

In attendance: Michelle Hoffman, Nichole Shepherd, Holly Uphold, Wendy Wright, Brooke Toller, Jessica Ilinkova, Patty Cross, Andrea Jensen, Betty Sue Hinkson, Julie Christie, Lorill Solomon, Alan Good, Kijung Kim, Darrin Sluga, Susan Fox, Debbie Sigman, Daniel Mendoza

On the phone: Kellie Baxter, Paula Weed (with Healthy U), Jade Porter (with Healthy U)

Partner Updates:

- Green and Healthy Homes: Susan's area, lead and GHH, \$600,000 for GHH \$1.5M funding.
- BUILD Lowes may or may not be a part of this. If not the event may be postponed. Targeting a neighborhood, lead focused, with healthy homes component, asthma trigger reduction. 18th of October.
- Updates from Nichole: Reimbursement from Medicaid, officially funded two health depts., Southeast and Tri-county (Vernal, Uintah, Duchenne), expand home visitation program.
- Still working with 618 (6 chronic conditions, 18 interventions) publishing blog, Utah's efforts and work will be highlighted. Hiring and recruiting for program coordinator, closed and interviews.
- Michelle Hoffman: e-asthma tracker, working with U of U health plan, this will be in available for all asthma patients. Funding – possibly associated, PCORI grant would allow this expand more broadly to community health centers, broader reach of the tool in the community.
- Paula collaborating with GHH and Asthma Tracker

Stock Albuterol Update

Started meeting as group and will cover the following *5 different stages/groups*:

- Rules
- Guidelines
- Training
- Forms and Updating
 - Asthma Action Plan, ind. Healthcare plan, we need to put something in there that addresses parental consent to use stock albuterol.
- Evaluation

Completed the fiscal analysis over the weekend and it was revised yesterday; it is going up through the attorneys and approvals here. So far, attorney only had one minor revision.

Well on track to start for the next school year, we have enough time we do not have to rush; we can do this the right way.

If you are interested and are not getting the emails, let Nichole know. You do not have to come to all the meetings.

Andrea Jensen: Anyone that needs epi pens, just went and got new epi pens they were only \$10.

Asthma Related Research Discussion

Article addressed mental health conditions and the broader family environment, and what role that might play, we were hoping with this article to bring out how research is conducted to draw these conclusions, taking a microscopic look at how they designed their study.

Brief summary: study done in Chicago. Children age 5 – 16 with uncontrolled asthma, environmental trigger, family structure the chaos with in the family. Ultimately what this study did was show that families with larger amounts of chaos, more asthma issues.

Questions:

Strengths and weaknesses of the study design:

- Survey question self-answered could lead to inconsistency.
- One of the concerns when reading this, definitely a cultural shift, Hispanic more chaotic than regular Utah households, h
- How to define “Chaos”
 - Chaos could be defined in many different ways:
 - kids are neglected or ignored: family all over the place the kid has missed a dose of medication, or the kid has a cough, not noticed by family. See how nurturing an environment is, that could potentially have been a better way to look at this. Chaos poorly represented and poorly explained that has no correlation with does this family care about their kids.
- Kids ranged from five to teens, asthma control test, the test had to be used concurrently and the age range was too vast.
- Looked at parent and child mental health. Not as physically manifested and therefore understudied. Familial social support, parents with depression and PTSD symptoms, the kids asthma was not controlled.
- Combined models, where they put all three together, this was a little worrisome because they are putting so many variables together. If they put them all together the child depression was a marker, but parental depression did not signify.
- Couldn't tease out was if they controlled for medication, were the patients tracked
- Another piece I thought was interesting they tried to use another randomized control trial, for this study, this could raise problems as well.

Home visits: we look at what level of functionality the family has, if you have someone who has severe asthma, it can cause dysfunctionality in a family that may be the mover, and it may be what causes some of these challenges.

Risk factors when you put it that way, anyone of them could be primary

Case Study: first three months of the year hospitalized 5 times, parents trying to run their own store, sleep was choppy if at all, this caused major issues for this family and mental health issues came to the forefront. Anyone is going to be nuts if they miss a week of sleep with only 2.5 hours of sleep a night

Discussion:

- When it comes down to the chaos, nutrition and sleep become an issue. Sometimes society and the way the world works we are constantly having to do more, there are limits and capacities to what we can do, those with chronic conditions are limited to what they can do.
- Family Chaos can lead to longer home visit sessions.
- Living with chronic pain, seniors refer to stepping on, make sure all areas of their life are taken care of, pseudo social workers, added slide to flip chart recommended by Dean Barley, things get better how can we help you and what is the most important thing you got from this.
- It's how you perceive it, the son was in and out of ED, teaching the family our family mantra is "Things can always be worse" this is our world this is what we live in, knowing what we have and how to live with it.
- I think it's true that families minimize how a chronic illness is affecting them. This is just "mild-episode" but when you get a bad episode at school it's super stressful for parents, a funny example, I was looking at health information parents reported, mild-asthma, I'm at the hospital we are getting a nebulizer treatment right now, to minimize is a defense mechanism.
- Anecdotal studies, initial look into the data with one of the main referral sources, self-reported data parents underestimated the number of ER visits and hospitalizations that they have. Interesting to researchers, this becomes such a frequent event that it all starts to blend.
- We are building in to our program this care management type of thing; find all kinds of different resources for usually what we find, whatever is the most pressing at the moment that is what they are dealing with. One person had five recent deaths in their family and asthma became less important in their family. As we incorporate this, it feels great to find one or two things that can help families. Then they can get back to better managing their chronic conditions. If anyone has resources, please send them to Susan Fox. When your household is crazy, medication compliance goes out the window.
- About 60% of spending is due to behavioral costs, but we do not take care of it because we are busy taking care of the thing that is right in front of us.
- I am curious in your experience is your contact with the family as social workers is your contact the only medical counseling with the family.
 - Yes. We have to stay and help, troubleshooting all areas of their lives
 - That is common with school nurses as well sometimes we are the only health contact for a family
 - On a policy level, this is something we need to make policy makers aware of but not prematurely, so it doesn't look like a misuse of dollars, if this is what you're doing, we need to make sure you are getting more funding, and not losing funding, a good way to enact priorities.
 - addressing social determinants of health, there are a lot of disparate resources and funding what is in 211 that helps you intersect with these issues
 - 211 great resource, housing, senior section, transportation, medical and dental services. Kind of like the 55+ book for seniors. This is the kind of questions I ask people, does your family have enough food, do you have transportation. You can look it up on and it is generally updated
- I'm glad this study is being taken with a grain of salt many factors affect families and childrens' asthma. Parents are generally trying the best they can.

Control Report Presentation/State Strategic Plan Update:

Holly Uphold Epidemiologist, cost barriers in asthma control

- ID groups of children and adults with uncontrolled asthma and with cost barriers to asthma care
- Examine the relations between cost barriers, asthma control, and poor asthma outcomes > poor or no care → uncontrolled asthma → urgent care/ED visits
- Uncontrolled asthma is associated with limited activities, missed work/school days, and linked to socio/economic factors.

Cost barriers:

- Asthma medication
- PCP when needed
- Asthma specialist

Three measures were used to calculate asthma control

- Daytime symptoms
- PM symptoms
- Use of SABA for control

Grouped into well, poorly, and uncontrolled asthma

Methods: stat significance 95% confidence intervals, Relative standard error are considered unreliable. RSE > 30% RSE . 50% not reported, Regression mediation analysis.

31.6% uncontrolled asthma

- Low income
- Older
- Current smokers
- Mold in the hosue
- COPD
- Those with poorly controlled asthma have better medical actions, routine check-up, asthma action plan, advised to change environment.

New areas that don't typically stand out:

- Summit
- Wasatch
- Utah County

Highest: Tooele (38.3%)

Lowest: Southeast (15.3%)

Adult cost barriers to care

- Asthma meds
- PCP

- Asthma specialist
- Those with insurance (15.2% cost barrier to meds)

Groups with the highest reported cost barrier to medication

- Uncontrolled asthma
- Income 15 – 50k
- Hispanic

Child results

Highest rates:

- Low income
- Medicaid
- Cost barriers
- White

Control outcomes

- Almost 2 x
- Limited activities
- Missed school days
- Urgent care visits

42.5% with asthma have an AAP

85% have had a routine check up

27.2% cost barrier to see a PCP

7.9% cost barrier to meds

Conclusions:

Having a cost barrier to asthma meds was most commonly reported.

Cost barrier to pcp and specialist had the biggest effect on poor outcomes.

There are new areas to target based on uncontrolled data

Target and reduce cost barriers:

Including for those with insurance.

Making these things more affordable.

Barriers: Payers and

High deductibles and high- co-pays

Discussion:

- I've seen a family who wanted to go to the ED until the high deductible was met, because you can make payments.
- I'm surprised that those with insurance reporting this as a cost barrier it's shocking that its not higher. A \$300 medication is not affordable.
- Should we change this question to is this something that breaks your budget. Acceptance of the chronic condition, that is treatable, does this interfere with people paying for medication. Cost becomes a barrier because of the disease itself.
- We had one family with insurance that was sharing medications, they couldn't afford to get the medication for both of them. This seems like a really common theme. It's hard to pay for specialist, there aren't programs that have a regular family with regular jobs.
- Psychological acceptance for mothers.
- If the option is one or the other, moms will usually let the kids have the medication
- Was the medication listed, biologic medication and inhalers? Or just inhalers? Because if there is a biologic that would reduce ED visits, sometimes there is co – pay assistance that middle class does not qualify for.
- We don't get a lot of calls at the State but if we do its about recess guidance and cost of medication.

Strategic Plan:

Current CDC guidance on Asthma Strategic Plan

- 18 months to complete
- Would like to get it done in 12 months
- Overarching timeline:
 - Announce and share today
 - Detailed plan provided in February 2020
 - Would like to hold Summit Mayish 2020
 - June - October 2020, edit and format
 - October 6, 2020 release final product.
 - Three months of wiggle room, not due officially until Feb 2021

Dates to consider when planning the Asthma Summit: Share with Nichole any other conflicting dates to consider.

- Association of Asthma Educators National Conference is June 11-14.
- UPHA April 8 – 10, 2020.

Will this include recess guidelines?

- Can be a part of the strategic plan.
- Broadening the scope to other things besides just in school – athletic events.

Is anyone interested in joining the committee? Michelle H. Andrea, Brittany Parry, Jade

Data needs, indicators, where does the data come from? Holly?

- data sources: asthma call back survey, ED and hospitalization visits, claims data

- Can the data help inform priorities for the SP?
- What data do people want to see at the summit.
 - Target locations, relationships with payers, medication access issues.

How can we be supportive without signing up?

It's hard to sign up without a here's what we need,

This is a good opportunity for community partners to get their projects on a state level. Can we get some reps from tobacco. For X

How do we get set up to put someone in the quitline?

- Utah county needs to have an account set up, Julie: are you wanting to do online referrals, fax referrals. Julie just needs the information and she can work with that to get their accounts set up.

We will continue to communicate when there is something to communicate.

Wrap-Up

Who isn't here? Stakeholders: Upstream factors, Kendra Babitz. Tiffany Brenton, did an asthma and resiliency study for her thesis. Darrin will share the report with the group.

What was your main take-away? That we are not alone, there is no way to define chaos, the tools in the study were strange. Holly's data, two of the three top counties that have the top asthma rates, aren't ones with high air pollution rates. For those three counties, they wouldn't normally rise to the top, makes us want to ask about demographics. Was the full chaos survey included in the article? Does anyone remember? It was very easy to find? Asthma home health as social workers, and how important that is. How can we be ultimately supportive of that? GHH probably described it before so we can learn a bit more about that, how to support and broaden and to integrate it into the community. Mobile air filtration units, many families are renters. Darrin: anyone who knows Andrea, health has deeply affected the health and structure of her family, interesting that she took a gratitude placement/mindset, helps family with resiliency. There may be a lesson learned, for a lot of us, to deal with chaos, to share that resilience, that will actually affect their asthma. End on the hope note. Talking to families about how they can get through this. This is a chronic disease, we will be dealing with this for our whole life, we need to empower the families. There is some room for resiliency focus in the SP. Upstream factors to chronic disease. HepVac, should we email Susan Fox for questions on that? Susan says sure. Provide families with cleaning kit with all natural cleaning.