

Maine Asthma Coalition
Meeting Minutes
May 24, 2012
Key Plaza

Members Present: Jim Braddick, Carol Coles, Sharon Dow, Lee Gilman, Alex Hughes, Sara Huston, Dwight Littlefield, Sarah Mayberry, Joe Robinson, Desi-Rae Severson

Members on call: Peter Doran, Bonnie Irwin, Renee Page, Rhonda Vosmus, Leslie Walleigh

Workgroup Updates:

Schools – Approximately 300 of the 400 school nurse toolkits have been distributed. Jim and Nancy Dube will be distributing the remaining toolkits at the School Nurse Conference in July. The workgroup is revising the school nurse survey in preparation to be conducted again.

There was much discussion regarding the question asking if a school nurse has an oxygen saturation meter. Some group members are concerned that asking the question implies having a saturation meter is best practice in treating a student with asthma. Some members feel it is inappropriate for a school nurse to use an oxygen saturation meter unless the student has been prescribed one by a doctor or the school is also a school based health center. Sara Huston suggested including a lead-in statement explaining it is not necessary to have a saturation meter. The group agreed that it needs to be very clear in the survey that the Coalition is not endorsing or recommending that school nurses have oxygen saturation meters, if the question remains on the survey.

Rhonda said she attended a webinar on how asthma can impact learning. She was surprised by one study that demonstrated less medication use by students and less absenteeism after simply cleaning and dusting the classroom/school thoroughly. She said overall the webinar was very good.

Homes – This group is discussing the prospect of using webinars to reach out to and train Local Health Officers and other Public Housing Officials on asthma and indoor air quality issues. Most recently, the workgroup offered feedback on a webinar on asthma and the indoor environment being developed by the Maine Indoor Air Quality Council. The workgroup supports the development of educational materials for local health officers and code enforcement officers to increase their understanding of the relationship between asthma and the home environment.

Every municipality is required to either elect or appoint a local health officer (LHO). Often the position is unfunded and the job falls to the existing Town Manager or the Codes Enforcement Officer. Part of the LHO's responsibility is to report any disease outbreaks to the Maine CDC and they have to document the cases they work on. The workgroup felt they could inform LHO's on what resources are available to them particularly around asthma and indoor air. The MIAQC webinars are scheduled for May 30 and 31 2012.

Workplaces- This group has not met recently. The group did provide a list of resources to be included in the Healthy Maine Works workplace assessment tool. This assessment is used by Healthy Maine Partnerships' as an assessment tool/work plan generator to help employers improve the health of their employees.

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Rhonda shared an interesting story about how she advocated for one of her patients who felt their asthma was a direct result of exposure to personal scents in her workplace. This generated much discussion on how the Coalition might advocate for fragrance free workplaces (fragrance free would also include first and secondhand cigarette smoke). The Coalition identified a need to educate employers about the importance of scent free work environments as many employers still think scent issues are not real health concerns for certain people. Peter felt that MORA could also take a stance on a fragrance free workplaces policy. Lee advocated for a strong public show of support from the Coalition regarding fragrance free workplaces. There was discussion of finding a workplace that has a fragrance free policy who could share their success of having fewer people taking days off due to respiratory problems and who could demonstrate improved employee health. Sarah Mayberry thought she might be able to have one of her sites demonstrate the success of going fragrance and smoke free.

Healthy Air Coalition

The American Lung Association is part of a Healthy Air Coalition which supports the Clean Air Act. Lee shared a letter from Ed Miller asking the Maine Asthma Coalition to become formal members of this Coalition and to support its efforts to maintain and protect the federal Clean Air Act. Peter made a motion that the Maine Asthma Coalition become a member. Discussion followed then on the role of advocacy and Government employees who are prohibited from advocating. Jim clarified that his and Desi-Rae's status as State employees will not be a barrier to the Coalition becoming a member as they, and other state employees, will recuse themselves from any advocacy activity. The motion was amended to state that any Maine Asthma Coalition members who are Government employees would not participate in any advocacy efforts but would still participate in the Healthy Air Coalition as partner members. Sarah Mayberry seconded the motion and there was no opposition to the Maine Asthma Coalition becoming a member of the Healthy Air Coalition.

Epidemiology Update

Sara Huston gave a presentation on the most recent data from the Asthma Call-Back Survey. The Call-Back survey started in 2006 and is done in conjunction with the BRFSS. The Call-Back Survey is an asthma specific survey given to a person who gets the BRFSS call, indicates they or their child has asthma, and who agrees to be called again. There are about 900-1100 adults surveyed and 100-250 children surveyed per year. Sara discussed the surveys strengths and its weaknesses and shared some highlights from the survey.

The presentation sparked some discussion on the number of children with written asthma action plans: while the percentage identified in the 2008 School Nurse Survey is 32% of students with asthma, the Coalition felt there is more action that can be done to improve that percentage. Lee suggested reaching out to pediatricians to spread the message to them that children need written asthma action plans. Carol asked about the compelling reasons to have a plan. A written asthma action plan is best practice

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per the National Heart Lung Blood Institute (NHLBI) Guidelines and is the most effective self-management tool a person with asthma can have. A written plan is essentially a medication list and a list of instructions on what to do during an asthma attack.

Desi-Rae indicated that she has sent out over 10,000 action plans to school nurses and pediatric practices alone. Rhonda indicated one barrier to completing the form is hospitals are not allowed to fax them due to HIPPA. Rhonda also asked if the Call-Back questions are validated questions. Sara did not know for sure if they have been validated but she will share the questions with Rhonda if she is interested.

The meeting concluded behind schedule and agenda items 4,5, and 6 were not discussed.