

MAINE ASTHMA COALITION

Quarterly Meeting - July 27th

3:00-5:00 pm

Room 16, Key Bank Building

Augusta, ME

Members present: Jim Braddick, Alex Kanakis, Sarah Mayberry, Carol Coles, Desi-Rae Severson, Annabelle Suarez, Sharon Dow, Leslie Walleigh, Amy Wagner, Lee Gilman, Andy Pritchard. Ernest Grolimund joined the meeting as a guest to discuss his concerns about wood smoke.

Via Phone: Rhonda Vosmus, Elaine Beaulieu, Bonnie Irwin, Cathy Beers, Sara Huston

Member updates:

Maine Asthma Program: Federal CDC reduced funding for next year, from \$450,000 to \$396,000 Spending will be reduced in travel, and contracts with Breathe Easy Coalition and training for the HMPs. The funding for the Program year beginning in September 2012 is unclear; there may be further reductions.

Merck: Merck has created “The Breathe Easy Asthma Interactive Teaching Tool,” developed with ALA Colorado. The tool has 6 stations including asthma triggers, medications, symptoms, how to stay in control, etc. It is designed for nurses/educators to help patients learn management techniques. It is available in hard copy only and will be piloted with whoever wants to try it. Merck also has a DVD on asthma action plans for providers, nurses, asthma educators and nurse educators. Merck has developed a guide for teens and adults with asthma.

Sharon Dow: attended the Asthma Educators institute and may sit for the exam.

Breathe Easy Coalition: is very proud to say that 100% of the public housing authorities in Maine now have smoke free policies. At their recent annual meeting, BEC recognized Bonnie Irwin and Dale McCormick for their work.

Rhonda Vosmus: AH has seen more new patients with asthma in the past 8 months than they did all last year. Rhonda believes part of the increase is due to the relationships she’s developed within the health care community. Some of the new patients live in locations well outside Portland. It appears that some of the new patients did not access regular medical treatment for asthma in their home communities. Most whose asthma is not well controlled are referred from doctors. AH wants to analyze the data but has limited resources to do so.

Elaine Beaulieu: has lost her HMP funding and is looking at how to keep her program going. She’s is developing a strategic planning team, and is working

with ARC to identify additional resources. There is a lot of energy in Bangor to sustain her program; Elaine makes home visits to patients with asthma.

Kathy Beers is the new chronic disease Program Manager at MaineHealth. This is her first Coalition meeting and she's figuring out the best tools and resources for her work.

Workgroup Updates

Homes: currently looking at the evaluation results of the Healthy Homes Trainings. It appears that the respondents represent a good mix of occupations, though not many actually go into peoples' homes. Respondents report the top 3 issues encountered are moisture, cleanliness and contaminants, including second hand smoke. Rhonda noted that cleanliness isn't an actual trigger for asthma. Sarah clarified that the trainings centered on the EPA's 7 principles of a healthy home, which includes cleanliness. The overall response rate is 47%. Just under 50% of respondents said they have changed some work habits because of the training. 92% of respondents reported that they have used the power point and are sharing with their co-workers. So far, no one has identified a success/human experience story.

Workplaces: are working to ensure the Healthy Maine Works tool has occupational asthma resources and tools included. Workplace environments can exacerbate asthma but the workplace environment can also cause asthma. The Occupational Disease Program is in jeopardy of losing their funds from DOL. The Program is funded by a surcharge on workers compensation, and workers comp rates are decreasing. The Program was working on making occupational asthma a reportable disease.

Schools: have distributed 1/3 of 400 school nurse tool kits with a very enthusiastic and positive response. The remaining toolkits will be distributed by the end of September. Toolkits will be distributed to the 18 School based health centers and to the School Health Coordinators. Every nurse completed a brief survey, which will be repeated in the fall, to identify what has been most useful, and what is needed to make the toolkit more helpful.

Epidemiology update

Sara is very happy to report that she is fully staffed with two new chronic disease epidemiologists. Areas of current work include: asthma call back surveys for BRFFS (adults and children), including home environment measures, asthma action plans, routine visits, work environments, urgent visits, ED visits, # of hospitalizations. One major project in the epi workplan is updating the Burden of Asthma Maine document before May, 2012, along with complimentary fact sheets to accompany the burden document.

Another area of epi work is analysis of the all payer claims database. The information available from that database includes: routine visits for asthma, prescriptions filled, ED visits and inpatient hospitalizations for asthma. The analysis may help identify some reasons for the higher rates of ED visits and hospitalization for those with Maine Care. It appears that approximately 50% of people with asthma do not have a routine visit for their asthma in the course of a year and 48-52% did not fill a prescription for asthma within a year's time.

The All-Payer info will be incorporated into the updated Burden of Asthma Report.

Asthma Month: May 2012

The Asthma Program and the Asthma Coalition have not historically planned an activity for Asthma Month. With the release of updated BRFSS data next spring, it seems like a good opportunity. This activity is in the very early planning stage. Dr. Pinette, the new Maine CDC director, has asthma and has three daughters with asthma; she is very knowledgeable and hopefully would be willing and available to participate.

It's important to clarify the 'to do' message and the target audience. We also need to be very clear about our message. For example, high ED visit rates may be related to poor access to appropriate healthcare, or high employment and low health insurance availability. Some occupations have higher rates of asthma; that may be a factor in some public health districts.

Areas of possible emphasis include: NHLBI treatment guidelines, Asthma action plans, access to asthma educators, reimbursement for asthma education, effectiveness of home visits. The updated BRFSS data will help shape the message and therefore the audience. Let Jim know of suggestions for this event. It may be a press conference, or

Guest Commentary

Ernie Grolimund an engineer from Waterville shared his history with his daughter and her asthma. He reported she no longer needs medication because she has learned to manage through diet and other nutritional supplements. Wood smoke was a major factor in exacerbating her symptoms. Mr. Grolimund contributes to a website: <http://coalitionagainstwoodburning.com/> which focuses on the hazards of wood smoke pollution.