Mid-Michigan Asthma Coalition  
Meeting on January 15, 2015  
11:30 am – 1:30 pm  
5303 S. Cedar St., Conference Rooms D & E

Session Goals  
- Reflect on MMAC activities and accomplishments  
- Discuss where the MMAC group wants to go and how we’ll get there

Focus Question  
*What do we need to do to further reduce asthma hospitalizations and deaths in MMAC counties?*

Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Role</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Tina</td>
<td></td>
<td>Ingham County Health Department</td>
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<tr>
<td>Amanda</td>
<td></td>
<td>Ingham County Health Department</td>
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<tr>
<td>Renee</td>
<td></td>
<td>Community Volunteer</td>
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<tr>
<td>John</td>
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<td>Michigan Department of Community Health</td>
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<tr>
<td>Ruby</td>
<td></td>
<td>Head Start</td>
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<tr>
<td>Irene</td>
<td></td>
<td>Physicians Health Plan</td>
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<tr>
<td>Ken</td>
<td></td>
<td>American Lung Association in Michigan</td>
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<tr>
<td>Dr. Larry</td>
<td></td>
<td>Okemos Allergy Center</td>
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<tr>
<td>Margaret (Peg)</td>
<td></td>
<td>Sparrow Hospital</td>
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<td>Jennifer</td>
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<td>Community Volunteer</td>
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<td>Tina</td>
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<td>Michigan Environmental Council</td>
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<td>Nancy</td>
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<td>Ingham County Health Department</td>
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<tr>
<td>Brad</td>
<td></td>
<td>Sierra Club</td>
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<tr>
<td>Jessica</td>
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<td>Ingham County Health Department</td>
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Introduction

John Dowling spoke on the asthma morbidity and mortality in Clinton, Eaton, and Ingham Counties for 1990 through 2012. Highlights:
- The asthma hospitalization rate for all ages in has had an overall gradual downward trend since 1990 (19.1 to 13.2). The MMAC rate was fairly level during this period, and lower than the state rate, from 1990 through 2002 (12.9).
- MMAC counties’ rate surpassed the state rate in 2004, spiking to 20. The rate has declined rapidly from 2008 through 2012, falling from over 20 hospitalizations per 10,000 residents in 2005 to 12.1 per 10,000 in 2012.
- In 2012, for the first time since 2004, the asthma hospitalization rate in MMAC counties dropped below the overall state rate (12.1 vs. 13.2).
- For 2010 – 2012, there was an average of 627 hospitalizations for asthma each year in MMAC counties (183 ages 0-17, 444 ages 18+; 453 white residents, 150 black residents, 24 other races).
- The asthma hospitalization rate for children in MMAC counties has been consistently higher than for adults in MMAC counties.
- Adult rates had a slight increase from 1990 through 2008, and declined from 2008 to 2012, to 10.5. (CDC’s “Healthy People 2020” target for people age 5-65 is 8.7).
- The rate among children peaked at 36.3 in 2004, declining to 16.7 in 2012.
- The rate among white residents has been fairly level, peaking at 14.3 in 2010 and declining to 10 in 2012.
- The rate among black residents has been consistently higher than among white residents in MMAC counties, hovering around 30, peaking to 62 in 2008 and declining to 28.8 in 2012.
- A subdivision by race and gender shows the highest hospitalization rate in 2012 for black females, at 37.3.
- Asthma deaths per 1 million residents has largely declined in Michigan and in MMAC counties since 2000. The decline has been more consistent on a statewide basis than for MMAC counties, which has had some spikes. Both the state and MMAC mortality rate had a slight increase in 2010-2012.

John Dowling also shared two slides from the June 2014 “Asthma in Michigan” Forum hosted by MDCH. Participants at the event were asked about priorities for target groups for asthma education campaigns, and highest priority issues for asthma education in Michigan. They “voted” from among multiple options using a wireless audience voting system.
- From among seven different options, the highest priority for target group for asthma education campaigns was “Primary care clinicians”.
- The highest priority for educational messages was “use of asthma action plans to guide self-management”, followed closely by “use inhaled corticosteroids to control asthma”, “assess and monitor asthma control at each follow-up visit”, and “control exposure to allergens and irritants”.

Tina Reynolds recapped MMAC history beginning in 1999 to the present, using the timeline created by Courtney Wisinski in 2012, and an additional handout created summarizing 2013 and 2014 activities. Tina noted that prior to 2010, MMAC did more outreach and education events aimed at “schools” (teachers, administrators, nurses, parents and other school staff), physicians, and other clinicians, as well as billboard and radio campaigns with targeted messages. Audience-specific outreach included:
- Asthma info mailing to 100 schools (2002)
- “A for Asthma” training to preschools and Asthma presentations at Gardner Middle School and Lyons Elementary (2005) and at Atwood & Williamson schools (2007)

<table>
<thead>
<tr>
<th>Year</th>
<th>MMAC Revenues (fiscal years ending June 30)</th>
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<tbody>
<tr>
<td>2008/09</td>
<td>$7,213</td>
</tr>
<tr>
<td>2009/10</td>
<td>$6,364</td>
</tr>
<tr>
<td>2010/11</td>
<td>$0</td>
</tr>
<tr>
<td>2011/12</td>
<td>$0</td>
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<tr>
<td>2012/13</td>
<td>$1,365</td>
</tr>
<tr>
<td>2013/14</td>
<td>$125</td>
</tr>
<tr>
<td>2014/15</td>
<td>$2,328</td>
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</tbody>
</table>

From 2001-2009, Michigan Department of Community Health provided funding to asthma coalitions statewide. From 2008-present, MMAC has relied on contributions from pharmaceutical companies, physicians, individuals, businesses and fundraising events.
In 2007, MMAC assessed disparities and developed an action plan, and in 2010 began hosting “Not One More Life” events in partnership with traditionally black churches. Interestingly, it was roughly around this time that the growing gap between black/white hospitalizations began to narrow. The gap still exists, but it has narrowed back to 1992 levels, after a rapid increase in black hospitalizations from 2000 through 2008.

In 2013, MMAC began scheduling speakers for its monthly meetings, began updating its website and branding the www.midmichasthma.org address, created an updated fact sheet, and partnered with CATA on race to benefit MMAC, and continued holding the “Not One More Life” event.

In 2014, the coalition added a promotional campaign for May to celebrate Asthma Awareness month with a press conference, mayoral proclamation, press releases, displays, an Asthma Management class with the Asthma and Allergy Foundation of Michigan, and promoting MMAC partners’ May events. MMAC provided 50 “pocket chamber” spacers to Lansing School District students through a request from an LSD School Nurse, and coordinated discussions between Ingham County Health Department and Physicians Health Plan to set up reimbursement for in-home asthma case management. MMAC also continued partnering with CATA on the benefit race, featuring speakers at monthly meetings, and hosting “Not One More Life”.

During 2013-2014, several environmental organizations became involved in the coalition, and have provided regular updates an opportunities for engagement by MMAC members on local, state and federal energy policy issues. As a result, MMAC members have sent in postcards to a variety of decision-makers regarding energy policy decisions. In October 2014, Dr. Lawrence Hennessey authored an opinion-editorial piece in the Lansing State Journal regarding outdoor air and health (http://on.lsj.com/1wOdsx5) and in December 2014 he presented to state legislators at legislative breakfast hosted by clean air groups.

GROUP DISCUSSION – SUMMARY QUESTIONS

1. From what you have just heard, what stands out as surprising or important?
   - Asthma rates rose in our area from 1990 through 2005, but have been declining since 2005.
   - Focus on asthma education in schools needs revisiting, perhaps connections with school nurses?
   - Green and Healthy Homes Initiative is a new initiative in the community that is in the formative stages and may get off the ground.
   - From the standpoint of people who work at Head Start, most of the kids who start in the fall who have asthma do not come with an asthma action plan. More and more kids who come to Head Start have asthma, and don’t have an AAP, so Head Start staff are spending an inordinate amount of time putting together their own version of an AAP for the kids. It seems that parents don’t know about AAPs, and/or don’t have them for the kids when they bring them to school.
   - Seems like there is an increase in the numbers of kids diagnosed with asthma and put on some kind of asthma medication.
   - Healthy Homes University (part of MDCH) used to do a parent education night for Head Start parents, that was sometimes well attended.
2. From what we have heard so far today, what do you find bothersome or gratifying?

Bothersome
- MMAC has not spent much time in schools recently as it used to
- That there is still a racial gap in asthma hospitalization rates, because no persistent gap is acceptable
- The lack of school nurses today, as compared to the in the past, and as compared to other states. Michigan is one of the worst in the country when it comes to numbers of school nurses. Most of them have been cut because schools are dealing with so many other pressures related to funding, academic performance and students’ behavior, and the idea of also attending to students’ health issues is more than most schools in Michigan can manage at the present. (And unfortunately, many teachers, school administrators, and law-makers likely do not know that nationwide, 1 in 11 kids have asthma (nationwide), and more kids miss school because of asthma than any other chronic condition).
- Physician participation with MMAC has declined drastically over the years, with only Dr. Hennessy now being regularly involved, and occasionally Dr. Gupta
- ICHD doctors are not involved either. Jo McGlew seemed passionate about asthma issues, but she is gone now.

Gratifying
- The racial gap in hospitalizations has been narrowing around/after the time that MMAC began focusing on disparities
- The fact that MMAC still exists when coalitions like it around the state have largely folded, especially after state funding was cut

3. What assets and strengths will help us?
- New partnership between PHP and ICHD for in-home asthma case management
- Active MMAC members come from a variety of disciplines and professions and includes residents/volunteers/community members
- Being seated in the state Capitol allows us to benefit from participation from staff of statewide organizations such as Michigan Environmental Council, American Lung Association, Sierra Club, and other statewide groups.

4. What are some ways to diminish obstacles and strengthen things that support us?
- Synergies among partners to engage physicians and others
- Network providers from PHP can meet face-to-face with doctors and can send information to them in the mail
- Annual PHP stakeholder meeting on broad topics, but won’t cover asthma unless designated as a higher priority issue
- Sparrow Physician Health Network features targeted and incentivized physician quality improvements. These could include using Asthma Action Plans, spirometry testing, and steroids/long-term controller medicines. If certain actions are certified for incentives, then physicians can get higher reimbursement when they undertake them. However, asthma is not really on the priority list at this time.
SMALL GROUP (3-4 PEOPLE) ANSWERS TO THE FOCUS QUESTION:

“WHAT DO WE NEED TO DO TO FURTHER REDUCE ASTHMA HOSPITALIZATIONS AND DEATHS IN MMAC COUNTIES”?

*Answers have been grouped into categories listed below and underlined.*

Much of the emphasis of the answers centered on targeted outreach and engagement with physicians and with parents, teachers, students and school administrators. There was also an emphasis on increasing the use of asthma action plans, continuing to advocate for environmental policies that support asthma reductions, and working with churches and pastors.

**Coordinate outreach, education and engagement with physicians, nurses and other clinicians:**

- Interface better with doctors via CEU classes, annual awards, work with Asthma & Allergy Foundation.
- Consider providing continuing education credit classes for physicians.
- Get more physicians and nurses involved in MMAC.
- Reach out to local physician’s associations such as County Medical Societies and other physician organizations, regarding implementation of guideline-based asthma management.
- MMAC presentation to Ingham County Health Center physicians (start with one-on-one conversation with Dr. Eric Wert, the Medical Director for the 11 FQHCs (federally qualified health centers/clinics).
- Advocate for better implementation of the use of guideline-based asthma management by primary care doctors.

**Pursue other avenues for increasing the use of Asthma Action Plans:**

- Advocate for requirement of Asthma Action Plans on file at school for students with asthma, to be completed and brought in at the start of school or upon diagnosis.
- Check the research regarding Asthma Action Plans, and if it is indeed the “gold standard” in asthma management, then develop and implement an awareness campaign around AAPs.
- Include an asthma table/info and help with Asthma Action Plans station in the ICHD Back to School Health Fair.
Support and partner with teachers, parents, school administrators, and students in relation to asthma management:

- Develop closer collaboration with schools (perhaps target certain ones).
- Improve MMAC’s relationship with local school districts, especially Lansing School District and other Lansing schools.

Other policy and system changes and outreach and research goals:

- Advocate regarding ozone standards and clean power plant rules (federal issues).
- Continue to engage on environmental policies.
- Build on successes with PHP for in-home case management and replicate with other insurers.
- Find a way to reach more pastors. Or, is there a stigma associated with churches that keeps people away from church-based events?
- Back track and found out why asthma hospitalizations and deaths are happening in our area.

Closing Comments and notes:

- Contact Dr. Greenburg with Westside Pediatrics.
- Think more about how we will engage primary care physicians, especially those affiliated with McClaren and Sparrow Health Systems.
- Think more about how we will engage ICHD doctors.
- Sierra Club has 3,000 members in the Lansing area. These are volunteers who can help with events, recruitment, outreach, invitations to doctors and other things MMAC is working on.
- Some members have occasional 4th Thursday conflicts – mainly Tina Reynolds and Kathleen Slonager, because GHII in Southeast Michigan meets quarterly on 4th Thursdays at noon.
Mid-Michigan Asthma Coalition
Asthma Morbidity and Mortality in Clinton, Eaton, and Ingham Counties, January 2015

Trends in Asthma Hospitalization Rates in Clinton, Eaton, and Ingham Counties

- In 2012, there were 12.1 hospital stays for asthma per 10,000 residents in MMAC Counties
- MMAC’s asthma hospitalization rate was higher than Michigan’s rate from 2004-2010
- MMAC rates have continued to fall since 2009

<table>
<thead>
<tr>
<th>Group</th>
<th>Average Number of Asthma Hospitalizations per Year in MMAC Counties (2010-2012)</th>
<th>Asthma Hospitalization Rate per 10,000 People in MMAC Counties (2010-2012)</th>
<th>Rate per 10,000 People in Michigan (2010-2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>627</td>
<td>14.1 (13.5-14.8)</td>
<td>14.3 (14.1-14.4)</td>
</tr>
</tbody>
</table>

Data source: Michigan Inpatient Data Base, 1990-2012

- In 2012, 10.5 adults per 10,000 were hospitalized for asthma
- In 2012, 16.7 children per 10,000 were hospitalized for asthma
- Children have consistently had higher rates of asthma hospitalization than adults
- The rate of childhood and adult asthma hospitalizations has decreased since 2009

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<tbody>
<tr>
<td>0-17 years</td>
<td>183</td>
<td>18.5 (16.9-20.0)</td>
<td>13.3 (13.0-13.6)</td>
</tr>
<tr>
<td>18+ years</td>
<td>444</td>
<td>12.7 (11.9-13.4)</td>
<td>14.6 (14.4-14.7)</td>
</tr>
</tbody>
</table>

Data source: Michigan Inpatient Data Base, 1990-2012
- Asthma hospitalization rates for black people were 2.8 times higher than for white people in 2012
- Asthma hospitalization rates for black people have continued to decrease since 2009
- In 2012, there were 28.8 hospital stays per 10,000 black residents
- In 2012, there were 10.0 hospital stays per 10,000 white residents

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<thead>
<tr>
<th>Group</th>
<th>Average Number of Asthma Hospitalizations per Year in MMCAC Counties (2010-2012)</th>
<th>Asthma Hospitalization Rate per 10,000 People in MMCAC Counties (2010-2012)</th>
<th>Rate per 10,000 People in Michigan (2010-2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>453</td>
<td>12.0 (11.3-12.6)</td>
<td>9.6 (9.5-9.8)</td>
</tr>
<tr>
<td>Black</td>
<td>150</td>
<td>34.0 (30.6-37.3)</td>
<td>40.8 (40.2-41.4)</td>
</tr>
</tbody>
</table>

Data source: Michigan Inpatient Data Base, 1990-2012

- Asthma hospitalization rates were higher for females than for males in 2012
- Asthma hospitalization rates have been decreasing for black males and females since 2009 (data not shown)
- In 2012, the rate of asthma hospitalizations has decreased 36% for black females and 59% for black males since 2009 (data not shown)

<table>
<thead>
<tr>
<th>Group</th>
<th>Average Number of Asthma Hospitalizations per Year in MMCAC Counties (2010-2012)</th>
<th>Asthma Hospitalization Rate per 10,000 People in MMCAC Counties (2010-2012)</th>
<th>Rate per 10,000 People in Michigan (2010-2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Male</td>
<td>155</td>
<td>8.9 (8.0-9.7)</td>
<td>7.1 (6.9-7.3)</td>
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<tr>
<td>White Female</td>
<td>298</td>
<td>14.8 (13.8-15.8)</td>
<td>11.8 (11.6-12.0)</td>
</tr>
<tr>
<td>Black Male</td>
<td>65</td>
<td>27.8 (23.8-32.0)</td>
<td>31.6 (30.8-32.4)</td>
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<tr>
<td>Black Female</td>
<td>85</td>
<td>39.1 (34.1-44.1)</td>
<td>48.0 (47.1-48.9)</td>
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</tbody>
</table>

Data source: Michigan Inpatient Data Base, 2010-2012
Asthma Mortality Rates for Mid-Michigan Asthma Coalition, 2000-2012

- Asthma mortality rates declined in MMAC Counties, as well as in Michigan from 2000 through 2012
- Asthma mortality rates were higher among black people than white people

<table>
<thead>
<tr>
<th>Region</th>
<th>Total (95% CI)</th>
<th>White (95% CI)</th>
<th>Black (95% CI)</th>
<th>≥18 years (95% CI)</th>
<th>&lt;18 years (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ingham</td>
<td>15.3 (6.0-24.7)</td>
<td>12.5 (3.5-21.4)</td>
<td>*</td>
<td>18.7 (6.7-30.6)</td>
<td>*</td>
</tr>
<tr>
<td>MMAC</td>
<td>8.8 (3.9-13.7)</td>
<td>7.0 (2.5-11.4)</td>
<td>*</td>
<td>12.3 (5.1-19.5)</td>
<td>*</td>
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<tr>
<td>Michigan</td>
<td>10.2 (9.0-11.3)</td>
<td>7.5 (6.5-8.6)</td>
<td>23.1 (18.5-27.7)</td>
<td>12.1 (10.7-13.5)</td>
<td>4.5 (2.9-6.1)</td>
</tr>
</tbody>
</table>

* indicates that a rate was not provided because the number of events was <5 or a statistically stable rate could not be calculated

Data source: Michigan Resident Death Files, 2000-2012

Characteristics of Asthma Management for Children Enrolled in Medicaid with Persistent Asthma, Age ≤ 17 years, 2013, Age-Adjusted

<table>
<thead>
<tr>
<th>Measure</th>
<th>Ingham</th>
<th>Clinton</th>
<th>Eaton</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 2 Office Visits for Asthma</td>
<td>32.7%</td>
<td>29.5%</td>
<td>31.7%</td>
<td>30.3%</td>
</tr>
<tr>
<td>≥ 1 Emergency Department Visits for Asthma</td>
<td>21.1%</td>
<td>10.1%</td>
<td>22.4%</td>
<td>27.2%</td>
</tr>
<tr>
<td>≥ 7 Prescription Refills for SABA</td>
<td>13.2%</td>
<td>14.5%</td>
<td>11.3%</td>
<td>13.7%</td>
</tr>
<tr>
<td>≥ 1 Long Term Control Medication</td>
<td>86.2%</td>
<td>92.0%</td>
<td>83.1%</td>
<td>78.9%</td>
</tr>
</tbody>
</table>

Data source: Data Warehouse, Michigan Department of Community Health, 2013. Data extracted June 2014.
Methods

Asthma Hospitalization for the General Populations and the State of Michigan

- Data Source: Michigan Inpatient Database, 1990-2012, Michigan Department of Community Health
- Inpatient hospitalizations where asthma was the primary reason for the stay were selected from the Michigan Inpatient Database. (Primary discharge diagnosis coded to International Classification of Disease Version-9-CM codes 493.XX). These data represent the number of inpatient hospitalizations for asthma. This is not the same as the number of individual people hospitalized for asthma. A person can be hospitalized more than once for asthma during the study period.
- Composite asthma hospitalization rates are computed for 2010-2012. Composite asthma hospitalization rates are age adjusted to the 2000 US standard population and are presented on a per 10,000 population basis. Also presented is the 95% confidence interval around each rate to assess the precision of the rate. The confidence interval gives a range of values that is likely to include the true rate of asthma death. It indicates how close the estimated rate is expected to be to the true rate. Confidence intervals can be used as a method to test whether a specific measure is statistically different between groups. For example, in comparing a county specific asthma hospitalization rate with that of the State of Michigan, they are considered statistically different if their confidence intervals do not overlap.

Asthma Mortality for the General Populations and the State of Michigan

- Data Source: Michigan Death File, 2000-2012, Michigan Department of Community Health
- Deaths where asthma was the primary cause were selected from the Michigan Death File. (Primary cause of death coded to International Classification of Disease Version 10 codes J45 and J46).
- Composite asthma mortality rates are computed for the most recent years of data (2010-2012). These are age adjusted to the 2000 US standard population and presented on a per 1,000,000 population basis.
- Mortality rates calculated with a small number of events or population size are statistically unstable. They exhibit wide confidence intervals indicative of great variability in the rate. In this report, data suppression rules are enforced so that the data presented are reliable. For geographic subgroups where there is < 5 asthma deaths or <5000 population, asthma mortality rates are not presented. In addition, to protect the identity of the deceased, counts <5 and >0 are not presented in this report.

Children in Medicaid

- Data was extracted for the Medicaid Data Warehouse in June 2014.
- Children enrolled in Medicaid are restricted to those who are continuously enrolled in Medicaid with full coverage and no other insurance for 11+ months.
- Persistent asthma is defined according to the Health Plan and Employer Data and Information Set (HEDIS®) definition from the National Committee for Quality Assurance (NCQA). The criteria for this definition are: (1) ≥4 asthma medication dispensing events OR (2) ≥1 emergency department visits for asthma OR (3) ≥1 hospitalization for asthma OR (4) ≥4 outpatient visits for asthma and ≥2 asthma medication dispensing events.
- Short-acting beta2-agonist (SABA) overuse. The proportion of children with persistent asthma in Medicaid who have filled seven or more prescriptions for quick relief medications (SABAs) in a year.
- Long term control medication use: the proportion of children with persistent asthma in Medicaid who have filled one or more prescriptions for a long-term controller medication in a year.
- Rates and percents are age-adjusted to the 2000 standard population.
Michigan Asthma

Important Terms
Definitions of statistics rate, work-related asthma death, persistent

Methods
Brief descriptions of the ways the asthma statistics and surveillance data on this website are generated.

Michigan Asthma Surveillance, Data and Reports
The Michigan Department of Community Health's Bureau of Disease Control, Prevention and Epidemiology have compiled surveillance information and created comprehensive reports on the epidemiology of asthma in Michigan.

Hospitalization Data
Hospitalizations are severe events that increase the risk of asthma death. Asthma hospitalizations are considered preventable - people with asthma can stay out of the hospital if their disease is managed properly. The data source for asthma hospitalization numbers and rates is the Michigan Inpatient Database, which includes almost all acute hospital discharges that occur in Michigan. Asthma hospitalization data for the state, counties and Detroit coming soon.

Asthma Control and Clinical Management - 2013
This report describes changes in recent statistics on asthma management and treatment in children and adults using self-reported data on symptoms, activity limitations, missed
If Michigan only had the resources to target ONE of these groups for a asthma education campaign this year, which should it be?

A. Primary care clinicians
B. Allergists, pulmonologists, & other specialists
C. Respiratory therapists
D. People with asthma
E. Pharmacists
F. School staff
G. Federally Qualified Health Centers
H. Emergency department clinicians
Which of these messages do you believe is highest priority for asthma education in Michigan?

A. Use inhaled corticosteroids to control asthma

B. Use asthma action plans to guide self-management

C. Assess asthma severity at the first doctor’s visit

D. Assess and monitor asthma control at each follow-up visit

E. Control exposure to allergens and irritants

F. Recommended school policies relating to asthma

Source: Guideline’s Implementation Panel Report
www.nhlbi.nih.gov/guidelines/asthma/gip_rpt.htm
MMAC History

In April, 37 individuals attended first meeting of what is known now of MMAC

World Asthma Day (WAD) – Otto Middle School

CME Workshop “How Asthma Smart is Your Practice”
WAD – Cristo Rey

Michigan Asthma Resource Kit training & distribution
Asthma dinner for Charlotte School parents
Asthma presentation Gardner MS and Lyons Elm
WAD – Impression 5 – radio spot

In May, planning event resulted in 4 objectives:
1) Patient/Public Education
2) Professional Education
3) School
4) Worksites

2001

2002

2003

2004

2005

Breakfast Club meeting for families in Lansing Schools
CME Workshop “How Asthma Smart is Your Practice”
Held grant writing workshop
Developed MMAC Brochure
Mailed Asthma info to 100 schools
Teen Asthma Day – 100 attended
“A” for Asthma training to preschools
Secondhand Smoke/Asthma Billboard

Purchased tri-fold display board
Promoted getasthmahelp.org
Radio campaigns – back-to-school, WAD
WAD – Impression 5
Lansing School District Breakfast Club – Dr. Autumn Clos
Asthma Management Seminar at Kellogg Center – 30 RN attended
New Coordinator – Sharon Page
MMAC disparities assessment and action plan developed
WAD-Impression 5
Asthma 101 Training Atwood & Williamston
Temple Street Practice asthma training

New Coordinator – Marti Gilmet
Not One More Life (NOML)- Galilee Baptist Church

WAD – Impression 5
Professional Seminar “Back to School”

Interim Coordinator – Mary Davidson
MMAC membership expansion
WAD – Impression 5
Radio spots – Back-to-School & WAD
MI Asthma Resource Kit distribution

Back-to-School event “September Epidemic”
- Silent auction – raised $2,500
- Pharma display fees $4,000

Not One More Life (NOML)-Pilgrim Rest Baptist Church

New Coordinator – Jessica Yorko
Not One More Life (NOML)-Grand River Head Start

Not One More Life (NOML)-Grand River Head Start
Not One More Life (NOML)-North Westminster Presbyterian Church
2013 - 2014 MMAC Activities and Accomplishments

- Charted the data, charted MMAC history, set goals for the future
- Scheduled informational speakers for monthly meetings
- Started updating the website at got the URL www.midmichasthma.org
- Created an MMAC fact sheet
- Partnered with CATA to organize the Multi-Modal 5k to raise money for MMAC and kick-off Ozone Awareness Month
- Held Not One More Life at Trinity AME Church on Holmes Road, 31 participants. Tweaked promotions by lining up radio interviews, banners, and yard signs near the church. Added games and prizes with Halloween theme. Got www.midmichasthma.org pencils.
- Discussed options/possibilities for changes made by the Affordable Care Act to improve/expand care for people with asthma

- Scheduled informational speakers for monthly meetings
- Continued updating www.midmichasthma.org
- Promoted Asthma Awareness Month (May) with a press conference, Mayoral Proclamation, month-long display and featured partner events, including May 20 Asthma Management Class with AAFA-MI (51 participants)
- Partnered with CATA to host the Clean Commute Duathlon
- Held Not One More Life at Faith United Methodist Church, 54 participants. Tweaked by making it a church and neighborhood challenge and including lunch.
- Coordinated initial meeting between PHP and ICHD to expand in-home case management for asthma
- Provided 50 “pocket chamber” spacers to Lansing Schools