WIN for Asthma

A Community-Wide Network of Care to Reduce the Burden of Asthma

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Original funding provided through a grant from The Merck Childhood Asthma Network

Presentation Outline

1. Background
2. Needs Based Planning
3. The Care Coordination Model
4. Evaluation
5. Sustainability

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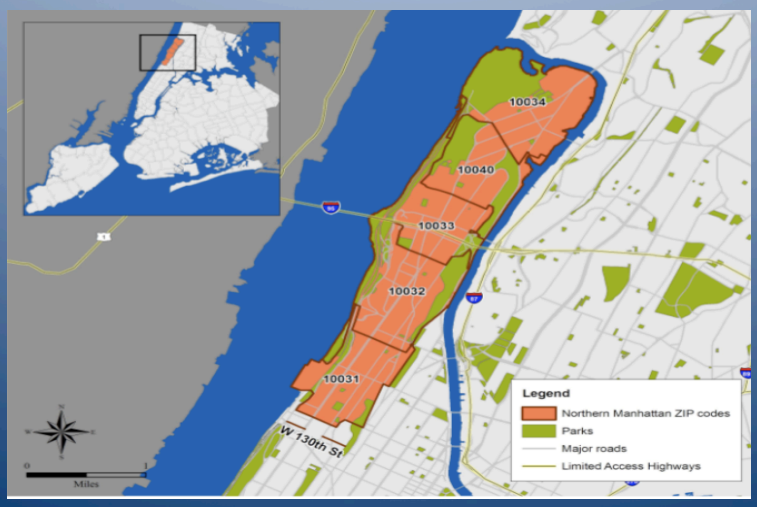
Target Community: Washington Heights and Inwood, NYC



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Population Characteristics

- 270,700 residents
- 51% foreign-born
- 75% Latino (55% Dominican)
- 70% speak Spanish at home
- 43% of children live below poverty line

Burden of Pediatric Asthma:

- Prevalence: 17-23%
- Hospitalization rate: 4 per 1000
- ED visit rate: 41 per 1000

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Barriers to Care

- Complex/fragmented health system
- Distrust of local health centers
- Poverty
- Social and linguistic isolation
- Low levels of education
- Disempowerment

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WIN for Asthma

December 2005:

- Awarded 4-year grant from the Merck Childhood Asthma Network (MCAN)
- Worked closely with community partners to develop WIN for Asthma Program in response to community needs

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High Performing Collaborations

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Program Mission

- Strengthen community-wide network of care
- Improve pediatric asthma management
- Reduce asthma related:
  - Hospitalizations
  - ED visits
  - School absences

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Core Program Services

- Community-wide Screening and Education
- Family-focused Care Coordination
- Provider Outreach and Education

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Care Coordination Model

- Hospital-Academic-Community Partnership
- Strong Community Ties
- Community Health Workers
  - Community-based
  - Culturally competent
  - Peer educators

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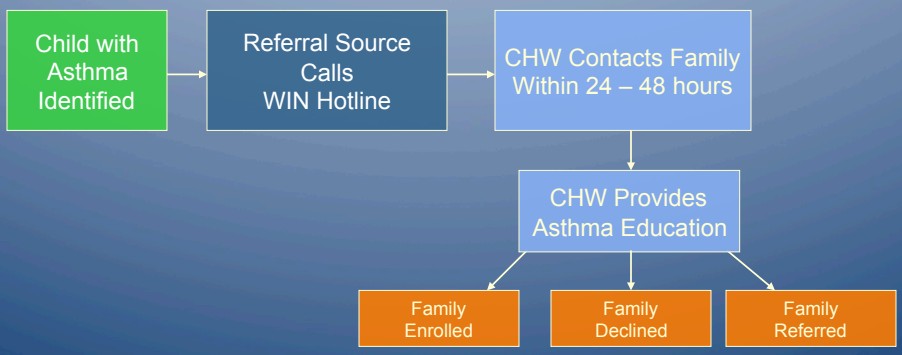
Referral and Enrollment



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Tailored Intervention

Stage 1 Months 1 - 3	**Stage 2** Months 4 - 6	**Stages 3** Months 7 - 12
Comprehensive Asthma Education	Monthly Check-In	Bi-Monthly Check-In
Home Environmental Assessment	Goals Check-in	Service Referrals
Goal Setting & Referrals	Service Referrals	12 Month Follow-up Survey
Pediatrician-Led Asthma Workshops	6 Month Follow-up Survey	Graduation
Baseline Survey		

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CC Participant Characteristics

- N = 440
- Mean age: 6 yrs old
- Male 61%, Female 39%
- 92% Latino, 8% African-American
- 98% insured, 2% uninsured
- 69% Spanish, 31% English

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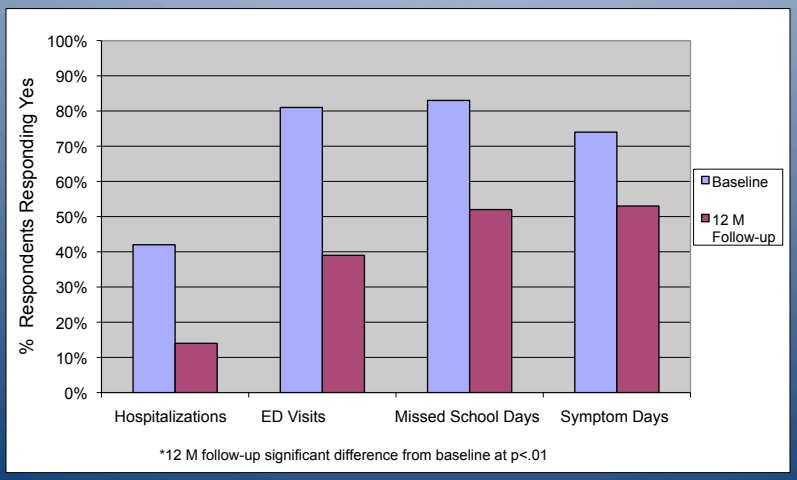
Asthma Outcomes



*12 M follow-up significant difference from baseline at p<.01

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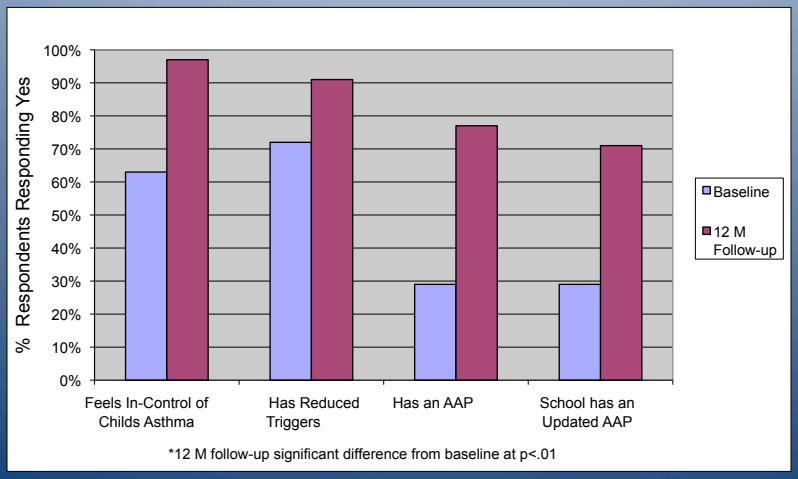
Asthma Management



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Conclusions

- Hospital-academic-community partnerships can effectively address health disparities
- Community-based CHWs are key to bridging gaps
- Building in evaluation from the start is essential
- It's never too early to develop a sustainability plan

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Challenges

- Adapting to meet ever-changing needs of community
- Balancing stakeholder interests (e.g. hospital, clinical practices, schools, community organizations)
- Sustainability

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Sustainability

Strategies:

- Demonstrate program impact
- Maintain flexible program model
- Identify common goals

Next Steps:

- Adapt WIN for Asthma to the Patient-Centered Medical Home initiative, for pediatric asthma care
- Leverage proven model to address other chronic diseases
- Expand to new geographic area

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