

Strategic Plan for Asthma in California 2015 – 2019

Topic: Asthma Surveillance and Research

California Breathing and partner organizations use surveillance to describe the nature of the asthma burden in California and to evaluate the progress of programs aimed at reducing asthma burden. Research helps us understand asthma causation, prevention, and management.



Below are objectives and data related to asthma surveillance and research essential for creating effective policies and interventions to prevent or control asthma.

Objectives

Maintain and expand asthma surveillance in California.

Use surveillance data to document disparities and direct interventions.

Ensure wide dissemination and use of relevant asthma surveillance and research findings.

Encourage continued investigation into the causation, prevention, aggravation, treatment, and management of asthma.

Use data and research findings to develop and evaluate key policies and interventions.

Data

Surveillance data includes the number of people with asthma, levels of symptoms, use of routine healthcare, visits to the emergency room, cost of health care utilizations and deaths due to asthma.

5 million Californians have been diagnosed with asthma at some point in their lives. Almost 3 million currently have Asthma.

Asthma results in an estimated 11.8 million days of work missed per year among adults and 1.2 million days of school missed per year among children.

Although hospitalizations & deaths due to asthma have declined, there are still about 400 deaths, 35,000 hospital discharges, and 180,000 emergency room visits per year due to asthma.

Source: California Department of Public Health's "Asthma in California: A Surveillance Report"



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Topic: Asthma Partnership and Collaboration

California Breathing and partner organizations use partnerships and collaborations to develop and share practices and interventions to reduce the burden of asthma in California. Partnerships and collaborations should cross public, private, and community sectors to focus on the prevention, management, and treatment of asthma. Below are objectives and facts related to asthma partnerships and collaboration essential for working collaboratively to break down siloed strategies, reinforcing a holistic approach to asthma.



Below are objectives and data related to asthma partnership and research essential for creating effective policies and interventions to prevent or control asthma.

Objectives

Raise public awareness of asthma and the Strategic Plan for Asthma in California, 2015-2019.

Continually develop partnerships and collaborations to strengthen effectiveness of those working on asthma prevention, treatment and management.

Identify and seek funding from federal and state agencies and foundations to support coalition work, asthma services, programs and policy development at the local and regional levels.

Use the Strategic Plan as a guide to develop new and maintain existing partnerships and collaborations.

Data

California Asthma Partners (CAP) is a statewide partnership of numerous governmental and non-governmental organizations, agencies, institutions, coalitions, collaboratives, and other programs working to implement the Strategic Plan for Asthma in California.

www.asthmapartners.org

SEHAC, the California School Environmental Health and Asthma Collaborative, is comprised of government, education, and non-profit organizations assembled to increase the K–12 school community’s awareness of the importance of addressing indoor air quality and asthma issues. www.sehac.org



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Topic: Asthma and Work-Related Asthma

California Breathing and partner organizations focus on preventing work-related asthma (WRA) through partnerships and collaborations to track and characterize WRA; to recognize, evaluate, and reduce worker exposures; and to implement and promote prevention strategies. Workers, health care providers, employers, and asthma and environmental stakeholders should be knowledgeable about the extent and causes of work-related asthma among adults with asthma, and include WRA in their asthma prevention approaches. Below are objectives and data related to work-related asthma essential to improve data collection, surveillance, and evaluation, as well as data utilization.



Below are objectives and data related to asthma and work-related asthma and research essential for creating effective policies and interventions to prevent or control asthma.

Objectives

Increase awareness and knowledge among health care providers, employers, workers and communities about WRA and its prevention.

Develop and implement strategies to prevent WRA.

Improve WRA surveillance and evaluation, and ensure data are used for prevention.

Data

An estimated 974,000 adults in California have work related asthma.

40% of adults with asthma report that it was caused or aggravated at work.

Among people with work related asthma, 56% were either unable to perform their usual work or had to perform modified work.

29% of workers with asthma must leave their job either against their will or voluntarily.

Source: California Department of Public Health's "Asthma in California: A Surveillance Report"



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Topic: Asthma and Health Care

California Breathing and partner organizations focus on providing access to comprehensive, culturally appropriate, patient- and family-centered asthma care for people in California. High quality and effective asthma care includes accurate diagnosis and evaluation, appropriate treatment, effective patient education on prevention and management, successful interventions, and regular clinical follow-up. Below are objectives and data essential for optimal prevention, diagnosis, treatment, and management of asthma consistent with national guidelines.



Below are objectives and data related to asthma, health care and research essential for creating effective policies and interventions to prevent or control asthma.

Objectives

Promote statewide implementation of “standards of asthma care” for the diagnosis and management of asthma in collaboration with California’s public, private, and community-based health care delivery systems.

Improve asthma knowledge and competency and increase outreach to health care practitioners, allied health professionals, and community health workers serving special populations.

Support opportunities to increase health care provider’s knowledge of environmental and workplace asthma triggers, and support efforts to share this knowledge with patients in order to decrease these exposures.

Ensure seamless/integrated asthma care and enhance communication among primary care providers, emergency departments/urgent care centers, hospital inpatient settings, school and child care settings, and other community settings within and across public, private, and community-based health care delivery systems.

Encourage a comprehensive chronic disease management approach to asthma within public, private, and community-based health care systems.

Increase access to high quality asthma care for underserved populations in California by improving asthma knowledge and competency of health care practitioners, and by reducing barriers to care.

Expand quality improvements for asthma care within public, private, and community-based healthcare delivery systems to assess, improve, promote, and sustain the provisions of high quality asthma care within and across systems.

Data

40% of adults and children have ever been given a written asthma action plan by their health care provider.

One in five adults and children are classified as having very poorly controlled asthma.

Among children with asthma, 22% visited the ED for their asthma in the past year.

Over 15% of adults and children had four or more asthma attacks in the past three months.

Source: California Department of Public Health’s “Asthma in California: A Surveillance Report”



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Topic: Asthma and Indoor Environments—Schools

California Breathing and partner organizations assure that California communities benefit from schools that meet the needs of people with asthma and provide an environment that is free from air pollutants, allergens, and chemicals that cause or exacerbate asthma. Below are objectives and facts concerning asthma that will help to create a healthy environment for people learning and working in schools.



Below are objectives and data related to asthma and indoor environments-schools, and research essential for creating effective policies and interventions to prevent or control asthma.

Objectives

Facilitate the establishment and implementation of comprehensive asthma policies and procedures in districts and schools to ensure the health and well being of students and staff with asthma.

Promote school and district implementation of, and compliance with, existing laws and regulations that impact asthma; recommend new laws/regulations or changes to existing ones as needed.

Increase the number of qualified personnel in schools and districts to better meet the needs of students and staff with asthma and all school visitors.

Institute targeted and specialized trainings for district and school personnel on asthma management and indoor environmental quality in schools, include health personnel, administrators, teachers, front office staff, coaches, maintenance/facility personnel, food preparation workers, and bus drivers.

Minimize exposure to contaminated outdoor air and promote safe and healthy outdoor school environments.

Support distribution of resources to enhance asthma management and indoor environmental quality in schools.

Data

Asthma is one of the most common chronic diseases among children, impacting the health and academic performance of CA K-12 students.

12.5% percent of California children under age 18 have been diagnosed with asthma.

Asthma causes about 1.4 million school absences per year costing CA K-12 schools approximately \$37 million in lost revenue each year.

Source: California Department of Public Health's "Asthma in California: A Surveillance Report"



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Topic: Asthma and Indoor Environments—Child Care

California Breathing and partner organizations assure that California communities benefit from child care centers that meet the needs of people with asthma through a multi-faceted approach including adoption and implementation of best-practice asthma policies and procedures. Below are objectives and facts related to asthma and child care that will help create a healthy environment for children and their child care providers.



Below are objectives and data related to asthma and indoor environments— child care, and research essential for creating effective policies and interventions to prevent or control asthma.

Objectives

Support the health and well-being of children and staff with asthma in child care settings through a set of comprehensive and coordinated asthma policies and procedures.

Promote regular and adequate education and training opportunities for child care providers on the management of asthma and indoor environmental quality.

Encourage the availability of child care health consultants and health personnel to help child care providers manage asthma.

Offer to discuss laws/regulations for licensed child care facilities with the CA Department of Social Services to ensure that these laws adequately address asthma and indoor environmental quality issues and are enforced, and that there is sufficient outreach and education about the laws.

Minimize exposures to indoor and outdoor air contaminants in the child care setting to promote safe and healthy environments.

Data

There are 50,000 licensed child care centers and family child care homes in California.

Environmental triggers for asthma are present in child care settings where children may spend 60+ hours per week.

Over 146,000 adults work in child care centers or family child care homes in California.



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Topic: Asthma and Indoor Environments—Healthy Housing

California Breathing and partner organizations promote healthier housing in California communities that meets the needs of people with asthma and provides an home environment that is free from air pollutants and allergens. Many factors related to housing, from quality, siting, and affordability of housing, can affect the health of people with asthma. Below are objectives and facts related to asthma and healthy housing necessary to improve indoor air quality and prevent other harmful exposures in the home.



Below are objectives and data related to asthma and indoor environments—healthy housing, and research essential for creating effective policies and interventions to prevent or control asthma.

Objectives

Provide education on the importance of reducing indoor environmental risk factors in housing that contribute to asthma.

Promote innovative research on asthma and housing.

Identify, develop and promote standards, guidelines and model policies for home visits, assessments and inspections in order to minimize indoor environmental risk factors that contribute to asthma.

Promote healthy home environments for people with asthma by augmenting home assessments, remediation, and code reinforcement.

Develop projects to reduce asthma morbidity and exposure to asthma triggers in institutional care settings, such as foster and group homes, prisons, nursing homes, and mental health institutions.

Data

10% of adults with current asthma and 5% of children with current asthma are exposed to secondhand smoke in the home.*

On average, people with asthma are exposed to 2-3 asthma triggers in the home.*

The lack of quality affordable housing can push people into unhealthy conditions that may increase exposure to asthma triggers.

Residents of multi-unit structures can be exposed to asthma triggers such as second hand smoke, mold, dampness, and traveling pests.

*Source: California Department of Public Health's "Asthma in California: A Surveillance Report"



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Topic: Asthma and Outdoor Environments

California Breathing and partner organizations focus on creating a healthy and safe outdoor environment for all Californians, with a focus on optimizing respiratory health. Many exposures in the outdoor environment are influenced by individual, neighborhood, community, and geographic factors. These factors are shaped by policies, social norms, and economic conditions. Below are objectives and facts related to asthma and outdoor environments that affect people with asthma.



Below are objectives and data related to asthma and outdoor environments, and research essential for creating effective policies and interventions to prevent or control asthma.

Objectives

Support policies that reduce outdoor exposures that contribute to asthma in the community and the outdoor workplace.

Promote research about outdoor exposures and asthma.

Increase outreach and education on outdoor exposures and asthma.

Support efforts to reduce asthma triggers in the built environment.

Reduce asthma outcome disparities and advance the principles of environmental justice by promoting equal protection from exposures for people with asthma.

Data

The range of outdoor exposures that trigger asthma includes: air pollutants, such as diesel and other particles, nitrogen dioxide, ozone, vehicular exhaust, chemicals from factories, mold, pollen, fireplace and wildfire smoke.

Low income and racial/ethnic minority communities are disproportionately exposed to outdoor air contaminants, which contribute to disparities in asthma prevalence and outcomes.

Transportation accounts for 38% of California's total greenhouse gas emissions.*

* Source: California Air Resources Board's CA Greenhouse Gas Emissions Inventory: 2000-2009"



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