

## Minutes for Asthma Subgroup – January 18, 2017

### Attendees =

Anne Kaup-Fett, CCCHD

Samantha Eggers, CCCHD

Angela Cox, Pediatric Associates of Springfield (PA)

Andy Dill, Public

Group met to discuss next steps in workplan:

### **1. Research current practices:**

- a. Angela indicated that there are NO instances when the Springfield Regional Hospital ER response to RHC referrals (both asthma-related and other illnesses) has been of concern. **They do not refer to SRMC.**
- b. Heather is keeping a running tally of asthma (and other) issues of concern and consult with Deb about needed corrections and training. **There was no report on Heather's running tally at this meeting.**
- c. "Assessment Training" for RHC at a "lunch-and-learn" session on March 29, 2017. This session could be used at other offices as well to improve asthma assessments. **Anne will ask Deb if she is able to provide this training for PA too.**
- d. Anne has used the particle sensor from the University of Cincinnati to collect some test data on particle counts. That data will be compiled as soon as possible. **A conference call on the topic is scheduled for 02-08-17.**
- e. Jessica Saunders provided a copy of the "referral guidelines" from Dayton Children's Hospital in December 2016. The referral information is useful, but the **CCCHD IAQ program will accept all requests at the present time due to low client numbers at the present time.**
- f. Angela reported that PA is working on a series of **informational videos** – produced in-house with PA personnel – that can be easily accessed by PA clients if they have questions about particular topics. **She will check to see if any asthma videos can be part of that program.**

### **2. Engage strategic partners to develop an effective home-based environmental assessment program:**

- a. From previous meetings, still working on identifying a school district partner so a school nurse can be identified as part of the subgroup. **No school has been identified yet.**
- b. Anne received approval from the CCCHD Board of Health to apply for a Community Health Foundation grant for supplies and other activities. **Anne will apply for that grant prior to February 10, 2017.**
- c. From previous meetings, still considering Legal Aid and Care Source partners.
- d. Andy provided additional information on a Home Depot grant program for veterans.
- e. **Andy suggested contacting local EMS departments for referrals for known asthma patients who have multiple ambulance runs. The Clark County Resource Directory has a very good list of these departments and Anne and Samantha will put these groups on the contact list.**

### 3. Implementation:

- a. Target Audience – Children and Adults:
  1. Anne provided information to Pediatric Associates on 12-06-16 to obtain IAQ referrals. Angela indicated she would start sending referrals.
  2. Samantha and Anne will make appointments to meet with more physicians and “Champions” in February and March.
  
- b. Best way to contact and convince “Champions” and Physicians:
  - i. Anne contacted Ruthie Laux (Physicians’ Liaison for Dayton Children Hospital and SRMC 937-608-0224 [lauxr@childrensdayton.org](mailto:lauxr@childrensdayton.org)) to determine her willingness to assist the subgroup to identify the best contacts (“Champions”) in each physician’s office.
  - ii. Anne has not yet made any changes to the CCCHD webpage – but updates have been submitted to the CCCHD IT department.
  - iii. From previous meetings, the CCCHD will also introduce the program via an article in the News Suns, if possible, on the webpage, and on the front sign. Not yet done.
  - iv. On April 4, 2017, the Alliance on Asthma intends to host a physician education meeting at SRMC focusing on asthma – the CCCHD will provide a speaker and/or an exhibit to educate local physicians about the program and encourage its use. Anne and Samantha will send program suggestions to the Program Development Committee via e-mail.
  - v. The group determined that a “success story” is needed for the April 4, 2017 meeting to provide convincing evidence that the program can work. All referrals will be carefully checked to try to find this client.
  - vi. Anne has started to schedule time to present the asthma program to each of the CCCHD divisions to solicit referrals – Help-Me-Grow (02-01-17), WIC (03-17-17), and Nursing (01-26-17) – all of which provide community health services for their clients.
  
- c. Provide referral system for providers:
  - i. Samantha and Anne developed a one-page document describing the program, how it will assist physicians to make a plan of treatment for their clients, and how to easily request an IAQ.
  - ii. CCCHD will update the CCCHD webpage with a section on asthma and links to asthma resources for patients and physicians. Recommendations – use Alliance on Asthma resources. A first draft webpage has been submitted to the CCCHD IT department.
  - iii. CCCHD can probably develop a link to the Alliance on Asthma’s resources from the Healthy Home section of the CCCHD webpage to allow easy request by physicians. A first draft webpage has been submitted to the CCCHD IT department.
  - iv. CCCHD will provide referral information to RHC during their assessment training, PA (if training is provided), and the SRMC physician training in April.
  
- d. Determine if a release form is needed. NO

- e. Conduct assessments:
  - i. Conduct in-home assessments – Anne showed the group the latest assessment form – it has been edited several times and may be “okay” for converting to carbonless form.
  - ii. From previous meetings, the group still agrees that the best way to conduct the intervention is to leave a paper copy of the report and, if possible, useful information AND provide a copy to the physician’s office.
  - iii. From previous meetings, the group still agrees that at least one follow-up/contact would be needed with the client to determine if the IAQ was effective or if the conditions had improved. It would be useful – in order to induce the client to allow a follow-up visit – to provide useful free materials at the follow-up visit. **Anne will conduct a follow-up visit or other contact with client within 30 days for data purposes.**
  - iv. From previous meeting, the group still agrees that a second follow-up visit or other contact within six months is needed to fulfill the requirements of the objectives. (possible questions – “have you been to ER” “have you addressed trigger problems”) for data purposes. **Anne will conduct a follow-up visit or other contact with client in 6-months for data purposes.**

#### 4. Evaluation

- a. Will collect data on CO<sub>2</sub>, CO, T, H, particle counts, decibels, and light levels.
- b. From previous meeting, need to complete a usable database for information collected during IAQ assessments.
- c. Will collect data on client issues and needs.
- d. Will conduct follow-up visit or other contact with client within 30 days for data purposes.
- e. From previous meetings, will conduct a second follow-up within six months (possible questions – “have you been to ER” “have you addressed trigger problems”) for data purposes.
- f. From previous meeting, Dayton’s program (that includes some resources to address client needs) can be qualitatively compared to Clark County’ program (that does not currently include funding to address client needs) to assist with future grant requests.
- g. Will consult with University of Cincinnati on data analysis.
- h. Will apply for a CHF grant in early 2017 – using data collected during IAQ’s – in order to obtain funds to provide needed materials.

Next meetings are:

March 15, 2017 and May 17, 2017

10am – noon

CCCHD small meeting room