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EXHALE Strategies and Environmental Health in Nebraska Asthma Management

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Disclosures

- Marketing Advisory Board for Enzyvant
- Primary Investigator for a clinical research trial site with AstraZeneca

| | Review the history behind the development of national strategies to improve asthma outcomes |
|------------|---------------------------------------------------------------------------------------------|
| Objectives | Analyze Analyze the role of environmental and population health in asthma control |
| | Discuss an overview of the EXHALE strategies |
| | Relate EXHALE strategies to the asthma burden and environmental strategies in Nebraska |
| | |

History and Current Asthma Burden

- Increased prevalence since 1980 with rapid growth 1980-1996
- Current prevalence: Approximately 25 million
 - 20% pediatrics, 80% adult
 - Higher proportion of male children and female adults
 - Increased prevalence with lower socioeconomic status
 - Increased prevalence in black non-Hispanic and American Indian/Alaskan Natives
- Economic impact: Estimated at \$56 billion
 - Including direct and indirect costs
 - Nearly 10 million people with asthma attacks annually
- Mortality: 3500 deaths in 2021



















X-tinguishing Smoke Exposure

- Screening for environmental tobacco smoke use and exposure including cigarette, e-cigarettes, and vaping
- · Guidelines-based smoking cessation counseling
 - · Assess current use and readiness for change
 - Education on importance of cessation
 - · Combination of behavioral interventions and pharmacotherapy
- Referral to smoking cessation programs: Nebraska Tobacco Quitline
- Smokefree policies: 2008 Nebraska Clean Indoor Air Act
 - 2020: Vaping/E-cigarettes added





| | O Internal Medicine Pediatrics CHC Midlevel (Ref: FM/GM) | Referral always Referral often (Ref: Referral sometimes/never) | • High agreement w/guidelines (Ref: < high agreement) | Athrami L. Salo PM. Cloutier MM. Wilkerson JC. ElwardKS. Mazurek IN. Williams S. Zedin DC. Firmary care clinician difference with asthma guidelines: the National Asthma Survey of Physiciens. J Asthma 2020 May/57(5):543-555. |
|--------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Document asthma control | | | | ry care |
| Ask about normal activities | | | | C. Prima May:57(|
| Ask about daytime symptoms | → | | | Zeldin Di |
| Ask about night awakening | | | | J Asthm |
| Ask about symptom control | | | -0- | JM, Willi |
| Use control assessment tool | | | | Mazurek ey of Phy |
| Ask about frequency of rescue med use | | -0 | | ard Ks, I |
| Ask about oral steroid use | | | | n JC, Elw |
| Ask about ED/urgent visit frequency | | | -0 | Mikerson he Natio |
| Ask about peak flow results | | • | | er MM, V |
| Perform spirometry on eligible patients | | | > | 4, Clouti |
| Assess daily controller med use | | | | , Salo Ph |
| Assess inhaler technique | | | > | nbami U |
| | - 10.0 | 100 | 10.0 | 01 - 01 - 01 - 01 - 01 - 01 - 01 - 01 - |











| • VOC's: | PM10: dust, | Vehicle | Fossil fuel | Fossil fuel | Ore/metal | | | |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|---------------------------------|-------------------------------|--|--|--|
| solvents, | pollen, mold | emissions | use in power | combustion | processing | | | |
| paints, cars, | • PM2.5: | Industrial | plants and | Gas stoves | Leaded | | | |
| refineries | combustion | processes | industry | and heaters | aviation fuel | | | |
| NO: fossil | particles, | | Locomotives | | | | | |
| fuels | organic | | Ships | | | | | |
| Sunlight/heat | compounds | | Volcanoes | | | | | |
| - | | | | | | | | |
| Clean AiDiesel Ei | Existing policies Clean Air Act of 1970, revised 1990 Diesel Emissions Reduction Act Car emissions standards | | | | | | | |

• Monitoring: Air Quality Index (www.airnow.gov)







Occupational Environmental Policies and Trigger Reduction

Sources

- Farming/Agriculture: equipment emissions, burning, grain dust, unpaved roads
- Animal Feeding Operations: animal waste
- Manufacturing
- Monitoring and emissions testing required
- · Protective measures
 - Ventilation
 - NIOSH-approved respirators
 - Correct grain storage























Social Determinants of Health

- Economic stability
- Education access and quality
- Healthcare access and quality
- Neighborhood and built environment
- Social and community context



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

















Acknowledgements

- Nebraska Asthma Coalition Executive Committee and Members
 Founder Dr. Jill Hansen
- Pediatric Environmental Specialty Health Unit: <u>www.pehsu.net</u>
 - Mid-America Pediatric Environmental Specialty Health Unit (Dr. Friedman)
 - Show-ME ECHO: https://showmeecho.org/
- Children's Nebraska
 - Pulmonology, Allergy, and Sleep Medicine
 - Community Health and Advocacy
 - Children's Nebraska Foundation

