Leveraging Community Assets for Asthma Program Success

Community Assets

Strong community ties and collaborations drive program results. Proven strategies for building community assets include:

- Partnering with local organizations to build credibility and capacity
- Delivering services locally and make them easy to access
- Involving the community in planning

Leveraging Community Assets for Asthma Program Success

Asthma Network of West Michigan

Karen Meyerson

Asthma Network of West Michigan
What We Believe In

Our Philosophy: *Mutual accountability makes partnerships work!*

Why we are essential to the delivery of quality asthma care in our community:

- Meet the families where they are – provide education and support in their homes
- Utilize holistic approach to asthma management - work with individual patients/caregivers/families to manage asthma and overcome barriers to optimal management
- Serve as the "eyes and ears" of providers while coordinating and implementing the asthma action plan

Asthma Network of West Michigan
Who We Are

- **Community Asthma Coalition**
- **Located:** Grand Rapids, Michigan
- **Program Established:** 1994
- **Serving:** 82,933 people with asthma
  - **30% of the asthma population is younger than 18**
  - **Target population:** children (≤18 years) with uncontrolled asthma from low-income families (75% of our caseload of 500 in the past year)
- **Key Partners:** Priority Health, Molina Healthcare of Michigan, Health Plan of Michigan, CareSource, Blue Care Network, Grand Rapids Public Schools, Spectrum Health, Saint Mary's Health Care, Trinity Health, Heart of West Michigan United Way

Our Collaborations and Community Ties:
Mutual Accountability to Partners

- **Collaboration is our foundation: a coalition**
  - Partnered to build effective service delivery
  - Evaluated from the beginning
- **"Be visible and make yourself accountable"**
- **Partnerships have helped:**
  - Build, sustain and replicate our program
  - Achieve and demonstrate cost savings

Our Collaborations and Community Ties

How We Make It Work

- **Expanding ANWM to Muskegon**
  - Collaborators wanted ANWM to grow
  - Asked them to help us make it happen
- **Replicating the ANWM model in East Michigan**
  - East MI program asked for help
  - We asked our collaborators to help them
  - Collaborators wanted to spread our model

Our Impact

- **Key indicators for measuring success:**
  - Measure everything we do and share those outcomes with the key financial decision makers (foundations, health plans, hospital systems, etc.)
  - We are seen as the community's asthma resource and that visibility/credibility has been fundamental to our program sustainability, both through referrals and contracts

Our Impact

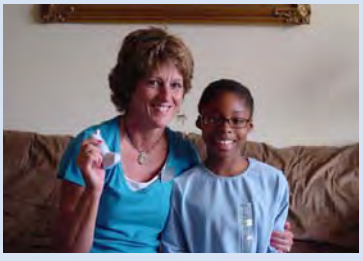
- **The results we're most proud of:**
  - Designing and implementing a sustainable, comprehensive home-based asthma case management model
  - Obtaining reimbursement from our health plans partners, who report cost savings and positive return on investment (ROI)
  - Our service costs $2,500 PPPY
  - 60% decrease in hospitalizations and 40% decrease in ER visits

Sharing Our Value

- **We demonstrate our value by:**
  - Our ability to be responsive and flexible (e.g., provided service to Muskegon at the request of Priority Health, and participation in the Kent County Children's Medical Home Project, serving as the provider of asthma education)
- **Our asthma program has grown from <u>50 patients served per year</u> (Year 1) patients to <u>500 patients served per year</u> (current year)**

Sustaining Our Success

- **We help to fund that growth by:**
  - Diverse funding base, including new dollars obtained through local hospital corporate giving program
  - Redirected existing funding from this new grant for fund development training
  - Secured sustainable funding from local United Way and local hospital's Community Benefits program
  - Obtained higher level of reimbursement from health plan partners
  - Revised model to incorporate reimbursement through in-office education, both one-on-one and in group settings, and telephone consultations to increase revenue stream



Leveraging Community Assets for Asthma Program Success

NY City Department of Health and Mental Hygiene
New York City Asthma Initiative

Jacqueline Fox-Pascal

New York City Asthma Initiative
What We Believe In

Our Philosophy:

- **Collaboration with community partners is essential to the delivery of quality asthma care in our community**

Our Collaborations and Community Ties:
Always start on the community end!

Program infrastructure supports community-led initiatives:

- Fund community based initiatives
- Technical Assistance -- surveillance, evaluation & population-based planning
- Convene committees of local experts

New York City Asthma Initiative
Who We Are

- **New York City Asthma Partnership (NYCAP)**
- **Community Intervention Programs Established in 1998**
- **Large minority and low-income population**
- **Serving:** 300,000 children and 700,000 adults with asthma
- **Key Partners:** Dept. of Education, Administration for Children's Services, Health & Hospitals Corporation, American Lung Association, NYS Asthma Coalitions

Collaborations between Asthma Initiative and NYCAP
How We Make It Work

Implement a community-focused strategy:

➢ **Managing Asthma in Day Care Project**

- Recruit local Head Start centers
- Provide technical assistance with data
- Engage senior leadership as champions
- Spread success

Our Impact

- **Key indicators for measuring success:**
  - Decrease hospitalizations and emergency department visits
  - Decrease school/work absences

Our Impact

- **The results we're most proud of:**
  - Hospitalizations for children 0-14 with asthma in NYC decreased by more than 11.9% from 2006 to 2007
  - Managing Asthma in Day Care Project screen over 10,000 children
  - 49% of children identified with asthma on ICS medications
  - Asthma Basics training provided to over 800 day care workers
  - IPM interventions conducted in over 1,000 homes

Sharing Our Value—Sustaining Our Success

- **We demonstrate our value by:**
  - Working with community partners to improve their ability to impact asthma
  - Helping our community partners succeed

Sharing Our Value—Sustaining Our Success

- **Our asthma program has grown from a borough-based case management program to:**
  - Day Care based interventions in 223 centers
  - School based interventions
  - Electronic medical record-keeping in elementary schools and day care centers
  - Asthma Training Institute
  - Provider Training
  - City-wide IPM Services
  - City-wide partnership (NYCAP) with over 400 members

Additional Information

- For additional information:
  - jfox@health.nyc.gov
  - www.nyc.gov/health/asthma