

## **2000 Fall Focus on Asthma Meeting Notes**

The Oregon Asthma Program hosted Fall Focus on Asthma meetings throughout the state last fall. Meetings were held in Eugene (October 18), Medford (October 19), and Bend (November 1). Learn [more about](#) this year's meeting.

The regional meetings were designed to provide opportunities for practitioners, community organizations, and other interested parties to:

- Learn about the upcoming Oregon Asthma Guidelines
- Discuss local concerns regarding asthma and barriers to asthma care and self-management
- Participate in roundtable discussions

The meetings were open to anyone interested in asthma in Oregon. People attending the meetings included school nurses, nurses, local health department staff, respiratory therapists, pharmaceutical representatives, physicians, tobacco coalition members, and health plan employees.

### **Program Updates:**

#### *Oregon Asthma Program:*

- Oregon was one of the first four states to receive a grant from the Centers for Disease Control and Prevention (CDC) to develop a statewide asthma program. The Oregon Asthma Program has been in existence since January 2000 and has four main goals:
  - Address asthma as a public health issue
  - Establish a statewide partnership to develop and implement a statewide plan
  - Create an asthma surveillance system
  - Identify projects to improve asthma care and services

#### *Asthma Surveillance:*

- Approximately 7.7% of adults in Oregon's general population have asthma
- Approximately 7.5% of children in the United States have asthma
- The hospital discharge rates for asthma (where asthma was the first listed diagnosis) by county in 1998 are:
  - Lane County - 4.5/10,000 persons per year
  - Deschutes County - 6.0/10,000 persons per year
  - Jackson County - 6.1/10,000 persons per year
  - Oregon - 7.1/10,000 persons per year

#### *Population-Based Asthma Guidelines:*

- A workgroup made up of providers, respiratory therapists, pharmacists, health plans, quality auditors, and community organizations is working, through a consensus process, to develop Oregon-specific population-based asthma guidelines.
- The population-based guidelines are based on the National Heart, Lung, and Blood Institute's Guidelines for the Diagnosis and Management of Asthma. The workgroup is focusing on developing guidelines that are population-based and measurable to improve the quality of care for Oregonians with asthma.
- Updates of the Guidelines Workgroup activities are posted regularly on the Oregon Asthma Program's website, [www.oshd.org/asthma/workgroup/workgrp.htm](http://www.oshd.org/asthma/workgroup/workgrp.htm).

### **Roundtables:**

The opportunity to network among the participants was high on everyone's list of priorities. At each meeting, some topics that were discussed included the Oregon Asthma Program, tobacco coalitions, asthma clinics, and asthma in schools. Evaluations of the meetings indicate that people felt very positive about the chance to discuss these issues in greater depth with the members of their community. At each meeting, the participants requested a listing of the names and contact information for people who were in attendance to build upon contacts made that day. The contact information will be provided to the attendees of each meeting.

### **Issues and Resources:**

Participants discussed local and statewide barriers and resources for asthma care. Some of the issues identified include: *Barriers to asthma care:*

- Funding
  - Lack of funding and reimbursement for asthma education, materials, and supplies
  - Access to care - can't get into a PCP
  - Free medication program too cumbersome, and only provides medication for limited period
  - Cost of medication, including copays
  - Some allergy medications are not paid for
  - Cost of equipment - such as spacers and peak flow meters
  - Lack of funding for school nurses
- Awareness
  - Lack of awareness among people with asthma/parents of children with asthma
  - Lack of awareness among the general public
- There is a stigma attached to having asthma
- There are many myths about asthma (people outgrow asthma, "it's all in your head," medications are harmful, etc.)
  - Lack of awareness among providers
- Physicians are not providing consistent treatment
- Need data to convince providers to change their behavior

- We only respond to asthma when it is a crisis, rather than managing the disease
- Patient Self-Management
  - Patients have a lack of understanding about the disease
  - Do not use controller medications consistently
  - Patients use alternative and/or complementary treatments
  - Providers are not able to understand when a patient understands because of language, cultural, age barriers
  - Self-management of triggers is difficult
  - Need resources to help patients self-manage
  - Tobacco cessation and prevention is important for good self-management
  - Transportation to medical care is an issue for some patients - only seek treatment for their asthma when it is really bad

***Resources needed:***

- Asthma clinics in the community - (e.g. Central Oregon District Hospital Asthma/COPD Clinic, Good Samaritan Hospital Asthma Clinic)
- Education materials
- Reports/surveillance
  - Used to frame the problem locally and to raise awareness (e.g. hospitalizations, costs, numbers of deaths, quality of life for patients)
  - Use to raise awareness among patients and parents that asthma is manageable and to change parents' attitudes
  - Use to raise awareness among the public
- School personnel (especially physical education teachers and coaches)
- Dispel myths and misinformation about asthma

***Statewide Asthma Network meetings:***

- Network meetings should be an opportunity to share and learn about resources
- Provide educational opportunities for attendees - e.g. case studies, problem-based learning, workshops
- Focus on asthma education
- Logistics for the Asthma Network meeting
  - Advance notice
  - Accessible location
  - Hold meeting from 10:00-2:00 to allow travel time
  - Involve more physicians, political leaders, people with asthma, health care interest groups