END OF YEAR REPORT
FISCAL YEAR 2014

ROOM TO BREATHE
Taking a breath is something most of us take for granted every day. We wake up and take a deep breathe, often to brace ourselves on what lies ahead. Once a year we inhale and then exhale to blow the candles out on our birthday cake. Whether we walk fast or slow, every breathe we take propels us to our destination.

Yet, sadly there are men, women and children of all ages for whom taking a breath can be a struggle due to a respiratory issues. COPD robs many of our elders of the full life they imagine for themselves in their older years. Asthma on the other hand is equal opportunity and knows no age, affecting young children to elders and making breathing a challenge just to do the simple things in life. For those living with one of these types of respiratory disease, it can mean unscheduled doctor’s appointments, occasional to frequent visits to the Emergency Department to hospitalizations. Although there is no cure for either COPD or asthma, there are ways of assisting those living with the disease to manage it and control exposures that can exacerbate or trigger attacks?

One of the ways that has proven to be successful in managing these diseases is by minimizing exposure to irritants and allergens as well as taking medications as prescribed by one’s healthcare provider. Most of us can make the necessary changes to our home environment such as purchasing a HEPA vacuum, air purifier, air conditioner, covers for bedding and when necessary, removing the carpet from the bedroom. Yet if you are living in poverty, you simply cannot afford to purchase these items that could assist in making you home a better place to live and breathe. With a disproportionate number of adults and children living in poverty being affected by some form of respiratory issue, two years ago the Massachusetts Coalition for the Homeless began to look through the lens of how we could assist them in improving their living environment with a goal of better health outcomes. So, the Room to Breathe Initiative was created.

The goals and outcomes for the Room to Breathe Initiative are straightforward. They aim to assist low income households to remove and lessen irritants and allergens related to respiratory attacks from their apartments by offering free of cost materials and education to make their health outcomes positive. By providing this in-home assistance to low income households who otherwise could not afford to make the necessary changes to their home environment, Room to Breathe has made a major impact in their lives. Since its inception 24 months ago, the Initiative has made significant strides to improving the health outcomes for the 358 men, women and children living in the North Shore communities of Salem, Lynn and Peabody.
If you are a parent, you know what it feels like to receive a call at work from your child’s school that your child is sick. For Annette, a call was made almost weekly from her son’s school. Patrick, a fourth grader last year, has asthma. Since moving into their new apartment after months of being homeless, the attacks had become more frequent and severe. Patrick’s asthma not only affected his health but the increase in school absences also have had a negative effect on his education. As a result of so many sick days and early dismissals, he had fallen behind at school. Patrick’s asthma had also affected Annette’s job as a CNA. With all these days out of work or leaving early, she missed numerous hours of work and her income was being affected.

Annette shared with Patrick’s doctor that she felt that Patrick’s health had worsened ever since moving into this apartment. The number of missed school days, unscheduled visits to see him and the one emergency department visit in the middle the night had made it clear to her that there had be a change. She also told him that although she tried to keep the home clean from dust, Patrick’s bedroom had very old carpeting. Annette was referred by the doctor to Room to Breathe. An assessment of the apartment was made by one of Room to Breathe’s Community Health Workers and Asthma Educators (CHW). The assessment looked at what could be aggravating and triggering Patrick’s asthma attacks as well as reviewed his medications and how it is being administered.
Through Room to Breathe, the old rug was removed from Patrick’s bedroom and replaced with appropriate flooring. Patrick’s aging mattress and pillows were replaced and dust proof covers were put on them. His room was also equipped with an air purifier and come the spring, an air conditioner was installed into his bedroom. During one of the three visits made to their home, Annette also received a HEPA vacuum cleaner, as well as in-home education and tips on ways to better manage environmental triggers for Patrick’s asthma.

The CHW also went over Patrick’s Asthma Action Plan and medications with them. A cabinet was placed in his room to hold all his medications and inhaler. A copy of the Asthma Action Plan and medications was then put together for Annette to deliver to Patrick’s school nurse.

The type of intervention provided by Room to Breathe would have been economically out of reach for Annette, but has since made a world of difference in Patrick’s life. In the last eight months following the changes that were made for the family, Annette has not missed a day of work and Patrick has not missed a day of school!

In just this past year, Room to Breathe worked with 169 low income households and made significant improvements in their home environment that already had promising health outcomes for them. During the 18 months prior to being referred to Room to Breathe, each participant had at least one emergency department visit, hospitalization or multiple unscheduled doctors’ visits. The majority of the 94 children referred were living with asthma, which caused them to miss multiple days of school and took away their ability to participate in outside physical activities.

Home visiting is not anything new. Insurance companies have been utilizing visiting nurses and community health workers after a member has visited an emergency department or been recently released from hospitalization. 37% of the people assisted this year by Room to Breathe had already received a home visit by another health professional and had learned what they could do to improve their home environment, but they simply could not afford to make the necessary changes until they found the Initiative. 68% had bedrooms with aging wall to wall carpeting which can hold many of the irritants and allergens that can cause a respiratory attack. 98% had no vacuum, 99% had no air purifier, 78% had an aging mattress without mite/dust proof covers and 97% had no air conditioner. Room to Breathe assisted each of these households to receive assistance with the material needs that otherwise they would have had to do without. Depending on their individual situation, households received between $300 and $1,200 worth of material items to improve their living environment.

- 97% had no air conditioner
- 98% had no vacuum
- 99% had no air purifier
Room to Breathe knows how important it is to continue to educate participants on how to take their medications and to be aware of when they might be headed towards an attack. Each participant works with a Room to Breathe Community Health Worker (CHW), who is also an Asthma Educator. A major part of the work of the CHW is to review medications and how often it is refilled as well as educating participants how to use their inhalers and nebulizers. When asked by the CHW to review the medications and equipment, 68% of individuals or parents did not have a centralized place to keep medications, emergency inhaler and/or nebulizers. Knowing how to properly take medications is equally as important as knowing where they are when needed. Today, Room to Breathe supplies those in need with a “medication cabinet”. These cabinets are an important part of the education process. The CHW assisted participants to gather up the medications and inhalers to make sure they were now in one safe place and accessible when needed. In the case of those living with asthma their Asthma Action Plan was also place in the cabinet.

The CHW also work with children who have been referred and their parents to realize that asthmatic attacks can and do often occur at school. Working with the parent, the CHW assists them with gathering the child’s Asthma Action Plan and emergency inhaler so both the school nurse and the teacher have a copy and an inhaler on hand. Although thankfully it is a remote chance that there is a school lock down, it is important for the child’s teacher as well as the nurse to have an emergency inhaler. Within Lynn public schools over 50% of students who have reported having a diagnosis of asthma presently do not have an Asthma Action Plan on file with their school’s nurses. An Asthma Action Plan may seem like small milestones but for a school nurse, having it on hand can be a critical resource when needed that can ensure a positive outcome.

Rodent droppings can be a reason for a respiratory attack. 32% of households reported to the CHW that within the past 12 months they had had some form of rodent and pest issues. 28% reported that their landlord was unresponsive to assisting them. 5% reported their pest issues to the Board of Health. Room to Breathe worked with each of these households to mediate with their landlord for regular pest management of their apartments.

Room to Breathe’s CHWs also assisted 68% of households referred with receiving more environmentally appropriate living room furniture to lessen irritants and allergens. Couches and sofa chairs that were upholstered with fabric were reworked with more friendly materials. 28% of households seen had very little living room or bedroom furniture and were assisted to receive it. 80% of households were assisted in decluttering and reorganizing both their bedrooms and living room areas. All participants received medication cabinets.

A major component of Room to Breathe is that participants or parents of young participants agree to be followed for up to 24 months through bi-monthly check-ins. During these calls, the CHWs check to see how the adult or child has been
feeling and whether they have had any emergency room department visits or hospitalizations since the last call. They also check to see if the child has missed any school. Where 55% of adults and parents had reported having to seek medical attention due to their respiratory issues before being referred, only 15% sought medical attention once assisted by Room to Breathe. 78% of parents reported that their child had not missed schooled. Where 81% of children missed one or more days of school prior to being referred, only 8% reported missing this much school after being assisted by the Initiative. Before being referred, 65% of participants reported having unscheduled doctors’ appointments while only 15% reported doing after Initiative assistance.

Although we know this is all self-reported data, Room to Breathe has seen that of the 358 households assisted since its inception, 82% have reported that they have felt that the Room to Breathe assistance has given them more positive health outcomes and a better living environment.

Room to Breathe is one of a handful of programs in Massachusetts and our nation that has focused its work on not only educating but offering the material assistance to improving the living environment of poor adults and children. Room to Breathe would not be possible without the generous support of its funders, beginning with a generous five year grant from North Shore Medical Center’s Factor 9 funds and Partners HealthCare, followed by funding from Cummings Foundation, and Tufts Medical Center Foundation. Most recently, we are pleased to have been included in the City of Lynn’s Prevention Wellness Trust Fund Initiative funded for the next three years by the Massachusetts Department of Public Health. With this support, the Room to Breathe is able to offer comprehensive assistance in making the homes of more low income children and elders a better place to live and breathe this year.
169 men, women and children assisted

- Children age 5 and under: 15%
- Children 6 to 18 years old: 41%
- Adults 19-64: 0%
- Adults 65+: 44%

Demographics:

- Male: 24%
- Female: 76%

Ethnicity:

- Hispanic: 28%
- Non-Hispanic: 72%

Race:

- White: 43%
- Black: 53%
- Other: 4%

Type of Respiratory Diagnosis:

- Asthma: 40%
- Cancer: 1%
- COPD: 56%
- Emphysema: 3%

Insurance Coverage:

- MassHealth: 44%
- Medicare: 40%
- Neighborhood Health Plan: 13%
- Health Net Plan: 3%