Session Goals

- Help our group tell the story of where MMAC has been
- Discuss where the MMAC group wants to go

Focus Question

What are some good ways to improve morbidity and mortality related to asthma in Clinton, Eaton, and Ingham Counties?

**Morbidity=ill health or disease**

**Mortality=death**

Participants

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Introduction
Presentations from Doug Strane of the MDCH Asthma Program and Courtney Wisinski of the MDCH Healthy Homes were given. Doug Strane spoke on the asthma morbidity and mortality in Clinton, Eaton, and Ingham Counties. He presented trends in hospitalization rates for black and white children and adults in the 3 counties. As of 2010 black people have higher rates than white people and higher among black females when compared to other black males and white males and females.

Courtney Wisinski gave a presentation on the MMAC History beginning in 1999 to the present. Many accomplishments have been made over the years and progress has been moving in the right direction.

Attachments of the hand-outs given from Doug Strane and Courtney Wisinski are included.

Summary Questions
1. When you think about asthma in Mid-Michigan, what comes to mind?
   - High rates related to diagnosing, hospitals, research
   - Compliance with meds
   - Racial disparities
   - Air quality
   - Smoking cessation
   - Missed cases from being under-diagnosed or misdiagnosed
   - Access to care – transportation, insurance, depression, income/finances
   - Hard to change the environment – esp. income, housing, smoking
   - Things are improving – socioeconomic status, decreased mortality
   - Lack of funding
   - Local worse than state
   - Lots of emergency department visits
   - Increased acceptance of patients and prolonged hospital stays
   - Asthma education to various patients, providers, schools, daycares, and other entities

2. What do you find bothersome or gratifying about how people experience asthma/asthma care/ prevention in Mid-Michigan?
   **Bothersome**
   - Parents being blamed for not doing best practices
   - Parents can’t or don’t follow best practices even though they know what needs to be done
   - Asthma is mysterious, stressful to manage, so many triggers exist
   - Seen as episodic and a chronic disease
• Accepting that regular symptoms/pain/suffering/care limitations are a part of living with asthma
• The lack of asthma action plans provided by doctors/providers is troubling
• LTCM, in-clinic education or in-home education
• Patients need follow-ups and an asthma action plan
• Mild to moderate asthma cases are mismanaged due to the lack of action plan and may become severe
• Providers/physicians are not telling patients, especially in the African-American Asthmatic community, everything they can do for care

Gratifying
• Severe cases can get children’s special healthcare services
• EMR system that is being adopted forces providers to do best practices for patients

3. From what we have seen and heard so far today, what can we conclude?

• There is cultural value about who deserves care
• We have a real opportunity with the EMR with any diagnosis of asthma to trigger asthma action plans, other best practices, and health information exchanges
• Consider a multi-prong approach – provider care, outdoor air, industrial emissions, and diesel emissions. This can be compared to spokes on wheel.
• Education is not enough to promote policy and asthma
• Education is key for providers and consumers
• Education, system change, ask-advise-assist, follow-up, pulmonary function tests
• Smoke-free homes, better outdoor air
• Have to go all the way to national policy/government level
• Reimbursement for Medicaid and other care is too low
• Can volunteers help in working with families?
• Can Green and Healthy Homes help with MMAC?
• Recurrence rate and medication counseling can be a healthcare access issue. When ED=PC, follow-up is unlikely
• Housing is just as important to clinical care because 90% of our time is spent indoors
• There is a problem with getting the right support and we can change this.
• There is a serious issue with housing – education for kids and parents living with asthma can be addressed from a chronic ailment standpoint, not just as symptoms arise.
• There needs to be a “mindset” change about asthma. It is a serious problem with lack of access to information which impacts our economy, air quality, etc. We need to know how to access this data.
• Lot of expertise and ideas, strong commitments and its exciting
• At the center of spokes is the asthma action plan.
• Mapping and specific interventions should be done
• We have to look at outdoor air quality and clean energy production
• This is a complicated issue with lots of opposition.
• MMAC – education, quality improvement, and collaboration. We know of many practices and changes we can do.
• This is a good basis to realize there is a problem and ways we can get a handle on the problem
• There is a range of the lack of education on the issue
• There is a problem in identifying resources. People have current efforts/awareness that is misguided. You don’t outgrow asthma.
• Education and feedback from families is needed
• Constant information and repetition of ongoing care creates a better understanding of asthma
• Needs better follow-up or feedback and affirmation. Patients should go back to PCP for 2-week follow-up

Next steps in terms of . . .
Policy:
- Assess the various policy improvements that could best impact regional morbidity and mortality rates
- Asthma needs to be a state-wide reportable disease with more data
- We need to target specific environmental policy that MMAC can advocate for
- Partner with organizations that are currently doing work in this area to help them reach their goals and create additional like-minded goals
- Eliminate or decrease the burning of coal in a community
- Comment on HUD funding, priorities, and housing stock needs at http://www.ideas.midmichigansustainability.org

Education and Outreach:
- Create a list of asthma resources for people on Medicaid
- Sponsor education clinics or information seminars for the public and people with asthma. Seminars could include web-based education and other information, regular community education or forums. A monthly asthma education forum could be developed and sponsored by the MMAC for the community.
- Create an Asthma Management and Education Program that will be a CNE for nurses and RRTs, collaborate with AAFA to do program, and possibly adopt a turn-key program
- Use social networking to reach out to patients with asthma for support, particularly the kids
- Reach out to school programs at various levels to have “programs that educate”, coordinate with school nurses, have a “ask the Doc” night

Prevention Focus:
- View policy change
- Increase education via system changes
Medical/Clinical Level:
- Provide an insurance incentive for the patient and the provider
- Advocate for reimbursement for Certified Asthma Education (i.e. home visits, schools, churches)
- Connect EMR to EPR3 (a gold standard for medical providers) for guidelines
- Identify a funding system for asthma case management and include reimbursement from all health plans
- Create a standardized Asthma Action Plan that can be used and promoted throughout the primary care community. Focus care for patients around Asthma Action Plans.

Neighborhood Level:
- Encourage more plants and trees be planted to decrease the amount of dust in the air
- Encourage students to do a project to analyze bare soil in the Lansing area.
- Revise NOML data collection and outcomes data for grant writing purposes
- Identify specific neighborhoods that would benefit from intervention.
- Use prevalence data to mail or post educational flyers that includes basic information, like What is asthma?, What are common tiggers?, What you can do and Helpful Resources
- Provide an asthma screening quiz to school-age children that can be completed at home by their parents and returned. Have PFT screening for every child that scores a certain number on the quiz.

MMAC Organization:
- Update MMAC website
- Have a “Media Plan” that includes asthma awareness, LTE’s, press releases, talk shows, PSA’s
- Use the vision to set benchmarks with reachable goals, create action plans, and obtain grants that help to sustain actions