The San Diego Regional Asthma Coalition

Strategic Plan

2002–2005

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Executive Summary

Asthma is a critical international public health problem. In the United States, the rates of asthma deaths, hospitalizations, and emergency department visits have been increasing for more than two decades. Asthma now brings 2 million Americans per year into the emergency departments and claims 5,000 lives (National Center for Health Statistics, 1992–1999).

In San Diego County, approximately 150,000 adults and children in San Diego County suffer from asthma (American Lung Association, 2002). It is a leading cause of serious chronic illness and hospitalizations in San Diego County. During 1997–1998, over 5,000 asthma-related hospital visits and 1,225 asthma-related 911 calls were recorded (California Office of Statewide Health Planning and Development, 1998–1999; County Emergency Medical Services Prehospital Database, 1998–1999). Over a five-year period (1994–1998), 259 San Diego County residents died from asthma-related causes (California Department of Health Services, 1994–1998).

In recognition of these alarming facts, San Diego County organizations joined together to create a Coalition to address asthma. The San Diego Regional Asthma Coalition is a collaborative of diverse agencies and individuals committed to providing leadership in identifying, developing, mobilizing, and coordinating resources to prevent asthma and positively impact the lives of people affected by asthma. In October 2001, the San Diego Regional Asthma Coalition (Asthma Coalition) began a 6-month strategic planning process to develop a 3-year plan for the Asthma Coalition with specific outcomes and strategies that will reduce asthma and its related impacts in San Diego County. The planning process was inclusive of all members of the Coalition and other key community stakeholders (i.e. schools, health agencies, hospitals, community clinics, health plans, community based organizations, and businesses). Individuals directly affected by asthma, such as parents of children with asthma and adults with asthma, also contributed to the planning process through focus groups.

The Asthma Coalition Strategic Plan is intended to serve several purposes:

1) To define the problem of asthma in San Diego County, the actions that need to be taken, and the priorities for actions;
2) To create accountability for results;
3) To organize collective efforts to achieve results that no one person or entity can achieve on their own.

Key Goals:

Awareness Goal

1. To increase awareness of asthma and asthma prevention and treatment resources in the San Diego region.

Outreach and Education Goal

2. To increase the number of high quality, multicultural/multilingual asthma prevention and treatment resources.

Medical Treatment Goal

3. To improve the quality of medical treatment of asthma.

Research and Data Goal

4. To increase knowledge and understanding of how asthma impacts the San Diego region by supporting increased primary research and increasing accessibility to existing asthma data and research.

Environmental Goal

5. To advocate for improved indoor and outdoor air quality in San Diego County.

Leadership Goal

6. To establish the Coalition as a leader in asthma prevention and treatment.

Background

What is Asthma?

Asthma is a respiratory disease resulting from airway inflammation and limitation. Symptoms include wheezing, coughing, shortness of breath, and chest tightness. Although the actual cause of asthma is not known, asthma episodes (also known as asthma exacerbations or asthma attacks) can be triggered by a variety of allergens or irritants. These include respiratory infections, exposure to environmental allergens (e.g., pets, dust mites, pollen, mold) or other irritants (e.g., exercise, tobacco smoke, changes in the weather). Asthma is a chronic condition and currently cannot be cured. However, most asthma episodes can be prevented with appropriate management including both preventive medications and environmental controls.

The prevalence of asthma has steadily increased over the past two decades to affect approximately 15 million people living in the United States (US Department of Health and Human Services, 2000). Children under five experienced the highest rate of increase. From 1980–1996, the number of asthma-related school absence days increased from 6.6 million to 14.0 million. During the same time period, the number of work absence days increased from 6.2 million to 14.5 million (Centers for Disease Control and Prevention, 2002). In addition, asthma is responsible for almost 2 million emergency department visits, 480,000 hospitalizations, and 4,700 deaths per year (CDC, 2002). It has been estimated that the cost of asthma exceeds $12.7 billion per year (National Institutes of Health, 2001).

The United States government recognizes that asthma is a tremendous challenge in this country. In response, asthma is a targeted priority in Healthy People 2010, and the Department of Health and Human Services has developed "Action Against Asthma", their strategic plan to deal with the asthma epidemic (2000).

Approximately 3.9 million people in California report that they have been diagnosed with asthma (UCLA Center for Health Policy Research, 2001). The overall asthma prevalence is 8.8%, although it ranges from 5.7% to 14.1% in counties across the state. As a result, more than 300,000 people reported that they had an asthma-related emergency department visit, and almost 158,000 children, ages 0–11, limited their physical activity due to their asthma (UCLA HPR, 2001). The State of California is committed to address this growing public health issue, as evidenced by its Strategic Plan for Asthma in California (California Department of Health Services, 2001).

San Diego Asthma Surveillance

The Asthma Surveillance Pyramid is a model developed by the Centers for Disease for Control and Prevention used to describe the spectrum of severity for asthma. (See Appendix 1.)

Although not all the data described in the pyramid is available locally, public health organizations can use this model in describing San Diego's asthma problem.

In general, the bottom of the pyramid refers to the largest proportion of the population and lowest severity of asthma. Subsequent levels in the pyramid refer to increased severity of asthma that affect smaller populations. The highest level on the surveillance pyramid refers to deaths due to asthma.

The overall prevalence of asthma in San Diego County is 8.0% (UCLA HPR, 2001). Currently, San Diego's surveillance of asthma includes asthma mortality and asthma hospitalizations. With the assistance of the County of San Diego Health & Human Services Agency, Community Epidemiology, the most recent data available for the county were collected. (See Appendix 2.)

These data include:

- Asthma Mortality
- Asthma Hospitalizations
- Emergency Department Visits
- 911 Calls
- School Nurses Reports
- Local Research Studies and Pilot Studies

Sources for these data are described below.

Asthma Mortality

Death data and population estimates from San Diego Association of Governments (SANDAG) are used to calculate death data. All deaths in San Diego County occurring between 1994 and 1998 were included if an underlying cause of death for asthma (ICD-9 493) was listed on the death certificate.

From 1994 to 1998, 259 asthma-related deaths occurred among San Diego County residents. The overall age-adjusted rate, based on the 1940 standard population, was 1.5 deaths per 100,000 population. The mortality rate was slightly higher among females than males and substantially higher for African Americans and Asians/Others than Whites and Hispanics. People ages 55 and older were more likely to die from asthma than those of younger ages.

Asthma Hospitalizations

Hospital discharge data and population estimates from San Diego Association of Governments (SANDAG) are used to calculate the hospitalization rate. All hospital discharges in San Diego County from 1997–1998 with a primary diagnosis of asthma (ICD-9 493) were selected.

During 1997–1998, there were 5,041 asthma-related hospital discharges in San Diego County. The overall age-adjusted hospital discharge rate during this time was 91.0 per 100,000 population. The hospitalization rate was higher among females, and African Americans were more likely to be hospitalized for asthma. People under age 15 and over age 55 experienced greater hospitalization rates than those of other age groups.

Emergency Department Visits

According to the National Institutes of Health, the overall age-adjusted rate of emergency department visits for asthma increased between 1992 (58.8 per 10,000) and 1995 (70.7 per 10,000).

San Diego does not currently have a comprehensive picture of emergency department (ED) visits from all hospitals for all age groups. Recently, a California state law was passed requiring ED data to be reported to the state. Such data will be available via hospital discharge data. It is expected that a report will be available to the public two years after data collection.

For the purpose of informing the Strategic Plan, ED data were collected from Children's Hospital, San Diego. However, the data reported in Appendix 2 is not representative of San Diego County regional emergency departments.

911 Calls

All 911 emergency calls are reported through the County of San Diego Health and Human Services Agency, Emergency Medical Services (a division of the Fire Department). 911 emergency asthma patients are determined when asthma is the chief complaint. This information is entered in the Pre-Hospital Database. It is important to note that although asthma is the chief complaint at the time the 911 call is made, a different diagnosis may be established through the emergency department or hospitalization.

School Nurses Reports

Asthma data are found in the School Nurse Reports that are submitted to San Diego City Schools. These reports include the percent of school children known by the school nurse to have asthma. However, there are several limitations to this data. They include: 1) the methods of data collection vary considerably, 2) some schools have large portions of students commuting from other zip codes, and 3) asthma rates only include cases of which the school nurse has current knowledge. Limitations in time and the nurse to student ratio also impact these rates.

Local Research Studies and Pilot Studies

Other types of asthma data have been collected in San Diego County. A sample of Local Research Studies and Pilot Studies related to asthma are included in Appendix 3.

Development and Use of the Strategic Plan

This strategic plan documents the goals, strategies, and key actions of the Coalition. The Coalition members drew upon their experience and applied participatory planning to determine the group's future and to ensure maximum agreement. In addition, *Charting the Course II: A San Diego County Health Needs Assessment*, published by Community Health Improvement Partners in 1998, *Healthy People 2010*, and the *Strategic Plan for Asthma in California 2001* were integral to the development of this strategic plan.

A Planning Guide Team was responsible for working closely with a consultant to design the planning process. The planning process was fully inclusive of all members of the Coalition and other key stakeholders desiring to participate. The strategic planning process took place over 6 months from October 2001–March 2002. Operational planning commenced in April 2002.

Targeted focus groups were conducted to ensure the input of key stakeholders who were unable to participate in the scheduled planning meetings (e.g., parents of children with asthma, adults with asthma that work during the day, and healthcare providers). Focus groups were conducted county-wide in Spanish, Vietnamese, and English (for Caucasian, African American, and Filipino groups) to capture regional and cultural differences. In the community focus groups, parents and patients with asthma shared their daily experiences including issues about raising a child with asthma and/or living with asthma themselves. The healthcare provider focus groups addressed knowledge of asthma resources and barriers to asthma care. Overall, there was significant consensus regarding the problems of asthma and the strategies needed to address them. See Appendix 4 for the focus group summary results.

The Strategic Plan Framework

The Strategic Plan Framework documents the agreements that were reached by the Asthma Coalition, during its 2001–2002 planning process, with respect to its mission, its guiding beliefs and principles, its vision (or definition of a "perfect world"), and its definitions of the critical issues related to asthma and its treatment and prevention. Based upon this framework of agreement, the Asthma Coalition developed its plan of action which is documented in its Goals and Objectives and its Operational Plan for 2002–2004.

The Framework Agreements…

Mission Statement

The San Diego Regional Asthma Coalition is a collaborative of diverse agencies and individuals committed to providing leadership in identifying, developing, mobilizing and coordinating resources to prevent asthma and positively impact the lives of people affected by asthma.

The Coalition's Guiding Beliefs and Principles for Working Together

WE BELIEVE we have a common purpose.
THEREFORE we set aside our competitiveness and pool our resources to achieve our shared vision and fulfill our mission and we share accountability and responsibility for the Coalition's successes and challenges.

WE BELIEVE that consistency of individual participation over time is important in building relationships and is necessary for successful collaboration.
THEREFORE Coalition members are expected to attend all Coalition meetings and events and to take responsibility for staying informed regarding Coalition actions and decisions.

WE BELIEVE each Coalition member has a voice.
THEREFORE all opinions are respected and diverse opinions are encouraged.

WE BELIEVE consensus makes for better decisions.
THEREFORE we make decisions that all those present at a meeting or forum agree "they can live with it" and once consensus has been reached all Coalition members agree to support the decision.

WE BELIEVE each person affected by asthma has unique needs.
THEREFORE each person has a right to an individually focused care plan within agreed upon standards of care.

WE BELIEVE the San Diego region is a culturally, linguistically and economically diverse community.
THEREFORE we strive for diversity among our members and we recognize that resources must be offered in ways that meet diverse needs.

WE BELIEVE all people regardless of cultural, social, economic, religious or other difference deserve the right to timely, accurate, and accessible information, education and treatment.
THEREFORE services/information/resources must be readily and easily available where people live, work or go to school

WE BELIEVE individuals, families, organizations (civic, commercial and public benefit) and communities have existing strengths/resources.
THEREFORE we look for strengths/resources to build upon.

WE BELIEVE all people are entitled to indoor and outdoor environments that promote good respiratory health.
THEREFORE we promote healthy housing and universally applied standards of air quality.

In A Perfect World…

- We know the cause of asthma, it is prevented and no longer exists
- There is a widespread, proactive education campaign so everyone knows what to do to prevent problems
- People suffering from asthma know it is not their fault
- Necessary supplies are readily available
- There is a coordinated care system that ensures supplies and care
- Nobody discriminates/fears those with asthma—they are encouraged to participate
- There are no tobacco sales of any kind
- There are no liquor/tobacco ads
- Building codes support the highest indoor air quality in schools, public buildings, businesses and homes
- Ambient air quality meets all standards
- Indoor air quality standards exist
- All inhalers have spacers already attached and are always used properly—people know how to use peak flow meters
- There is one pill that does it all
- There is a vaccine that prevents asthma
- The healthcare system is easy to use (user friendly)
- Resources are available for adults with asthma and cost is not an issue
- Care is consistent—messages are the same any where you go (agreed upon standards)
- Asthma is diagnosed early and treatment begins immediately
- The community supports a person with asthma
- All schools have nurses and meet standard of care ratios
- All schools have the equipment and medication they need to treat asthma
- All school nurses teach families about asthma management
- School data systems tell us why kids miss school; give us info about absences due to asthma
- School classrooms are clean, dust-free, good air quality, have “state of the art” HVAC systems and are asbestos-free; no carpet.
- All businesses are clean, dust-free, good air quality, have “state of the art” HVAC systems and are asbestos-free; no carpet.
- Homes are clean, dust-free, good air quality, have “state of the art” HVAC systems and are asbestos-free; no carpet.
- Teachers and child care workers are knowledgeable about children’s allergies
- Common allergens/irritants are banned—peanuts on airplanes, smoking everywhere, etc.

Possible Indicators of Progress…

- Reduced hospitalizations, emergency department, and urgent care visits for asthma
- Decreased unscheduled doctor’s visits for asthma
- Increased scheduled doctor’s visits
- Decreased asthma-related school and work absences
- Increased appropriate use of asthma medications
- Reduced permanent/serious complications resulting from asthma
- Decreased mortality due to asthma
- Eliminated racial and ethnic disparity in morbidity and mortality
- Decreased prevalence of asthma
- Increased use of classification of asthma severity
- Increased use of asthma action plans

The Asthma Coalition Goals and Objectives

The Asthma Coalition goals address the overarching asthma issues identified above in the Asthma Coalition's strategic planning framework. The goals will be achieved and progress evaluated over a 3-4 year timeframe. The related objectives are specific strategies that Asthma Coalition members and partners will implement during 2002–2004. Objectives will be reviewed and developed annually. Coalition workgroups have been created to lead and oversee the implementation of each goal.

Key Goals:

Awareness Goal

1. To increase awareness of asthma and asthma prevention and treatment resources in the San Diego region.

Outreach and Education Goal

2. To increase the number of high quality, multicultural/multilingual asthma prevention and treatment resources.

Medical Treatment Goal

3. To improve the quality of medical treatment of asthma.

Research and Data Goal

4. To increase knowledge and understanding of how asthma impacts the San Diego region by supporting increased primary research and increasing accessibility to existing asthma data and research.

Environmental Goal

5. To advocate for improved indoor and outdoor air quality in San Diego County.

Leadership Goal

6. To establish the Coalition as a leader in asthma prevention and treatment.

Awareness Goal

Rationale

Awareness of asthma includes an understanding:

1) of the serious nature of asthma
2) that asthma is controllable
3) that self-management is life-saving

Asthma awareness refers to how much one knows about asthma and available resources. Access to information is important to build more awareness of asthma and to acquaint people with the asthma prevention and treatment resources that are available.

Focus group participants validated the need for more public knowledge about asthma and increased availability of asthma information in the community. Additionally, they expressed that increased knowledge among parents would help them be more empowered.

The Asthma Coalition recognizes, therefore, that in order to positively impact asthma in the region, more awareness about asthma and asthma resources must be created over the next three years.

Goal 1:

To increase awareness of asthma and asthma prevention and treatment resources in the San Diego region.

Objectives:

1.A Produce and distribute a parent-friendly asthma resource directory

1.B Develop information distribution system—1-800 ASTHMA telephone line

1.C Develop information distribution system—Asthma Coalition web page

1.D Develop and implement a media/marketing strategy

The Information Creation and Dissemination Workgroup will develop the strategies to accomplish these objectives and will provide leadership and oversight for overall goal achievement.

Outreach and Education Goal

Rationale

Asthma disproportionately affects both lower-income and non-white individuals. In the US, California, and San Diego, the rates of asthma hospitalization and mortality are higher among minority groups than the general population. In San Diego, African Americans are 3 times more likely to die from asthma than Caucasians. Because the San Diego region is a culturally and linguistically diverse community, the number of culturally competent healthcare providers, educators, and outreach workers who understand asthma must be increased.

Focus group participants were concerned about the availability of school nurses, the level of knowledge that teachers had about asthma, and teacher's ability to appropriately address the needs of children with asthma. Focus group participants were especially concerned about physical education (PE) classes.

The Asthma Coalition recognizes, that in order to positively impact asthma in the region, outreach to diverse communities by educating and training those who interact with diverse communities such as health professionals, school nurses, promotoras, and health educators is vital.

Goal 2:

To increase the number of high quality, multi-cultural/multilingual asthma prevention and treatment resources.

Objectives:

2.A Develop and implement a culturally competent and relevant outreach and education program for school nurses, promotoras, and health educators.

The Outreach and Education Workgroup will develop the strategies to accomplish these objectives and will provide leadership and oversight for overall goal achievement.

Medical Treatment Goal

Rationale

THE 1997 National Heart, Lung, and Blood Institute (NHLBI) guidelines for the diagnosis and management of asthma are intended to “bridge the gap between current knowledge and practice” and improve the quality of care for asthma. Despite widespread awareness of the guidelines, poor implementation remains a problem, as demonstrated by under use of written asthma action plans and follow-up visits (Cabana, 2000). Healthcare providers play a critical role in translating evidence-based recommendations into improved outcomes. Healthcare providers cite economic disincentives, patient noncompliance, and inadequate time or resources as barriers to guideline implementation.

Our patient focus group participants agreed that the healthcare providers’ role in the diagnosis and treatment of asthma is important. Participants shared that they relied on their healthcare providers to address their questions and concerns about asthma care.

Participants in our healthcare providers focus group felt lack of time was their single greatest barrier to the delivering of asthma care. Additionally, they wanted help in implementing the guidelines in their practices.

The Asthma Coalition seeks to improve the quality of medical treatment of asthma by increasing the implementation of the national standards by health care providers, health systems, patients, and families.

Goal 3:

To improve the quality of medical treatment of asthma.

Objectives:

3.A Develop and implement an outreach and marketing strategy targeting health plans and primary care physicians to increase patient control plans and adherence to best practice standards.

The Outreach and Education Workgroup will develop the strategies to accomplish these objectives and will provide leadership and oversight for overall goal achievement.

Research and Data Goal

Rationale

Research and data are integral to understanding the impact of asthma. Information about asthma-related mortality, emergency department (ED) visits, and hospitalizations help to describe the burden of asthma in a community. In addition, data on asthma prevalence by ethnicity or the strategies that are most effective in decreasing asthma morbidity among specific groups aid in prioritizing outreach programs.

San Diego County currently lacks a coordinated, comprehensive asthma data surveillance and reporting system. Data may be collected by individual hospitals or health plans, however, morbidity, ED visits, and other asthma indicators are not accessible in one coordinated database. Although hospital discharge and mortality data are regularly monitored and available statewide, additional asthma-related data need to be collected. For example, statewide and county asthma prevalence has been recently made available via the California Health Interview Survey, conducted between November 2000 and September 2001.

In addition to statewide and countywide information, data resulting from local research studies and community pilot studies provide valuable information. In San Diego, extensive research is currently underway through community-based, school-based, and clinical studies. However, there is not a centralized research clearinghouse for which data and findings from these studies can be accessible.

The Asthma Coalition recognizes the need to increase knowledge and understanding of asthma through research and data collection.

Goal 4:

To increase knowledge and understanding of how asthma impacts the San Diego region by increasing accessibility to existing asthma data and research.

Objectives:

4.A Develop a tracking and reporting system on asthma research projects.

4.B Identify, create and distribute an "asthma report card" for San Diego County using existing data.

The Research and Data Workgroup will develop the strategies to accomplish these objectives and will provide leadership and oversight for overall goal achievement.

Environment Goal

Rationale

Air quality has a profound effect on human health. Environmental agents, which have been shown to exacerbate asthma, are an issue of concern, particularly in high-risk communities. Proper medical treatment combined with reductions in environmental triggers can prevent disabilities and the risk of death associated with asthma.

Outdoor air pollution (e.g., ozone, sulfur dioxides, particulates) and other irritants (e.g. tobacco smoke, nitrogen dioxides) are factors that have been shown to increase asthma symptoms and exacerbations. Locally, San Diego County does not meet government clean air standards for ozone and fine particulate matter.

Indoor air quality is a critical issue because most people spend 90 percent of their time indoors (US Environmental Protection Agency and the US Consumer Product Safety Commission, 1995). Indoor air pollutants such as molds, bacteria, viruses, pollen, dust mites, animal dander and pesticides can cause serious breathing problems. Other indoor environments such as office buildings and schools have been found to contain harmful contaminants that also impact respiratory health.

All focus groups discussed environmental concerns within their own home, at other homes, in schools, and in other buildings. Parents identified various triggers including smoking, dust, carpeting, pets, cockroaches, mold, and old houses. Outdoor air quality, smog, humidity, pollen, allergies, and seasonal changes were also included as triggers to be avoided.

The Asthma Coalition recognizes the need to advocate for improved indoor and outdoor air quality.

Goal 5:

To advocate for improved indoor and outdoor air quality in San Diego County.

Objectives:

5.A Identify and develop recommendations to improve indoor/outdoor air quality for schools, businesses, public building, and outdoor areas in the San Diego region.

5.B Provide oversight of the implementation of the Community Action to Fight Asthma (CAFA) Initiative.

The Environmental Issues Workgroup will develop the strategies to accomplish these objectives and will provide leadership and oversight for overall goal achievement.

Leadership and Policy Goal

Rationale

Collaboration and partnerships are vital for the implementation of community-wide asthma strategies, such as education, outreach, coordination of medical care and other services, environmental control measures, and research and data surveillance. San Diego's health systems, hospitals, clinics, schools districts, community based organizations, educators, and scientists have been actively working in asthma education, health management, policy development, and research.

Because of scarce resources, the Asthma Coalition recognizes the need for coordinated activities within our communities. It is the intent of the Coalition to use the Strategic Plan to provide linkages and show impact of these efforts to reduce the burden of asthma in San Diego.

Goal 6:

To establish the Coalition as a leader in asthma prevention and treatment.

Objectives:

6.A Build the organizational capacity of the Coalition; develop leadership, staffing and work structures. Position the Coalition as the central coordinating entity for asthma-related treatment and prevention activities in San Diego County.

6.B Work together to identify funding opportunities that support the goals and activities of the Coalition.

6.C Develop and implement a Business Advisory Board.

6.D Develop and implement an asthma education and advocacy plan that supports and reflects the work of the Asthma Coalition.

The Steering Committee will develop the strategies to accomplish these objectives and will provide leadership and oversight for overall goal achievement.

The Operational Plan 2002–2004

The operational plan is based upon the strategic plan and defines the details about how the goals and objectives will be achieved, the strategies to be implemented, the mission fulfilled and the vision achieved. Operational plans are very detail oriented and typically cover a specific time period—most often a year. The operational plans provide the basis for the budget and resource development plans and are important as a means of accountability.

Basic Operational Plan Components:

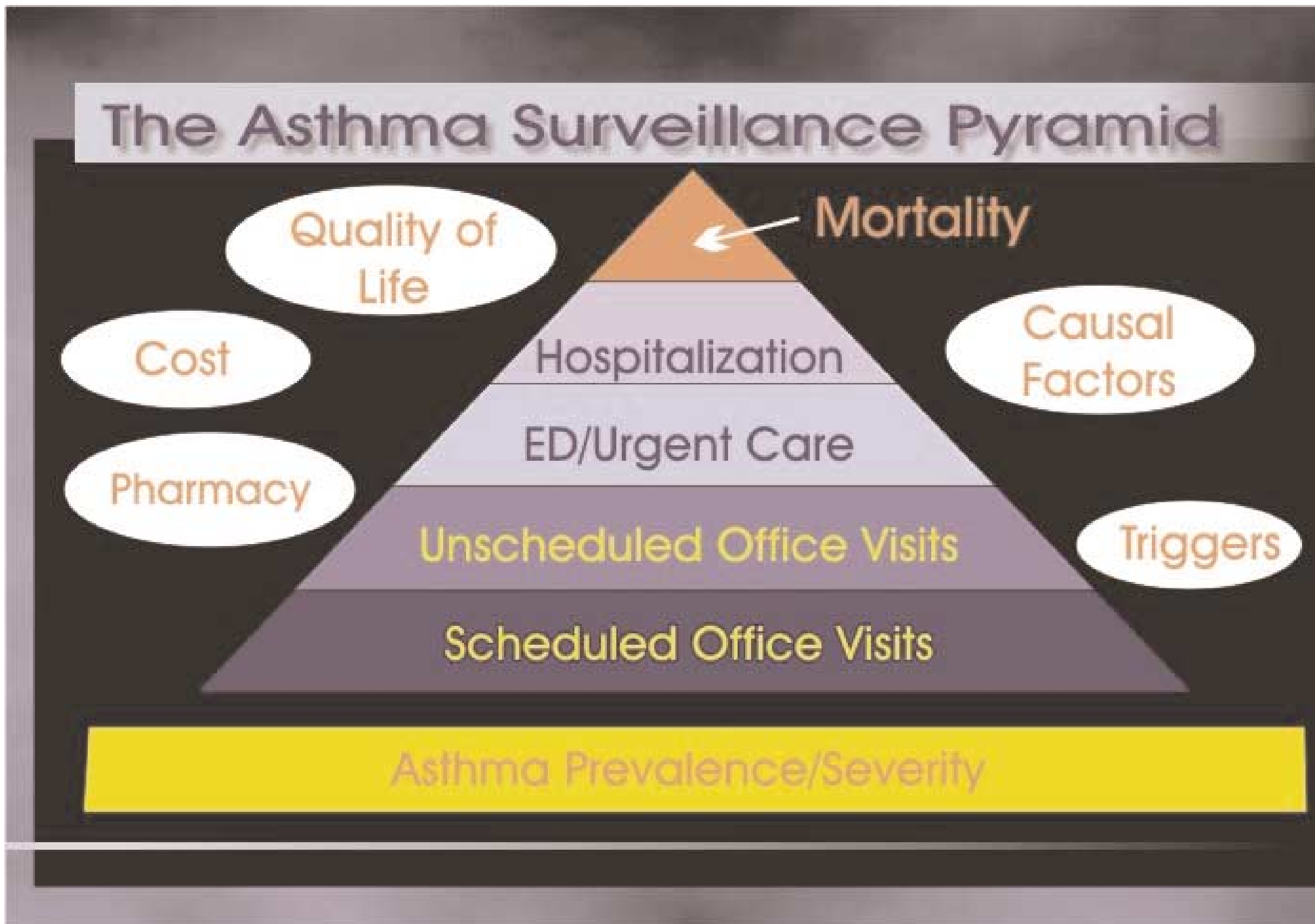
I. Define the measurable, annual objectives that will lead to achievement of the Asthma Coalitions long-term goals.

II. Develop an annual workplan for each objective that defines the key activities, completion timeline, lead person responsible, resources required—both people and dollars.

III. Develop the annual budget and resource development plan based upon the workplan.

A complete copy of the current Asthma Coalition Operational Plan is available upon request. Please contact the Asthma Coalition Coordinator at (619) 297-3901 or e-mail info@lungsandiego.org.

Appendix 1: The Asthma Surveillance Pyramid



Source: Centers for Disease Control and Prevention. "A Public Health Response To Asthma," Public Health Training Network Satellite Broadcast. Course Materials 2001

Appendix 2: Data Snapshot of San Diego County—Countywide Data

Type of Data	Countywide	Date	Data source	Data Availability	Key Findings
Number of Asthma-Related Deaths	259	1994–1998	California Death Statistical Master File	County-wide; All Zip Codes	The age-adjusted rates of asthma deaths by ethnicity were: *per 100,000* African/African-American 3.5 Asian/Other 3.0 White 1.4 Hispanic 0.5
Rate of Asthma Hospitalizations	85 per 100,000	1998	California Office of Statewide Health Planning and Development (OSHPD) Discharge Date, 1997	County-wide; All Zip Codes	The top five rates are for: *per 100,000* Mid City (92105) 280.4 Encanto (92114) 254.4 Logan Heights (92113) 252.2 North Park (92104) 227.8 Sherman Heights (92102) 227.8
Number of Asthma-Related Emergency Department Visits to Children's Hospital, San Diego	1366	FY 1999–2000	Children's Hospital, San Diego	County-wide; All Zip Codes	The highest number of visits were from: Mid City (92105) 94 Sherman Heights (92102) 64 Logan Heights (92113) 58 Encanto (92114) 56 Linda Vista (92111) 51 National City (91950) 51
Number of 911 Emergency Asthma-Related Calls	1143	FY 1998–1999	County Emergency Medical Services Prehospital Database	All San Diego Communities	The highest number of calls & the corresponding rates were from: *Calls* *per 100,000* Central 190 114.35 Mid City 122 77.02 Harbison-Crest 12 76.73 Southeast San Diego 119 119.00

Compiled for San Diego Countywide Asthma Action Planning, November 13, 2001

Appendix 3: Local Research Studies and Pilot Studies, San Diego County

Type of Data	Date	Data source	Data Availability	Key Findings
Informal Community Health Survey	1998	Environmental Health Coalition *Contact:* Joy Williams (619) 235-0281	Barrio Logan, Logan Heights, Sherman Heights, National City	Overall, 7.7% of children had been diagnosed with asthma, while 12% possibly had asthma. 10% of children in Barrio Logan were diagnosed with asthma. One-third of the families did not have a regular source of medical care.
Lead Hazard and Indoor Air Quality Survey	2000	Environmental Health Coalition *Contact:* Joy Williams (619) 235-0281	Sherman Heights (92102) and National City (91950)	6.25% of the sample had been diagnosed with asthma. An additional 16% possibly had asthma. 100% of the homes had two or more possible indoor air quality problems (e.g. mositure problems, gas stoves, or carpeting).
Prevalence of Asthma-Related Symptoms in San Diego's Primarily Inner-City Children	1996	Scripps Research Institute, San Diego Unified School District *Contact:* Stephen Martin (619) 525-7575	Four elementary schools in Southeast San Diego	Of 654 Lation 4th graders in the Logan/Sherman area, 14% had probable current asthma, and an additional 13.5% had possible asthma.
Project Zephyr (Randomized Clinical control Trial)	2001	Center for Behavioral Epidemiology & Community Health (CBEACH) *Contact:* Susie Meltzer (858) 505-4770	Countywide (children ages 6–17 years)	Behavioral counseling achieved an average reduction in environmental tobacco smoke exposure by 75%. Asthma symptoms decreased in severity in the counseling group and increased in the control groups.
Hijos Sanos (Patient Education and Counseling)	1997	Center for Behavioral Epidemiology & Community Health (CBEACH) *Contact:* Susie Meltzer (858) 505-4770	Countywide (children ages 3–17 years)	Among 125 Latino families, asthma knowledge increased significantly 39% to 50% from pre- to post-test). Participants made significant changes to the child's bedroom environment.
Rates of School Asthma (according to School Nurse Reports)	1999–2000	San Diego City Schools *Contact:* Howard Taras, MD (858) 627-7595	San Diego City Zip Codes	Limitations of Data • Data collection methods varied considerably from one nurse to another • Many school in each zip code did not contribute data • Zip codes had very variable representation of all school-age students • Many students with asthma do not identify themselves as such to school nurses • Some schools have large portions of their student populations commuting from other zip codes.

Compiled for San Diego Countywide Asthma Action Planning, November 13, 2001

Appendix 4: Focus Group Results

Focus groups were conducted to ensure the input of key stakeholders who were not able to participate in the scheduled planning meetings (i.e., parents of children with asthma, adults with asthma, and primary health care providers) and to capture regional and cultural differences in asthma resources and community needs. The groups served a two-fold purpose: 1) to allow parents and asthma patients to openly share their daily experiences and issues about raising a child with asthma/living with asthma and 2) to get agreement/disagreement from community members about what the Coalition determined to be key asthma issues and to ask for specific examples and additional strategies for the planning process.

For additional information on these asthma focus groups, please contact Amelia Barile Simon at the American Lung Association at 619-297-3901.

I. Parent Focus Groups (East County, Escondido, Mid-City, National City, San Ysidro)

The groups represented were African-American, Caucasian/Hispanic (combination), Filipino, Hispanic, and Vietnamese parents of children who had asthma or adult patients with asthma.

Similarities among the groups:

- Parents/adults patients were able to describe asthma or asthma attacks. Parents were aware of the specific triggers for their children's asthma.
- Parents/adults patients listed activities, places, or things that they avoid that might make their children (or themselves) have asthma problems.
- Parents only followed their doctor's verbal instructions or written orders and would never deviate from the plan the doctor gave them for managing asthma.
- One-half of each group of parents had taken their child to the ED and/or called 911 at least once because of their child's asthma.
- Parents brought their children for regular check-ups at the doctor's office. Parents called their doctors for information, for help when their child is sick, and to change medication.
- Parents agreed that teachers (or daycare providers) need more education about asthma and better access to inhalers in the schools.
- Parents wanted more information in other languages.
- Parents/adults patients agreed that Education, Access, Adherence/Compliance, Environment, and Public Policies/Guidelines were important issues relating to asthma. All groups gave examples and additional strategies for each issue.

Differences between the groups:

- Foreign-born parents (Vietnamese and Mexican) have a lot of respect for their "American Doctors"; this sentiment was not expressed in the African-American group.
- Only African-American parents and a Caucasian young adult mentioned using the Internet for information.
- Filipino and Hispanic parents were more likely to try alternative therapies in addition to what the physician prescribed.
- In the African-American group, all parents followed a written plan from their doctor. In two groups (Caucasian/Hispanic group and one Hispanic group), only one parent had or used a written asthma plan. In another Hispanic group, none had written plans because their doctors gave verbal instructions as needed.

II. Health Care Provider Group

By far, the largest barrier to discussing asthma treatment and control strategies on the part of the providers is lack of time. Other barriers include language, questionable interest or compliance on the part of the patient, and lack of insurance coverage (for peak flow meters, inhaled steroids, and allergen control products). With regard to addressing the issue of smoking cessation, providers agree that almost no parent admits smoking, and if they do, the parents say they never smoke around the child or let others smoke around the child. Another barrier to removing allergens from a home environment is that children are often out of the home and in other environments the parent has little control over (e.g., babysitter, daycare, school).

III: Sample Quotations by Group and Topic

	African American	Caucasian/Hispanic (Combined)	Filipino	Hispanic	Vietnamese
Knowledge, Attitudes, Beliefs and Behavior (KABB)	"My child's asthma gets triggered when he's overexcited." "Smoking is the number one thing that triggers asthma."	"Many people don't know about asthma, how to recognize that a child is having an asthma episode. They don't recognize sound of cough, shortness of breath – that it's asthma."	"I clean the house and carpets everyday, so everything is free of dust." "It's important to know the signs and symptoms, and how to take medicine." "My daughter keeps Ventolin under her pillow at night. It helps when she gets panicked."	"The teacher says maybe my son uses asthma to get out of school work. I have seen my son blue, with skin sucked between his ribs, and I tell her: 'He is my son; do not let anything happen to him." "Asthma is triggered by allergies, cockroaches, old houses, animals, carpets."	"If my daughter gets too hot with fever or from playing, I will give her a bath in alcohol." "We stay away from some food such as cantaloupes, shrimp. Even the smell of those foods could trigger an asthma attack."
KABB Resources (health care providers, health care facilities, traditional medicine	"There is a difference between going to the ER and getting admitted to the hospital. Even if your child isn't admitted, you are automatically given a return appointment the next day for a checkup."	"Going to hospital is expensive, better to prevent asthma at home." "New medication helped, child now takes Azmacort everyday and now uses less Albuterol."	"The doctor tells us how to change medicine." "One doctor only gave my son Pediacare, but Samahan doctor said my son had asthma – so he had better treatment" "Eating cooked turtle helped asthma, even when it rained." "Drink Mexican herbal tea Atole to calm down." "I never tried traditional medicine, just rely on doctor."	"The doctor gave me a brochure and a vaporizer for her room." "The doctor from Mid City has been excellent at taking the time to give us information. He's the one who showed us videos and trained us to care for our child with asthma." "A drink made with garlic, onions, and radishes is good to loosen phlegm."	"The easiest way where we got our information in the past is through the hospitals and the doctors' offices." "Going to one doctor and establishing a long relationship also helps."
Information and Care Preferences	"The hardest thing is not hearing from the doctor what your child can do, just hearing what not to do." "The best sources for information are the doctor, ask-a-nurse hotline, other parents and the internet."	"We use the asthma action plan from the doctor." "Pamphlets are useful." "The internet is more popular with kids." "I've found a lot of good information on the internet." (young adult) "PE teachers need to be informed about asthma."	"The easiest way to get information is asking the doctor or reading articles or medical books." "I took an asthma class." "Some are too shy to ask questions from someone of a different culture (who doesn't share same experiences). You need educators from your own culture."	"My son's doctor gave us a card, it's really helpful. It's like a traffic signal, red, yellow and green, and it tells you when to do certain things, and when to go to the hospital." "I learn about medicines from ads on TV."	"It would be good to have a booklet in own language.' "It would be easier if they have interpreters and a culturally oriented trained staff."
Barriers to receiving health information and care	"Getting a life insurance policy becomes an issue. They consider you a risk."	"If child is sick, you don't have time to look up info. Better to use the phone and call the doctor." "[Adults] cannot afford medical expenses if you don't have insurance."	"Internet is the most difficult way to get information because I don't have a computer for internet, maybe for those who are younger."	"Doctors do not tell you about new medications. You have to ask them if the new medicine you heard of would work for your child." "My son hides his medicine in school, but he does take it."	"It would be good to have a booklet in own language.' "It would be easier if they have interpreters and a culturally oriented trained staff."

Appendix 5: San Diego Regional Asthma Coalition Member Agreement

Mission Statement

The San Diego Regional Asthma Coalition is a collaborative of diverse agencies and individuals committed to providing leadership in identifying, developing, mobilizing and coordinating resources to prevent asthma and positively impact the lives of people affected by asthma.

Guiding Beliefs and Principles

WE BELIEVE we have a common purpose.
THEREFORE we set aside our competitiveness and pool our resources to achieve our shared vision and fulfill our mission and we share accountability and responsibility for the Coalition's successes and challenges.

WE BELIEVE that consistency of individual participation over time is important in building relationships and is necessary for successful collaboration.
THEREFORE Coalition members are expected to attend all Coalition meetings and events and to take responsibility for staying informed regarding Coalition actions and decisions.

WE BELIEVE each Coalition member has a voice.
THEREFORE all opinions are respected and diverse opinions are encouraged.

WE BELIEVE consensus makes for better decisions.
THEREFORE we make decisions that all those present at a meeting or forum agree "they can live with it" and once consensus has been reached all Coalition members agree to support the decision.

WE BELIEVE each person affected by asthma has unique needs.
THEREFORE each person has a right to an individually focused care plan within agreed upon standards of care.

WE BELIEVE the San Diego region is a culturally, linguistically and economically diverse community.
THEREFORE we strive for diversity among our members and we recognize that resources must be offered in ways that meet diverse needs.

WE BELIEVE all people regardless of cultural, social, economic, religious or other difference deserve the right to timely, accurate, and accessible information, education and treatment.
THEREFORE services/information/resources must be readily and easily available where people live, work or go to school

WE BELIEVE individuals, families, organizations (civic, commercial and public benefit) and communities have existing strengths/resources.
THEREFORE we look for strengths/resources to build upon.

WE BELIEVE all people are entitled to indoor and outdoor environments that promote good respiratory health.
THEREFORE we promote healthy housing and universally applied standards of air quality

Coalition Goals

1. To increase awareness of asthma and asthma prevention and treatment resources in the San Diego region.
2. To increase the number of high quality, multicultural/multilingual asthma prevention and treatment resources.
3. To improve the quality of medical treatment of asthma.
4. To increase knowledge and understanding of how asthma impacts the San Diego region by supporting increased primary research and increasing accessibility to existing asthma data and research.
5. To advocate for improved indoor and outdoor air quality in San Diego County.
6. To establish the Coalition as a leader in asthma prevention and treatment.

Statement of Agreement

For individuals:

As an individual member of The San Diego Regional Asthma Coalition I agree to contribute my time, energy and what resources I can to achieving the Coalition's goals. I understand and support the Coalition's mission and agree to adhere to the Coalition's guiding beliefs and principles in my participation with the Coalition.

____ ________________________

Signature Date

Contact Information: ____

Name: ____

Address: ____

Phone: ________________________ Fax: ______________________

Email: ________________________ Website: ____________________

For organizations:

As an organization member of The San Diego Regional Asthma Coalition my organization agrees to contribute what staff time and other organizational resources it can to achieving the Coalition's goals. My organization understands and supports the Coalition's mission and agrees to adhere to the Coalition's guiding beliefs and principles in its participation with the Coalition.

____

Organization

____ ________________________

CEO/Head of Agency Signature Date

Contact Information:

Contact Name: ____

Organization: ____

Address: ____

Phone: ________________________ Fax: ______________________

Email: ________________________ Website: ____________________

Appendix 6: Healthy People 2010 Objectives

Asthma

Goal: Promote respiratory health through better prevention, detection, treatment, and education efforts.

Number	Objective
24-1	Reduce asthma deaths
24-2	Reduce hospitalizations for asthma
24-3	Reduce hospital emergency department visits for asthma
24-4	Reduce activity limitations among persons with asthma
24-5	Reduce the number of school or work days missed by persons with asthma due to asthma
24-6	Increase the proportion of persons with asthma who receive formal patient education, including information about community and self-help resources, as an essential part of the management of their condition
24-7	Increase the proportion of persons with asthma who receive appropriate asthma care according to the NAEPP Guidelines.
24-8	Establish in at least 15 states a surveillance system for tracking asthma death, illness, disability, impact of occupational and environmental factors on asthma, access to medical care, and asthma management.

Appendix 7: Major Issues identified in Strategic Planning Process

In order to get to a perfect world, five major issues were identified which were shared with focus group participants for validation.

Knowledge Issues

- **Some people <u>don't</u> know about asthma and its prevention and treatment and therefore do not do what they should to limit its harmful effects**

  This category includes those suffering from asthma, their families, health care providers, schools, businesses, public service providers and others that are not fully informed about asthma and its prevention and treatment and therefore do not take the appropriate steps to both prevent and treat the disease.

Access Issues

- **Some people <u>know</u> about asthma and its prevention and treatment but cannot access care to limit its harmful effects**

  This category includes those suffering from asthma and their families, health care providers, schools, businesses, public service providers and others that are fully informed about asthma and its prevention and treatment but are unable to take the appropriate steps to both prevent and treat the disease because of barriers to getting services or because of environmental conditions that are out of their control.

Adherence Issues

- **Some people know about asthma and its prevention and treatment but choose not do what they should to limit its harmful effects**

  This category includes those suffering from asthma, their families, health care providers, schools, businesses, public service providers and others that are fully informed about asthma and its prevention and treatment and where barriers to services do not exist but where action still does not occur to both prevent and treat the disease.

Environmental Issues

- **Current indoor and outdoor environmental conditions make asthma worse**

  This category of need includes air quality issues, architectural and interior design issues in rental housing, schools, business and public buildings.

Policy Issues

- **Public, professional and institutional policies, standards and guidelines to address asthma 1) don't exist; 2) conflict; or 3) are not followed**

  This category speaks to public policy and professional and institutional standards and guidelines that either do not address the prevention and treatment of asthma or address it contradictory or ineffectual ways.

Appendix 8: References

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