A Comprehensive Plan to Improve Asthma Management in the Anacostia Community of Washington, DC

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APHA 135th Annual Meeting and Expo
Washington DC
November 6, 2007

Acknowledgements

- Picower Foundation
- Children' Health Fund
- IMPACT- DC
- DC Department of Health Control Asthma Now Steering Committee
- National Capital Asthma Coalition

Goals and Objectives

- At the end of this presentation, participants will
  - Better understand the extent of asthma prevalence and morbidity outcomes in the inner city of Washington, DC
  - Learn about a community-wide strategy to address these health disparities
  - Better understand how policy change can affect health outcomes

Why D.C.?

- An estimated 32,000 DC residents have a diagnosis of asthma, of whom 10,000 are children under the age of 18
- In 1995-2000, 92 DC residents died of asthma, including 12 children
- Asthma mortality rates highest in Wards 6, 7, 8 (Anacostia)

Why DC?

- Nationally, nearly 1 in 11 (8.9%) children currently had asthma in 2005.[1]
- In DC, more than 1 in 10 children (11.8%) currently had asthma in 2003.[2]
- In some DC schools, at least 1 in 6 children (>16%) have asthma.
- Asthma is uncontrolled in 85% of inner-city children with asthma.[3]
- DC hospitals recorded over 7,000 ED visits and more than 1,000 hospital admissions for pediatric asthma in 2005.[4]

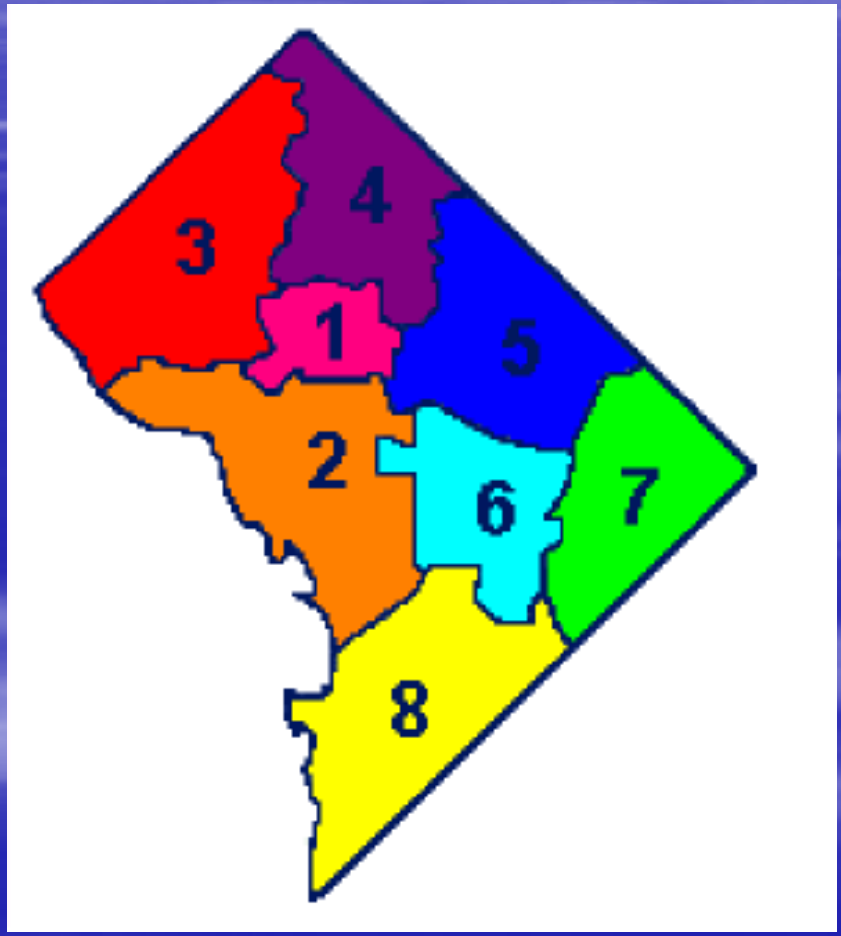
[1] Akinbami LJ. The State of childhood asthma, United States, 1980–2005. Advance data from vital and health statistics; no 381, Hyattsville, MD: National Center for Health Statistics. 2006.

[2] American Lung Association. Trends in asthma morbidity and mortality. August 2007.

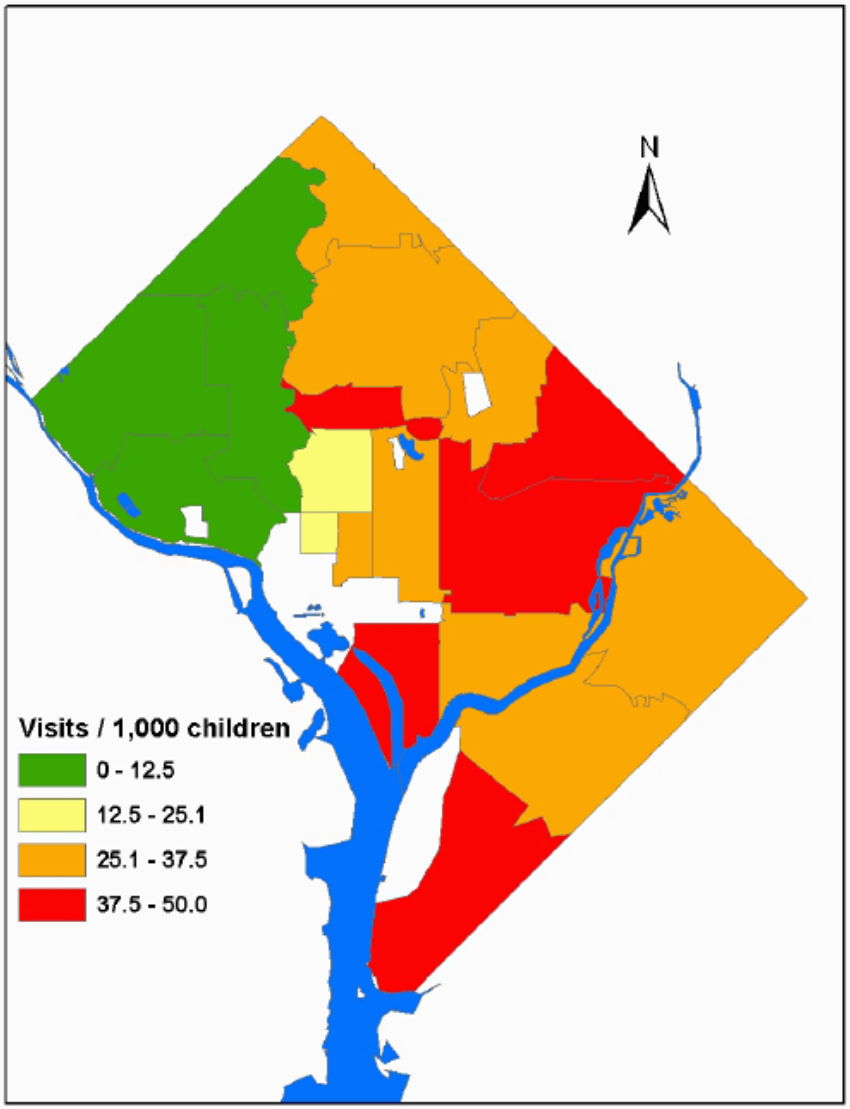
[3] Vargas PA, et al. Symptom profile and asthma control in school-age children. Ann Allergy Asthma Immunol 2006;96:787-793.

[4] Teach SJ, Quint D. Asthma surveillance in DC emergency departments. Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC), Children's National Medical Center. www.impact-dc.org/Surveillance.pdf. DC, MD, and VA zip codes.

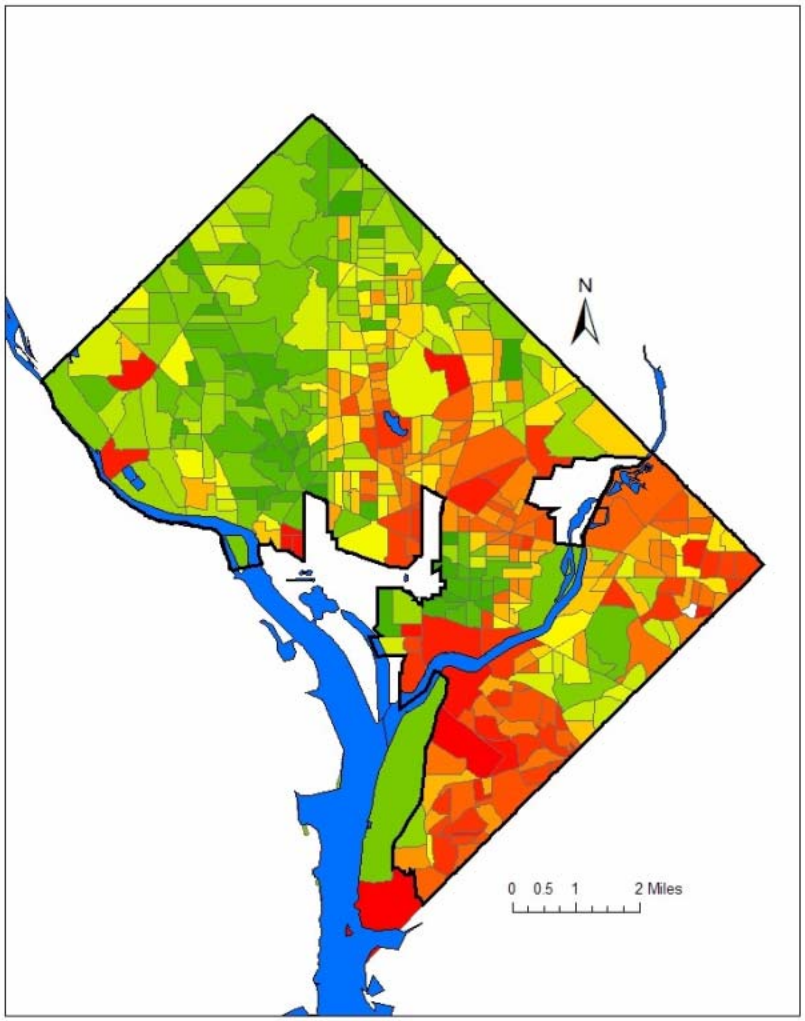
DC- Wards



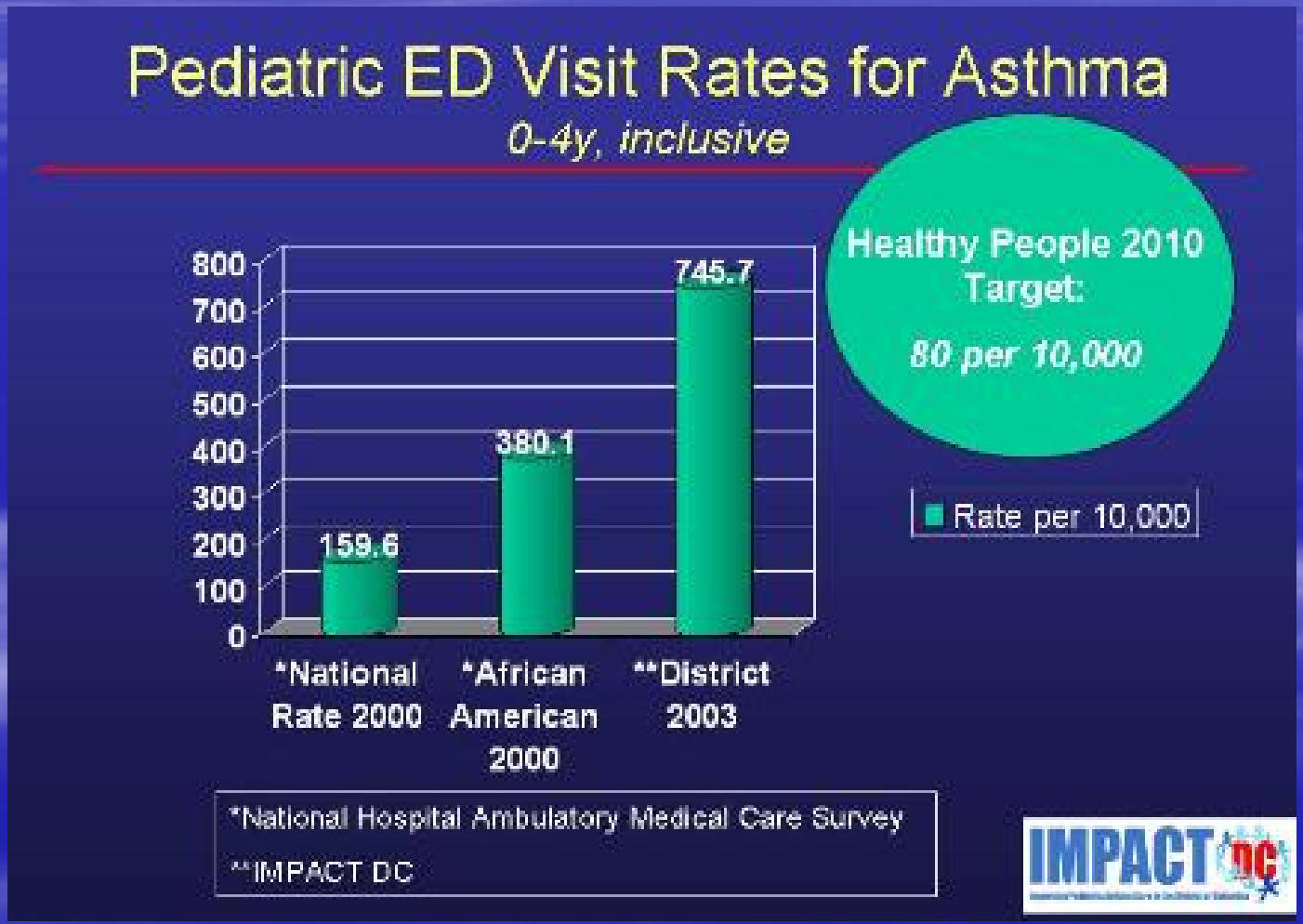
Visits by zip codes, 2002



Poverty in DC, 2000

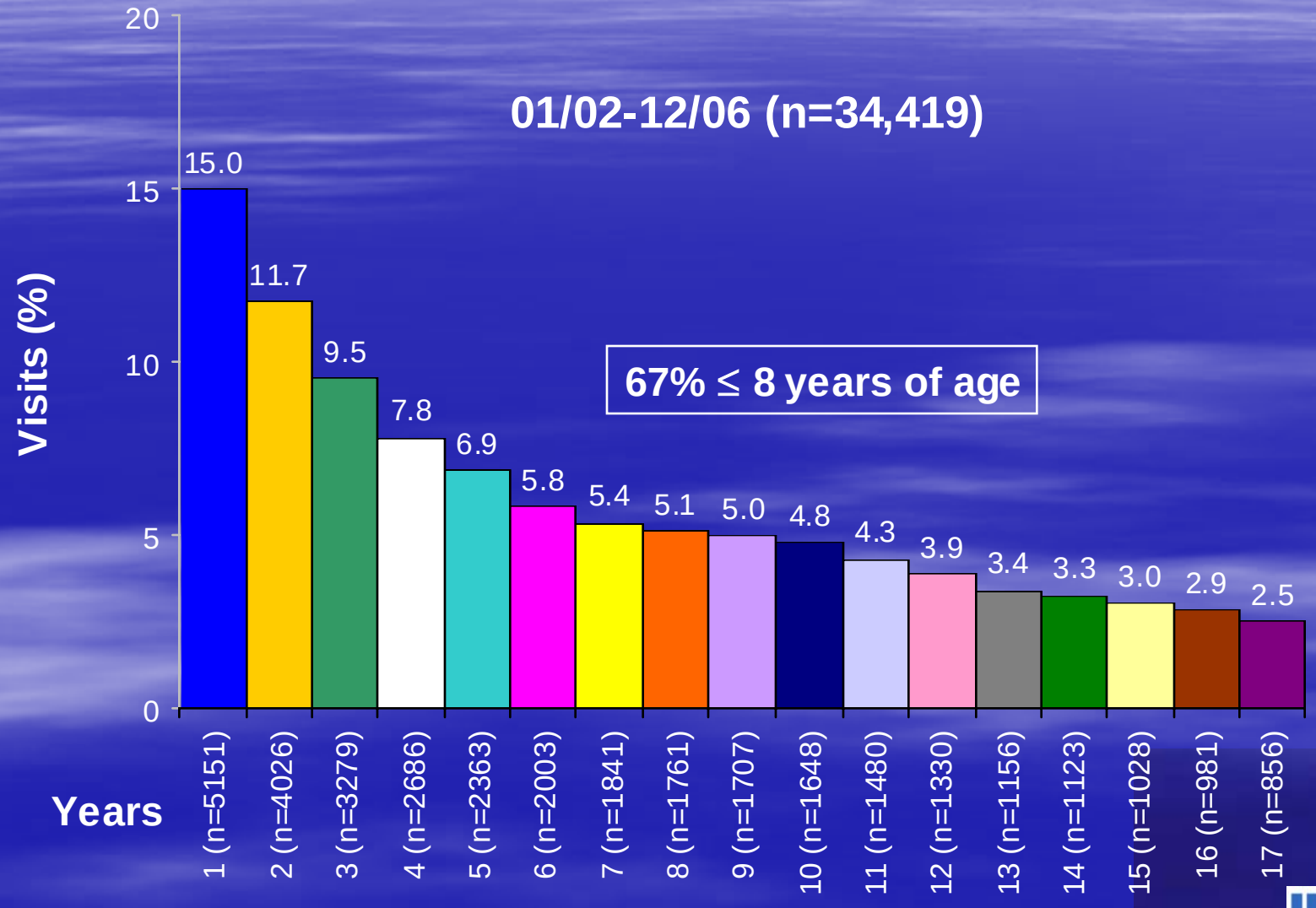


DC Pediatric Asthma ED Visits Much Higher than National & Target Rates



Pediatric Age Distribution

DC/MD/VA Zip Codes, Ages 12 mo-17 y



Pediatric ED Visits by DC Hospital

DC/MD/VA Zip Codes, Ages 12 mo-17 y

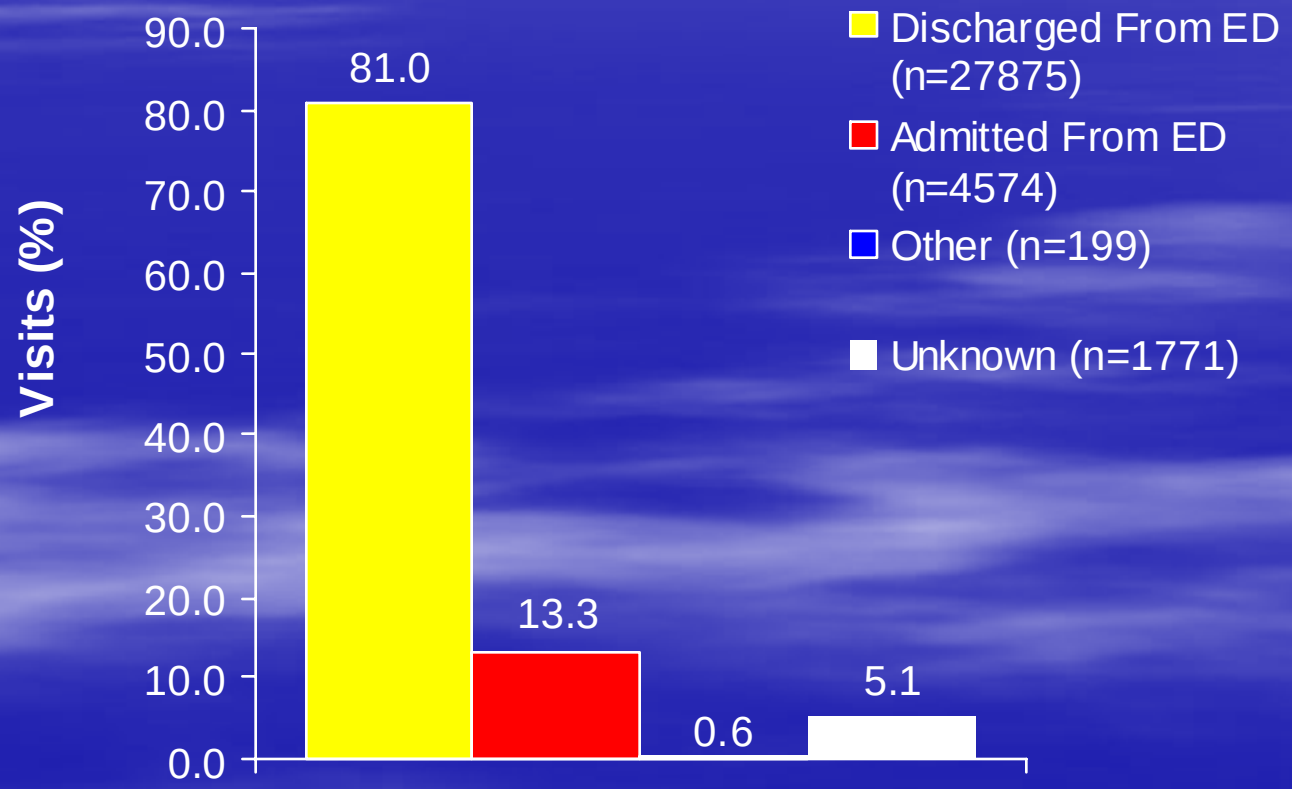
01/02-12/06 (n=34,419)

Site	# of Visits	% of Visits
Children's	28,658	83.3
Greater Southeast	2,117	6.2
Georgetown	1,448	4.2
Howard	1,195	3.5
Providence	317	0.9
Sibley Memorial	255	0.7
George Washington	220	0.6
DC General	130	0.4
Washington Hospital	79	0.2

Pediatric Disposition

DC/MD/VA Zip Codes, Ages 12 mo-17 y

01/02-12/06 (n=34,419)



The Continuing Problem

- Asthma continues to be a chronic disease that is not well managed and requires not only strict clinical attention, but also grassroots education and advocacy at the parent, teacher, provider and legislative level

Practice Based Initiative

The goals of the childhood asthma initiative are to:

- Reduce asthma morbidity among the medically underserved and raise public awareness about the childhood asthma epidemic
- Improve the quality of life of children with asthma and their families by initiating a comprehensive program that will decrease ED visits, hospitalizations, and missed school days

City Wide Initiative

Addressing Asthma From A Public Health Perspective

In 2001, the District of Columbia became one of 22 States to receive funding from the Centers for Disease Control and Prevention to develop an Asthma Control Program. The CDC funding enabled the DC Department of Health to create DC Control Asthma Now (DC CAN).

DC CAN GOALS

- To develop a citywide asthma surveillance system
- To develop a viable, comprehensive, community based, consumer-centered Strategic Plan to address the District's asthma epidemic
- To improve asthma prevention, diagnosis and management through identification and use of best practices
- To implement evidence-based asthma interventions

The Subcommittees

- Health Education Committee
- Environmental and Occupational Health
- *Health Services and Quality Assurance*
- Surveillance, Epidemiology, and Data Collection
- Policy, Planning and Resource Development

Health Services and Quality Assurance Subcommittee

- Promote utilization of NIH National Guidelines for asthma management
- Identify and eliminate barriers and gaps in the delivery of asthma care services

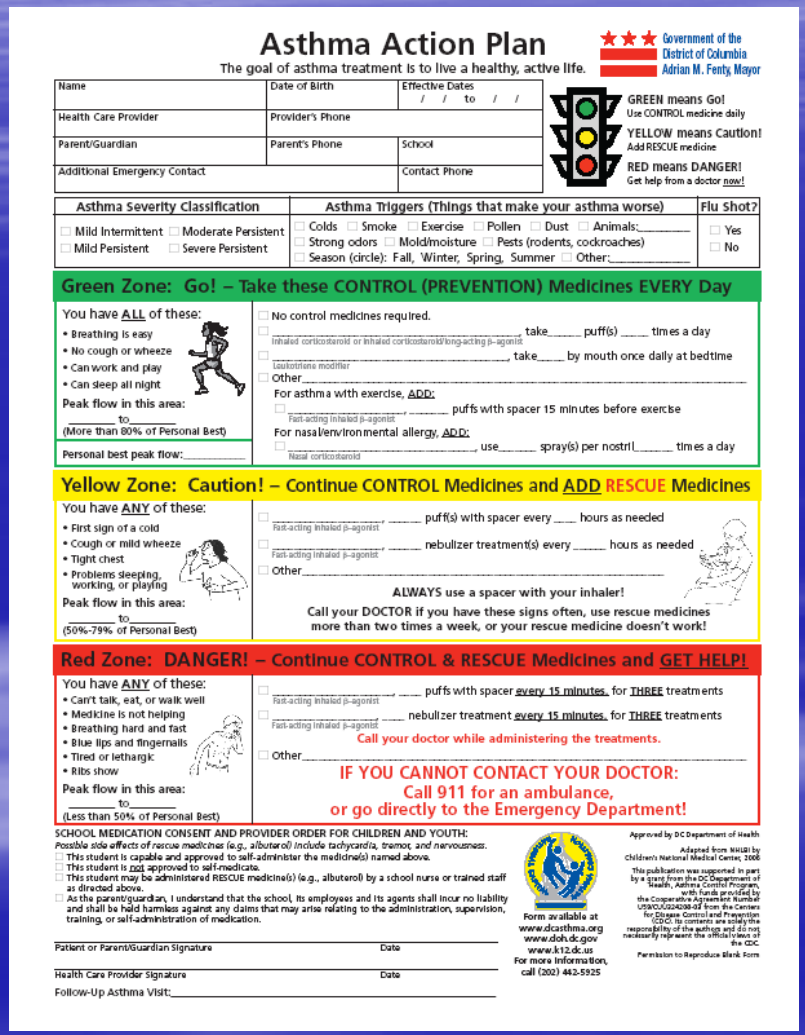
National Capital Asthma Coalition[1]

- Spearheaded Student Access to Treatment Emergency Act of 2007 that allows DC students to possess and self-administer asthma and anaphylaxis medication in schools as collaborative effort with DC Public Schools (DCPS), DC Department of Health (DOH), Allergy & Asthma Network Mothers of Asthmatics, and medical & community groups.
- Developed new Asthma Action Plan form with DOH, DCPS, CNMC, and other hospitals, MCOs, and health centers.
- Published *Managing Asthma and Allergies in DC Schools* (www.dcasthma.org) and conducted trainings for 172 DC school principals and staff on October 18 & 19, 2007.[2]
- Trained 255 physicians and school nurses in asthma mgmt.
- Conducted asthma/environmental home visiting program.

[1] NCAC is an independent 501(c)(3) nonprofit alliance of more than 70 organizations and 300 individuals.

[2] This program is sponsored wholly, or in part, by Government of the District of Columbia, Department of Health, Maternal and Primary Care Administration, Preventive Health and Health Services Block Grant Program and District of Columbia Control Asthma Now (DC CAN) Program, and the National Capital Asthma Coalition.

Asthma Action Plan



Asthma Action Plan

The goal of asthma treatment is to live a healthy, active life.

Government of the District of Columbia
Adrian M. Fenty, Mayor

Name	Date of Birth	Effective Dates / / to / /
Health Care Provider	Provider's Phone	
Parent/Guardian	Parent's Phone	School
Additional Emergency Contact		Contact Phone

GREEN means Go! Use CONTROL medicine daily
YELLOW means Caution! Add RESCUE medicine
RED means DANGER! Get help from a doctor now!

Asthma Severity Classification	Asthma Triggers (Things that make your asthma worse)	Flu Shot?
☐ Mild Intermittent ☐ Moderate Persistent ☐ Mild Persistent ☐ Severe Persistent	☐ Colds ☐ Smoke ☐ Exercise ☐ Pollen ☐ Dust ☐ Animals:_____ ☐ Strong odors ☐ Mold/moisture ☐ Pests (rodents, cockroaches) ☐ Season (circle): Fall, Winter, Spring, Summer ☐ Other:_____	☐ Yes ☐ No

Green Zone: Go! – Take these CONTROL (PREVENTION) Medicines EVERY Day

You have ALL of these:
- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

Peak flow in this area: _____ to _____ (More than 80% of Personal Best)

Personal best peak flow:_____

☐ No control medicines required.
☐ _____ (Inhaled corticosteroid or inhaled corticosteroid/long-acting β-agonist), take_____ puff(s) _____ times a day
☐ _____ (Leukotriene modifier), take_____ by mouth once daily at bedtime
☐ Other_____
For asthma with exercise, ADD:
☐ _____ (Fast-acting inhaled β-agonist), _____ puffs with spacer 15 minutes before exercise
For nasal/environmental allergy, ADD:
☐ _____ (Nasal corticosteroid), use_____ spray(s) per nostril_____ times a day

Yellow Zone: Caution! – Continue CONTROL Medicines and ADD RESCUE Medicines

You have ANY of these:
- First sign of a cold
- Cough or mild wheeze
- Tight chest
- Problems sleeping, working, or playing

Peak flow in this area: _____ to _____ (50%-79% of Personal Best)

☐ _____ (Fast-acting inhaled β-agonist), _____ puff(s) with spacer every _____ hours as needed
☐ _____ (Fast-acting inhaled β-agonist), _____ nebulizer treatment(s) every _____ hours as needed
☐ Other_____

ALWAYS use a spacer with your inhaler!

Call your DOCTOR if you have these signs often, use rescue medicines more than two times a week, or your rescue medicine doesn't work!

Red Zone: DANGER! – Continue CONTROL & RESCUE Medicines and GET HELP!

You have ANY of these:
- Can't talk, eat, or walk well
- Medicine is not helping
- Breathing hard and fast
- Blue lips and fingernails
- Tired or lethargic
- Ribs show

Peak flow in this area: _____ to _____ (Less than 50% of Personal Best)

☐ _____ (Fast-acting inhaled β-agonist), _____ puffs with spacer every 15 minutes, for THREE treatments
☐ _____ (Fast-acting inhaled β-agonist), _____ nebulizer treatment every 15 minutes, for THREE treatments

Call your doctor while administering the treatments.

☐ Other_____

IF YOU CANNOT CONTACT YOUR DOCTOR:
Call 911 for an ambulance,
or go directly to the Emergency Department!

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN AND YOUTH:

Possible side effects of rescue medicines (e.g., albuterol) include tachycardia, tremor, and nervousness.

☐ This student is capable and approved to self-administer the medicine(s) named above.
☐ This student is not approved to self-medicate.
☐ This student may be administered RESCUE medicine(s) (e.g., albuterol) by a school nurse or trained staff as directed above.
☐ As the parent/guardian, I understand that the school, its employees and its agents shall incur no liability and shall be held harmless against any claims that may arise relating to the administration, supervision, training, or self-administration of medication.

Patient or Parent/Guardian Signature _____ Date _____

Health Care Provider Signature _____ Date _____

Follow-Up Asthma Visit:_____

Form available at www.dcasthma.org www.doh.dc.gov www.k12.dc.us
For more information, call (202) 442-5925

Approved by DC Department of Health

Adapted from NHLBI by Children's National Medical Center, 2008

This publication was supported in part by a grant from the DC Department of Health, Asthma Control Program, with funds provided by the Cooperative Agreement Number U59/CCU024208-02 from the Centers for Disease Control and Prevention, CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

- Standard asthma action plan to be utilized city wide
- Check-off boxes allow student self-medication and/or administration by school nurse or trained staff.
- NIH asthma management guidelines and common long-term medications summarized on M.D. copy.
- Download English, Spanish, & editable electronic versions at www.dcasthma.org.

Student Access to Treatment
Emergency and Temporary Act of 2007

To permit a student with a diagnosis of asthma or anaphylaxis to possess and self-administer inhaled asthma medications or auto-injectable epinephrine while on school property, at school-sponsored activities, or in transit to or from school or school-sponsored activities; to require schools to maintain spare medication; and to prohibit the misuse of asthma medications or auto-injectable epinephrine while on school property, at school-sponsored activities, or in transit to or from school or school-sponsored activities.

- Signed as emergency law by Mayor Adrian M. Fenty on 7/26/07
- Identical temporary legislation passed by DC Council, signed into law on 10/3/07, and transmitted to Congress for review.
- Final permanent legislation anticipated in 2007 with regulations to be issued by the Mayor through DC Department of Health.