

NH Asthma Collaborative
Updates on the State Asthma Plan
September 2016 – January 2017

PARTNERSHIPS, COLLABORATION & SUSTAINABILITY

GOAL - Build a diverse, responsive, & dynamic network of partners to address the burden of asthma in NH & enhance sustainability of effort.

Objective 1: Convene & support the New Hampshire Asthma Collaborative (NHAC).

- Collaborative membership is approximately 150 people and the average attendance at the quarterly meetings has been 20 people.
- Collaborative meetings are scheduled three times a year. The 2017 meetings are scheduled for **January 19, May 18, and September 21 from 9:00am to 12:00pm.**

Objective 2: Increase effective communication, visibility, & outreach of the NHAC & partners.

- To align with the CDC 2015-2019 Asthma Grant and the 2015-2019 NH State Asthma Plan, the NH Asthma Communications Plan outlines a strategy to create, disseminate, and target messaging to specific audiences in the NH community. The plan for Year 3 of the CDC grant includes working on the following activities:
 - Provide education and technical assistance to CHWs on One Touch Referrals.
 - Promote AsthmaNowNH as the clearinghouse for asthma education needs (teachers, parents, nurses...).
 - Educate school nurses on new rescue inhaler policy.
 - Consider reformatting Asthma E-News.
 - Continue to promote AAP usage to school nurses and primary care physicians.
 - Collaborate with other DPHS programs to offer evening regional health providers meetings.

Objective 3: Promote collaboration, coordination, & integration among public health programs & other partners to address health disparities across health conditions & focus areas.

- The NHACP continues to collaborate with partners to identify, engage, and meet with high-level decision makers to deliver messaging about best practices. Since September, the NHACP has met with Asthma Regional Council of New England and the NH School Nurses Association.

Objective 4: Generate leadership for policy development & policy initiatives.

- The Bronchodilator, Spacer, Nebulizer, and Inhaler Implementation (BSNI) work group met in September and November to discuss what resources the school nurses will need in order to have rescue medications and supplies available for students with asthma. The Department of Education School Nurse liaison has given at the NEA Fall Conference, Southern NH AHEC Fall Asthma Educators meeting, and most recently to the Nashua school nurses. The group is looking to do some pilot projects with schools, however, funding for the inhalers has been difficult to obtain.

HEALTH OUTCOMES

GOAL: *Improve the management of asthma in NH to reduce the burden of disease.*

Objective 1: Improve health care provider performance in primary, acute & specialty care settings to achieve optimal patient outcomes.

- The American Lung Association jointly provided the Asthma Educator Institute (AEI) with Saint Anselm College on Thursday December 1 through Friday December 2, 2016.
 - 30 healthcare providers successfully completed the Institute
 - Next AEI will be held May 3-4, 2018 at Saint Anselm College

Objective 2: Improve asthma self-management among individuals with asthma, their families, & communities.

- Camp Spinnaker dates are set for August 20-25, 2017
 - 35 campers attended camp in 2016. Goal is 40 for this year.
 - Promotion materials are being finalized now!
 - Survey results from the 2016 asthma camp are being finalized.
 - Anyone with funding/grant ideas, please contact Astrid Wielens.
- Parkland's Asthma Education Program – Make a PACT with Parkland, Derry
 - This program meets the national standards for Asthma Self-Management Program from the Centers for Disease Control.
 - It is made up of different sections:
 - Class
 - Inpatient section for RNs
 - Outpatient referral
 - Being considered as a model available to replicate around the state

Objective 3: Improve the quality of health care resources.

- Lamprey Health Care has begun a second phase of quality improvement; spreading the improvement to additional providers. They are using additional reporting to identify patients who are either undiagnosed or not well controlled; reaching out to those patients who are overdue for an office visit and/or an update to their asthma action plan.
- Coos County Family Health Services has started their quality improvement (QI) project in which they will work to 1) improve the percent of patients with an asthma action plan, 2) improve the rate of appropriate asthma controller medications, 3) increase and improve asthma self-management education, and 4) communicate asthma action plans with the school nurses of Berlin. Their IT staff are currently working on improving the decision support and documentation tools in their Electronic Medical Record using the CHAN tools as examples.
- Southern New Hampshire Medical Center has agreed to work on asthma quality improvement with CHAN. We are in the process of scheduling a meeting in order to facilitate the hospital, health department and health center working together, standardizing asthma care and patient education.

Objective 4: Improve access to comprehensive asthma care

- The clinical workgroup is currently discussing the development of a stakeholder's workgroup to address the benefits of asthma education.
 - Share Parkland Medical Center's Model
 - National Standards for Asthma Self-Management Education

ENVIRONMENTAL RISK REDUCTION

GOAL: *Minimize the impact of environmental risk factors to reduce the burden of asthma in NH.*

Objective 1: Increase public awareness & policy initiatives concerning the impact of the environment on human health.

- **Building community resilience to climate change at the local level in NH.** Weather patterns and climate change are known to affect asthma by causing extended allergen season, higher levels of ragweed pollen, heat waves, and may increase outdoor air pollutants such as ground-level ozone. With support from the CDC, the NH DHHS funds four (4) regional Public Health Networks (PHNs) to develop climate & health adaptation plans that help build resilience to these changes. The Upper Valley PHN is working on heat stress in elders, and the Lakes Region PHN is working on habitat change and Lyme disease in youth. The Greater Monadnock region and City of Nashua are still assessing their regional hazards, exposures, and health priorities. The impact of climate on asthma can be viewed at the National Climate Assessment. <http://nca2014.globalchange.gov/report/sectors/human-health>
- **Support for the EPA Clean Power Plan to reduce air pollution and carbon.** In August 2015, the US Environmental Protection Agency proposed a new rule under the Clean Air Act to reduce higher polluting power plants (e.g. coal) and promote clean energy alternatives. On February 9, 2016 the US Supreme Court put a stay on the plan in order to assess its legal standing. If the rule is enacted, it would be to reduce American power plant carbon emissions by a third within 15 years (2015-2030). The estimated reduction in air pollutants could prevent 140,000 to 150,000 asthma attacks in children by 2030. www.epa.gov/cleanpowerplan/fact-sheet-clean-power-plan
- **Researching the impact of heat stress on hospital asthma visits.** The Division of Public Health Services staff members Katie Bush and Dennis Holt have completed an analysis of heat stress on hospital admissions. The results indicate that a single hot day (at 95°) can increase ED visits for asthma by 4% on the same day, or by 21% over a week lag period. The study is expected to be published in the next few months. In addition, the findings from this health impact study have been shared with the National Weather Service in Grey Maine. As a result, the NWS leadership has agreed to lower the threshold for heat advisories (higher risk) and heat warnings (lower risk) in order to protect the public health.

Objective 2: Healthy Homes

- Healthy Homes Code workgroup met on September 6 to start brainstorming suggestions, edits, and changes to the Minimum Housing Standards for rental properties (RSA 48-A:14).
- The 6th Annual Healthy Homes Conference was held on Tuesday, October 25 at the Graponne Center in Concord with over 200 attendees. There was a breakout session on *Reducing Asthma Risks through Green Cleaning* which was attended by over 100 attendees.
- The Healthy Homes One Touch workgroup just found out that the software that was being used to obtain electronic referrals was sold to Survey Monkey. The workgroup needs to recreate the survey in Survey Monkey, therefore, electronic referrals may not occur until the middle of 2017.

Objective 3: Healthy Schools

This subcommittee last met in January 2016.

- Multiple partners are being pulled in different directions. At this time, the subcommittee does not have a scheduled meeting.
- Attended Conferences –National Education Association of New Hampshire Fall Conference
- A subcommittee of this group is currently meeting to implement the emergency rescue inhaler bill.

Objective 4: Work Place

- Due to partners' completing responsibilities, staff changes, and retirements, this subcommittee last met in October 2015. Future goals were discussed which included encouraging providers to review their occupational questions in their EHR and possibly add questions in order to document high-risk occupations for asthma.
- This subcommittee will reconvene in spring/summer of 2017 to continue this work.

Objective 5: Reduce tobacco use & exposure to secondhand smoke & tobacco particulate matter.

- A media campaign raising awareness of secondhand smoke exposure to children in homes and in vehicles began in May 2016 and will run through March 2017 includes four different PSAs that were tested among NH residents throughout the state for meaningful and emotional content. The purpose of the campaign is targeting voluntary policies in homes and vehicles rather than driving calls to the NH Tobacco Helpline. 1-800-Quit-Now and www.QuitNowNH.org
- Submitted Quarter 3 (July 1- September 30, 2016) Helpline data to the National Data Warehouse. Quarter 4 will not be completed until February 2017.
 - 291 calls were made to the 1-800-QUIT-NOW (784-8669), which includes 35 voice mails left and 3 hang-ups.
 - 161 callers participated in at least one counseling appointment and over 300 coaching appointments were participated in.
 - 291 nicotine replacement therapy kits with 2 weeks of patches were mailed.
 - 262 practitioner referrals to QuitWorks-NH were logged
 - 38 people enrolled for coaches through www.QuitNowNH.org
- Mid-January an adult cessation media campaign will be airing on WMUR. The purpose of this campaign is to inform the public about Quit Now NH cessation services:1-800-QUIT-NOW (784-8669); www.QuitNowNH.org. This campaign will run 2 animated ads, "No Judgement, Angie" and "No Judgement, Wendell" plus a real-time "Carls' Coffin" ad. These ads will run through June 30, 2017
- To date assisted over 50 NH Housing Authorities and other Property Management Companies who have multi-unit housing around the state adopt smoke-free policies. It is estimated that 38,048 individuals living in 13,618 units now are able to breathe smoke-free air in their homes.
- Assisted thru a contract with the University System of NH and the Community College System of NH for schools to adopt 100% campus tobacco free policies. As of June 2016, visitors, students and staff at 15 NH college/universities campuses are in a cleaner environment.
- A contract with the Community Health Institute (CHI) to continue to partner with NH Colleges/Universities in educating, building awareness and working towards adopting a 100% campus tobacco free policy on additional campuses in the future.
- The Tobacco Regulatory Science Journal has accepted the NH Vape Shop Surveillance Project for publication in the spring 2017 edition. This project was a partnered with the University of North Carolina, Gillings' School of Global Public Health.

SURVEILLANCE

GOAL: *Maintain, enhance, & use the current asthma surveillance system to accurately describe geographic and demographic trends in asthma prevalence, hospitals encounters, and the burden of asthma in the state.*

- The New Hampshire Asthma Control Program currently relies on the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavioral Survey (YRBS) data 2015 for asthma surveillance.
 - According to the BRFSS and YRBS data, asthma burden is the highest in Coos county, Manchester and Nashua cities with 22.39%, 21% and 15% successively.
 - We are missing BRFSS Asthma Call back data because we did not get the minimum of 75 responses to get a weighted dataset for Childhood Asthma Callbacks. CDC was thinking about combining data from (2011, 2012, 2013 and 2014) years in one data set so we can use.
 - NH did not participate in 2015 BRFSS ACBS because we were not getting any improvement. According to the CDC guideline, these data are needed to analyze if asthma is controlled or not.
- The NH Asthma Control Program received the 2010, 2011, and 2012 hospital discharge data at the end of December 2016 and the data is being analyzed. The 2013 data is expected later this month, and the 2014 and 2015 data in future months.
- The Asthma Control Program Epidemiologist has gained access to the NH Comprehensive Health Care Information System (payer data). This will be another data set that can be used to access asthma control in New Hampshire.

EVALUATION

- Asthma evaluation activities over the past three months largely focused on evaluation planning as many new ACP activities are beginning this fall and others are sufficiently underway to begin collecting data.
 - Fielded a survey of FQHC providers to learn about implementation of new asthma EMR tools. Currently analyzing results.
 - Fielded survey of school nurses in NH to collect background information to inform training work related to implementation of SB322 in schools. Results to be analyzed in the next couple of weeks.
 - Currently working on design of evaluation looking at linkages across different organizations (schools, primary care, public health, community-based organizations) in priority communities of Nashua, Manchester, and Berlin.