



California Asthma Control Strategies: Assessment of Asthma Control Strategies in California

Natalie Sacramento, MPH
Jacklyn Wong, PhD
Ashley Kissinger, DrPH, MPH, AE-C
Amy Smith, MPH

California Breathing
Environmental Health Investigations Branch
California Department of Public Health
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California Breathing

California Breathing focuses on asthma surveillance and developing interventions that improve asthma self-management and environmental conditions that cause or exacerbate asthma in the most burdened communities.



Overview of Three-Part Webinar Series

- 1) Burden of Asthma in California
 - Recording available soon
- 2) Asthma Management Academy and Evaluation Results
 - Recording available soon
- 3) Assessment of Asthma Control Strategies
 - TODAY, 2021, 10:30am-12pm PST



Webinar Objectives

- 1) Present and review findings of 2020 Assessment of Asthma Control Strategies
- 2) Propose recommendations based on findings
- 3) Gather feedback on recommendations

POLL





Assessment

Survey Design

Online-based
survey designed by



Input from

California Tobacco
Control Branch and
Office of Health Equity



Distributed by



Questions about:

- Service area
- Priority Populations
- Asthma services provided

EXHALE Strategies

- E:** Education on asthma self-management
- X:** Extinguishing smoking and secondhand smoke
- H:** Home visits for trigger reduction and asthma self-management education
- A:** Achievement of guidelines-based medical management
- L:** Linkages and coordination of care across settings
- E:** Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources



EXHALE
Strategies to help people
with asthma breathe easier

Survey Distribution

- RAMP distributed survey in February 2020
- Over 2,000 recipients from several listservs
- Audience included:



Clinics, hospitals, health care organizations



Managed care organizations (MCOs)



Others



State, county, local government agencies



Community-based and non-governmental organizations

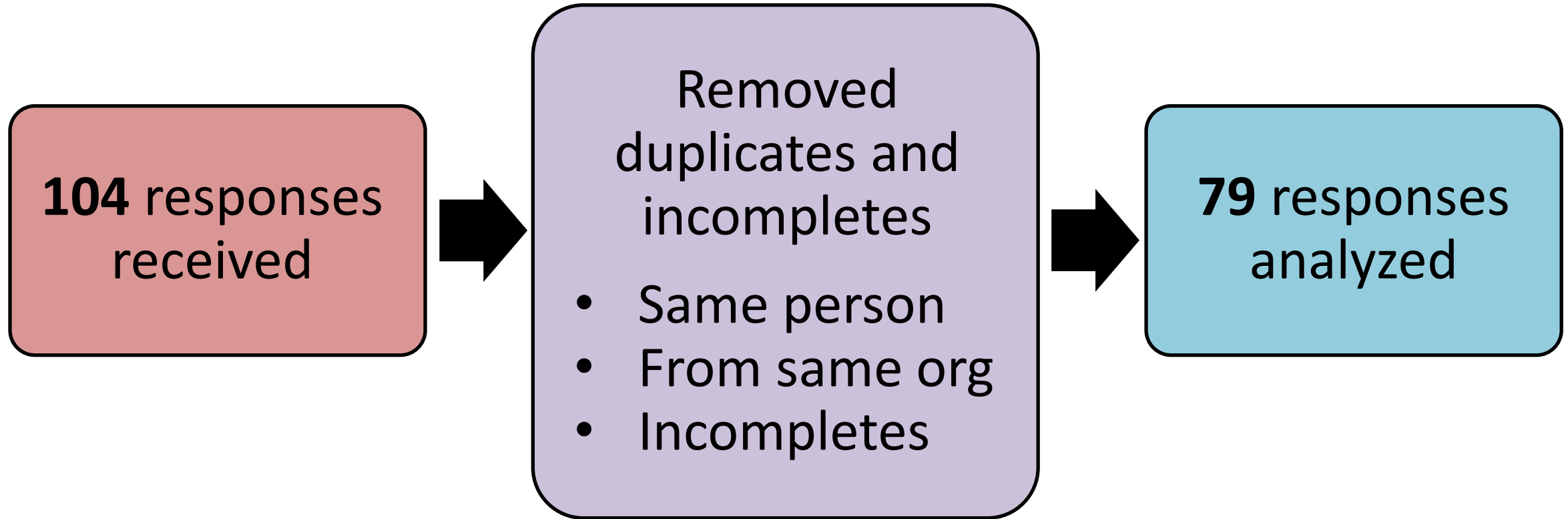
- Prioritized Central Valley organizations and Medi-Cal MCOs

Impact of COVID-19 on Survey Response



- Reduced response rate
- Introduced response bias
 - Local health departments
 - Health care systems and clinical organizations
- Postponed follow-up interviews

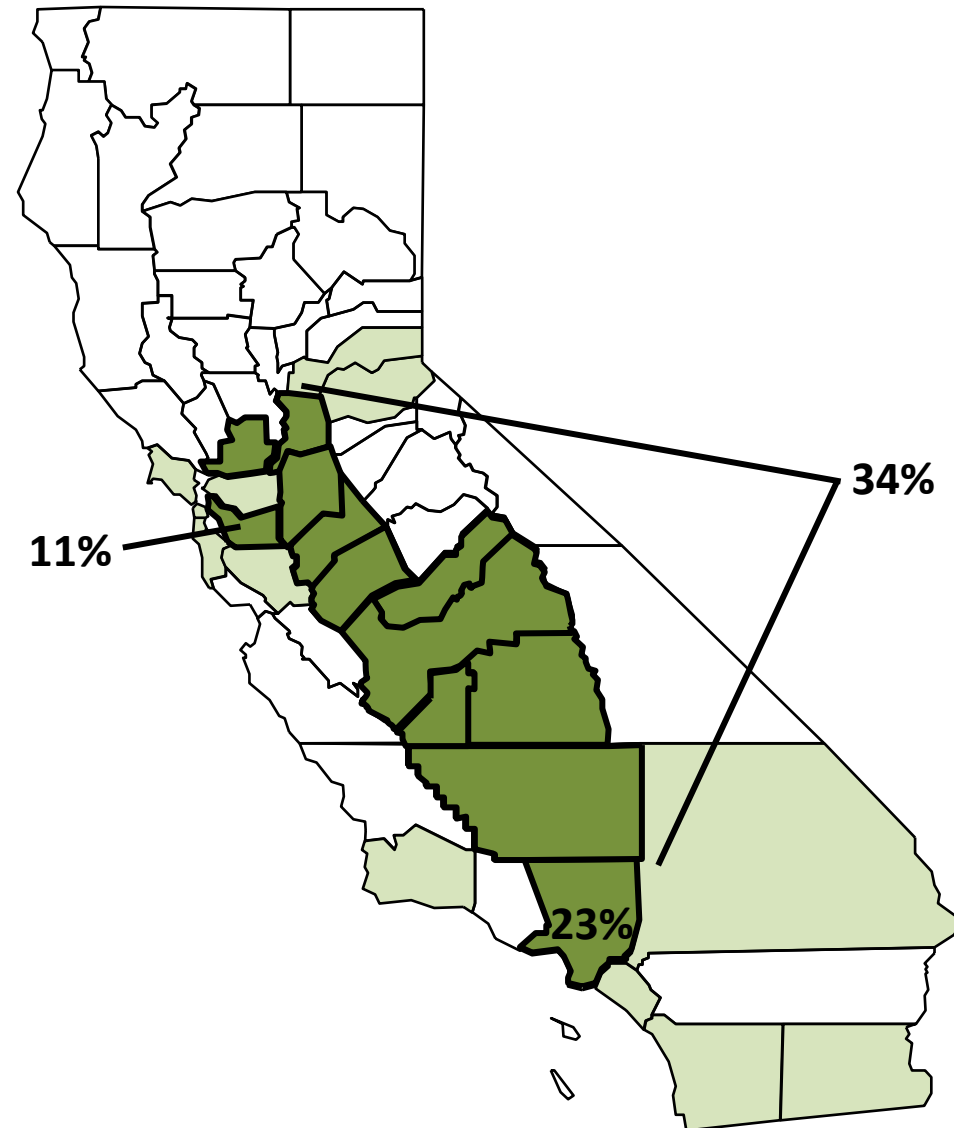
Survey Respondents



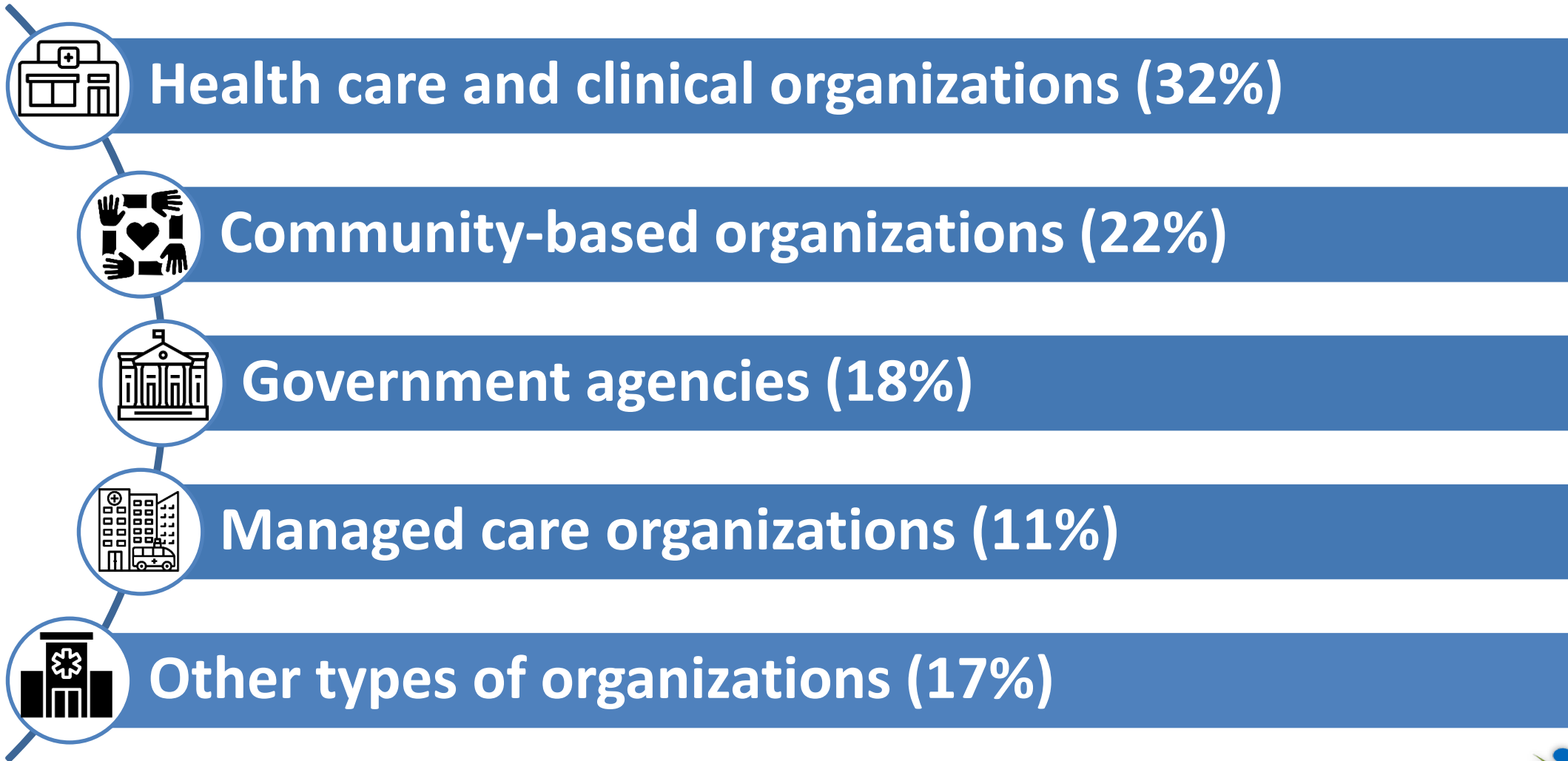
Geographic Distribution

24 counties across California

- Los Angeles County
- Alameda County
- 10 counties in Central Valley



Organization Types (N=79)



Organization Characteristics (N=79)



91% serve
children

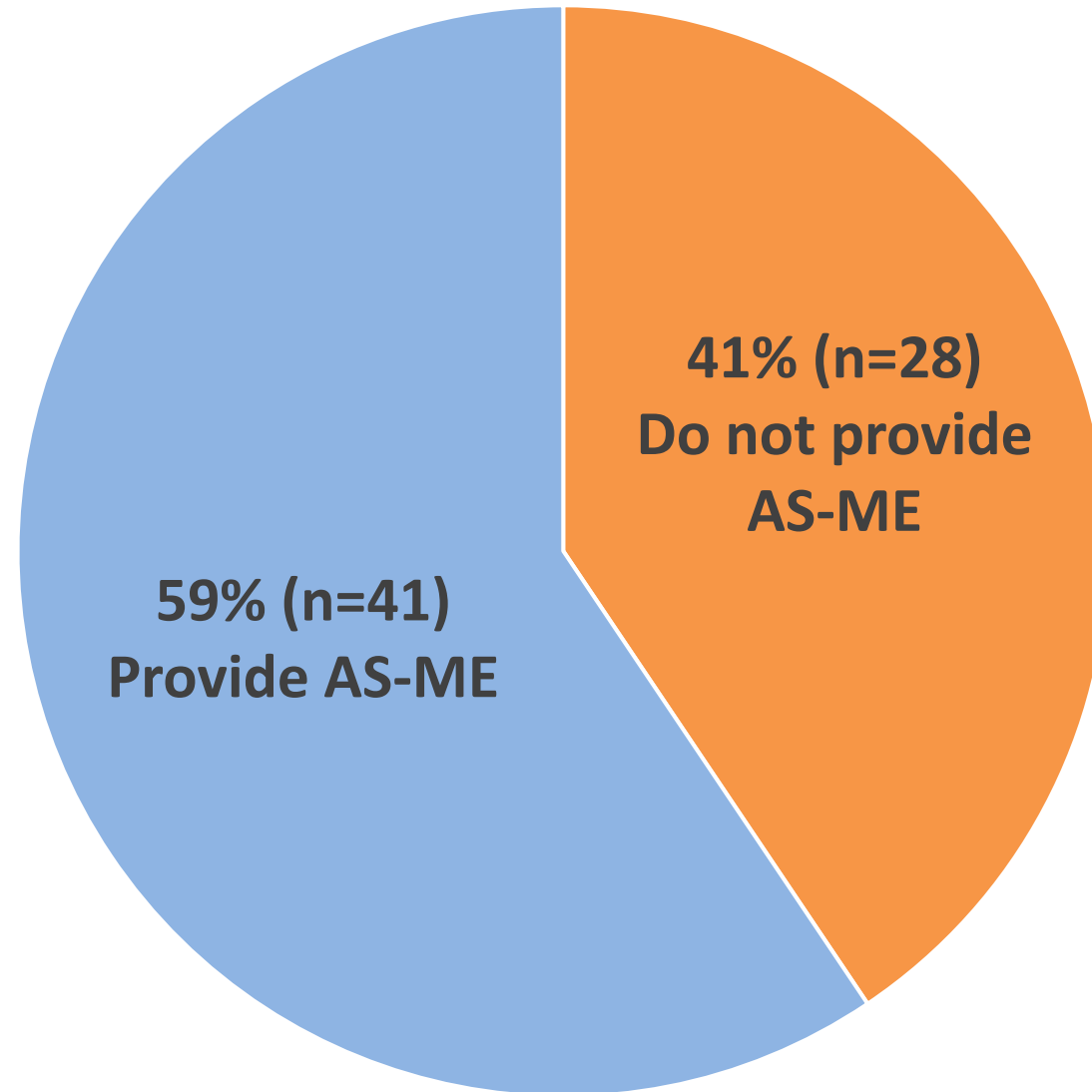


48% provide
clinical services

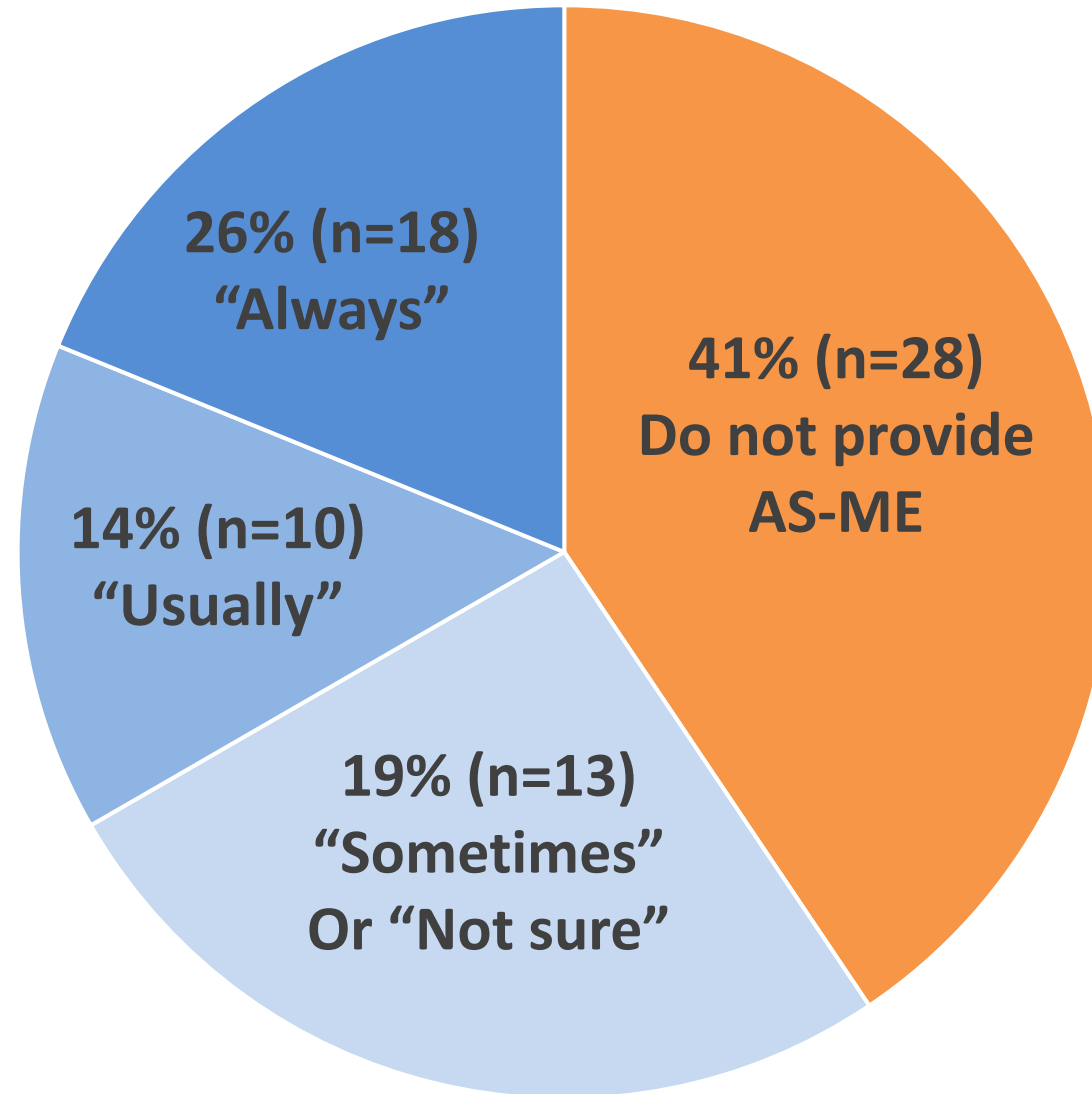


Assessment Findings

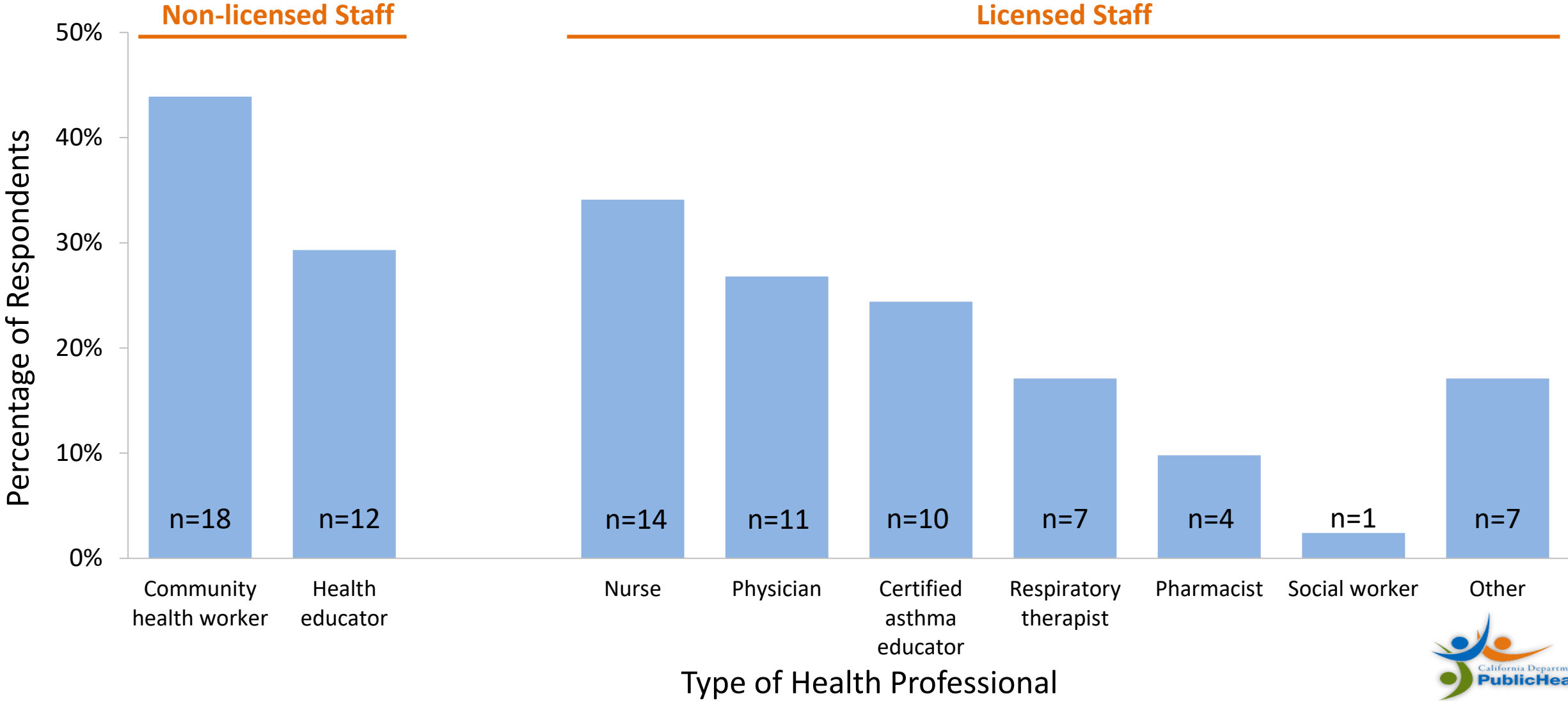
Asthma Self-Management Education (AS-ME) (N=69)



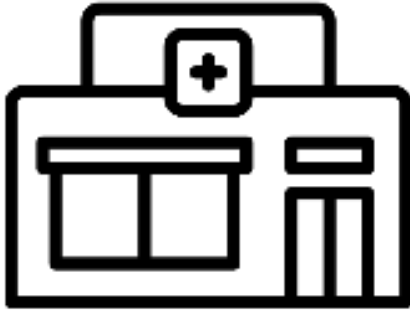
Asthma Self-Management Education (AS-ME) (N=69)



Health Professionals Delivering AS-ME (N=41)



AS-ME Setting (N=41)



63% Clinical (n=26)



42% Home (n=17)



37% Telephone (n=15)



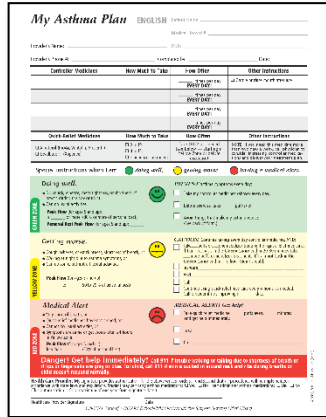
24% School (n=10)



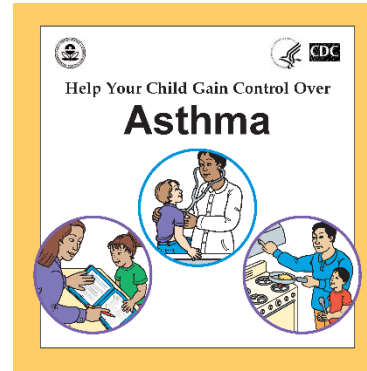
32% Other (n=13)

54% (n=22) provide AS-ME across multiples settings

AS-ME Tools (N=41)



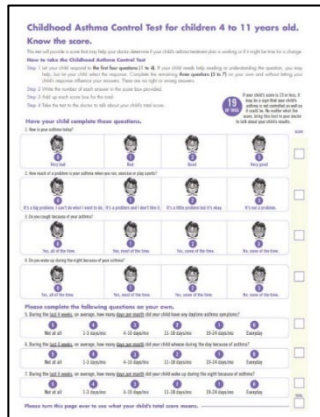
93% Asthma Action Plan
(n=38)



83% Asthma handouts
(n=34)



80% Teach-backs
(n=33)



54% Asthma Control Test (n=22)

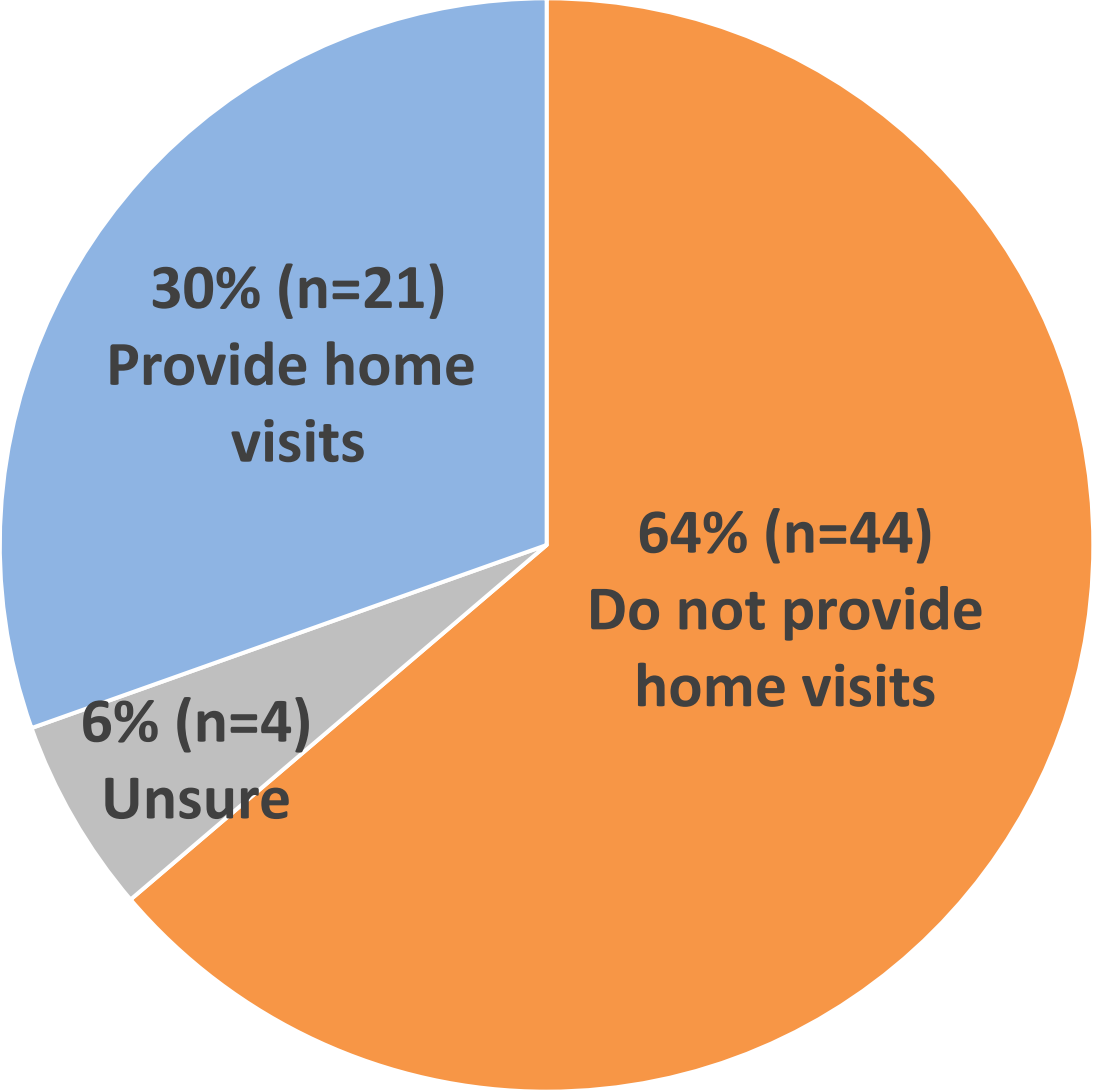


41% Peak flow meter
(n=17)

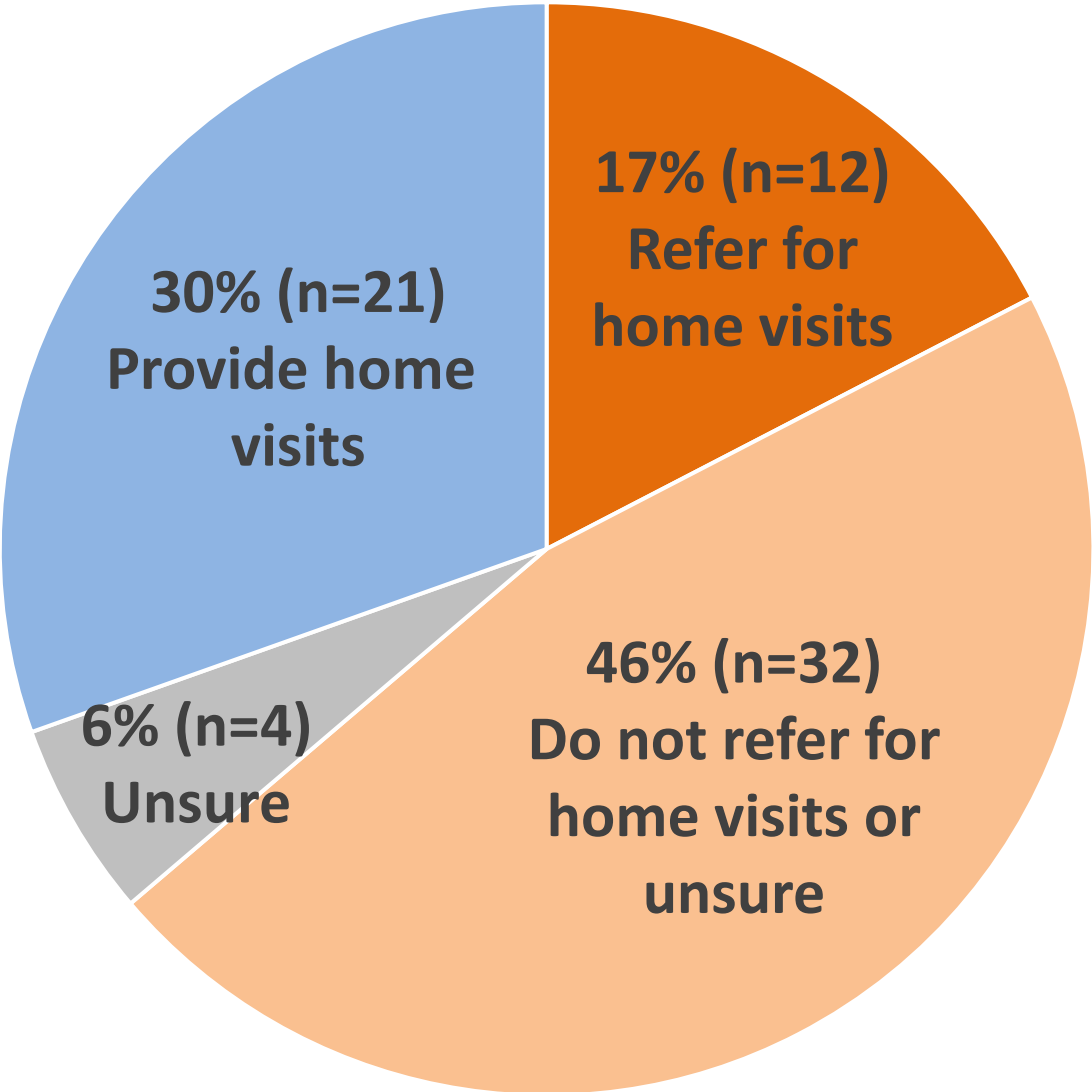


17% Other
(n=7)

Home Visits for Trigger Reduction and AS-ME (N=69)



Home Visits for Trigger Reduction and AS-ME (N=69)



Types of Organizations Providing Home Visits



Items Checked During Home Trigger Assessments (N=21)

Over 75%
check for:

Pets



Dust mites



Pests



Mold and



Chemical irritants or
volatile organic
compounds



Cooking problems



Unsafe heat sources,
lack of ventilation



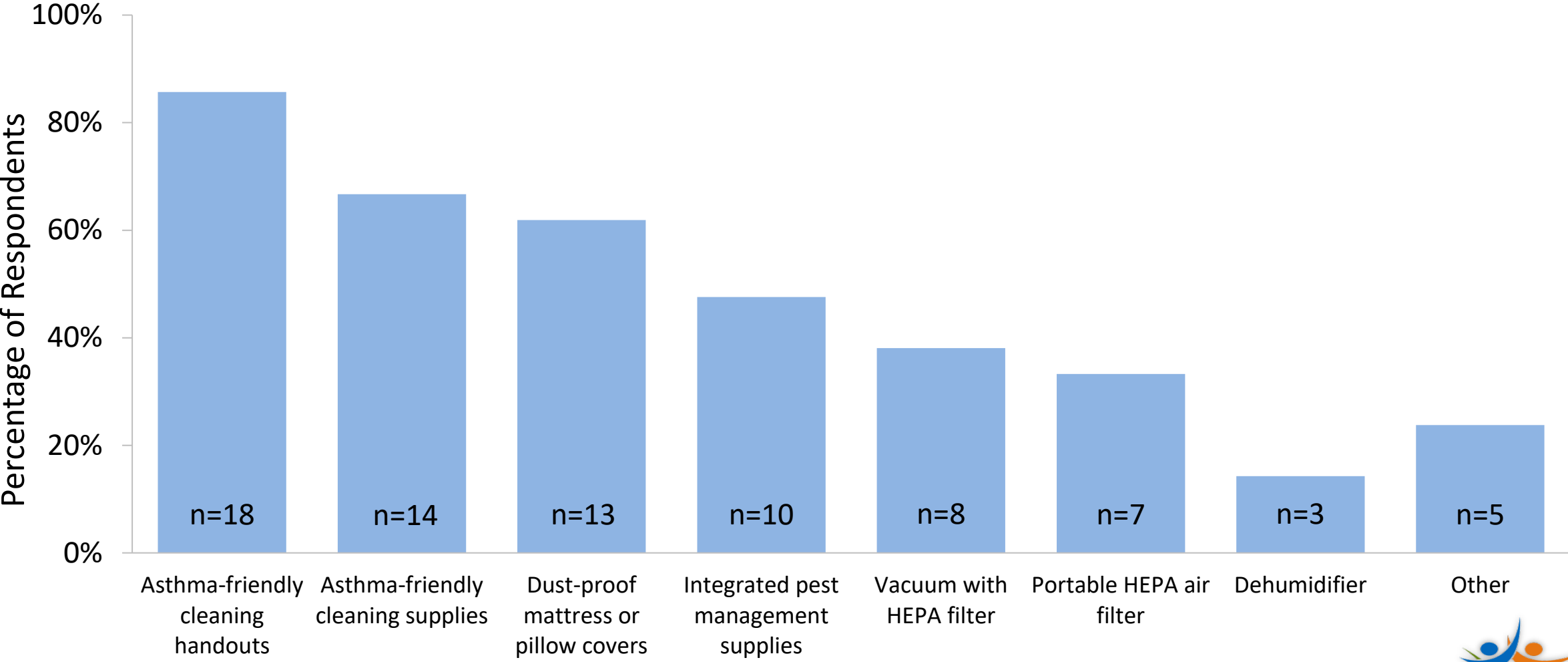
Smoking and
secondhand



Pesticides



Materials Provided During Home Trigger Assessments (N=21)

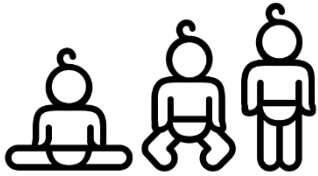


Trigger Reduction Materials

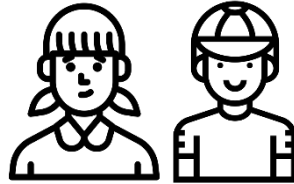


Guidelines-based Medical Management (N=36)

- Which guidelines-based services?
- Which age groups?



Children 0-4 years



Children 5-11 years



Children and adults
12+ years

- 17% (n=6) provide all services for all age groups
- 17% (n=6) provide all services, but not for all age groups

Guidelines-based Services Provided by Age Group (N=36)

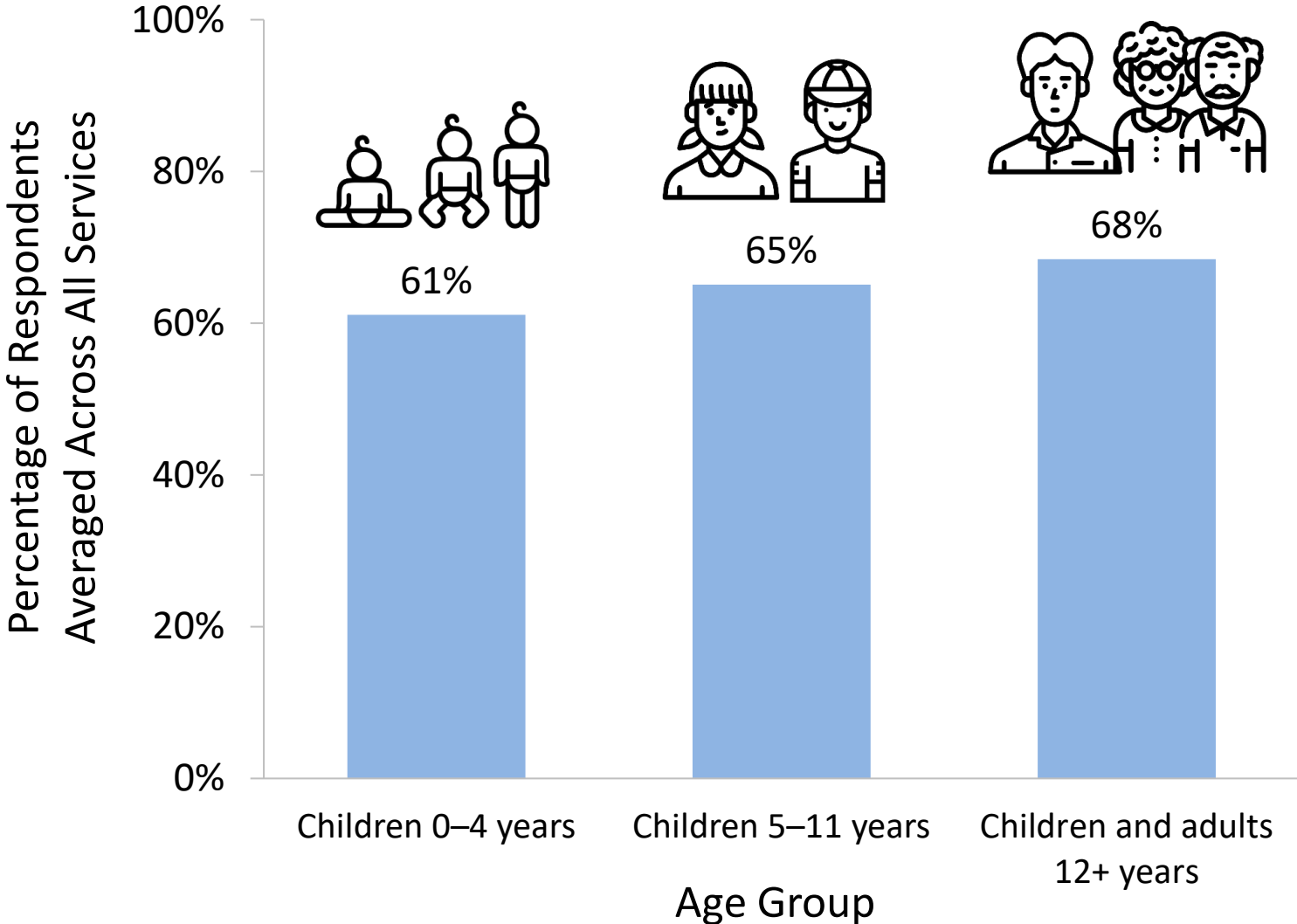


Image source: Noun Project

Guidelines-based Services (N=36)

Services provided by 70–80% of respondents:

Assess asthma control
Monitor asthma control



Provide AS-ME



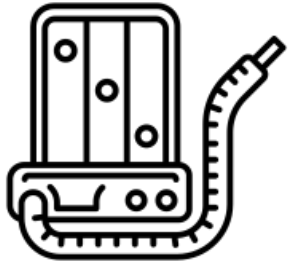
Recommend ways to reduce exposure to allergens, irritants, and pollutants



Guidelines-based Services (N=36)

Services provided by 60–70% of respondents:

Diagnose asthma
Assess asthma severity



Prescribe medication according
to National Asthma Guidelines



Prescribe spacer



Step up medications
Step down medications



Develop written
Asthma Action Plan



Provide annual
flu vaccine



Guidelines-based Services (N=36)

Least commonly provided services:

Provide allergy testing
(47%)



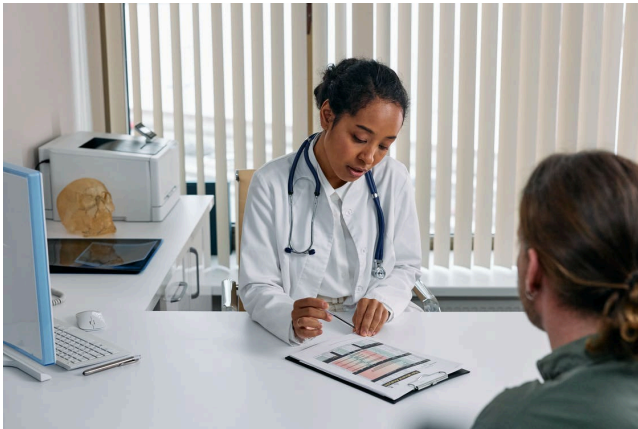
Prescribe peak flow meters
(39%)



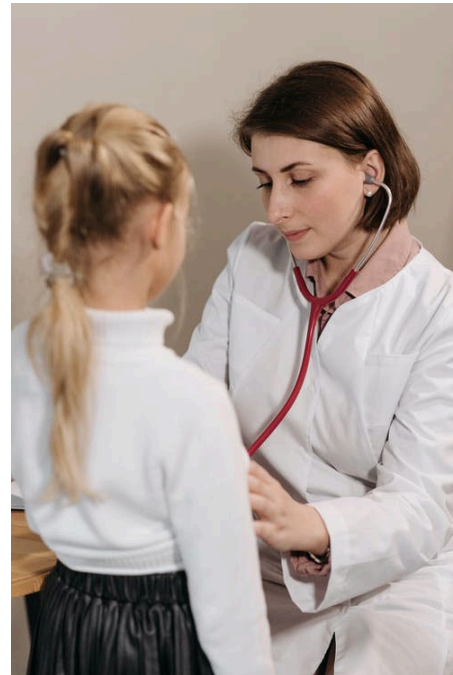
Diagnosing Asthma (N=25)

Methods used:

100% Patient history
(n=25)



92% Physical exam
(n=23)



80% Spirometry
(n=20)



Determining Asthma Severity (N=28)

Most common methods:

100% Current symptoms
(n=28)



93% Patient history
(n=26)



86% Emergency
asthma-related
healthcare encounters
(n=24)



82% Asthma episodes
requiring oral steroids
in past year
(n=23)



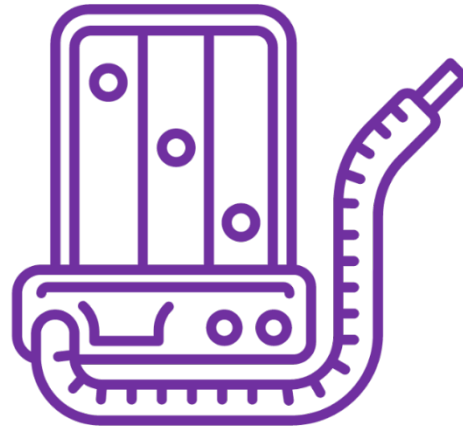
Determining Asthma Severity (N=28)

Less common methods:

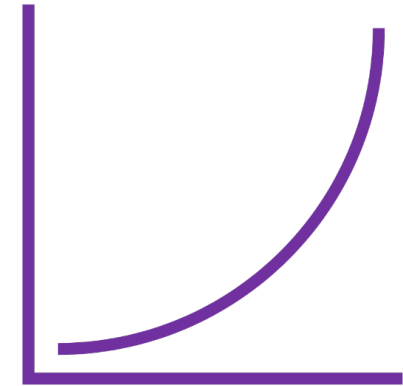
71% Physical exam
(n=20)



64% Spirometry
(n=18)



14% Fractional exhaled
nitric oxide (FeNO) testing
(n=4)



Determining Asthma Control (N=30)

Frequency: 70% (n=21) assess asthma control at every visit

Most common methods:

97% Patient history
(n=29)



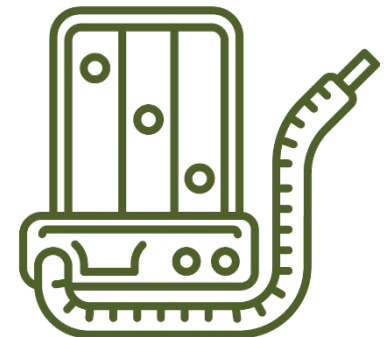
77% Physical exam
(n=23)



60% Asthma Control Test
(n=18)



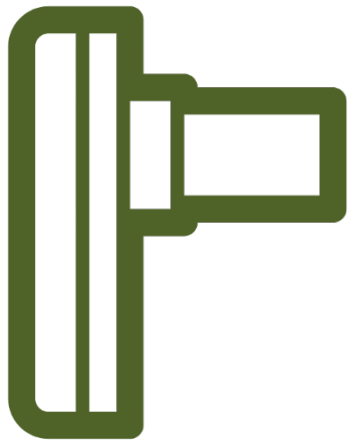
60% Spirometry
(n=18)



Determining Asthma Control (N=30)

Less common methods:

50% Peak flow meter
(n=15)



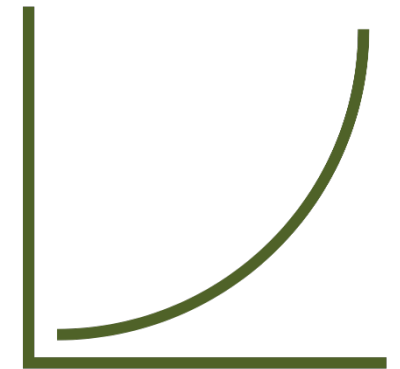
40% Pharmacy
refill records
(n=12)



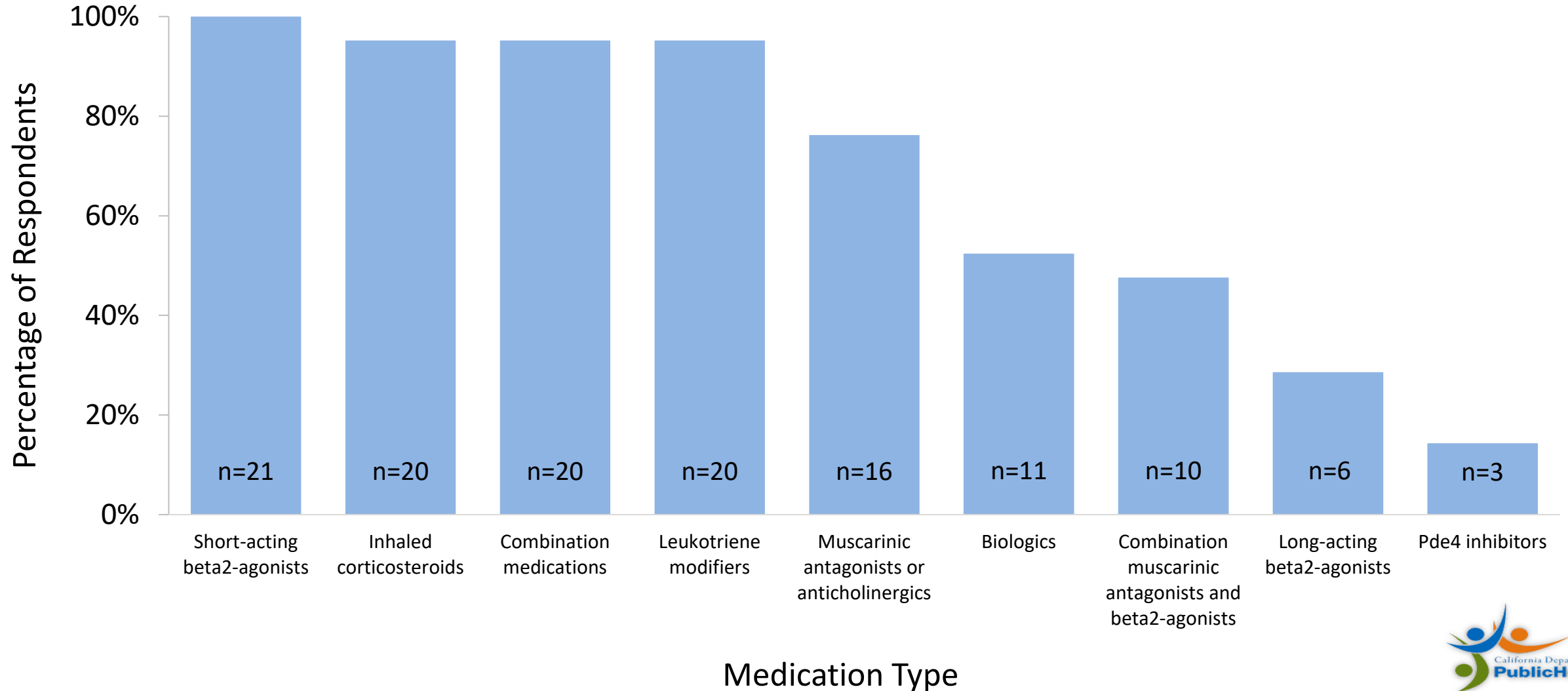
27% Quality-of-life
questionnaire
(n=8)



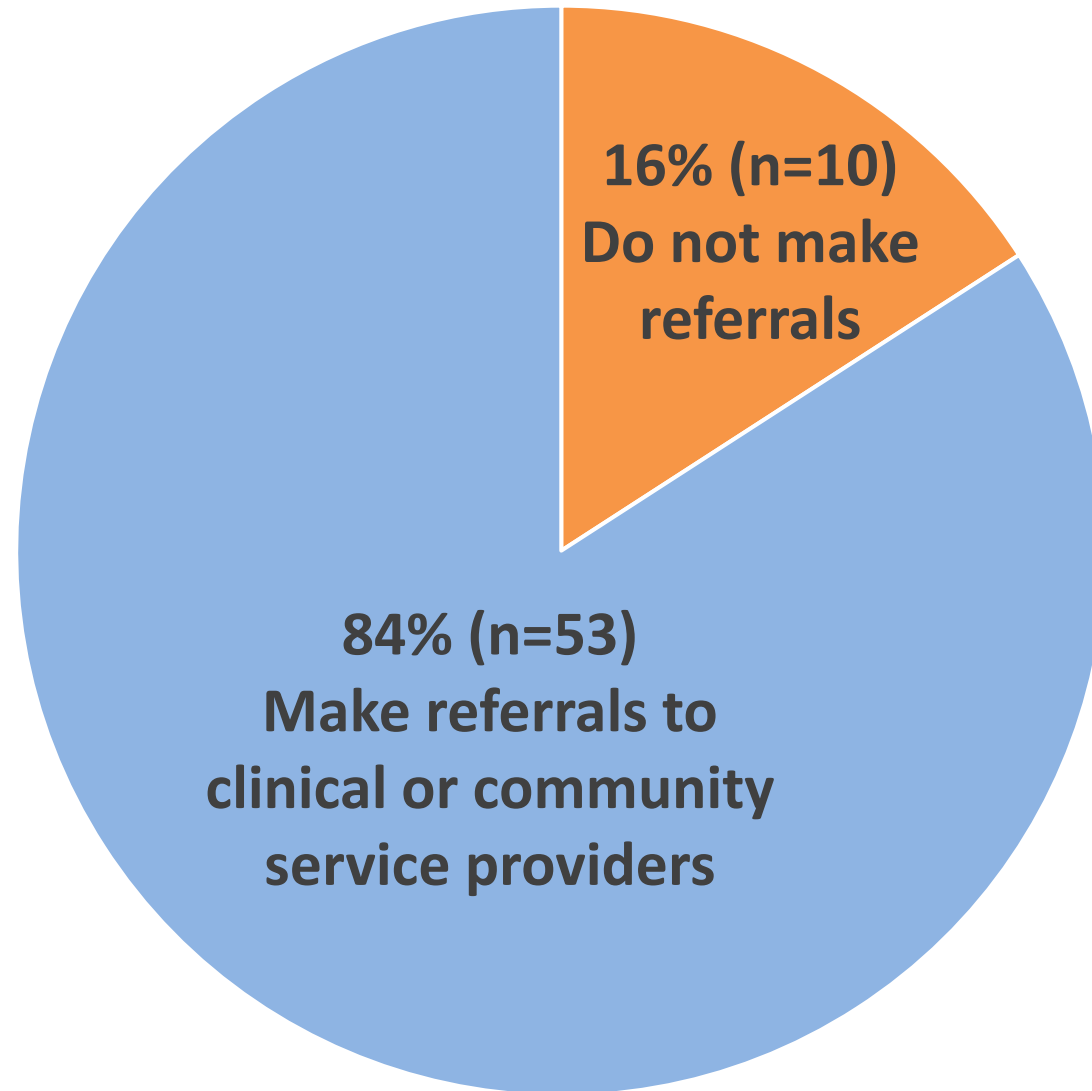
17% FeNO testing
(n=5)



Asthma Medications Prescribed (N=21)



Asthma Linkages – Making Referrals (N=63)



Referrals Made to Clinical Service Providers (N=63)

40% Mental or behavioral health specialist (n=25)



35% Allergist (n=22)

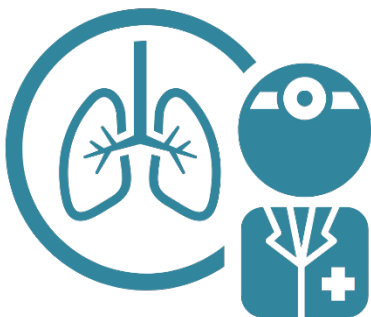


27% School or school-based health center (n=17)

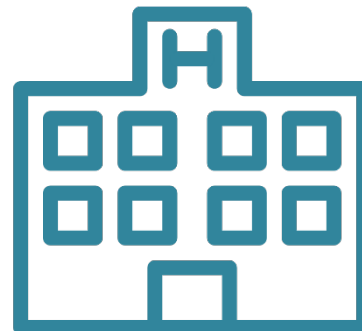


To:

25% Pulmonologist (n=16)



25% Hospital (n=16)



25% Health Plan (n=16)



Referrals Made to Community Service Providers (N=63)

To:

37% Legal services
(n=23)



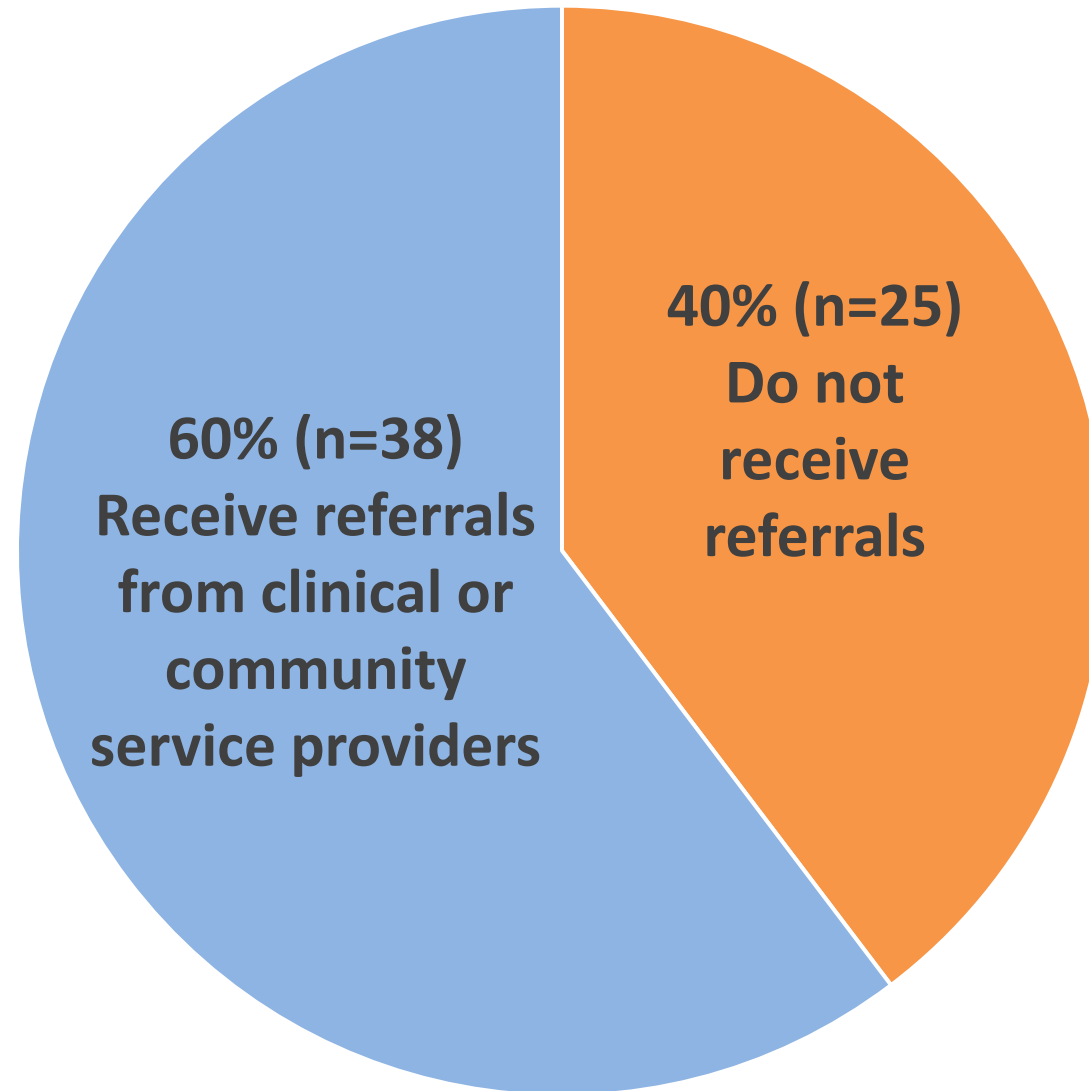
37% Housing
instability support
(n=23)



33% Home weatherization or
energy efficiency services
(n=21)



Asthma Linkages – Receiving Referrals (N=63)



Referrals Received from Clinical Service Providers (N=63)

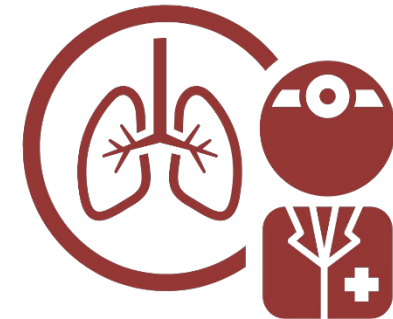
30% Hospital (n=19)



29% School or school-based health center (n=18)



24% Pulmonologist (n=15)



21% Health Plan (n=13)



14% Mental or behavioral health specialist (n=9)



13% Allergist (n=8)



From:

Referrals Received for Community Service Providers (N=63)

From:

6% Legal services
(n=4)



6% Housing
instability support
(n=4)



5% Home weatherization or
energy efficiency services
(n=3)

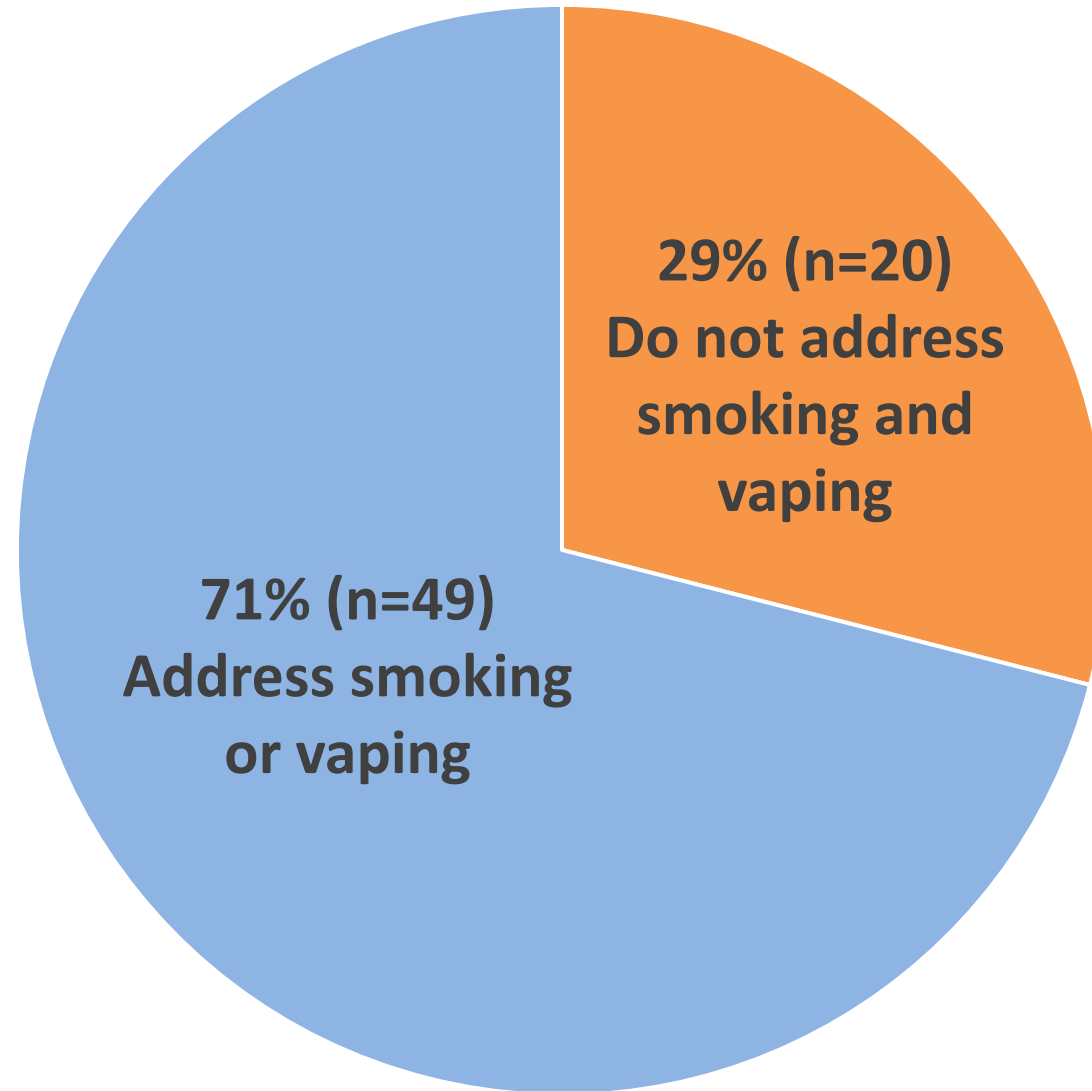


Participation in Asthma Coalitions (N=62)

58% (n=36) take part in coalitions addressing asthma



Addressing Smoking or Vaping (N=69)



Actions to Address Smoking or Vaping (N=69)

55% Refer to California Smokers' Helpline (n=38)



52% Advise quitting (n=36)



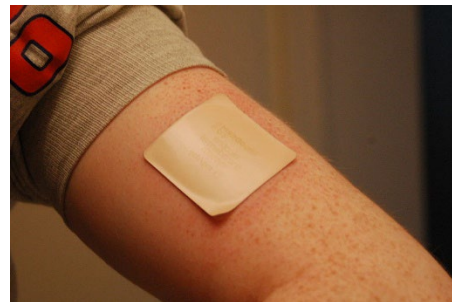
46% Educate about effects of smoking or vaping on lung health (n=32)



35% Refer to smoking cessation resources within health plan (n=24)



30% Discuss nicotine replacement therapy (n=21)



23% Discuss non-nicotine pills or prescriptions (n=16)



Policies or Best Practices to Reduce Asthma Triggers (N=63)

51% (n=32) involved in environmental policy change or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources

Policies to reduce:



Outdoor air pollution



Smoking



Pollution from diesel and freight trucks

Advocacy to promote:



Community air monitoring

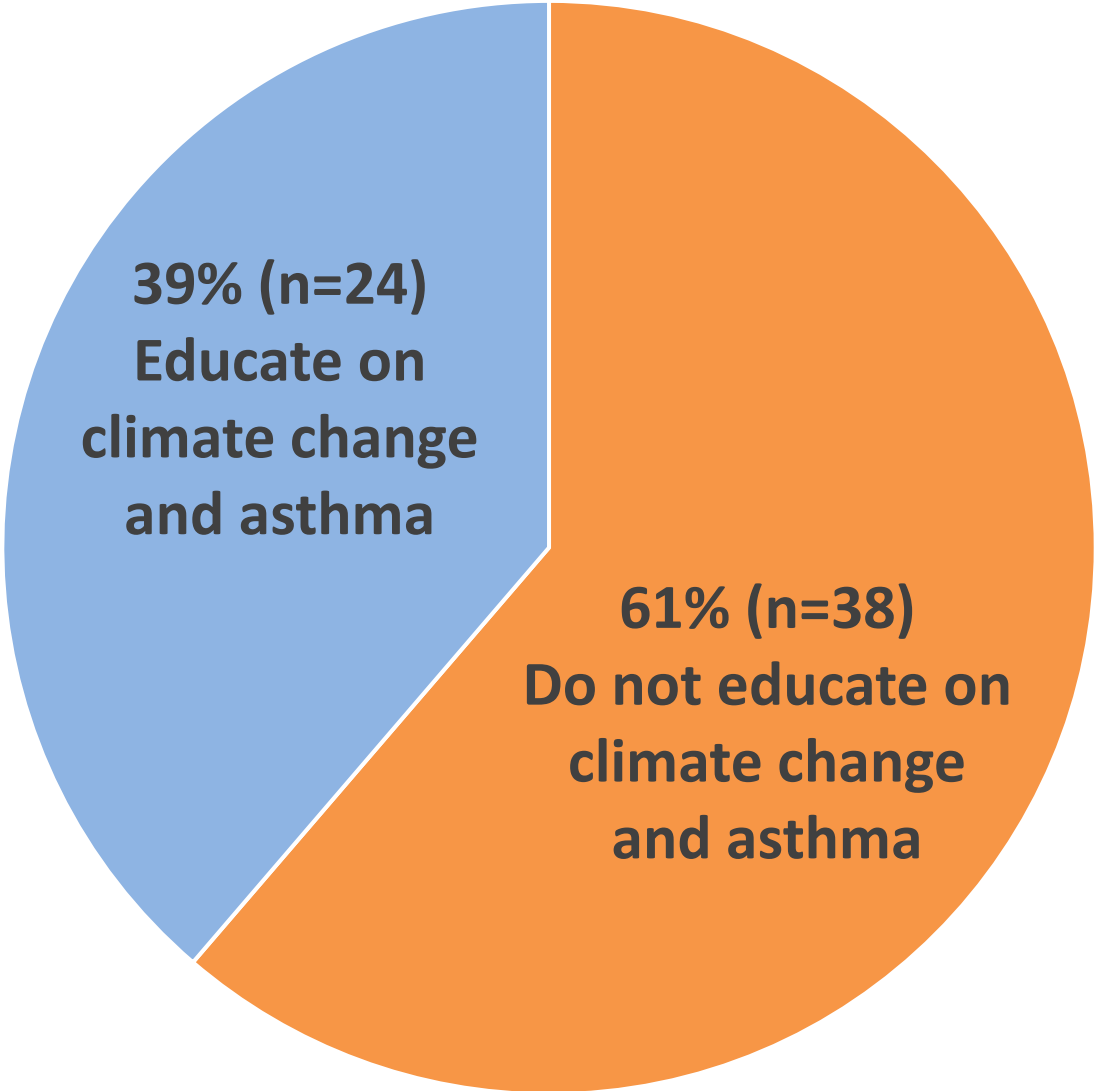


Healthy housing

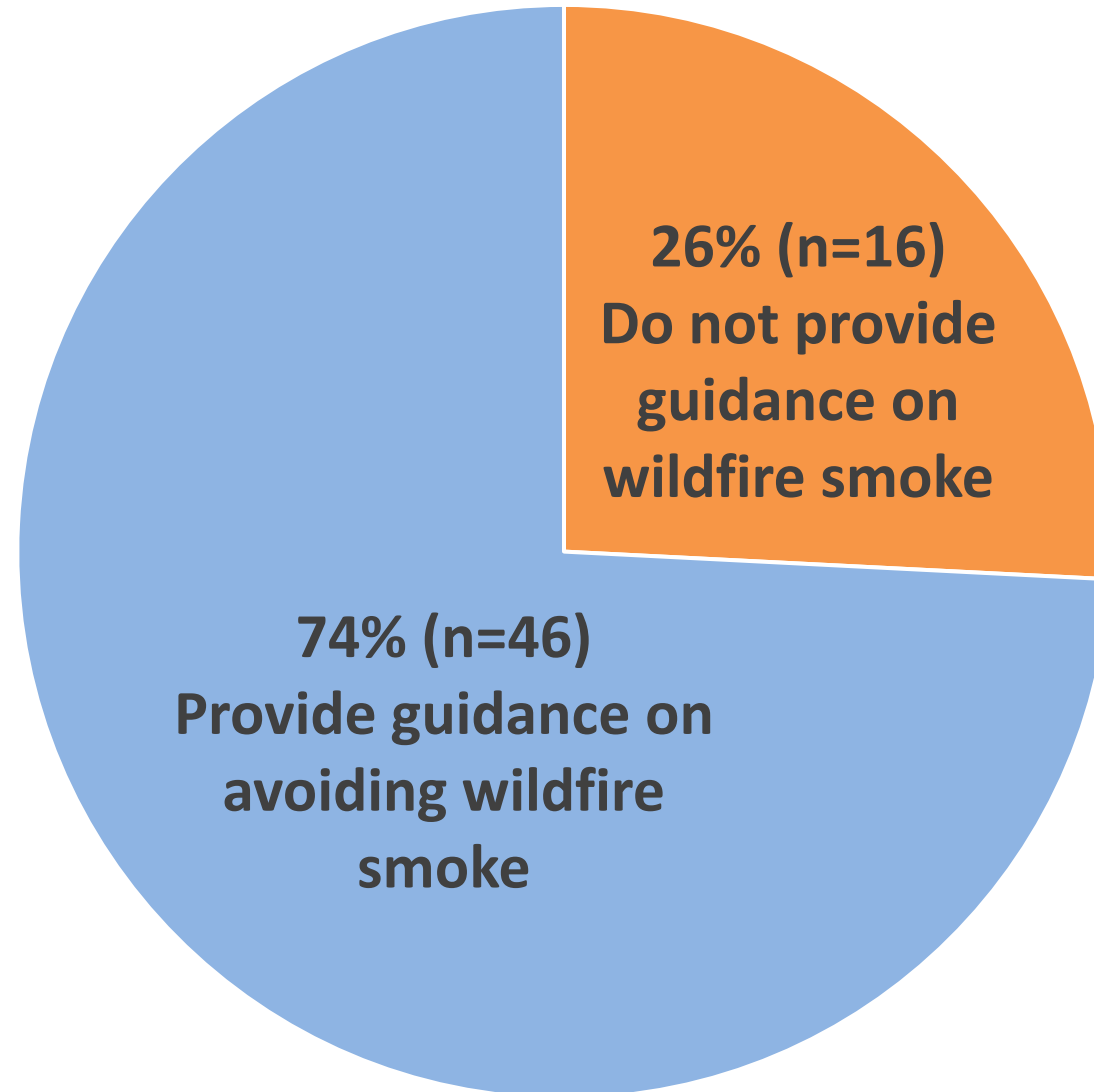


Improved indoor air quality at schools

Impact of Climate Change on Asthma (N=62)



Avoiding Wildfire Smoke (N=62)



Wildfire Smoke Guidance Provided (N=62)

71% Stay indoors or minimize trips outside of the home (n=44)



61% Reduce outdoor physical activity (n=38)



52% Stay with relatives or friends who are not impacted (n=32)



42% Use air filters or cleaners (n=26)



40% Minimize sources of indoor air pollution (n=25)



32% Have food and medicine on hand (n=20)



24% Go to clean air shelters or spaces (n=15)



23% Create a clean room in the home (n=14)



Questions?





Recommendations

Promote delivery of asthma self-management education (AS-ME)

Promote evidence-based AS-ME

- Promote delivery of culturally and linguistically appropriate and accessible AS-ME

- Adopt evidence-based AS-ME tools

- Assess asthma handouts



Childhood Asthma Control Test for children 4 to 11 years old.
Know the score.

This test will provide a score that may help your doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

How to take the Childhood Asthma Control Test

Step 1 Get your child's responses to the first four questions (1 to 4). If your child needs help reading or understanding the questions, you may help, but let your child answer the responses. Consider the remaining from questions (5 to 7) on your own and without letting your child's responses influence your answers. There are no right or wrong answers.

Step 2 Write the number of each answer in the score box provided.

Step 3 Add up each score box for the test.

Step 4 Take the test to the doctor to talk about your child's total score.

Have your child complete these questions.

1. How is your asthma today?

Very bad	Bad	Good	Very good
1	2	3	4

2. How much of a problem is your asthma when you run, exercise or play sports?

It's a big problem. I can't do what I want to do. It's a problem and I don't like it.	It's a little problem but it's okay.	It's not a problem.
1	2	3

3. Do you cough because of your asthma?

Yes, all of the time.	Yes, most of the time.	Yes, some of the time.	No, none of the time.
1	2	3	4

4. Do you wake up during the night because of your asthma?

Yes, all of the time.	Yes, most of the time.	Yes, some of the time.	No, none of the time.
1	2	3	4

Please complete the following questions on your own.

5. During the last 4 weeks, on average, how many days per month did your child have any daytime asthma symptoms?

Not at all	1-3 days/week	4-10 days/week	11-18 days/week	19-24 days/week	Everyday
1	2	3	4	5	6

6. During the last 4 weeks, on average, how many days per month did your child wake during the night because of asthma?

Not at all	1-3 days/week	4-10 days/week	11-18 days/week	19-24 days/week	Everyday
1	2	3	4	5	6

7. During the last 4 weeks, on average, how many days per month did your child wake up during the night because of asthma?

Not at all	1-3 days/week	4-10 days/week	11-18 days/week	19-24 days/week	Everyday
1	2	3	4	5	6

Please turn this page over to see what your child's total score means.



Increase number of organizations delivering asthma education

Increase the number of organizations in California delivering high-quality, comprehensive AS-ME to the communities most burdened by asthma

➤ Progress through Asthma Mitigation Project



Promote asthma home visiting

Promote asthma home visiting

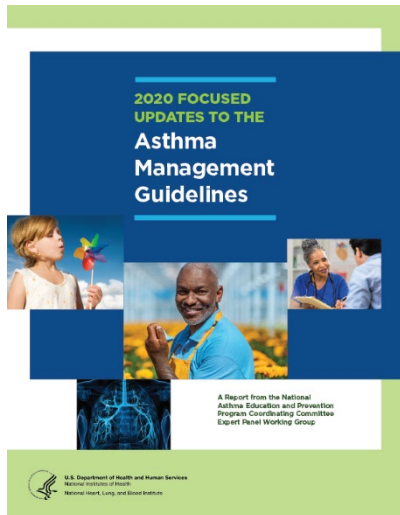
- Provide support to new and existing home visiting programs
- Create linkages to asthma home visiting programs



Promote implementation of guidelines-based asthma care

Promote implementation of national guidelines-based asthma care

- Promote national asthma guidelines to health care providers
- Promote the use of spirometry to diagnose asthma and to annually assess asthma severity
- Promote frequent monitoring of asthma control, ideally at each visit



Promote linkages to asthma care

Promote linkages to asthma care

- Support coordinated care programs for people with asthma



- Promote health education in team-based asthma care



- Promote linkages between asthma stakeholders and community and social service programs



Promote environmental policies

Promote environmental policies and best practices related to asthma

➤ Support statewide networks and coalitions focused on environmental policies and best practices related to asthma

➤ Promote education and resources of how climate change affects asthma



Questions?



Assessment Recommendations Feedback Discussion

- What are your overall impressions of the assessment findings?
- What are your thoughts about the provided recommendations based on these findings?
- What are some of the barriers to implementing these recommendations?

Acknowledgements

Thank you for making the assessment possible!

- Assessment Survey Participants
- Regional Asthma Management & Prevention
- CDPH California Tobacco Control Branch
- CDPH Office of Health Equity
- Centers for Disease Control and Prevention

Thank you for the webinar support!

- Leonie Avendano
- Elena Peterson
- Lori Copan



Thank you for attending!

- Fill out the survey at the end of this webinar
- Find the recordings of all three **California Asthma Control Strategies webinars** at: www.cdph.ca.gov/californiabreathing
- For more information,
Email: California.Breathing@cdph.ca.gov