Objectives

- Introduce the CHAMP program
- Review of successes
- Review of challenges and lessons learned
- Next steps
Linn County Iowa

- Largely rural
- Have the second largest city in the state
- Population of 215,000
- Mostly white, but minority groups are rapidly growing
- Median household income is $6000 higher than the median income in the United States
- 87.2% of Linn County live in urban areas with the remaining 12.8% living in rural areas

Prevalence of Asthma

<table>
<thead>
<tr>
<th>Linn County Population Children aged 0-17</th>
<th>Estimated Asthma Prevalence Among Children (based on ED visits)²</th>
<th>Children age 0-17 with severe asthma in Linn County¹</th>
<th>EIHC Population Children 0-17 with diagnosed Asthma</th>
<th>Estimated EIHC Asthma Children with severe asthma¹</th>
<th>Estimated EIHC Severe asthma children that have inadequate control³</th>
</tr>
</thead>
<tbody>
<tr>
<td>51,847</td>
<td>3007</td>
<td>571</td>
<td>274</td>
<td>52</td>
<td>10.4</td>
</tr>
</tbody>
</table>

² Estimated from NHIS 2010
³ Estimated from EHC 2010
What is the CHAMP program?

- Child or adult with diagnosed asthma
- Child or adult (not diagnosed with asthma) had asthma or wheezing symptoms in last 12 months
- Referred by practitioner
- Home visit with environmental assessment
  - Children-3 visits and follow-up phone call
  - Adults-1 visit
Attachments to Referral Form

- Medication List
- Asthma Control Test
- Asthma Action Plan
- Clinical Summary

Home Visit

- Asthma medications
- Asthma action plan
- Indoor air quality/air sampling
- Respiratory/asthma triggers
- How to identify and control for triggers
- Home assessment
3 Visit Model

- Visits will be spaced 1-2 weeks apart
  - 1-green cleaning kit with safe cleaning recipe guide ($30)
  - 2-mattress encasement, pillows/pillow encasements, furnace filters, garbage cans ($100)
  - 3-vacuum, air conditioner, dehumidifier ($250)
- Follow-up phone call 30 days after completion of visit 3
  - $25 gift certificate to local grocery store
    (cannot be used for alcohol, tobacco, lottery, pharmacy)

Home Assessment Hazards

- 1-Damp and Mold growth
- 2-Excess Cold
- 3-Excess Heat
- 4-Asbestos, Silica and other MMF
- 5-Biocides
- 6-Carbon Monoxide and fuel combustion products
- 7-Lead
- 8-Radiation
- 9-Uncombusted Fuel Gas
- 10-Volatile Organic Compounds
- 11-Crowding and Space
- 12-Entry by Intruders
- 13-Lighting
- 14-Noise
- 15-Domestic Hygiene, Pests and Refuse
- 16-Food Safety
- 17-Personal Hygiene, Sanitation and Drainage
- 18-Water Supply
- 19-Falls Associated with Baths
- 20-Falling on Level surfaces
- 21-Falling on Stairs
- 22-Falling Between Levels
- 23-Electrical Hazards
- 24-Fire
- 25-Flames, Hot Surfaces
- 26-Collision and Entrapment
- 27-Explosions
- 28-Position and Operability of Amenities
- 29-Structural Collapse and Falling elements
- 30-Ventilation Practices
- 31-Pets
- 32-Smoking
- 33-Safety
- 34-Heating/Cooling System
- 35-Asthma Recommendations
- 36-Air Cleaning Device
- 37-Chickens/Farm Animals
- 38-Wood Smoke
- 39-Home Appliances
- 40-Candles
Healthy Homes Assessment Report

- Photos
- Recommendations
- Used to give to the enforcement agency
- Given to landlord as written notice
Challenges

- Turnover of staff at our FQHC
- Transient clients
- Fear of a government agency coming into their home
Successes

• Funding for incentives
  • Air quality fines and penalties
• SIM Grant
  • One agency or hospital cannot fix our health care system
  • Work together and communicate in a way to improve outcomes and reduce costs
  • Can't focus on just one part of an individual but rather, the whole individual, SDH too

Take away messages

• What will work for your clients
• Even a little improvement is improvement
• If something doesn’t work try again
Lynne M. Abbott MSN, RN, AE-C, HHS
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