

Missouri Asthma Prevention and Control Program Framework for Community-based Approaches to Improving Asthma Care for Children

Core Components to Building a Comprehensive and Coordinated Strategy

The Missouri Asthma Coalition (MAC) has embraced a simple framework to organize community-based efforts addressing the needs of children with asthma. While there are many options for achieving improvements in health outcomes, the MAC framework includes core components that have demonstrated the potential to deliver scalable and sustainable system-level change.

1 Schools

With open communication between parents and primary care providers, school nurses assess asthma status (e.g., PEF, FEV1), medication adherence and proper use, and exposure to environmental triggers. Schools also assure personalized asthma care plans are readily available to school staff (e.g., teachers, coaches, bus drivers, etc.) who are trained to identify symptoms of uncontrolled asthma, communicate with parents, control environmental triggers, and manage an asthma attack. Appropriate policies and strong administrative support keeps asthma in the forefront of all student health concerns.

2 Environmental Assessment

Indoor environments where children live, work, learn and play are assessed at regular intervals by trained personnel to identify triggers and poor air quality conditions. Education and problem-solving assistance is provided to caregivers to reduce or eliminate exposure to triggers. Most importantly, families receive follow-up and referral services to assure ongoing management of the indoor environment.

3 Primary Care Providers

Equipped with the information regarding diagnosis and medication dosing such as Expert Panel Report 3 EPR3: 2007 Asthma Guide-

lines, primary care providers adopt systems for assuring every child and their caregiver(s) receive visits fully-focused on evaluating three attributes of asthma management – medication regimen (adherence and proper use), environment, and education. The optimal number of focused visits per year depends on asthma severity.

4 Hospitals and Emergency Rooms

Committed to continuous quality improvement, hospitals track compliance to specific protocols for treating asthma and asthma-like symptoms as outlined in EPR3. In addition to addressing acute situations, the protocol also addresses medication regimen (adherence and proper use), environment, social and health literacy factors that influence the child's well-being and risk for subsequent ER visits. Every effort is made to assure all patients receive a primary care physician follow-up, notification to the school nurse, and scheduled a home environmental assessment within 3 days of an ER visit.

5 Child Care Providers

Given children 0-4 years are at the greatest risk for hospitalization for asthma, child care providers are important allies in asthma management and prevention. Child care providers assure personalized asthma action plans are readily available to staff who are trained to identify symptoms of uncontrolled asthma, communicate with parents/caregivers, control environmental triggers, and manage an asthma attack. Providers receive assessment and training regularly from child care health consultants via public health departments.