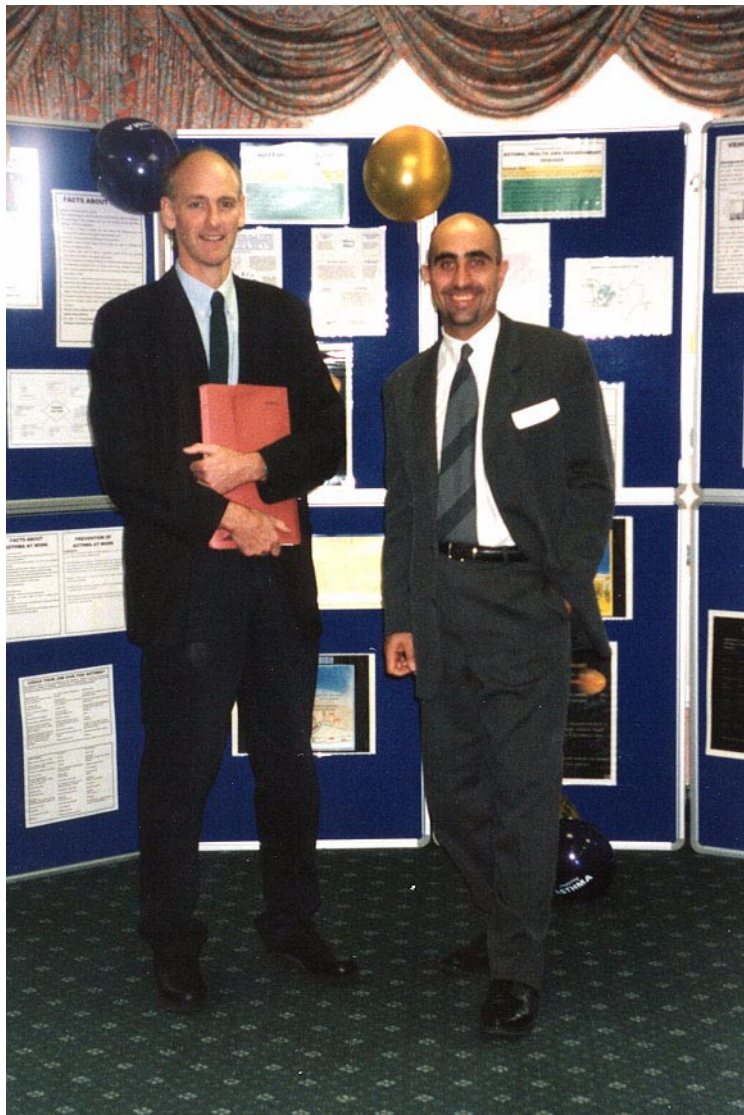


**Nottingham  
Health  
Action  
Group**

*Asthma, Health and Environment  
Seminar*



*Tuesday 6 October 1998*

## **Asthma, Health and Environment** **Seminar Aim**

**To identify and publicise what asthma is, the cause of asthma and how people from different sectors can work together to reduce asthma and its effects.**

## **Acknowledgements**

Thanks to the following for their contribution:-

The Multi-Sector Planning Group

Councillor John Taylor for chairing the event

The Speakers and Facilitators

Glaxo Wellcome and Nottingham Health Action Group for sponsoring the event

Co-ordination - Health Action Group Officer

Secretarial Support - Neil/Lee/Judith

Notts. County Football Club for Conference Facilities

Health In Your Environment Voluntary Sector Forum for the idea

Participants for contributing on the day

Nottingham City Council Agenda 21 officers for use of their scanner

PGEA approval was awarded

# **CONTENTS**

<i>CONTENTS</i>	<u>4</u>
<i>Introduction</i>	<u>5</u>
<i>Summary of the Day</i>	<u>6</u>
<i>Sue Colder - Regional Organiser for the East Midlands Branch of the National Asthma Campaign (NAC)</i>	<u>7</u>
<i>Professor John Brittan - Division of Respiratory Medicine, City Hospital, Nottingham</i>	<u>8</u>
<i>Discussion Groups</i>	<u>11</u>
(A) What Needs to Change?	<u>11</u>
(B) How can we do it?	<u>11</u>
(C) Key Points	<u>12</u>
<i>Appendix 1 - Background information</i>	<u>14</u>
<i>Appendix 2 - Asthma Delegate List</i>	<u>16</u>

## **Introduction**

### **The National Perspective**

The link between environmental factors and ill-health is well documented. Sir Kenneth Calman, the Chief Medical Officer, in his annual report in September 1998 makes the following points:-

1. "The link between the environment and health has been recognised for many years. More recently there has been increasing awareness of the inter-connection between our environment and quality of life."
2. "The key to the implementation to many improvements to the environment and health is through action at a local level, and much is already being done to Local Agenda 21, a comprehensive action plan for sustainable development into the 21 Century."
3. "The importance of an underlying strategy to enhance Public Health, not just to treat illness, has been further emphasised by the appointment last year of a Minister for Public Health and the publication of a green paper, "Our Healthier Nation", which aims to tackle the underlying causes of ill health and break the cycle of social and economic deprivation and social inclusion."

### **The Local Perspective**

In Nottingham Health district the Asthma, Health and Environment Seminar was one of a series of four successful local initiatives called the FEAT seminars. The seminars were

proposed by the Health in Your Environment Forum, organised by NHAG and planned by multi-sector planning groups. Full background information is detailed at appendix 1, but the general aims for all four were:-

1. to bring together people with health, social and environmental perspectives to:
  - a) identify current problems and their causes
  - b) identify potential solutions
  - c) motivate action to overcome the problems
  - d) share information about good practice
2. to link local with national initiatives

This report includes the summary of the main points made at the Asthma, Health and Environment Seminar and the ideas developed in the discussion groups.

## Summary of the Day

John Taylor - Chair of Nottingham Joint Consultative Committee was an excellent chair for the day. He welcomed everyone and provided background information about NHAG and the FEAT seminars. He encouraged a positive approach to all participating in the seminar in order that we could work together to find solutions to problems and encouraged everyone to do one thing as a result of the day to improve Health and Environment in relation to Asthma.

Sue Colder from the National Asthma Campaign gave an informative presentation about what asthma is, what it is like to have asthma and provided some recommendations for action. She showed a video about trigger factors, and experiences of people suffering from asthma. Participants were stimulated to ask a variety of questions.

Displays were provided by Miranda Cumberbatch, an MSC student on placement with Nottingham Health Action Group, by the National Asthma campaign and by our event sponsors, Glaxo Wellcome.

Professor John Brittan from the City Hospital provided a fascinating round the world tour of asthma and its environmental influences. He challenged many of the current ideas held by participants at the seminar and clearly differentiated between triggers and causes of asthma, e.g. house dust mites were perceived as a trigger but ruled out as a cause and he had doubts about whether it has a big effect. Our major challenges are to reduce the use of tobacco, reduce vehicle prevalence and to improve diet particularly to

increase intake of fresh fruit and vegetables and pulses.

Following questions the conference split into 5 groups by District:- City, Broxtowe and Hucknall, Gedling, Rushcliffe and a Health District wide group.

They aimed to identify:-

- 1) What we need to change
- 2) How can we implement change
- 3) Who can do what

Topics covered in each workshop were

- a) Pollution in the home
- b) External pollution
- c) Educating the public - prevention
- d) Educating the public - control of the condition
- e) Why don't people use asthma services?

John Taylor summarised the points that emerged from the discussions. He explained that a report about this seminar and the other 3 FEAT seminars would be presented to the Joint Consultative Committee in February 1999 and that a full report would be produced and circulated by the organiser, Helen Thompson - Nottingham Health Action Group in the new year.

He thanked everyone for contributing to a very successful day.

**Sue Colder - Regional  
Organiser for the East  
Midlands Branch of the  
National Asthma Campaign  
(NAC)**

A main focus of Sue Colder's presentation was on the need to establish a health policy for schools. Points raised included:

- Ensuring children can obtain their inhalers
- Getting the message across to schools that reliever inhalers need to be in the children's possession.
- Educating teachers about asthma so they are better able to deal with asthma sufferers and are willing to set up an asthma health policy in their school, before a tragedy occurs. "it is not good that a child should have to die before a school reacts".
- Making clear the difference between the blue and brown inhaler.
- The NAC has produced a school policy that schools can use as a guideline.
- Establishing a consistent policy for dealing with medicines across all schools.
- Audit disinfectants, cleaning materials and possible triggers.
- The importance of educating parents e.g. to put protective cover over beds, to wash bedding at 60 degrees and freeze soft toys to reduce the effect of house dust mites.

**Questions and statements made**

1. Pro-active prevention is required.
2. People from ethnic minorities need information about asthma. Is there

any asthma health information available for ethnic minorities?

- Leaflets and videos are available in different language  
Videos are also available for hire

Sue Colder has suffered from asthma for 43 years. She is keen to help others with information and advice. Especially getting the message across about the importance of proper use of "preventer inhalers". The National Asthma Campaign can provide a wealth of information via leaflets and the Asthma News, Sue enjoys talking to people, groups, schools and will always try to be available to provide information.

**Note:** National Asthma Campaign, 41 Lime Grove, Chaddesden, Derby, DE21 6WL.

Telephone & Fax 01332 671601.

**Professor John Brittan -**  
**Division of Respiratory**  
**Medicine, City Hospital,**  
**Nottingham**

**Topics**

**1. Prevalence of Asthma in young men in the UK and Australasia**

- The trend is very strongly upward. There is a 10-15 fold variation across the world some are genetic factors most are not.
- Shows that environmental effects are a reality.

**2. Sampling in Children**

Shows prevalence is world-wide

**3. Prevalence in Nottingham 4-11 years**

Venn et al Env.Resp.J.1998

The prevalence of asthma in children has increased substantially in many countries in recent decades, but it is not clear how much this trend has continued into the 1990s. This study aimed to estimate the current prevalence of asthma and wheeze in British primary schoolchildren and to determine whether there has been any increase in the prevalence of these conditions since 1988. The prevalence of self-reported wheeze and asthma was measured by parental questionnaire in 22,968 children aged 4-11 years attending primary schools in the Nottingham area of England, and these estimates were compared with data from a sub sample of the same schools in 1988. In 1995, wheezing ever was reported in 24.0% of children, wheezing in the past year in 15.1% and diagnosed asthma symptomatic in the past year in 8.8%. All measures have increased in prevalence since 1988, in absolute terms by 7.7% for wheeze

ever, by 2.6% for wheeze in the past year and by 2.7% for asthma. The increase were greater in females than males, but did not vary with age. In conclusion, the prevalence of asthma has continued to rise in British schoolchildren since the late 1980s, particularly in females and across all ages.

**4. Genes & Environment in the aetiology of asthma.**

- There is an increasing frequency of allergen.
- Is atopy a necessary link in Genetic susceptibility and asthma? The evidence is not complete or conclusive. (Atopy is a triad of asthma, hayfever and eczema).

**5. Environmental Influences on Asthma - those amenable to change and unavoidable**

Allergen exposure  
Low birth weight  
Ambient pollution  
Breast feeding  
Dietary factors

**6. House Dust Mites - Driven Effects of Asthma Peat et al, AJRCCM'96**

- Evidence to the fact that although they are triggers, there is no research to say that they are a cause
- There is no clear evidence that exposure has increased
- There may be some mileage in cleaning up ones house to avoid house dust mites. Dorward & Thorax.

7. Research has shown that children are more likely to become allergic to the things that they are exposed to most e.g. children in Los Alamos who live at a high altitude have a low

exposure to dust mites and low levels of allergy. To single out one allergen is too simplistic.

**8. Ambient Pollution does not cause Asthma.**

**9. Poorer families living nearer roads tend to have Asthma.**

But major changes in road traffic produce only small changes in asthma.

**10. Children and Exposure to smoke**

Passive smoking has a major effect on asthma, it increases the risk of asthma in children and is easily preventable.

**11. How Important is diet**

- Sodium intake increased in developed countries (use of salt).
- There is a correlation between Sodium and Asthma - High sodium intake makes asthma worse. The higher the intake of Magnesium (found in fresh fruit/vegetables and pulses) the less likely one is to get asthma. (Brittan) (Lancet October 1997)
- In Eastern Germany research has shown that a change in diet to polyunsaturated fats drive an allergic response. In South West Ethiopia asthma has appeared in the last ten years along with the consumption of polyunsaturated fats and use of insecticides in local agriculture.

**1. Ozone and Asthma?**

*Ozone is a trigger for people with Asthma when they exercise.*

**2. What is Black Smoke?**

*Carbon smoke.*

**3. What are your potential major policy items?**

- a. Passive Smoking  
Easily unavoidable at low cost  
Generate a culture where smoking is not acceptable*
- b. Reduce Vehicle Prevalence*
- c. Probably Healthy Diet*
- d. Advance information about likely effect of weather on asthma to be publicised.*

**4. Cannot look at pollutants in isolation e.g. Looking at the effects of ozone and acid gases.**

*Cannot look at pollutants in isolation as bad pollution results in an increase in asthma sufferers at hospital but 50% increase in admissions in Derby were due to particulates.*

**5. House Dust Mites are high on the hit list for the Council, however from your evidence their effect looks small, what interventions can the Council bring in?**

*Doubts whether the house dust mite has a big effect on asthma. If you could eradicate this there would be another trigger.*

**6. Need for input by Education into NHAG identified.**

**Questions**

**SUMMARY**

Challenged many of the preconceived ideas that were held amongst the group and clearly differentiated between triggers of asthma and causes. House dust mites were perceived as a trigger but definitely ruled out as a cause in accordance with recent research.

Our major challenges are reduce the use of tobacco, reduce vehicle prevalence and to improve diet, particularly to increase intake of fresh fruit, vegetables and pulses.

## Discussion Groups

### Major points and ideas about how Asthma and its effects can be reduced.

5 groups discussed the same issues, the following is a complete list of points which were recorded.

#### **(A) What Needs to Change?**

##### 1 Information

- a) Better information about pollution and its role in asthma - trigger or cause?
- b) Information only well-received around a crisis
- c) Advice needs to be consistent to people suffering from Asthma.
- d) Information to extend to peoples choices but the options are controversial.
- e) Misconceptions e.g. inhalers addictive.
- f) Medical advice keeps changing
- g) Improvement versus dissemination.

##### 2 Homes

- a) Cleaner fuels in homes
- b) Poor ventilation in homes
- c) Gas appliances - misuse
- d) Solid fuel - no guidelines - 18 deaths per year.
- e) Fungus
- f) House dust mites

##### 3 Lifestyle

- a) Passive smoking
- b) Low income families
- c) Domestic animals

##### 4 Use of Services

- a) Ethnic minorities and cultural barriers
- b) Literacy levels vary, try other forms of communication too to inform people about services.

##### 5 Managing Asthma -

especially school children

- a) Biggest problem is compliance

#### **(B) How can we do it?**

1. Network - asthma directory
2. Public Education
3. Local air quality management duties
4. Local co-operation between agencies.
5. Prevention of incidences of Asthma
6. Air quality bulletins and the meaning of the information and accompanying advice.
7. Political and commercial issues outweigh health education messages.
8. The prevalence of asthma probably justifies the inclusion of information about asthma in schools
9. Reach people from ethnic minorities is a priority
10. Idealised view of pharmacists (privacy/other issues).
11. Use videos, tapes etc.
12. Look at renovation of private and public properties so as to ensure problems for asthma sufferers are not built in e.g. trickle vents, advice on why ventilation needed etc.

13. The role of school nurses educating children on management is important.
  14. Standardise the medicine policy for Nottinghamshire schools.
  15. Local Authorities could ban smoking in large shopping centres
  16. Government could use funds from taxation to fund N.R.T. and Health Options.
  17. Interagency links to promote education in home and at work. Also for solutions to triggers
  18. Education at school, backed up by education and support in 20s/30s + Break cycle of family smoking.
  19. Accessible services in understandable format
  20. Removal of freedom of choice in certain areas
  21. Home advice - reduce triggers
  22. Traffic reduction/control
  23. Improve Asthma treatment policies and understanding
  24. Unified approach to asthma in school with links between Health Authority and Education Authorities. Inclusion in teacher training (and other relevant bodies)
  25. Awareness improvement on Asthma treatment in school/home/workplace.
  26. Pharmacy advice and feedback to GP/nurse at practice.
  27. House Dust Mite - education and non promotion literature
  28. Education for the Public needed about the necessity to regularly inspect Gas appliances and solid fuel appliances (privately owned)
  29. Fungus - sort out poverty!
  30. Building regulations - improve insulation and ventilation.
  31. Change, no one person can do this alone, requires multi-sector team work, including all involved.
  32. Solid Fuel - grants for people on low incomes. Authorities combine to promote good practice and reduce costs of services. (e.g. Yorkshire).
- (C) Key Points**
- 1a. Cigarette smoking: - In young women - keeps them thin, is fashionable
    - a) introduce free nicotine patches/gum
    - b) passive smoking - affects people in shopping centres, pubs clubs, places of work - increase ban on smoking in public places.
    - c) Pop idols need to present a clean image - peer pressure.
  2. Change from crisis management to prevention.
  3. Education
    - a) more information at secondary care level:- sometimes the patients initial contact with health care professionals.
    - b) Innovation in methods to achieve results
  4. NHS policy re prescription charges for asthma prevention drugs/treatments - free inhaler, free nicotine patches and other non smoking aids (c/f Diabetes)
  5. Funding needed for advice, research and education re determinants of Asthma
  6. Company car : tax implications. It is not currently economic sense for

an individual to do little mileage.  
This needs to be changed.

- 7 Educational representative as part of NHAG
8. Asthma Services Directory - development to a wider network (one is being prepared - needs expansion).
9. Continual Education: smoking, diet etc. not just in schools: (pubs/bars etc. as well as health outlets and schools).
10. More research needed whilst adopting sensible, practical measures locally.
11. Make part of the national curriculum and step up efforts to raise public awareness with particular attention to particular GPs.
12. Improve housing conditions and air quality, locally and collaboratively collective action = multiplier effect

## **Appendix 1** **Background information**

### **Nottingham Health Action Group (NHAG)**

Nottingham Health Action Group is a multi-sector group which works strategically to promote the health of the people of Nottingham Health District, tackle health inequalities and identify and address the environmental causes of ill health.

(Nottingham Health District covers Broxtowe, Nottingham City, Rushcliffe, Gedling and Hucknall.)

It has brought together a local Agenda 21 health strategy - 'Health in Your Environment', local health priorities and Health of the Nation targets. It has identified action needed to address these issues and, through its networks and project funding, has already made significant improvements. The Health Action Group includes members from Nottingham Health Authority, the Voluntary Sector, Broxtowe, Rushcliffe, Gedling and Ashfield District Councils, Nottingham City Council and Nottinghamshire County Council.

### **Health in Your Environment Voluntary Sector Forum (HIYE) & the FEAT seminars**

The Health in Your Environment Voluntary Sector Forum which contributes to the Health Action Group, proposed that a series of seminars could be organised by Nottingham Health Action Group in order to further its objectives. NHAG agreed to undertake this work at its meeting in March 1998.

## **The F.E.A.T. Seminars**

The topics were: -

- \* Food, Health and Environment
- \* Energy Efficiency, Health and Environment
- \* Asthma, Health and Environment
- \* Transport, Health and Environment

Three are linked with national initiatives, i.e. setting up of the Food Agency and the Government's papers on Transport and Energy Efficiency.

### **What we aimed to achieve**

To bring together people with Health, Social and Environmental perspectives to:

- a) identify current problems and their causes;
- b) identify potential solutions;
- c) motivate action to overcome the problems;
- d) share information about good practice.

Linking local with national initiatives were important parts of the events.

### **Format**

The success of each seminar was due to the time taken in planning! Each was planned by a multi-sector planning group so that we could take into account the priorities, concerns and good practices of each sector at an early stage. They comprised people with expertise in the subject and those who could influence people within their own sector. Each followed a similar format as follows:

- a) Day events;
- b) Key speaker (with a national perspective);
- c) Discussion groups - focusing on how we can each make improvements;

d) Displays/information sharing opportunities;

e) Plenary - at which action areas are shared.

The Planning Groups were able to attract sponsorship for the Energy Efficiency seminar from Transco and from Glaxo Wellcome for the Asthma seminar. We were careful to ensure that the aims of the sponsor were broadly in sympathy with the aims of the meeting.

### **Follow up**

Nottingham Health Action Group made a commitment to discuss the follow up to the seminar at the NHAG meeting following the event and the Chair of the Joint Consultative Committee, who chaired the Asthma seminar, gave a commitment that a report about all four seminars would be considered at the Joint Consultative Committee at their February meeting.

**Appendix 2 - Asthma Delegate List**