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## Network News

### Revised school policies from the Oregon School Boards Association

In September, the [Oregon School Boards Association](#) released revisions to three policies that have a direct and positive effect on students with asthma and severe allergies. The policies, which are required by law, include Administering Non-injectable Medicines to Students (JHCD/JHCDR), Administering Injectable Medicines to Students (JHCDA) and Local Wellness Policy (EFA G1). Changes to the two policies on administering medications are the result of Senate Bill 1040, introduced by the American Lung Association of Oregon and passed during the last legislative session. The policies both went into effect in July 2007. The policies now contain more specific requirements for school districts when determining whether a student should be allowed to carry a rescue inhaler or auto-injectable epinephrine and use medication without assistance from a staff person.

OSBA also revised the local wellness policy improving support for students who do not have an Individual Education Plan (IEP) but have chronic health problems that affect their participation in regular physical education. The revised policy calls for adapted physical education to be incorporated in an individualized health plan developed for the student by the school district or public charter school. This requirement does not go into effect until the 2017-2018 school year. For more information on these policies, contact the Oregon School Boards Association at [info@osba.org](mailto:info@osba.org).

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### Register for the Asthma Educator Institute

The American Lung Association of Oregon will hold its second Asthma Educator Institute January 17-18, 2008, at the Courtyard Marriott in Tigard, Ore. The institute is designed for health care professionals who provide asthma education to individuals living with asthma. The program prepares participants for the asthma educator certification exam. The

### EPR-3

- ▶ [Closing the Quality Gap: A Critical Analysis of Quality Strategies: Volume 5—"Asthma Care"](#)
- ▶ [Making a Difference in the Management of Asthma: A Guide for Respiratory Therapists](#)

## **Asthma Program Updates**

### **Online Oregon Asthma Resource Bank**

#### **Resources**

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- ▶ [Online Oregon Asthma Resource Bank](#)
- ▶ [Join the Oregon Asthma Network](#)
- ▶ [Sign up to receive information on new resources and opportunities related to your specific areas of interest](#)

For questions about the Oregon Asthma Quarterly and related resources, contact Tracy Carver at [tracy.j.carver@state.or.us](mailto:tracy.j.carver@state.or.us).

To sign up to receive the Oregon Asthma Quarterly, send an e-mail to [asthma.ohd@state.or.us](mailto:asthma.ohd@state.or.us). Include your name, organization, if applicable, and e-mail address where you wish to receive the

cost of the institute is \$250 and includes continental breakfast, lunch and training materials. Limited scholarships are available. For more information or to register, visit [www.lungoregon.org](http://www.lungoregon.org).

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### **Resource bank featured in AHRQ "Quality Tools"**

The Oregon Asthma Resource Bank's "Asthma Action Plan" was featured in the October 2, 2007, issue of "[Quality Tools](#)," a clearinghouse for practical, ready-to-use tools for measuring and improving the quality of health care. "Quality Tools" is sponsored by the Agency for Healthcare Research and Quality. The Resource Bank's patient questionnaire was featured in the June issue. These materials and others can be found online in the [Oregon Asthma Resource Bank](#).

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### **Report on access to asthma education and resources among office staff and school nurses in Eastern Oregon**

The Oregon Asthma Program, in conjunction with the Healthy Kids Learn Better Partnership and the American Lung Association of Oregon, convened a committee to assess access to asthma education and resources among school nurses and office staff in Eastern Oregon who are trained to give medication to students. The survey sought to identify the:

- Asthma education and training needs of school nurses and trained office staff in Eastern Oregon schools.
- Best way to disseminate information to each of these groups.

Two students from Oregon Health & Science University's School of Nursing, LaGrande campus, helped develop the survey tools, conduct the surveys and analyze the results. The students worked as interns for the American Lung Association of Oregon and under the supervision of Nancy Findholt, Ph.D.



## Self-management resources — Helping people manage asthma where they live, work, go to school and play

### **Breathe Well, Live Well**

Breathe Well, Live Well is the only adult asthma management program of its kind. The American Lung Association program has been shown to help reduce the severity of asthma symptoms and respiratory problems. Materials and curriculum are available in English and Spanish, and the program is designed to be delivered in small-group settings (10 participants optimally).

Organizations can bring Breathe Well, Live Well to their programs by participating in facilitator training Wednesday, Feb. 20, 2008, in Bend, Ore. Participants will receive a facilitator's workbook and participant materials for 10. For registration and more information on cost and continuing education units (CEUs) for respiratory therapists and pharmacy hours, contact Bev Stewart at 503-718-6146 or [Beverly@lungoregon.org](mailto:Beverly@lungoregon.org).

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## Smoke-free housing project

The [Portland-Vancouver Smokefree Housing Project](#) is a project of the American Lung Association of Oregon, Multnomah County Health Department, Clark County Public Health and an advisory board of agencies representing landlords and tenants. The goal of the project is to reduce exposure to secondhand smoke among renters in the Portland Metro area by increasing the number of multi-unit properties that have smoke-free building policies.

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## Surveillance updates

### Asthma focus group report

The Oregon Asthma Program (OAP) contracted with Schulman, Ronca and Bucuvalas Inc. (SRBI) to conduct four focus groups. Two of these were with people with asthma and two were with parents of children with asthma. The focus groups were conducted in Portland and Eugene. The full report is available [here](#).

Observations from the focus groups include:

- There is a lack of understanding that regular use of control medications will decrease the need for rescue inhalers.
- While asthma action plans are perceived as useful, most focus group participants did not receive a plan from their provider.
- Adults with asthma and caregivers of those with asthma have concerns about steroid use. Some do not differentiate between systemic steroids and inhaled corticosteroids.
- Schools present a particular issue for parents of children with asthma. Lack of understanding of the disease and inaccessibility of students asthma medications within schools are particular problems.

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### Geographic Disparities in Pediatric Asthma Control

The [\*\*Geographic Disparities in Pediatric Asthma Control\*\*](#) report identifies counties in Oregon experiencing higher rates of poorly controlled asthma among children ages 0-17 years who are on the Oregon Health Plan. Claims data for three primary measures was mapped using Geographic Information Systems (GIS) and included in this report.

Measures include emergency department visit rates, hospitalization rates and rates for a low medication ratio. These measures were chosen because they all are indicators of whether asthma out of control or not optimally controlled. An overall asthma control score was also calculated and mapped by county. This report was developed with guidance from the Oregon Pediatric Asthma Disparities Leadership Team, comprised of representatives from a broad range of health systems and community based organizations and agencies.

[\*\*Check out the CD Summary issue on this same topic here.\*\*](#)

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## Resources for health systems and health care providers

### **NAEPP Guidelines for the Diagnosis and Management of Asthma: Expert Panel Report 3**

The National Asthma Education and Prevention Program (NAEPP) released "[\*Guidelines for the Diagnosis and Management of Asthma: Expert Panel Report 3\*](#)" (EPR-3) in August 2007. The guidelines are organized around four components of asthma care: assessment and monitoring, patient education, control of factors contributing to asthma severity, and pharmacologic treatment. A key change from previous versions is revision and expansion of the stepwise asthma management charts to specify treatment for three age groups: 0-4 years, 5-11 years, and 12 years and older. The 5-11-year-old group was added based on new evidence related to medications for this age group, as well as emerging evidence suggesting that children may respond differently than adults to asthma medications.

EPR-3 reaffirms that patients with persistent asthma need both long-term control medications and quick-relief medications. EPR-3 also reaffirms that inhaled corticosteroids are the most effective type of long-term control medication across all age groups.

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## **Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies in Asthma Care**

In January, the Agency for Healthcare Research and Quality released "[Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies, Volume 5 – Asthma Care.](#)" The purpose of the systematic review was to evaluate which quality improvement (QI) strategies improve outcomes for children and adults with asthma.

Highlights of the report include:

1. Young children with asthma benefit most from QI strategies that also include their caregivers or parents.
2. General populations with asthma can have clinically significant improvements in spirometric measures after participating in self-monitoring, self-management or patient education interventions.

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## **Making a Difference in the Management of Asthma: A Guide for Respiratory Therapists**

The National Asthma Education and Prevention Program (NAEPP) developed this [guide](#) to help respiratory therapists deepen their knowledge of asthma, improve care and build relationships with other providers as a valued member of the asthma care team. This handbook also offers guidance in organizing, implementing and evaluating asthma disease-management programs that could improve the health of patients with asthma.

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## Asthma program updates

### **Welcome Kati Moseley**

Kati Moseley joined the Asthma Program in August 2007 as the health systems coordinator. Kati has worked in public health for the last 12 years, most of which she spent in international public health, focusing on social and behavioral change in maternal and child health, as well as health in emergencies. She made the switch to domestic public health in April and looks forward to continuing to learn about health in Oregon. Kati has a master's degree in public health, with an emphasis on health policy and administration, from Portland State University. She can be contacted at [kati.moseley@state.or.us](mailto:kati.moseley@state.or.us).

### **Farewell to Mike Emerson and Sara Beth Weiner**

Mike Emerson, the Oregon Asthma Program's epidemiologist, resigned at the end of October to take a position with Kaiser Permanente.

Sara Beth Weiner, Centers for Disease Control public health prevention specialist for the Oregon Asthma Program and the Tobacco Prevention and Education Program, concluded her two-year assignment in September.

Both Mike and Sara Beth made many contributions to the team and to improving asthma care in Oregon. We wish them luck in their new endeavors.

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**Online Oregon Asthma Resource Bank:  
Your source for reliable asthma education and**

## provider tools

Want to receive e-mail notices when new materials are posted or existing materials are updated?

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## Resources from the Oregon Asthma Program

[OregonAsthma Resource Bank](#)

[Guide to Improving Asthma Care in Oregon](#)

[Join the Oregon Asthma Network](#)

[Oregon Asthma Surveillance Report](#)

["A View of Asthma in Oregon"](#)

[CD Summary articles on asthma](#)

[Oregon Asthma Leadership Plan](#)

[Living Well With Chronic Conditions](#)

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