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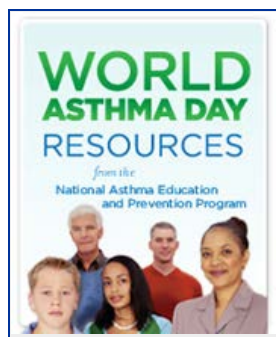
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Breaking News

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The NAEPP is coordinated by the National Heart, Lung, and Blood Institute of the National Institutes of Health. The NAEPP's [clinical practice guidelines](#) recommend that all patients with asthma—particularly those with moderate and severe asthma, a history of asthma attacks, or poorly controlled asthma—receive a written, tailored asthma action plan from their health care provider. A written asthma action plan provides asthma patients with instructions and information on how to self-manage their asthma daily, including taking medications appropriately, and identifying and avoiding exposure to allergens and irritants that can bring about asthma symptoms. In addition, asthma action plans provide information on how to recognize and handle worsening asthma, and when, how, and who to contact in an emergency.

The NAEPP's diverse and far-reaching educational push during May included distribution of key information and resources through an array of channels. Specific activities included engaging NAEPP Coordinating Committee members and other asthma stakeholders in disseminating key messages about asthma care and control; producing and pitching a news article, "[Six Actions to Control Asthma](#)," to community-level media; approaching individual top-tier members of the media with news about asthma action plans and offering expert interviews on asthma; hosting two webinars; and posting a [World Asthma Day Web page](#) to share resources.

In a mere three weeks, the "[Six Actions to Control Asthma](#)" news article was picked up by 25 news outlets from states across the country, from Alaska to Georgia, potentially reaching more than 7 million readers. This outreach continues.

Many million more were reached by the following two radio interviews:

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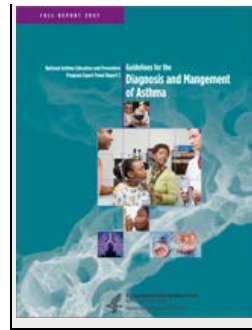
NIOSH-approved Spirometry Training

Asthma Receiving Optimal Care in 49 Pediatric Practices

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That's why the NAEPP gleaned from these guidelines [six key actions](#) that health care providers, patients, families and caregivers of patients, and other asthma stakeholders can take *together* to improve asthma care and control.

To increase the number of pediatric practices taking the six actions and following the NAEPP guidelines, the American Academy of Pediatrics (AAP) launched a yearlong study to see whether a quality improvements program that incorporates these messages would make a difference.



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Asthma Research into Action

Show and Tell: Teaching Children with Asthma How To Use Asthma Devices

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Dr. Betsy Sleath and her daughter

"Before they came over we had to think carefully about how to prepare, because we have cats and dogs and pet dander is a potential trigger for an asthma attack," said Dr. Sleath of the UNC Eshelman School of Pharmacy. "The girls' mothers were knowledgeable about their children's asthma, but it led me to realize that we need to teach children how to manage their disease at a young age in case mom or dad is not around."

Having witnessed her own mother manage diabetes daily, Dr. Sleath was steeped in chronic disease management from an early age herself. This is what triggered her interest in examining what role communication plays in the management of chronic diseases and what ultimately led her and a group of colleagues to explore whether children with asthma were using various asthma devices properly.

What they found is disheartening.

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Continuing Education: Critical to Quality Asthma Care

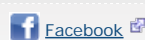
"Even if you're a very experienced clinician and see children with asthma *daily*, you still need education on the ever-changing medications and latest gadgets," said Dolores C. Jones, Director of Practice, Education, and Research at the National Association of Pediatric Nurse Practitioners (NAPNAP).

Taking medication as prescribed by a health care provider—typically, an inhaled corticosteroid for daily, long-term control and a short-acting beta₂-agonist for quick relief of symptoms—is one of several actions included in a written asthma action plan. And having such a plan is one of [six key actions](#) that the National Asthma Education and Prevention Program (NAEPP) is encouraging people with asthma and their families to take *together* with their clinician.



The very *first* step, however, is to be aware of which medications are most effective and best suited to a patient's needs and preferences.

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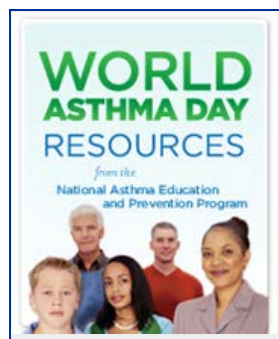
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- **National Institutes of Health (NIH) Radio:** Dr. James P. Kiley, NAEPP member and director of the National Heart, Lung, and Blood Institute's (NHLBI) Division of Lung Diseases, was interviewed about the asthma—its symptoms, ways to control it, and some current research on asthma treatment and prevention. The NIH broadcast reaches some 78 million listeners annually. [Listen to or read Dr. Kiley's May 18 interview.](#)
- **The Tom Joyner Morning Show:** On May 23, as part of his "Get Well Wednesday"

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series, top-ranked radio host Tom Joyner interviewed Dr. Michael LeNoir (an expert on asthma in urban areas and minority communities, and the National Medical Association's representative to the NAEPP Coordinating Committee) about asthma and allergies in the African American community. Following the interview, Dr. LeNoir also responded to questions sent in electronically by listeners. Joyner's show airs in more than 105 media markets, reaching an audience of more than 8 million listeners, the majority of whom are African American. The African American community bears a substantial asthma burden, with one of every six children tackling the chronic disease daily. [View Dr. LeNoir's responses to listener questions](#) for more details.

Moreover, two webinars helped inform and guide health care providers and other asthma stakeholders on using the NAEPP's six key actions for controlling asthma. The first webinar, "Regional Perspectives on Educating Diverse Communities About Asthma," featured six asthma experts from across the country and drew 187 online participants. The second webinar, "Let's Bench Asthma: Keep Students with Asthma Physically Active and in the Game," on June 5, included speakers from the NAEPP Coordinating Committee and the NAEPP's Third Expert Panel, which developed the asthma guidelines.

Concurrently, throughout the month of May, NHLBI's Office of Communication supported the NAEPP's efforts by issuing a [World Asthma Day statement](#) and posting a dozen or so times on the NIH's Facebook page and Twitter feed. The posts and tweets profiled Asthma Awareness Month activities, asthma action plans, asthma in general, the NAEPP, and the National Asthma Control Initiative (NACI), and these posts and tweets drove people to the [NACI Web site](#), resources, and webinar registration via links.

Finally, NAEPP's Coordinating Committee members, partners, and supporters of the NACI also assisted in distributing both information and materials on World Asthma Day and over the course of the month. Materials included a [press release](#) that could be tailored for distribution to local media, as well as the aforementioned news article for community-level media placement, a button to link back to a new World Asthma Day resources page on the NACI Web site, and key messages to be woven into their announcements.

And this is just the beginning. The NAEPP, its NACI, and various partners/supporters will continue to use the messaging and materials created for World Asthma Day and Asthma Awareness Month well into the future to improve asthma care and control, and ultimately help people who have asthma breathe easier. Visit the [World Asthma Day page for asthma resources](#), including a downloadable copy of the [NHLBI's Asthma Action Plan](#).

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GIP in Focus

What a Difference a Year Makes!

Changes Lead to More Than Twice as Many Patients with Asthma Receiving Optimal Care in 49 Pediatric Practices

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To increase the number of pediatric practices taking the six actions and following the NAEPP guidelines, the American Academy of Pediatrics (AAP) launched a yearlong study to see whether a quality improvements program that incorporates these messages would make a difference.

Four AAP chapters—in Alabama, Maine, Ohio, and Oregon—sought 12 to 13 practices in each state to volunteer for training on quality improvement (QI) that included post-training sharing of data, best practices, and other information.

"The key is to find a system where health care providers are readily reminded how to care for a patient who has asthma," said Paul V. Williams, M.D., a pediatric allergist. "As in the case of the AAP study, developing a QI project where practices are forced to change their behavior, and giving them *time* to change their behavior, is one method that could work."

Dr. Williams was not part of the study; however, he did provide expert commentary on it based on 20 years on the NAEPP Coordinating Committee and its Schools Asthma Subcommittee, and firsthand experience as a practicing allergist who sees 20 to 25 children with asthma each week.

The study kicked off with a training of the state chapters by the AAP national office. Those chapters then recruited and trained three-person teams from practices that had stepped forward to participate. After completing the training, the mini-teams went back to their practices and began to implement QI projects, which included creating workflow diagrams to map what happens to patients who have asthma at every step of an office visit.

Many practices created a formal registry to collect and keep information about patients—using AAP's online system to track and evaluate the data—and instituted a guidelines-based stepwise treatment approach which, among other things, includes individualized asthma action plans (the NAEPP's focus for [Asthma Awareness Month and World Asthma](#)

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[Day 2012](#)).

"It really makes you think about what you are doing, set up systems, and incorporate them into your practice," said Williams.

But that was not the only step that the QI project took: Throughout the process, AAP officials communicated regularly (via monthly conference calls, webinars, Web-based knowledge sharing, and a QI coach) to help address problems and answer questions.

These efforts led to a resounding success. In participating practices, patients receiving "optimal care"—defined as the use of a validated form to assess asthma control, the stepwise treatment approach, development of a patient asthma action plan, and provision of a flu shot—jumped from 35 to 85 percent in a mere year. That means more than twice as many children with asthma were receiving better asthma care.

And there was better asthma control, too. Researchers found that the number of patients with well-controlled asthma at participating practices rose from 58 to 72 percent.

"The important thing about the AAP study is to make sure that it is sustainable," said Williams, "And to test that it should be rolled out to other AAP chapters and practices."

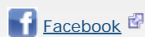
To learn more about the study, visit "[National Academy and Affiliated State Chapters Support Pediatricians in Improving Asthma Care, Leading to Better Guideline Adherence and Disease Control, Fewer Acute Episodes](#)."

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What they found is disheartening.

"Provider Demonstration and Assessment of Child Device Technique During Pediatric Asthma Visits"—of which Dr. Sleath was the lead author—aimed to do the following:

- Describe the extent to which children use metered-dose inhalers, turbuhalers, diskuses, and peak flow meters correctly
- Investigate how often providers assess and demonstrate use of these same devices during pediatric asthma visits

Researchers examined a diverse group of 8- to 16-year-old English-speaking children with a range of asthma severity at five pediatric practices across nonurban North Carolina. Thirty percent of the pediatric asthma patients were African American, and 10 percent were Native American. Following medical visits, research assistants interviewed children and asked them to demonstrate how they used their devices. All of the visits were audio-taped. Of these tapes, 296 were useable and analyzed.

The study found that the vast majority of children did NOT perform all of the key steps for each device. The following is a breakdown by device of what percentage of children *correctly* performed all of the steps:

- Diskus: 22%
- Metered-dose inhaler: 8%
- Peak flow meter: 24%
- Turbuhaler: 16%

Researchers also discovered that a majority of providers weren't demonstrating how to

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use the devices or asking patients to demonstrate how they (patients) were using them.

"We found that very simple steps were being missed by patients, such as blowing air out before they inhaled from the device, holding their breath long enough, and even shaking an inhaler before use," said Sleath.

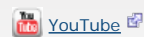
Sleath does not fault the participating clinics, as they are overwhelmed with patients. However, she does encourage clinicians to be aware of these challenges and families to not only bring the devices to their child's appointment but also to ask for help and guidance at the pharmacy as the the proper use of these devices.

"There are more and more asthma devices on the market, and every device is different," said Dr. Sleath. "That's why I believe that pharmacists could play a key role in showing someone how to use the device properly before they leave the pharmacy with the medication. It's what pharmacists are trained to do!"

Sleath believes awareness and action by all parties is the lasting solution to this challenge, and in parting words, encourages the mothers, fathers, and caregivers of children with asthma to

"Take charge!"

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The very *first* step, however, is to be aware of which medications are most effective and best suited to a patient's needs and preferences.

That's why NAPNAP, a Strategic Partner of the National Asthma Control Initiative (NACI) for two years, held a special session on asthma medication during its March 2012 Annual Conference in San Antonio, TX.

"Six hundred people signed up for [the session]," said Ms. Jones. "Our trainer, Patricia—a pediatric nurse practitioner with the University of Texas-Arlington, near Dallas—said 'Oh my gosh, you've got to be kidding me!'"

What was the reason for her surprise? There were 1,500 conference attendees. That means 40 percent of participants were interested in learning about asthma medications, including new formulations and packaging.

Jones attributes this interest to a growing awareness of asthma coupled with a desire to stay abreast of rapidly evolving asthma medication options.

As a NACI Strategic Partner, the Cherry Hill, New Jersey-based organization also established a Pediatric Asthma Education (PAE) Train-the-Trainer Program to strengthen the abilities of primary care providers to improve the health outcomes of children with asthma.

As part of this program, NAPNAP trained 46 clinicians from across the country to become pediatric asthma trainers (NPATs), with special emphasis on recruiting health care providers from medically underserved areas and areas with high asthma rates. Patricia with the University of Texas-Arlington was one of the NPATs.

The curriculum, created with pediatric asthma experts from NAPNAP and other

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professional organizations, focused on [six key actions](#) (drawn from NAEPP [science-based guidelines](#)) that people with asthma, their families, and clinicians could take *as a team* to improve asthma care and control. It also included strategies for rural, school, and adolescent populations.

Following the training, NPATs were tasked with disseminating what they learned by training additional pediatric health care professionals back home. And, despite the fact that the two-year NACI funding that made the training possible has come to an end, the work continues.

"The group is still closely connected through an online discussion forum that we established for them, post-training," said Jones. "Questions are still being asked and answered, and stories are still being shared."

One tidbit that Jones eagerly shares is that NAPNAP made the forum a more vibrant educational site by requiring faculty to post comments quarterly. This helped reenergize the conversation about the six key actions to improve asthma care and control and provided opportunities for different perspectives to be shared.

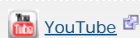
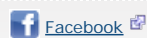
Jones also reports that many members of NAPNAP's Asthma and Allergy Special Interest Group participated in the training and are considering keeping the forum up and active for the foreseeable future.

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