A Message from Our Executive Director

Dear Friends & Supporters,

It looks like 2016 will be a continuation of the growth we started last year! Not only have we increased the number of schools in our service area where we supply equipment and asthma rescue medicine, we are extending our services deep into Jefferson and Franklin counties in Missouri, and Madison and St. Clair counties in Illinois. Building our partnerships through grants has been the reason for this success.

We are also excited to announce that beginning in July of this year, implementation of the budget bill (Missouri HB 2011.528), which allows Medicaid reimbursement for asthma education and healthy home assessments for high-risk asthmatic children, will kick off. We are proud to partner with the Department of Social Services and Department of Health and Senior Services on this measure. This also further strengthens our relationships with the University of Missouri Department of Pulmonary Pediatrics and Southeast Missouri State University Institute of Environmental Science. The statewide effort is the first in the country, and we are very proud to serve as pioneers in this area.

In addition to all of our partnerships, we are now working with the University of Missouri, St. Louis School of Nursing to have the student nurses in the community health field spend time with our program staff to help us provide our services. Also, the Saint Louis University School of Medicine, Family Practice Physicians residents are working with us weekly to assist with asthma education classes for the community. This will better prepare them to take care of asthma patients as they go into practice after residency.

Finally, we are advocating for a bill that establishes requirements for epinephrine auto-injectors in public venues (where there are trained employees). This law has been successfully passed in many other states to date, and we hope to report back soon!

None of these accomplishments would have occurred without the continued support from YOU and the community. More than ever before, thank you for helping a child breathe easier!

Joy B. Krieger, MA, RN
Executive Director

Call 314.645.2422 for more info on any of these events, and check out our social media sites for tons of resources, educational info & more in May!
AAFA-STL: Fulfilling Our Mission through Education, Support & Resources!

AAFA-STL’s Joy Krieger and Emily Vandas, along with Dr. Ray Slavin (Co-Founder & Emeritus Trustee) presented to students at Johnson Wabash Elementary in Ferguson, MO on April 7. The students learned the basics of asthma and all that AAFA-STL does for families, schools & the community. Renita Perry, Administrative Intern, and Henan Hamdan, School Nurse, reached out to us to provide the education and outreach in response to a student death from asthma this spring. This amazing school even made a donation to AAFA-STL in honor & memory of their classmate. Needless to say, we are incredibly humbled by this gesture. For more info on our outreach & education, visit aafastl.org/outreach.

Through the support, education and guidance from AAFA-STL, Donyle is living a healthier life and has had a huge reduction in asthma attacks and subsequent ER visits.

At this year’s Orchid AAFAir gala, we were delighted to have client Donyle Austin and her mother, Mattie Davis, speak to guests about their experiences with asthma and how AAFA-STL has helped their family.

Left: Donyle Austin, Bottom: Group of school nurses, family of Donyle Austin, & Marge Cole (center w/ award), Lead School Nurse Consultant (MO).

Founded by two St. Louis-area allergists, Dr. Raymond Slavin and Dr. Philip Korenblat, and Marilyn Horst, a Medical Social Worker at Cardinal Glennon Children's Medical Center, AAFA-STL “opened its doors” in 1981. Seeing the tremendous need in the St. Louis community for an organization that could provide underserved children with life-saving asthma and allergy medications, equipment, education and support, Slavin, Korenblat and Horst created the Project Concern program (now called BREATH), which continues to serve uninsured and underinsured kids to this day. A school nurse asthma equipment program, educational, advocacy and other support programs followed, and are key components of AAFA-STL’s mission.

Mission: The Asthma and Allergy Foundation of America, St. Louis Chapter serves those affected by asthma and allergies through education, support and resources.

Giving: Support AAFA-STL for future generations – contact Amy Trapp to learn how to include AAFA-STL in your will, trust or other estate plan. Naming AAFA-STL in your will is a simple but powerful testament to your generosity and concern for others. Also, you can become a sustaining “Friend of AAFA-STL” by setting up a recurring gift at aafastl.org/donate.

Staff: Joy Krieger, Executive Director
Terri Burton, Office Manager
Reagan Nelson, AE-C, Program Director
Amy Trapp, Director of Development
Jessica Green, Director of Public Awareness
Emily Vandas, Program and Volunteer Manager
Wendy Chromoga, Asthma Coach and Program Assistant
AAFA’s annual report looks at three important factors: pollen score, allergy medication usage, and availability of Board-certified allergists. This year, St. Louis improved 10 spots to #35! The top five most challenging places to live with spring allergies this year are:

1) Jackson, MS
2) Memphis, TN
3) Syracuse, NY
4) Louisville, KY
5) McAllen, TX

To see the complete spring 2016 report, visit allergycapitals.com.
MALL WALK & EXPO

The funds raised by this event will benefit

Asthma and Allergy Foundation of America
and
Asthma and Allergy Foundation of America, St. Louis Chapter
and
Kids With Food Allergies
A division of the Asthma and Allergy Foundation of America

- 5k Walk through the Chesterfield Mall
- Allergy-Friendly Businesses and Free Samples
- Fun-Filled, Interactive Performances by Entertainers Babaloo and Juggling Jeff

Sunday, May 22
9 a.m. - 11:30 a.m.
Chesterfield Mall
291 Chesterfield Mall
Chesterfield, MO 63017

For information and to register, go to stridesforsafekids.org
Individuals and Teams Welcome!

PLATINUM SPONSORS
Mylan • Sanofi

GOLD SPONSORS
Enjoy Life • CHPA
More Events At-A-Glance & Volunteer Opps

**Sunday, May 22** - Strides for Safe Kids Mall Walk & Expo @ Chesterfield Mall (9-11:30am) *Volunteers needed!

**Saturday, July 9** - Redbird Rookies Health Fair @ UMSL (times & shifts TBD) *Volunteers needed!

**Friday, July 29** - 28th Annual Golf Tournament, in memory of Michael Brewer, Jr. @ Crescent Farms Golf Club ($200/player, $800/foursome, sponsorships available. Info & registration @ aafastl.org/golf) *Volunteers needed!

Ongoing administrative/office tasks are also available. Please contact Emily Vandas for more info: evandas@aafastl.org or 314.645.2422 x4.

Advocacy Watch

**Senate Bill 677 (Missouri)** - Establishes requirements for certain public entities to keep a stock of epinephrine auto-injectors (EpiPens) for emergency administration. Passed the House Select Committee on Social Services, 4/5/2016.

**Senate Bill 1972 (Federal)** - The FAA shall require an air carrier to:

- carry on each aircraft at least two packs of epinephrine auto-injectors for use as the initial treatment for anaphylaxis; replace them upon expiration or use; and train air crewmembers on how to recognize the symptoms of an acute allergic reaction and administer auto-injectable epinephrine. No recent activity.

Mission Moment

“Working at St. Louis Children’s Hospital has provided me the opportunity to directly work with families who have barriers to getting their children their asthma medication. Families who struggle with making sure their basic needs are being met or are working many jobs and can’t afford their medication co-pays are many times not able to get their children the asthma medications they deserve and require. **Asthma and Allergy Foundation’s BREATH program saves children’s lives.** When families are first told about the BREATH program, they are completely shocked that someone is willing to help in such a monumental way. When the families understand how we are trying to help them, I have seen how it strengthens their resolve. The magic happens after the application is faxed, and then like waving a magic wand, we find out within moments, truly within moments, whether a family is approved or not. The process is seamless, efficient, and conducted thoughtfully and professionally. St. Louis is so fortunate to have an Asthma and Allergy Foundation and I feel fortunate and honored every time I tell a family about AAFA-STL and the BREATH program, especially knowing the role my father played in making sure the foundation is alive and thriving.

-Melissa Korenblat-Hanin, ACSW, LCSW
St. Louis Children’s Hospital
Ask the Allergist!

1. What causes food allergies and what are the main symptoms?
Many people consider a food allergy any abnormal symptom from eating a food. When an allergist considers a symptom to be due to a food allergy, it is a reaction in which the body makes the allergic antibody, called IgE, to a food, usually a protein. A food allergy usually occurs within 2 hours of eating a food and the symptoms may be non-life threatening. These may be gastrointestinal symptoms including abdominal pain, cramps, vomiting, and diarrhea. However, the skin is usually involved with an itchy rash, hives, or swelling. More dangerous life threatening symptoms include respiratory symptoms such as difficulty breathing through the throat or wheezing in the chest, or cardiovascular systems such as a drop in blood pressure. At least 85% of food allergic reactions are caused by eight foods: milk, egg, wheat, soy, peanut, tree nuts, fish, and shellfish.

Some people with nasal allergies have mild itching of their mouth and throat after eating certain foods, usually a fruit such as apple or banana. These reactions are called the “oral allergy syndrome” and generally are not life threatening. They occur because fruit proteins can cross react with pollen proteins. People with this problem generally avoid the fruits which cause these symptoms, although some are able to eat the fruits if they are cooked or processed. People can have symptoms to foods for reasons other than allergy. An example is lactose intolerance, in which some people have abdominal symptoms to dairy because they lack an enzyme in their gut which digests the sugar in cow's milk.

2. Why are food allergies on the rise?
Food allergies have been on the rise in recent decades. Much research is being done to find out why. A leading theory is called the “Hygiene Hypothesis”, which is being studied around the world. The idea is we are exposed to less germs in our environment, starting at a young age, than our ancestors. Certain families and groups have genes which predispose them to allergy. The lack of exposure to some germs may actually shift their immune response away from fighting off these germs and towards the allergic response.

3. Are there any effective treatments or promising studies?
Several promising treatments are being studied to treat food allergy. However, at this time the only way to prevent a reaction is for the person to avoid the food to which he or she is allergic. He or she should carry antihistamines and self-injectable epinephrine to treat accidental food allergic reactions.

In the last couple of years, studies have shown that young children at high risk of developing peanut allergy, such as infants with eczema or an allergy to egg, may benefit from the early introduction of peanut into their diets. A study from London did just this with a large group of 4-11 month old infants, and found those children who introduced peanut to their diets early had a five-fold decrease in peanut allergy at 5 years of age. Families of infants at higher risk of food allergy should talk to their child’s doctor, and perhaps see an allergist, to see if early peanut introduction is advised.

Other treatments are still being studied for food allergy, but none of these are FDA approved as of yet. One such treatment is oral or sublingual immunotherapy. In studies with this, people with a food allergy are given an initial small “dose” of a food to which he or she is allergic either by mouth, or under the tongue, and this dose is gradually increased. They often eventually tolerate a larger amount of the food than they could before the treatment. However, they must then continue to eat the food involved regularly so their increased tolerance to that food does not wear off. Unfortunately, the professional organizations of allergists in the U.S. still recommend this procedure only be done as part of a research study, since a significant number of people given this treatment have allergic reactions to the food being given, some of which may require treatment with epinephrine.

Another very promising treatment being studied involves the wearing of a skin patch containing the food to which a person is allergic. Many people in studies with these patches can tolerate eating a larger portion of the food to which they are allergic, without having a reaction, greatly increasing their food safety. Hopefully, in the coming years, we will have better ways to prevent serious allergic reactions to foods.

Bradley A. Becker, MD, FAAAAI
Professor, Allergy and Immunology, Saint Louis University School of Medicine
Departments of Pediatrics and Internal Medicine, SSM Health Cardinal Glennon Children's Hospital
AAFA-STL

The Asthma and Allergy Foundation of America, St. Louis Chapter (AAFA-STL) serves those affected by asthma and allergies through education, support and resources.

Asthma is a chronic disease that affects your <span style="background-color: #AEE14B;">LUNGS</span>.

Asthma causes frequent periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing.

Nationally, 1 in 10 kids has asthma

14 million missed school days

Effective asthma care is expensive

2 in 5 uninsured people with asthma can not afford their prescription medicines

$154 average monthly cost for preventative asthma medication - without insurance

The Facts:

2015 Program Results

B.R.E.A.T.H

Bridging Resources to Encourage Asthma Treatment and Health

AAFA-STL’s comprehensive asthma and allergy management program provides prescription assistance, asthma equipment, education, and support to eligible children that are uninsured or underinsured.

1881 Asthma and Allergy Prescriptions Filled

720 Allergic Bed Encasings Provided

192 Pieces of Asthma Equipment Provided

37 Referrals to Other Social Service Agencies in St. Louis

65 Percent of Clients Who Had Prescription Coverage Upon Exit

R.E.S.C.U.E.

Resources for Every School Confronting Unexpected Emergencies

AAFA-STL’s school nurse asthma equipment program that provides school nurses the vital tools generally necessary during asthma emergencies.

2012 - HB1188 Passes in Missouri!

School nurses can stock asthma rescue medication. The medicine can be used on any child experiencing an asthma attack.

AFFA-STL’s R.E.S.C.U.E. Program Grows in 2015!

238 Schools Received Equipment

1149 Nebulizer Attachments

120 Nebulizer Machines

626 Spacers

85 Percent of Kids Who Were Able to Return to the Classroom After Using a Piece of AAFA-STL Equipment

2012 - 2015 Program Outcomes:

148 Active Volunteers

1083 Volunteer Hours

Community Partners

AAFA-STL Out in the Community

St. Louis Children’s Hospital - Cardinal Glennon Hospital - Healthy Kids Express - Gateway FEAST - Asthma Coalition Members - Variety: A Children's Charity - United Way of Greater St. Louis

People reached through our community outreach efforts

3,099

Education Classes Taught to School Nurses & Daycare Providers

22
Support AAFA-STL’s life-saving programs on Give STL Day

Tues, May 3!
Sign up for a donor reminder & give back on May 3 at
givestlday.org

Last year, AAFA-STL raised more than $15,000 in just one day!
Thank you for helping a child breathe easier.