

Title:

Triangulating Childhood Asthma Management: A Partnership Between the Community, Family, and Provider

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Session Title:

Respiratory Health in Adolescents

Slot:

G 05: Monday, 30 October 2017: 1:15 PM-2:30 PM

Scheduled Time:

1:15 PM

Keywords:

asthma, collaboration and outcomes

References:

Cataletto, M. (2015, June). Moving Forward in Asthma Care for Children. *Pediatric Allergy, Immunology & Pulmonology*. p. 79. doi:10.1089/ped.2015.29005.ma.

Gibson-Young, L.M., Gerald, L.M., Vance, D.S., & Turner-Henson, A. (2014). The relationships among family management behaviors and asthma morbidity in maternal caregivers of children with asthma. *Journal of Family Nursing*,20(4): 442-61. doi: 10.1177/1074840714552845

Moorman JE, Akinbami LJ, Bailey CM, et al. National Surveillance of Asthma: United States, 2001–2010. National Center for Health Statistics. *Vital Health Stat* 3(35). 2012.

Abstract Summary:

To discuss lessons learned from building a collaborative effort(coalition) and disseminate research initiatives focused on enhancing family education and community health using an integrated network with an in-home asthma management approach. This triangulated approach targeted child asthma symptoms and morbidity as the outcome measures for effective efforts.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
1. The learner will be able to identify rationale for interprofessional practice when managing childhood asthma.	I. PPT overview of diagnosis discussion of management identification of multiple disciplines integrated in chronic care link with community and resources
2. The learner will be able to explain evidence-based approach towards interdisciplinary management of childhood asthma.	II. Use case approach of asthma coalition and collaborative efforts in South Texas. Discuss ongoing asthma management through the Healthy South Texas Initiative.

Abstract Text:

Background:

Asthma is one of the most common chronic diseases in children. Asthma prevalence doubled over the past three decades, and currently affects over 12 million school-aged children (Moorman et al., 2012). With more than 8% of school-aged children currently living with asthma in Texas, there is a disproportionate burden in certain family populations managing childhood asthma. In the South Texas region, childhood asthma affects 11% of the population with the highest rates among diverse ethnic groups and, of special consideration, Hispanic children (Texas Asthma Control, 2015). Although healthcare and community providers routinely document education and intervention efforts regarding asthma management for children/families, gaps remain between hospital and home (Gibson-Young et al., 2014; Cataletto, 2015) suggesting that there is a problem with the current system of managing asthma. Management of childhood asthma is multifaceted and requires partnerships between healthcare providers to ensure adequate child outcomes. This requires collaborative efforts with interdisciplinary teams including nurses, primary care physicians/health care providers, health systems, families, school systems, and other community members. A triangulation framework was utilized when initiating this collaboration. Without this approach or efforts initiated, management of childhood asthma was limited and child morbidity was increased. The purpose of this presentation is to address the collaborative approach with community partnership in South Texas for childhood asthma management that facilitated rapid dissemination of evidence-based best practices from researcher to provider to beneficiary, and critical data from beneficiary to provider to researcher resulting in significant cost savings to the national health care system. We will utilize evidence-based approaches and lessons learned in triangulating management of asthma.

Methods:

This collaboration project created an interdisciplinary network of providers and researchers examining chronic asthma research with nursing, public health, medicine, and beneficiaries in South Texas that provided benefits for the awareness, adoption, and used evidence-based best practices by care providers, health practitioners and beneficiaries. The target population was school-aged children ages 5-18 years of age and currently enrolled in a public-school system. Productivity projection was identified as 3800 children/ families with asthma and 15000 students served for all 27 South Texas counties. We started with systems currently working with counties and community health workers who are already in partnership. These community partners included: Texas A& M Extension Office, Health Care Plans, Primary Care Providers, Acute Care Providers, Academic Center, Schools, Families/Patients, Community Health Workers, and Promotoras. We recommended the hiring of a Healthy South Texas Asthma Educator for coordination. We will identify lessons when building coalition and research findings. Literature was also reviewed in-depth, and will be presented in this discussion.

Results:

In Fall of 2015, we entered 58 names into charter membership of the Coastal Bend Children's Asthma Coalition (Coalition / CBCAC). This coalition has since grown and works to improve asthma outcomes and reduce associated costs for South Texans. The vision for CBCAC focuses on Texas children with asthma to achieve optimal health and quality of life. The mission: To reduce the overall burden of asthma in children, with a focus on minimizing the disproportionate impact of asthma in racial/ethnic and low-income populations, by promoting asthma awareness and disease prevention at the community level and expanding and improving the quality of asthma education, management, and services through system and policy changes. Goals included: Increase awareness and screenings early detection of asthma; Increase the number of patients with asthma who have a dedicated asthma care-provider (either PCP within a medical home or asthma specialist) who provides consistent self-management planning and education; Reduce the number of deaths, hospitalizations, emergency department visits, school or work days missed, and limitations on activity due to asthma; and Reduce asthma disparities among populations disproportionately affected by asthma. After one year, a large Healthy South Texas project was funded for 27 counties in South Texas. We will identify lessons learned in building the collaboration and with triangulating the asthma management approach.

Discussion:

By reviewing findings from developing this collaboration, and from examining literature, we make recommendations for management of chronic conditions such as asthma. The information in this presentation will be beneficial to nurses, since nurses are at the forefront of team development, and can lead discussions when managing chronic conditions.