The LAUSD Comprehensive Asthma Program armed Alicia and Ms. Arrington with the skills and confidence they needed to gain and keep control of Alicia’s asthma.

Alicia went back to class, able to stay and learn each and every day.

For most third graders, gym class is fun. For Alicia Arrington, it was a lifesaver. The playful, bright student at Windsor Hills elementary school in Los Angeles was sent to the school nurse when her gym teacher sidelined her with a dry hacking cough and trouble breathing.

Alicia’s teacher was part of a large collaborative team within the Los Angeles Unified School District (LAUSD) – the second largest school district in the United States with nearly 688,000 students and 50,000 students with asthma – that works to identify children with asthma and get them the help they need. This program provides children with asthma and their families, teachers and caregivers with the knowledge and resources they need to help manage the condition and to become effective advocates for asthma-friendly policies.

Alicia had a history of asthma and allergies, starting when she was two years old. Her hacking cough had triggered multiple asthma attacks that had sent Alicia and her aunt – Ms. Arrington, Alicia’s main caregiver – rushing to the emergency room six times over a 12-month period. These hospital runs meant many missed school days; Alicia was falling behind.

The LAUSD Comprehensive Asthma Program armed Alicia and Ms. Arrington with the skills and confidence they needed to gain and keep control of Alicia’s asthma. Once involved, Alicia and Ms. Arrington received a home visit from Nurse Van Buren, a case manager who spent two hours with the family providing the building blocks to self management – educating them about asthma “triggers” and creating an asthma action plan to improve management. Nurse Van Buren also took a hands-on approach, demonstrating how to use a peak flow meter to monitor Alicia’s asthma and helping them remove triggers in the home such as the many furry stuffed animals piled on top of Alicia’s bed.

Nurse Van Buren also referred the family to the Breathmobile, a mobile clinic based at the school that provided access to continuous medical and educational support. The clinic offered Ms. Arrington and Alicia access to board-certified allergists, nurses and respiratory therapists who were able to monitor Alicia’s asthma. The clinic team also continued their education about the skills needed to manage asthma. The Breathmobile also provided updates to Nurse Van Buren and the school nurse on Alicia’s progress so they could continue to work together as a team to effectively manage Alicia’s asthma.

The LAUSD Comprehensive Asthma Program armed Alicia and Ms. Arrington with the skills and confidence they needed to gain and keep control of Alicia’s asthma. With her asthma in check, Alicia was able to jump back into playing basketball and double-dutch. Most importantly, she went back to class, able to stay and learn each and every day.
Childhood Asthma – A Costly, Life Threatening Chronic Disease

It affects one in every 11 – 7.1 million – American children\(^1\); sends millions of parents racing to the hospital each year with their children\(^2\); it costs our health care system $8 billion annually\(^3\), more than almost any other childhood condition, and our nation another $10 billion of indirect costs including school absenteeism and lost wages\(^4\). What is it? Believe it or not, it’s childhood asthma.

Most people think they know asthma, but they have no idea just how costly and life threatening it can be – especially when it comes to children.

It Doesn’t Have to Be This Way

Decades of U.S.-led research has shown us what it takes to manage childhood asthma. It is not the common cold, a minor irritant that occurs every now and then. Asthma is a chronic disease that requires sustained and appropriate management to keep costs down and children and families healthy. But today, too many parents are watching their children suffer needlessly because of limited access to care or poor management of their condition – especially those living in African-American, Hispanic and poor neighborhoods.

So, while we don’t know everything about childhood asthma, we know enough to change our approach. Too many kids still live one breath away from another urgent visit to the emergency room.

What MCAN Is Doing

The Merck Childhood Asthma Network, Inc. (MCAN) is the only national nonprofit, 501(c)(3) organization focused on addressing the complex and growing problem of pediatric asthma. The LAUSD Comprehensive Asthma Program described here is one of five program sites across the country funded by MCAN in 2005 to put proven childhood asthma management strategies to work – and improve the health and lives of children and their families. The findings of these interventions were published as a collection of studies in a November 2011 supplement to the journal Health Promotion Practice.\(^5\) According to the studies, one of the keys to successful implementation of childhood asthma management programs in “real-world” settings is a community-based care coordination approach that combines evidence-based science, asthma education and community engagement.

MCAN is funded by the Merck Company Foundation, the philanthropic arm of Merck & Co., Inc., and works with governmental, private sector, foundation, community and quality organization leaders to bring proven, evidence-based strategies to communities that need them. Learn more at www.mcanonline.org.

A Snapshot of Childhood Asthma in California

- 1.7 million children in California have been diagnosed with asthma at some point in their lifetime.
- There are approximately 145,000 emergency department visits from patients with asthma and 36,000 hospitalizations, including about 5,000 repeat hospitalizations every year.
- There are approximately 4.8 asthma hospitalizations for every 1,000 Medi-Cal (California’s Medicaid program) members with asthma.
- Rates of asthma-related ED visits are two times higher among children under age 19 than among adults. Rates of asthma-related hospitalizations are 1.6 times higher among children under age 15 than among people over age 15.
- Total charges for asthma hospitalizations in 2005 in California were $763 million.\(^5\)

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3 Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey 2006
6 Translation of Evidence-Based Pediatric Asthma Interventions in Community Settings: The MCAN Experience. Health Promotion Practice, 2011; 12 (6 suppl 1). http://hpp.sagepub.com/content/12/6_suppl_1.toc