring bases of leadership
- Roles in fostering community well-being
- Strong visions for spiritual and physical health of their faith communities
- Well-developed Health Ministries staffed by members committed to fostering health in their congregations





Introductory Lecture





RT Testing to ATS Standards





Personalized Education





One on One Counseling





Case Management

- Telephone follow – up at 1, 3, 6, and 12 months
- Referral to existing clinics/community hospitals
- Follow-up in our free pulmonary clinic in Atlanta
- Medication assistance
- Access to pulmonologists and allergists
- Determining eligibility for CMS
- Utilizing patient assistance programs



*Each Visit Should Leave a Legacy
of Empowerment Sustained by
Partnership*

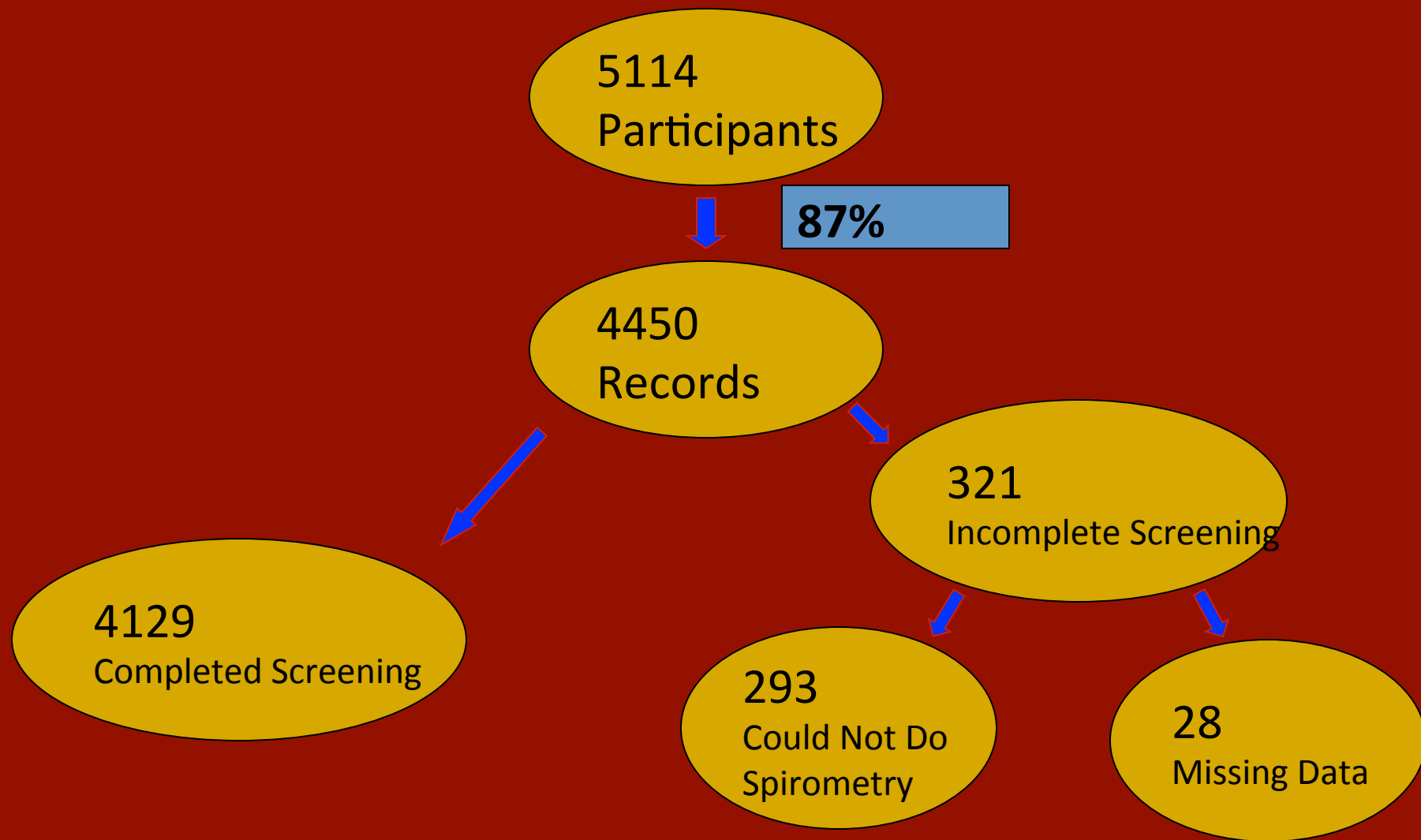




Screening Results: 145 NOML Events

Metropolitan Atlanta, GA

October , 2003 – July, 2012



Screen Results and Demographics of 4637 Participants a NOML Events 2003-2011

Screen Results

Few Symptoms and Normal Lung Function 50.4%

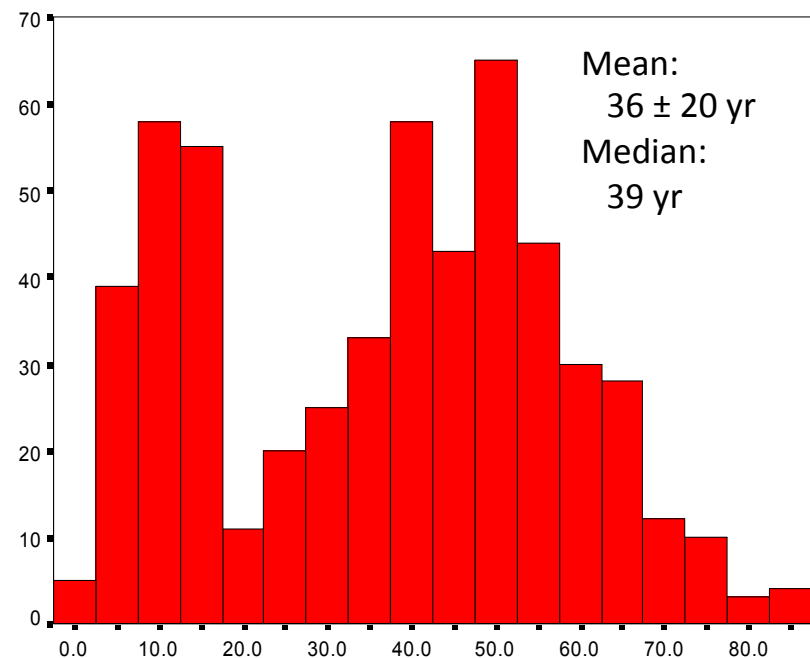
Increased Symptoms and Normal Lung Function 18.9%

Few Symptoms and Decreased Lung Function 12.9%

Increased Symptoms and Decreased Lung Function 15.2%

Only 23.7% self-reported asthma yet nearly 50% have increased symptoms Or abnormal lung function

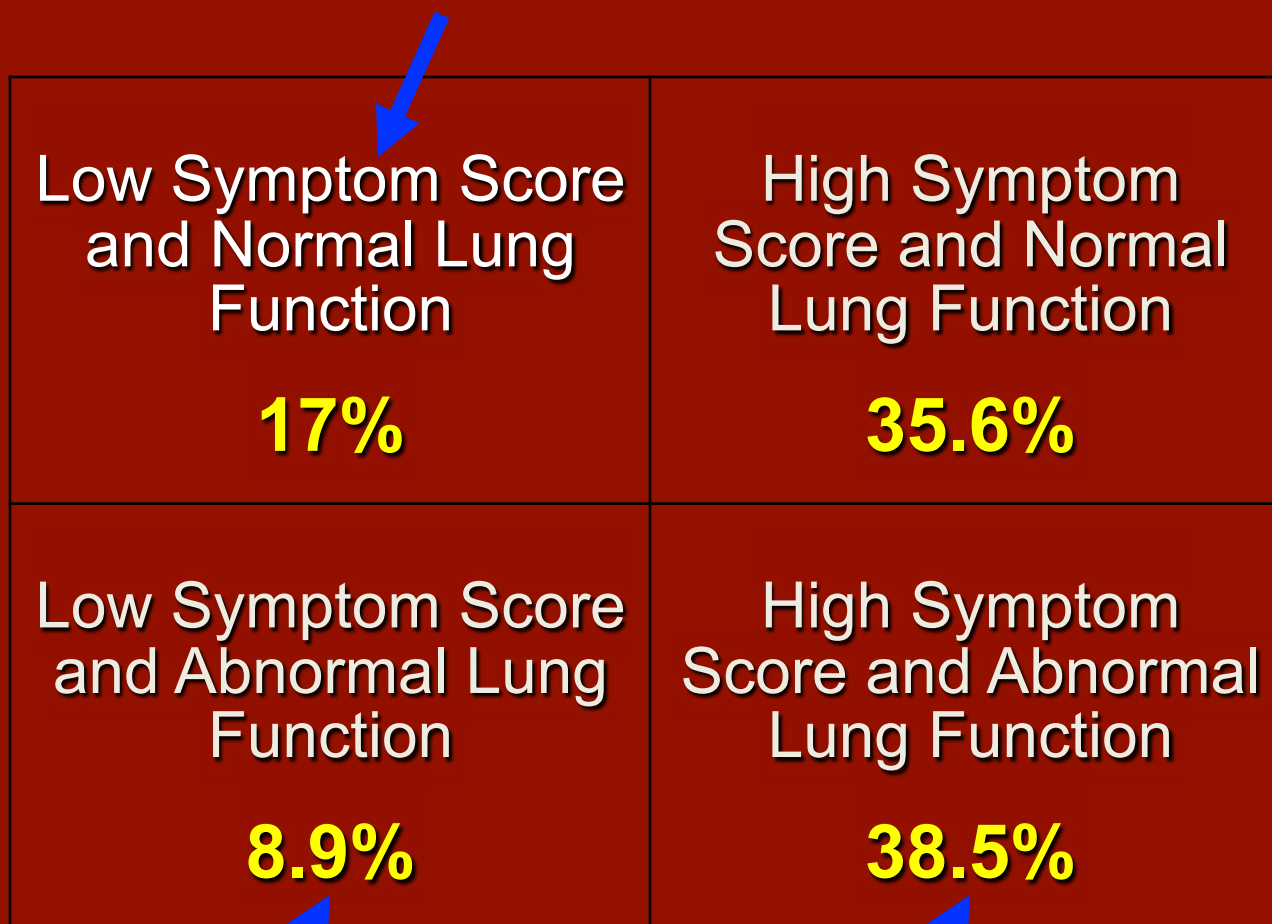
66.7 % Female
73.6 % African American
33.6 % BMI > 30 kg/m² (obese)
23.7 % Ever smoked
7.1 % Current Smokers



Age Distribution (yrs)

Screening Results for Asthmatics:

Only 17% asymptomatic with normal lung function!



Low Symptom Score and Normal Lung Function 17%	High Symptom Score and Normal Lung Function 35.6%
Low Symptom Score and Abnormal Lung Function 8.9%	High Symptom Score and Abnormal Lung Function 38.5%



poor perceivers?



Poorly controlled



High Prevalence of Under-Treatment and Hospitalization among Asthmatics

No current asthma treatment: 38 %

Bronchodilator only: 27%

Inhaled corticosteroids: 19%

Ever hospitalized for asthma: 21%



How many people walk into programs without a diagnosis of asthma but likely have asthma or some other lung disease?

N = 844 complete screenings without a diagnosis of asthma

Strong evidence for lung disease 12%
(symptoms present and abnormal lung function)

Good evidence for lung disease 16%
(abnormal lung function only)

Weak evidence for lung disease 20%
(symptoms present only)

48%

90% of participants with abnormal lung function report seeing a physician after a NOML session

NOML EXPANSION CITIES

■ Current

- Chicago, IL
- Lansing, MI
- Brooklyn, NY
- Flint, MI
- Mt. Vernon, NY
- Chattanooga, TN
- St. Louis, MO
- Hartford, CT
- Grand Rapids, MI
- Norfolk, VA
- Long Island, NY
- Detroit, MI
- Memphis, TN

■ Current (cont.)

- Knoxville, TN
- Dallas, TX
- Philadelphia, PA
- Oakland, TX

■ Planned

- Denver, CO
- Westchester County, NY
- Charlottesville, VA
- Hattiesburg, MS
- Washington, DC
- Richmond, VA
- Houston, TX
- New Orleans, LA
- Jackson, MS
- Birmingham, AL





ONE *Breath*
Make The Most Of It



www.notonemorelife.org

The Inner-City Respiratory Alliance

ENGAGEEDUCATE.....EMPOWER

- On line Patient Education and Resources
- On line Provider CME focused on High Risk populations (accessed by 2000 learners this year)
- Target Network of 30 NOML Expansion Cities
 - Live Patient and Provider Education
 - Centralized data collection (ACCESS)
- Developmental Research Network



Strategies to Change the Paradigm

- Increase Adherence
 - Effectively inquire about adherence
- Discover the barriers
 - Ambivalence
 - Fear and misinformation
 - Cost
 - Hassle factor – KISS
- Address the barriers
 - Strait talk
 - Eliminating the Victim Mentality
 - Education
 - Samples, patient assistance programs, formulary awareness





NOML

Not One More Life

[About Us](#)

[About Asthma](#)

[Free Clinics](#)

[Screenings](#)

[Professional Education](#)

[Get Involved/Donations](#)

Calendar of Events

To view a complete calendar of events for each month click on listed month.

[JANUARY](#)

[FEBRUARY](#)

[MARCH](#)

[APRIL](#)

[MAY](#)

[JUNE](#)

[JULY](#)

[AUGUST](#)

[SEPTEMBER](#)

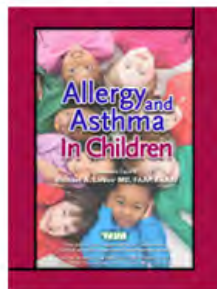
[OCTOBER](#)

[NOVEMBER](#)

[DECEMBER](#)

Professional Education

Inner City Respiratory Alliance

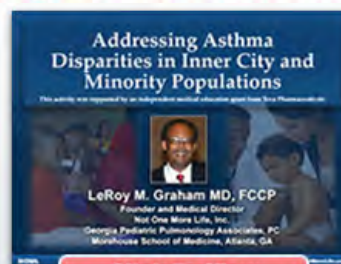


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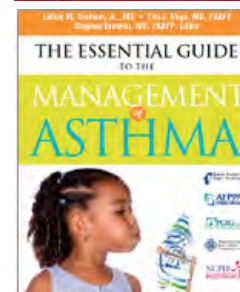


Spring and Summer usher in a multitude of allergic reactions. Pollen, mold and dust are just some of the many things that can trigger a serious asthma attack.

Asthma affects all people of all shapes and sizes and even famous ones, yet, many of them lead normal healthy lives. Their asthma doesn't bother them. How do they do that? They do so because their asthma is well controlled.

There are about 33 million people with asthma in the United States with 8.6 million being children. Hispanics and African-Americans are affected more than any other population. As a result millions of dollars have been lost because of missed days at work and have been spent on a disease that can be controlled. Many people do not realize there is a problem with their lungs simply because they do not know or understand the symptoms of the disease. Our mission at Not One More Life is to partner with communities of faith to provide asthma education to help reduce the negative impact of the disease among African-Americans.

Asthma Facts



[Click To View PDF Booklet](#)

Did You Know?

Asthma accounts for nearly 17 million doctor visits and nearly 2 million ER visits each year.

Myth

Asthma is all in the mind.

Fact

Asthma is not psychological, Yet emotions can trigger it.

Medical Messages

NOML's Medical Director Dr. LeRoy Graham posts periodic medical pearls. To View [Click Here](#).

Strategies to Change the Paradigm

- **Actionable education of PCPs on evidence based guidelines**
 - Identify and treat persistent asthma
 - Increased use of spirometry
 - Simplified Asthma Management Plans
 - Emphasize individualized symptom recognition
- **Functional cultural competency**
- **Enhanced provider-patient communication**
 - Straight talk
 - Eliminate the victim mentality and the missionary approach



PERFORMANCE IMPROVEMENT PROGRAM:



Effective Management of ASTHMA by Primary Care Providers

**Presented
at NO COST to
participants**

*To receive credit participants
must attend entire session
and submit post-test and
program evaluation form.*

CME/CE DINNER MEETINGS:

ATLANTA	November 8, 2012 – 6:30 pm
DETROIT	November 15, 2012 – 6:30 pm
PHILADELPHIA	November 29, 2012 – 6:30 pm
ORLANDO	December 5, 2012 – 6:30 pm
MEMPHIS	December 6, 2012 – 7:00 pm
BROOKLYN	December 11, 2012 – 6:30 pm

COURSE DIRECTORS

LeRoy M. Graham, Jr, MD, FCCP
Georgia Pediatric Pulmonology Associates, PC
Associate Clinical Professor of Pediatrics
Morehouse School of Medicine
Founder and Medical Director, Not One More Life, Inc

Randall Brown, MD, MPH
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Nemr S. Eid, MD
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University of Louisville School of Medicine
Director of Pediatric Pulmonary Medicine
and Director of the Cystic Fibrosis Center,
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JOINT SPONSORSHIP

The Foundation for Care Management,
Not One More Life, and CME-University.



CME-University
The Education Network

ENDORSED BY

American College of Chest Physicians



TARGET AUDIENCE

This activity is intended for Primary Care Physicians

FUNDING

Funded by an independent educational grant from Teva Pharmaceuticals USA



OUTCOME OBJECTIVES

Upon completion of this course, the participant will be able to:

- Discuss the pathophysiology of asthma and associated small airway inflammation
- Describe the relevance of small airway inflammation to the exacerbation prone asthma phenotype and implications for effective pharmacologic therapy
- Review the current recommendations on the use of spirometry for the diagnosis, treatment, and assessment of control in asthma management
- Demonstrate improved knowledge, application, and interpretation of spirometry for the treatment of patients with asthma

PURPOSE

To provide the tools to enable the primary care provider to manage the care of patients with asthma and measure the outcomes of their interventions.

DISCLOSURE(S)

Faculty disclosures will be provided on the first page of the program syllabus.

ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Foundation for Care Management (FCM), Not One More Life, and CME-University. FCM is accredited by the ACCME to provide continuing medical education.

FCM designates this educational activity for a maximum of 1.5 **AMA PRA Category 1 credit(s)**[™]. Physicians should only claim credit commensurate with the extent of the participation in the activity.

Pre-register Online @ www.cme-university.net/asthma

IN MEMORY OF
Kellen



February 9, 1990 -January 11, 2001

"Not One More Child"