Welcome!

Office for State, Tribal, Local and Territorial Support presents...

CDC Vital Signs Asthma in the United States

May 10, 2011
2:00pm – 3:00pm EST
Agenda

2:00 pm  Welcome & Introductions
Dr. Judy Monroe, Deputy Director CDC, OSTLTS Director, CDC

2:02 pm  Speaker Introductions
Lorine Spencer, RN, BSN, MBA, PhD, Facilitator
Knowledge Management Branch, OSTLTS, CDC

2:04 pm  Vital Signs Overview
Hatice Zahran, MD, MPH
Epidemiologist, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, CDC

2:10 pm  Presentations
Peggy Gaddy, RTT, MBA
Missouri Asthma Program Coordinator
Missouri Asthma Prevention
Charlotte Collins, JD
Vice President of Policy and Programs
Asthma and Allergy Foundation of America

2:30 pm  Q&A and Discussion
Lorine Spencer, RN, BSN, MBA, PhD, Facilitator

2:55 pm  Wrap – up

3:00 pm  End of call
Teleconference to support STLT efforts and build momentum around the monthly release of CDC Vital Signs
Vital Signs: Asthma

Hatice S. Zahran, MD, MPH
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Air Pollution and Respiratory Health Branch,
National Center for Environmental Health, CDC

CDC Vital Signs Teleconference
May 10, 2011
The Burden of Asthma in the United States

- 24.6 million people have asthma
  - 17.5 million adults and 7.1 million children
- 3,447 deaths in 2007
- $56 billion in total annual cost of asthma in 2007
  - Medical expenses
  - Productivity losses (missed school and work days)
  - Premature death
- Medical expenses associated with asthma amounted to $3,259 per person per year during 2002–2007
Prevalence of current asthma was higher among:
- Children than adults
- Boys than girls
- Women than men
- African Americans than whites
- Income below the federal poverty level (FPL)

During 2001–2009, a rising trend in asthma prevalence was observed across all demographic subgroups; however, a greater rise in asthma prevalence was among non-Hispanic
- African-American children
- African-American men
- White women
Disease Characteristics

- **Health outcomes**
  - Asthma attack (53%)
  - Missed ≥1 days of school or work (20%)
  - Emergency Department/Urgent care visits (14%)
  - Fair-poor health (22% versus 9% for those without asthma)

- **Health care access and utilization (89%)**
  - More uninsured persons with asthma than insured could not afford to buy prescription medications (40.3% versus 11.5%)
  - Fewer uninsured persons reported seeing or talking with a primary-care physician (58.8% versus 85.6%) or specialist (19.5% versus 36.9%)

- **Asthma self-management education**
  - Taught to recognize early signs and symptoms of an asthma attack (60%)
  - Taught the appropriate response to an asthma attack (68%)
  - Fewer reported having a written action plan (34%) and taking a class to learn how to manage their asthma (12%)
Conclusion

Asthma is on the rise and the reasons for it are not fully understood.

Self-management of the disease is key for better health outcomes.

Health-care providers and public health officials at the local, state, and national levels should continue to:

- Develop programs that empower persons with asthma to better control and manage their asthma.
- Address gaps in access to care.
- Support preventive measures that can improve asthma health outcomes.
Thank you.

Hatice Zahran, MD, MPH
HZahran@cdc.gov

For more information please contact Centers for Disease Control and Prevention

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Putting Excellent Asthma Care Within Reach

Missouri Asthma Prevention and Control Program
Peggy Gaddy, RRT, MBA
peggy.gaddy@health.mo.gov
(573) 522-2876
Prevalence
- 9.5% MO adults current asthma (2009)
  - up from 7.2% (2000)
- 10.1% MO children current asthma

Disease Severity (Health Service Utilization)
- Highest hospitalization rates: ages 1-4
- Elevated rates until age 14, lower between age 15-44
- Significantly for African-Americans

Rural vs. Urban
- ER visits for children: 41%(rural) v. 59%(urban)
- High hospitalization rates in rural counties

Medicaid (aka, MOHealthNet)
- $1,589 paid per asthmatic (2007)
- 35% receive appropriate long-term medications (children 0-14)
- ↓7.4% ER visits for asthma
  ... while total volume was up ↑23%
  (2000 to 2008)
Informed by Diversified Data Sources and Analysis

- Disabling Asthma Study
Informed by Diversified Data Sources and Analysis

- Disabling Asthma Study
- ESSENCE (Syndromic Surveillance System)
Surveillance in Missouri

Informed by Diversified Data Sources and Analysis

- Disabling Asthma Study
- ESSENCE (Syndromic Surveillance System)
- Medicaid Surveillance Report (fee-for-service only)
- Midwest Health Initiative

Developing New Approaches for Understanding Disease Burden and Evaluating Program Effectiveness

- Strategic Evaluation Plan
- De-duplicated ER and Hospitalization Encounter Study
- Medicaid Claims + School (student achievement and attendance)
- Missouri Primary Care Association (EPR3-compliant EMR)
MAPCP’s Role: Link statewide and local partners

Our Little Secret: Everyone is welcome, but MAPCP strategically builds partnerships to reach target population

Our Purpose for Partnership: Leverage resources ... to the max.

HOW DOES PARTNERSHIP IMPROVE ASTHMA CARE?

• Interdisciplinary Sharing: Expertise and resources
• Coordination: Activities are planned and implemented together
• Innovation: New ideas and collaborations are fostered between stakeholders
• Priorities: Partners set priorities for surveillance and interventions
• Relevance: Key asthma issues move to forefront of systems-based strategies and public health planning

Note:
CDC’s $3.4 million investment in MAPCP (2001-2011) has helped produce a >$20 million investment from MAPCP partners in activities aligned with the State Plan Putting Excellent Asthma Care Within Reach.
LOCAL STRATEGY EXAMPLE

**Framework for Community-based Approaches to Improving Asthma Care for Children**
- Simple, to-the-point, one-page summary
- Sets goals and interventions for integrating efforts in five areas: schools, home environment assessments, primary care providers, hospitals/emergency rooms, and child care

KEY CONCEPTS

1. **Demonstrate success at local level**
   - Kennett Public Schools (Dunklin County)
   - Springfield (Greene County)

2. **Experience, testimonials and data drive expansion of successful ideas**

3. **Identify statewide policy change opportunities through community-based work (e.g., spacers)**

4. **Statewide workforce development produces system-level change (e.g., LPHA staff, school nurses)**

5. **Cultivate local leadership**
   - Asthma School Nurse Award, Missouri Asthma Coalition
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MAPCP interventions are designed to support sustainable asthma care improvements by focusing* on workforce development and community-based leadership.

* but not exclusively, of course
Behind the plans and interventions are people who share a common vision for asthma care and prevention in Missouri.

The MAPCP team believes that...

- EPR3 is the best evidence available.
- Evaluation is a quality improvement strategy.
- Health disparities can be reduced.
- Relationships matter to develop and sustain successful interventions.
- Data guides, and innovation drives impactful work.
- Return-on-investment is measureable.

ENVIROCLINICAL
integrating environmental and clinical approaches to improve asthma care
ASTHMA CONTROL INTERVENTIONS: A WINNING PROPOSITION
Charlotte W. Collins, JD

Vital Signs Town Hall Meeting
May 10, 2011
4 COMPONENTS OF ASTHMA CONTROL

- Monitoring and Assessment
- Right Medications
- Self-Management Education
- Environmental Control
ASTHMA INTERVENTIONS IMPROVE HEALTH OUTCOMES AND REDUCE MEDICAL COSTS

- Proper asthma management has the potential to save at least 25% of total asthma costs—or close to $5 billion nationwide annually
- Asthma interventions can save up to $36 in health care costs and work days lost for every $1 spent
- The annual Medicaid spend on asthma medical costs ranges from $31 million (Hawaii) up to $158 million (Washington State)
- New York - Average Medicaid cost to treat asthma episode = $12,000
NATIONAL ASTHMA CONTROL PROGRAM
IMPACTS

• 84% of Americans with asthma live in states that have CDC-funded asthma programs
• From 2000 to 2007, the 34 states, 2 territories that received NACP funding realized a 10% decline in the rate of asthma-related hospitalizations
• CDC’s partnership with health departments helps people
  ✓ control their asthma
  ✓ keeps them out of the hospital
  ✓ helps them lead healthier, more productive lives
• Asthma Call Back Survey – used by 40 states
PARTNERSHIP SUCCESS

- **Missouri** - $20 million in partner investments with less than $3 million invested by CDC since 2001
- **Connecticut** - dramatically reduced number of emergency visits
- **Illinois** – reduced hospitalizations, school absences
- **New York** – sent treatment guidelines to 20,000, developed user friendly tool kit
- **Wisconsin** – pharmacists refer asthma patients who over utilize fast acting inhalers back to their primary care provider
- **Michigan, Utah and Washington State** - incorporate asthma into chronic disease self-management programs
- **Hawaii** - provides a 24-hour volcanic emission hotline
CDC Vital Signs Electronic Media Resources

Become a fan on Facebook- http://www.facebook.com/cdc

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Vital Signs Interactive Buttons and Banners- http://www.cdc.gov/vitalsigns/SocialMedia.html
Provide Feedback on this Teleconference:

OSTLTSFeedback@cdc.gov

Please mark your calendars for the next OSTLTS Town Hall Teleconference:

June 14, 2011
2:00pm – 3:00pm EST

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