

A Call to Action Against Asthma

Michael A. LeNoir, MD, FAAAAI

Keywords: asthma ■ National Medical Association

J Natl Med Assoc. 2009;101:479-480

Author Affiliation: AED Center for Health Communication, Washington, DC.
Corresponding Author: Michael A. LeNoir, MD, FAAAAI, c/o Jonese Holloway, Health Communications and Marketing Specialist, AED Center for Health Communication, 1825 Connecticut Ave NW, Washington, DC 20009-5721 (jholloway@aed.org).

Asthma-related complications may cause as many as 10 deaths per day. This represents a decrease in mortality, but African Americans have not shared in the improved management of the disease. African Americans represent 12% of the US population and comprise 26% of asthma-related deaths; mortality rates are highest among black women. African Americans with asthma use primary care services more often than whites, yet they still are more likely to be seen in the emergency department and to be hospitalized. The state of asthma among African Americans is dire, so the National Medical Association (NMA) has identified asthma in the African American community as one of its 5 key strategic initiatives.

In August 2007, the National Institutes of Health National Heart, Lung, and Blood Institute (NHLBI) released its third set of asthma guidelines, the *EPR-3—Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma*. These guidelines clearly identify asthma as a chronic disease, characterized by inflammation in the lung. It is clear that much like hypertension and diabetes, asthma is a disease that must be controlled. Poorly controlled asthma increases both morbidity and mortality but also can lead to progressive loss of lung function over time.

For more than 20 years, the National Asthma Education and Prevention Program (NAEPP), coordinated by the NHLBI, has worked steadily to improve the quality of care for people with asthma. This year, NAEPP is launching the National Asthma Control Initiative (NACI), a 4-year project to stimulate and enhance implementation of the new clinical guidelines on asthma care and to do this more aggressively by engaging a more diverse group of asthma stakeholders nationwide.

The NACI focuses on creating a major “push” on 6 key messages from the *EPR-3* guidelines. These messages and recommended implementation strategies are

outlined in a blueprint document, *The Guidelines Implementation Panel (GIP) Report*, that serves as the basis for launching the NACI. This initiative is an important step toward bridging the gap in the treatment and management of asthma, thus improving the quality of health among African Americans and other underserved populations. Knowing that NACI’s priority coincides with the mission of the NMA is all the more reason to get involved and support this extraordinary initiative.

Furthermore, exciting features of the NACI include demonstration projects; strategic partnership agreements centered around activities to improve asthma control; and more—to embrace new learning, discovery, sharing, and synergy. This is especially critical since we want to mobilize support around the implementation of the GIP messages—use inhaled corticosteroids, use asthma action plans, assess severity, assess control, schedule follow-up visits, and control environment exposures. (The GIP report is available at http://www.nhlbi.nih.gov/guidelines/asthma/gip_rpt.htm).

The NMA believes that the aforementioned messages, explained in the GIP report, are some of the most effective methods to achieve asthma control. This is especially important among African Americans as they are one of the populations most at risk. It is our belief that the GIP messages, if implemented by providers, will improve the overall quality of life for people with asthma, as well as reduce morbidity and mortality resulting from asthma-related complications.

Asthma control is not well understood by patients. It is important to find ways to determine and improve their understanding of asthma control. So, having a mechanism that will enable patients and their families to engage in practices in support of the 6 GIP priority messages is essential. By doing this, it could result in patients/families taking an active role in the management of their asthma.

In order to improve asthma outcomes among African Americans, a total commitment from the healthcare community is a necessary first step. The NMA, along with NAEPP, will meet these challenges. Working together—through the NACI—can help increase awareness among both consumers and providers that asthma is a disease that must be and can be controlled.

NMA members and supporters can get involved by doing 4 important things:

- First, implement the GIP recommendations in clinical practice or other professional settings.
- Second, address the 6 GIP priority messages outlined in the report.
- Third, collaborate with other national, regional, or local asthma control initiatives, partners, and stakeholders.
- Finally, become a champion for change. Advocate within your office to improve systems/processes

that will boost the utilization of asthma action plans. Champions play a vital role as they determine a clinician's ability to effectively, or ineffectively, provide first-class asthma care.

Colleagues, I urge you to support the NMA's collaboration with the NACI to implement the NHLBI asthma guidelines. It means improved quality of life for our patients with asthma.



Odds of a child becoming a top fashion designer: 1 in 7,000

Odds of a child being diagnosed with autism: 1 in 150

Some signs to look for:

No big smiles or other joyful expressions by 6 months.	No babbling by 12 months.	No words by 16 months.
--	---------------------------	------------------------

To learn more of the signs of autism, visit autismspeaks.org

Ad Council

AUTISM SPEAKS™
It's time to listen.

© 2007 Autism Speaks Inc. "Autism Speaks" and "It's Time To Listen" & design are trademarks owned by Autism Speaks Inc. All rights reserved.