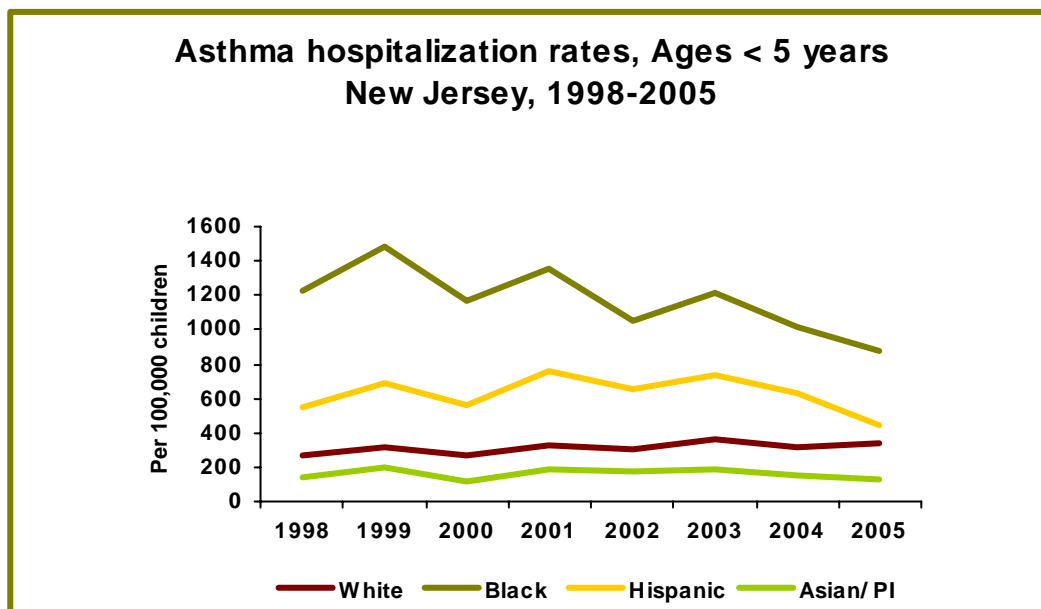


## A. Area of Emphasis: Asthma

### Background Data

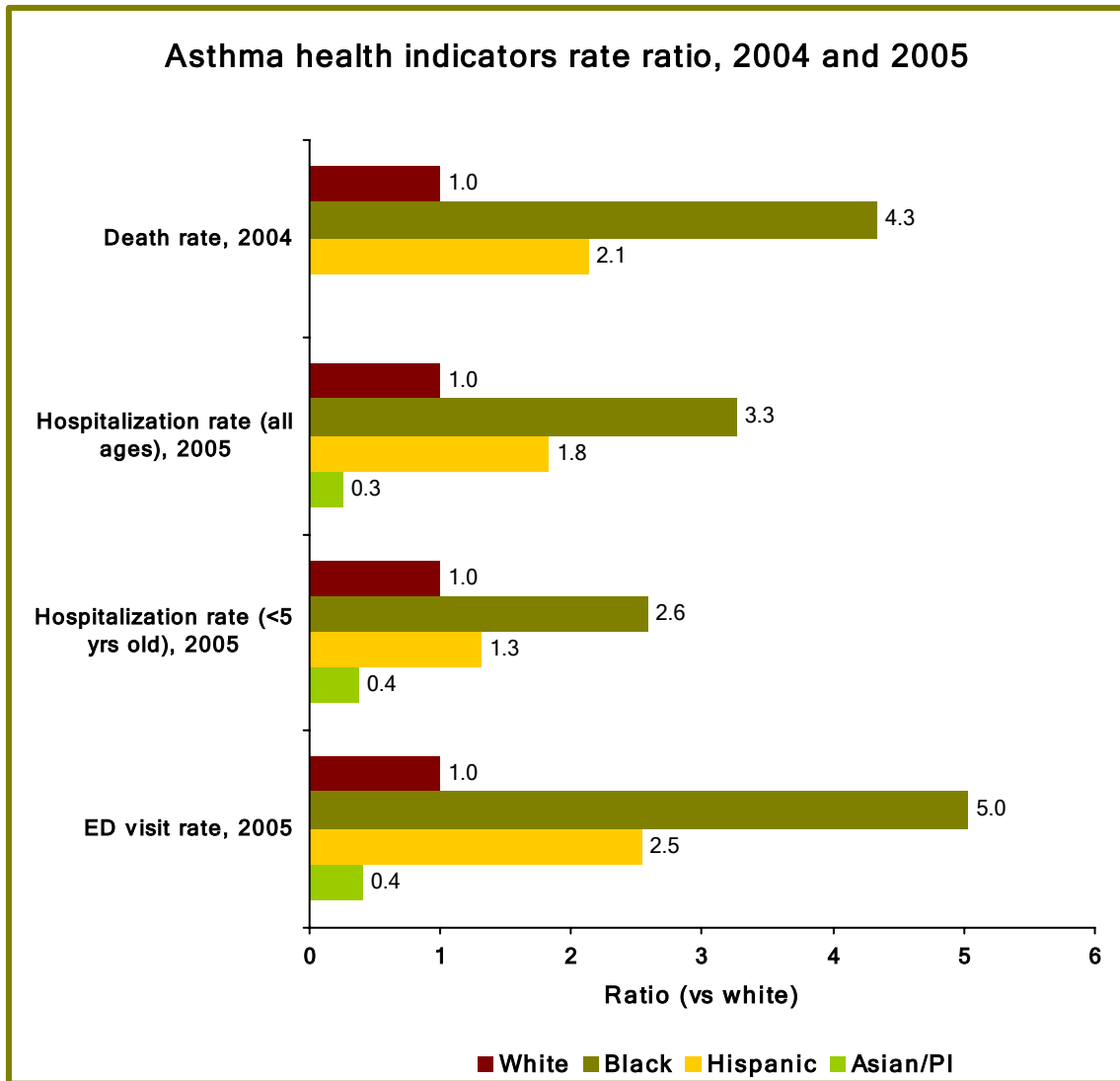
An estimated 11 percent of the New Jersey population suffers from asthma. Data from the New Jersey Behavioral Risk Factor Survey (NJBFRS—a state-based, random-digit-dialed telephone survey) show that blacks report higher rates of asthma as compared to whites and other racial/ethnic groups in the State. In 2005, the NJBRFS results showed that 13 percent of blacks, 12 percent of whites, and 11 percent of Hispanics reported receiving an asthma diagnosis. More significant racial/ethnic differences are evident when asthma mortality and hospitalization data are examined.

In recent years, there has been virtually no change in mortality or all-age hospitalization rates due to asthma among any racial/ethnic group. However, from 2003 to 2005, there was a sharp decline in asthma-related hospitalization rates among children under five years old in all groups except whites. Emergency department (ED) data became available in 2004. ED visit rates increased between 2004 and 2005 for all groups except Hispanics.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Asthma mortality and ED visit rates among blacks are four to five times that of whites while hospitalization rates are about three times higher. Among Hispanics, mortality and ED visit rates are more than twice that of whites, but hospitalization rates are less than double the white rate. Hospitalization and ED rates among Asians and Pacific Islanders are lower than among whites, and so few Asians and Pacific Islanders die due to asthma that reliable rates cannot be calculated.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

## Building on Success

- The Commissioner's Annual Asthma Summit has provided a forum to facilitate collaboration among national and local experts on the strategies and practices required to reduce asthma disparities in New Jersey. The targeted audience includes health care providers, community health workers, health educators, social workers, nurses, community and faith based organizations. At the conclusion of the first Summit in September 2005, health care providers were challenged to:
  - implement new asthma interventions to reduce the disproportionate impact of asthma in the pediatric and low-income population, and minority communities;
  - incorporate best practices as the basis of asthma management and decision-making; and
  - develop partnerships with public and community health systems to empower citizens to take actions to improve the health of individuals, families and communities.
  
- The Pediatric/Adult Asthma Coalition of New Jersey (PACNJ), partially supported by NJDHSS, continues to serve as the statewide coalition on asthma awareness. PACNJ has over 150 participating member organizations and six active task forces working with schools, physicians, health insurance companies, community groups, and environmental agencies to reach all individuals in New Jersey and provide them with the most effective methods for managing their asthma. The PACNJ is undertaking the following initiatives:
  - School nurse asthma training;
  - Developing policies and practices for asthma friendly childcare settings;
  - Distribution of the *Asthma Action Plan*, a form that allows parents of school-age children, school nurses and pediatricians to develop an individualized asthma management plan for the child;
  - Train-the-trainer programs in three cities with high asthma hospitalization rates;

- Healthy School criteria (Asthma Friendly School Award); and
  - Annual media campaigns.
- The Educating Physicians in their Communities Asthma Curriculum Project partnered with the New Jersey Academy of Pediatrics to educate 10 pediatric practices in Trenton on proper asthma care and management for high-risk populations.
- A partnership with the Trenton Childhood Asthma Program, an asthma management and education program for children and families in the City of Trenton, includes case management and community education as well as an environmental assessment of homes.
- The Agency for Healthcare Research and Quality (AHRQ) selected New Jersey as one of six states to participate in the *Learning Partnership to Decrease Disparities in Pediatric Asthma* Project. AHRQ required each state to convene a team comprised of but not limited to state, local, faith-based, healthcare and coalition representatives. The primary focus of the initiative is the development of the State's Action Plan for Decreasing Disparities in Pediatric Asthma. The New Jersey Action Plan implements a comprehensive asthma outreach/education program in three cities with high-risk populations in order to improve the quality of care and life for children with asthma.

**Goal: Reduce the number of minorities with asthma who use hospital emergency departments as a main source of care, prevent asthma mortality and make it possible for children and adults to live healthier lives.**

## **Action Plan**

### **Steps and Timeline**

#### *FY 2007-2010*

- Collect Centers for Primary Health Care asthma collaborative data on quality of care.
- Increase the number of Centers for Primary Health Care participating in asthma collaboratives.
- Provide training to promote uniform, high quality asthma care among providers serving minorities at risk.
- Provide training to increase use among providers of the *Asthma Action Plan* which personalizes an asthma management program for school-age children.

### **Outcome Measures**

- By 2010, reduce the asthma age-adjusted mortality rate to 1.9 per 100,000 for the black population.
- By 2010, reduce the annual asthma hospital admission rate to 250 per 100,000 for the black population and to 150 per 100,000 for the Hispanic population.
- By 2010, reduce the annual asthma hospital admission rate for children under 5 years to 800 per 100,000 for the black population and to 340 per 100,000 for the Hispanic population.
- By 2010, reduce the annual asthma emergency department visit rate for black and Hispanic populations to reflect targets established in Healthy New Jersey 2010.