Georgia Asthma Control Program (GACP)

The GACP was established in 2001 through a cooperative agreement awarded by the Centers for Disease Control and Prevention (CDC). GACP has maintained funding through the CDC and is now a program within the Georgia Department of Public Health. The mission of the program is to improve asthma control and reduce its burden in Georgia by a focused commitment to policy and environmental change, chronic disease management, education, and an integrated care delivery system. The program’s primary five-year focus is children with pediatric asthma, ages 0-17.

Some notable policy and systems change accomplishments over the previous years include:

- Creating the Georgia Asthma Management Education for Childcare Settings (GAME-CS) curriculum
- Creating a joint-recognition project for Asthma-friendly childcare settings in partnership with Region 4 Environmental Protection Agency and Region 4 DHHS Administration for Children and Families (ACF)
- Supported the passage of law HB 337, allowing schools to stock and administer auto-injectable epinephrine
- Supported the passage of HB 362, allowing schools to stock and administer albuterol to students experiencing respiratory distress
- Creation of Georgia’s Comprehensive Asthma-Friendly School Policy

PARTNERSHIPS

Georgia Asthma Advisory Board (GAAB)

The Georgia Asthma Advisory Board is a collaborative group of medical professionals, business and governmental agency leaders, community activists, and public health professionals from local, state, federal, and private sectors. The purpose of this robust and active organization is to:

- Inform the development of Georgia’s Strategic Plan for Addressing Asthma 2013-2018
- Guide the GACP’s programmatic direction, and
- Contribute to the execution of the strategic plan activities and objectives by collaborating in the following workgroups: Schools and Childcare, Healthcare Delivery System, Environment, and Family Support

Visit [http://dph.georgia.gov/asthma-surveillance](http://dph.georgia.gov/asthma-surveillance) for more information about asthma in Georgia.

Visit [http://dph.georgia.gov/georgia-asthma-control-program](http://dph.georgia.gov/georgia-asthma-control-program) for more information about the Georgia Asthma Control Program.
Cross-DPH Multicomponent, Multi-Trigger Intervention for asthma

This initiative pulls together the expertise across DPH’s Asthma Control Program, Maternal and Child Health – Children’s Medical Services (CMS), and Environmental Health – Healthy Homes programs to decrease asthma morbidity among children whose asthma is not well-controlled through:

- Asthma-care coordination to ensure linkages to evidence-based care
- Self-management education for children with asthma and their caregivers, and
- In-home trigger reduction activities.

Local health districts receive funding from GACP to carry out this intervention in collaboration with community partners to increase the number of children receiving guidelines-based care for the diagnosis, treatment, and management of asthma.

Georgia Asthma-Friendly School Policy & Best Practices

Through strategic partnerships with GAAB members, public health districts, Georgia Association of School Nurses, Children’s Healthcare of Atlanta (CHOA), and Georgia’s Department of Education, GACP is working to reduce the impact of asthma on the development and academic success of Georgia’s children. Through health district funding and local initiatives, GACP provides training and technical assistance to HPCs, community partners, school nurses, staff, and administrators to increase referrals and linkages to guidelines-based primary care for children with asthma and promote the adoption of Asthma-Friendly School policies.

Asthma Practice Improvement

GACP has contracted with Not One More Life to offer CME-based asthma practice improvement courses within Georgia’s high burdened health districts to increase Primary Care Provider use of NAEPP evidence-based practices for asthma diagnosis and management. Courses are available to care teams in private practices, community health, and public health department settings. The CME components include:

- Physician and staff education in the NAEPP EPR-3 guidelines and spirometry administration and interpretation
- Practice system redesign to support optimal asthma care
- Decision support to ensure appropriate implementation of key clinical activities

Georgia Asthma Management Education in Child Care Settings (GAME-CS)

Through collaboration with the Department of Early Care and Learning: Bright from the Start, and Georgia’s Head Start Association, GACP is implementing the GAME-CS curriculum across the state. The goal of GAME-CS is to increase the number of childcare settings able to:

- Appropriately respond to asthma emergencies,
- Recognize signs and symptoms of asthma, and
- Maintain asthma-friendly environments.

GACP’s partnership with Region 4 EPA and DHHS ACF has given rise to a state-wide recognition program for Asthma-Friendly Childcare Centers. Local health districts and community partners who receive GACP funding increase the availability of GAME-CS trainers within the state by facilitating Train-the-trainer courses. These trainers offer the GAME-CS curriculum and technical assistance for achieving Asthma-Friendly Childcare Center Recognition to childcare centers across the state. The three courses in the GAME-CS curriculum include:

- Foundations of Asthma Management
- Understanding Medications and Devices and
- Creating an Asthma Friendly Environment

Each of these courses are approved in DECAL’s Professional Development System and provide Early Care Education (ECE) credits to childcare center-based staff who participate in the courses.

Health System Innovations for Asthma in Community Health Settings

Guided by the 2013-2018 Strategic Plan to Address Asthma in Georgia, GACP is working with partners such as Choice Health Care, Rite Aid, Pediatric Healthcare Improvement Coalition, CHOA and may others to explore innovative health care delivery models to improve coordination and cultural competence of asthma across care settings. The goal of this activities are to:

- Promote NAEPP adherence in community health settings
- Promote innovation in payment and service delivery models
- Promote asthma self-management education, home-based asthma trigger reduction services
- Improve quality of care through decision support, electronic health record, health information networks, optimization and clinic systems redesign

We Protect Lives.
What is Asthma?

Asthma is a chronic inflammatory disorder of the lungs and airways that causes recurrent episodes of wheezing, breathlessness, chest tightness, and coughing.

Asthma Prevalence

- In 2013, the overall asthma prevalence among children in Georgia (aged 0-17 years) was **10.8%** (95% CI: 9.1-12.7).
- Asthma prevalence was higher among boys (**12.6%**; 95% CI: 10.2-15.5) than among girls (**8.9%**; 95% CI: 6.8-11.5).
- Asthma prevalence was higher among black children (**16.7%**; 95% CI: 13.3-20.9) than among white children (**8.2%**; 95% CI: 5.9-9.7).
- Asthma prevalence was higher among children 5-9 years (**14.1%**; 95% CI: 10.5-11.9) than younger children aged 0-4 years (**7.6%**; 95% CI: 5.1-12.0) or children older than 10 years (Figure 1).
- Asthma prevalence was significantly higher among children whose family annual household income was less than $25,000 (**11.7%**; 95% CI: 8.8-15.5) than among children from families making $75,000 or more per year (**4.9%**; 95% CI: 3.1-7.5) (Figure 2).

Emergency Department (ED) Visits

- In 2013, there were **26,302** asthma-related ER visits among children 0-17 years of age in Georgia.
- Children 0-4 years had the highest asthma ER visit rate (1,350/100,000).
- The ER visit rate was higher among males (1,289/100,000) than among females (811/100,000).
- The overall asthma ER visit rate was almost four times higher for black children (1,877/100,000) than for white children (519/100,000).

Hospitalizations

- In 2013, there were **2,742** asthma-related hospitalizations among children 0-17 years of age in Georgia.
- Children aged 0-4 years had the highest hospitalization rate (175 per 100,000).
- The overall asthma hospitalization rate was more than two times higher for black children (166/100,000) than for white children (72/100,000).
CHILDREN: Medicine Use

According to evidenced based guidelines, everyone with persistent asthma should use daily controller medications and have access to a reliever medication in the case of an asthma exacerbation. While 71% of children in Georgia with persistent asthma use prescription medications, only 44% had prescriptions for both control and rescue medications in accordance with the guidelines. Seven percent had a prescription for control medications only, and 19% had a prescription for rescue medications only.

ADULTS: Asthma Management

- 10.8% of Georgia children have current asthma
- 58% of school-aged children with asthma missed 1 or more school days due to asthma
- 50% of children with asthma reported having limitations in their usual activities due to their asthma.

CHILDREN: Asthma Management and Training

- 8.4% of Georgia adults have current asthma
- 45% of adults with asthma reported they were unable to work or carry out usual activities on one or more days due to asthma.
- 75% of adults with asthma reported that they never had an asthma action plan.

Control medications: medicines designed to control airway inflammation and prevent episodes from occurring.

Rescue medications: medicines designed to provide quick-relief of asthma symptoms during an episode or exacerbation.

ASTHMA PREVENTION

Know the common triggers

Triggers are conditions or substances that can cause and asthma episode. Exposure to the following environmental irritants and allergens can cause an asthma episode:

- Tobacco smoke
- Dust mites
- Pets (animal dander)
- Cockroaches
- Fungi and molds (indoor and outdoor)
- Pollen
- Poor air quality (smog/pollution)

Take control of asthma

- Reduce exposure to your triggers
- Understand and manage your allergies
- Work with your doctor to create an Asthma Action Plan and an Asthma Care Plan
- Use maintenance/controller medications daily, as recommended by your primary care provider
- Keep your routine asthma wellness visits with your primary care provider and review your Asthma Care Plan
- Know your symptoms and early warning signs of an asthma episode
- Complete the Asthma Home Environment Checklist to identify and address triggers inside your home that could cause and an asthma episode
- Ask your primary care provider about participating in asthma self-management classes

Create an asthma action plan

An asthma action plan is a written guide set up by you and your doctor to help manage your asthma, based on your individual needs.

Your plan will tell you:

- What brings on your asthma symptoms
- How to avoid triggers and reduce exposure
- What medicines to take and when to take them
- When you need to seek medical help

Tips for using an asthma action plan:

- An AAP is a form with instruction on how to recognize signs of worsening asthma, determine which medicines to take and when to take them, and recognize when to seek medical attention. Review each step of the plan with your Primary Care Provider
- Provide a copy to caregivers such as school, day care, family members, coaches, etc.
- Go over each step of the plan with caregivers to ensure they understand instructions for the medications and how to use the equipment (i.e. nebulizer, inhaler) properly
- Update the AAP whenever there is a change in your asthma medications

Data sources:

a. 2013 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS) (http://www.cdc.gov/asthma/brfss/default.htm)
b. Online Analytical Statistical Information System (OASIS), Georgia Dept. of Public Health, Office of Health Indicators for Planning (OHIP), http://oasis.state.ga.us/
c. 2014 Georgia Asthma Surveillance Report