Research

Advocacy

Education
Normal Lung Tissue

Asthma

Color plates used with permission from DesJardins and Burton, *Clinical Manifestations and Assessment of Respiratory Disease*, 3E, Mosby, 1995
Myth and Truths About Asthma

Myth
Asthma is a psychological or emotional illness

Truth
Airway swelling is real, even if triggered by strong emotions

Myth
Asthma is only an acute disease, and you can outgrow it

Truth
Asthma is a chronic disease, and you do not outgrow it

Myth
Asthma is curable

Truth
Asthma cannot be cured, but can be controlled
Myths and Truths About Asthma

**Myth**
Asthma always limits normal activities

**Myth**
Asthma medication and inhalers are addictive

**Myth**
Asthma limits a person’s ability to fully participate in sports

**Truth**
Daily asthma controller/pre-exercise medications allow individuals to be active

**Truth**
Asthma medications and inhalers are not addictive

**Truth**
Well-controlled asthma should not limit exercise and individuals can fully participate in sports
Myths and Truths About Asthma

Myth
Asthma medication becomes ineffective if used regularly.

Truth
Controller medications work best when used daily.
Use of daily Quick Relief (albuterol) inhalers is an indicator of poor asthma control.

Myth
People cannot die from asthma.

Truth
Children and adults die from asthma each year.
Asthma Triggers

Triggers cause asthma symptoms to begin or get worse.

- Infections
- Allergens
- Irritants
- Behaviors

If you avoid asthma triggers, you may prevent asthma episodes and may require less medication to keep your asthma under control.
Infections

Respiratory Infections Are the #1 Trigger for Asthma

What Can You Do?

- Keep hands away from face
- Wash hands
- Use separate towels
- Get an influenza shot
Asthma/Allergy Connection

- Strong link between asthma and allergies
  - Important to keep them under control

- Some allergies affect the upper airway but can trigger an asthma episode in the lower airway

- All asthma is not allergy-related, and not all allergies will cause an asthma episode

- Allergens are identified and exposure is minimized to improve quality of life
Allergens

- Animals
  - Cats, dogs, etc.
  - Birds, mice
- Cockroaches
- Dust mites
  - Carpets/upholstery
- Mold
- Pollens
  - Weeds, grass, trees
- Foods/additives
  - Peanuts, shrimp, tree nuts, wheat, milk, soy, fish
- Medical conditions
- Latex
  - Gloves, balloons
Irritants

- Smoke

- Dust and chalk dust
  (when gloves are removed, and it is airborne)

- Strong odors
  (perfume, markers that smell, air fresheners, cleaning chemicals, paint, etc.)

- Cold (or very humid) air
Behaviors

- Emotions (crying, laughing, shouting)
- Exercise may be a trigger for asthma, but asthma should not limit physical activity
- Smoking
EICA goals

1. Reduce symptoms by lessening exposure to triggers
2. Reduce school absences
3. Decrease health service utilization and thereby reduce health care costs
Modeled after...

1. Environmental Action for Children’s Health
2. Reducing Environmental Triggers for Asthma
Program included...

• Initial visit (baseline assessment)
• 2 week follow-up to make modifications
• 3, 6, and 12 month follow-up contact
Percent of Homes Identified with Specific Triggers (N=255)

- Smoking in the home
- Rodents
- Pets
- Use of room refesheners
- Use of candles/Incense
- Cockroaches
Percent of Children with Nighttime Symptoms by Severity at Baseline Compared to 12 Months
Percent of Children with Function Limitations by Severity at Baseline Compared to 12 Months

- **Mild Burden**
  - Baseline: 20%
  - 12 Months: 10%

- **Moderate Burden**
  - Baseline: 60%
  - 12 Months: 50%

- **Severe Burden**
  - Baseline: 30%
  - 12 Months: 20%
Average Number of Health Services Utilization

Average Number of Events

- Hospitalization
- Emergency Department Visits
- Prednisone Use

Baseline, 3 Month, 6 Month, 12 Month
Claims Analysis

- Reduced hospitalization - 68%
- Reduced ED – 44%
- Pre and post-all cause costs different
- Pre and post-asthma-related costs different
Cost Implications

- $621 total
  - $320 professional fees
  - $301 allergen-reducing products
Return on Investment

$2.19: $1.00 – total health care costs

$1.76: $1.00 – Asthma-related health care costs
Some Lessons Learned

1. A wide net for referrals is needed
2. Return communications to physician offices is a required courtesy
3. Focus on the child’s bedroom rather than the whole house
4. An intervention team (medical provider and environmental specialist) provides more comprehensive services
5. Access to a full complement of social services is necessary
EICA expansion

1. Multiple initial funding streams (HUD, EPA, CDC, foundations)
2. Consistent assessment and evaluation tools
3. Expansion beyond Mpls/St. Paul (RETA, CRETA, HUD-RETA, Healthy Homes/Mpls)
4. New resources (retahome.org)
5. Evaluations findings show decrease in health care utilization and positive ROI
6. Continued expansion, including TEACH in MN, ND, SD tribal communities; Little Earth; Iowa urban and rural public health
7. Inner city Chicago
Potato Creek Housing Dr

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