



June 7, 2008

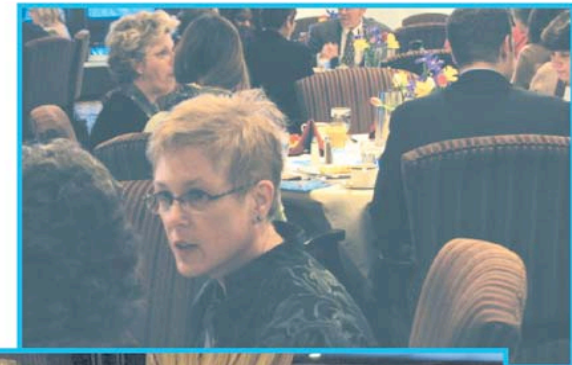
# Controlling ASTHMA in American Cities Project Minneapolis / Saint Paul

Spring 2008, Vol. 2, Issue 1

## Partners for Asthma Action

Helping Twin Cities youth  
breathe easier

A coalition of more than fifty leading health, education, public policy and  
community partners focused on improving pediatric asthma care in the Twin Cities



### Minnesota Asthma Resources

**American Lung Association HelpLine**  
800.LUNG.USA (800.548.8252)

**Asthma Camps** [www.alamn.org/mn/camp/camps.asp](http://www.alamn.org/mn/camp/camps.asp)

**Controlling Asthma in American Cities Project/Partners for Asthma Action**  
[www.alamn.org/americancities](http://www.alamn.org/americancities)

**Minnesota Asthma Coalition** [www.mnasthma.org/mnasthma](http://www.mnasthma.org/mnasthma)

**Minnesota Asthma Information Center** [www.ALAMN.org/InfoCenter](http://www.ALAMN.org/InfoCenter)

**Minnesota Department of Health Interactive Online Asthma Plan**  
[www.health.state.mn.us/divs/hpcd/cdee/asthma/ActionPlan](http://www.health.state.mn.us/divs/hpcd/cdee/asthma/ActionPlan)

### Partners for Asthma Action

Partners for Asthma Action, formerly known as the Controlling Asthma in American Cities Project, is pleased to present its new name and logo. This represents an exciting time for us as it signifies a decisive step in establishing a long-term commitment to improving the lives of children with asthma.

While our efforts will continue in Minneapolis and St. Paul, our strategic plan also identifies other communities with the greatest need where we would like to expand our efforts. We examined hospitalization and emergency department data to help us pinpoint these areas; they include New Hope, Columbia Heights, Bloomington, Brooklyn Park and Brooklyn Center.

At the March 12 forum, we celebrated the success of the Controlling Asthma Project. Over 100 representatives from multiple sectors joined Partners for Asthma Action to hear about our interventions and outcomes for children, which we have included in this newsletter.

While these asthma outcomes are promising, there is still much work to be done. We invite you to acquaint yourself with the project, which works to increase the knowledge of people and increase the capacity of systems. Simply put, we have linked organizations that have not traditionally worked together and established better outreach to families with children who have asthma.

If you would like to receive a copy our six-year progress report and a free DVD about the Controlling Asthma Project, please contact Jill Heins at 651.223.9578 or [jill.heins@alamn.org](mailto:jill.heins@alamn.org).

We thank you for your support,

Gail Brottman, MD  
Hennepin County Medical Center  
Co-principal Investigator  
Controlling Asthma Project

Janny Brust, MPH  
Minnesota Council of Health Plans  
Co-principal Investigator  
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## Partners For Asthma Action Leadership Partners

Partners For Asthma Action is a coalition of leading health, education, public policy and community partners focused on improving pediatric asthma care in the Twin Cities.

### Organizations

- American Lung Association of Minnesota
- Children's Hospitals and Clinics
- HealthPartners
- Hennepin County Medical Center
- Medica Health Plans
- Metro Asthma Coalition
- Minneapolis Department of Health and Family Support
- Minneapolis Public Schools
- Minneapolis Urban League
- Minnesota Department of Health
- St. Paul Public Schools
- St. Paul-Ramsey County Public Health
- UCare
- University of Minnesota School of Nursing

### Individuals

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- Cecelia Erickson, MPH, LSN
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### For More Information

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## Controlling Asthma Project Six-Year Progress Report, '02-08

In 2001, Partners for Asthma Action spearheaded the Controlling Asthma Project, which is funded through June 2008 by a grant from the Centers for Disease Control and Prevention (CDC). The Controlling Asthma Project is one of seven CDC-funded projects nationwide providing evidence of best practices in asthma management.

### Multiple, Coordinated Interventions

The Controlling Asthma Project's over-arching goal is to improve health outcomes for children with asthma. To date, the work has occurred in Minneapolis and St. Paul, but is aligned with state-wide programs and efforts. The project's comprehensive interventions align in four broad areas:

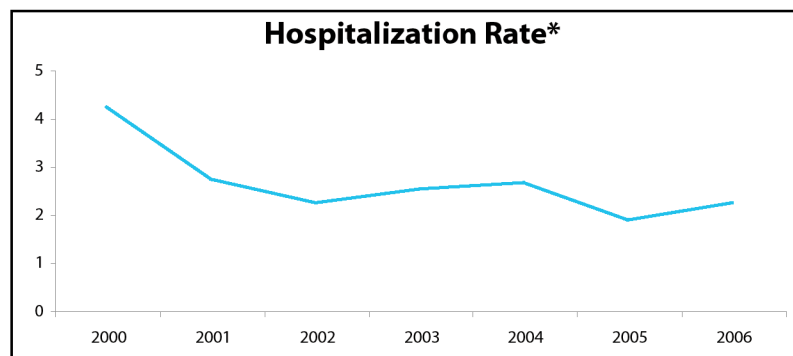
1. School-based Interventions
2. Health Systems / Professional Education Interventions
3. Community-based Education and Interventions
4. Policy Initiatives

### Increasing the knowledge of people and the capacity of systems

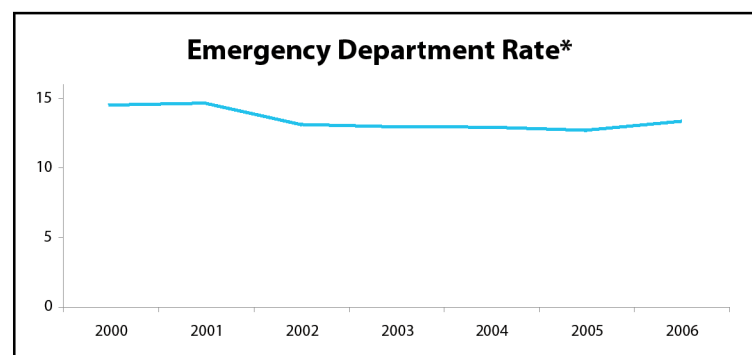
Within these four broad areas, project partners have implemented a system of interventions that delivers clear, consistent messages to families in every setting—clinics, pharmacies, schools, homes, childcare settings, emergency departments and hospitals. Key to this work is a relentless focus to increase the knowledge of people and the capacity of systems to better manage pediatric asthma. As a result, the project has made measurable improvements in the lives of Twin Cities' children. Moreover, the lessons learned are transferable to other communities and to the management of other chronic diseases.

### Results for Children

- Hospitalizations of children with asthma have been reduced by 48%. (2000-2006)



- Emergency department and urgent care visits for pediatric asthma-related issues have been reduced by 8%. (2000-2006).



\*Rate of the asthma event (either a hospitalization or an ED visit) per 1,000 persons, 0-18 years of age

- The proportion of parents who reported that asthma symptoms limited their child's activities most or all of the time declined by 27%. (2003-2006)
- School attendance averaged two days higher for students with asthma in Saint Paul Public Schools that implemented the program compared to other schools. (2003-2004 school year)

## Home Interventions Make Positive Impact on Asthma

While there are many outdoor air issues that impact children's asthma, quite often the biggest problems are a result of allergens and irritants that are found in the home such as pet dander, secondhand smoke, mold, dust mites and other triggers. Since 2006, Partners in Asthma Action's Controlling Asthma Project has been closely involved with a home intervention project that eliminates and reduces these asthma triggers.

When considering the pervasiveness of pediatric asthma—one in 15 children in Minnesota—and the high costs associated with asthma (see sidebar), addressing indoor air quality is essential in combating the negative effects of asthma.

"Uncontrolled asthma diminishes children's health, increases school absenteeism, causes parents to miss work, and increases health care costs," said Rob Fulton, Director of Saint Paul-Ramsey County Department of Public Health, and one of the lead partners on the project.

For families to qualify for a home intervention, a four-step process must occur: first, children who are having difficulty controlling their asthma are identified; second, a home assessment is conducted to determine the source of the asthma triggers; third, the family receives asthma management education from a Certified Asthma Educator and finally, the family is provided with the necessary home interventions based on the findings of the assessment.

Assessments of environmental triggers in the home result in improved conditions and provide families with low cost products such as HEPA vacuum cleaners, air filters, and mattresses and pillow covers that protect against dust mites. Home assessments are conducted by Pediatric Home Service (PHS) and environmental specialists from the Minneapolis Regulatory Services or the Saint Paul-Ramsey County Public Health.

From January 2006 to February 2008, 170 families have received in-home asthma education and a home assessment through this closely coordinated effort. The Controlling Asthma Project has provided evaluation funding for part of the home intervention project and has funded the intervention since January 2006 for these homes. Data collection for this project is ongoing; however, a similar home intervention program designed and managed by the Minnesota Department of Health (MDH) and funded by the U.S. Environmental Protection Agency has demonstrated reductions in hospitalizations, unscheduled office visits, missed school days, and daytime symptoms and functional limitations (see sidebar). The MDH project used a certified asthma educator to provide education about medications and asthma management, ensured the child had an asthma action plan, assessed the home environment for asthma triggers, and provided the product interventions.

"The results of the MDH intervention have been significant. We have seen a one to four return on investment when you take into account that it reduces emergency department visits and hospitalizations," said Fulton.

Besides the improved quality of life that children with asthma experiences due to the asthma education and interventions, parents are often given a new sense of control over the factors influencing their child's asthma. Quite often, recipients of the program are single mothers who are struggling with the day-to-day needs of their family. Many live in rental units with structural issues that trigger asthma, such as leaky roofs that can produce molds. Often, Saint Paul-Ramsey County Public Health will take on an advocacy role and work with landlords to ensure that building issues are addressed.

"A vacuum cleaner can change their lives. In the process we're also empowering people by teaching parents to become advocates for themselves and their children," says Kay Kufahl, a certified asthma educator with Pediatric Home Service.

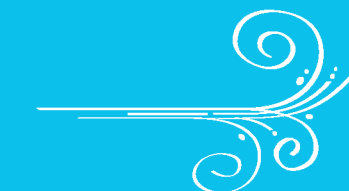
Heather Guggisberg, a recipient of the home intervention has seen a significant improvement in her child's asthma symptoms. "Since our home intervention, my daughter's nighttime coughing and wheezing has been reduced quite a bit. She hasn't had any emergency room visits and hasn't had to go to the clinic in about six months, which is unusual for her," says Guggisberg.

The success of the home intervention project can be attributed to the commitment of organizations that have worked together to improve the health outcomes of children. Along with the organizations listed above, the following agencies have been pivotal to the success of this program: American Lung Association of Minnesota, Centers for Disease Control and Prevention, U.S. Environmental Protection Agency, U.S. Department of Housing and Urban Development, City of Minneapolis Department of Regulatory Services, St. Paul-Ramsey Department of Public Health, Minnesota Department of Health, and UCare. For more information on this project, please call Jill Heins at 651.223.9578 or jill.heins@alamn.org.

## The High Cost of Asthma

- In 2003, the State of Minnesota paid \$155,321,801 in indirect costs associated with asthma (lost work/productivity, lost school days, etc.).
- In 2003, the State of Minnesota paid \$208,550,098 in direct costs associated with asthma (hospitalizations, ED, medications, office visits, etc.).

Source: Special data request made to Minnesota Department of Health



## MDH Home Intervention Outcomes

- 12-month follow-up visits reported average declines in hospital visits (one visit), and unscheduled office visits (two visits) during the previous 3 months.
- School days missed during the previous 3 months significantly declined from seven days to less than one day on average, 12 months later.
- Costs saved by the interventions are estimated to be approximately \$1,960 per child, based on health service use costs of \$2,428 (one hospital visit and two unscheduled office visits) and the average cost of an intervention—\$468.

Source: Reducing Environmental Triggers of Asthma Home Intervention Project Fact Sheet, Minnesota Department of Health, September 2007