Sigma’s 30th International Nursing Research Congress

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

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Purpose: To address the collaborative approach with community partnership in southeastern states 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. In action, we developed an asthma coalition building on healthcare, education, and advocacy. We will utilize evidence-based approaches and lessons learned in triangulating management of asthma.

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. With more than 11% of school-aged children currently living with asthma in the southeastern states, there is a disproportionate burden in certain family populations managing childhood asthma. In the southeastern region, the highest rates of child asthma among diverse ethnic groups and particularly the black and Hispanic children. Healthcare and community providers routinely document education and intervention efforts regarding asthma management for children/families, yet gaps remain between hospital and home 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.

Methods: This collaboration project created an interdisciplinary network of providers and researchers examining chronic asthma research with nursing, public health, medicine, and beneficiaries in the southern region 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. We examined the literature to include keywords of child asthma, healthcare systems and communities, southern states, best practices, and interventions. A comprehensive search was completed in CINAHL, Medline, PubMed, and Academic Search Premier. We aimed to identify strategies of asthma practices in order to improve asthma care and associated costs in this southern region.

Results: We identified 58 studies to improve asthma outcomes and reduce associated costs for families and healthcare systems. After limiting to studies in the last 10 years and those who worked in partnership with multiple disciplines, we identified 22 studies. Out of the comprehensive review of the literature, we identified three themes to focus on for building a state coalition with a clear focus on asthma. The themes identified related to 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/improving the quality of asthma education, management, and services through system and policy changes. Therefore, we set our initial vision for children with asthma to achieve optimal health and quality of life. The mission: to reduce the overall burden of asthma in children. 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, we have held four meetings in collaborative efforts with multiple disciplines and organizations. We will identify lessons learned in building the collaboration and with triangulating the asthma management approach.

**Conclusion:** 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.

**Title:**

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**Keywords:**

Asthma, Health care strategies and Interventions

**References:**


Abstract Summary:
We aim to address the collaborative approach with community partnership in the southeastern US for childhood asthma management that facilitated rapid dissemination of evidence-based practices from researcher to provider to beneficiary, and critical data from beneficiary to provider to researcher resulting in significant cost savings to the health care system.

Content Outline:
I. Asthma prevalence
   A. National rates
   B. Southeastern rates

II. Current practice
   A. Health care focus
   B. Readmission rates
   C. Burden to system

III. Review of Literature
   A. Interdisciplinary
   B. Current Aims/ Focus
   C. Strategies for improvement

IV. Recommendations

V. Asthma Coalition, practice, partnership with EPA

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Author Summary: Dr. Linda Gibson-Young is an Associate Professor at Auburn University in Alabama, USA. She is certified as a family nurse practitioner, nurse educator, and national asthma educator. Her research interest focuses on home interventions for families of children with chronic conditions by
incorporating interdisciplinary teams. She has partnered with many to develop, implement, and disseminate TigerCHAT across Alabama.