Asthma Cooperative Agreement Partner Profile MISSOURI

Accessible link: https://www.cdc.gov/asthma/contacts/asthma-grantee-profile-mo.html

The Missouri Asthma Prevention and Control Program (MAPCP) has been part of CDC's National Asthma Control Program since 2000, working alongside partners to reduce asthma disparities by improving the quality of asthma care, improving asthma management in schools, and fostering policies to help reduce exposure to asthma triggers in outdoor, indoor, and workplace environments.

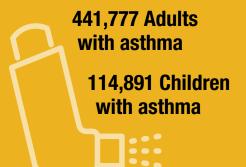
Strategies in Action

- In collaboration with the Missouri Telehealth Network, MAPCP's Asthma Ready Communities Team developed three asthma series for the Missouri Extension for Community Health Outcomes platform, a collaborative learning model using video-conferencing technology. They are a multidisciplinary team representing several universities and health systems who build learning communities to expand access to specialty medical care and to share knowledge and best practices. To date, more than 250 clinicians and allied personnel, representing 75 organizations, have received this professional development training. Preliminary data show that 65% of participants have adopted asthma best practices. Analysis of Medicaid claims data will allow measurement of change in four key indicators: controller medication use, ED visits, hospitalizations, and the number of children receiving outpatient care.
- Since 2014, MAPCP has partnered with the Missouri Department of Health and Senior Services School Health Program and school districts to enhance training and support for school-based asthma care through the Childhood Asthma Linkages in Missouri (CALM) project. Through CALM, school district health personnel prioritize professional development goals and implement Teaming Up for Asthma Control (TUAC), an evidencebased program for asthma management in schools. Evaluations of TUAC show that students improve in asthma control and experience better health outcomes, with an average Medicaid cost savings of over \$1,400 per TUAC participant compared to non-participants. Two school districts participated and submitted data for the CALM project in 2021–2022. They had a combined population of 25,500 with an estimated 2,295 students diagnosed with asthma.
- MAPCP coordinated efforts with the Missouri Department of Elementary and Secondary Education, Missouri Healthy Schools (MHS) to train 266 school nurses in response to revisions in clinical practice guidelines for asthma rescue medication administration. They distributed demonstration kits during live training sessions held in July 2020. A survey sample in January and February 2021 found that 88% of schools switched to metered dose inhalers (with or without masks), in alignment with the new guidelines for safe school-based asthma care. School nurses reported 54% improvement for students' asthma control status as compared to the previous school year.





2020



In 2020, a total of 441,777 Missouri adults (9.3% of the adult population) had asthma and 114,891 Missouri children aged 0–17 years (8.9%) had asthma.

2019
22,000+ ER visits
3,400 Hospitalizations

In 2019, Missouri saw more than 22,000 asthma-related emergency department (ED) visits and over 3,400 hospitalizations due to asthma.

cdc.gov/asthma

National Asthma Control Program: EXHALE

E ducation

on asthma self-management

X -tinguishing

smoking and exposure to secondhand smoke

Home

visits for trigger reduction and asthma self-management education

A chievement

of guidelines-based medical management

Linkages

and coordination of care across settings

Environmental

policies or best practices to reduce asthma triggers from indoor, outdoor, or occupational sources

CDC's National Asthma Control Program (NACP) and

its partners help people with asthma achieve better health and improved quality of life.

NACP developed EXHALE, a set of six public health strategies that each contribute to better asthma control.

Each EXHALE strategy has been proven to reduce asthmarelated hospitalizations, emergency department visits, and healthcare costs. Using the EXHALE strategies together in a community can have the greatest impact.