

October 2007



Upcoming Events:

- October 30th PAP Fall Conference
- Nov 6 and 7 Open Airways for Schools training, Plymouth Meeting
- Nov. 9 Open Airways for Schools training, Bethlehem
- Nov 16 Smoke-Free Hospitals share their experiences

Know of any upcoming events? Send them to us! Contact Sara at SLewis@lunginfo.org

Inside this issue:

Featured Partner	1
Farm Chemicals link to asthma	2
Prevalence Data	2
Action Plan	2
Respiral	3
Workgroup Update	4

Partners Sharing

Featured Partner...

ASTHMA T.L.C. (Team Leaders in the Community)

Three years ago, the American Respiratory Alliance of Western Pennsylvania (ARA) began implementing a program called Asthma T.L.C. Now in 91 elementary and 15 high schools, Asthma T.L.C. was developed by ARA in collaboration with local school nurses to improve communications between schools, parents, doctors, hospitals and after school venues, to meet the individual needs of children with asthma in a more consistent manner.

There are 4 main components to Asthma T.L.C.:

1. Develop an extensive communication system between all points where the community interacts with the child, making sure that everyone is aware of the individual asthma plan, and communicates when a major episode occurs, which results in changes in treatment and management plans.
2. Create local capacity to increase asthma awareness and assist individuals in managing their asthma by training a cadre of mentors. Increased awareness is created by positioning asthma educational resources in various community venues.
3. Provide advocacy, procedural and educational support to school nurses, by assisting

them in developing or updating asthma policies and procedures for students. Equip each school building with an Asthma Tool Kit (a rolling backpack containing an albuterol, peak flow meters and mouthpieces, Student Asthma Action Plan and Nurse Respiratory Assessment forms, asthma diaries, spacers and educational information).

4. Provide school wide asthma education through the School Asthma Initiative (SAI), ARA' signature school based comprehensive asthma management training program, which reached staff, faculty and entire student body in 233 schools last year alone. Under this initiative is a new unique educational program that reaches out to high school students with asthma to assist them in safely managing their transition into the post high school world.

The demand for Asthma T.L.C. has been growing steadily since its inception, and more school districts are added every year. For more information or specific questions about Asthma T.L.C., please contact Christine Weaver or Jeannie Simms at 1-800-220-1990. Or write them at

cweaver@healthylungs.org or jsimms@healthylungs.org

Guidelines for the Diagnosis and Management of Asthma

The National Asthma Education and Prevention Program (NAEPP) recently released a comprehensive update of clinical guidelines for the treatment and management of asthma. The guidelines emphasize the importance of asthma control and introduce new approaches for monitoring asthma. The EPR 3 Guidelines on Asthma was developed by an expert panel commissioned by the NAEPP Coordinating Committee (CC), coordinated by the

National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health. Using the 1997 EPR 2 guidelines and the 2004 update of EPR 2 as the framework, the expert panel organized the literature review and final guidelines report around four essential components of asthma care, namely: assessment and monitoring, patient education, control of factors contributing to asthma severity, and pharmacologic treatment. Updated recommenda-

tions for managing asthma include an expanded section on childhood asthma (with an additional age group), new guidance on medications, new recommendations on patient education in settings beyond the physician's office, and new advice for controlling environmental factors that can cause asthma symptoms. Although printed copies of the EPR-3 are not yet available, copies can be obtained on-line by visiting: <http://www.nhlbi.nih.gov/>

For your own copy of the 2006 Pennsylvania Asthma Action Plan please visit:
www.health.state.pa.us

Farm Chemicals Linked to Increased Risk of Asthma

Farmers who are exposed to certain pesticides face an increased risk of developing occupational asthma, results of a US study suggest.

Dr Jane Hoppin, from the National Institute of Environmental Health Sciences at the Triangle Research Park in North Carolina, USA, and colleagues explain: "While pesticides have been associated with wheeze in farmers, few studies have focused on pesticides and risk of asthma."

To address this, the team examined data on pesticide exposure among more than 20,000 farmers who were participating in a US agricultural health study. In total, 129 of the partici-

pants had allergic asthma and 323 had non-allergic asthma.

Analysis revealed that 12 pesticides were associated with a significantly increased risk of allergic asthma and four were associated with an increased risk of non-allergic asthma.

Nearly half the pesticides associated with an increased risk of allergic asthma are no longer on sale in the USA, but seven are still in common use. Indeed, one of the most widely used pesticides, called coumaphos, was associated with more than a 2-fold increased risk of asthma.

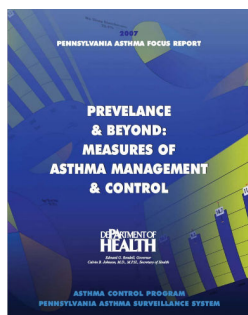
Pesticides associated with an increased risk of non-allergic asthma included the

now prohibited DDT, and the rarely used phorate. But malathion and petroleum oil herbicide are still used widely and were associated with a 30-40% increased risk of non-allergic asthma.

Speaking at the Annual Congress of the European Respiratory Society in Stockholm, Sweden, Dr Hoppin concluded: "Pesticides may be an overlooked contributor to asthma risk among farmers."

*Story written by: Mark Cowen
September 20, 2007 Featured in the European Respiratory Society Annual Congress; Stockholm, Sweden: 15-19 September 2007*

Beyond Prevalence: Measures of Asthma Management and Control—The 2007 Pennsylvania Asthma Focus Report



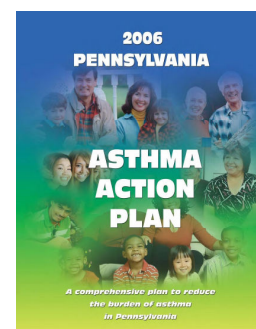
This recently published report by the Pennsylvania Department of Health using data from the Pennsylvania Asthma Surveillance System provides a first glimpse of statewide indicators of the quality of asthma control and management among adults in the Commonwealth who have asthma. Such indicators include Frequency of Symptoms, Activity and Work Limitations, Sleep Disturbances, Treatment and Care, and Age of Diagnosis.

The data source for this report was the 2004 and 2005 Pennsylvania Behavioral Risk Factor Surveillance System, Adult Asthma History Module. Pennsylvania Asthma Surveillance System plans for the future include expanding data collection on measures of asthma management and control to include additional information on both adults and children with asthma. The goal is to continue to track asthma management and control in an effort to provide partners useable data to plan and implement appropriate targeted interventions to reduce the burden of poorly managed asthma in Pennsylvania. To view the report please visit: www.health.state.pa.us.

Pennsylvania Asthma Action Plan 2006

The Pennsylvania Asthma Action Plan 2006 was developed by a consortium of over 20 private and public groups in Pennsylvania and coordinated by the Pennsylvania Department of Health, under a grant from CDC and was published in 2006. It is a comprehensive plan to reduce the burden of asthma in Pennsylvania with the ultimate goals of reducing the prevalence of asthma, decreasing emergency room visits and hospitalizations attributed to asthma and increasing the quality of life for those with asthma. The recommendations found within the Pennsylvania Asthma Action Plan are intended to be used by all who share the vision of coordinating efforts to improve asthma control in Pennsylvania. A major goal of the Pennsylvania Asthma Partnership will be the implementation and on-going development of the recommendations found in Pennsylvania's Plan to address and reduce the burden of asthma. For a full copy of the **Pennsylvania Asthma Action Plan 2006** please go to:

www.health.state.pa.us



Respira!: An Extremely Affordable Device for Young Asthmatics?

Stanford University's Design School along with the School of Medicine tackled a simple problem that is costing a lot of rural Mexican asthmatics a lot of time. The issue is a lack of "spacers", simple devices that create an air chamber in front of the mouth into which the inhaler discharges its medicine, and then the patient can easily breathe it in. Though elementary in purpose, these devices cost around \$50 and are not available in particularly poor areas. The cheap solution that was derived is to use origami to make one's own spacer out of paper, the cost of which should not exceed 25 cents.

The physicians in Health Centers, which provide nearby, free primary care to uninsured Mexicans, can recognize asthma and have access to the medication necessary to treat asthma attacks, but they lack effective, affordable devices to deliver that medication. Mexican Health Centers are stocked with asthma inhalers, which inexpensively create aerosol particles of medication, but these devices are not sufficient to deliver the medication to a child's lungs. Successful use of an inhaler requires that a child coordinate a deep breath with discharging the inhaler. This is challenging for a young child, particularly one gasping in the midst of an asthma attack. As a result, medication does not reach the lungs but is instead absorbed in the mouth and throat, where it causes undesirable systemic side effects.



To overcome these problems, inhalers are used in combination with a device commonly called a "spacer." A spacer is a chamber that attaches to an inhaler, captures the discharged medication and holds it until the patient inhales it. In spite of their effectiveness, these devices are unavailable in Mexican Health Centers due to their cost (about \$50 plus distribution). Using paper and a precise system of cuts and folds, we have designed a spacer that can be produced for approximately 25 cents, a cost reduction of more than 99%. Furthermore, the device can be distributed as a flat sheet to be folded into a usable form on-site, so hundreds can be sent for the cost of a stamp.

Article Found at: http://www.medgadget.com/archives/2007/08/respira_diy_spacers_for_asthma_attacks.html

⇒ For more information on this new product feel free to visit the webpage: <http://www.changemakers.net/en-us/node/1389>

Please note: effectiveness of this product has not been thoroughly tested. Article provided for information purposes only.

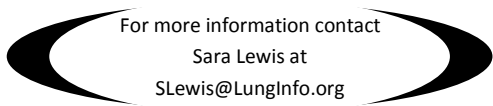


“Using paper and a precise system of cuts and folds, we have designed a spacer that can be produced for approximately 25 cents, a cost reduction of more than 99%.”

Pennsylvania Asthma Partnership

C/O American Lung Association
3001 Old Gettysburg Road
Camp Hill, PA 17011

Phone: 717-541-5864 ext. 28
Fax: 717-541-8828
E-mail: SLewis@LungInfo.org



The Pennsylvania Asthma Partnership (PAP) is the joining together of all individuals interested in reducing the asthma burden throughout Pennsylvania. Partners work on short, medium and long-term outcomes, that when implemented can be measured. The ultimate goal is to decrease asthma morbidity, mortality, and costs to increase the quality of life for those with asthma. Partners participate in workgroups such as: Surveillance/Evaluation; Environment/Workplace; Awareness/Education; Provider; Disparities; and Public Policy. Workgroups move towards achieving the goals within the 2006 Pennsylvania Asthma Action Plan. Membership is free and open to anyone.

The Pennsylvania Asthma Partnership is managed by the American Lung Association of Pennsylvania and is sponsored by the Pennsylvania Department of Health through a cooperative agreement with the Centers for Disease Control and Prevention.

For your own copy of the 2006 Pennsylvania Asthma Action Plan please visit www.health.state.pa.us.

Have an interesting article you'd like featured in the newsletter? Let us know! Send a copy to Sara at SLewis@lunginfo.org

Workgroup Update...

After our first PAP conference this section will be filled with items that each workgroup is accomplishing. It will serve as a communication tool between committees so that everyone is aware of how much we can accomplish by working together. If you have any interest in chairing or co-chairing any workgroups please let Sara (SLewis@LungInfo.org) know immediately.

Executive Committee: First meeting occurred on Sept. 26th where the upcoming conference and the Rules of Operation for PAP were discussed. The executive committee would like to ask everyone to help recruit additional members for PAP.

Membership: Please feel free to send out the PAP membership form to anyone that you know who may be interested in joining PAP. If you would like a copy of this please contact Sara at SLewis@LungInfo.org

Don't forget to attend the first Pennsylvania Asthma Partnership conference!

October 30, 2007

*Temple University, Harrisburg 234
Strawberry Square,*

8:00 am until 4:00 pm

***RSVP to Sara Lewis
SLewis@LungInfo.org***