

IXa. Disease Specific- Asthma

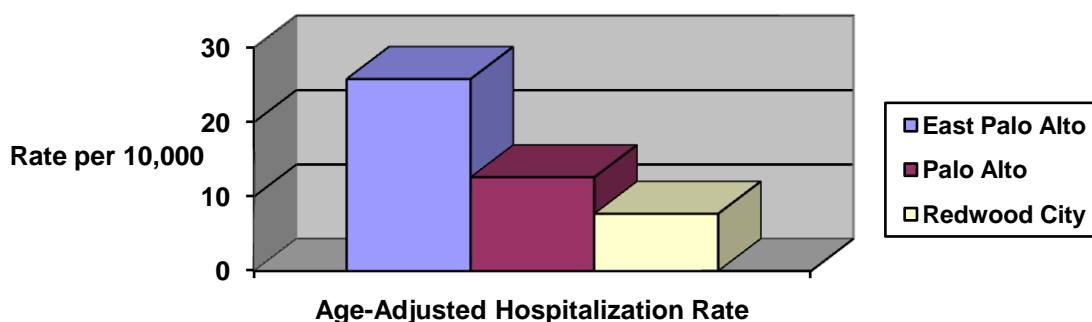
Title:	Data Source:	Publish Date:	Contact:
East Palo Alto Asthma Needs Assessment	Summary and collection of secondary data, interviews with clinical providers, child care provider survey, parent focus groups, and key stakeholder interviews	February 2007 Completed Sept 2006	East Palo Alto Asthma Task Force (Janine Bishop, Chair)

Major Findings

The needs assessment includes the collection of secondary data, interviews with clinical providers, child care provider survey, parent focus groups, and key stakeholder interviews.

Asthma Hospitalizations: In looking at California’s 1998-2000 age-adjusted asthma hospitalization rates by zip code for children ages 0-14 (OSHPD data), zip code tabulation area 94303 (East Palo Alto) had a rate of 25.8 per 10,000, the highest in San Mateo County, while Palo Alto (zip code 94306) had an age-adjusted rate of 12.6 per 10,000, half the East Palo Alto rate. Below is a chart displaying the disparities of hospitalization rates between East Palo Alto and other nearby cities. Note: The 1998-2000 data shows a rate of 18.3 for San Mateo.

Asthma Disparities by City of Residence



Asthma Incidence: Asthma diagnosis data for East Palo Alto (zip code 94303) was gathered by age from the Stanford University Medical Center Department of Emergency Services. This data indicates an increase in the number of children diagnosed with asthma from 2002 to 2004 in both age ranges (0-5 and 6-18) and overall (ages 0-18). In this three-year range, the number of children ages 0-5 diagnosed with asthma increased from 5.85% to 10.92%. The number of children ages 6-18 diagnosed with asthma increased from 5.58% to 9.80%. The total number of children ages 0-18 diagnosed with asthma increased from 5.75% to 10.50%. Total numbers of children served by emergency services each year did not seem to vary much from year to year within each age category.

Asthma Prevalence: Youth United for Community Action (YUCA) is a grassroots community organization in East Palo Alto that is created, led, and run by young people of color. In 2002, YUCA completed a pilot health survey that targeted 250-300 East Palo Alto youth from ages 13-21. The pilot survey determined that 26.4% (64) of the 257 youth interviewed had asthma. Results from YUCA’s 2005 community-wide health survey indicate 14% of the 800 East Palo Alto residents interviewed have asthma, compared to 6.7% countywide.

Clinical Provider Survey: In May 2005, Breathe California, Golden Gate Public Health Partnership sent out a survey to medical providers who treat East Palo Alto (EPA) children with asthma. Providers from seven

clinic settings returned completed surveys. These clinics are Kaiser Permanente Redwood City (KPRC), the Lucile Packard Children's Hospital Pediatric Clinic (LPCH peds), Lucile Packard Children's Hospital Asthma and Allergy Center (LPCH AA), the Ravenswood Family Health Center, the Willow Clinic, the Fair Oaks Children's Clinic, and the office of Dr. Michael Taymore.

- *Patient Care:* All clinics indicated the same issues around referral to specialist care: poor control on routine protocol; and poor relief of symptoms with regular use of inhaled steroids and anti-inflammatory medications. Difficulties in accessing specialist care are attributed mostly to problems with insurance coverage and also with scheduling issues.
- *Medications:* All providers prescribe more than one inhaler, spacer, and nebulizer treatment medicine at a time. Patient education is considered the greatest barrier to patients taking prescribed "controller" medicines. Other barriers are cost of medications, insurance issues, and various problems with the pharmacy.
- *Clinical Care/Case Management:* Most clinics provide individual action plans, appointment reminders, phone advice, and medication refill services.
- *Patient Education:* Half of the clinics have support group classes and half do not. Some clinics claim to have certified asthma educators on staff.
- *Home Visit Programs:* There are no established home visit programs serving the families of East Palo Alto children with asthma.
- *Additional Provider Comments:* Providers were asked two additional questions: whether insurance coverage impacted treatment decisions and what did they identify as their most urgent need as clinicians treating EPA children with asthma. The following is a synthesis of responses:
 - Insurance issues such as Medi-Cal restrictions, share of cost, premiums, as well as confusion surrounding payments and benefits, negatively impact treatment and care.
 - Patient families are reluctant to come in for scheduled primary care appointments, to go to the emergency room, and to buy (long term) controller medications because of an inability to pay real and/or perceived costs.
 - Most urgent needs are patient education and additional staff for health education and case management.
 - The need for less expensive controller medications and spacer devices was also noted.
 - The need to better track identified patients with severe disease was an additional challenge.

Childcare Provider Survey: In June, 2005, the Child Care Coordinating Council of San Mateo County (4Cs) conducted a survey of child care providers in San Mateo County to better identify the needs of child care providers working with children with asthma. In addition, the survey identified areas that can be improved through training to ensure that child care providers have the tools they need to meet the needs of children with asthma.

- *Children with asthma served:* 50% of providers had a child at their site with asthma in the past twelve months. For those who answered "yes" to this question, they averaged 2.4 children with asthma in that twelve month time period.
- *Asthma Protocols:* Providers caring for children with asthma are more likely to have given medicine to a child to treat asthma symptoms rather than prevent them. In the last twelve months, 36.5 % of providers had given medicine to treat symptoms while only 16.7 % had given medicine to prevent symptoms.
- *Asthma Education & Training:* 33% of providers said that they had received no asthma training at all. The greatest need for training lies in the areas of identifying and reducing asthma triggers. These were also the areas where providers expressed the least amount of confidence.

Parent Focus Group Summary: Focus groups attended by family caregivers (mostly mothers) of East Palo Alto children with asthma were conducted in English and Spanish during the early summer of 2005. The following is a summary of responses grouped according into six categories:

1. *Impact of Asthma on the Family:* Loss of work time and income because of frequent medical appointments, emergency room visits, and hospitalizations is one of the most serious consequences of having a child with asthma.

2. *Impediments to Access to Health Care:* Problems with transportation are some of the most frequently mentioned impediments to health care by parents.
3. *Adequacy of Care:* Parents expressed a need for better follow-up care from primary providers after urgent care and emergency room visits, and after hospitalizations.
4. *Patient Education:* A need for better family and patient education materials and trained health educators was expressed frequently and forcefully.
5. *Environment:* Parents state that without home intervention programs they must depend on their own observation of symptoms to identify home environmental triggers.
6. *Desired Changes to Address Health Access:* Transportation support such as shuttles, carpools, vans, etc. would be very helpful in alleviating the transportation difficulties of patient families.

Community Stake Holder Interview Summary

The following section summarizes key issues identified by stakeholders in identified priority areas:

Schools

Asthma Management Education: School staff and teachers need education on asthma; insufficient number of school nurses; lack of funding for health care personnel.

Systems for Asthma Management: Communication is often fragmented between providers and school health personnel; physicians are reluctant to fill out asthma action plans (i.e. lack of time during a short office visit or don't know where to send it); difficult to get an asthma action plan, medication authorization form and the inhaler at school for every student with asthma each school year; Health Information Portability and Accountability Act (HIPAA) makes medical record sharing difficult.

Indoor Air Quality (IAQ) in Schools: Classrooms are full of potential asthma triggers: molds/mildew, dust, chalk, paints and art supplies, markers, viruses during cold and flu season, animals, and pests.

Childcare

Asthma Difficult to Diagnose: At ages 0-5 asthma is difficult to diagnose (asthma can get masked as colds or stomach aches) and parents sometimes don't fully inform childcare providers of child's needs because of issues of trust.

Training and Education: Need for childcare provider education on asthma management and asthma triggers; need for parent education on asthma triggers in the home and managing their child's asthma, and policies needed for regulating whether a childcare site is asthma-safe.

Clinical Care

Case Management: Provider education; patient education; cost/availability of medications; patient follow up (patient support, home support); patient identification and tracking; network for referrals/better linkages between medical community and community; communication gaps; access to care and transportation

Community

Outdoor environment: Poor air quality due to proximity to freeways (routes 84 and 101), pollution, traffic, ROMIC plant, natural plants, diesel traffic, Bay Road, outdoor dust/particulate matter in midtown, construction, off-road vehicles, surface streets, winds in the afternoon, pollens, grasses.

Indoor environment/homes: No home assessment services in East Palo Alto; lack of affordable housing (1.64% vacancy rate); poor maintenance of housing (2700 rent-stabilized units may not be well maintained); lack of funds to bring structures up to code; expensive for home trigger remediation; families may not know how to keep homes asthma friendly.

Community at large: Issues: Language and cultural barriers (diverse community); significant Tongan community; lack of medically trained people versed in Tongan culture and health issues; not enough Tongan-speaking RNs (many trained as RNs in Tonga, can't practice here, competing priorities), not enough support for Tongan community, very little literature in Tongan language; gap between medical community, schools, parents, and community at large; high smoking rates; lack of education and awareness of asthma as a problem.

Why is this Topic Important?

While asthma affects Americans of all ages, races, and ethnic groups, low-income and minority populations experience substantially higher rates of fatalities, hospital admissions, and emergency room visits due to asthma. Explanations for these disparities are not clear. Although genetic factors contribute to these disparities, we also know that environmental, economic, and social aspects contribute.

These other factors include:

- Geographical concentrations in areas with poor air quality,
- Poverty, which systematically increases exposure to causes and triggers,
- Poor housing and school conditions, creating indoor environmental problems,
- Limited access to health care,
- Inadequate health insurance,
- Lack of culturally and linguistically appropriate asthma education programs, and
- Schools with poor indoor air quality.

Resources

EAST PALO ALTO ASTHMA TASK FORCE: Formed in response to the disproportionately high asthma rates in the city of East Palo Alto. The East Palo Alto Asthma Task Force consists of a broad range of city and county agencies and community members who meet on a monthly basis. All interested individuals are welcome to join the task force.

Contact: Janine Bishop, Chair

Phone: 650-725-0923

Meeting dates: First Tuesday of the month

Location: Ravenswood Family Health Center, California Room

Time: 12:15 pm

HEALTH PROGRAMS AND INSURANCE PRODUCTS FOR SAN MATEO COUNTY RESIDENTS:
for information and assistance call 650-573-3595 Correct number?

LUCILE PACKARD PARENT INFORMATION REFERRAL CENTER (PIRC) : A nurse-run Phone Advice Line for parents, including parents of children with asthma living in East Palo Alto. As an advice line, it offers teaching and referral information to all callers, answers to questions about children's medications, as well as general nursing advice regarding the treatment of children with chronic and acute illnesses.

Phone: 1-800-690-2282

Hours: MONDAY-FRIDAYS 12PM TO 8PM--HOLIDAYS AND WEEKENDS 8AM TO 8PM.

SMOKE-FREE START FOR FAMILIES

Smoke-free Start for Families, while not a healthcare service, helps pregnant women and parents of young children, ages 0-5, who want to stop smoking and stay off tobacco. It is free for residents of San Mateo County and provides nicotine patches and other incentives for free. Contact: Gloria Soliz, M.Div., C.T.T.S. Breathe California 2171 Junipero Serra Blvd., Suite 720 Daly City, CA 94014

SMOKE FREE HOMES, a second-hand smoke prevention program is a project of the San Mateo County Human Services Agency's Tobacco Prevention program. It provides individual or group counseling- on the phone or in-person. It is free for residents of San Mateo County and provides nicotine patches and other incentives for free.

County of San Mateo/Human Services Agency

Tobacco Prevention Program

400 Harbor Blvd. Bldg C, Belmont, CA. 94002

HOUSING SERVICES CITY OF EAST PALO ALTO

Residents of East Palo Alto, who have health and safety concerns about their rented apartment or home, can file a petition with Housing Services if the property owner or landlord does not adequately respond to their complaints. These complaints may include water damage, mold, cockroach or rodent infestation, each of which is considered a common in-home environmental asthma trigger. Mandated by the City of East Palo Alto's Rent Stabilization Ordinance to uphold health and safety standards, a building inspector will then look at the unit and make a report. A hearing examiner, who is an independent mediator, will review the facts presented in the report and render a decision.

Contact Person: Wilbert Lee
 City of East Palo Alto Housing Services Director
 wlee@cityofepa.org

THE FAMILY ADVOCACY PROGRAM

The Family Advocacy Program (FAP) is a medical-legal collaboration between the Legal Aid Society of San Mateo County, The Lucile Packard Children's Hospital and Clinics, and the Ravenswood Family Health Center. FAP's services address health insurance issues impacting access to care, access to public benefits, housing habitability problems, domestic violence, special education and other services for children with disabilities.

Contact Person: Anna Loeb, Project Coordinator
 Family Advocacy Program, Legal Aid Society of San Mateo County
 521 East 5th Avenue, San Mateo, CA 94402
 Phone: 650-375-0185 ext. 3304

THE EAST PALO ALTO ENVIRONMENTAL JUSTICE RESOURCE TEAM ON AIR QUALITY

Community Focus
 116 New Montgomery Street, Suite 728, San Francisco, CA 94105
 (415)975-2955, ext. 4
www.communityfocus.org

Title:	Data Source:	Publish Date:	Contact:
You Think You Know...But You Have No Idea: A Community Health Survey Report	Prepared by the Youth United for Community Action (YUCA) Health Survey Team	August 2005	YUCA 2135 Clarke Ave. EPA, CA 94303 (650) 322-9165 www.youthunited.net

Major Findings

- 14.2% of people surveyed in EPA suffer from asthma compared to 6.7% of people who suffer from asthma in San Mateo County
 - 10% of the people with asthma have lived in EPA for 1-5 years
 - 12% of the people with asthma have lived in EPA for 5-10 years
 - 12% of the people with asthma have lived in EPA for 10-15 years
 - 65% of the people with asthma have lived in EPA for 15+ years
 - 52% of people with asthma in EPA smell smoke daily or weekly
 - 54% of people with asthma in EPA smell exhaust daily or weekly

Why is this Topic Important?

In 1983, when the City of East Palo Alto became incorporated, residents gained direct control over our community for the first time. Since then, the city has struggled with a land-use jigsaw puzzle created by years of racist and classist policies that shaped the city to be Silicon Valley's dumping ground. Tracks of land that were and are host to a railspur right of way, auto wrecking yards, negligent chemical waste facilities, and the

county dump remain contaminated by toxic substances including arsenic, chromium, pesticides, herbicides, and chlorinated solvents. East Palo Alto suffers from many environmental problems, like ground water contamination, contaminated land, air pollution, and corporate polluters. These hazardous problems could all be negatively affecting people's health. That is why when people ask us why we fight for environmental justice, it is ultimately because we are fighting for our lives.