

Asthma in Michigan - A Blueprint for Action

*Recommendations of the
Michigan Asthma Strategic Planning Initiative Task Force*

Executive Summary

May 2001

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Dear Colleague:

It is with pleasure that I join the Michigan Asthma Strategic Planning Initiative Task Force in presenting this report, *Asthma in Michigan -- A Blueprint for Action*, to the citizens of Michigan. This report responds to our increasing concern over the past several years as the numbers of people with asthma, especially children, have grown rapidly. This has been true not only in Michigan, but across the United States, and indeed, throughout much of the industrialized world.

We are well aware of the fact that asthma places a heavy burden on those who have the disease, as well as on those around them. It exacts a disproportionately high toll in the black community.

Asthma is one of the leading causes of preventable hospitalizations among residents and one of the leading causes of school absences in Michigan. We estimate that we spend more than \$10 million a year in Michigan on hospitalizations for childhood asthma alone.

The recommendations in this report represent a broad public health approach to this significant health issue. They are designed to: increase the public's awareness about the seriousness of this disease; establish a blueprint to improve the quality of health care available to persons with asthma in Michigan; and ensure that persons with asthma have access to the patient education necessary to manage their own care.

We need to learn more about the prevalence and burden of asthma so we can better target our efforts and evaluate their impact. We will use our knowledge of today and our findings of tomorrow to do all we can to control this serious disease and to lessen its impact on our citizens.

I want to extend my sincere appreciation to the task force leadership and members for the many hours they worked together to develop this blueprint for action. We in the department look forward to continuing to work together with task force members, local coalitions, health care providers, persons with asthma, and others to ensure the residents of our state a future bright with promise for the control and eventual prevention of asthma.

Cordially,

James K. Haveman, Jr.

Introduction:

This Executive Summary provides a brief synopsis of the recommendations of the Michigan Asthma Strategic Planning Initiative's report "Asthma in Michigan – A Blueprint for Action." The Michigan Asthma Strategic Planning Initiative (MASPI) brought together a diverse group of asthma experts from throughout the state to develop a strategic plan for reducing the burden of asthma in Michigan. The full report identifies and describes issues that affect people with asthma and effective management of the disease, as well as achievable actions to improve asthma outcomes for people in the state of Michigan.

Asthma is a chronic inflammatory disease of the lungs that can be controlled with proper management (NHLBI 1997). Asthma is one of the most common chronic medical conditions, resulting in over 10,000 hospitalizations in Michigan each year. Hospitalization and mortality from asthma impact blacks more than whites. Asthma is also the most common chronic disease affecting children – in every classroom of 30 children, at least 2 will have asthma.

As of yet, there is no cure for asthma, but recent advances in the understanding of the disease have led to the development of protocols to control the inflammatory condition associated with asthma and, thus, enable persons with the disease to enjoy a good quality of life. Proper treatment is extremely important, even for those individuals who may not experience acute attacks of asthma. High quality disease management for asthma includes four components: objective measures of lung function for diagnosis of and monitoring the management of asthma; comprehensive long-term pharmacological therapy that will reverse and prevent airway inflammation, as well as control exacerbations; control and elimination of environmental factors that aggravate asthma; and the development of a partnership between the patient, his or her family, and members of the health care team.

Although Michigan's response to asthma has been considerable, it has been apparent that statewide coordination would enable stakeholders to address common issues by collaboratively defining goals, objectives and strategies. To that end, the Michigan Department of Community Health (MDCH) in partnership with the Michigan Public Health Institute (MPHI), launched the Michigan Asthma Strategic Planning Initiative.

Plan Approach:

The Michigan Asthma Strategic Planning Initiative Task Force was made up of 125 representatives from public and private agencies and organizations, with expertise in clinical care, education, environmental quality, and surveillance (see pages 6-10). The MASPI Task Force met during the spring and summer of 2000 to develop recommendations to:

1. Improve quality, access, and coordination of asthma care and asthma-related professional education.
2. Identify and address issues pertaining to asthma education in Michigan.
3. Assist people with asthma to control their exposure to environmental triggers.
4. Improve the collection, analysis, and dissemination of asthma data.

The MASPI Task Force Co-Chairs, Dr. Noreen M. Clark and Dr. B. David Wilson, and a 15 member Executive Committee guided the development of these recommendations.

Asthma in Michigan -- A Blueprint for Action is the result of countless hours of work by the members of the individual subcommittees, the Executive Committee, and MASPI staff. The recommendations that are summarized in the following pages draw upon the collective knowledge of these experts and set forth a clear direction for public and private action to lessen the impact of asthma on our State's residents.

Summary of MASPI Recommendations:

A comprehensive approach to asthma management requires a concerted effort on the part of multiple parties, including those directly or indirectly affected by the disease. While patient self-management lies at the center of asthma control efforts, some aspects of asthma control require action beyond the individual patient and his or her family. Thus, effective interventions must occur at multiple levels and settings. For this reason, MASPI recommendations were divided into five subject areas pertaining to Foundation for Michigan Asthma Activities; Training for Clinical Diagnosis, Disease Management, and Education Services; Access to and Coordination of Health Care and Education Services; Environmental Action; and Community Action.

Foundation for Michigan Asthma Activities

Michigan's committed state agencies and community-based organizations form a strong foundation for addressing asthma. In order to strengthen that foundation, the MASPI Task Force recommended that:

- MDCH continue to collaborate with the Michigan asthma community by convening an Asthma Advisory Committee to provide facilitation for the implementation of the MASPI recommendations and to provide advice to future Michigan asthma control and education efforts.
- MDCH should continue to provide chronic disease program support and capacity in asthma surveillance and environmental epidemiology.
- Local asthma coalitions and community-based organizations should continue to provide leadership in local partnerships and collaborations, as well as develop new coalitions and linkages throughout Michigan.
- The asthma community should build on existing networks of communication to provide centralized mechanisms for disseminating quality clinical, educational, and public awareness information; to link individuals to local, state, and federal resources; to disseminate aggregate surveillance and epidemiological data; and to publicize asthma activities and events.

- Existing asthma data sources (mortality, hospitalization, and prevalence) should be improved, including identification of preventable risk factors for mortality, exploration of the usefulness of Medicaid data, analysis of data for local communities, and improvements in access to data, findings and collection instruments. In addition, additional data sources to monitor asthma morbidity should be accessed, including a voluntary mechanism for data collection in emergency department and school settings.

Training for Clinical Diagnosis, Disease Management and Education Services

Asthma is a complex disease characterized by various triggers, gradations of severity, and multiple treatment options. Due to the complexity of the disease, health care providers must be well equipped with the knowledge and skills to accurately diagnose, treat, and educate their patients on how to manage their condition. A central component of routine asthma care is patient education, which should begin at the time of diagnosis and be integrated into every step of care. Given these issues, the MASPI Task Force recommended that:

- An ad hoc work-group should be formed to improve the consistency in diagnosis and treatment of asthma by promoting the use of the most current standard of care, through regionally-based networks of education activities.
- An Asthma Provider Tool Kit should be developed, updated yearly, and distributed to appropriate primary and specialty care providers in order to increase the information available to health care professionals and persons with asthma.
- Professionals providing asthma education services possess core competencies and adequate qualifications to deliver asthma education program components within the appropriate provider scope of practice.

Access to and Coordination of Health Care and Education Services

Persons with asthma require ready access to appropriate primary and specialty asthma care, education services, and necessary medications and devices for effective asthma management. In addition, effective asthma management calls for a multidisciplinary approach that requires careful coordination among providers to ensure consistent and comprehensive care. Unfortunately, many people with asthma lack access to the care and educational services they need due to a variety of social and economic reasons. Furthermore, these services need to be efficiently coordinated in order to effectively control asthma. To meet these needs, the MASPI Task Force recommended that:

- The MDCH Asthma Advisory Committee should consider convening an ad hoc financial group to gather existing information on the cost-benefit and cost-effectiveness of several asthma management strategies. The group could explore the current picture of insurance coverages for adults and children with asthma, including the availability of asthma medications and devices, follow-up visits, and asthma education services; as well as the availability of housing repairs, housing option services, and value-added tools and support

(e.g., smoking cessation tools and programs).

- Access to culturally acceptable diagnosis, treatment, and education services should be improved to eliminate regional racial, ethnic, and socio-economic disparities in asthma morbidity and mortality.
- Access to primary and specialty care services, education for asthma control, and other services necessary to achieve and maintain optimal asthma control should be assured.
- Multi-disciplinary coordinating strategies and materials to improve effective asthma management across care settings need to be developed, including complementary integrated education and support services.
- Asthma education efforts should be improved by adapting existing programs and materials for asthma to be consistent with accepted guidelines and standards, tailored to specific populations, and available in a variety of settings.

Environmental Action

As asthma exacerbations can be triggered by environmental allergens and irritants found in both indoor and outdoor environments (e.g., dust, cockroaches, pet dander, smoke, and some chemicals), persons with asthma need to eliminate or avoid exposure to these allergens in order to control their disease. Allergen avoidance is not always an individual level activity, but can require more systematic approaches in order to monitor the presence of triggers, understand their impact, and develop effective interventions.

The MASPI Task Force recommended that environmental quality related to asthma in the areas of indoor air quality (IAQ), environmental tobacco smoke, occupational settings, and outdoor air quality should be improved by the following:

- Pertinent IAQ information should be disseminated to appropriate people so they may employ appropriate measures to assess indoor contaminants that can cause or exacerbate asthma symptoms. This may be accomplished by promoting best practice programs to educate interested renters, homeowners, homebuyers, schools, parents, workers, and employers.
- Voluntary implementation of IAQ assessment in interested public and private schools in Michigan should be encouraged through a statewide outreach campaign highlighting the importance of good air quality to student performance. In addition, the effectiveness of indoor air quality assessment and abatement programs should be assessed and information on best practices should be disseminated to interested school districts.
- MDCH should continue to educate persons with asthma, parents, professionals and the public about the relationships between asthma and environmental tobacco smoke. Effective smoking cessation programs should be identified and promoted aggressively to parents, other

adults, and students to help reduce the exposure of children to environmental tobacco smoke in the home.

- Workplace asthma education efforts should be evaluated and enhanced to ensure adequate protection from the development of work-related asthma and exacerbations of existing asthma.
- The effectiveness of existing Ozone Action and state regulatory programs should be improved as resources become available by encouraging implementation of current and new programs to stimulate significant emission reductions of ozone forming compounds. In addition, the timeliness, targeting, and coordination of outreach efforts, such as Ozone Action programs, should be improved to ensure that people with asthma are aware of outdoor air quality problems that may affect their asthma. Finally, development and distribution of lawn care and vehicle care tips to decrease the emissions from motorized equipment should be encouraged.
- The current MDEQ Michigan Air Sampling Network should be expanded in areas with elevated asthma rates, as resources become available. In addition, the impact of hazardous air pollutants and toxic air contaminants on asthma should be explored through ambient air monitoring.

Community Action

Some aspects of asthma control require attention beyond the individual patient, their family, and health care provider. Successful efforts to control asthma rely on educating all sectors of the community and enlisting their help in the management of asthma among residents. General public awareness is key to controlling asthma through public action to reduce the level of triggers inside and outside the home, workplace and school environments and can help to ensure that persons with asthma have the resources they need for their management efforts. With a basic understanding of the signs, symptoms, triggers, and management options for asthma, community members can help people with asthma receive adequate support for effective treatment and control. In particular, schools, from day-care to post-secondary, have a significant role to play in the ongoing management of asthma. For this reason, MASPI recommended that:

- An ad hoc school work group should be convened to build partnerships to develop evidence-based priority strategies for implementation of MASPI school-based recommendations. Furthermore, the work group should address the following issues in interested schools: the availability of IAQ and occupational assessment tools and follow up; the use of asthma management plans in school settings, educational programs for students with asthma, their classmates and staff, and systems to measure the prevalence and impact of asthma.
- A statewide public awareness strategy should be developed and implemented as resources become available to increase public understanding of asthma throughout Michigan communities. Strategies would include a media campaign, promotion and support of asthma

education initiatives for those outside the traditional health care provider network, and dissemination of asthma information through various worksite and community venues.

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