Utah Asthma Task Force

Call Notes

June 6, 2017

Next Meeting: October 3, 2017

Introductions, Updates and Call to Action

- Member introductions and efforts to apply presentation information from February 2017 meeting.
- Honored Dr. Gene Cole for his time in the Asthma Task Force. Dr. Cole will be retiring this fall.
- Thank you to those who assisted in providing breakfast for the meeting.

Particulate Matter Air Pollution and Pediatric Outpatient Asthma Visits: Differences in Effect by Familial History and Sex, Heidi Hanson, PhD, MS, University of Utah (slides are attached):

- Heidi Hansen is an assistant professor at the University of Utah, life-course epidemiologist and demographer. She studies how environmental factors early on in life impact the way we age.
- The purpose of her research was to identify subpopulations at increased risk for an event during periods of poor air quality. They considered family history of asthma, personal history of asthma, and early life conditions.
- Utah Population Database can provide data twelve generations back and link it to health records. The database also provides residential data.
- Findings of the study were consistent with other literature and showed the following:
    - Female children with an allergic predisposition have more positive associations between air pollutants and respiratory symptoms and diseases than male children.
    - There is a higher association with air pollutants and respiratory symptoms in males with no familial predisposition.
- Further study will seek to understand the reason for sex differences and to better understand whether the findings for children less than one year old are real or spurious.
- Question and Answer Discussion:
    - Heidi's team is not working on the Prism studies, but other University of Utah researchers are involved in the PRISM study and it could be a good partnership for future studies.
    - Heidi plans to look at ozone in the future.
    - Familial history is an important indicator of asthma exacerbations for females, but not for males. Familial links to disease might be related to environmental effects (e.g. where they are living) rather than genetics.
    - Phenotype is not predictive of underlying genotype issues.
    - ICD-10 code for severity and control. It went from about 4 asthma codes in the ICD-9 to 14 in ICD-10. This opens new opportunities and challenges in asthma research.

Asthma World Café Meeting Overview, Nichole Shepard, MPH, Utah Asthma Program:

- The Asthma World Café had good turn out and was an overall success.
- Gratitude to Intermountain for their support in putting on the meeting.
- Currently reviewing the evaluation and meeting notes and will present more complete results at the next Task Force meeting.
- Positive feedback was shared on the engaging and interactive format for the meeting.

Utah Asthma Program Project Updates, Kellie Baxter, Brittany Guerra, MPH, Utah Asthma Program:

- The Home Visiting Program Outcomes Factsheet was reviewed and updates were shared on the current status of the program
    - In addition to the improved control scores and inhaler technique outcomes shared on the factsheet, Andrea Jensen from Utah County Health Department shared that they have also seen personal stories of families improving their quality of life through the program.
    - Currently, the two local health departments offering the program – Salt Lake County and Utah County – are well over the enrollment goal they set for this year, which demonstrates the need for the program.
    - One of the main sources of referrals is from the hospitals. We plan to collect data to compare outcomes for families that enroll in the program versus those that decline enrollment to show the improved health outcomes and reduced costs associated with the program. Also collecting this data from participants as self-reported data.
    - Discussed current efforts to seek reimbursement for the program to continue expansion. The Utah Asthma Program is part of a Health Department workgroup participating in the second cohort for the CDC 6|18 Initiative. Two asthma-related reimbursement projects were chosen as part of the Utah cohort focus for the next year. We are working with Medicaid and anticipate progress in attaining reimbursement codes for the Home Visiting Program.
- The 2016 Asthma Community Health Worker (CHW) Training Evaluation Factsheet was reviewed and updated were shared on the second training.
    - From the evaluation results shared on the factsheet, the Utah Asthma Program updated the Asthma CHW Training and completed the training in April 2016.
    - Recommended changes from the previous evaluation included restructuring the training logistics and timeframe, adding some missing topics to the training, and streamlining training to improve coordination of content delivery and structure.
    - The second training had 12 participants, and most participants were CHWs from AUCH currently employed in clinics in Salt Lake County Health Department. The CHWs were trained as part of a pilot project this summer to expand the Home Visiting Program to be offered by these CHWs in clinics.

Task Force Collaboration and Projects Discussion, Open Forum:

- Discussion around increasing the tobacco tax and collaboration with the Tobacco Program policy efforts:
    - Join the Utah Tobacco Free Alliance in order to support those efforts.
    - The Tobacco Program is currently not focused on increasing the tobacco tax. Current policies they are focusing on include rising the tobacco use age to 21, banning flavored tobacco products, e-cigarettes, etc.
    - E-cigarette rule will start being enforced starting July 1 for product quality.
    - Contact Linnea Fletcher linneaf@utahcounty.gov from Utah County Health Department in order to get involved with the Utah Tobacco Free Alliance.
- Discussion around school nurses in Utah, especially after the Asthma World Café meeting discussions:
    - Currently, school nurses have a pretty good response and number of students with asthma that have action plans in place. BettySue Hinkson, school nurse consultant at the Utah

Department of Health, has preliminary numbers showing the number of students with asthma around 18,000. This is a large improvement from the year before where about 9,000 were identified.

- Some school nurses don't believe asthma action plans are needed because the inhaler can count as "one dose" of medication for the student to carry around without an asthma action plan. That is a district by district policy, but not having an asthma action plan for the kids to carry their medications is in violation of the state law.
- Nurses don't like conversations about health clerks. They fear health clerks replacing school nurses in schools, and that health clerks will work beyond their scope of practice.
- BettySue is planning on doing a study in the fall to look at what activities the schools are able to do with different models such as, school nurses versus only (spread over several schools), school nurses and health clerks, or a school nurse in every school.
- We have 41 school districts in Utah which means we have a lot of variation.

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