Asthma and Allergy Foundation of America®

MARYLAND-GREATER WASHINGTON, DC CHAPTER

YEAR IN REVIEW 2014

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VIEW FROM THE TOP: EXECUTIVE DIRECTOR'S MESSAGE 2014

SOME ASTHMA HISTORY:

We know that asthma existed in ancient Egypt, and even before that. Papyrus found in the 1870s contains prescriptions written in hieroglyphics for over 700 remedies—one was to heat a mixture of herbs on bricks and inhale their fumes.
A few hundred years ago it was common in China to give a person with asthma herbs containing ephedrine from which they could inhale beta-agonists.

Jean Baptiste Van Helmont (1579 -1644 AD), a physician, chemist and physiologist from Belgium, said that asthma originates in the pipes of the lungs.
Bernardino Ramazzini (1633-1714 AD), known to some as the father of sports medicine, detected a link between asthma and organic dust. He also recognized exercise -induced asthma.
In the early 20th century asthma was seen as a psychosomatic disease - an approach that probably undermined any medical breakthroughs at the time. From the 1930s to 1950s it was known as one of the *holy seven* psychosomatic illnesses with the primary treatment component, psychoanalysis and other 'talking cures'. A child's wheeze was seen as a suppressed cry for his or her mother. Psychoanalysts thought that patients with asthma should be treated for depression. This psychiatric theory was eventually refuted and asthma became known as a physical condition in the late 20th century. Asthma, as an inflammatory disease, was not really recognized until the 1960s when anti-inflammatory medications started being used.

There has been a serious shift in asthma care in the eight-plus years that I have served as Executive Director of the Maryland-Greater DC Chapter of AAFA. When I came on board, the bulk of Federal monies (subsequently funneled down to the state level) came from the Centers for Disease Control and Prevention (CDC). Asthma was seen as a chronic disease that should primarily be solved by the medical community, but myths still persisted. Treatments like smoking (yes, ads for 'asthma cigarettes' were prevalent), and other colloquial approaches remained.
Many coaches and parents still believe in the myth that asthma is basically psychological and that if a child would just 'toughen up' the symptoms would subside. Thank goodness CDC's approach has yielded amazing advances over decades. **The challenge remains to disseminate that information to the public,** and that has been the job of the Chapter for over 30 years.

The impact of external air quality became a new concern. Studies cited higher asthma rates in locales that had failed one or more of the EPA's air quality standards. Conditions in Chinese cities reinforced this concept, so federal funding migrated a bit and more asthma dollars were awarded by the EPA.

Fast-forward to the early 21st century and focus has shifted yet again. Since children spend so much time indoors (at school, at home, at child care), interior air quality and indoor asthma triggers needed mitigation in these settings. Over the last 8 years, our Chapter stepped up to help DHMH develop tools to train teachers and child care providers about making their sites asthma-friendly. Sites that did so received a special DHMH designation.

When knowledge is communicated and understood, it then becomes useful as a tool to help manage both prevention efforts and patient symptoms.

ADVANCES IN ASTHMA: Coordinating Care

Recent reports continue to shed light on methods to understand factors that influence the course of asthma, methods to assess and communicate levels of control, and new targets for intervention, as well as new immunomodulators.
It will now be important to carefully assess risk factors for the development of asthma, as well as the risk for asthma exacerbations, and to improve the way we communicate this information in the health care system.
This will allow parents, primary care physicians, specialists, and provider systems to more effectively intervene in altering the course of asthma and to further reduce asthma morbidity and mortality.

The Strategy of PREVENTION

Last year's "Advances in Pediatric Asthma: Moving toward Asthma Prevention" concluded that, "We are well on our way to creating a pathway around wellness in asthma care and also to utilize new tools to predict the risk for asthma and take steps to not only prevent asthma exacerbations but also to prevent the early manifestations of the disease and thus prevent its evolution to severe asthma."
(Journal of Allergy and Clinical Immunology publications in 2013 and early 2014).

WORKPLACE CAMPAIGNS DOWN

The results of workplace giving campaigns in the 2013 and 2014 cycles were down overall, some as much as 48% (Combined Federal Campaign) nationwide. Since the Chapter relies heavily on payroll deduction giving from the many workplace giving campaigns, Chapter activities were somewhat curtailed in 2014 in geographic locations like Northern Virgina and DC. Though workshops, health fairs and brown bag Lunch-&-Learn sessions continued in many areas that had enjoyed such services in the past, only a few new service sites were added.

In Memory 2014

Suzanne Kulp
Timothy Gates
Tanya Patterson-Swann
Randy Ruffin

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Highlights of 2014 AAFA Service Stats

Asthma and Allergy Foundation of America®
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GENERAL PUBLIC & FAIRS
Number of Health Fairs: 17
Total Attendance at Fairs: 2,550
Total # of Mini Lectures at Fairs: 34
Mini Lecture Attendance: 340

ASTHMA FRIENDLY CHILD CARE INITIATIVE:
(Grant and non-grant funded activities)
Workshops-# of Child Care Staff: 317
Child Care Sites Involved: 207
Follow Up Technical Assistance: 317
Technical Assistance Contacts: 792

 # HEALTH PROFESSIONALS TRAINED: 41

CORPORATE WORKSHOPS: 35
# of Corporate Employees: 280

INFO & REFERRAL SERVICES
Total Contacts: 1,798
Education Packets Provided: 589
Follow-Up Contacts: 147

MISSION:
AAFA MD-DC Chapter is a local, non-profit, 501(C)3 voluntary health organization dedicated to improving the quality of life for asthma and allergy sufferers.
The foundation provides education, support and referrals to assist patients, their families and health care providers in the control and management of these chronic diseases.

Community Support

Allogram, Inc.
Allstate Giving Campaign
Baker Sisters Family Dental Care
Clare Broeker McCormick Trust
Concepts in Motivation
Exelon Corporation
Exxon Mobil
Fluor USA
CFC of the National Capital Area
Honeywell Hometown Solutions
IBM Employee Services Center
McCormick & Company, Inc.
Morgan Stanley Annual Appeal
Mount Lebanon High School
Price Waterhouse Cooper Campaign
The David W. Buck Family Foundation
United Food & Commercial Workers Local 1994

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