

Lung Health Committee
Minutes
Jan. 28, 2010
At Via-Chrisi

Present: Marshall Post (Wesley MC), Don Carden (VCRMC), Sue Willey (VCRMC),
Kathy Hubka (USD#259), Dick Anderson (community rep)
Beth Marolf (ALA/CS), Kylie Brinkman (ALA/CS)

OAiC:

Beth distributed a final report from this project (attached). Project reached 42 participants. 82% reported an increase in confidence in managing their asthma; 68% reported a decrease in severity of asthma symptoms. Not everyone participating completed the monthly follow-up questionnaires. The above results reflect those that did. Besides the barriers listed in the report, we discussed additional barriers: perception that children will outgrow asthma & people may go a long time between exacerbations so it's not seen as a critical issue. We still face the problem that many people deal with the issues that are the current crisis. Asthma is only a crisis (therefore needing attention) when in the ER. We would still like to do the research part of the project but will need funding.

Merck Grant:

Beth distributed a final report on Phase I (collection of data on the burden of asthma) of this project (attached). The key points in the report are:

- The asthma rate at the 7 schools surveyed is much higher than the state average (16% - 25% as opposed to state avg of 8.8%)
- The surveyed schools (Buckner Magnet, College Hill, Emerson, Peterson, Pleasant Valley, Spaght Magnet & Woodman) all represent a varied population of Wichita
- Smoking rate among participants is higher than the reported average in Sedgwick County. The student & parent surveys reported a discrepancy but is probably due to the fact that the questions were worded differently on each survey (student survey asks, "does someone in your family smoke?" ; parent survey asks, "does someone smoke in your home?")

The findings indicate much work needs to be done in educating children with asthma & their parents. Again, many parents may have the attitude that "asthma is no big deal."

Future Merck Grant:

We are working with Merck on Phase 2 of this project. The goals of this next phase are attached. Merck representatives will work on provider education to accomplish the first three milestones. ALA will work on educating parents & children also to accomplish the first three milestones. ALA will work with the school nurses to accomplish milestone 4. We hope to receive funding approval by the end of March so the project can start April 1, 2010.

Advocacy:

Kylie distributed the ALA State of Tobacco Control report for 2009, information on HB 2221 (State Comprehensive Clean Indoor Air Law) & a statement on EPA's proposal to lower the ozone standard. Information on HB 2221 & EPA's proposal are both attached. The State of Tobacco report is included as a separate document.

The State of Tobacco Control report graded Kansas very bad. We got F's in all categories except cigarette tax which was a D. The areas are: spending for tobacco control & prevention, a state-wide smoking ordinance, cigarette tax & state coverage of smoking cessation products. We have a long way to go. The governor has requested an increase in cigarette tax of \$.55 which would bring us up to the national average.

HB 2221 is a strong comprehensive clean indoor air law. It would supersede any weaker local ordinances. Beth & Kylie attended the Tobacco Free Kansas state-wide coalition meeting in Topeka. The feeling at the conference is that we are closer to getting this ordinance passed than ever before and that if it doesn't happen this year, it will be another 10 years before we get this kind of chance again. Fortunately, Gov. Parkinson supports this bill. We are encouraging everyone to contact their legislators.

The EPA's proposal to lower the ozone standards would directly affect Wichita. Currently, Wichita squeaks under the standard but if it is lowered, Wichita would no longer be in compliance. Unfortunately, that is not all because of industry in Wichita. Due to prevailing winds, ozone is brought into south central Kansas & Wichita from Oklahoma, New Mexico & Colorado.

Future Focus:

The focus of ALA in Wichita for the last several years has been asthma. With the OAiC project complete, it is time to re-examine where we want to go. Asthma will continue to be a focus with projects such as OAS & Merck. It was suggested that we look at needs surrounding patients with COPD. Dick Anderson is a COPD patient & attends pulmonary rehab at Via-Christi. He is very interested in working to provide support with all lung disease. Sue Willey will be working with Wesley & the Pulmonary Rehab staff at Via-Christi to develop some education presentations to offer to patients with COPD. They will network with Wichita Clinic & PMA Pulmonology to make sure this is not a duplication of services but rather a compliment to existing programs. This may eventually lead to on-going support groups.

Other Items:

Kathy Hubka reported that through the H1N1 vaccination clinics, they were able to identify more students with asthma & provide information since students with asthma could not take the spray vaccine.

Beth & Kylie distributed flyers for the ALA Fight for Air StairClimb. While everyone was excited about it, there was some concern about people with lung disease not being able to participate in a climb like they could in the walk. Also, the issue of parents with strollers not being able to participate was raised. Kylie will check with Diane to see if these things have been considered and what accommodations have or can be made.

Future meetings: Next meeting will be via conference call **Thurs., Apr. 29 at 3:30 p.m.** ALA will provide call-in information with the agenda for that meeting.

Attachments

Open Airways in Community report:

Successes:

- Project reached 42 participants.
- 82% report an increase in confidence in managing their asthma.
- 68% reported a decrease in severity of their asthma symptoms.

Failures:

- Project didn't reach the anticipated 60 participants.
- IRB for research approval couldn't be obtained.

Barriers:

- Asthma is not seen as a chronic disease.
- The socio-economic status of many families makes it impossible for adequate health prevention.

Merck report:

Overview of USD #259:

- Number of schools: 107
- Total student population: 48,747
- 38% Caucasian, 24% Hispanic, 20% African-American, 10% Multi-Racial, 5% Asian and 3% Native American
- Number of students with self-reported asthma: 4,512 (according to health records)
- Number of schools participating in project: 7

Overview of Children's Mercy Family Health Partners Asthma Data:

- Approximately 11% of CMFHP members in Sedgwick County has asthma
- ER visits for asthma among CHFHP members in Sedgwick County peak in the fall months
- Approximately 9% of CMFHP members with asthma in Sedgwick County have had a spirometry test in the last 12 months.

Survey Results:

Number of patients identified with asthma:

- 25% of students (3rd, 4th and 5th graders) given a diagnosis of asthma.. This appears to be fairly consistent with parental response of physician diagnosed asthma (16% across all schools). State average is 8.8%
- 60% of children are exposed to cigarette smoke (a known trigger fore asthma) in the home. The discrepancy may be in the phrasing of the question. Parent report that 20% have a smoker living in the home. Students report that someone in their family smokes (that may be not a family member in the home). Still there is room for education of parents and children on global risks of tobacco use.
- 50% have someone in their family with a diagnosis of asthma.
- Since the start of school (2008-2009 school year), 1 out of 2 children with a diagnosis of asthma have gone to the nurse's office with trouble breathing.
- Approximately 15% of parents report symptoms such as wheeze or cough daily or nocturnally in their children. Whereas, 50% of children report nocturnal symptoms. This discrepancy could be explained by communication barriers between parent and child, poor understanding of asthma and it's symptoms, or both the above and most likely other explanations. Even so, it can result in improper management of asthma and under-utilization of services available to the student.

Number of asthmatic patients with asthma action plans:

- 25% of students have received an asthma action plan from a physician, but 50% of those are not sure what it means. Over 70% of parents suggest that their child has an asthma action plan. This discrepancy could suggest misunderstanding from either the parent of child.

- 43% of those diagnosed with asthma are prescribed a daily medication, but 60% do not take medication daily.
- 70% report use of rescue inhaler at home. However, only 30% report access to an inhaler at school.

Future Merck Project:

Milestones:

- Increase the number of controller prescriptions filled
- Decrease in the utilization of ER.
- Decrease in the hospitalizations
- Increase the use of asthma action plans at school

Expected Notification: March, 2010



State Comprehensive Clean Indoor Air Law:

Kansas is very close to becoming the 28th state to approve a comprehensive clean indoor air law. Even though the 2010 legislative session has just started, there is great momentum behind clean indoor air. Now is the time to contact your Representative and get him or her on the record as a clean indoor air supporter! HB 2221 as passed by the Senate and ready for consideration by the House strikes the appropriate balance between health and business interests. HB 2221 is the best compromise that will protect the vast majority of Kansans from secondhand smoke in the work place.

HB 2221

<u>Prohibits Smoking</u>	<u>Allows Smoking</u>
Restaurants	Casino floors
Bars	20% of hotel/motel rooms
80% of hotel/motel rooms	Tobacco shops with 65% tobacco revenue
In home day care	Private A and B clubs
Taxicabs and limousines	Designated area of adult care facilities
Any enclosed place of employment	

Note: This bill allows local communities to pass stronger restrictions under local ordinances.

State Tobacco Tax Increase:

Annual healthcare expenditures in Kansas directly caused by the tobacco use: \$927 million

Smoking-caused state Medicaid program spending each year: \$ 196.0 million

Current Tobacco Tax: \$.79

Current Kansas Ranking in Tobacco Tax: 35th

Governor Parkinson’s recommends increasing the state tobacco tax from \$.79 per pack to the national average of \$1.34 increases the tax by \$.55.

New Annual Revenue from Increasing the Cigarette Tax by \$.55 Cents per Pack: \$46.4 million

Projected Public Health Benefits from the Rate Increase	
Percent decrease in youth smoking:	7.8%
Kids in Kansas kept from becoming addicted adult smokers:	11,900
Current adult smokers in the state who would quit:	6,600
Smoking-affected births avoided over the next five years:	2,000
Kansas residents saved from premature smoking-caused death:	5,500
5-year health savings from fewer smoking-affected pregnancies & births	\$3.4 million
5-year health savings from fewer smoking-caused heart attacks & strokes:	\$3.0 million
Long-term health savings in the state from adult & youth smoking declines:	\$271.0 million

**Statement of the American Lung Association on the
U.S. Environmental Protection Agency's proposal for
the National Ambient Air Quality Standard for Ozone**

Statement of Charles D. Connor
President and Chief Executive Officer
American Lung Association
January 7, 2010

Today, the U.S. Environmental Protection Agency announced a proposal that can lead to much cleaner, healthier air across our nation. The Agency has recommended lowering the nation's official limit on the amount of ozone considered safe to breathe, called the national ambient air quality standard. Ozone, often known as smog, is one of the most dangerous gases polluting our communities—and the most widespread.

With today's announcement, EPA is following the overwhelming evidence that our nation needs a stronger ozone standard. EPA owes this protection to the millions who live where ozone smog sends children to the emergency room and shortens the lives of people with chronic lung disease. We urge the Agency to adopt the strongest, most protective standard when they make the final decision in August.

Nearly two years ago, EPA selected a standard for ozone that was too weak—allowing far more pollution than compelling research said was safe. The Clean Air Act requires EPA to set the health-based national air quality standard to protect children, older adults, and people with lung disease. The Act requires EPA to set the standard where it will protect public health, and then to add a margin of safety to provide a strong shield against harm.

The Lung Association and our colleagues immediately took legal action to require EPA to reconsider their decision. This past year, EPA agreed to take another look. After all, the EPA's own independent science advisors had repeatedly emphasized the need for a stronger standard than the one adopted in 2008. Today, EPA proposed the range that their advisors had long recommended.

Ozone air pollution threatens the health of infants, children, seniors, and people with asthma and other lung diseases. For them, smog-polluted air can lead to breathing problems, aggravated asthma, emergency room and hospital visits and even an early death. Fortunately, the benefits of cleaner air are also clear—fewer children with asthma will go to the emergency room, fewer adults with lung disease will die from breathing polluted air.

Millions of children, older adults and people with chronic lung diseases need EPA to defend them. We urge EPA to set the final standard where it provides the greatest safeguards to the most people.

In the coming months, EPA will conduct public hearings on the issue. The American Lung Association will be there to urge adoption of an ozone standard that follows the science and the law. The final ozone smog standard is too critical to the health of millions to do otherwise.

About the American Lung Association: Now in its second century, the American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease. With your generous support, the American Lung Association is "Fighting for Air" through research, education and advocacy. For more information about the American Lung Association, a holder of the Better Business Bureau Wise Giving Guide Seal, or to support the work it does, call 1-800-LUNG-USA (1-800-586-4872) or visit www.lungusa.org.