

# Utah Asthma Task Force

February 5, 2019

Room 125, Utah Department of Health Cannon Building

## Welcome, Introductions, Updates, and what are you working on?

Michelle Hoffmann, MD, MPH

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1. Brittany Guerra, UDOH Asthma - Piloting a flipchart for asthma, joining webinar, share after this meeting.
2. Michelle Hofmann, U of U Breathe Utah
3. Holly Uphold; UDOH Asthma
4. Wendy Wright; Utah County HD
5. Charlotte Vincent: Utah State Division of Aging
6. Nichole Shepard; UDOH Asthma and Arthritis
- 0:00:13 7. Rebecca Ludlum; Salt Lake County Health Department, Health Educator
- 0:00:28 8. Corryn Silon; UDOH, EEP
9. Susan Fox; Salt Lake Co
10. Christal Dent; UDOH Tobacco Program
11. Liz\_\_\_\_\_; U of U Health Plans
12. Andrea Jensen; Certified Asthma Educator - Epinephrine over the counter Asthma medicine, Wedon't want it. Don't want people self-treating.
- 0:03:37 13. Rosalyn Intern with U
- 0:03:46 14. Wendy Wright, Health Educator,
- 0:03:55 15. Deanna England; SLCo
- 0:04:04 16. Julie Christie
- 0:04:10 17. Darrin Sluga, SLCO HD
- 0:05:08 18. Daniel Mendoza; Professor at the U and Pulmonologist
- 0:05:37 19. Debbie Sigman; Breathe Utah
- 0:03:58 20.
- 0:02:48 21.

On The Phone

Dawn from UPICK quality improvement projects with health care practices, traditional educational materials, shared

0:07:54 Danae Avery - Astra Zeneca

0:00:48 Kelly Baxter - UDOH, home visit, and improve visits

0:00:52 Stephanie George -

1:30:46 Fahina - with executive director for the national tonga society here in SLC. Work in civic engagement and health projects.

### 0:09:02 **Summary Highlights**

0:09:13 Education UNC new online training module, AAFa astham care for

0:09:25 Generic drugs .... Ventolin, Adair discus

0:10:27 \* Brand name drugs are going to be making these available.

0:11:07 \* The entire country is being forced to take generic drugs and they are all sold out nationwide, so we can't get any.

0:11:45 \*This is a good subject to work on.

0:09:34 Invitation Air Quality Parent night out in Logan

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0:12:33 Summary Slide of successes

0:12:39 \*great presentations

0:12:43 \*home visiting program

0:12:48 \*partnership training with community health workers

0:12:58 \*collaboration/time and learning from each other

0:13:07 \*new partners

0:13:19 \*Policy awareness

0:13:26 \*Organization of ATF

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0:13:32 What areas we should focus on topically

0:13:40 \*Treatments and innovations, latest research

0:13:49 \*Policy

0:13:54 \*Payment

0:13:59 \*What information are health care providers giving patients with asthma?

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0:14:17 I wish we would spend more time doing...

0:14:24 \*Small groups tasks, Project groups, action items, making plans to implement ideas and projects

0:14:47 \*sharing success stories,

0:15:05 For a complete list please see the slides sent out by Brittany.

## Policy Updates Corner - Legislative Session Update

Deborah Burney-Sigman, PhD

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0:15:27 Policy Corner

0:15:33 1. Stock Inhaler Project

0:17:03 ATF: objective, suggesting stock albuterol for a diagnosed condition with AAP on file OR on-site assessed need by RN

0:17:33 Considering:

0:17:37 ● **Children served**

0:18:26 ● Student - no breathing issue vs. *breathing issue* - self-carrying inhaler, *not carrying inhaler* - does not have known asthma diagnosis, the policy can't help kids who still don't have an AAP or a trained nurse on site. If they don't have a known diagnosis, and there is not a nurse onsite, then they would still not be served by this policy change. - Increasing number of nurses, bigger bite than we can take right now. - We have to put the language into state law that says prescription medication can be held in the school.

0:17:40 ● **policy adjustments needed** - AAP update to standardize and to allow for use of stock medication, School nurse policy update, staff training (clerks know when to use an inhaler and how to oversee a kid using an inhaler). We have a legislator who has opened a bill file and is ready to move forward with whatever content. Representative Wheatley. Also in communication with a possible bill sponsor, Senator Winterton. Important thing is both legislators understand that this is a stakeholder initiative, those most concerned with how it's enacted have been involved from the beginning.

0:27:35 ● **#votelater 0:30:09** Do we want to go ahead this year, which would be a scramble. wait a year, or do a pilot program, being more thorough in a district or two. At the end of the meeting, we will ask again for people's opinion. Also list reservations. Wrap it around collecting data. How will we assess the impact and mitigate the

consequences that may come from this. Rep. Wheatley is willing to roll out with a delayed action plan.

- 0:17:46 ● staff impacts and mitigation/support for them
- 0:17:59 ● intended and unintended consequences, would like to set a precedent for looking at the big picture, no one is blindsighted.
- 0:23:54 ● Cost: Asthma and Allergy network facilitates no-cost medication supplies - verified by email that they would provide a supply for , Do they cover the inhaler and disposable spacers, Spoke with American Lung Association, the spacers are a specific donation. We can talk to Tonya with the Allergy and Asthma network.
- 0:25:17 ● Question: what is the distribution method - put that into things that we need to figure out. School administration hasn't been part of our discussions yet, getting medication for the first time and then having it restocked.
- 0:15:42 2. **#UintaBasinOzoneWorkGroup 0:41:18**
  - 0:30:29 ● The oil and gas industry puts out emissions that turn into Ozone, particulate matter here in SLC. Stake holders have come together to do collaborative problems solving. Tri Co. Health has been working with them. Low Asthma prevalence but a high emergency rate, suggests that those with Asthma have poorly controlled asthma. It has been described that it is hard to come up with good stats.
- 0:16:09 3. **#WasatchFrontAirQualityProjects 0:41:23** /Legislation - we are in the middle of the legislative session,
  - 0:32:43 ● Direct us to BreatheUtah legislative update page.
  - 0:33:05 ● Increased enforcement and penalties for tampering with diesel ("Coal rollers") HB039. - Term for the a diesel pick-up truck that belches out black smoke emissions. Arguing for it being called assault, not just a motor vehicle problem. You can call them in and have them reported.
  - 0:33:29 ● The \$100 million, not really there, won't be disbursed in a lump sum.
  - 0:34:10 ● More wood - stove change outs
  - 0:34:15 ● Lawnmower exchange - you can change out your gas mower for an electric. Based on a lottery.

## Asthma Research

0:43:46

#DanielMendoza,PhD 0:43:52

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0:36:22 Four fairly interesting recent studies on Asthma

\* psycho social impact of risk factors - psychological components, all

0:36:32 patients with more than one suicide attempt increased odds of having asthma. Climate change is happening, natural disasters are a large stressor for those with asthma.

0:37:45 \*Impact of Air Quality on suicides as well.

\*So Cal children's health study - higher intake pollutants lead to higher trans

0:37:57 fat diets, childhood exposures air pollutants, not just traffic pollution but also to wild fire pollutants,

0:38:54 \*Two studies on remission

1.2 million children, Manitoba and Saskatchewan, 72,000 diagnosed with

0:39:02 asthma, followed them for two years, poorer asthma control, lead to lower rates of remissions. Those last six months are critical because that's what they considered the remission

0:40:05 1 in 5 adults with asthma, will experience remission in 5 years.

#Questions 0:40:51 :

0:40:40 1. Exhaust and Obsogenic behaviors, what made them go with causation over correlation?

0:42:02 2. Where those with asthma and suicidal tendencies?

0:42:41 3. How do they define remission? Remission showed that there was less need for an inhaler and the symptoms have decreased.

0:43:11 Daniel will send a slide with the links.

## Education and Awareness

#AsthmaandUtahTribes 0:43:24 , Scott Collingwood, PhD, Dept. of Pediatrics

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0:44:10 Background and then ask a question.

We don't feel the same way about our families that tribes have with their

0:44:55 community. This is a big difference between how we do and how tribes work together.

0:45:29 Has anyone worked closely with tribes? Tried to. Yeah, it's hard.

What do you think of when you think of a tribe? Isolated. Yeah, the

reservations are out in the middle of nowhere. The times I hear about them, there is a discrepancy with law enforcement. This has some relevance, tribes

0:45:43 when I have made presentations or met with the Tribal Chair or the Business Council. They have their own law enforcement, they are required to maintain at least that level of protection as far as environmental exposures and air pollutants. They are very spiritual and protect the land. On the phone, there is a very high disparity in health and in other areas. Absolutely right.

0:48:12 You all have more knowledge than Scott did when he got started. Involved in National Children's Study. Massive enrollment plan in this, wanted a geographic variety in population. Wanted to follow Women of child bearing age. Follow prior to pregnancy, during and after until the child was 21. A lot of them wanted to go home to give birth in their culture's ways. Working with underserved populations, really intrigued by working with native populations. Something rang true. Mentor ships and research internships for native Americans. There are native people on staff at Uof U.

#background 0:50:50

0:50:55 Environmental influences on health outcomes.

0:51:06 Large EPI study with indigenous populations and some of the challenges in their involvement in research

0:51:30 10 years building this relationship, indebted to the hard work of others. - it is difficult to reach the people geographically speaking, but the one on one relationship has to be built.

0:51:50 Resulted in the ability to collaborate on community-based participator research (pilot phase complete).

#significance 0:53:02

0:53:10 What are the risks? Asthma, cardio. Disease, COPD, (Poor air quality)lung cancer rates, (radon and smoking) preg. Complications.(chronic stress, Air Quality) mental health, learning and development.

0:54:21 Tribes have a keen interest in wellness. Promoting health in the next generation.

0:54:39 General concern that environment adversely impacts their health and little is done about it. (There is ~~some~~ justification in this). Post World War Two atomic weapons testing, impact was felt by reservation, uranium extractions, dirty industry done often on reservations. Copious amounts of oil and gas extractions, some resources close/on the tribal lands. Less likely to get push back from these programs for economic and lack of advocacy.

One company is filing bankruptcy but then reincorporating to avoid clean up. Are you allowed to name names on companies like that. "Put you in touch

0:57:32 with the environmental office of that tribe” Navajo, Confederated Band of the Goshute, and the Northern Arapaho.

#Questionsfromcommunity 0:59:16

0:59:23 I have asthma, my children have asthma what’s has changed as my family has lived here forever?

0:59:40 Is there anything in our environment that could harm the next generation?

0:59:52 Is there someone in our soil that causes cancer?

0:59:58 We have #inversions 1:00:50 like SLC - but we don’t have all the traffic. Is this hurting us?

Does how we heat our home harm us?

#woodstovechangeoutprogram 1:01:05 They are mostly relying on wood burning, there is other burning as well. One of these tribes was getting truckloads of used tires to burn in their stoves to heat their homes. Because it was cheaper and easier to get ahold of than wood. A lot of the tribes and families, pushback to consider changing from wood burning because that’s a big family activity.

1:00:23 Do we need to worry about radon? Yes.

1:00:28 Do we need to worry about plastics and chemicals? Likely so.

#potentialbenefits 1:02:41 #cbpr 1:02:46

1:02:53 Build on the community’s *self-identified* environmental exposures of concern

1:04:00 Long standing concerns about uranium mining site, every cancer and every malady the tribe points to this legacy umpra site that is in our backyard. For better or worse EPA has spent a lot of money cleaning up. Exposure elements are not problematic. However, if the community thinks it’s a problem, its a problem.

1:05:11 What we’ve also learned is that these sites that have been active, and then abandoned. People are resourceful and take the building materials from these old sites. There is radiologic residue in materials that have been used by the people of the tribes, or they used the soil from the site.

1:03:09 Characterize the health experience of the people (health history, survey, EMR).

1:03:37 Develop a public health action plan that is effective, culturally appropriate, and sustainable.

1:06:25

Do education, awareness, mitigation, remediation. Grant funding for these projects end,

#Progresstodate 1:07:10

1:07:16

Pilot projects completed at 2 of 3 tribes engaged

1:07:28

Asthma rates and some cancer rate appear higher than expected, almost 50% of the homes are above the EPA action level for radon.

1:07:55

Education, awareness, and interventions and ongoing.

1:08:30

Asthma rates in one tribe 24%.

1:08:35

In partnership with the individual tribes, applying for federal grants to further investigate the issues.

1:09:00

\* important outcome is to develop an documentation and evaluation process that facilitates improvement long-term

#futurework 1:09:27

1:09:32

tribe will lead in the problems and how to overcome them

#possiblefuturework

1:10:08

relationship bw early life change and change in airway micorbiota composition and asthma symptoms/control/severity.

1:13:31

*Question: Are payers involved in that research?*

Answer: I think in this yes, but what is especially challenging and something I didn't expect, all of these tribes are served by Indian Health Systems, single payer health care system. Better functioning when they exercise block grants and then they conduct their own health care system. Everyone wants better

1:13:36

health outcomes, less mature in looking at EMR, no one was looking at asthma or cancer rates until they went into and looked. We are trying to help them and put in place EMR, what the status in regards to our health today. Did what we did make a difference? Wanting to help them get the programs in place that they can be monitoring these kinds of things by themselves.

1:14:37

Email if there are any questions.

## Membership Survey and Discussion

Michelle Hofmann, MD, MPH

1:15:16

Part of improving as a task force, is thinking about if we have all the right people at the table.

1:15:38 437 listserv members

1:15:45 29 task force members

1:15:58 20 regular attendees, 35 infrequent attendees. - Opportunities to figure out how we can engage and bring on stakeholders.

1:16:59 **Does anyone think there is a specific gap we can pull representation from?**

1:17:46 Making sure we have the perspectives of rural parts of the state.

1:17:56 Having a new technology in place has beefed up who can attend from afar, handouts and slides from presenters.

1:20:09 Asthma champions from the Tribes, or aligned with some of the clinics, it occurs to me that they might want to participate in this and learn. They would benefit and give us information.

BYU, presentations that Scott gave are informative for the whole task force.

1:21:00 If we ask them to come and present it will help them get involved. If you see someone you are impressed with ask them to come .

1:21:52 School date clerks/health practitioners. They run interference with students who have issues.

1:22:21 Community members that might become champions. Parents, PTAs.

1:18:36 **How is this going well remotely?**

1:18:50 It is going well

1:18:53 This is another opportunity to tune in, especially for non-profit organizations.k

1:19:40 Yes, it makes it much easier to attend. Sometimes it may be a little challenging, but usually its a good alternative to have.

## **Wrap-up and Reconvene**

Michelle Hofmann, MD, MPH

1:24:18 Polling **#Question 1:26:16** : Other agencies and groups in our community know about the task force and its initiatives:

1:25:29 Strongly agree, agree, disagree, strongly disagree - b-31 %, c67%, d-8%

1:26:19 I have the following strengths or skills to offer the task force...

1:27:20 Ability to connect with people from a variety of backgrounds

1:27:28 Ambition

1:27:36 Experience with asthma sufferers

1:27:45 Graphic design skill

1:27:52 Go to meeting link

1:27:59 Which of the following with regard to the asthma stock inhaler initiative do you most support (choose one)?

1:28:15 Proceed this session with drafting policy with a delayed timeline for implementation to allow details to be worked out - 44%

1:28:33 Perform a pilot to collect data that could inform policy - 56%

1:28:38 Delay for one year to figure out more of the details that would be needed for a future policy.

1:30:08 How should we collect people to join our task force?

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## **Call to Action:**

What is one thing you learned today to incorporate into your program?