

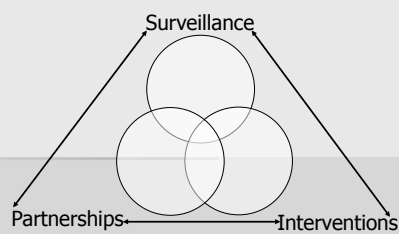
Addressing Asthma in New Jersey

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Overall Objectives

- To increase participants' knowledge of the National Asthma Control Program implemented by the New Jersey Department of Health and Senior Services- Asthma Awareness and Education Program.
- To increase participants' knowledge of the Pediatric/ Adult Asthma Coalition of New Jersey.
- To increase participants' awareness of and ability to effectively incorporate asthma self-management tools into practice settings

CDC National Asthma Control Program Foundation



CDC National Asthma Control Program Foundation Current Goals.....

1. Increase the proportion of people with current asthma who report that they have received self-management education (GPRA Measure).
2. Reduce asthma disparities among populations disproportionately affected by asthma as compared to the general population with asthma.
3. Reduce the state asthma hospitalization rate.
4. Maintain and expand the system for measuring and reporting on relevant elements of asthma in order to reduce the asthma burden.
5. Program evaluation

New Jersey Asthma Program

- CDC Grant - "Addressing Asthma from a Public Health Perspective"
 - Funded since 2001
 - 5 year funding cycle
 - 1 of 30 states funded
- NJDHSS
 - Division of Family Health Services – Chronic Disease Prevention Program
- Mission Statement
To improve the health of people living and/or working in New Jersey by effective prevention, identification and management of asthma, through a coordinated partnership among public and private organizations.

Healthy NJ 2020

- Reduce asthma deaths
 - 35-64 years and 65 + years
- Reduce asthma hospitalizations
 - 5-64 years and 65 + years
- Reduce asthma ED Visits
 - 5-64 years and 65 + years
- Reduce missed school days for asthma
 - 5-17 years of age with asthma
- Reduce missed work and activity limited days for asthma
 - adults 18+ years with asthma

Healthy NJ 2020

- Increase proportion of people with asthma who have received asthma self-management education
 - early signs or symptoms of an asthma episode
 - what to do during an asthma episode or attack
 - how to use a peak flow meter to adjust daily medications
 - taken a course or class on how to manage their asthma
 - an asthma action plan

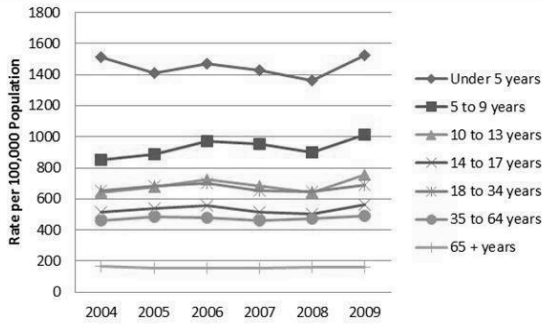
What We DoUses of Surveillance Data

- Education about asthma in the population
- Basis for planning and targeting intervention activities
- Evaluation of intervention activities

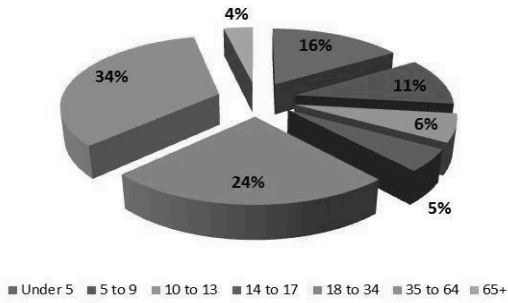
Asthma In New Jersey: Just the Facts

- Hospitalization:
 - Children under 5 years old
 - Black non-Hispanic & Hispanic
- Emergency Department:
 - Black non-Hispanic & Hispanic
- Prevalence rate:
 - Black non-Hispanic and Hispanic
 - 18-34 and 65+
 - Higher among SES <\$25,000

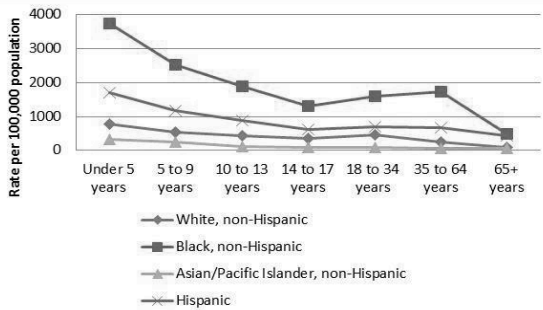
Asthma ED Visit Rate by Age Group, New Jersey, 2004-2009
Data



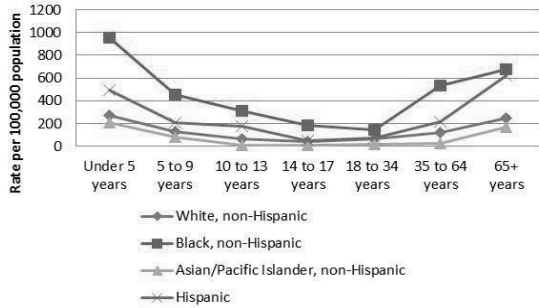
Distribution of Asthma ED visits by Age Group, New Jersey, 2009



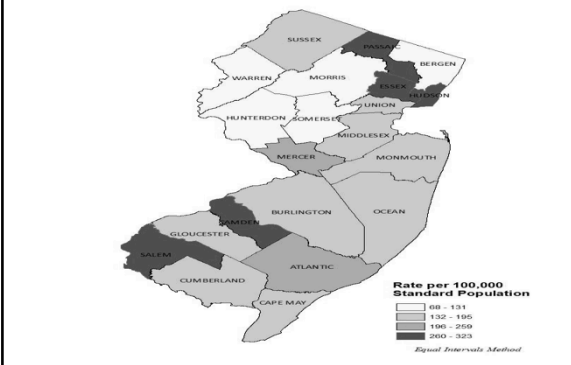
Asthma ED Visit Rate by Race/Ethnicity and Age Group, New Jersey, 2009



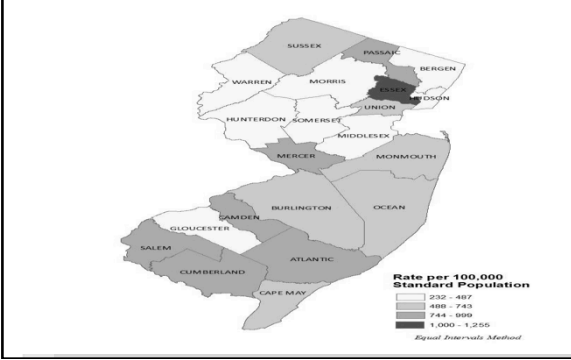
Asthma Hospitalization Rate by Race/Ethnicity and Age Group, New Jersey, 2009



Age-Adjusted* Asthma Hospitalization Rate by County of Residence. New Jersey, 2009



Age-Adjusted* Asthma ED Visit Rate by County of Residence, New Jersey, 2009



Interventions that:

- Address asthma disparities
- Increase residents with asthma who receive self-management education
- Reduce asthma hospitalization rate
- Target health care providers with education and communication
- Implement strategies to sustain asthma interventions over time

What We DoEducation

- Parents of children with asthma
- People with asthma
- Healthcare Providers
- School personnel
- General public

What We DoPartnerships

- State Asthma Committee
 - Decentralized approach to asthma initiatives
- Pediatric/Adult Asthma Coalition of NJ
 - Statewide coalition
- Community-based Organizations
- Advocacy

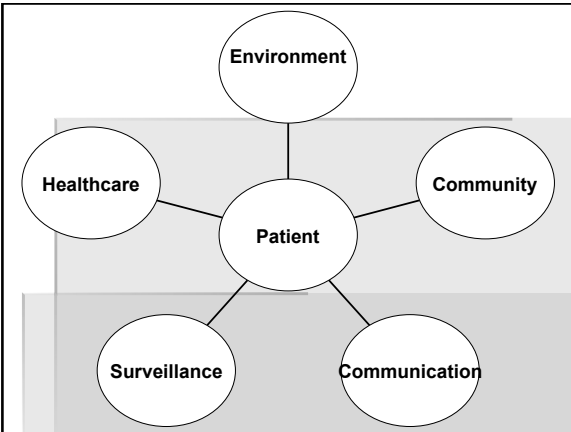
Accomplishment

- **Asthma Summits**
 - Promising Practices to Reduce Asthma Disparities
 - Asthma through the Lifespan
 - Focus on “Best Practices of Asthma Care”
- **Asthma Strategic Plan 2008-2013 (Addressing Asthma through the Lifespan)**
- **NJ Asthma Collaborative**
 - 16 FQHCs
 - Generate and document improved health outcomes for underserved populations within the state

Accomplishments

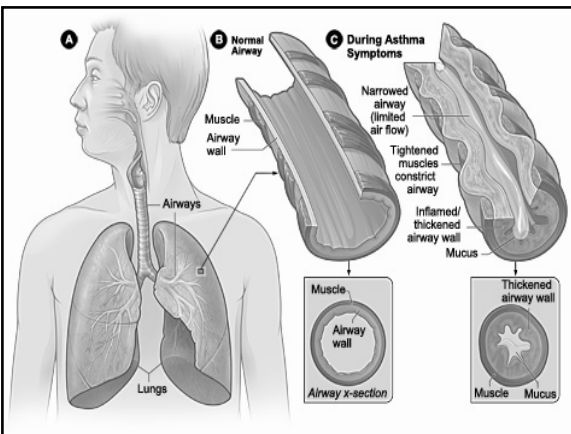
- **Agency for Healthcare Quality and Research (AHRQ)**
 - NJ 1 or 5 states selected
 - Focus “Learning Partnership to Decrease Disparities in Pediatric Asthma”
 - Developed Asthma Disparities Action Plan and Developing Culturally and Linguistically Competent Health Education Materials - A Focus on Asthma
- **Community Program Model for Asthma**
 - Developed 2008 by AAEP
 - Focus Areas
 - Collaboration
 - Outreach
 - Identification and Linkage
 - Case Management
 - Education

Why is this applicable to you?



#2 – Who's Affected

- Asthma can affect people at any age, race and ethnicity.
- Who is most at-risk?
 - Children
 - Low-income level (<\$25,000), urban residents
 - Allergic individuals
 - Hereditary pre-disposition



#3

Asthma cannot be cured,
but it can be controlled.
You should expect nothing less.

#4 – National Asthma Education Prevention Program (NAEPP)

- **Current policy on diagnosis and management of asthma**
- **Provide information at each point of contact- everyone gives the same message = Reinforcement**
- **6-key messages**
 - **Use inhaled corticosteroids**
 - **Use asthma action plans**
 - **Assess asthma severity**
 - **Assess and monitor asthma control**
 - **Schedule follow-up visits**
 - **Control environmental exposures**

#5- Emerging Issues

- In 2011, the CDC reported that asthma cost the US about \$3,300 per person with asthma each year from 2002 to 2007 in medical expenses.
- Medical expenses associated with asthma increased from \$48.6 billion in 2002 to \$50.1 billion in 2007.
- About 2 in 5 (40%) uninsured people with asthma could not afford their prescription medicines and about 1 in 9 (11%) insured people with asthma could not afford their prescription medicines.
- More than half (59%) of children and one-third (33%) of adults who had an asthma attack missed school or work because of asthma in 2008.
- On average, in 2008 children missed 4 days of school and adults missed 5 days of work because of asthma.

What Needs Improvement

- Implementation
 - Local Health
 - Healthcare Providers
- Environment
- CBOs and FBOs





Become a partner....We want You!!

For more information
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