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

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Asthma

◆ One of the most common chronic diseases in children.

◆ 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 US school-aged children currently living with asthma, 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).
Healthy South Texas
Background

◆ 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
◆ Requires partnerships between healthcare providers to ensure adequate child outcomes.
◆ Collaborative efforts with interdisciplinary teams
Conceptual Framework

- 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.
Purpose

To address the collaborative approach with community partnership 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

The research was conducted by a mixed methods approach:

Qualitative-
- perceptions of team members
- focus group feedback

Quantitative- not discussed
- attendance
- dissemination through presentations and publications

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 and adoption of evidence-based best practices.
Sample

◆ We recruited from systems currently working with counties and community health workers who are already in partnership.

◆ These community partners included: Extension/Community providers, Health Care Plans, Primary Care Providers, Acute Care Providers, Academic Center, Schools, Families/Patients, Community Health Workers, and Promotoras.

◆ The target population had involvement with school-aged children ages 5-18 years of age currently enrolled in a public-school system.

◆ Productivity projection identified as 3800 children/ families with asthma and 15000 students served for all 27 South Texas counties.
Qualitative Results

Perceptions of collaboration
- Why collaborate?
- How to collaborate?
- When to work in partnership?

Focus Group Feedback \((N = 46)\)
- Stakeholders
  - Children
  - Parents
  - School Nurses
  - Nurses
  - Community Workers
  - Physicians
Themes

- More and better education is needed across the board
- Health literacy required
- Better coordination and collaboration
- Changes in school policies are required to better support students with asthma
Next step…Coalition

◆ 58 names identified in charter membership of Coalition

◆ The mission to reduce the overall burden of asthma in children,
  ◆ 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.
Reflect

◆ identify lessons learned in building the collaboration and triangulating the asthma management approach.

◆ recognize lessons when building coalition and disseminating research findings.

◆ examine the literature in-depth, and discuss.
Discussion

1. Schools/ After-school programs/ Daycare programs

2. Asthma Education

3. Coordination
Q&A Session