

“Room to Breathe”

A Citywide Campaign About Pediatric Asthma

Introduction

Room to Breathe will be the first citywide campaign that brings providers together to focus on one of the District’s major public health problems - **pediatric asthma**. We envision a multi-pronged approach with measurable objectives and goals that support both the Mayor’s commitment to children and families and the W. K. Kellogg Foundation’s Community Voices Collaborative’s core functions and key strategic domains.

According to DC Hospital Association 1998 data, over 80 percent of pediatric asthma discharges from District hospitals involved children 10 years old and under. For example, Children’s National Medical Center statistics reveal that African-American children account for 80 percent of inpatient discharges and nearly 90 percent of emergency room visits.

Room to Breathe was launched in an effort to bring provider representation to the Department of Health’s Asthma Initiative, and to respond in a lasting way to the tragic death from asthma of the 10-year old son of Ms. Juanita Campbell, an employee of the DC Hospital Association. Ms. Campbell, an asthmatic herself, has two other asthmatic sons, 9 and 12 years of age. More recently, Ms. Campbell’s grandmother suffered an asthma attack and died on New Year’s Day. Ms. Campbell’s experiences are illustrative of the increasingly serious problem of pediatric asthma in the District of Columbia. It became apparent to all of the parties involved that citywide action is needed to address the complex issues involved in managing and understanding pediatric asthma so that no parent will have to experience the tragedy of losing a child to this treatable chronic illness.

The Room to Breathe Planning Group believes that this project is ideal for funding by the new Robert Wood Johnson Foundation Initiative, “**Improving Chronic Illness Care**,” designed to assist health care organizations improve clinical and functional outcomes for patients with chronic illness. We also feel that **Room to Breathe** would successfully achieve the Community Voices pediatric asthma goals, while demonstrating to RWJ the broad alliance currently working together to improve the health status of District residents.

Proposed Partner with Community Voices

The Room to Breathe Planning Group believes that a partnership with Community Voices will make immediate strides toward expanding the project’s participating membership in order to maximize input from providers and consumers in the development and implementation of this effort. Specifically, the **Room to Breathe Planning Group** requests that the Community Voices Collaborative:

1. Support the mission, goals and objectives of Room to Breathe;
2. Become a co-participant in the RWJ grant by developing a psycho-social component for the project;
3. Retain a grant writer to develop the letter of intent and if, accepted, the proposal; and,

4. Service, for a fee, as the project's fiduciary agent.

A copy of the Call for Proposals is attached.

We believe a partnership between Community Voices and is the most efficient way to proceed in applying for the grant, while assisting Community Voices with their pediatric asthma component under the Kellogg Grant. We see important parallels between the missions and strategies of the two efforts, which are illustrated on Attachment I.

For background purposes, the mission, goals and objectives of **Room to Breathe** are detailed below.

Mission

The mission of Room to Breathe is to collaborate with providers, policymakers and allied organizations in a strategic alliance to design a culturally competent community-based public health model that:

- fosters and promotes pediatric asthma education for children and their caregivers;
- ensures asthmatic children have access to appropriate asthma management modalities; and
- minimizes environmental triggers.

Goals and Objectives

The goals and objectives of Room to Breathe are:

1. Establish a consistent standard for comprehensive asthma management by:

- a. Implementing national standards of care for pediatric asthma;
- b. Collecting other jurisdictional data on community standards; and
- c. Convening facilitated focus groups/ round tables of providers, parents/caregivers and children who suffer from asthma to promote the standard of care and to ensure implementation of the protocol.

2. Improve health status of asthmatic children by:

- a. Identifying environmental triggers and mechanisms to ameliorate or reduce these asthma triggers in schools, homes and community centers; and
- b. Identifying barriers to the effective use of prophylactic treatments.

3. Improve coordination of health services by:

- a. Gathering data to estimate size and demographic characteristics of population in order to develop tracking systems in D.C. of incidence of asthma-related absenteeism;
- b. Develop public policy recommendations, including mandated Medicaid benefits, to support access to care and best practice treatment modalities;
- c. Identifying and, as necessary, creating models for replication; and
- d. Collaborating with relevant organizations, such as the Department of Health's Environmental Health Administration, the academic health centers and the school health programs for the required research component for the RWJ proposal.

4. Decrease inappropriate emergency room and inpatient hospital admissions by:

- a. Collecting and analyzing hospital emergency room and inpatient discharge data;
- b. Convening District-wide education forums for health professionals;
- c. Strengthen care givers support systems; and
- d. Establishing referral practices to assure all children treated in hospital emergency rooms or otherwise diagnosed with asthma are referred to a culturally appropriate, accessible Primary Care Provider (PCP) who will develop and oversee a treatment plan for the child.

The Room to Breathe Planning Group

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