

Asthma SMART: People and Technology Working Together

Asthma SMART (Symptom Monitoring and Referral for Treatment) is a pilot project designed to improve the coordination of asthma care for the children of East Harlem. Program partners include the emergency departments at Metropolitan Hospital, Mount Sinai Medical Center and North General Hospital, area primary care clinics, and the East Harlem Council for Human Services, Inc.

The system links hospital emergency departments, schools, primary care physicians, managed care organizations and community outreach workers. By improving the flow of asthma-related information across settings, it seeks to ensure more timely asthma care.

While still in the formative stages, the goal of this communication network is to identify children with poorly controlled

asthma and to quickly mobilize the asthma management team in order to avoid unnecessary school absences and hospitalizations. When a child visits one of the participating emergency rooms:

- The primary care practitioner will be alerted that the child needs follow-up care. If the child does not contact the provider for an appointment or does not keep an appointment, the community outreach worker will follow-up to facilitate this encounter.
- The school nurse will be cued to see the child his or her first day back at school and follow up on the treatment plan. Were medications prescribed? If so, was the child able to obtain them? Does the child have the necessary forms on file to receive the medication at school?
- The community outreach worker will be prompted to make a home visit. The outreach worker will provide asthma education, perform a home environmental assessment and help the family to address any problems that are identified, making sure that the child has the necessary supplies and equipment, and coordinating with the primary care provider to secure an up-to-date asthma action plan.

Dr. Andrew Goodman, Associate Commissioner of the Department of Health and head of Community HealthWorks, captures the essence of the program: *"By introducing information technology into community asthma care, this program will create a strong network*

Continued on page 2



From the Director
Louise Cohen

In this second issue of Asthma Initiative Info you will find out how the Initiative uses media and technology to improve the lives of children with asthma, learn about one of our new community partnership programs and get updated on the activities of the New York City Asthma Partnership. You will also have a chance to see some new data on rates of asthma hospitalizations in New York City. We look forward to keeping you informed about the many exciting people and programs here at the Initiative. If you have any suggestions or would like to know more, please call the Asthma Action Line at 1 877-ASTHMA-0 (1 877-278-4620).

IN THIS ISSUE:

Asthma SMART: People and Technology Working Together

"I have Asthma but..."

New York City Asthma Partnership Update

Safe Space and the Jamaica Childhood Asthma Initiative

Asthma in NYC

"I have asthma, but ..."

Ask someone to complete the sentence, "I have asthma, but ..." and chances are they will answer, "asthma doesn't have me."

According to Jeffrey Escoffier, Director of Health Media and Marketing for the New York City Department of Health, "*This distinctive slogan has incredibly wide recognition.*"

Over the past three years, this bilingual educational and awareness campaign has used a lot of different approaches to get its messages across. A massive ad campaign using New York City subway trains and bus shelters was launched. Free pre-paid phone cards were distributed. Print ads appeared in The New York Times Magazine, The Daily News, community newspapers, back-to-school papers, and the Brooklyn and Queens editions of national magazines. An Asthma Initiative jingle aired on local radio stations and ads were shown in movie theaters throughout the five boroughs. An ongoing relationship with major league baseball was begun with ads in the Yankee/Mets subway series programs.

Currently the campaign is targeting neighborhoods with the highest asthma hospitalization rates. In addition to "Strike Out Asthma" ads on the sides of buses, posters now appear on community billboards. Soon informational brochures will be displayed in local stores and agencies.

The success of this campaign has led to national recognition and the Department of Health has received many requests to duplicate the campaign in other cities. At present, the posters are being used by the American Lung Association in

Washington, D.C., The "Yes We Can" Urban Partnership in San Francisco, and the Environmental Health Center, a Division of the National Safety Council. Credit and appreciation go to Stuart Pittman for his design and to Michael Paras for photography.

Soon you will be able to view the campaign on the Department of Health's website www.nyc.gov/health. For additional information about the media campaign, call Zaida Guerrero at 212-442-9534.

Our goal with the media campaign is to change perceptions and assumptions about asthma, and to get families to take action to get control over their asthma.

Louise Cohen, Director

Asthma SMART: People and Technology Working Together

Continued from page 1

around each child. Asthma SMART will prevent children from falling through the cracks and provide the critical support they need to keep them on track."

For more information on Asthma SMART, contact Jacqueline Fox-Pascal, Program Manager at 212-360-5980, ext. 703 or jfox@health.nyc.gov.

ASTHMA AT SCHOOL

If you have a child with asthma who attends school, it's not too soon to start thinking about next September.

All children who need help with taking their asthma medicine at school should have a "504 Form" on file with the school nurse. If your child can use his or her own inhaler without supervision, your child still needs an "Inhaler Use Form" on file at the school.

You can get either of these forms from your child's school now and have them filled out by your child's doctor over the summer. If you mail the forms to your child's school district office, attention "504 Coordinator" before August 10, your child will be ready to go on the first day of school!

Call your child's school or the Asthma Action Line at 877-278-4620 for more information.

SAFE SPACE AND THE JAMAICA CHILDHOOD ASTHMA INITIATIVE

"The mission of the Jamaica Childhood Asthma Partnership is to promote coordination, cooperation, and collaboration among community organizations, service providers, and community residents, in an effort to reduce illness, hospitalizations and death due to childhood asthma in Queens Community District 12".

–Jamaica Childhood Asthma Partnership

Safe Space, formerly known as the Center for Children + Families, is home to the new Jamaica Childhood Asthma Initiative. Partners in the project include the Benincasa Family Services/Jamaica Neighborhood Center and El Centro Hispano Cuzcatlán.

When childhood asthma was identified as a serious concern for District 12 in Southern Queens, Lorna Davis, Safe Space's Director of Evaluation and Quality Management, took the lead in bringing the New York City Childhood Asthma Initiative to Jamaica. She made a commitment to working collaboratively with the many agencies and organizations that touch the lives of the community's children, and today, these diverse agencies and organizations make up what is now known as the Jamaica Childhood Asthma Partnership.

Having opened in January of 2000, the operations of the Jamaica Asthma Initiative are well underway. Three community health workers, Romelia Rodriguez, Ivanna Lopez and Dionne Hall, are providing case management services for approximately 80 families. Jennifer Cadet, the Jamaica Asthma Initiative's health educator and staff from El Centro Hispano Cuzcatlán are making group presentations at schools, tenant organizations, day care centers, community based organizations, churches, and clinics. One-on-one sessions and drop-in services are being provided at Safe Space's two multi-media resource centers, where pamphlets, books and videos on asthma, medications, triggers and exercise and an Internet hook-up are available.

In addition to its regular activities, Audrey Lamadieu, the Project Coordinator and the entire Jamaica Initiative staff are working with the Jamaica Childhood Asthma Partnership to make sure that every child with asthma has three things: the necessary forms on file that allow them to take their asthma medication at school, an Asthma Action Plan, and health insurance.

The staff is excited about the results they are seeing. Community residents are more knowledgeable about managing their children's asthma and are relying less on emergency medical services. Children are feeling better and missing less school. Families are advocating for better housing conditions and enrolling their children in Child Health Plus. Case management program "graduates" are referring other families to the Jamaica Childhood Asthma Initiative – they see that, with knowledge, they can make a difference in their children's lives.

For more information about the Jamaica Childhood Asthma Initiative and its programs, please call Audrey Lamadieu, Project Coordinator at (718) 657-5662 or send e-mail to asthma@panix.com.



A Community Health Worker Makes a Difference

A toddler was diagnosed with asthma just two months ago. His mother doesn't know much about asthma.

A Spanish-speaking community health worker from the Jamaica Childhood Asthma Initiative:

- taught the mother asthma basics, making sure that she can identify asthma triggers inside and outside of the house and explain her child's asthma medication.
- supplied bedding covers, a spacer and mask
- secured funds for the purchase of a nebulizer
- translated during clinic visits
- worked with the primary care provider to secure a completed Asthma Action Plan

As a result, the mother can identify and respond to early warning signs, and she is committed to keeping regular appointments with her son's primary care provider.

New York City Asthma Partnership Update

On May 3rd, World Asthma Day, The New York City Asthma Partnership held it's first annual meeting at the New York Academy of Medicine. Over 100 people attended the meeting to take advantage of networking opportunities, hear committee updates and learn about the progress of various policy initiatives. The exciting panel of presenters sparked coalition-wide discussion on medical standards of care, school issues and pending surveillance legislation.

NYCAP welcomes new members. If you are interested in joining, please contact Anna Caffarelli, NYCAP Coordinator, at 212-788-5364 or acaffare@health.nyc.gov.



Sally Findley discusses early childhood education asthma policy.

The New York City Childhood Asthma Initiative

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THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
Rudolph W. Giuliani Mayor
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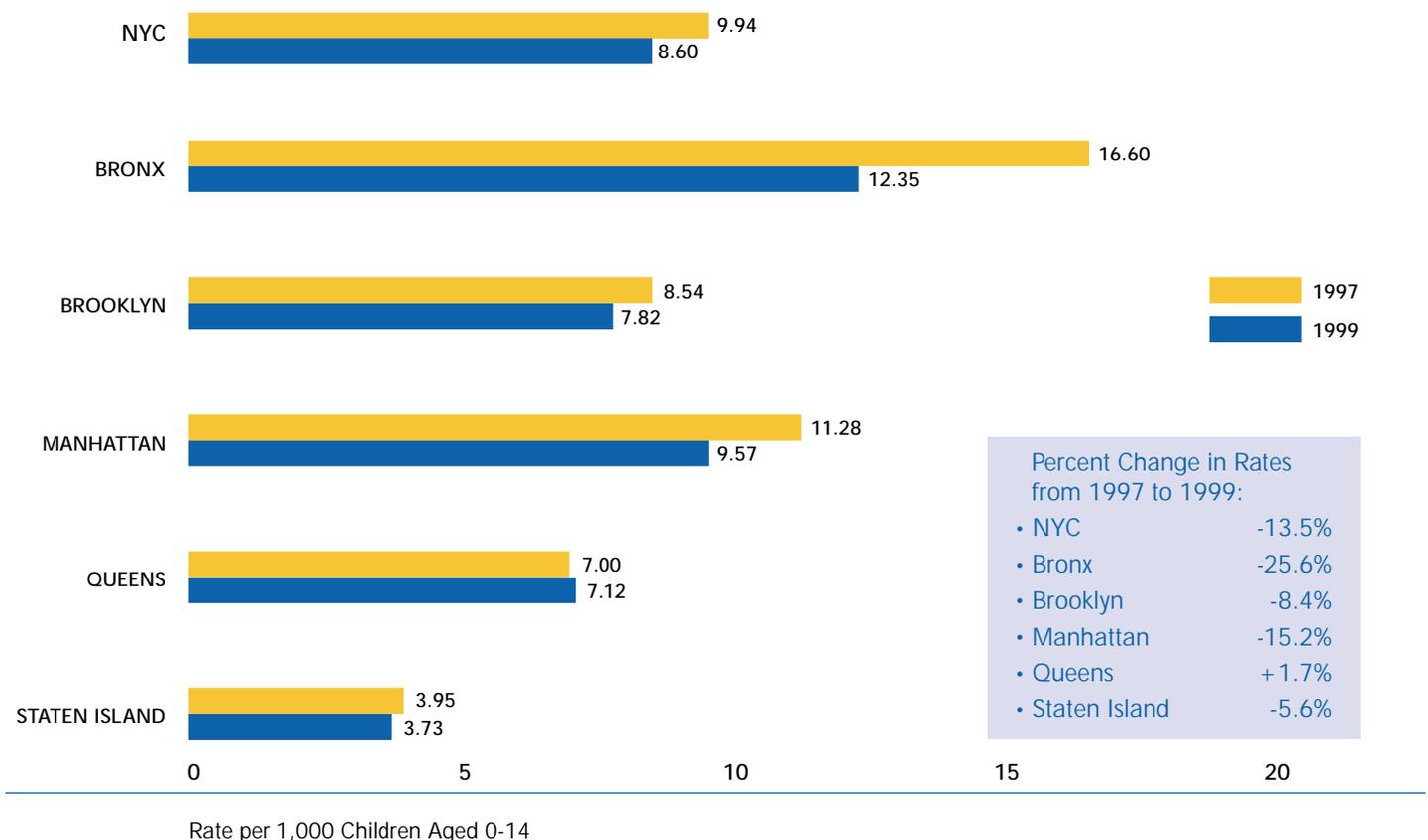
ASTHMA IN NEW YORK CITY

NYC ASTHMA HOSPITALIZATION RATES* FOR CHILDREN DROP 13.5% FROM 1997 TO 1999

The following charts examine 1997 and 1999 childhood asthma hospitalization rates for children aged 0-14 living in New York City. The chart below compares 1997 and 1999 rates of hospitalization in each borough. On the reverse side are 1999 data for hospitalization by New York City neighborhood. The 1997 data are those compiled for the New York City Childhood Asthma Initiative's publication, *Asthma Facts*, and the 1999 data are the most recent available.

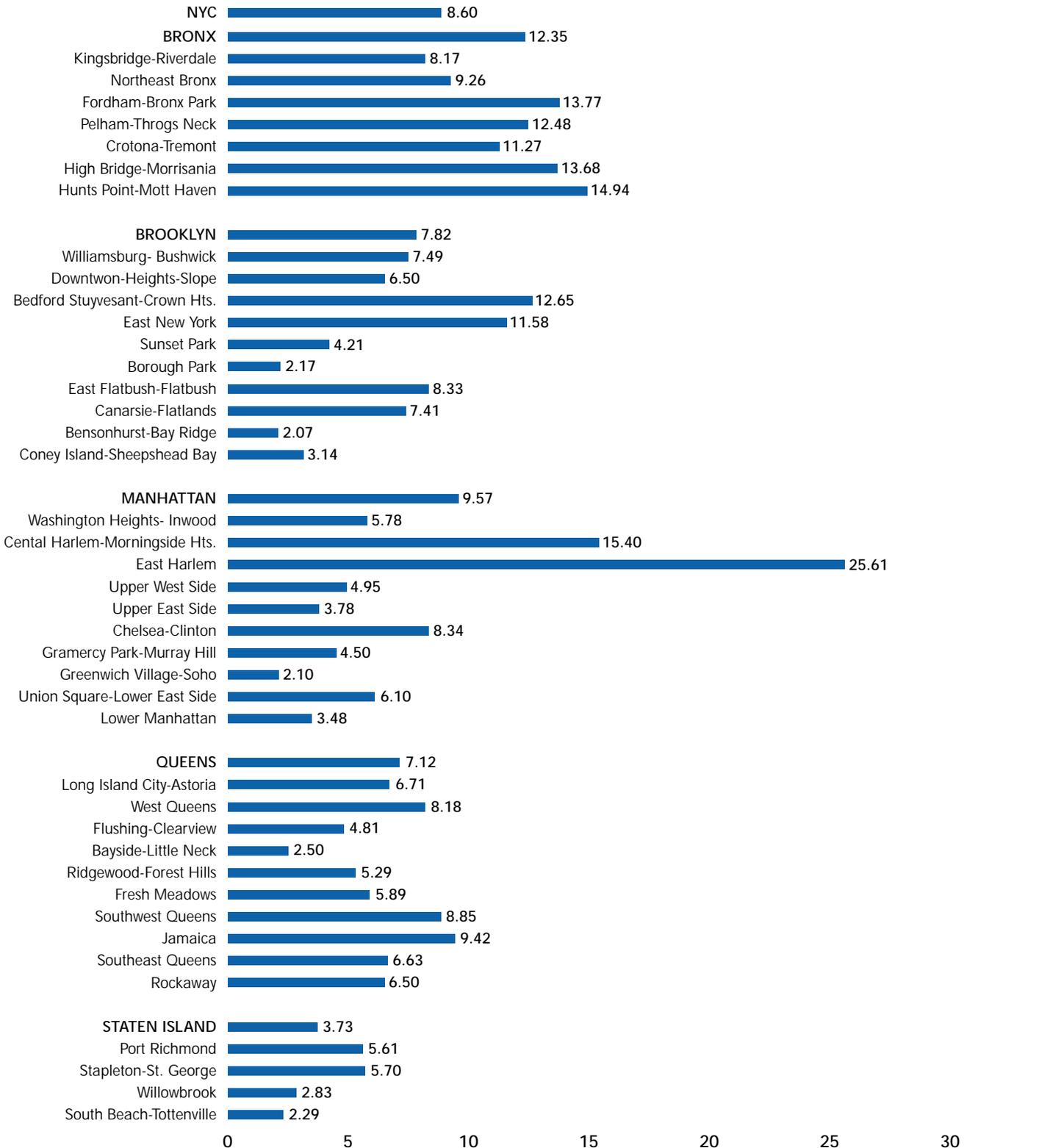
Both charts use rates of hospitalizations, because numbers of hospitalizations, alone, don't help to make comparisons among different populations. For example, the number of asthma hospitalizations in Brooklyn (4,934 in 1997) is far higher than the number of hospitalizations in Manhattan (2,602 in 1997), but because many more people live in Brooklyn, the hospitalization rate is lower in Brooklyn (8.54 per thousand children) than in Manhattan (11.28 per thousand children).

From 1997 to 1999, asthma hospitalization rates fell 13.5% citywide. The greatest reductions, 25.6% were seen in the Bronx. While it would be premature to call this change a trend, the decline is encouraging. Whether it is due to the work of asthma initiatives, environmental factors, changes in housing conditions, some combination of factors, or an as-yet-unidentified cause, this drop is good news for thousands of children who are feeling better.



*Asthma hospitalization data are based on reports made to New York State through its Statewide Planning and Research Cooperative System (SPARCS) and represent numbers of hospitalizations rather than the number of children hospitalized. This means that if a child is hospitalized twice, this will count as two hospitalizations although it is only one child.

ASTHMA IN NEW YORK CITY NEIGHBORHOODS, 1999



Rate per 1,000 Children Aged 0-14

These neighborhoods are defined by the United Hospital Fund and include specific zip codes.