Background

Asthma is a chronic respiratory disease that disproportionately affects medically underserved populations. More than 1.3 million adults and 475,000 children in New York have been diagnosed with asthma. It is recognized that people with asthma who receive asthma self-management training (ASMT) are better able to manage the effects of the disease. Certified Asthma Educators (AE-Cs) have a proven competence in asthma assessment and management and providing ASMT to people with asthma.

In 2010, the Center for Health Workforce Studies, with guidance from the Bureau of Community Chronic Disease Prevention of the New York State Department of Health conducted a research study on AE-Cs in New York. The goals of the project were to learn about the characteristics of AE-Cs and the patients they serve, their employment patterns, and facilitators and barriers to increasing the supply of AE-Cs in the state. The study included stakeholder interviews, a survey of all AE-Cs in New York, and a survey of providers of asthma services. This research brief summarizes key findings from the study.

Key Findings

**There is a small number of AE-Cs in New York and they are not well-distributed across the state.**

Currently, there are only about 140 AE-Cs in New York to provide ASMT to the state’s population diagnosed with asthma. Despite the fact that people with asthma are found across the state, AE-Cs are primarily concentrated in major urban areas.

### Project Highlights

- The supply of AE-Cs in New York is not sufficient to meet the need for ASMT services in the state.
- AE-Cs are not as racially and ethnically diverse as their patients.
- Half of AE-Cs spend 10% or less of their work time providing ASMT services.
- Asthma education services in New York are frequently provided by health professionals who are not AE-Cs.

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*Data on asthma prevalence were obtained from the New York State Asthma Surveillance Report (October 2009) located at [http://www.health.ny.gov/statistics/ny_asthma/](http://www.health.ny.gov/statistics/ny_asthma/)*
Most AE-Cs are registered nurses, nurse practitioners, or respiratory therapists. They are predominantly non-Hispanic White females and, on average, 49 years old.

The majority of AE-Cs are registered nurses including nurse practitioners or respiratory therapists (each 37%). About 7% are pharmacists and less than 3% are physicians. Almost half of AE-Cs (47%) have a master’s degree or higher. Eighty-two percent of AE-Cs are women and 78% are non-Hispanic White. Relatively small percentages of AE-Cs are Asian (8%), Black/African American (6%), or Hispanic/Latino (6%). About one-third of AE-Cs (30%) came to asthma education because of a personal or family history of asthma.

AE-Cs report spending a limited amount of their work time providing ASMT services.

AE-Cs work an average of 38 hours per week, but half report spending 10% or less of their work time providing ASMT services. Approximately 18% of AE-Cs report spending more than half of their time providing ASMT services. Nearly 16% of AE-Cs report providing no ASMT services during a typical week. AE-Cs who provide ASMT services most often use individual counseling with patients.

Health care providers in New York who serve people with asthma report using health professionals who are not AE-Cs to provide asthma education services.

Providers indicate that reimbursement is insufficient to cover the cost of services provided by AE-Cs. Further, there is a lack of awareness about the value of the AE-C credential among health care providers in the state. More than half of providers (53%) indicate that “other health professionals provide the same quality asthma education as AE-Cs.”

Discussion

There is great potential for AE-Cs to positively impact the outcomes for asthma patients in New York. Providers and patients can benefit from the considerable expertise of AE-Cs. However, a lack of adequate reimbursement for AE-C services and a lack of awareness about the value of the credential among health care providers adversely affects the demand for AE-C services. Efforts should be made to educate health care providers about the competencies of AE-Cs and reimbursement policies should be modified to include consistent support for ASMT.