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
Target Community: Washington Heights and Inwood, NYC

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
Barriers to Care

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

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
High Performing Collaborations

Program Mission

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

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

Care Coordination Model

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

Child with Asthma Identified -> Referral Source Calls WIN Hotline -> CHW Contacts Family Within 24 – 48 hours

CHW Provides Asthma Education

Family Enrolled

Family Declined

Family Referred

Tailored Intervention

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stages 3</th>
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<tbody>
<tr>
<td>Months 1 - 3</td>
<td>Months 4 - 6</td>
<td>Months 7 - 12</td>
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<tr>
<td>Comprehensive Asthma Education</td>
<td>Monthly Check-In</td>
<td>Bi-Monthly Check-In</td>
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<tr>
<td>Home Environmental Assessment</td>
<td>Goals Check-in</td>
<td>Service Referrals</td>
</tr>
<tr>
<td>Goal Setting &amp; Referrals</td>
<td>Service Referrals</td>
<td>12 Month Follow-up Survey</td>
</tr>
<tr>
<td>Pediatrician-Led Asthma Workshops</td>
<td>6 Month Follow-up Survey</td>
<td>Graduation</td>
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<tr>
<td>Baseline Survey</td>
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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

Asthma Outcomes

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<thead>
<tr>
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<th>Baseline</th>
<th>12 M Follow-up</th>
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<tbody>
<tr>
<td>% Respondents</td>
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<tr>
<td>Hospitalizations</td>
<td>20%</td>
<td>10%</td>
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<tr>
<td>ED Visits</td>
<td>50%</td>
<td>40%</td>
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<tr>
<td>Missed School Days</td>
<td>40%</td>
<td>30%</td>
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<tr>
<td>Symptom Days</td>
<td>30%</td>
<td>20%</td>
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*12 M follow-up significant difference from baseline at p<.01
Asthma Management

Percentage of Respondents Responding Yes

- Feels in control of child's asthma
- Has reduced triggers
- Has an AAP
- School has an updated AAP

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

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
Challenges

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

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