**“Asthma Community Network—Conversations for Advancing Action” Podcast Series**

**Episode 15: “It Takes a Village: Mobilizing Community Health Workers to Engage a Community”**

**September 23, 2015**

**Approximate Run Time:** 7 minutes

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| **Speaker** | **Content** |
| ***(Music plays at full volume and then fades into the background)***  **Narrator**  *(This paragraph is repeated on all podcasts to deliver the message that the AsthmaCommunityNetwork.org has a library of material available to enhance knowledge about asthma management programs.)* | Welcome to “Asthma Community Network — Conversations for Advancing Action,” a podcast series from AsthmaCommunityNetwork.org, an online Network designed for people committed to improving asthma outcomes in their community. This podcast series shares best practices for reducing the impact of asthma through delivery of comprehensive, community-based care, especially in underserved communities. In these podcasts you’ll learn about strategies for managing effective program delivery systems, addressing environmental triggers, and leveraging community assets through partnerships.  Joining us today from the Sinai Urban Health Institute are Jessica Ramsay, an Intervention Coordinator, and Kim Artis, a Community Health Worker.  They will share with you their lessons and experiences in overseeing a successful community health worker project in Chicago—where pediatric asthma rates in some neighborhoods are three to four times higher than the national average. By ensuring careful and conscientious planning, implementation, and monitoring of community health worker services, Sinai Urban Health Institute was able to decrease the children’s daytime asthma symptoms and urgent health resource utilization, and increase their caregivers’ quality of life. At the end of the intervention, the rates of well-controlled asthma among participants tripled to over 75%.  The success of this project was recently highlighted in an article, “Utilizing the Community Health Worker Model to communicate strategies for asthma self-management and self-advocacy among public housing residents.” In this podcast, Kim and Jessica will explore the best practices that made this project such a success, and will talk not only about their past experiences in asthma services, but also about what they see for the future of community health workers and their services.  **Kim and Jessica, the Sinai Urban Health Institute has been instrumental in developing and implementing a successful community health worker program for children living with asthma in Chicago. We all know that sometimes those first steps to get a program off the ground are the most difficult—what measures did Sinai take early in the process to ensure later success?** |
| **Jessica** | We hire community health workers directly from the community that we serve by the intervention, which really speaks to the true definition of a community health worker as someone who is able to build a trusting relationship with participants in the program and really be a bridge between health and social services and the community served. We have a unique hiring process to help identify candidates for the community health worker position; specifically, we hold what we call a pre-hire or pre-training session. It’s really a chance for the community health worker candidates to learn about asthma and to see if being a community health worker is really something that they want to do. If they are interested, they can apply for the position and, if not, they still go back into the community with asthma knowledge that they are able to disseminate to others. We found that it’s a very beneficial process on both ends. |
| **Narrator** | **Once the community health workers have been trained and brought onboard, how do you track the success of their efforts?** |
| **Jessica** | One of the keys to our successful interventions has been our rigorous evaluation process. At the first home visit we ask caregivers to report on their children’s use of the medical system—that includes emergency department visits, hospitalizations, urgent care visits for asthma, as well as activity-limited days, which includes missed school days for children, missed work days for the caregivers—and this is all during the year prior to enrollment in the program. We also ask them to report at that first home visit on the frequency of their child’s day and nighttime symptoms over the past two weeks prior to starting the intervention. We use those as the comparative measures from prior to the intervention compared to over the course of the intervention. Community health workers conduct a thorough home environmental assessment, so this is a lengthy tool that we are able to track the presence of triggers, presence in the home and any behaviors to reduce those triggers. This assessment is collected at three different times throughout the course of the intervention. We also look at asthma knowledge; throughout the course of the intervention, one of our goals is to increase overall asthma knowledge among caregivers and family members of the child with asthma, so we collect this information to help us keep on track as far as increasing asthma knowledge across the intervention. We also have a tool that measures self-efficacy throughout the intervention. |
| **Narrator** | **We often talk about how community health workers work one-on-one with patients. Many of these on-the-job experiences can be very difficult or stressful, though, if community health workers are working with families experiencing mental illness, poverty or violence. How did Sinai address this issue in its pilot program?** |
| **Jessica** | Through Sinai Asthma Education training institute, we have an asthma community health worker course which totals up to about 75 hours training. This is a very interactive training, and it involves the sharing of experiences by the community health workers in order to fuel the training, a lot of case study reviews and real situations that had happened in the field, and we have an evaluation process which involves a lot of role play—really acting and getting a chance to disseminate the education in a way to similar to how it will be in the field during a home visit. What we’ve found to be very important is having adequate ongoing supervision and really more support for the community health workers and all the work they are doing in the field, all the issues that they are seeing in the home in addition to asthma, and having a place to come back to and be able to discuss those cases and appropriate ways to help these participants. |
| **Narrator** | **As you mentioned before, one of the most important parts of a community health worker program is, in fact, the community health worker’s connection to the area and the people whom they serve. How did you ensure community engagement with the program and buy-in from other organizations?** |
| **Kim** | We work with housing development and management companies that were our partners in this intervention. We dealt with local tenants’ rights organizations to address more complex issues that we couldn’t handle in house and with these particular partnerships we’ve seen an 86% reduction of those housing issues. We saw this to be a good partnership in connecting with these different organizations to help get an effective intervention outcome for the participants that are involved. We did also provide assistance with connecting with asthma specialists when needed, because a lot of them didn’t do that. We also have referrals to local tobacco quit lines, or smoke cessation, and referrals to other social service agencies for other issues that arise that could exacerbate asthma, such as mental illness, and again, those stressful situations that come about in those communities and those environments, with the violence piece of it. |
| **Kim** | It was challenging, I will say that, to merge those two worlds: housing and then healthcare. To mitigate some of that, we met in person with staff in order to understand how we can incorporate what they do and what we do to build better relationships with them. We also developed those relationships to explain the purpose of what we were doing with our intervention, and what the CHWs were and how we could talk about our prior success with other partners, and how we can implement that in the interventions that we were doing. I think one of the key issues was regular updates with all our program members, all of those outside network relationships and in-house relationships—that we had to make sure that they were kept engaged and let them know our progress on the goals that we were trying to reach, and I think that was really successful in that aspect. |
| **Narrator** | **What were the benefits of those health and housing partnerships?** |
| **Kim** | It’s really good to lean on those who already have the knowledge of the people or the community that you are working with, because it prevents you from reinventing the wheel. You get to glean from what they’ve already learned to be a best practice and try to merge them to what you’re doing to get the best outcome. We know that having those partnerships and including them—making them inclusive in the steps that you are taking and what’s working and what’s not working—allows you to put together a better protocol to get more of a positive outcome than not. |
| **Jessica** | If the housing authority and the different developments didn’t understand really what the value of our programs in the past has been, and what the community health worker is there for, and why they are going into their residents’ home—then it would have been really difficult to integrate the community health worker intervention into the housing developments. |
| **Narrator** | **In your study, well-controlled asthma among participants increased from 24% at the baseline to 78% at the end of the intervention, pointing to the effectiveness of community health workers to address asthma. What do you see as the future of community health workers in providing asthma care? Do you foresee this becoming part of the larger conversation surrounding asthma services?** |
| **Jessica** | We’ve really already started to see a true significant increase in interest around implementing community health worker programs in asthma care. I think we foresee this to continue to increase in implementing such programs given the change in Medicaid regulations, and we are really, really excited to be a part of the expansion. I think that as the implementation of these CHW programs and other preventative, non-physician asthma care continues to take hold, we see a change in the norm for future asthma care. I think Ideally one that involves more personalized, tailored education for children with asthma and their families and this, of course, would be accompanied by stronger partnerships with a medical home. In our interventions we really make that a focal point in helping build that relationship and understanding the importance of that relationship. And this, of course, in turn will continue to result in lower emergency department use, lower hospitalizations for kids with asthma in underserved communities, and a greater overall understanding among caregivers and other community members and family members of asthma of how to manage the disease. I think overall we are looking for—we foresee a reduced asthma-related burden and less money being spent by the health care system around asthma care. |
| **Kim** | I do also foresee the role of the community health worker being an intricate part of the healthcare system. We know that having those eyes and ears in the home of patients does make a difference in what the doctor can do in the office—meaning that a lot of things that are encountered in the home are never discussed in a doctor’s office because no one is willing to say all the things going on in their home in that sort of sterile setting, because of fear of being judged and fear or being looked upon as somebody insignificant or not important. So we know that this type of intervention saves money; we know that this type of intervention saves lives; we know it changes quality of life. We see it being a common additive in the healthcare system. We see it as being just the norm, because we’ve seen what this work can do, has done, and the potential that it does have. |
| **Narrator**  *(This clip concludes the Episode and directs listeners back to AsthmaCommunityNetwork.org to access more resources.)* | **Thank you, Jessica and Kim, for sharing these valuable insights.**  **For additional resources on community health workers, and to hear other podcasts in this series, visit asthmacommunitynetwork.org/podcasts.**  **Do you have experiences and resources on community health workers? Share them with the wider community! Log in to or join AsthmaCommunityNetwork.org and contribute to our Resource Bank, Blog, or Discussion Forum.**  **And for more asthma resources, go to AsthmaCommunityNetwork.org—an online Network for people committed to improving asthma outcomes in their community.** |