

ASTHMA

WHY THIS MATTERS

Asthma is a leading cause of chronic illness among children in the United States¹. Characterized by an inflammation of the airways with episodes of obstruction, the disease reduces quality of life with the potential to incur substantial health and economic costs. However, most asthma symptoms and associated morbidity can be controlled with appropriate medical treatment and environmental measures.

Morbidity and Mortality: When not adequately treated, asthma can limit activities and lead to complications such as pneumonia, impaired growth, and death. In 2005, it was estimated that 38 percent of Los Angeles County children with asthma had to limit their physical activities and 26 percent had to go to an ER or urgent care in the past year due to their asthma².

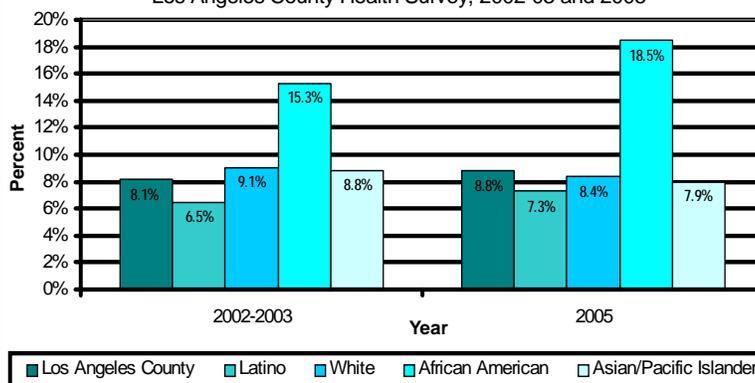
Economic Impacts: As compared to the cost of medical treatment and loss of productivity in premature death and missed school days, preventing and controlling asthma is highly cost effective. Data from the National Institute of Health indicate that the annual cost of health care alone for patients whose asthma is well controlled is \$450 compared to \$5000 in patients with ≥ 1 hospital admissions³.

Large Disparities: Race/ethnic and socioeconomic disparities persist in asthma prevalence. In Los Angeles County, asthma prevalence was approximately two times higher among African American children than White², and nearly a quarter higher among children in households ≥ 300 percent FPL than 0-99 percent FPL².

Environmental Impacts: The American Lung Association ranks Los Angeles County as one of the most polluted areas in the country⁴. As air pollution is linked to many poor health outcomes, efforts to improve asthma outcomes by reducing air pollution would result in cleaner air and an overall decrease in illness and death.

WHAT THE DATA SAY

Percent of Children (0-17 years) Ever Diagnosed With Asthma and Currently Still Have Asthma or Had an Asthma Attack in the Past 12 Months
Los Angeles County Health Survey, 2002-03 and 2005



* Asthma prevalence consists of those ever diagnosed with asthma by a health care provider and reported still having asthma and/or having had an asthma attack in the past 12 months.

Source: 2002-03 and 2005 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

The above figure presents the prevalence of asthma among children under the age of 18 years in Los Angeles County in 2002-2003 and 2005. The findings are based on information collected in the Los Angeles County Health Survey, a periodic, population-based telephone survey.

The data indicates that asthma prevalence has slightly increased countywide, corresponding to an estimated increase of 20,000 children between 2002-2003 and 2005. However, the data illustrates wide race/ethnic disparities. Asthma prevalence increased over the time period in Latino and African American populations, but not in White and Asian/Pacific Islander populations. In 2005, asthma prevalence was over two times greater among African American children (18 percent) than White (8 percent). Given that the findings in part on physician diagnosis of asthma, the disparities may be due to differential access to, or quality of, health care.

Although asthma is a controllable disease, it is evident that previous efforts have been insufficient to adequately control asthma symptoms. The data suggests a need for enhanced, continuous activities to prevent exposure to asthma triggers and ensure optimal asthma management.

WHAT MCAH PROGRAMS ARE DOING

Children's Health Initiative (CHI) is the primary unit within MCAH Programs working to improve outcomes for children with asthma. In collaboration with various community stakeholders, CHI engages in the following activities to promote asthma policy and systems change, improve the management of childhood asthma, and decrease exposure to environmental triggers.

Promoting Policy and Systems Change

- ◇ **Stakeholder Communication and Collaboration:** CHI provides staff support to the Asthma Coalition of Los Angeles County. The mission of the organization is "to bring together asthma prevention and clinical care stakeholders to provide a powerful voice for policy and systems change related to asthma diagnosis and management, access to quality care, and indoor and outdoor air quality in Los Angeles County"⁴.
- ◇ **Asthma Coalition Recommendations:** Between Fall of 2004 and Spring of 2006, the coalition developed a policy paper titled "Controlling Asthma in Los Angeles County: A Call to Action" about the impact of asthma on residents, factors that contribute to the disease, and recommendations for improving outcomes⁵. It is hoped that the Call to Action will serve as a catalyst for stakeholders to come together to implement the proposed recommendations.

Improving the Management of Childhood Asthma

- ◇ **Stakeholder Communication and Collaboration:** Because episodes of asthma symptoms can be effectively managed with proper medical care, it is important that children with asthma receive high quality health care from all health care sources. Toward this end, MCAH works with the Asthma Clinical Partnership (ACP), a grant funded project whose purpose is to increase the systematic use of the national clinical guidelines for asthma. A four-way collaborative, the ACP is comprised of the Community Clinic Association of Los Angeles County, L.A. Care Health Plan, the Los Angeles Unified School District, and the Los Angeles County Department of Public Health (MCAH and Child Health and Disability Prevention Program).
- ◇ **Pediatric Asthma Provider Toolkit:** In order to support efforts to ensure evidence-based care to asthma patients, the Asthma Clinical Partnership has developed a pediatric asthma provider toolkit for distribution to health care professionals, clinics and schools. The toolkit includes clinical guidelines, clinical tools such as an "Asthma Action Plan", information on provider resources, patient education materials, and school collaboration materials.
- ◇ **Clinical/Health Care Work Group:** The Asthma Coalition of Los Angeles County and the Community Clinic Association of Los Angeles County have joined forces to convene a Clinical/Health Care work group to address the recommendations in the Call to Action regarding the improvement of asthma health care accessibility and quality, and the strengthening of research. Activities will include outreach to, and collaboration with, asthma providers.

Decreasing Exposure to Environmental Triggers

- ◇ **Outdoor Air Pollution Work Group:** The Asthma Coalition of Los Angeles County and the Long Beach Alliance for Children with Asthma have joined forces to convene a work group on outdoor air pollution to address the air quality recommendations in the Call to Action. Activities will include being a public health voice regarding the health impacts of "goods movement", the distribution of goods from the Long Beach and Los Angeles ports to the rest of the United States via diesel powered trucks, trains, and equipment.
- ◇ **Internal Ridesharing Campaign:** In December of 2005, CHI initiated an internal ridesharing campaign to support public transportation among Public Health employees. The "Go PUBLIC" campaign aims to reduce air pollution by educating employees about the health impacts of air pollution and how to use public transportation to reach common destinations. The campaign also provides recommendations for Public Health managers to promote ridesharing within their unit. CHI hopes to extend the campaign to all county staff.



World Asthma Day

On May 6, 2005, the Asthma Coalition held its second annual World Asthma Day.

The event was themed "Breathe Clean" to emphasize the link between asthma and air quality.

Activities included a neighborhood march, games, speakers, and a health education fair.



PROJECT GOALS

ASTHMA CALL TO ACTION: Recommendations from the Asthma Coalition

MCAH Programs will be working with other asthma prevention and clinical care stakeholders under the Asthma Coalition of Los Angeles County to jointly implement six recommendations proposed by the coalition as follows⁵:

- ◇ **Increase access to and improve quality of health care**, including promoting the concept of a medical home; offering professional development opportunities; promoting asthma disease management; providing access to specialists and home-based interventions; and improving reimbursement for asthma care.
- ◇ **Increase indoor air quality in homes and workplaces**, including educating families and landlords; improving code enforcement by City and County housing inspectors; offering incentives for following green building standards; and requiring landlords to bring all properties up to health and safety standards.
- ◇ **Improve asthma management in schools and child care centers**, including obtaining a written Asthma Action Plan for students with asthma; educating school staff on asthma management; improving indoor air quality in schools and child care centers; and enabling children to self-carry asthma medications.
- ◇ **Improve outdoor air quality**, including supporting policies that address pollution from ports and industrial facilities; promoting lower emission technologies for cars, buses, and construction equipment; and improving the quality of the public transportation system.
- ◇ **Address race/ethnic and socio-economic disparities**, including expanding the safety net for low-income uninsured residents; enhancing the cultural sensitivity of asthma management materials and programs; and prohibiting the disproportionate location of hazardous industries in low-income communities.
- ◇ **Strengthen research related to asthma**, including improving data collection related to asthma prevalence, and geographic, race/ethnic and socio-economic disparities; investigating potential causes and risk factors of asthma; and identifying best practices in identification and treatment of children with asthma.

SUCCESS STORY



Bertha, a county employee, takes the metro to work as part of the “Go PUBLIC” campaign.

“Commuting to work is pleasant and fast - since I’ve learned to use the metro, I know I can take it to go many places.”

Early this year, CHI implemented the “Go PUBLIC” campaign to promote ridesharing among program employees to internally address the problem of air pollution as an asthma trigger. Bertha Solis, an employee who recently joined the campaign, has found that commuting has benefits for herself as well as public health. Bertha, who commutes by metro from Pasadena to downtown Los Angeles, says “Commuting to work is pleasant and fast. I save a lot of money from gas and parking, and it is a chance to meet people rather than being lonely in the car.” Bertha also attended a campaign presentation which taught her how to use the public transportation system in Los Angeles. She says, “Since I’ve learned to use the metro, my mind is set to being able to use public transportation. Now I am thinking I can take it to go many places, even the beach!” In addition to such personal benefits, Bertha’s use of public transportation supports asthma reduction as commuting reduces her share of hazardous air pollution.

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3. Sullivan, SD. The burden of uncontrolled asthma on the U.S. health care system. *Managed Care.* 14 (Suppl. 8), 4-7; Discussion 25-27.
4. American Lung Association. State of the Air Report: 2004. 2004. Retrieved 2006, July 12. Available from: http://lungaction.org/reports/SOTA04_statezone.html?geo_area_id=06
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