

ASTHMA Initiative *Info*

A Project of Community HealthWorks



From the Director

Lorna E. Davis

I am pleased to greet you as the new director of the New York City Childhood Asthma Initiative. Since its inception in 1997, the initiative has made great strides in the fight against asthma in NYC. From 1997 to 2000 the asthma hospitalization rate among children ages 0-14 declined by 38% citywide. Despite this decline, asthma remains the leading cause of hospitalization among children in NYC. I would like to acknowledge the former director Louise Cohen, currently Chief of Staff for the Department of Health and Mental Hygiene, for her contributions in forging a successful asthma initiative.

This issue's main feature is the new school medication form, which replaces the 504, SH-90 and IEP-Attachment A that were previously used to authorize medication administration and use of inhalers in schools. I encourage medical providers to complete the form for children who need to take asthma medicines at school. The newsletter insert, "Your Road Map to a School Medication Form" provides guidance on the role of providers, parents, and school staff in completing the form.

This issue also highlights the Neighborhood Initiative, a new program of Community HealthWorks, and EQuIP, a program that focuses on quality improvement in asthma and preventive care among medical practices. It also highlights the work of Health Force's Asthma Initiative in the South Bronx, and provides you with an update from the New York City Asthma Partnership.

We look forward to keeping you informed about our activities. If there is anything you hope to see covered in the next newsletter, please contact us by calling the Asthma Action Line at 1-877-ASTHMA-0 (1-877-278-4620). We look forward to hearing from you.

NEIGHBORHOOD INITIATIVE LAUNCHED IN EAST HARLEM AND BUSHWICK

During the summer of 2002, the Bureau of Community HealthWorks launched the Neighborhood Initiative (NI) in the communities of East Harlem, Manhattan and Bushwick, Brooklyn. The goal of the NI is to maintain neighborhood-based public health teams that will work closely with community residents, schools, day care centers, providers of health and social services, housing authorities and community based organizations to address emerging local health issues.

Each team consists of 8 to 10 public health professionals with expertise in health education, community health planning, community organizing, preventive health services and health research and evaluation.

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New York City Asthma Partnership Update

The New York City Asthma Partnership (NYCAP) held its 3rd Semi-Annual Meeting in June, 2002. The theme of the meeting was Asthma and Tobacco. Dr. Thomas Frieden, Commissioner of the New York City Department of Health and Mental Hygiene was the keynote speaker. Dr. Frieden talked about asthma and New York City's tobacco control agenda.

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"Second-hand smoke kills approximately 1,000 New York City residents per year"

*Dr. Thomas Frieden,
Commissioner of the New York City
Department of Health and Mental Hygiene*

The EQuIP Project: Implementing a Vision for Better Asthma Care

Working with medical providers to improve asthma care is one strategy the New York City Childhood Asthma Initiative (NYCCAI) uses to help improve quality of life for children with asthma in New York City. We work with health care practitioners in a variety of ways.

For the past five years we have led individual and small group trainings with practitioners to review best asthma practices. Borough-wide conferences have been held for nurses, respiratory therapists and social workers. In April 2002, a new model for working with providers was introduced – the Education and Quality Improvement Project (EQuIP) - a one-year, collaborative asthma work group.

The EQuIP collaborative involves 20 pediatric practices from across the city. The practices attend informational sessions on best practices in asthma and work on developing, implementing and testing strategies to institute best asthma practices in the clinical setting. Participating practices learn from Department of Health and Mental Hygiene staff, national faculty, and from one another.

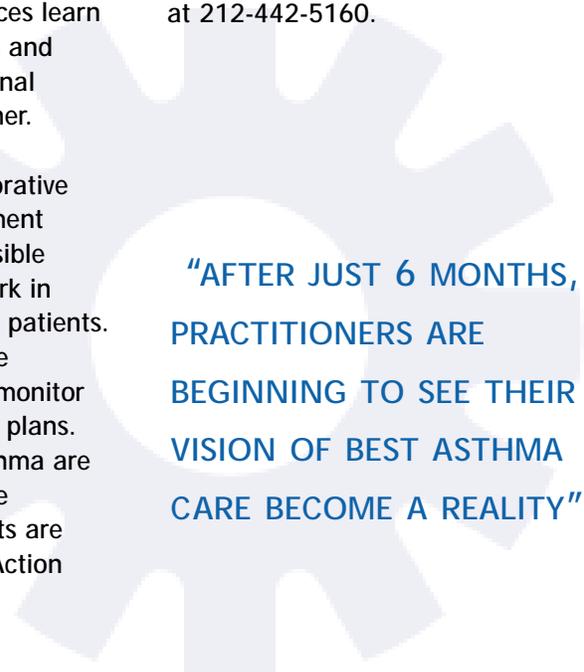
The practices in the collaborative are implementing improvement strategies that make it possible for them to identify and work in a planned way with asthma patients. Routine “non-sick” visits are scheduled with patients to monitor their response to treatment plans. Patients with persistent asthma are treated with daily preventive medications, and all patients are given an updated Asthma Action

Plan. Patients are offered individual and/or group asthma education and referred to the resources they need to manage their asthma and follow their Asthma Action Plan.

After just 6 months, the practices are beginning to see increases in: the number of children with an asthma severity classification; the number of families receiving Asthma Action Plans; and the number of children with persistent asthma that are being treated with preventive medications.

As a result of their commitment to improvement, these practitioners are beginning to see their vision of best asthma care become a reality. In Spring 2003, at the close of the Collaborative, the 20 teams will present on their participation and share the results of their quality improvement efforts.

If you are interested in learning more about EQuIP or improving asthma care, please contact Sabina Rubeck, EQuIP Project Coordinator, at 212-442-5160.



“AFTER JUST 6 MONTHS, PRACTITIONERS ARE BEGINNING TO SEE THEIR VISION OF BEST ASTHMA CARE BECOME A REALITY”

Neighborhood Initiative Launched in East Harlem and Bushwick

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The NI is starting its work in East Harlem and Bushwick because health indicators in those communities rank poorly when compared to the rest of New York City. These two communities have the highest asthma hospitalization rates among children under 14 and among the highest diabetes hospitalization rates citywide.

Programmatic efforts will build on the work of the New York City Childhood Asthma Initiative and expand to address other high priority local health issues including diabetes. Initial activities are focused on ensuring that every child with asthma has an Asthma Action Plan and a School Medication Form (see insert).

Teams based in each neighborhood also collaborate with other health department programs to help coordinate health services in the communities. During the fall and winter months NI teams are working to promote the Department’s flu and pneumonia vaccination campaigns.

Flu shots are recommended for all people over 50, children between 6 and 23 months old, people with chronic conditions such as diabetes and asthma, and people with compromised immune systems. Ask your doctor about getting a flu shot or call the flu hotline toll free at 1-866-FLU-LINE (1-866-358-5463).

For more information about the Neighborhood Initiative, please contact Roger Hayes (East Harlem office) at 212-360-5980 or Christina Larkin (Bushwick office) at 718-573-4847.

YOUR ROAD MAP to a SCHOOL MEDICATION FORM for ASTHMA (Part 1)

New York City children with asthma are required to have a Medication Form on file at their school in order to take asthma medicines during the school day. The form is needed in order for school nurses to administer medication and/or for children to carry inhalers for self-administration of prescribed medication. The Medication Form is a two-sided, legal-size page that comes in a packet of authorization forms for the provision of health services in schools.

The form replaces the 504, SH-90 and IEP-Attachment A that were previously used. A photocopy of an original blank Medication Form is acceptable, but both sides must be copied onto legal-size paper. The following guide is color-coded for **parents/guardians in RED**, **school staff in GREEN** and **physicians/medical providers in BLUE**. Please do your part to ensure that children with asthma get the medications they need.

- PARENTS/GUARDIANS** fill in top section with information about the child and their school. **1**
- Read and complete back of the form (over).
- Attach a recent photograph of the student to the form.

- SCHOOL STAFF** complete box in upper right corner. **2**
- Review parent/guardian and physician/medical provider sections for completeness.
- Keep extra blank forms available.

MEDICATION FORM Authorization for Administration of Medication to Students for the School Year 2002-2003 *SAMPLE*		Student's Name (Last, First, Middle) Sample Student	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Date of Birth 00/00/0000	I.D. Number 123456789	FOR BOE/DOH USE: <input type="checkbox"/> 504 <input type="checkbox"/> IEP <input type="checkbox"/> SC/SA
District 01	School PS 00	Borough Manhattan	Grade 00	Class 123	Zip Code 10013	
School Address Street Address		1		2		3
Physician's Order		Order for Administration in School		Instructions in case of lack of improvement or adverse reaction		Choose:
1. Diagnosis Asthma- Moderate Persistent Medication/Preparation Albuterol Metered Dose Inhaler (MDI) Dose/Route 2 puffs via spacer		<input type="checkbox"/> Standing daily dose. Specify time(s): Conditions under which medication should not be given: AND/OR <input checked="" type="checkbox"/> For asthma symptoms prn (cough, wheeze) and before gym		1. Call parent and MD if symptoms not improved with first treatment. Administer second treatment while making calls. 2. Call 911 if symptoms not improved after second treatment.		<input checked="" type="checkbox"/> Store medication in medical room and administer under supervision. AND/OR <input checked="" type="checkbox"/> Student may carry medication (includes epi pen and MDI) and may self-administer (parent to initial reverse side) NOT FOR CONTROLLED SUBSTANCES. OR <input type="checkbox"/> Student may self-inject insulin in school (parent to initial reverse side)
2. Diagnosis Column 1 Medication/Preparation Dose/Route		<input type="checkbox"/> Standing daily dose. Specify time(s): Conditions under which medication should not be given: AND/OR <input type="checkbox"/> prn specific signs, symptoms or situations		Column 3		<input type="checkbox"/> Store medication in medical room and administer under supervision. AND/OR <input type="checkbox"/> Student may carry medication (includes epi pen and MDI) and may self-administer (parent to initial reverse side) NOT FOR CONTROLLED SUBSTANCES. OR <input type="checkbox"/> Student may self-inject insulin in school (parent to initial reverse side)
3. Diagnosis Medication/Preparation Dose/Route		<input type="checkbox"/> Standing daily dose. Specify time(s): Conditions under which medication should not be given: AND/OR <input type="checkbox"/> prn specific signs, symptoms or situations		<input type="checkbox"/> Standing daily dose. Specify time(s): Conditions under which medication should not be given: AND/OR <input type="checkbox"/> prn specific signs, symptoms or situations		<input type="checkbox"/> Store medication in medical room and administer under supervision. AND/OR <input type="checkbox"/> Student may carry medication (includes epi pen and MDI) and may self-administer (parent to initial reverse side) NOT FOR CONTROLLED SUBSTANCES. OR <input type="checkbox"/> Student may self-inject insulin in school (parent to initial reverse side)
5 List medication(s) student is taking at home and at what time: 1. Provent Rotadisk 30mg/inh one inh BID* 2. Singulair one 50 mg chewable tab PO daily HS*		Physician's Name Sample MD Physician/Clinic Address Street Address, Borough, Zip Physician/Clinic Telephone No. (212) 777-7777 Physician/Clinic Fax No. (212) 888-8888 NYS Registration No. 123456 Date 00/00/2002		Physician's Signature Sample MD 6		FOR DOH USE: Revisions per DOH

*DISCLAIMER: Use of brand name medicines in the sample form is for illustrative purposes only and is not an endorsement by DOHMH of any pharmaceutical company or its products.

- PHYSICIANS / MEDICAL PROVIDERS** fill in the Physician's Order section: **3**
 - Column 1 - Include a classification of asthma severity with an asthma diagnosis.
 - Column 2 - Provide specific indications for administration of PRN medications.
 - Column 3 - Write detailed instructions in case of a lack of improvement.
 - Column 4 - Indicate if medication is to be administered under supervision only (check 1st box), if medication can be carried and self-administered (check 2nd box), or BOTH (check both boxes) **4**
- Prescribe 2 MDIs and 2 spacers, indicating that one of each is to be kept at school.
- Box, bottom left** - List other prescribed medications, especially preventive anti-inflammatory meds. **5**
- Box, bottom center** - Fill in physician's name and contact information. **6**
- Complete an Asthma Action Plan to accompany the Medication Form so families can follow treatment plans and use medications correctly.

YOUR ROAD MAP to a SCHOOL MEDICATION FORM for ASTHMA (Part 2)

The backside of the Medication Form is filled in by parents/guardians and school staff. If any section on the front or backside of the form is incomplete, the form will not be approved.

PARENTS/GUARDIANS

Read and initial here (if applicable) to authorize student to carry and self-administer asthma medicine during the school day. ①

PARENTS/GUARDIANS

Read, sign and date here to authorize administration of asthma medicine at school, in accordance with your physician's orders. ②

This section for use by SCHOOL STAFF only. ③

FOR MORE INFORMATION OR TO REQUEST A **SCHOOL MEDICATION FORM** OR AN **ASTHMA ACTION PLAN** CALL THE **ASTHMA ACTION LINE** TOLL FREE AT **1-877-ASTHMA-0 (1-877-278-4620)**



A Project of Community HealthWorks
The City of New York
Department of Health and Mental Hygiene
40 Worth Street, CHW Room 1607
New York, New York 10013
Phone: 212-788-4703 Fax: 212-442-9539
Website: nyc.gov/health

Part II: ADMINISTRATION OF MEDICATION PARENT/GUARDIAN'S CONSENT, AUTHORIZATION AND RELEASE: 2002-2003

I hereby authorize the storage and administration of medication, as well as the storage and use of necessary means of administration of such medication, in accordance with the attached instructions of my child's physician. I understand that the medication is to be furnished by me in a properly labeled original container from the pharmacy (another such container should be obtained by me for my child's use outside of school); the label on prescription medication must include the name of the student, name and telephone number of the pharmacy, licensed prescriber's name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other directions; over the counter medications and drug samples must be in the manufacturer's original container, with the student's name affixed to that container. I further understand that I must immediately advise the principal and/or his/her designee(s) of any change in the prescription or instructions stated above.

SELF-ADMINISTRATION OF MEDICATION: Initial this paragraph if applicable (for example, for use of an Epi-Pen, asthma inhaler and other medications):

① I hereby certify that my child has been fully instructed in and is proficient in the self-administration of the above-prescribed medication. I acknowledge that I am responsible for providing my child with such medication in containers labeled as described above, for any and all monitoring of my child's use of such medication, as well as for any and all consequences of my child's use of such medication in school. I further hereby authorize the Board of Education, its agents and employees, including the principal, his/her designee(s) and my child's teacher(s), to administer such medication in accordance with the instructions of my child's physician should my child be temporarily incapable of self-administering such medication.

I understand that no student will be allowed to carry or self administer controlled substances.
I understand that this Authorization is only valid until the earlier of: (1) June 26, 2003 (This prescription may be extended through August if the student is attending a Board of Education sponsored summer program); or (2) such time that I deliver to the principal and/or his/her designee(s) a new prescription or instructions issued by my child's physician regarding the administration of the above-prescribed medication. I hereby release the Board of Education, its agents and employees, including the principal, his/her designee(s), and my child's teacher(s), from any liability arising from the provision of the prescribed medication in accordance with the instructions of my child's physician attached hereto and provided further that such release does not apply to grossly negligent or intentionally harmful acts of the Board of Education, its agents and its employees, including the principal, his/her designee(s), my child's teacher(s) and/or other staff involved.

I recognize that this form is not an agreement by the Board of Education to provide the services requested, but, rather, my request, consent, authorization and release for such services.

I hereby authorize the Board of Education, its employees and agents, to consult with and to obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care provider and/or pharmacist. I, also, authorize the principal and/or his/her designee(s) to store and/or administer to my child such medication in the event that my child is temporarily incapable of self-storage and self-administration of such medication.

FOR MAILING PURPOSES PRINT
PARENT/GUARDIAN NAME & ADDRESS BELOW:

② Parent/Guardian's Signature
Date Signed
Daytime Telephone No. Home Telephone No.

DO NOT WRITE BELOW (FOR BOE AND DOH ONLY)

BOE review; form forwarded to DOH: _____ Reviewed by: _____
(Date)

DOH Review: _____ Diagnosis Code: _____ Service Code: _____
(Date)

DIAGNOSIS: ③ SERVICE:

Asthma Diabetes Oral Meds Glucose Monitor
 Allergy Other _____ Inhaler Glucagon
 ADHD Nebulizer Other
 EpiPen

Services provided by: Nurse DOH Pub Health Adv
 School Based Clinic BOE School Staff

Self-Administers/self-carries: YES No

Signature and Title: _____ (DSN OR SMD) _____ (Date school notified and form forwarded to BOE liaison)

Remarks: For District Office use
Authorization for Accommodation(s): _____ Approved _____ Denied/not applicable
_____ Returned for CSE evaluation _____ Returned to district for further data

(k:504forms4/02cm)



Michael R. Bloomberg, Mayor
Thomas R. Frieden, M.D., M.P.H., Commissioner

FORMING A MAJOR “HEALTH FORCE” IN THE SOUTH BRONX

Health Force was established in 1990 as an AIDS peer education program for women. Within a short period of time, they began offering services to men as well. Enthusiastic about the successes of the peer education model, Health Force began pursuing funding to bring the peer education model to what was recognized as another health crisis in the South Bronx – childhood asthma.

In 1996, Health Force secured federal funding for asthma and began training adults and teen peer educators to go into schools and homes to work with children and their families. In 2000, Health Force was selected to become one of the first community partners of the New York City Childhood Asthma Initiative. Health Force began to offer case management services for asthma and facilitated the formation of a local asthma partnership in the South Bronx.

Three Health Force community health workers currently provide case management services. Chris Norwood, Executive Director, talked about the importance of their work. “As with all chronic disease, education is as crucial as the medical treatment. Without that part, people don’t understand the benefits of following the plan. It’s not just initial outreach; you have to do repeated follow-up. You need to make sure that people understand.”

An outside evaluation found that enrollment in case management services for three months cut school absences in half and emergency room visits by almost two-thirds.

Now in full swing, the South Bronx Childhood Asthma Partnership has implemented a series of major projects.

The first was a day-long asthma conference and fair in May 2001, entitled “Reversing the South Bronx Asthma Crisis: The Whole Community Working Together”. The conference presented speakers and workshops of interest to community members, community-based organizations, health care and service providers, educators and parents of asthmatic children. Topics included housing, schools, the environment, kids and families, medical updates, and improving quality of and access to care. An evening program was designed for working parents who were unable to attend the daytime meeting.

The partnership is currently reaching out to community organizations and asking them to send candidates for peer education training, so that they can then provide training in their own agencies. Community residents are eager to do what is best for their children and nurturing manageable, incremental changes will help make a difference.

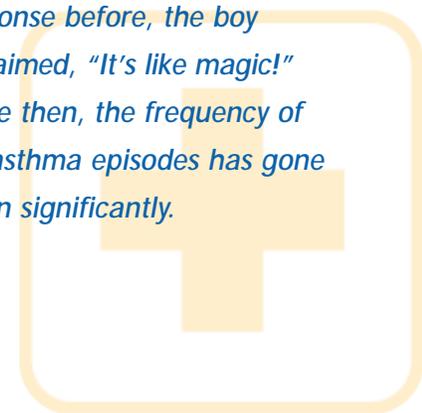
Two longer term projects include: a pilot in an area school that brings school personnel, parents and children together to cooperatively reduce the impact of asthma and lost school days, and a program in a nearby residential building to involve building owners, tenants, staff and local advisory groups in a cooperative effort to reduce triggers. For more information about Health Force or the South Bronx Childhood Asthma Partnership, please call 718-585-8585.

An Asthma Success Story

On a recent visit to one of Health Force’s case management families, the Community Health Worker [CHW] arrived to find that the mother had just called 911, because the child was having an asthma episode. The mother explained “I just gave him the pump, but it’s not helping.”

It happened that the CHW had brought an aerochamber with her that day with a plan to review medication administration. She worked with the boy and demonstrated its proper use, and as a result, he got a nice full dose of his medications. The medication was no longer going out the sides of his mouth.

The boy experienced dramatic results and the episode ended before 911 arrived. Having never had that quick a response before, the boy exclaimed, “It’s like magic!” Since then, the frequency of his asthma episodes has gone down significantly.



New York City Asthma Partnership Update

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"Second-hand smoke kills approximately 1,000 New York City residents per year," Dr. Frieden said, and he encouraged NYCAP to support increased taxation on tobacco products and a comprehensive city-wide tobacco control program.

In September members of NYCAP signed a position statement to support Intro 256, The New York City Indoor Smoke-Free Air Act of 2002, which was proposed by Mayor Bloomberg in August.

NYCAP members are encouraged to contact the office of City Council Speaker Gifford Miller at 212-788-7100 or send email to miller@council.nyc.ny.us to voice support for the resolution that would eliminate smoking in all New York City restaurants and bars.

If you are interested in joining or in learning more about NYCAP, please contact Jen Lee, NYCAP Coordinator, at (212) 788-5364, or e-mail jlee1@health.nyc.gov.

SAVE THE DATE!

NYCAP's 4th SEMI-ANNUAL MEETING WILL BE HELD ON
MONDAY DECEMBER 9, 2002
FROM 8:30AM TO 12:30PM
AT LERNER HALL, COLUMBIA UNIVERSITY,
2920 BROADWAY.

The New York City Childhood Asthma Initiative

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