



Asthma Environmental Interventions for School-Based Health Centers

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Agenda

- Asthma Environmental Interventions for School-Based Health Centers
- California School-Based Health Centers Addressing Environmental Asthma Triggers
 - Making the switch to environmentally preferable cleaning products:
 Nova Wilson, Madison Park Academy
 - Identifying classroom triggers and educating teachers about simple ways to reduce triggers: Eric Medina, Altura Centers for Health
 - Involving high school students in efforts to increase awareness about outdoor air pollution: William Retz, Fremont Wellness Center
- Wrap-up, Q&A



Asthma in children

- 7 million children under the age of 18 in the U.S. have asthma
- Most common cause of disability among children in the U.S.
- Leading cause of school absences due to chronic disease.





The important role of SBHCs

SBHC users are:

- Less likely to go to the ED or be hospitalized for asthma
- Less likely to have asthma-related restricted activity days
- Less likely to miss school as a result of their asthma





Underlying premise of our project:

SBHCs provide an ideal setting in which to incorporate environmental components into chronic disease management programs, leveraging their role as a strong link between the student, school, and home.



Asthma Environmental Intervention Guide for School-Based Health Centers





ASTHMA AND ENVIRONMENTAL TRIGGERS

	TRIGGER	DESCRIPTION	IMPACT ON ASTHMA	COMMON LOCATION AND CONTRIBUTING FACTORS	
	ALLERGENS				
	Mold and moisture	Molds are microscopic fungi that live on plant and animal matter. Molds create tiny spores to reproduce just as plants produce seeds. Mold spores float through the indoor and outdoor air continually. When mold spores land on damp places indoors they may begin to grow.	Mold spores and bacteria found in the air, in settled clust, on surfaces, or behind walls have been significantly associated with increased prevalence of respiratory symptoms and decreased lung function among children with asthma. [4,17,27,12] There is also evidence of a relationship between exposure to mold and the development of asthma in children. ^{23,24}	Molds can be found almost anywhere when moisture is present. Excessive moisture from leaks, condensation, or other water damage often leads to mold growth in both homes and schools. Moisture-related problems can result from leaks or condensation under sinks, in roofs, under floors, or behind walls. Mold and bacteria problems are worse in certain conditions, such as when there is moisture damage, condensation, or higher indoor humidity. For more information on how to address this trigger, go to sections on Homes and Schools.	
	Dust mites	Dust mites are tiny bugs that are too small to see. Body parts and droppings from dust mites can trigger asthma in individuals with allergies to dust mites.	Dust mites have been consistently associated with both allergic sensitization and increased asthma symptom prevalence and severity, especially when there is inadequate ventilation and higher humidity. **2***2****7****3****Dust in schools has been associated with increases in allergic sensitization, asthma symptoms, and asthma medication use. **7***20****1*** Exposure to dust mites can cause asthma in children who have not previously exhibited asthma symptoms. **2***	Every home and school has dust mites. They feed on human skin flakes. Allergens and toxins can collect in dust on surfaces in classrooms and homes. In homes they are found in mattresses, pillows, carpets, upholstered furniture, stuffed toys, fabric and fabric-covered items. In schools, dust is found on surfaces like bookcases and smooth flooring, as well as in carpets, rugs, curtains, and upholstered furniture. Studies have reported that allergen levels in dust were higher in carpets and rugs than on smooth flooris. ^{23,24} For more information on how to address this trigger, go to sections on Homes and Schools.	
	Cock- roadnes and rodents	Droppings or body parts of cockroaches and other pests can trigger asthma. Certain proteins are found in cockroach feces and saliva and can cause allergic reactions or trigger asthma symptoms in some individuals.	Cockroach and rodent (mouse, rat) allergens have been linked to increased asthma symptom prevalence and severity. ^{23,24,27} There is also evidence suggesting a causal relationship between cockroach allergens and asthma. ²⁸	Pest infestations can be found at both homes and schools. Food and water sources may be important factors for the proliferation of cockroaches. Humidity is also an important factor for cockroach allergens. ** For more information on how to address this trigger, go to sections on Homes and Schools.	





Environmental asthma triggers

Two categories: allergens and irritants

Difference between exacerbation and causation

Asthma triggers vary from one person to the next





Allergens



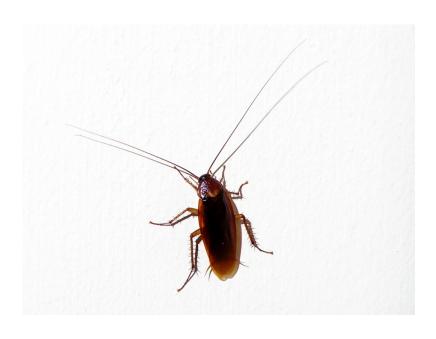


mold dust mites





Allergens





cockroaches

rodents





Allergens





pets pollen









environmental tobacco smoke

chemical irritants from personal products







cleaning products



pesticides









gas stoves and space heaters

wood smoke









outdoor air pollution









outdoor air pollution

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Strategy 1: Education

- Conduct one-on-one education about environmental asthma triggers during patient visits.
- Conduct, organize, or support school-based group education for students.
- Provide education for school staff.
- Print/order and distribute materials, tools and curricula for educating students, families and school staff.





Conduct one-on-one education

- During patient visits
 - Teach how environmental asthma triggers can make asthma worse as well as how to recognize immediate and delayed reaction.
 - Teach patients strategies for reducing exposure to things that make their asthma worse.
 - Use an Asthma Action Plan that includes trigger information





Conduct, organize, or support school-based group education for students

Elementary schools

- Asthma Awareness
 Curriculum for the Elementary
 Classroom
- Fight Asthma Now for Youth
- Open Airways for Schools
- Roaring Adventures of Puff
- You Can Control Asthma

Middle and high schools

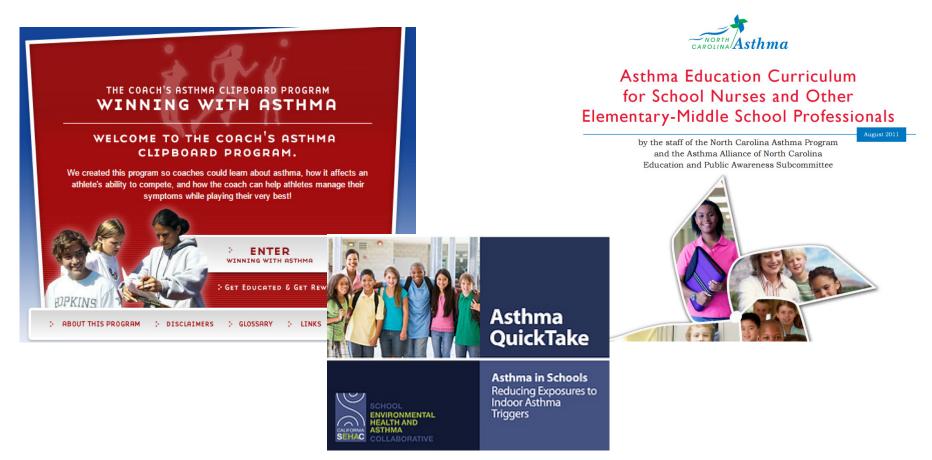
- Adolescent Asthma Action
 - Fight Asthma Now for Teens
- Kickin' Asthma
- Power Breathing







Provide education for school staff









Strategy 2: Case Management

- Incorporate strategies to reduce exposure to environmental asthma triggers into your case management approach to students with asthma.
- Facilitate connections to resources that exist, communicate with and educate other partners critical to effective asthma management (parents, school staff, etc.) and identify when direct advocacy is needed.





Incorporate strategies to reduce exposure to environmental asthma triggers into case management approach

Communicate/ Educate

Identify / Facilitate Services

Advocate







Strategy 3: Improving Indoor Air Quality in Schools

- Increase awareness.
- Conduct or facilitate an assessment.
- Support or lead a comprehensive approach to improving indoor air quality.
- Support or lead an intervention to address specific triggers or other factors (such as mold and moisture, chemical irritants from schools and personal products, and ventilation.)





Increase awareness







Support or lead a comprehensive intervention

Indoor Air Quality



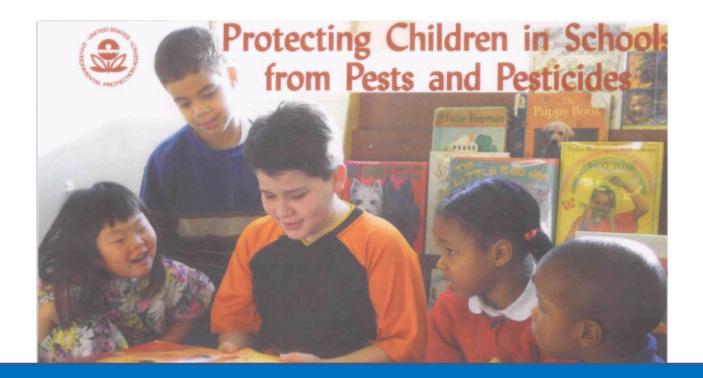
Tools For Schools





Implement interventions targeting specific environmental asthma triggers

Cockroaches and rodents

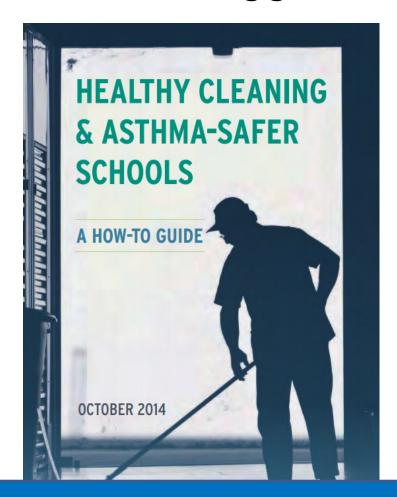






Implement interventions targeting specific environmental asthma triggers

Cleaning products









Strategy 4: Improving the Students' Home Environments

- Establish referral systems for in-home asthma education and environmental remediation programs in the community.
- Educate students and families.
- Provide supplies to students and families.
- Utilize case management strategies to connect families with resources.





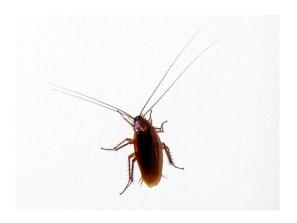
Establish referral systems for in-home asthma education and environmental remediation programs







Educate students and families











Provide supplies to students and families









Strategy 5: Improving Outdoor Air Quality around the School and Community

- Conduct an assessment of local air quality.
- Partner with the school to implement programs and policies to reduce exposure to outdoor triggers near the school.
 - Increase awareness and protect students on high pollution days.
 - Develop anti-idling education and policies.
 - Develop approaches to reduce pollen exposure.
- Partner with others in the community on clean air advocacy.





Partner with the school to implement programs and policies







Partner with others in the community on clean air advocacy



At-A-Glance: How can SBHCs engage in interventions to reduce exposure to environmental asthma triggers?

As School-Based Health Center staff, you can...

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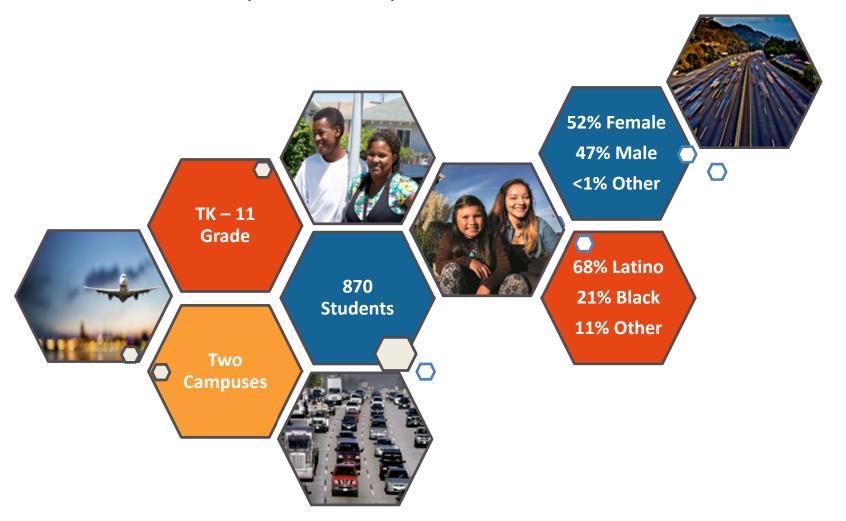


MAKING THE SWITCH **ENVIRONMENTALLY PREFERABLE CLEANING PRODUCTS**

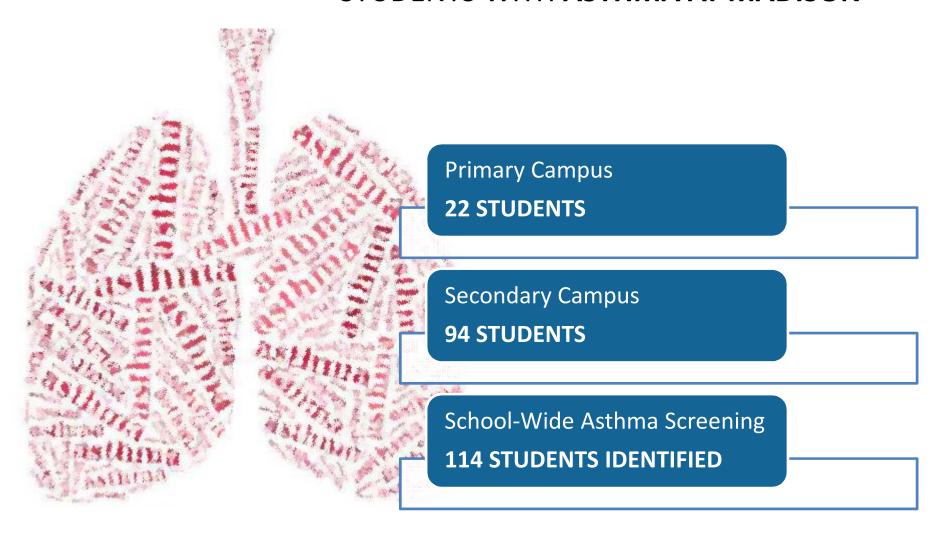
Nova Wilson, Madison Park Academy Native American Health Center May 4th, 2016

MADISON PARK ACADEMY

Sobrante Park, Oakland, CA



STUDENTS WITH ASTHMA AT MADISON



ASTHMA CONTROL AT MADISON ACT: 94 students screened 86% well controlled asthma 34 Asthma visits

20 Asthma Action Plans completed



ENVIRONMENTAL TRIGGER REDUCTION

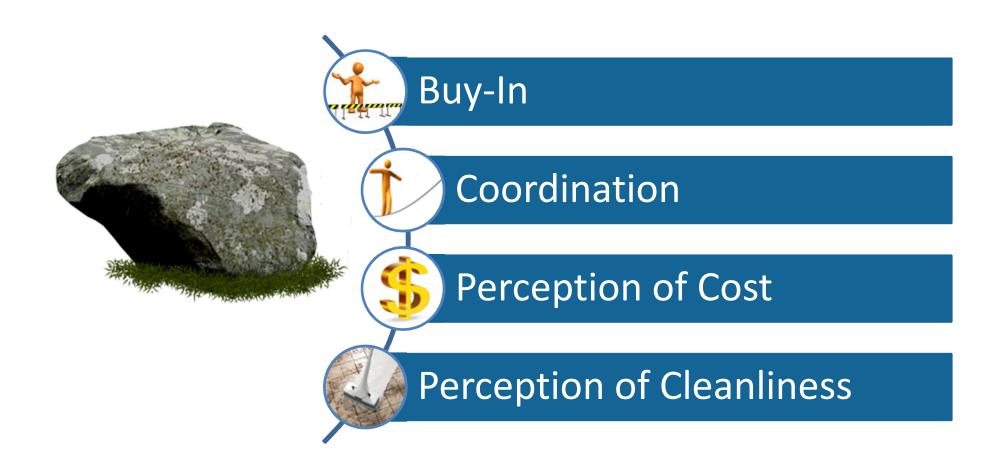
Making the switch to Green Cleaning



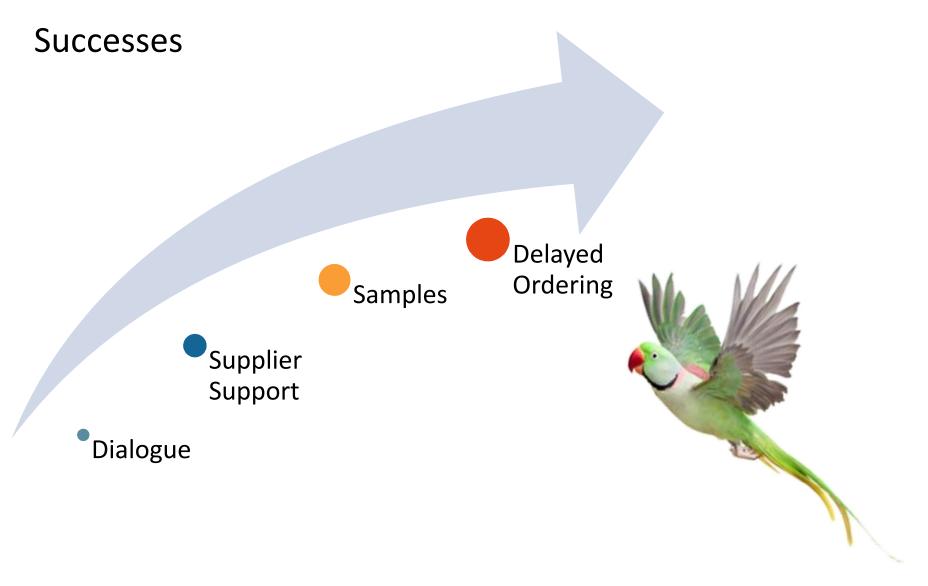
WHY:

To reduce student exposure to volatile organic compounds (VOC) and quaternary ammonium compounds (quats).

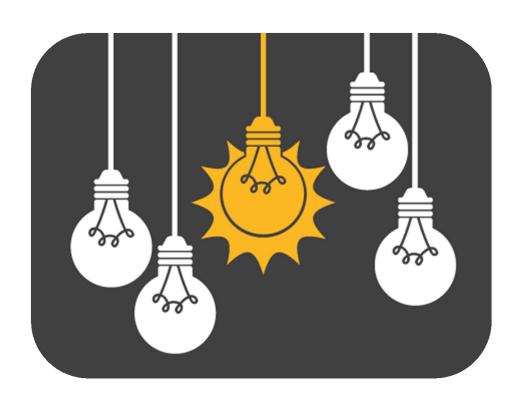
MAKING THE SWITCH TO **GREEN CLEANING**Challenges



MAKING THE SWITCH TO GREEN CLEANING



MAKING THE SWITCH TO **GREEN CLEANING**Worth Replicating?



- YES!
- Start Early
- Do Your Homework
- Know Gatekeepers
- Keep At It!



Air Quality Flag Program Intervention Will Retz

Why the Flag Program?

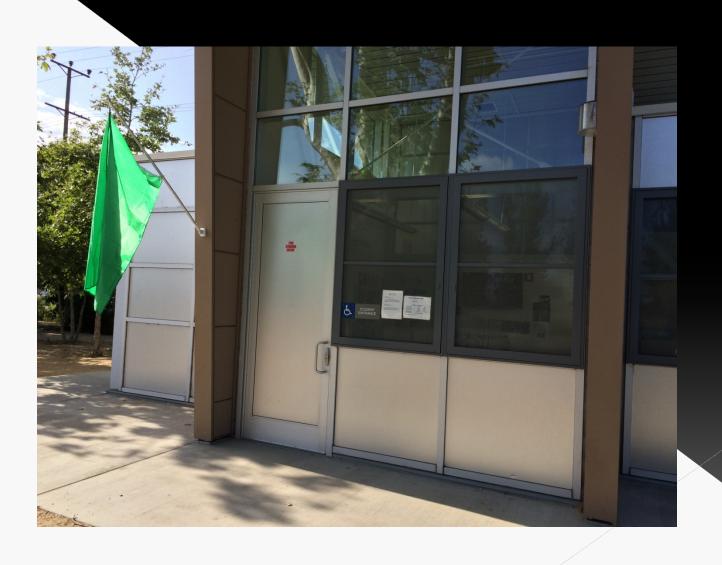
- High number of asthma-related ER visits in south LA - in part due to unidentified triggers
- High proportion of time spent at school by students
- Pre-exisiting youth advisory board
- Something we felt could be sustiqinable

What is this Intervention?



- Made a national program in 2010
- Now implemented at 700 schools in 12 states
- Alerts individuals to the local bir quality
- Provides a recommendation for how to respond
- More information at airnow.gov

Indicators at Fremont



Indicators at Fremont

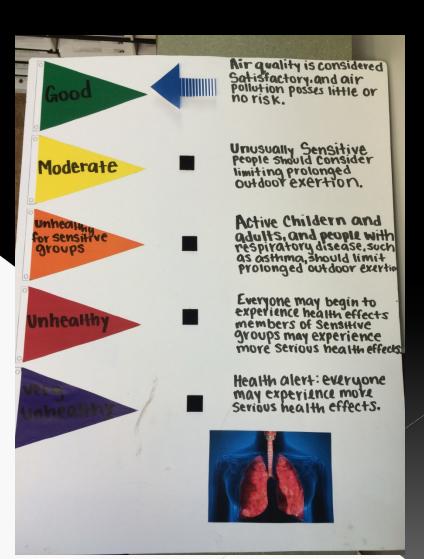
Raleigh-Durham-Chapel Hill, NC AIR Quality Forecasts

Date: 3/7/2014 Good OZON

Date: 3/7/2014 Good PM2.



www.airnow.gov



Our Success

- Strong strikent ownership of the program
- Consistent management of the indicators
- Several mediums for dissemination of the information
- Generates more conversation about asthma on campus

Obstacles to Implementation and Results

- School construction
- Support from school administration
- Few reasonable objective measures of success
- Buy-in on behalf of the school's PE teachers
- Vandalization

Considerations for Other Schools

- Local air quality may not necessitate this program and could lead to management issues
- Staff to manage the program or student responsibility and accountability
- Possible involvement of principal, PE teachers, and school nurse





Opportunities for Sustainable Financing of Asthma Environmental Services

- The Preventive Services Rule, if adopted by states, would allow Medi-Cal reimbursement for preventive services provided by unlicensed professionals (like CHWs) so long as the services have been recommended by a licensed professional
- The State's Health Home Program and/or the Whole Person Care Pilots could include asthma in-home environmental education and remediation
- Plans could be incentivized to pay for more asthma preventive services





Learn more and get involved

California Asthma Financing Work Group

Contact Joel Ervice at joel@rampasthma.org



A Path Forward: Sustainable Financing for Asthma Education and Home Environmental Trigger Remediation in California

With rising asthma prevalence and numerous changes in the health care system, California faces a unique opportunity to be at the forefront of a national movement by providing much needed prevention-oriented services to its most vulnerable residents. This is a call to action for the California Department of Health Care Services, Medi-Cal managed care organizations, foundations, hospital community benefit programs, social impact investors, and others to seize these opportunities that will improve the lives of millions of people with asthma.

Our goal is to secure sustainable financing for asthma education and home environmental trigger remediation programs in California, based on the strong evidence that they improve health outcomes and reduce health care costs, particularly for those with poorly controlled asthma. We recommend the following to help achieve this goal:

The California Department of Health Care Services should support asthma education and home environmental trigger remediation through the following actions:

- Expand the role of asthma educators, community health workers and others through implementation of the Centers for Medicare and Medicaid Services' Preventive Services Rule, which allows reimbursement for preventive services when provided by professionals that may fall outside of a state's clinical licensure system, so long as the services have been recommended by a physician or other licensed practitioner.
- > Incorporate asthma best practices into the Health Homes Program.
- > Incorporate asthma in-home visiting in the 1115 Waiver renewal.
- Update state contracts with Medi-Cal managed care organizations to expand asthma education and home environmental remediation services for high risk enrollees with asthma.
- Maintain the inclusion of asthma as a qualifying condition within the Accountable Communities for Health Initiative

Medi-Cal managed care organizations should support asthma education and home environmental



Case Studies in Healthcare Financing of Healthy Homes Services:
Medicaid Reimbursement for Home-Based Asthma Services in California

A large body of evidence suggests that home visiting programs that address indoor environmental triggers (e.g., cockroaches, mice, tobacco smoke, mold)

Yet many states may be unsure about how to translate these evidence-based practices into policy. This case study summarizes the current healthcare financing





Q&A