

DB's Story

DB is a 13-year-old boy in North Carolina with severe persistent asthma. Case management services were initiated after an inpatient hospitalization due to asthma. At that time, DB was 11 years old and had experienced 10 inpatient admissions and 19 emergency department visits. Two of these inpatient admissions were life-threatening, intensive-care admissions that required mechanical ventilator support. DB's mother reported that he experienced asthma symptoms numerous times daily and never slept through the night without experiencing an asthma exacerbation. His asthma often prevented him from attending school or participating in extracurricular activities. During the 2000-2001 school year, his absences totaled 34 days.

The following are services that the local pediatric asthma program provided and facilitated for DB and his family:

- Numerous home assessments and school and clinic visits to assist in maximizing his asthma management plan;
- Extensive asthma education for DB, his mother, and his teachers;
- Environmental changes to his living environment to mitigate identified barriers to effective asthma control;
- Assistance with transportation arrangements for medical appointments;
- Establishment of a primary care physician to monitor DB's medical care;
- Attendance for DB at asthma camp — his first excursion out of Pitt County; and
- "Adoption" of DB and his mother by a local company at Christmastime.

Many of these interventions involved cooperation and coordination of several agencies or businesses. When extreme heat and the opening of windows were identified as asthma triggers for DB, the local pediatric asthma program worked with the Department of Social Services and a local hardware company to obtaining an air conditioner for his bedroom. Another environmental trigger addressed was an infestation of cockroaches. By working with the housing authority, arrangements were made to have

extermination services provided.

Proper cleaning techniques and storage instructions were also addressed in an effort to avoid a re-infestation. The American Lung Association provided financial assistance and transportation so DB could attend asthma camp. And the Christmas "adoption" brought special benefits. After familiarizing themselves with DB's history, employees of a local company expressed their compassion and concern by collecting in excess of \$1,200 in food, gifts, and clothing. DB's favorite gift was an aquarium — because of his allergies, this was his first opportunity to experience the joys of pet ownership.

Through integration of all of these resources in an effort to maximize DB's asthma management, his life has changed drastically. His school absences decreased from 34 during the 2000-2001 school year to 6 in 2001-2002. He has not been to the hospital or emergency department for asthma since case management services were initiated. DB is now active in the local Boys and Girls Club and is participating in karate classes, an endeavor that his asthma would have previously prevented. His mother says, "I never used to sleep at night because I knew DB would have an asthma attack and need me. Now, we both sleep peacefully knowing that we are controlling his asthma instead of it controlling us."

Thanks to Lisa Johnson, Coordinator of Pediatric Asthma Services at Pitt County Memorial Hospital, for sharing this story.

DB's story is quite powerful and inspiring, and it is one of numerous success stories in asthma management and education in North Carolina. We are proud of our approach to asthma management and of the countless individuals and

organizations who are dedicated to improving the lives of those with asthma, but we realize that we have much work left to do.

The North Carolina Asthma Plan that follows provides a comprehensive blueprint for addressing asthma in our state. We will strive to ensure that those individuals with asthma in North Carolina receive the same level of care and peace of mind that DB and his mother received.

