Asthma Hospitalizations

* Average rate = 158.52/100,000 LA Residents
Where are the hospitalizations occurring?
## Expenditure by Age, Gender & Race

<table>
<thead>
<tr>
<th>Age</th>
<th># of Recips</th>
<th># of Claims</th>
<th>Cost</th>
<th>Cost Per Recip</th>
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<tbody>
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<td>0-4</td>
<td>5,717</td>
<td>82,941</td>
<td>$12,035,499</td>
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<tr>
<td>5-10</td>
<td>10,743</td>
<td>171,059</td>
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<td>$433,550</td>
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<table>
<thead>
<tr>
<th>Gender</th>
<th># of Recips</th>
<th># of Claims</th>
<th>Cost</th>
<th>Cost Per Recip</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>16,888</td>
<td>278,679</td>
<td>$36,614,383</td>
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<tr>
<td>Female</td>
<td>15,705</td>
<td>263,386</td>
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<table>
<thead>
<tr>
<th>Race</th>
<th># of Recips</th>
<th># of Claims</th>
<th>Cost</th>
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<tr>
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<td>$26,340,774</td>
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<td>Black</td>
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<td>299,942</td>
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<tr>
<td>Other</td>
<td>2,523</td>
<td>40,036</td>
<td>$5,053,258</td>
<td>$2,003</td>
</tr>
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</table>
Goal 1: Maintain the LAMP infrastructure to ensure the long term sustainability of reducing the burden of asthma in Louisiana.

Goal 2: Provide healthcare providers and healthcare facilities with the most updated recommendations on the diagnosis and treatment of asthma.

Goal 3: Continue building advocacy efforts at the grassroots level.

Goal 4: Expand data collection efforts related to asthma in Louisiana.

Goal 5: Effectively target and reach Louisianans experiencing asthma-related health inequities or disparities.

Goal 6: Implement the Louisiana Five Year Evaluation Plan to measure progress and effectiveness of the program and its stakeholders.
Louisiana’s Targeted Areas

- DHH Region I-New Orleans Metro Area-12.8% (Hurricane Prone)
- DHH Region II-Baton Rouge Metropolitan Area 12.7% (Hurricane Prone)
- DHH Region VII-Shreveport Metropolitan Area 10.0% -Highly Rural
- DHH Region VIII-Monroe Metropolitan Area 11.7%-Highly Rural and includes Delta Region
Collaborate with LCCCP to sustain active Regional Health Coalitions that have a focus on persons with asthma

- Asthma Regional Coalitions established in regions 1, 2, 7 and 8 to provide oversight of program interventions at the grassroots level.

- September 2009-August 2012 priorities:
  - Developing asthma friendly schools and child care centers
  - Building regional partnerships that support for people living with asthma
  - Advocating for safer, clean air environments that reduce asthma triggers
  - Reducing the asthma burden among Louisianans in rural and urban areas regardless of ethnicity, sex, age, etc
Asthma Friendly Schools (AFS) can help assure students’ safety and health by adopting policies and procedures and coordinating student services

- Provide education to faculty, staff and physical education department.
- Provide school tool kits to each school in the district
- Work with school nurse to increase individualized asthma action plans and students who self-carry and self administer
- Build collaboration between the caregivers and local physicians
- Work with district to adopt the following:
  - Comprehensive Indoor Air Quality and Bus Idling Policy
  - Emergency Asthma Plan for students
  - Improve IAQ Standards to decrease school liability and exposure to irritants and triggers
- Certify the school through the LASC
- Highlight and increase positive exposure through local media and the CDC
AFS - Building collaboration between the school district and the LAMP Program

• A total of 1,311 teachers and staff have been trained on addressing asthma for students and showed an increase in knowledge.

• Indoor Air Quality (IAQ) Walkthroughs have been completed by school custodial staff.

• Goals of increasing asthma action plans complete.

• Both districts have adopted comprehensive IAQ policies which includes reducing diesel emissions.
AFS - Building collaboration between the school district and the LAMP Program

- Goals of increasing asthma action plans complete in both school districts by more than a total of 29 students with 40 students being identified after the intervention started in the 2 districts.

- More than 120 coaches and physical education teachers in Monroe, Morehouse and in collaboration with the Louisiana Association of Physical Health Recreation and Dance (LAPHERP) trained on Exercised-Induced Asthma through the Asthma Coaches Play Card.
Interventions: Goal Area 2

State wide trainings are provided to provide education to Healthcare Professionals around the major changes in 2007 Asthma Clinical Guidelines

- **Assessment and monitoring**
  - Severity
  - Control
  - Responsiveness to treatment

- **Three age groups**: 0-4, 5-11, 12+ years

- **Expanded steps of treatment** - 6
## Interventions: Goal Area 2 Update

### 2012-2013 Asthma Clinical Guidelines Trainings

<table>
<thead>
<tr>
<th>Locations</th>
<th>Physicians</th>
<th>Nurses</th>
<th>Respiratory</th>
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</thead>
<tbody>
<tr>
<td>Shreveport (Nurses Conf)</td>
<td>0</td>
<td>90</td>
<td>10</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>36</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>New Orleans</td>
<td>15</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Monroe</td>
<td>3</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Alexandria</td>
<td>1</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>Shreveport</td>
<td>51</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>106</strong></td>
<td><strong>164</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>
F.L.A.R.E. Pilot is currently implemented in Morehouse General Hospital. F.L.A.R.E includes five key messages to help asthma patients better manage their disease:

- **F** – Follow up with a primary doctor
- **L** – Learn about asthma medicines
- **A** – Asthma is a life-long disease
- **R** – Respond to warning signs that asthma is getting worse
- **E** – Emergency care may be needed if certain symptoms occur

F.L.A.R.E. assist the partnering hospital in implementing the patient education components of the National Institutes of Health (NIH) Guidelines for the Diagnosis and Management of Asthma at the point of patient discharge and increases follow-up patient-centered care.
F.L.A.R.E Flow Model

1. Patient Treated
2. Patient Educated & Discharged
3. Referral to Partner Rural Clinic
4. Proactive Approach to Reach Patient
5. Increased Patient Follow-up
6. Self-Management Education Provided
7. Medical Home Established

Patient Care Needed < 50% Personal Best
Goal Area 4-Data and Surveillance

With the assistance of partners at LSU School of Public Health, Environmental Public Health Tracking, Office of Public Health Section of Environmental Epidemiology and Toxicology, Vital Statistics, University of Louisiana at Monroe College of Pharmacy and the Behavioral Risk Factor Surveillance System, the LAMP Program has successful collected all of the minimal core required and additional core required data in the absence of a Program Epidemiologist.
Interventions: Goal Area 5

• The LAMP Program’s goal was to train 8 Head Start Centers on the implementation of the Asthma Curriculum for Louisiana Childcare Centers.
  – 15 centers have been trained as of November 30, 2013.
  – 2 centers provided feedback as of February 28, 2013.
Tools for Clinicians
Tools for Hospitals and Clinics

Louisiana Department of Health and Hospitals/Asthma Surveillance Collaborative

F.L.A.R.E. Plan
For Emergency Department Discharge

Asthma is a lifelong disease that can make it hard to get air in and out of the lungs. Asthma triggers make the air tubes that carry air in and out of the lungs smaller.

Here is what happens:
- Breathing tubes in the lungs swell and make extra mucus
- Muscles around the breathing tubes get tight and make them smaller
- Smaller breathing tubes then get plugged with the extra mucus
- Swelling, fluid tightness, and muscle make it harder to breathe
- Coughing, wheezing, chest tightness or pain may start

Not all asthma flare-ups are the same. Some are worse than others.

In severe asthma flare-ups, breathing tubes get so small that air cannot get in and out of the lungs.

Severe asthma flare-ups can be fatal.

Common Triggers:
- Tell your doctor about the things that make your asthma worse, such as:
  - Breathing in chemicals, dust or fumes
  - Cold, flu or respiratory infections
  - Cigarettes, steam, secondhand smoke, or air fresheners
  - Animals, including cockroaches and mice
  - Dust
  - Pollen and mold
  - Food allergies (nuts, dairy products, etc.)
  - Strong odors
  - Changes in weather (temperature, etc.)
  - Exercise
  - Smoke from cigarettes, wood and other materials
  - Medication
  - Other things:

Asthma Medicines:
- Quick relief medicine: should help for about four hours by relaxing muscles around the breathing tubes so air can get in and out. If quick relief medicine is needed more than two times per week, asthma is not under control. Ask a doctor about long-term control medicine.
- Long-term control medicine: must be taken every day to work right. It keeps the breathing tubes from swelling, preventing most asthma flare-ups.
- Long-term control medicine can't stop a flare-up once it starts.
- During flare-ups, use quick relief medicine right away and take long-term control medicine as usual.
- Quick relief medicine can stop asthma flare-ups.
- Some pills or syrup can help swelling in the breathing tubes go away. This medicine must be taken by the doctor's instructions. DO NOT skip a dose, and DO NOT stop taking it unless a doctor says to stop.
- If the doctor provides a few extra days of stored pills or syrup, always call your family doctor before using.

What is F.L.A.R.E.?

F.L.A.R.E. is an evidence-based asthma education discharge protocol that helps hospitals implement the patient education components of the National Institutes of Health (NIH) Guidelines for the Diagnosis and Management of Asthma. F.L.A.R.E. includes five key messages to help asthma patients better manage their disease.

F - Follow up with a primary doctor
L - Learn about asthma medicines
A - Asthma is a life-long disease
R - Respond to warning signs that asthma is getting worse
E - Emergency care may be needed if certain symptoms occur

F.L.A.R.E. Training: 1 hour training for hospital staff on how to implement F.L.A.R.E. The training is available at no cost to Louisiana hospitals. The F.L.A.R.E. training will include:
- How F.L.A.R.E. helps hospitals meet the NIH Asthma Guidelines;
- How to successfully implement F.L.A.R.E. (taught by a Louisiana health care provider and/or respiratory specialist); and

All training participants will receive the Louisiana Asthma Health Care Provider Toolkit. Hospitals participating in the training will also receive color copies of F.L.A.R.E., as well as the Louisiana Asthma Management & Prevention Program (LAMP) Asthma Action Plan and the F.L.A.R.E. Patient Follow-up Referral Form. As part of the F.L.A.R.E. Training Initiative, the LAMP Program will provide additional trainings as needed for staff in hospitals planning to implement F.L.A.R.E.

Who should attend:
- All staff members providing emergency and inpatient asthma care.
- Nurses, respiratory therapists, physicians and other healthcare providers involved in the care of asthmatic patients.

Training location: F.L.A.R.E. trainings from the LAMP Program will schedule trainings in-person at churches, hospitals, or other interested hospitals.

To request F.L.A.R.E. training, visit www.asthma.dhh.louisiana.gov to download a training request form and fax to Mark Perry at 225-342-5825.

For any additional information, contact LAMP at 225-342-2673.
National Spotlight

Because of You:

• LAMP was featured for our successful partnerships at the 2010 National Asthma Control Program Conference in Chicago, Ill.

• LAMP was highlighted for indoor air quality efforts and featured at the March 2012 Environmental Protection Agency Environmental Law Institute Conference in Washington, D.C.
Our Accomplishments
Legislation

Because of You:

Children in Louisiana now have access to emergency asthma medications in the school setting as they can self-carry and self-administer.
From AFS Nurses

Because of You:

There are fewer kids experiencing symptoms in the school setting.

There are fewer kids dismissing through the nurses office.

There are fewer kids experiencing symptoms in the school setting.

Parents are more aware of the needs of the school nurses in dealing with asthma.
From AFS Nurses

Because of You:

• We are all more aware of Asthma in the clinic and in the school. It is great that we are educating families, school personnel, students about Asthma.

• No idling cars or buses in carpool or bus lanes. Air filters have been changed more frequently.

• Ceiling tiles and leaks in the buildings have been repaired and/or replaced.
From AFS Nurses

Because of You:

• No candles burning in classrooms.
• Black mold has been removed in one portable building and ceilings replaced.
• Carpeting has been removed in classrooms and rooms with carpeting have been cleaned.
From AFS Nurses

Because of You:

• There is an increase use of inhalers prior to physical activity to prevent asthma exacerbations has attributed substantial decrease in acute asthma exacerbations at school.

• More students have actually learned correct use of inhaler, when and why they should use their inhalers and differences in types of inhalers they use through nurse education.

• Teachers are better educated!!!!!
Because of You:

- The state of Louisiana was acknowledged for indoor and outdoor policies that reduce triggers of asthma by the United States Department of Health and Human Services Secretary Kathleen Sebelius.

- Louisiana was identified by the CDC as a promising program in implementing Asthma Friendly Schools and was asked to participate in the systematic screening and assessment (SSA) and site visit.
AFS Interventions

Because of You:

• 8 school districts in 4 of the 4 targeted regions have met the criteria to be designated as Asthma Friendly.

• 8 school districts adopted Bus Idling Policies reducing diesel emissions in the school setting.

• More than 30,000 school aged children can now breathe easier due to cleaner indoor air.
AFS Interventions

Because of You

• 2 new school districts are on target to meet the designation by June 11, 2013.

• 2 new school districts have adopted the state’s new comprehensive IAQ Policy.
Because of You:

- 450 additional students now have an Asthma Action Plan completed by a physician due to AFS.
- 600 additional students have been identified as having asthma due to AFS.
- More than 200 students have received education on proper medication administration by more and legally self-carry and self-administer.
- Nearly 4000 school teachers and staff are more knowledgeable about how to treat and manage the students asthma in the event of an emergency.
Healthcare Providers

Because of You:

• More than 1100 healthcare clinicians have received training on the asthma clinical guidelines in 4 years through March 2013.

• More than 500 additional Medicaid patients have received self-management education from the LA Asthma HELPLine.
Community

Because of You:

• More than 40,000 families have been impacted through LAMP, the Asthma Regional Coordinators, Schools and Regional Coalitions and partnering agencies in only 4 years.
Next Steps

Our Job Is Not Done

Somewhere a child cannot breathe or sleep during the night and is exposed to harmful triggers and irritants such as cockroaches, rat feces, tobacco smoke and dust mites.
Next Steps

Our Job is Not Done

Somewhere an Adult cannot afford their medications for asthma so they suffer or rely on the emergency room for care and medications. A parent cannot afford their medications or it is taking too long to get prescriptions approved in the meantime a child suffers.
Next Steps

Our Job is Not Done

Somewhere a school has more kids with asthma than they have asthma inhalers.

Somewhere an adult cannot manage their asthma due to their job, but they can’t find more work so they suffer in an un-clean indoor air environment.
From the AFS Nurse

I wanted to share my excitement and the progress that we are making regarding the care provided to asthmatic students since we began working with you, and since your presentation! My teachers are really on it!!! They are more attentive to students that are having possible respiratory difficulties and are sending them to my office. I was made aware of two new asthmatic students this week. My custodial staff is even asking me questions about the safety of some of the products they use! I am loving it! Now that my teachers are working with me, we are able to CHASE down some of those non-compliant parents (parents that have not provided medication for their students). I got an inhaler on Friday from a parent that I have been pursuing all year.

I apologize for rambling, but it is so exciting!
From the AFS Nurse

Our staff is so on top of it that, on Friday, I had to leave campus for about thirty minutes to meet with my supervisor. When I arrived, I was told that 911 had been called in response to a student that was having an asthma attack. The student is okay, and went home with a family member, but the staff recognized the signs, realized the importance, and acted! I was able to identify a new asthmatic student and start communicating and educating the parent.

We are very fortunate to have a superintendent that understands the importance and cares about the health of students. We now have 5 nurses in our district (as of Monday), and all are/will be involved in educating parents, students, and school personnel for years to come on this topic.

I just want to thank you all for what you are doing. You are saving lives!

Vanessa Collins, RN, DeSoto Parish Supervisor of Nursing
Thank You

Thank you for being the best asthma coalition in America and the best overall coalition in Louisiana.

Keep Striving, Lives Are Depending On It!