



# **15<sup>th</sup> Annual ACCP Community Asthma Coalitions Symposium**

## **Welcome to Day 2**

# The Power of Community



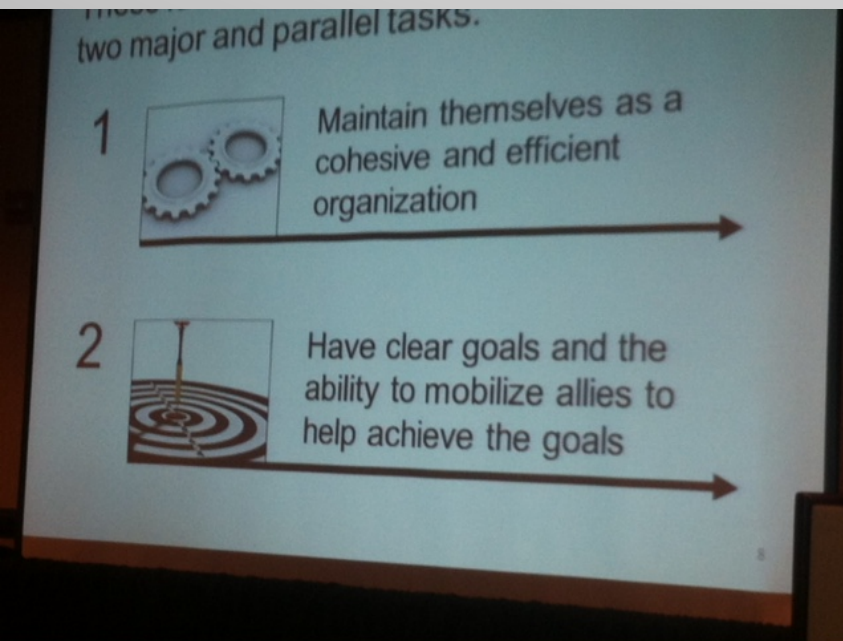


**“You have a lot to sell”**

**“Comprehensive, that is the new word.”**



**“What happens in one place can be immensely important for what happens in another place”**







**“Steal  
shamelessly”**

**“Have families  
teach back”**

**“Raise parent’ s  
expectations”**



**“We’ re finally  
making an  
impact”**

**“Epigenetic.”**



**“Doing the right thing”**

**“Doing things right”**

# The “What” of the Symposium

- **Construct Management Tools that Build, Sustain and Spread Your Unique Program Assets**
- **Connect to a Resource Rich Campaign and Network**
- **Develop and Practice a Leadership Narrative to Convene Partners and Stakeholders**





# Questions to Run On

- Who does my Program Serve/What is my Population of Service?
- What does my program do really well?
- What do I need to keep my program going?
- Who else in my community delivers really good asthma care?

# My Program's Strategic Plan



# Sharing Our Wisdom

***“Community is a locus of healing, not the hospital or the clinic.”***

***“Patients cannot see outside their pain, we cannot see in, relationship is the only bridge between”***

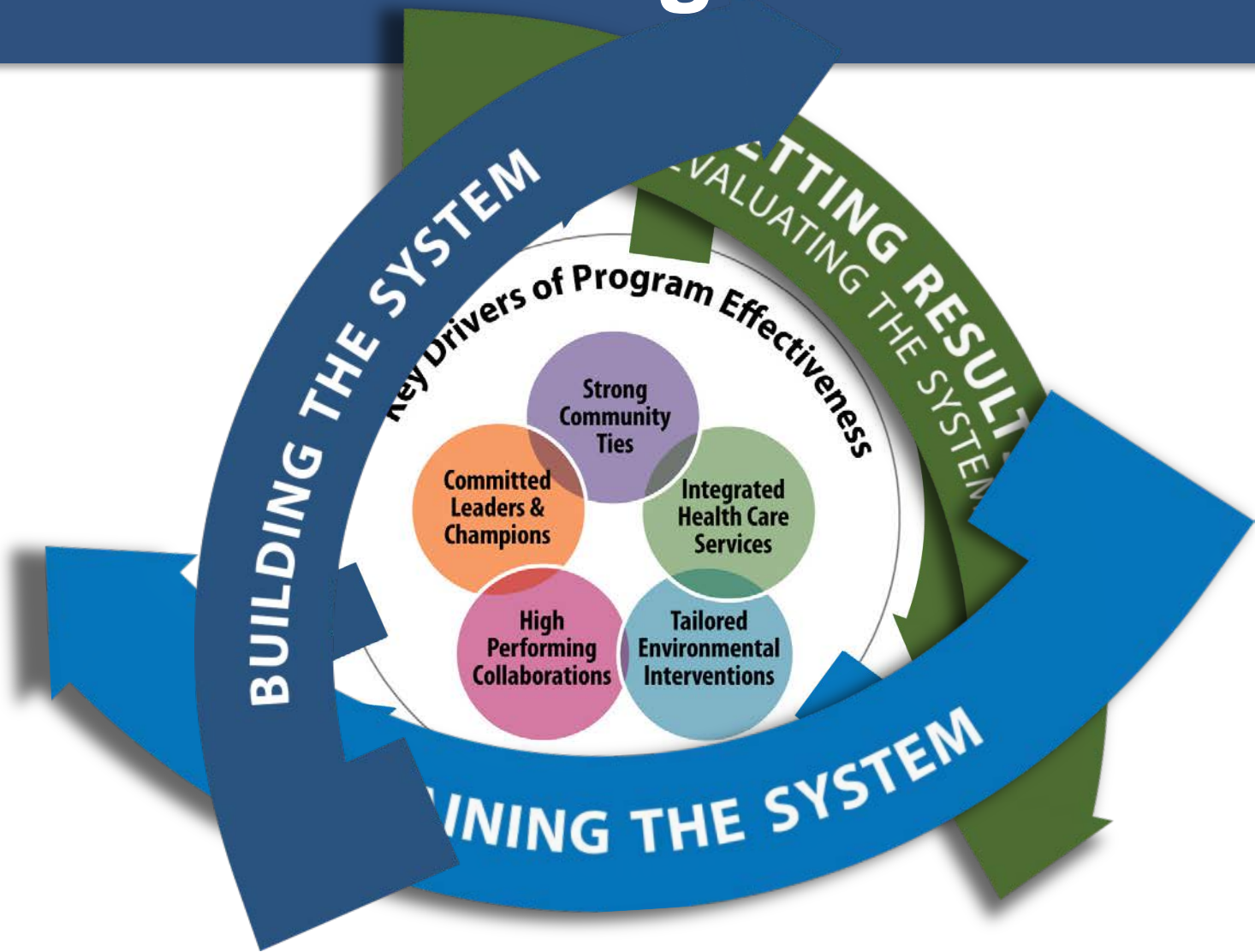
**Dr. David Loxtercamp, author of *“A Measure of My Days: The Journal of a Country Doctor.”***



## **15<sup>th</sup> Annual ACCP Community Asthma Coalitions Symposium**

# **Coalitions Then and Now**

# Constructing Coalitions





# Coalitions Then and Now

- Chicago Asthma Consortium
  - Stacy Ignoffo, Chicago, IL CAC
- Regional Asthma Management Program
  - Anne Kelsey, MPH, San Francisco, CA
- New York Citywide Asthma Initiative
  - Jean Sale-Shaw, MSN, MPH, BSN, AE-C, New York, NY

# Then and Now Panel Discussion

- What do you offer your target population now that is different than when you started?
- How have your evaluation methods evolved throughout the lifetime of your program?
- What kinds of partnerships have you formed to advance your program goals?



## 15<sup>th</sup> Annual ACCP Community Asthma Coalitions Symposium

# **Communities of Practice: Practicing Community to Address Asthma Disparities**

# Asthma Disparities Action Plan Launches!



# Reducing Asthma Disparities is a Priority

- Childhood asthma is a large public health burden
  - 7.1 million children have asthma
  - Annually, there are:
    - 154, 615 hospitalizations among children
    - 12.8 million school days lost
    - \$57 billion costs (direct and lost productivity) across all ages





# Reducing Asthma Disparities is a Priority

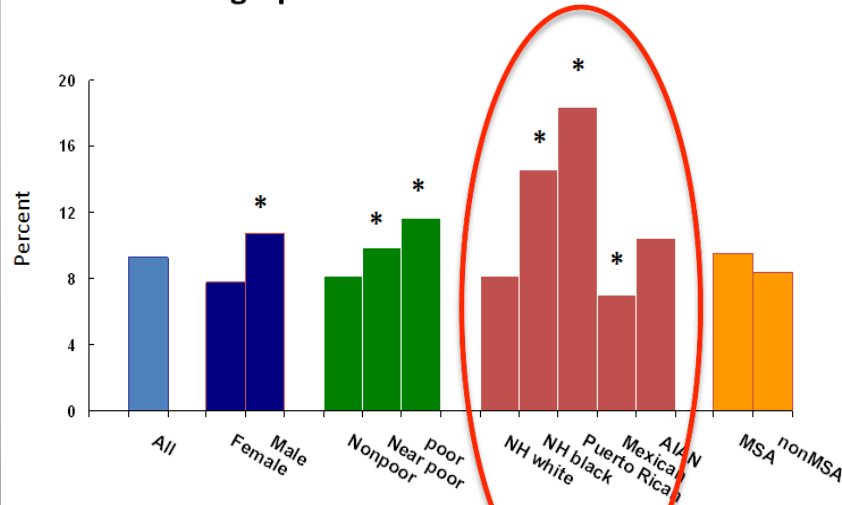
Minority children have a greater asthma burden than white children:

- The prevalence of asthma is 2X greater in non-Hispanic Blacks and Puerto-Rican, Hispanic children (16%) than in white children (8.2%)
- Compared to white children with asthma, black children are:
  - 2X as likely to have an emergency department visit
  - 2X as likely to require hospitalization
  - 4X more likely to die due to asthma
- Minority children are less likely than white children to be prescribed OR to take recommended treatments to control asthma.

# Reducing Asthma Disparities is a Priority

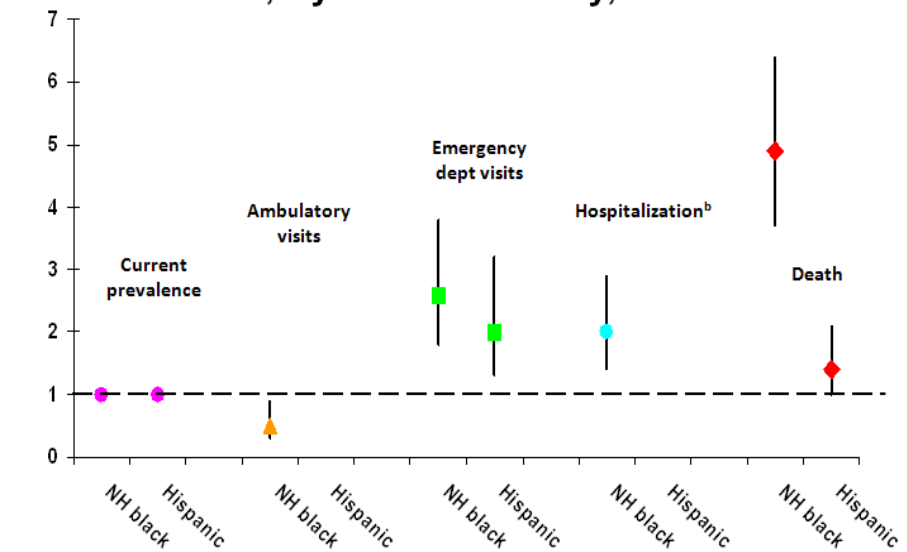
## Minority children have a greater asthma burden than white children

Current Asthma Prevalence among Children by demographic characteristics: 2006-2008



\*\* two-sided significance test significant at the 0.05 level compared to first category in group  
AIAN=American Indian/Alaska Native  
MSA=metropolitan statistical area  
Data Source: CDC/NCHS: National Health Interview Survey (NHIS)

Disparities in outcomes among children with asthma, by race/ethnicity, 2003-2004

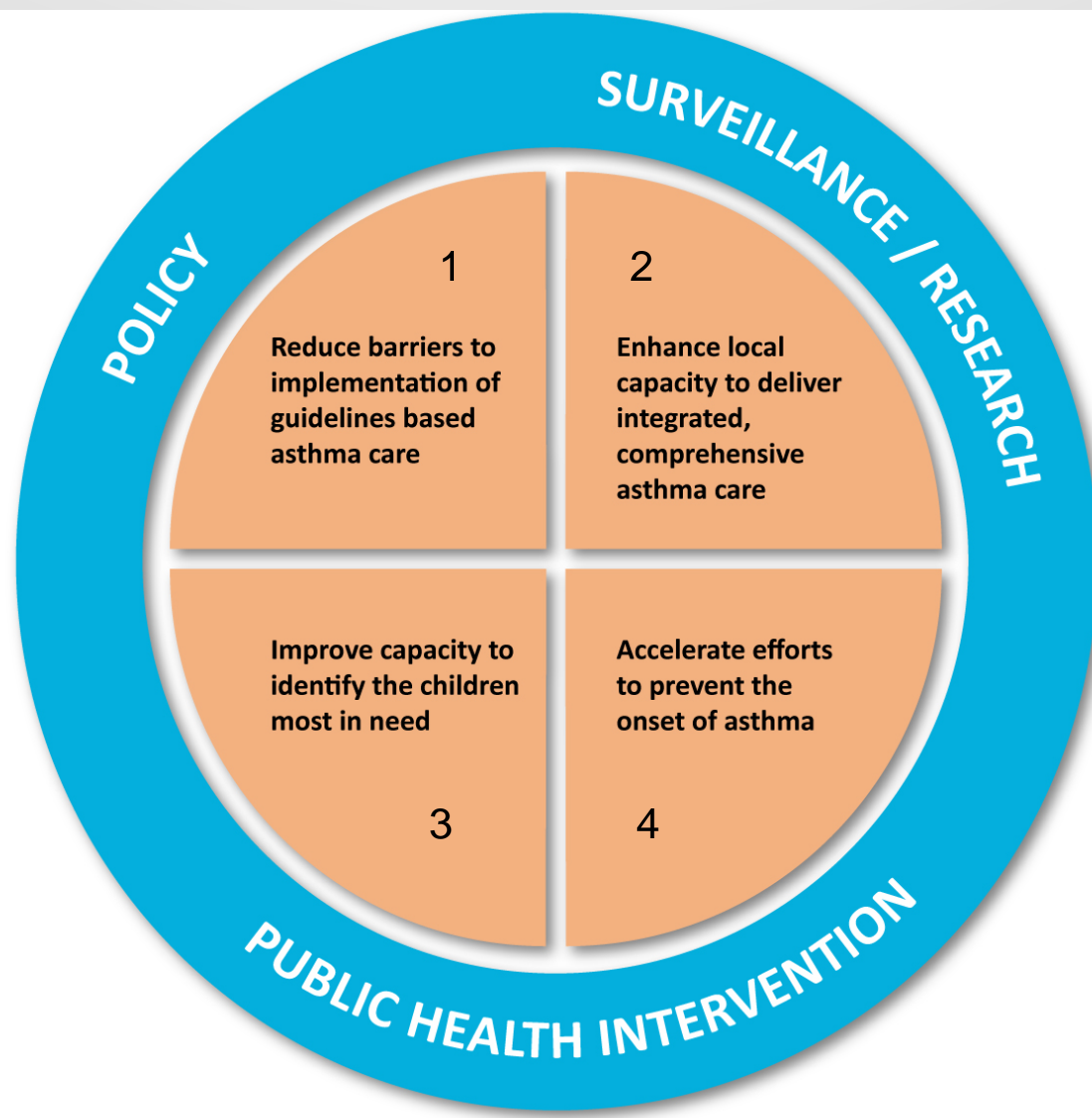


a. Rates for Hispanic children are not reliable

## Reducing Asthma Disparities is a Priority

- Federal research, clinical guidelines, and public health education programs have improved asthma control among all children
- But Federal Programs alone are not sufficient:
  - Racial and ethnic disparities persist
  - The causes of disparities are multi-factorial
  - A system wide approach is needed, with interagency coordination and collaboration with community partners

# Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities



# The System for Delivering High Quality Asthma Care

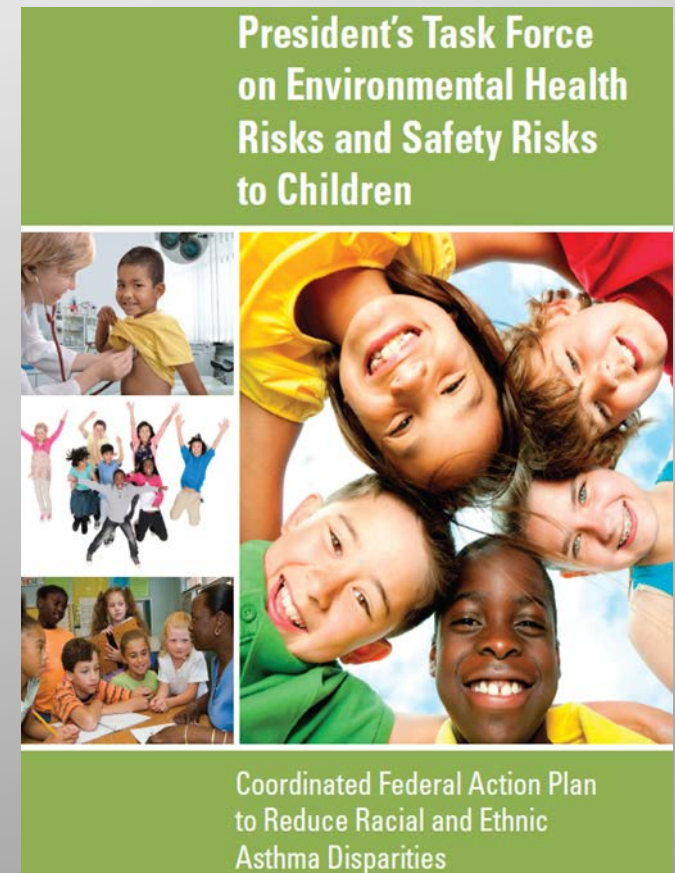




# Federal Action Plan to Reduce Asthma Disparities: Strategy One

Strategy 1: Reduce barriers to the implementation of Guidelines-based asthma management.

- Explore strategies to expand access to asthma care services
- Coordinate existing federal health care programs in underserved communities
- Reduce environmental exposures in homes
- Implement asthma care services and reduce environmental exposures in schools and childcare settings



# Federal Action Plan to Reduce Asthma Disparities: Strategy One

## Reduce Barriers to the Implementation of Guidelines-Based Care

### Immediate Priority Actions:

- Improve health care purchasers understanding/coverage of quality asthma care
  - Prepare and disseminate publication “Key Clinical Activities” through NAEPP and CDC
- Integrate patient education and support services with medical care
  - CMS Health Care Innovation Awards include:
    - care teams w/respiratory therapists/asthma educators, social workers, home assessments
    - school health services and tele-health
    - pharmacist collaboration to improve adherence
  - HRSA Patient Safety and Clinical Pharmacy Collaborative:
    - team based medication management for patients with multiple chronic diseases
- Surface and spread sustainable strategies for reimbursement
  - HUD Regional Summits



# Federal Action Plan to Reduce Asthma Disparities: Strategy One (cont.)

## Reduce Barriers to the Implementation of Guidelines-Based Care

- Disseminate tools from NAEPP National Asthma Control Initiative programs targeting primary care
  - On-line CME and Board Certification tool kits for Family Physicians
  - 1-Hour presentations on practice change for physicians who serve minority patients
  - “Virtual Learning” training programs on spirometry



- Develop and disseminate Administration for Children and Families/EPA Asthma Resource Starter Kit for Early Childhood Care (parents, providers, children)

<http://eclkc.ohs.acf.hhs.gov/hsic/tta-system/health/>



# Federal Action Plan to Reduce Asthma Disparities: Stakeholder Participation

## How might Stakeholders advance this effort?

- Example 1: **Help clinicians serving minority patients increase use of evidence based care**
  - Inhaled corticosteroids achieve asthma control; even children with mild persistent asthma need (*Martinez et al Lancet 2011*).
  - Yet minority children are less likely to receive them (*Crocker D Chest 2009*)
  - Physician education on guidelines AND patient communication improves adherence; does not require more visit time (*Clark et al Eur Respir J 2000 Jul*)
- Stakeholders can examine local medical care coverage issues and **target** educational messages/tools to key clinicians

# Reducing Barriers to Guidelines-Based Care

- Reflections:
  - What excites you about this work?
  - What opportunities do you see for accelerating the adoption of guidelines-based care in community settings?
  - What policy level actions might advance this work?

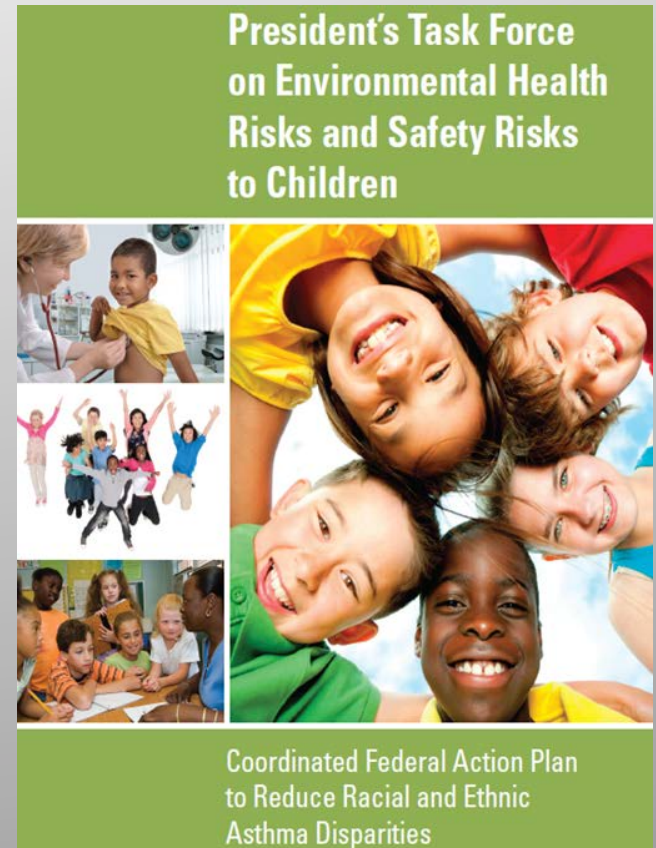


# Tell Us About Your Program or Areas of Influence

- How can you/your organization help reduce the barriers to guidelines-based care?
- What tools and resources do you have to share?
- What tools or resources do you need?

# Federal Action Plan to Reduce Asthma Disparities

- Strategy 2: Enhance capacity to deliver integrated, comprehensive asthma care to children in communities with racial and ethnic asthma disparities
  - Promote cross-sector partnerships among community based programs
  - Protect children from exposure to air pollution
  - Evaluate models of “empowerment zones”
    - Examine the relative contribution and cost effectiveness of different components of a community asthma care system.



# Federal Action Plan to Reduce Asthma Disparities: Strategy Two

## Enhance Capacity to Deliver Integrated, Comprehensive Asthma Care

- Integrate asthma with other home visit programs
  - Community Guide recommendation for asthma home visits (<http://www.thecommunityguide.org/asthma/multicomponent.html>)
  - HUD/ALA programs on smoke free policies for federally assisted subsidized and multi-family housing (“pilots” in Los Angeles, Cleveland, Portland)
- Leverage Weatherization Plus health.org for cross-sector coordination
- Conduct research on models for community partnerships to provide integrated care to children most in need



# Federal Action Plan to Reduce Asthma Disparities: Strategy Two (cont.)

## Enhance Capacity to Deliver Integrated, Comprehensive Asthma Care

- Provide exchange forums and technical assistance to community asthma coalitions

- Symposium at American College of Chest Physician annual meeting: 100 + attendees
- EPA's website [www.asthmacommunitynetwork.org](http://www.asthmacommunitynetwork.org) “real time” exchange of resources, ideas, and sample materials
- CDC State Asthma Control Programs surveillance, partnerships and interventions [www.cdc.gov/asthma](http://www.cdc.gov/asthma)



# Federal Action Plan to Reduce Asthma Disparities: Stakeholder Participation

## How might Stakeholders advance this effort?

- Example 2: **Expand medical care teams to include educators/ counselors/, home visits, community health workers (CHW)**
  - Home visits address environmental triggers and patient skills/barriers to adherence (*Crocker D, Amer J Preventive Med 2011*)
  - Lay CHWs -home visits are effective (*as effective as nurses: Partridge MR Thorax 2008 Sep*) (*integrated into team: Krieger J Amer J Preventive Med 2011*)
- Stakeholders can **target** clinics to assist with building business case for home visits, training and technical assistance for CHWs

- Seton Family of Hospitals in Texas ( *Conti S* )
- NHLBI training program for Latino lay health workers





# Enhance Community Capacity to Deliver Integrated, Comprehensive Asthma Care

- Reflections:
  - What excites you about this work?
  - What near term actions would you suggest that community programs take in order to develop or strengthen a system-wide approach to asthma care?
  - What policy level actions might accelerate this work?

# Tell Us About Your Program or Areas of Influence

- What near term actions can you take to support integrated, comprehensive asthma care in the community you serve?
- What tools, resources, strategies for success can you share?
- What tools or resources do you need to expand and strengthen your community care system?



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# **Leaving in Action**

# My Program's Strategic Plan



# What is a Value Proposition

- An analysis and quantified review of the benefits, costs and value that an organization can deliver to customers/funders and other stakeholders.

# My Program's Strategic Mission

## EXERCISE #1A: My Program's Strategic Mission



The bold goals my program is focused on include \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.  
(long-term outcomes/impacts my program targets)



# My Program's Strategic Goals

## EXERCISE #1B: My Program's Strategic Goals



My program will track \_\_\_\_\_,  
\_\_\_\_\_, and \_\_\_\_\_  
to assess progress toward our long-  
term outcomes/impact. (**short-term  
and intermediate outcomes**—  
measurable changes in knowledge,  
behavior, etc.—that will move us  
toward our long-term outcomes)

# My Program's Strategic Objectives

## EXERCISE #1C

### My Program's Strategic Objectives



My program will measure progress toward our short-term outcomes by tracking

\_\_\_\_\_, \_\_\_\_\_,  
and \_\_\_\_\_.  
(my program outputs)

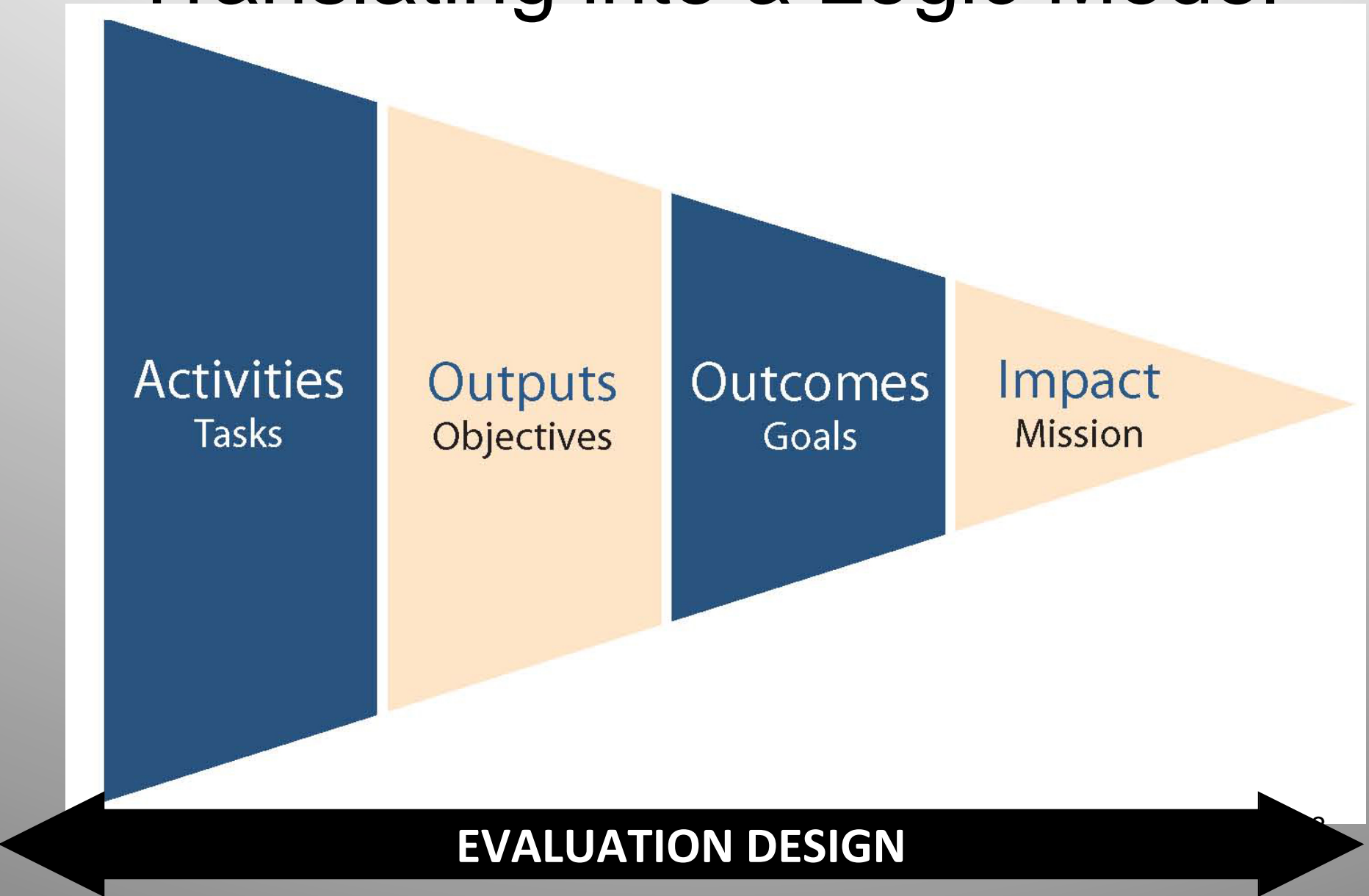
# My Program's Strategic Tasks

## EXERCISE #1D My Program's Strategic Tasks

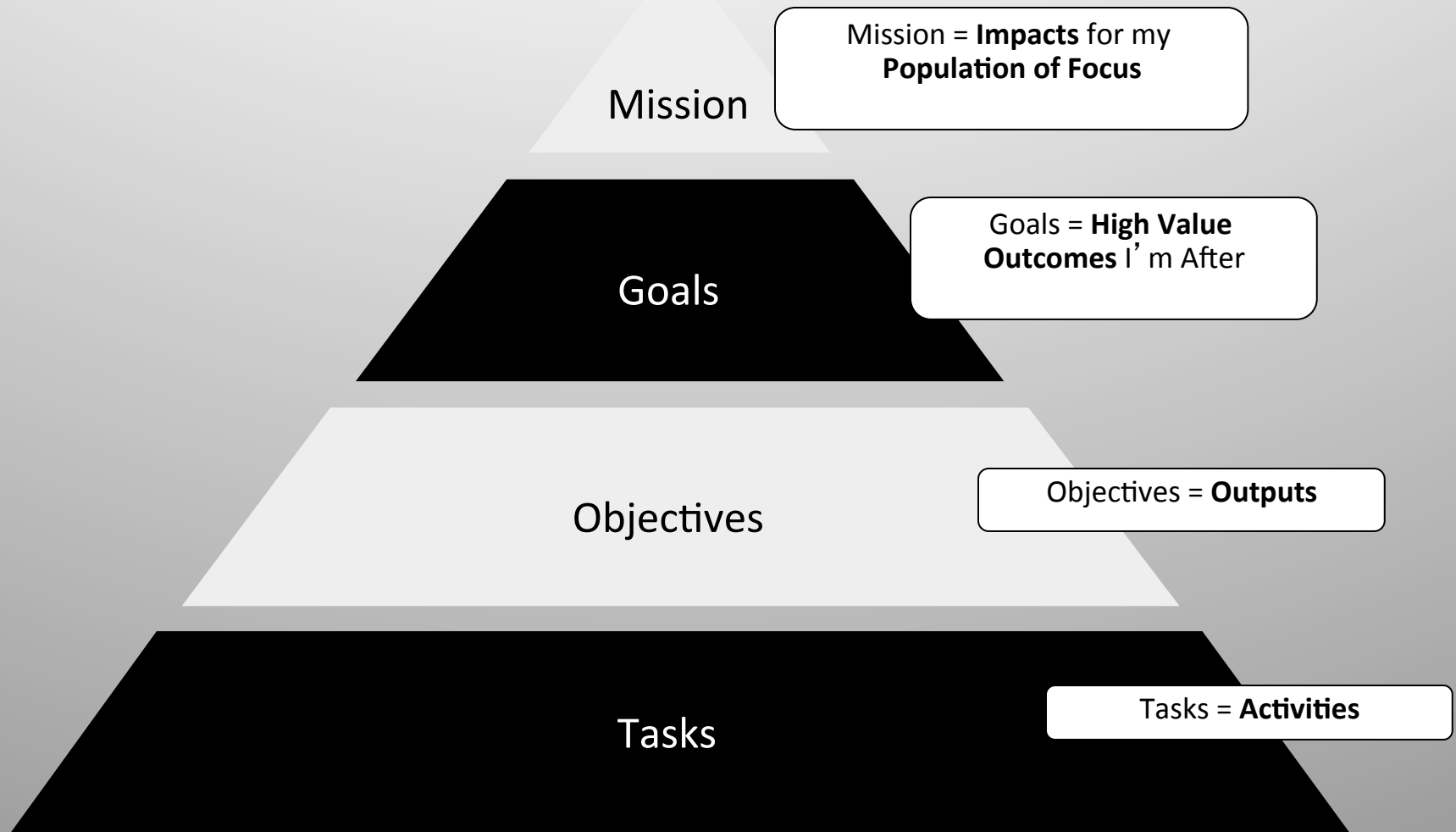


To advance our program objectives and deliver the outputs we are focused on, my program will take the following actions: \_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_,  
and \_\_\_\_\_.  
(my program **activities**)

# Translating into a Logic Model



# Building a Value Proposition



# What is a Value Proposition Statement

- An irresistible invitation to accept a totally seductive offer that is a promise of the value you will deliver to a stakeholder.



# Value Proposition Script

Leading a Breakthrough—Realistic Requests and Bold Offers 10:00 – 10:45 am

## EXERCISE #5 My Value Proposition Statement

For \$ \_\_\_\_\_ (MY COSTS) my program will improve asthma outcomes  
for \_\_\_\_\_ (MY POPULATION OF FOCUS) by  
achieving \_\_\_\_\_,  
and \_\_\_\_\_ (MY IMPACTS & OUTCOMES).  
My community will benefit from my work in terms of (MY UNIQUE VALUE FOR THIS AUDIENCE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EXAMPLE

For \$250,000, Asthma Care in Action will improve the quality of life for the 3,000 pediatric asthma patients we serve by reducing adverse asthma events by 50%, doubling the number of families capable of effectively self-managing their asthma, and reducing children's exposures to environmental asthma triggers in their homes. We estimate our work will deliver \$850,000 per year in savings to the health care system through 50% fewer ER visits.

### Reflections:

What data do I need to refine my value proposition statement and how can I get it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who in my community needs to hear my value proposition statement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Audience	Likely Value Preferences
Foundations	Investment, Build Program Sustainability
City Council, Mayor	Population results, Budget Control
Medicaid (State legislators, Governor)	Lower Costs
Insurance Companies	Cost Savings, HEDIS scores
Primary Care Providers	Pay for Performance
Hospitals	Reduced ED visits, Lower Bad Debt from Un/Underinsured
Local Corporations	Less Employee/Family Stress, Improved Productivity
Program Partners	Lower Community Asthma Costs

# Completing Our Work

- **Write Your Value Proposition Leadership Story**
- **Say It Out Loud**
- **Be Showered with Encouragement!**

# Making the Pitch

“For \$\_\_\_\_\_ per  
year (MY COSTS) we will dramatically improve  
asthma outcomes for

\_\_\_\_\_ (MY  
POPULATION OF FOCUS) by achieving

\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, and

\_\_\_\_\_ (MY HIGH VALUE OUTCOMES).”



**FIND A PROGRAM  
NEAR YOU**



**JOIN THE  
NETWORK**



**EXPLORE ASTHMA  
RESOURCES**

## From The Discussion Forum

### Asthma Awareness Month - Outreach

Emily Norton 7 Apr 2010 - 12:21 pm  
3 comments

### National Asthma Forum

epaBrandy 7 Apr 2010 - 4:06 pm  
1 comments

[more from the forum »](#)

[post to the forum »](#)

## Weekly Poll

What are the key elements to  
bringing asthma under  
control?:

- ☐ Funding
- ☐ Community Partnerships
- ☐ Comprehensive Asthma Management

[vote »](#)

## SPOTLIGHT



1 2 3 4

### Upcoming Event

**Attend the 2010  
National Asthma  
Forum**

[read more »](#)

## FROM THE BLOG

### Welcome to the new AsthmaCommunityNetwork.org!

Dave Rowson 7 Jun 2010 - 11:00 am

### Action plans help

Jay M Portnoy 7 May 2010 - 6:32 pm

[more from the blog »](#)

[post to the blog »](#)

## Upcoming Events

JUN  
19

**Learn and Teach the  
Asthma Basics**

JUN  
26

**Wesley House Allergy  
& Asthma Health Fair**

JUL  
24

**Free Asthma Screening**

[more events »](#)

[add your event »](#)

## New Resources

5/25/10

**Interactive Asthma Action  
Plan (iAAP)**

5/24/10

**Interactive Asthma Action  
Plan (iAAP)**

[more resources »](#)

[add your resource »](#)

### Keys to Success

**Request a Mentor** – Find support and guidance from an AsthmaCommunityNetwork.org mentor. Learn how other programs have successfully overcome similar challenges.

### Program Spotlight

**WIN for Asthma** – Learn how bilingual community health workers offer family-focused asthma education, address household triggers, and link families to clinical and social resources.



ASTHMACommunityNetwork.ORG

*Mobilizing communities to lead the nation in the delivery of quality asthma care*

### Community Programs

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# Gratitude