



CLEARING THE AIR

Addressing Asthma Disparities in Maryland

AGENDA

JUNE 28, 2011 - 8:00 A.M. – 4:30 P.M.

Maritime Institute Conference Center, Linthicum, MD



Virtual Resource Exhibit



When it comes to having conference 'take aways,' you are all set!

The USB thumb drive on your lanyard is loaded with resources that address asthma disparities - plus, we're saving trees!

The Virtual Resource Exhibit tables have DISPLAY ONLY copies of most items on your conference USB thumb drive.

Feel free to browse, knowing that you already have electronic copies, access to ordering information, or website information where items can be downloaded.

Most importantly, plug in your thumb drive at work, review the Master Index, then review the Index inside each Folder that summarizes the contents of that Folder.

When you find something useful, open, save and print it out. Hang on to the thumb drive, and you will have a wonderful resource for the future. *Hint: Many folders have sub-folders with even more resources and toolkits!*

Virtual Resource Exhibit Tables

Asthma in the Older Adult
Asthma Action Plans & Assessment Tool
Asthma Disparities – Professional Resources
Culturally Competent Asthma Education (Spanish)
General Resources
Environmental Impact Tools
Green Cleaning Tools
Health Care Access
Model Programs
Myths
Tools to Teach Children & Youth: For School Staff,
Child Care Providers & Parents

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Addressing Asthma Disparities in Maryland

CONFERENCE SCHEDULE

June 28, 2011 - 8:00 A.M. – 4:30 P.M.

Maritime Institute Conference Center, Linthicum, MD

8:00 – 8:30 Registration & Continental Breakfast

8:30 – 8:40 Welcome & Overview

8:40 – 8:50



Joshua M. Sharfstein, M.D.
Secretary of Health & Mental Hygiene

8:50 – 9:00 **Oxiris Barbot, M.D.**, Baltimore City Health Commissioner

9:00 – 9:05 The Human Side of Asthma – A Video

9:05 – 9:20 **GENERAL SESSION: “The Reality of Asthma Disparities in Maryland” - in the Main Auditorium**

Presenter:

Cheryl De Pinto, M.D., MPH, Medical Director, Child, Adolescent, and School Health; Center for Maternal and Child Health, DHMH

There are considerable disparities in the burden of asthma by age, race, ethnicity, and geography. Young children, African-Americans, those with low income, and residents of urban and rural settings carry a disproportionate burden of asthma in Maryland. Access to quality care is thought to be a significant factor contributing to disparities. Disparate populations may lack insurance, asthma education, or access to quality primary or specialty care providers. These and other barriers to quality care have significant impacts on asthma morbidity and mortality.

To reduce disparities, interventions must focus on the most affected groups. Success in reducing disparities will be achieved through initiating new and innovative approaches to reaching disparate populations. Interventions to address asthma must consider available data, social-ecological factors, culturally appropriate methods, and best practices in their design. Activities should take into account each community’s unique strengths and challenges, be developed from the “ground up,” and involve communities and persons with asthma in order to build local momentum for change.

Leadership and a “call to action” are necessary elements for success. Addressing disparities will take the concerted effort of many local and State agencies, community based organizations, state and national organizations, clinicians, and communities. Education about asthma, as well as application of data and science based strategies form the basis of efforts to reduce disparities.

9:20 – 9:25 The Human Side of Asthma

9:25 – 11:00 **GENERAL SESSION: “Barriers and Factors that Contribute to Asthma Disparities”**

Moderator:

Clifford S. Mitchell, MS, M.D., MPH, Assistant Director for Environmental Health and Food Protection; Infectious Disease and Environmental Health Administration, DHMH



Featured Speaker:

Thomas LaVeist, Ph.D., Johns Hopkins Bloomberg School of Public Health, William C. & Nancy F. Richardson Professor in Health Policy; Director, Center for Health Disparities Solutions

Panelists:

- **Karen Malamut, D.O.**, Regional Medical Director, Merck & Co. Inc.
- **Stephen J. Teach, M.D., MPH**, Children’s National Medical Center, Chief of Allergy, Immunology

11:00 – 11:05 The Human Side of Asthma

11:05 – 11:50 **GENERAL SESSION: “Reaching Hard to Reach Populations – Marketing the Message”**

Presenter:

Anne Marie O’Keefe, Ph.D., J.D., Morgan State University, Associate Professor, Department of Health Policy and Management

The six leading causes of death in this country, accounting for the vast majority of all deaths every year, are behaviorally based or exacerbated. Unfortunately, these deadly diseases take a disproportionate toll on persons in the lowest socioeconomic brackets. Those who are under-educated, under-employed, poor, and unconnected, live substantially shorter and less healthy lives. They die of diseases that are largely preventable. The disproportionate burden of asthma borne by minorities and the poor is not a medical mystery, and its solution does not require high-tech interventions. It requires thoughtful, tailored applications of the same techniques that have helped wealthy people live longer and healthier lives. Social Marketing is a powerful tool for behavior change. Participants will learn how to: identify their primary and secondary target audiences; conduct formative research to assess their audience’s needs; formulate, pre-test, implement and evaluate interventions that lower the barriers and increase the benefits of healthy behavior. In other words, participants will discover how to apply the principles of Social Marketing to make desired healthy behaviors fun, easy and popular. The presentation will include lessons learned from the tobacco control movement, the most successful health revolution of our time. It will also reveal the power of social networking as a force for population-based behavior change.

11:50 – 12:00 **‘Take Away’ Asthma Tools: Video Overview – Conference Lanyard**

- Highlights of afternoon panels
- Lunch Logistics: Lunch Table Topics

12:00 – 1:00 **LUNCHEON TABLE TOPICS**

Attendees are encouraged to network with colleagues about specific asthma table topics. Please look for the table signs in the side room of the buffet luncheon area.

- | | | |
|------------------------------------|--------------------------|--|
| • Asthma Friendly Schools | • Second Hand Smoke | • Creative Asthma Outreach |
| • Asthma Friendly Child Care | • Environmental Triggers | • Creative Low-Cost Solutions |
| • Integrated Pest Management (IPM) | • Cultural Competency | • Home Visiting Programs |
| • Self-Carrying Medications Issue | • Medicine Adherence | • Open Discussion (Several tables are designated ‘OPEN’) |
| • Asthma Action Plans | • Access to Health Care | |
| | • Asthma in Older Adults | |

TRACK A: Proven Methods and Considerations in Addressing Asthma Disparities



1:15 - 2:25 | Room A305

A-1. What Works: Model Strategies for Urban and Rural Settings

Panelists:

- **Karen Malamut, D.O.**, Regional Medical Director, Merck & Co. Inc.
- **Arlene Butz, Sc.D, RN, MSN, CPNP**, Johns Hopkins Bayview Medical Center

The clinical perspective is important when confronting asthma disparities. Participants will learn about specific and innovative strategies, both urban and rural, to help under-served and diverse populations better manage their asthma. Targeting the core factors that contribute to asthma disparities, case studies and data will be presented on programs that can be replicated in other communities to overcome these factors.

Learn about an urban initiative to reduce exposure to second hand smoke (SHS) for Maryland children. Exposure to SHS in children has been associated with increased risk for the development and severity of asthma and difficulty in managing

symptoms. Avoidance is a key component of national recommendations for childhood asthma management. Despite parental awareness that SHS exacerbates asthma, 40-67% of inner-city children with asthma reside in a household with at least one smoker. Young children may spend up to 90% of their time in the home and are at particular risk. Learn about how the use of salivary cotinine has been used to identify children with high SHS exposure. Learn how to motivate parents to initiate a smoking ban at home, and about the effectiveness of smoking cessation programs. Data will be presented on use of home air cleaners, motivating patients during office visits, smoke free pledges, and “safe smoke zone” for smokers.



1:15 - 2:25 | Bridge Room

A-2. Marketing Health Messages to Diverse Populations

Panelists:

- **Anne Marie O’Keefe, Ph.D., J.D.**, Morgan State University, Associate Professor, Department of Health Policy and Management
- **Bonnie Braun, Ph.D.**, University of Maryland, Professor, Department of Family Science
- **Cassia Lewis-Land, MA, CCRP**, Johns Hopkins School of Medicine, Project Director, General Pediatrics & Adolescent Medicine

Learn about social marketing techniques effective for hard-to-reach populations in an effort to reduce the health inequities. Examine the process and think like a marketer. Understand why information alone is not sufficient for successful asthma management. Learn to always assume the point of view of the target audience; focus on the bottom line of behavior change; design and implement interventions that minimize barriers and maximize the benefits of healthy behavior; and evaluate and refine interventions based on evidence. The ‘doer/non-doer’ analysis will be taught to help leverage the power of those who practice healthy behaviors to help those who do not. Learn how to choose and use optimal communication channels,

including social media, to reach targeted audiences. Research outcomes on more than a decade of marketing health messages to rural populations will be explored. A case study will be presented on a pilot project in which urban, low income parents use their cell phones to better manage their child’s asthma. The model links parents to *HealthCentral.com* for an initial training session and simple instructions. Parents text daily information about their child’s asthma level, symptoms, and administered medications. Daily graphs depicting these three factors are then transmitted to a case manager who, in the instance of more severe situations, contacts the parent to determine if the child needs to be evaluated by a physician.



1:15 - 2:25 | Room A111/A113

A-3. Asthma Interventions: Research Into Practice

Moderator:

Stephen J. Teach, M.D., MPH, Children's National Medical Center, Chief of Allergy, Immunology, Professor of Pediatrics & Emergency Medicine

Panelists:

- **Keyvan Rafei, M.D., MBA**, University of Maryland Baltimore, Chief of Pediatric Emergency Medicine
- **Gregory Diette, M.D., MHS**, Johns Hopkins School of Medicine, Associate Professor & Director of Clinical Research, Division of Pulmonary & Critical Care Medicine
- **Kate Scott, MPH, RN, BSN**, Baltimore City Department of Health, Asthma Program Director, Reducing Asthma Disparities (RAD) Initiative

Gregory Diette, M.D., MHS, - African-American children have disproportionately high rates of asthma, as well as excessive morbidity and mortality compared to other races. Race-based disparities in asthma health are not new, but the gap between whites and blacks has widened inexplicably over the past 30 years. Many factors coalesce unfavorably in this highly affected group, including high exposure to certain ambient pollutants, certain indoor allergens and pollutants, and the effects of poverty. Another factor that distinguishes the inner-city African-American child is a diet of poor quality that may increase susceptibility to airborne pollutants and allergens.

The "Mediterranean-type" diet has been shown to protect against asthmatic response and is low in pro-inflammatory foods. Rich in anti-oxidants and Vitamin D, the diet is comprised of whole fruits, legumes, vegetables, low-fat dairy foods, and low-fat meats, versus so-called junk food and sugar-containing beverages. In the U.S., over only the past 30+ years (the same time period in which race-based health disparities have widened in asthma as well as in diabetes, heart disease and obesity), the national diet has diverged significantly from this healthy diet pattern. These unfavorable patterns are especially notable in low-income African-Americans (see background). We will discuss the evidence behind these statements and the Johns Hopkins ASTHMA-DIET program which is studying how airway inflammation and oxidative stress are modified by diet and how with these findings may be translated into practical dietary strategies to improve pediatric asthma health.

Kate Scott, MPH, RN, BSN - will present findings from a home visiting program, targeted to inner-city families with asthmatic children (ages 4 to 18), that strives to reduce home based asthma triggers, improve asthma management, and establish community-based support networks for families within a "healthy home" framework. Preliminary results

suggest that the Reduce Asthma Disparities (RAD) approach is resulting in reduced presence of pests and reduced evidence of environmental tobacco smoke. Learn about the efficacy of a comprehensive holistic housing approach that includes integrative pest management (IPM) and smoking cessation to reduce allergens and establish an asthma friendly home environment.

Keyvan Rafei, M.D., MBA - The Pediatric Asthma Program at the U. M.D. Hospital for Children has been awarded three consecutive cycles of Joint Commission certification for excellence in Pediatric Asthma Care. Learn about this program's advances in the treatment of acute childhood asthma through inroads made in the effective integration of asthma education, streamlined communication with primary care providers, and community partnerships to improve outcomes.



1:15 - 2:25 | Room A307

A-4. Accruing Savings with Insurance-Funded Home Visits: The Michigan Asthma Case Management Model

Presenter:

Karen Meyerson, MSN, RN, FNP-C, Manager, Asthma Network of West Michigan

Learn about an innovative model that better manages asthma and saves health care dollars by reducing asthma hospitalizations and emergency room visits. The Asthma Network of West Michigan (ANWM) was formed in 1994 when community leaders came together to address the rise in morbidity and mortality associated with pediatric asthma. ANWM received funding for a demonstration project to deliver home-based asthma care to uninsured and under-insured children whose asthma was leading to a high number of ER visits and missed school days. ANWM now provides comprehensive home-based case management to children

and adults, including asthma education, coordination with health care providers, use of asthma action plans, home environmental assessments, and social worker support. Priority Health, ANWM's first health plan partner, agreed to reimburse ANWM for its home visit program in 1999 - which is believed to be the nation's first agreement between a grassroots coalition and a Managed Care Plan. Contracts now exist between ANWM and five local health plans. ANWM receives reimbursement for home-based case management of individuals with Medicaid, commercial, or Medicare coverage. Third-party reimbursement now supports over one-third of the ANWM annual budget.

2:35 – 3:40 Call to Action BREAKOUT Sessions – CHOOSE ONE SESSION: B1, B2, B3 or B4

TRACK B: Proven Methods and Considerations in Addressing Asthma Disparities



2:35 - 3:40 | Room A305

B-1. Health Literacy: How it Affects Disparities

Presenter:

Bonnie Braun, Ph.D., University of Maryland College Park, School of Public Health, Endowed Chair & Director, Horowitz Center for Health Literacy

Limited health literacy is a health disparity and a social determinant of health. In this interactive session, learn about the importance of health literacy as a factor in addressing health disparities. Health literacy is defined as an individual's ability to read, understand and use health care information to make decisions and follow instructions for treatment. There are multiple definitions of health literacy, in part because health literacy involves the context (or setting) in which health literacy demands are made (e.g., health care, media, Internet or fitness facility), and the skills that people bring to that situation.

Studies reveal that up to half of patients cannot understand basic health care information. Low health literacy reduces the success of treatment and increases the risk of medical error.

You will learn about various interventions that have improved health behaviors in persons with low health literacy such as, simplified information and illustrations, avoiding jargon, "teach back" methods, and encouraging patients' questions. Discover why health literacy, a primary factor underlying health disparities, is of continued and increasing concern for health professionals. The government's "Healthy People 2020" report has included it as a pressing new topic, with objectives for addressing it in the decade to come. This session will explore available tools and the reasoning behind best practices. Participants will leave with implementation strategies to apply in their respective work settings.



2:35 - 3:40 | Room A307

B-2. The History and Future of Asthma Treatment: Myths Dispelled

Panelists:

- **Mona Tsoukleris, PharmD.**, University of Maryland School of Pharmacy, Associate Professor, Continuing Pharmacist Education
- **Nargues Weir, M.D.**, National Institutes of Health, National Heart, Lung and Blood Institute; Co-Director of Research Development, NIH-Inova Advanced Lung Disease Program

Nargues Weir, M.D. - Historically, asthma therapies have primarily consisted of bronchodilator and anti-inflammatory approaches/medications. The current treatment of asthma in the US is predicated on the recommendations of the National Asthma Education and Prevention Program's Expert Panel Report (NAEPP EPR3) published in 2007, which recommended adjusting the intensity of therapy based on the severity of symptoms and age. However, it has become clear after ten years of research that there are many different phenotypes within asthma. Future therapies will target treatment based

on specific phenotypes or even based on the subtype of inflammation present in the lower airways. Exciting new treatments are being developed and include: novel anti-inflammatories (with mechanisms of action that are completely distinct from traditional corticosteroid therapies); bronchial smooth muscle response modification; and, an increasing appreciation of comorbid diseases whose treatment may impact asthma morbidity. Finally, promising research exploring immunomodulatory pathways continues.



2:35 - 3:40 | Room A111/A113

B-3. Creating Asthma Friendly Environments: In Schools, Child Care Centers and Patient-Centered Medical Homes

Moderator:

Cheryl De Pinto, M.D., MPH, Medical Director, Child, Adolescent, and School Health; Center for Maternal and Child Health, DHMH

Panelists:

- **Lois Wessel, RN, CFNP**, Association of Clinicians for the Underserved (ACU), Associate Director for Programs
- **Luis Rolando Aguirre, M.D.**, Montgomery County Health & Human Services; Asthma Program Coordinator, Latino Health Initiative
- **Rebecca Aiken, RN, BS, NCSN**, Garrett County Board of Education; Lead Nurse, School Health Service

Interventions to address environmental asthma triggers must be tailored to specific environments. Each has its own challenges, whether it is for the home, school, child care setting or in the creation of a medical home. Multiple perspectives will be explored as well as strategies on how to get started, important aspects and tips on how to coordinate efforts across all settings.

Lois Wessel, RN, CFNP - Clinicians are often overwhelmed with addressing the NHLBI guidelines, incorporating environmental trigger assessment into practice and promoting use of self-management tools. Learn more about asthma care in the patient-centered medical home, a comprehensive

primary care model that facilitates partnerships between patients, providers and the community. This session will use case studies to discuss a comprehensive team approach to decrease disparities that includes community resources, use of electronic health records, and education to families with low health literacy and limited English proficiency.

Rebecca Aiken, RN, BS, NCSN - There is nothing better than the moment when you celebrate the completion of a very difficult task. You are celebrating that your work is done and that you can move on to a new project. From the moment Garrett County's School Health Services undertook the Asthma Friendly Schools Initiative, we quickly realized that this was

not that kind of project. The harder we worked the more work there was to do. Two years later, we are still working. This presentation is an overview of our ongoing journey to address the disparities that exist for our students with asthma and allergies. Highlights include our start-up, the barriers faced, and the partnerships formed to overcome them. Our school nurses celebrate the small accomplishments as they keep working to make our schools asthma friendly learning environments.

Luis Rolando Aguirre, M.D. - The Latino Asthma Management Program combines a number of innovative aspects that together address a serious public health problem of an under-served population in Montgomery County. Learn

about this program, conceived in 2005 and drawing upon the assets of the Latino community to provide culturally and linguistically competent education on asthma management. The target audience is Latino parents and caregivers who care for children with asthma. Through education, they learn about the key issues and practical application of successful asthma control. Participants are guided by volunteer asthma management coaches who maintain regular contact. To date, 215 Latino parents/caregivers have been served and 34 asthma coaches have received training. Learn about the program's two tested curricula, one for group sessions and the other for training coaches, as well as evaluation tools that can be used to replicate the model.



2:35 - 3:40 | Bridge Room

B-4. The Human Side of Asthma: Educating Patients to Make Healthy Decisions - Overcoming Barriers to Medication Adherence

Panelists:

- **Karen Malamut, D.O.**, Regional Medical Director, Merck & Co. Inc.
- **Arlene Butz, Sc.D, RN, MSN, CPNP**, Johns Hopkins Bayview Medical Center
- **Greg Diette, M.D., MHS**, Johns Hopkins School of Medicine, Associate Professor & Director Clinical Research, Division of Pulmonary & Critical Care Medicine
- **Bernard Abbott, M.D.**, South Baltimore Family Health Center, Medical Director, Pediatrician

Health disparities and adherence are uniquely interrelated. Multiple factors coalesce unfavorably by race. These include poverty, education, occupation, health care access, ambient air pollution, adherence, allergens and indoor pollution. How is communication central to health disparities? Are there race differences associated with adherence? Is asthma care worse in a particular racial community? Learn the answers to these questions and about multi faceted interventions from both a macro (systems) and micro (clinic) level – both of which are needed to impact this chronic disease.

Although anti-inflammatory medication remains the cornerstone of treatment for persistent asthma, only about 50% of inhaled medications are taken as prescribed and adherence does not improve with increased severity. To understand adherence one must understand the culture and social context of the patient and how they integrate the asthma treatment into his/her everyday life. There are several types of non-adherence including intentional, erratic

and unwitting. Several barriers to appropriate medication adherence include parental worry and concern regarding medication side effects, confusion with aerobic steroids; complex dosing regimens, cost of medications and poor health care provider-parent communication. Providing parents with pharmacy refill records and conveying the number of fills of anti-inflammatory and rescue medications filled over the past 12 months has motivated some parents to increase adherence to anti-inflammatory medications. This presentation will define adherence, discuss the types of adherence and present evidence-based interventions that promote medication adherence and provide practical tips to improve patient adherence from multiple perspectives.

PLEASE RETURN TO THE MAIN AUDITORIUM FOR THE CLOSING GENERAL SESSION with Bernard Abbott, M.D. (details on the following page)

Door prize winners will be drawn directly following. You must be present to win.

3:50 – 4:15 *GENERAL SESSION: “Doing More with Less”: Addressing Disparities in Challenging Economic Times - in the Main Auditorium*

Presenter:

Bernard Abbott, M.D., South Baltimore Family Health Center, Medical Director, Pediatrician

It is incumbent upon every health professional to be aware of and to address health disparities and inequities in health care. This presentation illustrates the steps to providing good asthma care in ways that take the disparity issue into account.

The challenge facing all health care providers in the coming decade is how to address asthma disparities at a time when many patients, families, and clinical practices are facing challenging economic times. How can health professionals ‘do more with less’ while addressing asthma disparities? How can patients and their families be active partners in asthma management when resources are scarce?

Dr. Bernard Abbott has worked for twenty seven years as a pediatrician in the Cherry Hill community of Baltimore City,

23 of those years spent serving as Medical Director of the South Baltimore Family Health Center. Cherry Hill community statistics are as follows:

- 96% of residents are African-American;
- 42.8% of residents are below the poverty level;
- 35% of adults ages 25-64 do not have a high school education (2000);
- 38% are single mother households; and
- In 2008, life expectancy in Cherry Hill was estimated to be age 65 (the national average is 78.1).

These statistics represent ‘the perfect storm’ of converging factors that contribute to health disparities. Dr. Abbott’s real world approach has been honed in that exact environment. He will offer his observations on how to address asthma disparities in the most challenging of circumstances.

4:15 – 4:30 *PRIZE DRAWINGS*

To be eligible for the Prize Drawing:

- You MUST be present to win
- You MUST hand in the Call to Action Pledge Forms and Conference Evaluation Form

4:30 *Adjourn*

Reminder - In order to receive continuing education credit leave your CEU forms in the box at the registration desk.

Biographical Sketches

Bernard Abbott, M.D. has served at South Baltimore Family Health Center (SBFHC) for the past 27 years as a full time, board certified pediatrician and has been medical director for SBFHC for the past 23 years. Dr. Abbott is currently the Chief Medical Officer for Family Health Centers of Baltimore. In addition, he is an attending physician at both Harbor Hospital Center and Mercy Medical Center in Baltimore. Dr. Abbott is also a Clinical Instructor in the Department of Pediatrics at the University Of Maryland School Of Medicine and has been a preceptor and mentor for nursing and nurse practitioner students at Johns Hopkins School of Nursing for the past 8 years.

Luis Rolando Aguirre, M.D. is a foreign-trained physician and currently is the Asthma Program Coordinator of the Montgomery County Department of Health and Human Service's Latino Health Initiative. In the last five years, he helped to implement an innovative model of asthma education tailored for Latinos through education and outreach community activities.

Rebecca Aiken, RN, BS, NCSN has been a school nurse for twenty-one years and has practiced school nursing at all grade levels, pre-kindergarten to twelfth grade. She is currently the school nurse at Northern Garrett High School in Accident, Maryland, and is the head nurse for the Garrett County School Health Services Program. Mrs. Aiken also possesses a degree in elementary/middle education. Her classroom experience has helped her to understand the needs of both teachers and school nurses as they work together toward the common goal of educating students while maintaining their health and safety.



Oxiris Barbot, M.D. was appointed Commissioner of Health for Baltimore City in July 2010. Her priorities include maximizing community engagement, promoting health equity and fostering innovation. During her short tenure, she has streamlined the Department's organizational structure to support work addressing social determinants of health. She has testified before City Council on health disparities. Under her leadership, the Department has expanded the Virtual Supermarket, one of its innovative strategies for increasing access to healthy foods for those

living in food deserts. In the spring of 2011, she unveiled Healthy Baltimore 2015, a comprehensive health policy agenda that highlights areas where the largest impact can be made on reducing morbidity and mortality while improving quality of life for all Baltimoreans. Dr. Barbot received her bachelor's from Yale University and holds a medical degree from the University of Medicine and Dentistry of New Jersey. She completed her residency at George Washington University's Children's National Medical Center. Dr. Barbot previously served as medical director of the Office of School Health at the New York City (NYC) Department of Health and Mental Hygiene and Department of Education. In 2010, Dr. Barbot received the Hispanic Health Leadership Award from the National Hispanic Medical Association.

Bonnie Braun, Ph.D. is the first Herschel S. Horowitz Endowed Chair and Director of the Center for Health Literacy at the University of Maryland College Park, School of Public Health. Her focus is adult education. She has designed and conducted health literacy professional development workshops. Her research focuses on factors that help and hinder adoption of desired health outcomes among diverse, limited-resource families. Dr. Braun currently leads a USDA-funded study to develop core health messages for rural, low-income families. She serves on the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion *Healthy People Health Communication and Health IT Working Group*.

Arlene Butz, Ph.D., RN is a Pediatric Nurse Practitioner at Johns Hopkins Bayview Medical Center, Professor of Pediatrics at the Johns Hopkins School of Medicine and School of Nursing, has been working with children with asthma over the past 20 years and has been conducting studies of behavioral interventions for children with asthma for over 10 years. She tests interventions aimed at enhancing parent and provider education. Her most recent research includes studies of use of home air filters to reduce particulate levels in households with smokers, use of health, pharmacy and cotinine-level feedback to parents and health care providers to increase appropriate use of controller medications and reduce symptomatic days and nights.

Cheryl De Pinto, M.D., MPH is the Medical Director for Child, Adolescent, and School Health in the Center for Maternal and Child Health at DHMH. She is Board Certified in both General Pediatrics and Adolescent Medicine and is a Senior Associate faculty member at the Johns Hopkins Bloomberg School of Public Health in the Department of Population, Family, and Reproductive Health. Her interests are in public health program planning and implementation, focusing on school and adolescent health, asthma, obesity prevention, and children with special health care needs.

Gregory B. Diette, M.D., MHS is Associate Professor of Medicine, Epidemiology and Environmental Health Sciences at the Johns Hopkins University. He is a pulmonologist with a practice devoted to the care of patients with obstructive lung diseases, including asthma and COPD. He has an extensive portfolio of patient-based research in asthma and COPD, supported by the NIH and other sponsors. Dr. Diette's current research focuses on identifying environmental causes of obstructive lung diseases, the role of diet in development of asthma, as well as understanding and reducing disparities in health of racial and ethnic minorities. Dr. Diette received his undergraduate degree in Economics from the Wharton School of the University of Pennsylvania, the Doctor of Medicine degree from Temple University and a Master's degree in Epidemiology from the Bloomberg School of Public Health at Johns Hopkins University. He completed a residency in Internal Medicine at the Hospital of the University of Pennsylvania and fellowship training in Pulmonary and Critical Care Medicine at Johns Hopkins Hospital.



Thomas LaVeist, Ph.D. is the William C. and Nancy F. Richardson Professor in Health Policy and Director of the Hopkins Center for Health Disparities Solutions at the Johns Hopkins Bloomberg School of Public Health. He has studied the major health

care gaps in America, the trends causing them, and the problems they create. His work is enabling health care organizations and individuals to prepare for a new America – a “minority majority.” The Hopkins Center for Health Disparities Solutions (HCHDS) conducts multidisciplinary basic and translational research with the goals of advancing knowledge on the causes of health and health care disparities and developing interventions to eliminate them. As a professor, author, and public speaker, Dr. Thomas LaVeist has been featured in Newsweek, Newsday, Black

Enterprise, and the Baltimore Sun, as well as on CNN, National Public Radio, and other national media outlets. He has written numerous articles that have been published in scientific public health and medical journals. His latest book, *Minority Populations and Health: An Introduction to Health Disparities in the United States* was released in 2005. His edited volume, *Race, Ethnicity and Health: A Public Health Reader* was published fall 2002.

Cassia Lewis-Land, MA, CCRP is a Project Director in General Pediatrics and Adolescent Medicine at Johns Hopkins University School of Medicine. Ms. Lewis-Land has over twelve years of experience in research working with urban and rural minority populations. Her research interests are in asthma disease management by means of educational interventions in pediatric populations. In her current role as Project Director of a pediatric asthma clinical trial, she works with inner-city minority families in Metropolitan Baltimore.

Karen Malamut, D.O. joined Merck & Co., Inc. in 2007 as a Regional Medical Director for the North Central Region of the US with concentration in Chicago, Indianapolis, Southern Ohio and Kentucky. Previous to this new appointment, she was a practicing Pediatrician and one of two Clinic Directors for Mobile CARE Foundation's Asthma Van in Chicago, Illinois. Mobile CARE Foundation provides free Comprehensive Asthma Care to Chicagoland children with Asthma. Dr. Malamut played a key role in positively impacting the lives of school-aged children with asthma in underserved communities. Through a nationwide project, Controlling Asthma in American Cities, her participation with Mobile CARE, the Chicago School system and School Nurses have demonstrated remarkable results in reducing asthma morbidity. She is also an active member of the Chicago Asthma Consortium and has lectured to numerous State Asthma Coalitions on varying topics as they pertain to Asthma treatment, diagnosis and management. Her transition to Regional Medical Director with Merck helps in achieving a new passion of helping to bridge the gaps that exist between Health Care Providers, Patients, Payors and Pharmaceutical Companies.

Karen L. Meyerson, MSN, RN, FNP-C, AE-C is Manager of the Asthma Network of West Michigan (ANWM), the asthma coalition serving West Michigan. A certified asthma educator, she supervises a staff of asthma educators and medical social workers providing intensive case management services for low-income children and adults

with uncontrolled asthma. ANWM is believed to be the first grass-roots asthma coalition in the nation to receive third-party payer reimbursement for its home-based asthma case management services. Karen also serves on the Asthma Network's Speaker's Bureau and has lectured extensively on asthma for both professional and lay audiences. In addition, she has served as a national speaker and consultant/mentor for asthma programs and coalitions nationwide who wish to replicate ANWM's reimbursed case-management model. She is also a Nurse Practitioner in private practice, specializing in asthma and allergies. In addition, Karen serves on the Michigan Department of Community Health-sponsored Michigan Asthma Advisory Committee, the Michigan Pediatric Asthma Mortality Review Panel, the Michigan Consortium of Asthma Coalitions Steering Team, and was elected to the National Asthma Educator Certification Board (NAECB), where she is currently Chair of the Board.

Anne Marie O'Keefe, Ph.D., JD is a clinical psychologist, attorney, health advocate and teacher with more than three decades of experience in grassroots organizing and social reform. She was a registered Federal lobbyist for 17 years, and a founding leader and teacher of the discipline of media advocacy. She has served as policy director, legal advisor and communication manager for health organizations, government agencies, professional and business associations. Dr. O'Keefe is a recognized leader in tobacco control, women's health, entertainment education, social marketing and reducing health disparities. She received her doctorate in clinical psychologist from Ohio State University and her J.D. from Harvard Law School. She serves on the faculty of Morgan State University's School of Community Health and Policy where she teaches courses in Health Administration & Management, Health Law, Health Politics & Policy, Health Ethics, and Social Marketing.

Keyvan Rafei, M.D., MBA is Division Head of Pediatric Emergency Medicine and Chairman of the Pediatric Asthma Program at the University of Maryland Hospital for Children. He has overseen the implementation of best practice models for the fulfillment of the division's patient care, academic, and research missions. He has participated in the development and implementation of a comprehensive asthma management program for the Emergency Department and inpatient settings. Most recently, Dr. Rafei founded KinderMender, a Walk-In Pediatric Center based in Columbia, Maryland, serving the pediatric population for all non-life threatening problems, with physician, lab and x-ray services in one location.

Joshua Sharfstein, M.D. was appointed by Governor Martin O'Malley as Secretary of the Maryland Department of Health and Mental Hygiene in January 2011. In March 2009, President Obama appointed Dr. Sharfstein to serve as the Principal Deputy Commissioner of the U.S. Food and Drug Administration, the agency's second highest-ranking position. From December 2005 through March 2009, Dr. Sharfstein served as the Commissioner of Health for the City of Baltimore, Maryland. In this position, he led efforts to expand literacy efforts in pediatric primary care, facilitate the transition to Medicare Part D for disabled adults, engage college students in public health activities, increase influenza vaccination of health care workers, and expand access to effective treatment for opioid addiction. Dr. Sharfstein has served as minority professional staff of the Government Reform Committee of the U.S. House of Representatives for Congressman Henry A. Waxman. He is a 1991 graduate of Harvard College, a 1996 graduate of Harvard Medical School, a 1999 graduate of the combined residency program in pediatrics at Boston Children's Hospital and Boston Medical Center, and a 2001 graduate of the fellowship in general pediatrics at the Boston University School of Medicine.

Kate Scott, MPH, RN, BSN is the Asthma Program Director, Reducing Asthma Disparities (RAD) Initiative, for the Baltimore City Health Department. There, she directs clinical asthma programs including the CDC-funded translational research grant for asthma home visiting services for children. She represents the Health Department on the Department of Health and Mental Hygiene (DHMH) Maryland Asthma Coalition Executive Committee and the Greater Baltimore Asthma Alliance. She received her RN and MPH from Johns Hopkins.

Stephen J. Teach, M.D., MPH serves both as the Chief of Allergy and Immunology and as the Associate Chief of Emergency Medicine at Children's National Medical Center in Washington, DC. He also acts as the Associate Director of the Center for Clinical and Community Research at Children's National. He is Professor of Pediatrics and Emergency Medicine at the George Washington University School of Medicine and Health Sciences. Dr. Teach's primary academic focus is patient-centered, clinical and translational research on the disparities evident in the care of inner-city children with asthma, including their over-reliance on urban emergency departments for episodic care. He is Principal Investigator and Medical Director of IMPACT DC, *Improving*

Pediatric Asthma Care in the District of Columbia, an asthma research, surveillance, advocacy, and care program, and he serves as the site Principal Investigator for the NIH-funded *Inner City Asthma Consortium* for Washington. Dr. Teach has additional independent grant support from the NIH and DC Department of Health. Dr. Teach graduated from Yale College and received his medical degree from Harvard Medical School. He also holds a Masters in Public Health from the University of California at Berkeley.

Mona G. Tsoukleris, PharmD. is an associate professor in the University of Maryland School of Pharmacy and earned her Doctor of Pharmacy at the University of Maryland in 1987, completing a residency in adult internal medicine at the University of Missouri – Kansas City/Truman Medical Center. With 17 years of experience as an asthma educator and pharmacotherapy specialist in pediatric and adult obstructive lung disease, she has practiced in interdisciplinary clinic environments in adult pulmonology and pediatric allergy/immunology. Her scholarship focuses on evaluating and improving patient medication adherence in underserved children with asthma, and improving use of inhaler devices in patients and health professionals. She is an Advisory Board member and has served on the Board of Trustees of the Asthma and Allergy Foundation of America – Maryland/Greater Washington, DC Chapter, as well as on the Maryland Asthma Task Force, the Maryland Asthma Control Program and the Baltimore Asthma Surveillance System.

Nargues Amir Weir, M.D. currently serves as the Co-Director of Research Development at the NIH-Inova Advanced Lung Disease Program. She attended George Washington Medical School, followed by residency in Internal Medicine at GWUMC, and fellowship training in Pulmonary and Critical Care Medicine at Yale University. She returned to the DC Metropolitan area in 2002 where she worked in private practice. She then pursued fellowship training in Sleep Medicine at Tufts University and joined the NIH-Inova Advanced Lung Disease Program in 2009. Her interests include severe asthma, pulmonary hypertension, and interstitial lung diseases.

Lois Wessel, RN, CFNP is the Associate Director for Programs at the Association of Clinicians for the Underserved (ACU). In that position, Ms. Wessel has developed and delivered training modules for community-based clinics in the areas of asthma education, prevention of early childhood caries, health literacy, medication management

for patients with limited English proficiency (LEP), and use of medical interpreters. She is the ACU EPA grant project Co-Director for *Comprehensive Asthma Care: Effective Strategies for Health Professionals to Implement Environmental Trigger Management in Underserved Populations*.

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