







Welcome

W. Brendle Glombe, MD, FCCP





Welcome From EPA Tracey Mitchell, US EPA, Indoor Environments Division





Welcome

Stacy Ignoffo, Chicago Asthma Consortium



Coalitions and Innovations in Asthma Control

Tracy Washington Enger, US EPA

EPA's Asthma Education and Outreach Program

GOALS and OBJECTIVES

By 2012, 6.5 million people with asthma will have reduced exposure to environmental asthma triggers, leading to 90,000 ER visits avoided annually.

EPA's PLAN TO REACH the GOAL

- Work with stakeholders to integrate environmental management into program approaches
- Continue to identify and share best practices information and provide tools to facilitate the adoption of effective interventions
- Mobilize community level action to address asthma
- Recognize leaders in asthma care

EPA's Calling

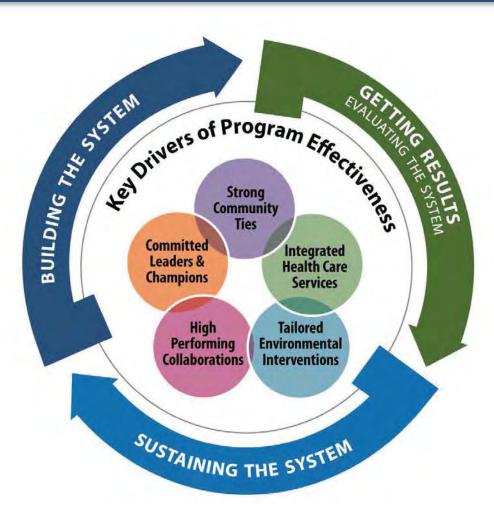
Mobilizing 1,000 Communities to Lead the Nation in the Delivery of Quality Asthma Care

What Defines a "Community in Action"

- Committed to driving toward the best possible delivery of asthma care
- Aimed at bold stretch goals in parallel with Healthy People 2010 and Network
- Tracking progress toward those goals



The System for Delivering High Quality Asthma Care



What: Delivering Comprehensive High-Quality Asthma Care



Integrated Health Care Services

- Physician champions
- Guidelines-based care
- Robust patient-clinician interactions
- Asthma education and action plans
- Community-wide coordination of care



Tailored Environmental Interventions

- Clinical assessment of triggers
- Individually tailored counseling & education
- Environmental management support
- Trigger control at home, school, and work



How: Through an Integrated, Collaborative, Community-Based System



Who: Champions and Leaders of Community Asthma Assets



How: Through an Integrated, Collaborative, Community-Based System

How: Through an Integrated, Collaborative, Community-Based System



What is Your Domain of Influence?

What is it you are called to do?

Whom are you called to serve?

Empowering Through Influence

- Framework for delivering high quality asthma care
 - Behaviors and Practices
- Value Proposition and Business Case
 - Partners, Funders and Payers
- Asthma Disparities Action Plan
 - Reducing disparities at the community level
- National Community-based Network
 - Scale out by recruiting and enrolling others

The "What" of the Symposium

- Experience a Successful Framework and Proven System for Delivering Effective Asthma Care
- Witness how community programs are using national resources to address diversity.
- Develop a Value Proposition and Business Case to help resource your Results-Driven, Outcomes-Focused Programs

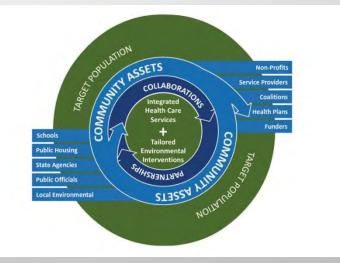
The "What" of the Symposium

- Construct Management Tools that Build, Sustain and Spread Your Unique Program Assets
- Connect to a Resource Rich Campaign and Network
- Develop and Practice a Leadership Narrative to Convene Partners and Stakeholders



The "Who" of the National Asthma Forum

- National Award
 Winners
- Community-Based Programs
- Health Care Providers
- Community Assets from across the Nation





The "How" of the Symposium

- Dynamic Presentations
- Powerful Leadership Discussions
- Direct Mentorship
- Break-Ins
- Conversations of Opportunities
- Generate Requests and Offers that Get Results

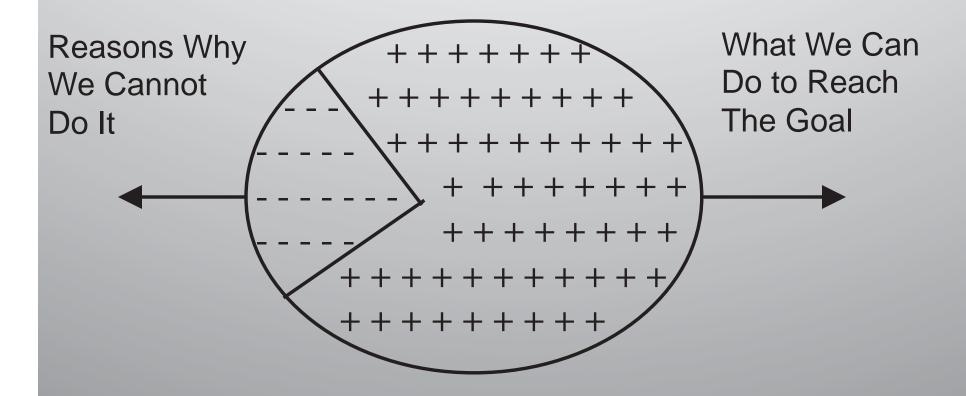
How to "Be"

- A Powerful Community Together
- Assuming a National Leadership Role in Asthma Control
- Willing to Set Ambitious and Strategic Goals
- Focused on Committing to Actions You and Your
 - **Organization Can Take**
- Leaders in Service to One Another
- PRESENT!

What does it mean to be "Present"?

- Present- I am here
- Present- In the moment
- Present A gift
- Presence I am here, in the moment as a gift.

Net Forward Energy: More Positives Than Negatives



Source: Enlightened Leadership Institute

"People are much more likely to act their way into a new way of thinking than to think their way into a new way of acting"

Richard Pascale & Jerry Sternin, Harvard Business Review, May 2005 "People change what they do less because they are given analysis that shifts their thinking than because they are shown a truth that influences their feelings"

> The Heart of Change, John Kotter & Dan Cohen, 2002

What we do matters

"Guinea worm is poised to become the second human disease to be eradicated – and the first to be eliminated without the aid of a vaccine."

Washington Post

"For Guinea worm, the only thing you can do is persuade people - many who are very isolated and tradition-bound – to change their behavior"

Guinea worm expert, Donald Hopkins attributing progress to the strength of local volunteer programs and a "unique grassroots effort"





A Comprehensive Approach to Asthma Management: Policy and Reimbursement Issues-The Changing Climate

W. Brendle Glombe, MD, FCCP



Coalitions and Innovations in Asthma Control: Comprehensive Approach to the Management of Asthma

Noreen Clark, PhD





Programs in Action for Results EPA Asthma Award Winners

Purpose of Session

- 1. Learn about three exemplary asthma management programs and how they accelerate improvements in asthma care and address asthma disparities.
- 2. Hear about a key achievement of each program that contributed to positive health outcomes.
- 3. Learn about a challenge each program faced and their lessons learned in addressing the challenge.
- 4. Learn how to improve your asthma management program.

Agenda

- 1. Introduce EPA's National Environmental Leadership Award in Asthma Management and the System for Delivering High-Quality Asthma Care
- 2. Highlights of Award Winning Programs
 - Connie Kerrigan, Parkview Health System
 - Cheryl Kimble, Greenville Health System's Children's Hospital Center for Pediatric Medicine
 - Diane Rhodes, North East Independent School District
- 3. Key Challenge and Lessons Learned from Each Program
- 4. Open Forum Discussion

EPA's National Environmental Leadership Award in Asthma Management

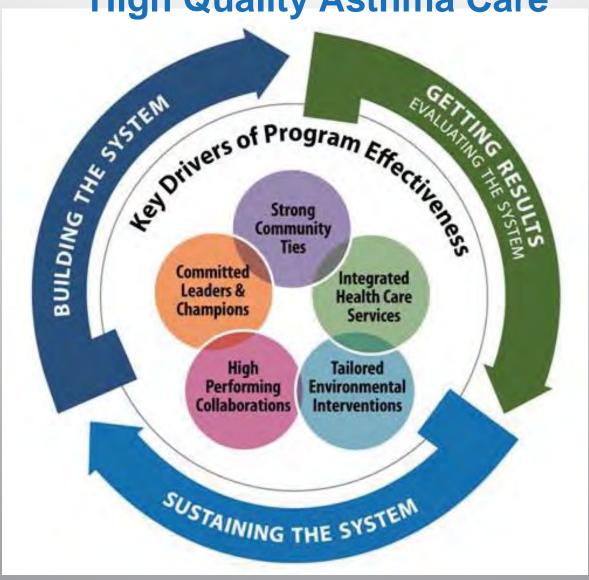
"We would urge applicants for this Award to use this opportunity to share their expertise with others. By sharing their successes and challenges, we all learn, and help each other move closer to our goals in asthma care, education and partnership. We have learned so much from the other Award winners, and from other resources and programs on www.AsthmaCommunityNetwork.org!"

John Dowling, 2012 Award Winner, Michigan Department of Community Health Asthma Prevention and Control Program



Learn more at www.asthmaawards.info

The System for Delivering High Quality Asthma Care



Integrated Health Care Services

- Strategies for Action:
 - Educate and support clinical care teams to facilitate consistent, high-quality care
 - Support continuous clinical improvement
 - Promote robust patient/provider interaction
 - Facilitate communication across the care team

Tailored Environmental Interventions

- Strategies for Action:
 - Educate care teams to deliver environmental trigger assessment and management
 - Assess trigger sensitivity and exposure in clinical interviews
 - Provide tailored education and counseling during clinical visits
 - Make environmental management a reality at home, school and work

High Performing Collaborations

- Strategies for Action:
 - Build on what works: partner with collaborators active in your target community
 - Collaborate to build credibility

Committed Leaders and Champions

- Strategies for Action:
 - Use outcomes data to promote change
 - Institutionalize the focus on outcomes
 - -Create program champions

Strong Community Ties

- Strategies for Action:
 - Include your community in program planning
 - Engage your community 'where it lives'
 - Make it easy to accept services

How to Listen

- What elements of this System are emerging in this program's story?
- What am I hearing that resonates with me?
- What can I take away to use in my work?

Programs in Action for Results

- Parkview Hospital Foundation
 - -Panelist: Connie Kerrigan
- Greenville Health System
 - -Panelist: Cheryl Kimble
- Northeast Independent School District
 - -Panelist: Diana Rhodes



Parkview Health Comprehensive Asthma Education and Care Navigation

Connie Kerrigan, RN, BSN

Community Nursing and Women's Services

Manager

Parkview Health Comprehensive Asthma Education and Care Navigation

- Location: Fort Wayne, Indiana
- Type: Not-for-profit Health System
- <u>Service Area</u>: Eleven counties in Northeast Indiana and Northwest Ohio
- <u>Population Served</u>: 875,000 people from urban, suburban and rural communities
- <u>Key Players</u>: East Allen, Northwest Allen and Fort Wayne Community School Districts; Central, West and East Noble County School Districts; Fort Wayne-Allen County Department of Health; Indiana State Department of Health

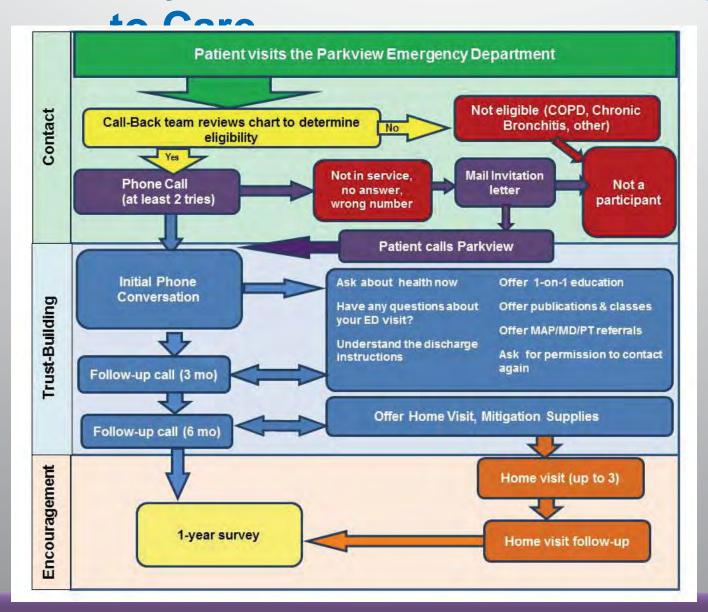
Asthma Action Team's Key Components

- Community and School-Based Asthma Education
 - A is for Asthma/Open Airways/Kickin' Asthma
 - 1:1 asthma education
 - Universities
 - -Allen County Board of Health Healthy Homes
- Asthma Care Navigation
 - Initiated July 2009 in the ED
 - Expanded in 2013 to include all hospitals within system
 - Currently enhancing continuity to include





Key Achievement: Addressing Barriers



- ED Asthma Call-Back Program
- 90 people enrolled monthly
 - Medication
 Assistance Program
 - Home visits
 - ED recidivism:
 21.95% at baseline
 to 15.04% in the
 intervention yr

Home Visits

- Pre/Post Test
- Education provided
- Environmental assessment
- Establish goals to reduce triggers
- Provide mitigation supplies
- Link to other community agencies



If Home Visit is Provided

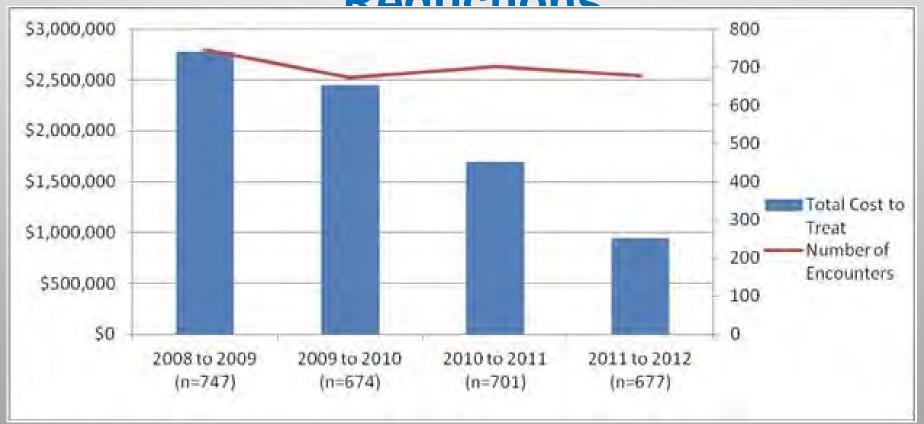
- Follow-up calls 3 months after visit
 - Discuss how things are going
 - Assess progress towards
 established goals determined at home visit
 - Ascertain use of mitigation supplies provided
 - Offer 2nd home visit, if desired





Results: Year to Year Total Cost





- Ratio was created for each type of visit (ER, Observation, Inpatient) by payor and by program year.
- Average cost per discharge ÷ Average charge per discharge = Average cost to charge ratio (for the program year by type and payor)
 - Average cost to charge ratio × Patient charge = Cost per patient visit
- The total costs per program year were calculated by adding up all of the costs of the patient visits during each program year.



Thank you.

For more information:

Connie Kerrigan, RN, BSN
Community Nursing and Women's Services Manager

Parkview Health

www.AsthmaCommunityNetwork.org



Greenville Health System's Children's Hospital Center for Pediatric Medicine Asthma Action Team

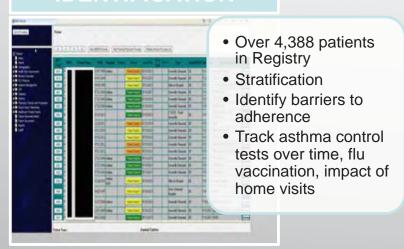
Cheryl Kimble, RRT-NPS, AE-C

Greenville Health System's Children's Hospital Center for Pediatric Medicine

- Location: Greenvile, South Carolina
- Type: Public, Not-for-profit Hospital Program
- Service Area: Greenville County and surrounding areas
- <u>Population Served</u>: Largely Medicaid, multi-ethnic population from urban, suburban and rural communities
- <u>Key Players</u>: Family Connection of South Carolina's Project Breathe Easy, South Carolina Asthma Alliance, Greenville Pediatric Asthma Community Collaborative, Greenville County School District, United Way of Greenville County Child Care Resource and Referral UnitedWay, SCORxE (South Carolina Offering Prescribing Excellence), Decision Dynamic Inc.'s Disease Management Coordination Network (DMCN)

Asthma Action Team Key Components

IDENTIFICATION



EDUCATION

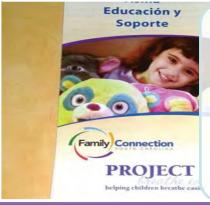


AWARENESS



- Trained parent educators visit homes, schools, child care, health fairs, Laundromats, neighborhoods
- Collaborations/ Partner Expectations

SUPPORT



- Parent-to-Parent
- Intensive case management
- Provide access to a medical home
- Extended hours for clinic
- Address barriers to health literacy

NAME: Jane Doe DOB: 5/22/2000 DOS: 5/21//2013

CENTER FOR PEDIATRIC MEDICINE (864) 220-7270

Caregiver Name:

Action Plan developed in partnership with MD/NP/PA and caregiver. MD/NP/PA NAME: Dr. Grant

Signature:

Next Asthma Appointment: Aug. 13,2013 at 0800 am

GREEN ZONE: EVERYDAY PLAN



When to use?

·EVERYDAY plan.

·Take whether you are sick or well.

	EVERYDAY PLAN	
<u>Medication</u>	How much?	How Often?
Flovent 110 mcg	1 puff twice a day	Morning and Night
Zyrtec 5 mg	1 tablet	night
Singulair 5 mg	1 tablet	night



YELLOW ZONE: SICK PLAN



When to use? Use in addition to everyday meds when you have:

- Daytime or nighttime cough
- Wheezing
- ·Chest tightness or shortness of breath
- · Waking at night due to asthma

IDENTIFIED ASTHMA TRIGGERS CIRCLED:colds smoke pollen dust animals exercise reflux weather strong odors emotions food cockroaches

Rinse mouth after Flovent

ACTION	SICK PLAN: for asthma symptoms Continue giving your EVERYDAY medications		
	Rescue Medication	How Much?	How Often?
GIVE:	Albuterol inh OR Albuterol neb	4-6 puffs or 1 vial	give Albuterol treatments every 4-6 hours as needed.

If your asthma symptoms are NOT relieved after taking 1 breathing treatment, you may administer another treatment in 20 minutes. If treatments are not relieved after this treatment - administer a third treatment in 20 minutes. If this happens you are now in the RED ZONE and will need to go to the Emergency Room immediately..

AND: If you stay in the YELLOW ZONE for more than 2 days or if you have a cough; wheeze or Albuterol use more than 2 days a week, CALL YOUR DOCTOR.

	1 100

RED ZONE: MEDICAL ALERT PLAN



When to use?

- · When you are getting worse and the YELLOW ZONE SICK PLAN medications DID NOT help within 15-20 minutes or
- ·Breathing is very hard and fast or
- ·You cannot walk or talk or do usual activities or
- ·Lips or fingernails are BLUE

MEDICAL ALERT PLAN

Medication	How much?	How Often?
Albuterol neb OR Albuterol inhaler	1 vial 8 puffs	Take medications AND call your doctor NOW.

GO to the EMERGENCY ROOM or CALL 911



CENTER FOR PEDIATRIC MEDICINE: PLAN para CONTROL de ASMA

DOB:5/22/2000 DOS:5/13/2013 :Follow-UP APPT : Aug. 13,2013 0800 OFFICE #: 220-7270 EMERGENCY #: 911

ZONA VERDE: PLAN DIARIO



Cuando usarla?

- •Plan para todos los dias.
- •Tomelo si esta enfermo o

PLAN para TODOS los DIAS			
<u>Medicamento</u>	Que cantidad?	Cuando?	
Flovent 110 mcg	1 inhalacion 2 veces al dia	Manana y en la noche	
Singulair 5 mg	1 tableta	noche	



ZONA AMARILLA: PLAN PARA CUANDO ESTA ENFERMO



Cuando usarla?

Usese cuando tiene:

- •Tos de dia o de noche.
- ·Silbido en el pecho
- •Pecho apretado o falta de aire
- •Si se despierta en la noche por el asma.

Enjuage la boca despues Flovent

ACCION	PLAN para CUANDO ESTA ENFERMO: sintomas de asma Continue dandole los medicamento de uso diario		
	Medicamento de Rescate	Que cantidad?	Cuando?
DELE:	Albuterol inhaler	4-6 inhalaciones	Cada 20 minutos durante 1 hora si es necesario

Si los sintomas de asma no mejoran luego de 3 tratamientos de respiracion en 1 hora **LLAME A SU MEDICO**. Ya se encuentra en la ZONA ROJA.

Y:

LLAME A SU MEDICO SI TIENE:

- 1) Ya esta mejor, dele el tratamiento de Albuterol cada 4-6 horas segun sea necesario por 2 dias o
- 2) Se mantiene en la ZONA AMARILLA mas de 2 dias o
- 3) Tiene tos, silbido en el pecho, o usa Albuterol mas de 2 veces por semana.

Ventolin (Albuterol)



ZONA ROJA; ALERTA MEDICA



Cuando usarla?

- Cuando se esta poniendo peor y el plan de la ZONA AMARILLA no logra mejorarlo entre 15-20min
- ·Si su respiracion es muy dificil y rapida
- •Si no puede caminar, hablar, o hacer lo que hace siempre
- •Si sus labios o unas estan morados o azulosos.

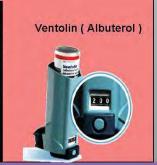
PLAN de ALERTA MEDICO

Medicamento	Que cantidad?	Cuando?
Albuterol inhaler	8 inhalaciones	Tome la medicina Y llame al medico AHORA.

VAYA al CUARTO DE URGENCIO o LLAME al 911...

Si despues de tomar esta medicina los sintomas se mantienen **Y** no puede localizar a su medico. Physician Signature

Caretaker Signature



Key Achievement: Effective Collaboration with

Family Connection of South Carolina

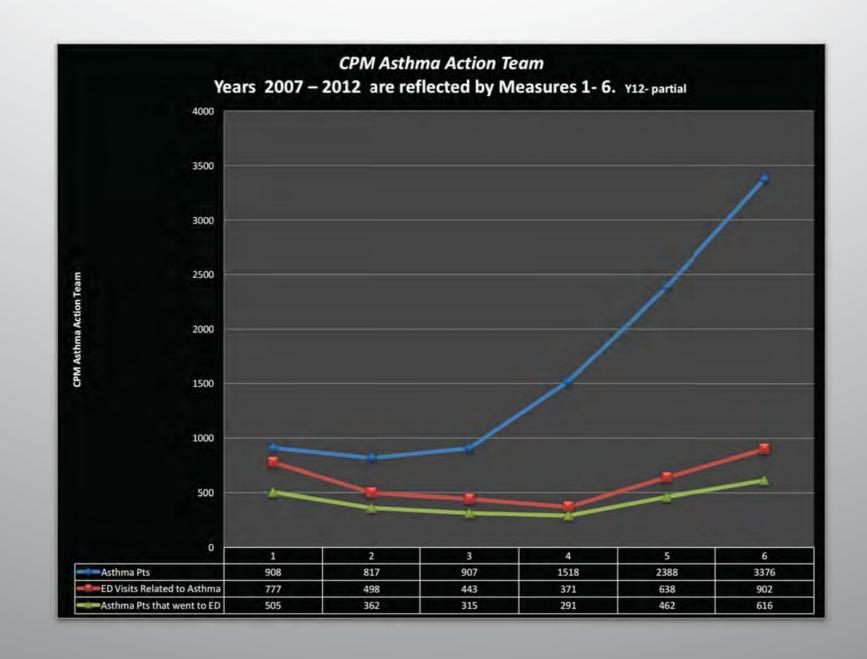
Project Breathe Fasy

Parent-to-parent support

- Home visits and environmental assessments
- Resource assistance to families
- Asthma management education
- School and childcare training
- Community awareness and education











Thank you.

For more information:

Cheryl Kimble, RRT-NPS, AE-C

Greenville Health System's

Children's Hospital Center for Pediatric Medicine

Asthma Action Team

www.AsthmaCommunityNetwork.org



North East Independent School District Asthma Awareness Education Program

Diane Rhodes, BBA, RRT, AE-C
Assistant Director

North East Independent School District Asthma Awareness Education Program

- Location: San Antonio, TX
- Type: K-12 School-Based Program
- <u>Service Area</u>: School District-Wide (144 square mile area in San Antonio/Bexar Cour
- <u>Population Served</u>: An urban community with more than 67,000 school-aged children and their families and 9,000 staff
- <u>Key Players</u>: School district's medical director and five other local allergists and pediatric pulmonologists, faculty and students from the University of Texas Health Science Center's (UTHSC) Department of Respiratory Care, Santa Rosa Health System, South Texas Asthma Coalition, Asthma Coalition of Texas, American Lung Association, U.S. EPA, and the Centers for Disease Control and Prevention

NEISD Four Components of Control: Planning and Action Implemented

Bring an understanding of prevalence and assess needs for improved processes district wide

- School District impact
- . Quality of Life Surveys
- Parent /Staff expectations
- Recruit champions (custodial, nurses, PE staff, administrators)
- Data , data, data feedback

evaluate

Awareness

Medication & Tools

Provide tools/educational resources to reduce healthcare barriers

- Emergency Nebulizer Policy
- · Asthma Action Plans
- NIHLI EPR 3guidelines
- Health Check √ data
 - EMS incidents
- · Inhaler usage tracking
- · Asthma Control Test

Assess Culture and reduce environmental risks

- Education and Removing Triggers from home / school environments
- Indoor Environment Quality Best Practices
 - T f S Six Technical Solutions
 - Tips for Healthy Learning Environment
- Facility Assessment
- Facility scores

Control

Asthma

Environment

30

Education

neld

Stakeholders:

students, parents, staff, community Identify gaps and provide disease management information to improve quality of life

- Coordinated Approach to Child Health
- Asthma Curriculum
- Environmental Curriculum
- Webinar/Podcasts to staff
- Staff Development /AFC
- Website
- Asthma Blow Outs

Asthma Blow Out!

Student Sessions













Student Entrance:

Asthmatic vs non-asthmatic



Asthmatics:

Inhaler technique review

Staging area: All students "Asthma is like the weather"

Awareness

What is Asthma?

Parts of airway, 3 changes Inflammation, mucous production Bronchoconstriction

Early Warning Signs:

Define, identify, classify

Medication

Use of medications

Controller Inflammation

Reliever

Bronchoconstriction

Technique review

Compliance review

Asthma Control

Environment

Triggers

Define, identify, effect to airway

Trigger Avoidance

Practical strategies to avoid most common triggers

Education

Living with Asthma

Peak Flows

Peak flow technique Understanding zones

Exercise

Define & Importance Self-assessment scenario

Make it fun, make it relevant

Controlled Asthma

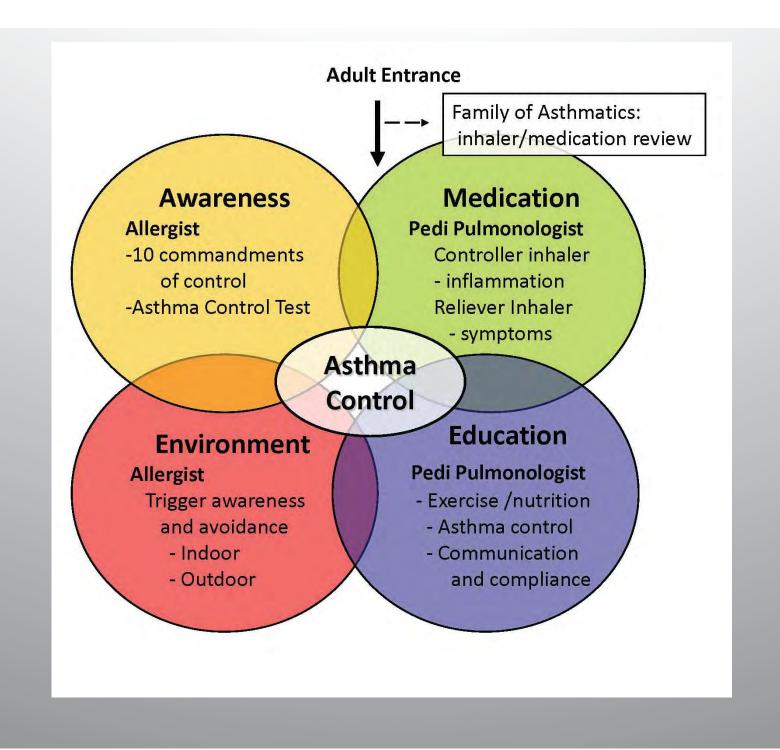
Uncontrolled Asthma





Asthma Blow Out!





Reducing Communication Barriers





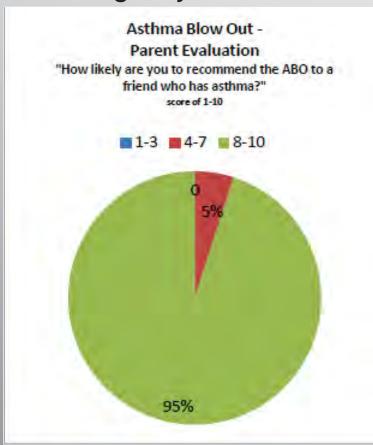
English to Spanish translation through headsets





Results

I know that I have to use my controller medicines, or my asthma can turn into an emergency.



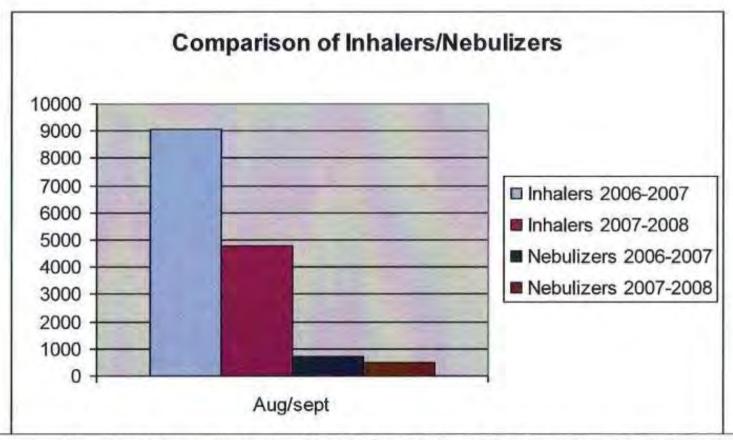
-Student



I can't tell you how much my daughter and I learned at the Asthma Blow-out...

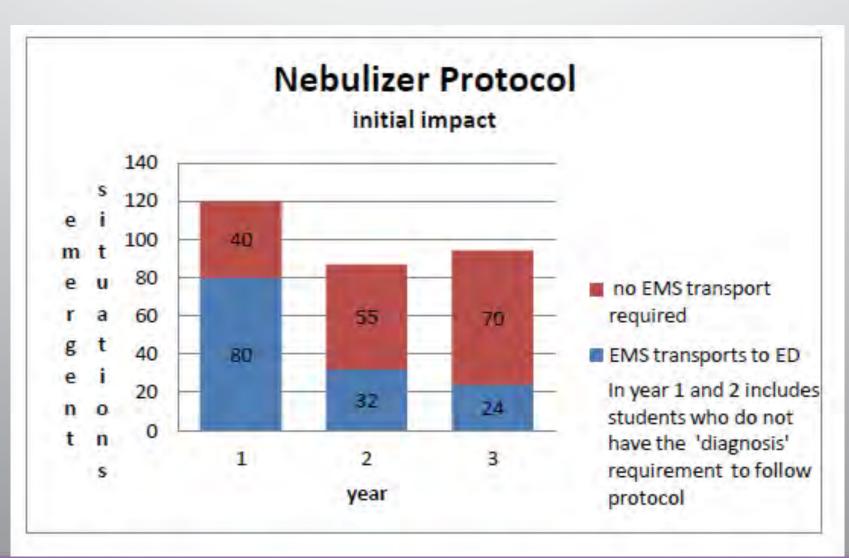
we have always been reactive in dealing with [her asthma]...Even with regular checkups we've apparently missed a lot of information. Now I understand there are options for keeping asthma under control and avoiding problems altogether.

Results after first year



Results of student Inhaler /Nebulizer Usage after initiating 'Tips for a Healthy Classroom' and 'Asthma Trigger Education' to staff and Awareness Information to parents. Data comes from the time period of first six weeks of school which is termed the 'September Epidemic' despite non-peak allergy season

Results After First Year





Thank you.

For more information:

Diane Rhodes, BBA, RRT, AE-C Assistant Director

North East Independent School District

www.AsthmaCommunityNetwork.org

Challenges and Lessons Learned



North East Independent School District

Asthma Awareness Education Program

Diane Rhodes, BBA, RRT, AE-C,
Assistant Director

Our Challenge



Changing School Culture





Lessons Learned

- Conduct an assessment: identify needs and recruit champions
- Create partnerships and buy-in
 - Custodians: cluttered classrooms are a challenge to effectively clean
 - PE Teachers: lack of asthma control limits students'
 - School Nurses: want to eliminate frequent repeat visits
 - Administrators: classroom triggers lead to more inclinic time/ less classroom time, impacts student performance
- Acknowledge this BIG challenge: teachers feel classroom environment is their domain



Parkview Health Comprehensive Asthma Education and Care Navigation

Connie Kerrigan, RN, BSN

Community Nursing and Women's Services

Manager

Our Challenge



Addressing the needs we encounter during care navigation and home visits.



Lessons Learne



- Have a good understanding of community resources
 - Food Banks
 - Transportation
 - FQHCs
- Know who to ask when you don't have an answer
 - Medication needs for numerous chronic health conditions
- Leverage organizational and community resources to maximize impact
 - Community Collaboration Burmese Care Navigation



Greenville Health System's Children's Hospital Center for Pediatric Medicine Asthma Action Team

Cheryl Kimble, RRT-NPS, AE-C



Our Challenge

Getting patients to follow their prescribed plan.





Lessons Learned

- Non-adherence may be non-intentional life gets in the way
- Non-adherence may be intentional biases, myths
- Cost of medication can be a burden lapse of insurance; co-pays with other insurance; self-pay
- Many patients and caregivers and health care professionals – cannot visually identify asthma medications
- Use a consistent educational message throughout the continuum of care

Open Forum

- What did you hear?
- What was your reaction?

What do you want to understand

better to get into action?



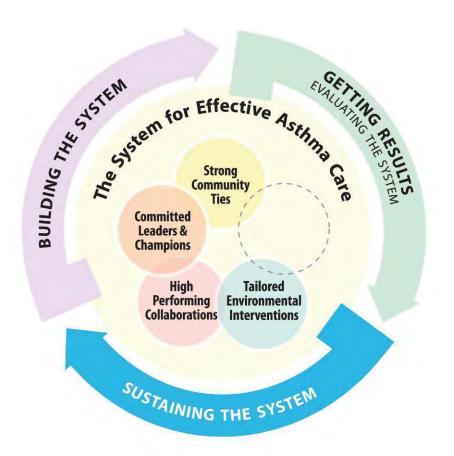




15th Annual ACCP Community Asthma Coalitions Symposium

Interventions to Improve Health Care Providers' Adherence to Guidelines: AHRQ Report

Sande Okelo, MD, PhD



Integrated Health Care Services

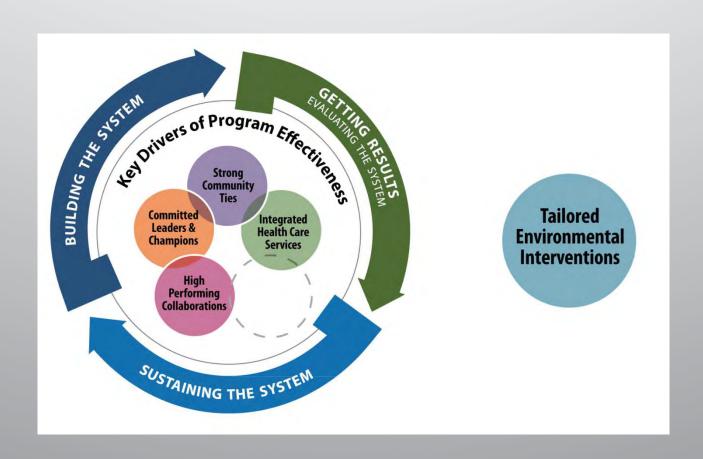


15th Annual ACCP Community Asthma Coalitions Symposium

Coalitions and Innovations in Asthma Management: Healthy Homes/Environmental Interventions

Catherine Baker, AIA

Connecting to the System





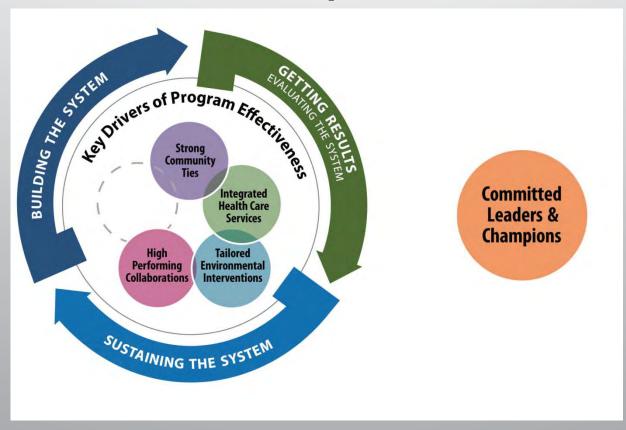


14th Annual ACCP Community Asthma and COPD Coalitions Symposium

Asthma in 2013- Clinical Highlights and Controversies

Jay Peters, MD, FCCP,

Committed Leaders and Champions



Convening Committed Leaders and Champions

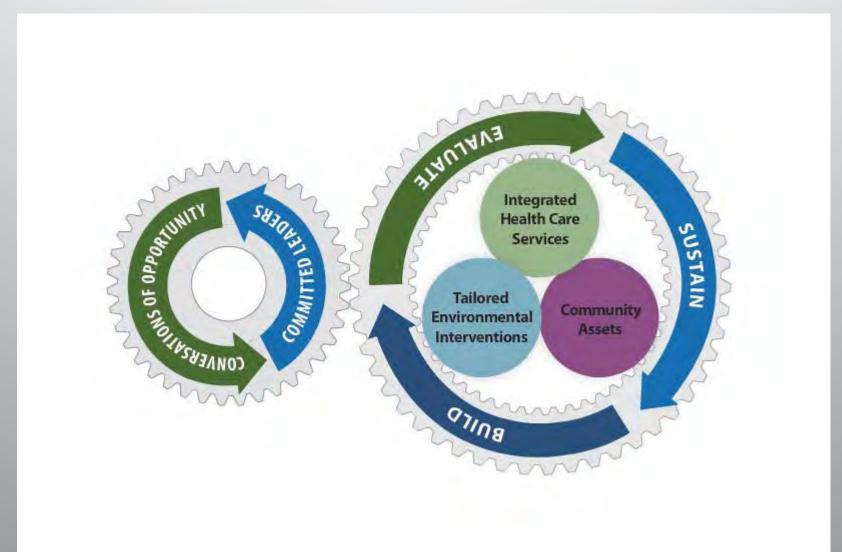
Committed Leaders & Champions

Committed Leaders & Champions

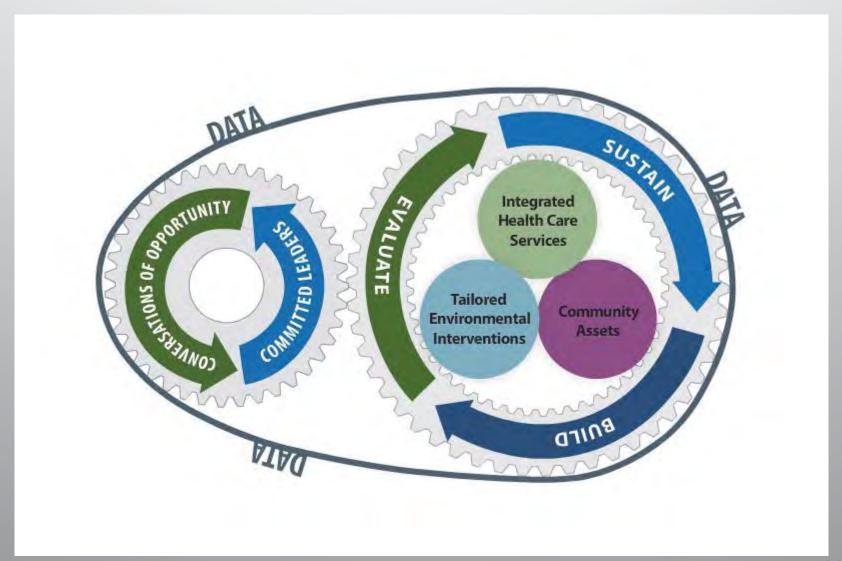








Connecting to the System





15th Annual ACCP Community Asthma Coalitions Symposium

Coalitions and Innovations in Asthma Management: Community Health Workers

James Krieger, MD

Connecting to the System







15th Annual ACCP Community Asthma Coalitions Symposium

Coalitions and Innovations in Asthma Management: Evaluation from the Illinois Asthma Partnership

Nancy Amerson





15th Annual ACCP Community Asthma Coalitions Symposium

Poster Session





15th Annual ACCP Community Asthma Coalitions Symposium

Welcome to Day 2

The "What" of the Symposium

- Construct Management Tools that Build, Sustain and Spread Your Unique Program Assets
- Connect to a Resource Rich Campaign and Network
- Develop and Practice a Leadership Narrative to Convene Partners and Stakeholders



Questions to Run On

- Who does my Program Serve/What is my Population of Service?
- What does my program do really well?
- What do I need to keep my program going?
- Who else in my community delivers really good asthma care?

My Program's Strategic Plan

Mission Goals Objectives Tasks

Sharing Our Wisdom

"Community is a locus of healing, not the hospital or the clinic."

"Patients cannot see outside their pain, we cannot see in, relationship is the only bridge between"

Dr. David Loxtercamp, author of "A Measure of My Days: The Journal of a Country Doctor."





15th Annual ACCP Community Asthma Coalitions Symposium

Coalitions Then and Now

Constructing Coalitions



Coalitions Then and Now

- Chicago Asthma Consortium
 - Stacy Ignoffo, Chicago, IL CAC
- Regional Asthma Management Program
 - Anne Kelsey, MPH, San Francisco, CA
- New York Citywide Asthma Initiative
 - Jean Sale-Shaw, MSN, MPH, BSN, AE-C, New York, NY

Then and Now Panel Discussion

- What do you offer your target population now that is different than when you started?
- How have your evaluation methods evolved throughout the lifetime of your program?
- What kinds of partnerships have you formed to advance your program goals?





15th Annual ACCP Community Asthma Coalitions Symposium

Communities of Practice: Practicing Community to Address Asthma Disparities

Asthma Disparities Action Plan Launches!

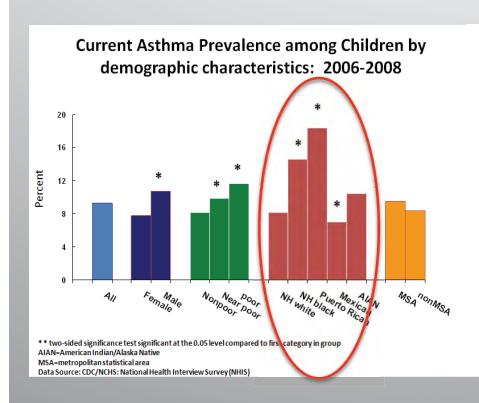


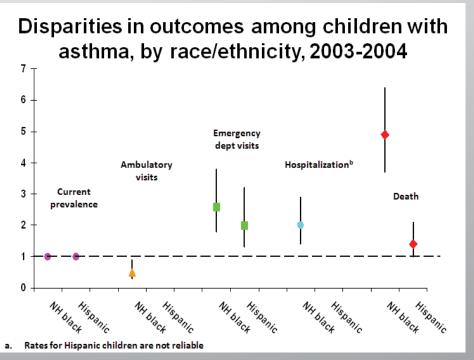
Reducing Asthma Disparities is a Priority

- Childhood asthma is a large public health burden
 - 7.1 million children have asthma
 - Annually, there are:
 - 154, 615 hospitalizations among children
 - 12.8 million school days lost
 - \$57 billion costs (direct and lost productivity) across all ages

Reducing Asthma Disparities is a Priority

Minority children have a greater asthma burden than white children

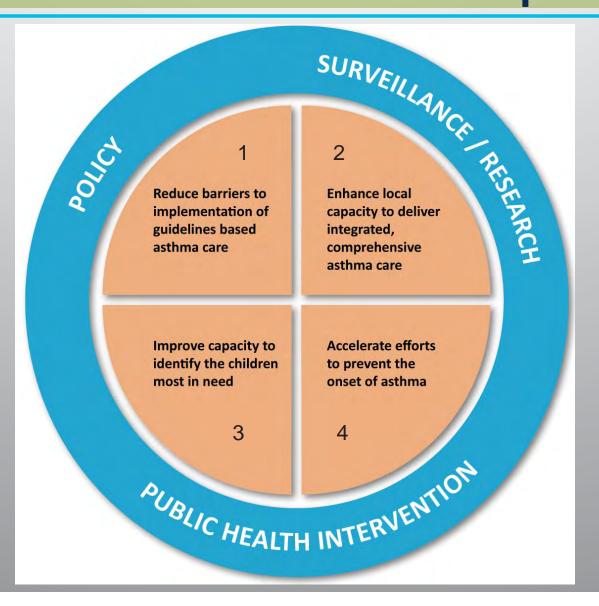




Reducing Asthma Disparities is a Priority

- Federal research, clinical guidelines, and public health education programs have improved asthma control among <u>all</u> children
- But Federal Programs alone are not sufficient:
 - Racial and ethnic disparities persist
 - The causes of disparities are multi-factorial
 - A system wide approach is needed, with interagency coordination and collaboration with community partners

Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities



The System for Delivering High Quality Asthma Care



Federal Action Plan to Reduce Asthma Disparities: Strategy

One

Strategy 1: Reduce barriers to the implementation of Guidelines-based asthma management.

- Explore strategies to expand access to asthma care services
- Coordinate existing federal health care programs in underserved communities
- Reduce environmental exposures in homes
- Implement asthma care services and reduce environmental exposures in schools and childcare settings

President's Task Force on Environmental Health Risks and Safety Risks to Children



Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities

Federal Action Plan to Reduce Asthma Disparities: Strategy One

Reduce Barriers to the Implementation of Guidelines-Based Care

Immediate Priority Actions:

- •Improve health care purchasers understanding/coverage of quality asthma care
 - Prepare and disseminate publication "Key Clinical Activities" through NAEPP and CDC
- Integrate patient education and support services with medical care
 - CMS Health Care Innovation Awards include:
 - care teams w/respiratory therapists/asthma educators, social workers, home assessments
 - school health services and tele-health
 - pharmacist collaboration to improve adherence
 - HRSA Patient Safety and Clinical Pharmacy Collaborative:
 - team based medication management for patients with multiple chronic diseases
- Surface and spread sustainable strategies for reimbursement
 - HUD Regional Summits





Federal Action Plan to Reduce Asthma Disparities: Strategy One (cont.) Reduce Barriers to the Implementation of Guidelines-Based

Care

- Disseminate tools from NAEPP National Asthma Control Initiative programs targeting primary care
 - On-line CME and Board Certification tool kits for Family Physicians
 - 1-Hour presentations on practice change for physicians who serve minority patients
 - "Virtual Learning" training programs on spirometry
- Develop and disseminate Administration for Children and Families/EPA Asthma Resource Starter Kit for Early Childhood Care (parents, providers, children) http://eclkc.ohs.acf.hhs.gov/hsic/tta-system/health/



Keeping Airways Open

Federal Action Plan to Reduce Asthma Disparities: Stakeholder Participation

How might Stakeholders advance this effort?

- Example 1: Help clinicians serving minority patients increase use of evidence based care
 - Inhaled corticosteroids achieve asthma control; even children with mild persistent asthma need (Martinez et al Lancet 2011).
 - Yet minority children are less likely to receive them (Crocker D Chest 2009)
 - Physician education on guidelines AND patient communication improves adherence; does not require more visit time (Clark et al Eur Respir J 2000 Jul)
- Stakeholders can examine local medical care coverage issues and target educational messages/tools to key clinicians

Reducing Barriers to Guidelines-Based Care

Reflections:

- What excites you about this work?
- What opportunities do you see for accelerating the adoption of guidelines-based care in community settings?
- What policy level actions might advance this work?

Tell Us About Your Program or Areas of Influence

- How can you/your organization help reduce the barriers to guidelines-based care?
- What tools and resources do you have to share?
- What tools or resources do you need?

Federal Action Plan to Reduce Asthma Disparities

- Strategy 2: Enhance capacity to deliver integrated, comprehensive asthma care to children in communities with racial and ethnic asthma disparities
 - Promote cross-sector partnerships among community based programs
 - Protect children from exposure to air pollution
 - Evaluate models of "empowerment zones"
 - Examine the relative contribution and cost effectiveness of different components of a community asthma care system.

President's Task Force on Environmental Health Risks and Safety Risks to Children



Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities

Federal Action Plan to Reduce Asthma Disparities: Strategy Two

Enhance Capacity to Deliver Integrated, Comprehensive Asthma

Care

- •Integrate asthma with other home visit programs
 - Community Guide recommendation for asthma home visits (http://www.thecommunityguide.org/asthma/multicomponent.html)
 - HUD/ALA programs on smoke free policies for federally assisted subsidized and multi-family housing ("pilots" in Los Angeles, Cleveland, Portland)
- Leverage Weatherization Plus health.org
 for cross-sector coordination
- Conduct research on models for community partnerships to provide integrated care to children most in need



HUD's Healthy Homes Program Smoke-Free Housing



Federal Action Plan to Reduce Asthma Disparities: Strategy Two (cont.)

Enhance Capacity to Deliver Integrated, Comprehensive Asthma
Care

Provide exchange forums and technical assistance to community asthma coalitions

- Symposium at American College of Chest Physician annual meeting: 100 + attendees
- EPA's website <u>www.asthmacommunitynetwork.org</u>
 "real time" exchange of resources, ideas, and sample materials
- CDC State Asthma Control Programs surveillance, partnerships and interventions www.cdc.gov/asthma



Federal Action Plan to Reduce Asthma Disparities: Stakeholder Participation

How might Stakeholders advance this effort?

- Example 2: Expand medical care teams to include educators/ counselors/, home visits, community health workers (CHW)
 - Home visits address environmental triggers and patient skills/barriers to adherence (Crocker D, Amer J Preventive Med 2011)
 - Lay CHWs -home visits are effective (as effective as nurses: Partridge MR Thorax 2008 Sep) (integrated into team: Krieger J Amer J Preventive Med 2011)
- Stakeholders can target clinics to assist with building business case for home visits, training and technical assistance for CHWs
 - Seton Family of Hospitals in Texas (Conti S)
 - NHLBI training program for Latino lay health workers



Enhance Community Capacity to Deliver Integrated, Comprehensive Asthma Care

- Reflections:
 - What excites you about this work?
 - What near term actions would you suggest that community programs take in order to develop or strengthen a system-wide approach to asthma care?
 - What policy level actions might accelerate this work?

Tell Us About Your Program or Areas of Influence

- What near term actions can you take to support integrated, comprehensive asthma care in the community you serve?
- What tools, resources, strategies for success can you share?
- What tools or resources do you need to expand and strengthen your community care system?





15th Annual ACCP Community Asthma Coalitions Symposium

Leaving in Action

Value Proposition Script

EXERCISE#5 My Value Proposition St	tatement	
For S(MY COSTS) my program w	ill improve asthma outcomes
for	(MY F	POPULATION OF FOCUS) by
achieving		
and		MY IMPACTS & OUTCOMES).
My community will benefit from my work in terms	of (MY UNIQUE VALUE FO	R THIS AUDIENCE)
For \$250,000, Ashma Care in Action will improve patients we serve by reducing adverse ashma ev of effectively self-managing their ashma, and red triggers in their homes. We estimate our work will	ents by 50%, doubling the ucing children's exposures	number of families capable to environmental asthma
patients we serve by reducing adverse asthma ev of effectively self-managing their asthma, and red triggers in their homes. We estimate our work will system through 50% fewer ER visits.	ents by 50%, doubling the ucing children's exposures	number of families capable to environmental asthma
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Completing Our Work

- Write Your Value PropositionLeadership Story
- Say It Out Loud
- Be Showered with Encouragement!

Making the Pitch

"For <u>\$</u> pe	er
year (MY COSTS) we will dramatically improv	'e
asthma outcomes for	
(MY	
POPULATION OF FOCUS) by achieving	
,, , and	
, and	
(MY HIGH VALUE OUTCOMES)."	,





Welcome to the new AsthmaCommunityNetwork.org!

Dave Rowson 7 Jun 2010 - 11:00am

Action plans help

Jav M Portnov 7 May 2010 - 6:32pm

more from the blog >

What are the key elements to bringing asthma under control?:

Funding

Weekly Poll

3 comments

1 comments

National Asthma Forum

epaBrandy 7 Apr 2010 - 4:06pm

post to the forum

- Community Partnerships
- Comprehensive Asthma Management

vote >

Keys to Success

Request a Mentor – Find support and guidance from an AsthmaCommunityNetwork.org mentor. Learn how other programs have successfully overcome similar challenges.

Program Spotlight

WIN for Asthma – Learn how bilingual community health workers offer family-focused asthma education, address household triggers, and link families to clinical and social resources.

5/25/10

Interactive Asthma Action Plan (iAAP)

5/24/10

Interactive Asthma Action Plan (iAAP)

more resources > dd your resource >



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