

4297.0: Tuesday, November 06, 2007 – 4:30 PM - 6:00 PM

**Abstract #162525**

A comprehensive plan to improve pediatric asthma management in the Anacostia Community of Washington, DC

**Rhonique Harris, MD, MHA<sup>1</sup>**, Arturo Brito, MD<sup>2</sup>, Michelle Montero<sup>2</sup>, Lynn Seim, MSN<sup>2</sup>, and Roy Grant, MA<sup>2</sup>. (1) Goldberg Center of Community Pediatrics/ Child Health Advocacy Institute, Children's National Medical Center, 111 Michigan Avenue NW, Washington, DC 20010, 202-436-3061, [rsharris@cnmc.org](mailto:rsharris@cnmc.org), (2) The Children's Health Fund, 215 West 125th Street, Third Floor, New York, NY 10027

The pediatric asthma rate in the District of Columbia (DC) is 11.8% compared to 7% nationally. From 1995-2002, 112 DC residents died of asthma; >10% were children. DC's pediatric emergency room (ER) rate for children under five is >4 times the national rate. The highest asthma prevalence and mortality rates are in Anacostia, a poor and >90% African-American community. The Children's Health Fund's Childhood Asthma Initiative (CAI) has been implemented in the DC Children's Health Project to deliver NHLBI guidelines-based asthma care to Anacostia primary care patients, including health education, parent seminars, and low literacy asthma management guides. CAI trains medical students and residents on asthma management. Collaborating with the national Capital Asthma Coalition and CDC/DC Department of Health sponsored DC Control Asthma Now Program (DC CAN), CAI is helping develop a standardized Asthma Action Plan to be used by all DC medical providers and school nurses, and advocating for legislation to allow students to carry and use prescribed medications at school. Preliminary program assessment shows decreased asthma ER visits and hospitalizations; 100% of medical students felt comfortable providing asthma education; 93% rated their comfort level treating asthma as 9 or 10. The standardized Asthma Action Plan is being piloted throughout DC Children's National Medical Center. Once implemented, it will serve as authorization for nurse administration of asthma rescue medications at school, and authorization for self-administration after legislation is passed. This is anticipated to reduce asthma ER visits and missed school days, with significant healthcare savings and improved academic outcomes.

**Learning Objectives:** At the end of this presentation, participants will

- Better understand the extent of asthma prevalence and morbidity outcomes in inner city Washington DC;
- Learn a community-wide strategy to address these health disparities; and
- Better understand how policy change can affect health outcomes

[Reducing Asthma Disparities: City and State Strategies](#)

[The 135th Annual Meeting & Exposition \(November 3-7, 2007\) of APHA](#)