Triangulating childhood asthma management: A partnership between the community, family, and provider

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Disclosure

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Source: Asthma and Allergy Foundation of America asthmacapitals.com



Purpose

To address the collaborative approach and partnership to facilitate 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 within health care system.



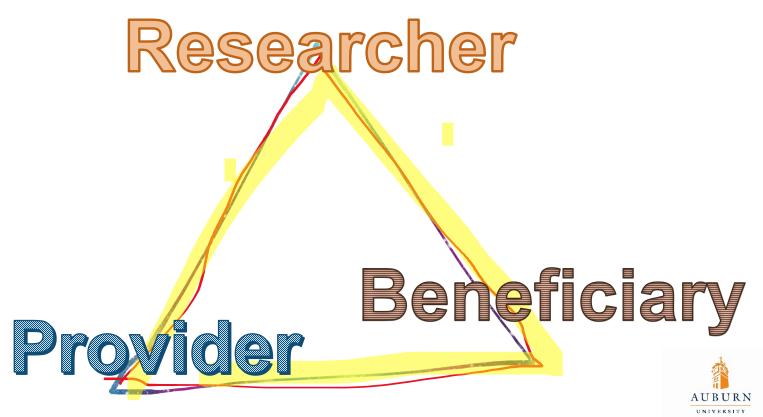
Background: Asthma

- Prevalence doubled over the past three decades, and currently affects over 12 million school-aged children.
- ❖>11% of school-aged children currently living with asthma in the southeastern states,
 - disproportionate burden in populations managing asthma.
 - highest rates among diverse ethnic, esp. black and Hispanic
- Healthcare and community providers routinely document education and intervention efforts regarding asthma management for children/families,
 - ❖gaps remain between hospital and home suggesting a problem with the current system of managing asthma.

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Triangulation Framework



Sources: Denzin (1978) and Patton (1999)

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Methods



- •We examined the literature to include keywords of child asthma, healthcare systems and communities, and best practices
- •Aimed to identify strategies of asthma practices in order to improve asthma care and associated costs in this southern region.
- A comprehensive search was completed in CINAHL, Medline, PubMed, and Academic Search Premier: PRISMA



Results

- •Identified 58 studies to improve asthma outcomes and reduce associated costs for families and healthcare systems.
 - After limiting (last 10 years, inclusion of multiple disciplines), we identified 22 studies with best practices.
- Themes emphasized the need for a state coalition with a clear focus on asthma:
 - 1. Minimizing the disproportionate impact of asthma in racial/ethnic and low-income populations, by promoting
 - 2. asthma awareness and disease prevention at the community level
 - 3. expanding/ improving the quality of asthma education, management, and services through system and policy changes. AUBURN UNIVERSITY

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Health Disparities and Asthma

- Cultural and ethnic characteristics (Dowell et al., 2018; McDaniel et al., 2012)
- Poverty and SES (Lim et al., 2019;
 Mendenhall et al., 2018)
- Asthma outcomes and disparities (Rapp et al., 2018; Zhang et al., 2017)



Asthma Awareness

- Family disengagement and poorly controlled asthma (Sullivan et al., 2018)
- •Rural asthma education and variation in outcome measures (Perry et al., 2019; Hendryx et al, 2012)
- Asthma Education (Kintner et al., 2015;
 Uchima et al., 2019; Campball et al., 2015)
- Factors influencing asthma control and quality of life (Gandhi et al, 2013)

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Systems and Policy Change

- Successful community-based changes impact large scale cost effectiveness (Clark et al., 2010)
- •Economic burden; Protective effect of community factors (Perry et al., 2019; Gupta and Weiss, 2009)
- •School-based policy and asthma, medications (Toupas et al., 2018)
- •Community change with environmental outcomes (Afzal et al., 2016)

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Asthma Coalition

- •Created an interdisciplinary network of providers and researchers to explore chronic asthma research in the southern region
 - •for the awareness, adoption, and used evidence-based best practices by care providers, health practitioners and beneficiaries.

Universities, Health Care Agencies, Community Organizations, Schools, State, Local, and National Governmental Agencies, Asthma Association Partners, Drug/Treatment Industry, Individuals, Asthma Camps, Research Initiatives, Grant Programs

Needs Assessment





Discussion

- Motivation: Recognize disparities and implement to improve
- •Lead: Nurses are at the forefront of team development, and can lead the conversation when managing chronic conditions.
- •Evaluate Outcomes: Explore cost effectiveness and strengthen partnerships with triangulation framework



Questions?

References and resources available upon request gibsolm@auburn.edu

