

# Genesee County Childhood Asthma Task Force

## 2007 Exemplary Award Winner

**Background:** The Genesee County Childhood Asthma Task Force (GCCATF) was established to educate and advocate for effective and consistent policies to manage and control childhood asthma through research and shared human and financial resources. To address the serious problem of asthma in the community, UM-Flint's Project for Urban and Regional Affairs (PURA), Priority Children and the American Lung Association of Michigan, initiated a task force on childhood asthma that was organized in September of 1997. The main focus of the Childhood Asthma Task Force was to establish asthma management priorities to be addressed and set goals to be achieved by member representatives from the fields of health, environment and education.

### **Goals:**

#### **Process Outcome Goals**

- Complete home assessments including all rooms of the house
- Telephone coaching
- Emergency Department interventions
- Improve awareness of environmental concerns to improve indoor and outdoor air quality-working with the SMART Coalition, medical society's environmental subcommittee, health department and other concerned individuals.
- Education provided to physicians, clients, schools and the general public
- Work is done in work groups including education, environmental, media/advocacy, membership and ad-hoc committees for health disparities and steering.

#### **Health Outcome Goals**

- Decrease emergency department visits
- Decrease asthma hospitalizations
- Improve quality of life factors (eg. Missed school days)

### **Key Drivers and Program Areas:**

#### **Committed Leaders and Champions**

Working integrally with the Genesee County Childhood Asthma Task Force, the following individuals have played a significant role in different areas of involvement allowing the task force to be recognized locally and throughout the state as having a positive impact in decreasing the effects of asthma individually and community-wide. These individuals, along with many more team members, are the force behind the positive outcomes the task force has been able to achieve. Champions and leaders are created for each new endeavor.

- Jan Roberts, RN C AE-C - Jan has been involved with the task force since 1998 and has been coordinator since 2002. She works at Hurley Medical Center in the pediatric asthma disease management department, which serves as the clinical arm for the task force. Jan also serves on the state Quality Initiative work group which has been instrumental in developing programs and distributing state programs, such as the MARK (Michigan Asthma Resource Kit for physicians) and the Nurse educator Tool Kit.
- Evilia Jankowski, RN is employed by the Genesee County Intermediate School District, as health education coordinator for the county's 17 school districts including charter schools. She serves as clinical coordinator for the health teams and the registered nurses throughout the Genesee County school districts.
- Terry Love, MA LPC is the Associate Director for the Wellness Center at Kettering University. She is currently the coordinating member for the Health Disparities Ad-Hoc Committee for the task force. Her duties at the university include mental health counseling, working with disability and wellness issues, which fits nicely with the mission and vision of the asthma task force.
- Patty Inman, BA American Lung Association of Michigan is the co-chair for our task force with American Lung Association working side-by side on such issues as Asthma 101, asthma walk, smoke-free work places and other local and state issues.
- Joe Reuther, RS - Genesee County Health Department Sanitarian. He is involved with mold and lead program efforts. They have one-to-one home visits when we have had concerns with extensive mold.
- George Zureikat, MD - Hurley Medical Center Asthma Specialist. Board certified in Pediatric Critical Care and Sleep Medicine, Director of Hurley Medical Center's pediatric intensive care unit. Brian Nolan MD – He is currently serving as the hospital chief of staff and is also a pediatric intensivist. He is director of the Hurley Asthma Clinic. Dr. Nolan has been very instrumental as our medical director for asthma and assists with issues when we need a physician-to-physician contact.

- Michelle Macy, MD - Pediatric Emergency Fellow from the University of Michigan. She is active in the local task force emergency department subcommittee and also is instrumental at the state level in the development of an asthma emergency room procedure guide.
- Lori Fisher, BS CHES – Resource point person and manager of archive data. She sends out all information to the entire taskforce as the coordinator gives her information
- Teresa Bourque RN MSN-hospital based supervisor of the disease management program. She is the tie to the buy-in from the hospital. She is the go between to assist us in setting up computer-based programs so we can extract data and outcomes as needed.

### **High Performing Collaborations and Partnerships**

Several committees have been developed to address needs in the community. The committees that have been formed include: the school committee, education committee (educational and lay people), environmental committee, media and advocacy committee, and several ad-hoc committees such as disparity committee and the steering committee.

One of the most important partnerships they have is with the SMART Coalition, which helps to create smoke-free environments such as restaurants and local businesses, and they are also working to make schools smoke-free 24/7. GCCATF partners with the American Lung Association, and the Genesee Intermediate School District (GISD) to provide Asthma 101's (asthma education for school personnel and caregivers). They work with the GISD on stream-lining asthma policy throughout county schools.

Genesee County CATF also collaborates with faith based organizations including FACED and the parish nurse organization for education at local health fairs, lectures at the individual churches, and as a resource referral for individuals. State organizations are strong partners as well and they recently provided an in-service for the Michigan Pharmacy Association. They partner with the local universities to provide a site rotation. One local university helps to provide an asthma camp for children with asthma. The goal of our asthma camp is to allow the children to exercise in a safe environment and to ease the parent's fears about exercising in the public realm. GCCATF also works closely with the Genesee County Medical Society Environmental Committee on areas of concern in the environment and writes a yearly article for their newsletter. Asthma education is provided to the local health plans for their own knowledge and to provide information to their clients.

### **Strong Community Ties**

GCCATF meetings are held in a non-biased area, Mott Children's Health Center, which is recognized as a positive environment by the whole community. The coalition consists of members of the community, such as parents of asthmatics and members who are asthmatics themselves. All of the members have a vested interest in the community, such as school employees and local health workers. Coalition members also sit on other community coalitions. Parents are involved as team members to help us get our messages across to the community, such as Terry Love, who is a committee member and a parent of an asthmatic and helps to get our message out at local school functions. Because they were lacking in political involvement, they recruited people with political influence to sit on different committees. GCCATF also has a Teenager and Families Support Group. The local Health and Fitness Center & Children's Museum offers their facilities for their meetings. They have worked as a partner with the ALAM on a two year grant Asthma-Friendly School Initiative, to implement and assess programs providing education in the school systems.

### **Integrated Health Service**

GCCATF distributes Mark Tool Kits to physicians in the county (over 400 distributed) and Nurse Education Kits to nursing schools in the county. They have also educated the office staff so that they can provide appropriate care to their patients. By partnering with local universities, they were able to provide a site rotation for nursing students. They provide the local universities with asthma education to their nursing students that establish a sound knowledge base for their nursing practice.

GCCATF also provided an asthma in-service training to the Michigan Pharmacy Organization, which was well attended by numerous pharmacists throughout the state.

We partner with the local pediatric asthma clinic on all aspects of the care we disseminate. They are used as a resource for local primary care physicians and other health care professionals. The asthma task force collaborated with a local pharmaceutical company to have an asthma conference on emerging issues of asthma for physicians and local health care professionals.

Prior to developing the emergency department intervention, we worked with the Emergency Department Director and the hospital Chief of Staff to identify disparities between clients using primary care providers versus emergency department visits for asthma care.

Our physician champions serve as a resource for the asthma disease management team when clinical interventions are needed with independent practitioners.

### **Tailored Environmental Interventions**

Genesee County CATF's clinical care teams are involved in ongoing continuing education which provides for disseminating the latest information necessary to educate parents and families of children with asthma on environmental triggers, and to provide up-to-date resources available for managing triggers, thereby improving asthma health outcomes. Working with GCCATF's clinical care teams and community outreach programs, providers are never without the latest resources on environmental asthma management. Ongoing education is key to ensuring that providers are aware that help is available. Promote Assessment of Trigger Sensitivity and Exposure in clinical interviews: Once environmental triggers are diagnosed by CATF clinicians, families are then educated on identifying their personal environmental triggers by discussing one of the In-Home Assessment Tools used by CATF to further identify, help minimize, and eliminate the patient's personal environmental triggers. Extensive questioning and observation (every room in the house is visually surveyed) by CATF clinicians typically reveals information regarding exposures due to home environment, school or work, personal behaviors such as smoking, seasonal or other allergies that may worsen asthma symptoms. CATF clinicians work diligently to ensure a patient understands of their personal triggers. This rapport building helps to lessen initial resistance to an in-home assessment. Credibility and benefits of the IHAT are increased when CATF physicians, health professionals, and or social workers associated with the families, parents of children with asthma recommend an in-home assessment. The IHAT is comprehensive in its scope for environmental trigger identification thereby allowing for proper recording and documentation of all findings. The completed IHAT is then used to tailor individual management strategies with written action plans and given to the family. Results and action plans are also shared with health care providers, schools, and other CAFT outreach workers associated with the family/parents of the child with asthma. In conjunction with the University of Michigan Flint the tool was tested for reliability and validity.

### **Funding/Sustainability**

The coalition is based out of a hospital with support from the asthma clinic. The Hurley Medical Center is the Fiduciary agent. The hospital supports three of their staff and has given funding in order to support program and goals. Secondary funding sources include Federal, State and Local grants. Because GCCATF is not their own 501-C3, it limits their ability to get grant funding and other sustainable funding. The Hospital expects to see a decrease in hospital and ED visits and they have data computer system to track the impact.

The GCATF Disease Management program is shining example of community work. It is a great example of community effort and community collaboration and patient centered care. Even facing budget cuts, the Hurley Medical Center has no intention of stopping the program even though it's not a money generator at this point. This example definitely shows sustainability.

### **Tracking Outcomes**

The Genesee County community was the second in the state for asthma morbidity. With a lot of education in conjunction with community agencies, ownership of the problem was taken and after a lot of education and community involvement, this community dropped to fifth in the state for asthma morbidity and mortality. Because it is still higher than the national average for asthma morbidity and mortality, GCCATF recognizes that this program must continue to serve this community. At Hurley Medical Center, asthma is now recognized as the third most common reason for admissions of children and at one time it was number one.

The Medical Information Data System (MIDS) was used to measure the quality of life data; the Juniper QOL system is currently being used. Everyone who does interventions throughout the community to track and measure progress completes a coalition outreach form.

Data outcomes are shared with the task force at every committee meeting. Outcomes are shared with the grant funders and the community, locally and throughout the state through published articles and lectures. Concrete data is shared with our local health plan partners, who in turn share their asthma patient data.

Jan Roberts and the disease management team work to reduce ER visits, hospital admissions, and missed school days due to asthma. Every patient they encounter is provided an environmental home assessment, which uses either the EPA Home Assessment Tool or the locally developed home assessment tool that tracks decreases in environmental triggers.

Every patient is also provided a written asthma action plan for home, school or daycare. These are tracked through a quality of life assessment tool. (Juniper Quality of Life)

Our overall goal is to decrease asthma morbidity throughout the community. We have short-term goals that support this. For example, our physician champion, Michelle Macy, MD, has opened the door to local hospitals and emergency rooms to get the FLARE plan implemented. George Zureikat, MD has also worked to get the coalition involved in school asthma education.

Results: Our first initial data collection was completed in 2003, where we intervened with 142 children in the asthma disease management program with the focus being on disadvantaged inner-city children with asthma. There was a significant reduction in the number of critical care days in the hospital by 70%. In-patient admissions and days in the hospital decreased by 60%. Emergency department visits increased by 5%, due to early awareness of asthma symptoms and an increased response to seek treatment. (Hasan, et al, Ped. Asthma, Allergy, Immunology, 2003). Missed school days dropped from 35% to 25%, and days with restricted activity were reduced from 35% to 13%. In conjunction with a grant from the Community Foundation of Greater Flint, we intervened with a total of 277 patients that had emergency department visits within the previous two weeks and found that initially there were 419 emergency department visits in the preceding three months, and three months later, there were 41 ED visits, and after six months, that number dropped to 24 visits. There were 104 unscheduled primary care visits, after three months, this number dropped to 29 visits, and after six months it dropped to 7. Initially there were 24 patients with action plans, this number increased to 85 after three months, and increased to 123 after six months.

### **Lessons Learned/Recommendations**

- One of the main lessons we have learned has been the importance of partnering with available community resources and services. This allows for more community buy-in and increases credibility and cooperation.
- It is very important to keep the problem of asthma at the forefront. We stay visible in the community by conducting health fairs, etc. We share our success with the community to prove our worth and to improve our chances of receiving available grants and resources.
- We also have learned that we need strong support from areas to enable us to stay financially solvent-including hospitals, community foundation and health plans.
- Problems with not being our own 501c3 and vice/versa, the team has to decide which presents the greatest benefit to the organization at any point of time.
- Because we are working with medically fragile children, we need to nurture good working relationships with the physicians. This relationship hopefully allows the physician to be amenable to the team's suggestions and interventions and to the current information and updates from the NHLBI. This assists the physician to improve the quality of care with the patient.
- We found that sometimes individuals are resistant to accepting information/asthma education. They perceive once receiving the information it opens them to responsibility and/or liability should the need to address an asthma issue arise.
- Psychosocial must be addressed in order to free parental/caregiver attention to allow them to refocus on asthma issues and concerns.

### **Contact Information:**

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**<http://www.getastmahelp.org/UserCoalitionViewHomePage.asp?coalID=11>**