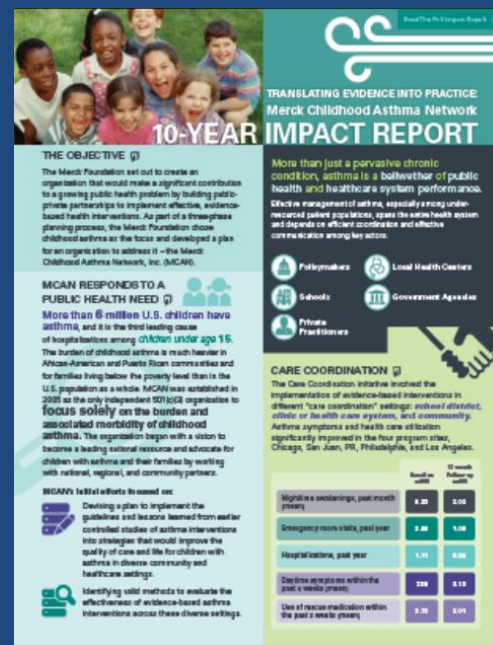




# Welcome!

## MCAN Resources for Successful Asthma Interventions



**Participant Dial-In: (800) 374-0278**

**Conference ID: 74828250**

*Thursday, December 3, 2015, Webinar: 2:00 p.m.—3:00 p.m. EST*

*Live Online Q&A: 3:00 p.m.—3:30 p.m. EST on [AsthmaCommunityNetwork.org](http://AsthmaCommunityNetwork.org)*

# Purpose

- Implement the **Community Healthcare for Asthma Management and Prevention of Symptoms (CHAMPS) Program** in your community by exploring a series of e-learning videos and learning about the CHAMPS intervention methodology.
- Access and integrate **Patient Education Handouts** that provide concise, visual take-home information for your patients and their families.
- Access **Patient Surveys** (available in both English and Spanish) and learn how to effectively administer them.
- Learn about the latest in **Asthma Research** as well as major milestones.

# Agenda

1. Introduction
2. Roundtable Discussion
3. Q&A in AsthmaCommunityNetwork.org Discussion Forum

**Member?** You can post questions now. Use the link in the Chat box.

**Not yet a member?** Joining online is quick and easy.

- Go to **AsthmaCommunityNetwork.org**.
- Click **“Join Now”** at the top of the screen and complete the application process.
- **Post questions** as soon as your account is approved.

# Speakers



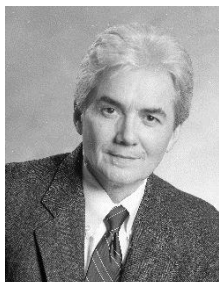
**Julie Kennedy Lesch,**  
**MPA**

Programs Manager  
MCAN  
Washington, DC



**Francisco Ramirez**

Asthma Counselor  
Costa Salud Community Health  
Rincon, Puerto Rico



**Dr. Herman Mitchell**

V.P. of Federal Operations  
Rho  
Chapel Hill, NC



**Dr. Andrew Arthur**

Associate Medical Director  
El Rio Community Health Center  
Tucson, AZ



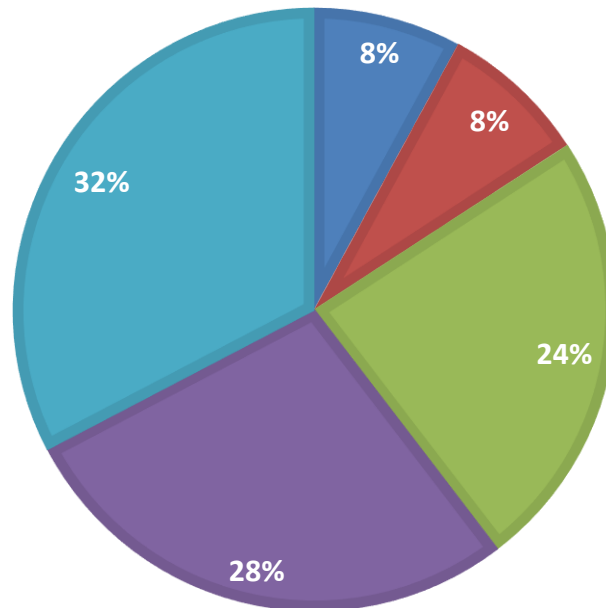
**Ryan Bailey, M.A.**

Business Analyst  
Rho  
Chapel Hill, NC

# Poll Question

**What type of organization do you represent?**

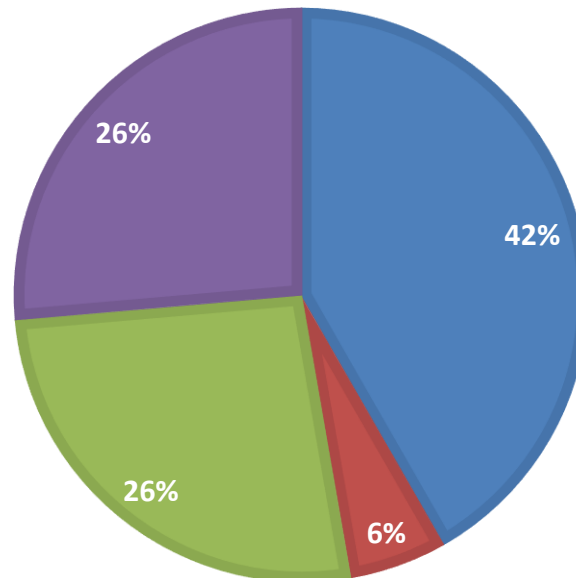
- Federally qualified health center
- Health plan
- Community-based asthma program
- Government agency
- Other



# Poll Question

**What are you most interested in learning about today?**

- Proven practices that have led to successful outcomes
- An intervention methodology that I can follow
- Patient education
- New resources supporting intervention implementation



# Merck Childhood Asthma Network

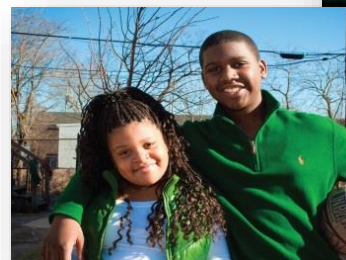
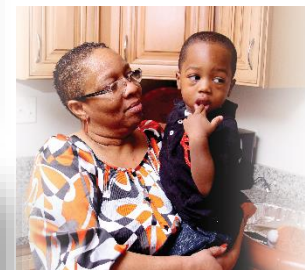
Julie Kennedy Lesch, MPA  
Programs Manager



**MCAN is a nonprofit 501(c)(3) organization established in 2005 and funded by The Merck Foundation.**

The Merck Childhood Asthma Network, Inc. (MCAN) enhances the quality of life for children with asthma and their families and reduces the burden of the disease on them and society by


- Improving access to and the quality of asthma healthcare services for children, especially the medically underserved, by funding *implementation research*
- Advocating policies that expedite implementation, dissemination and sustainability of science-based asthma care
- Increasing awareness and knowledge of asthma and quality asthma care







# We're Leaving Behind a Legacy That Others Will Build Upon...



Combining evidence-based science, case management and environmental control, especially in the home, **yields positive results** in communities where care is coordinated and children with asthma have access to high-quality health care.



Integrating asthma educators/community health workers into the health care team can bring about **improved health outcomes**.

Sustainable change in the quality of and access to asthma care will **require continued advocacy and collaboration** across key stakeholders such as payers, health care providers, the housing sector, schools, state/local environmental programs...





# MCAN Resources Available on AsthmaCommunityNetwork.org



## TRANSLATING EVIDENCE INTO PRACTICE: Merck Childhood Asthma Network 10-YEAR IMPACT REPORT

**THE OBJECTIVE**

The Merck Foundation set out to create an organization that would make a significant contribution to a growing public health problem by building public-private partnerships to implement effective, evidence-based health interventions. As part of a three-phase planning process, the Merck Foundation chose childhood asthma as the focus and developed a plan for an organization to address it – the Merck Childhood Asthma Network, Inc. (MCAN).

**MCAN RESPONDS TO A PUBLIC HEALTH NEED**

More than **6 million U.S. children** have asthma, and it is the third leading cause of hospitalizations among **children under age 15**. The burden of childhood asthma is much heavier in African-American and Puerto Rican communities and for families living below the poverty level than in the U.S. population as a whole. MCAN was established in 2005 as the only independent 501(c)(3) organization to **focus solely on the burden and associated morbidity of childhood asthma**. The organization began with a vision to become a leading national resource and advocate for children with asthma and their families by working with national, regional, and community partners.

**MCAN's initial efforts focused on:**

- Devising a plan to implement the guidelines and lessons learned from earlier controlled studies of asthma interventions into strategies that would improve the quality of care and life for children with asthma in diverse community and healthcare settings.
- Identifying valid methods to evaluate the effectiveness of evidence-based asthma interventions across these diverse settings.

**CARE COORDINATION**

The Care Coordination initiative involved the implementation of evidence-based interventions in different "care coordination" settings: **school district, clinic or health care system, and community**. Asthma symptoms and health care utilization significantly improved in the four program sites, Chicago, San Juan, PR, Philadelphia, and Los Angeles.

|                                                         | Baseline (n=10) | 10-month Follow-up (n=10) |
|---------------------------------------------------------|-----------------|---------------------------|
| Nighttime awakenings, past month (mean)                 | 8.55            | 2.52                      |
| Emergency room visits, past year                        | 2.85            | 1.08                      |
| Hospitalizations, past year                             | 1.11            | 0.36                      |
| Daytime symptoms within the past 4 weeks (mean)         | 7.28            | 2.13                      |
| Use of rescue medication within the past 2 weeks (mean) | 5.73            | 2.01                      |



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## OUR PARTNERS: MERCK CHILDHOOD ASTHMA NETWORK, INC.

You are here: Asthma Community Network Home » Our Partners: Merck Childhood Asthma Network, Inc.

The Merck Childhood Asthma Network, Inc. (MCAN), a nonprofit 501(c)(3) organization funded by the Merck Foundation, was established in 2005 in Washington, DC as the only private foundation focused solely on addressing the complex issue of childhood asthma in the U.S. In response to this growing and significant problem that emerged over several decades, MCAN's mission was to:

1. Enhance the quality of life for asthmatic children and their families.
2. Reduce the burden of asthma on them and society.

MCAN's funding focused on implementation of projects in varied settings to improve high quality asthma care for children. During its tenure, MCAN granted more than \$20 million to programs set in some of the nation's most impoverished, at-risk communities to study the impact of evidence-based interventions on symptoms and emergent/urgent care in children living with asthma. For the last 10 years, MCAN:

- Fostered major advances in understanding the characteristics and challenges of effective community-level care and best practices for implementation,
- Helped bring together leading organizations with a strong interest in childhood asthma, and,
- Identified and successfully advocated for major public policy changes that were needed for improved asthma care.

Learn more about MCAN's work as a respected authority, effective catalyst and influential advocate for children with asthma by visiting the MCAN Library to access useful resources, tools, and publications. You can also find MCAN materials throughout the Network.

### TRANSLATING EVIDENCE INTO PRACTICE

MCAN leaves a legacy of experience that can be adapted and implemented by others providing services to at-risk populations. Its success in identifying barriers and facilitators in implementing effective asthma programs has valuable implications for the potential management of other chronic diseases. The MCAN 10-Year Impact Report, "Translating Evidence into Practice" shares the work and outcomes of its programs and initiatives and the Key Impact Highlights of MCAN's work from 2005 to 2015.

### PUTTING TOGETHER THE PIECES TO MANAGE CHILDHOOD ASTHMA

Interested in learning more about the growing problem of childhood asthma? View MCAN's Putting Together the Pieces to Manage Childhood Asthma infographic.

10-Year Impact Report





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## MCAN LIBRARY

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The Merck Childhood Asthma Network, Inc. (MCAN), a nonprofit 501(c)(3) organization funded by the Merck Foundation, was established in 2005 as the only private foundation focused solely on addressing the complex issue of childhood asthma in the U.S. MCAN supported the implementation of effective, evidence-based programs designed to reduce asthma symptoms and successfully advocated for major public policy changes that were needed for improved asthma care.

Click the icons below to access implementation and evaluation tools, resources, outcomes and best practices from MCAN's programs. Click [here](#) to learn more about MCAN's experiences improving access to quality asthma care for children.



CHAMPS



Webinars



MCAN Phase I Program Sites



HEAL



Care Coordination Initiative



Childhood Asthma Leadership Coalition



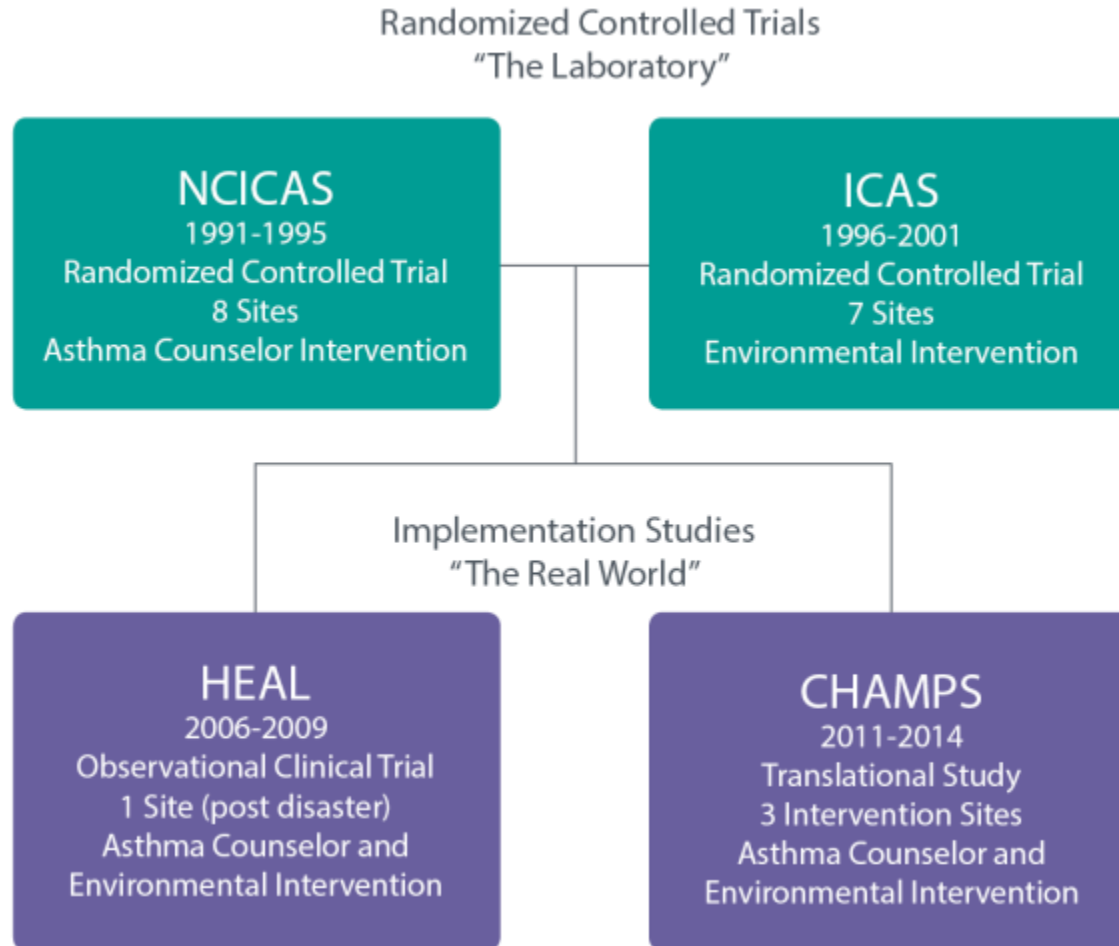
Asthma Research



HEAL Phase II



# How we got to CHAMPS...



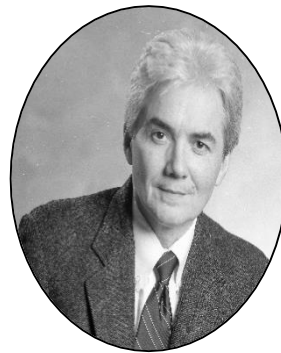


Thank you...



## Rho

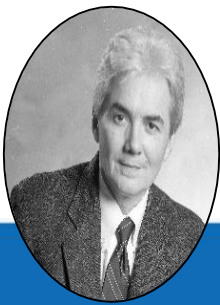
Dr. Herman Mitchell  
Vice President of Federal Operations



# The Evidence Base for the CHAMPS Intervention

Herman Mitchell, Ph.D.

Vice President and Senior Research Scientist  
Rho Federal Systems Division  
Chapel Hill, NC



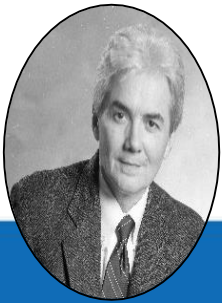


# CHAMPS

**Community Healthcare for Asthma Management and Prevention of Symptoms**

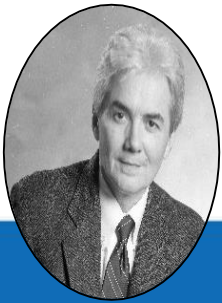
**A family-centered, patient-tailored intervention**

**Based upon more than two decades of  
NIH research on  
asthma interventions for children**



# NIH Inner-City Asthma Studies

- Late 1980s, several investigators documented the rapidly increasing prevalence of asthma, especially among minority children in the inner city.
- Congressionally directed funding through the NIAID
- This research effort is now in its fifth competitive funding cycle.





# The Basis of CHAMPS:

## A Series of Highly Tailored NIH Asthma Interventions:



### **NCICAS: The National Cooperative Inner-City Asthma Study**

Phase I: A national multicenter epidemiology study of 1528 children with asthma

Phase II: An asthma counselor intervention to address the risk factors identified in Phase I (n=1,033)



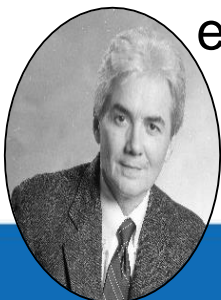
### **ICAS: Inner-City Asthma Study**

An environmental intervention focused on environmental risks and allergen sensitivities (n=957)



### **HEAL: Head-off Environmental Asthma in New Orleans**

A novel combination of the asthma counselor and environmental interventions in post-Katrina New Orleans

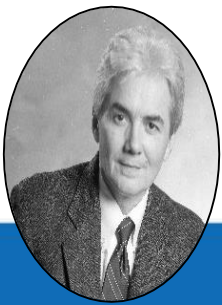


# Results of NCICAS Phase I Epidemiologic Study

**No “silver bullet”**

**Many different factors are associated with asthma morbidity and exacerbations.**

**Asthma is a multifaceted problem.**



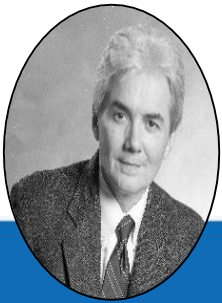
# Asthma Interventions

## General

- General in nature
- Focused on the disease
- Everyone gets the same intervention.

## Tailored

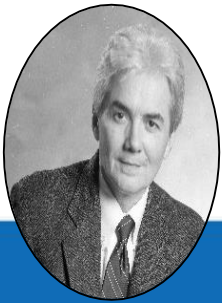
- Specific to the child
- Disease X child interaction
- The intervention is customized to the specific circumstance or risks.





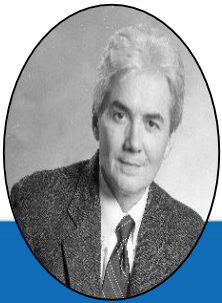
# Tools Tailored to Facilitate a Patient-Specific Intervention

- **NCICAS**
  - CARAT: Child Asthma Risk Assessment Tool
- **ICAS**
  - ERAT: Environmental Risk Assessment Tool
- **HEAL**
  - Combined ERAT and CARAT



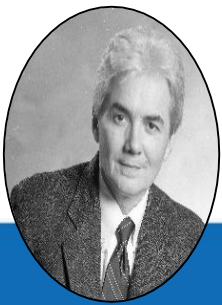
## Among the Risk Factors Found to Affect Asthma...

- **Medical Risk**—continuity of care, ED use, communication with PCP
- **Adherence**—correct medication use, barriers to adherence
- **Asthma Responsibility**—shared, diffused responsibility
- **Psychosocial Factors**—caretaker and child psychological status
- **Attitudes**—ability to control symptoms, attitude toward health care, medications
- **Allergies and exposures**—skin test sensitivities, environmental triggers, ETS exposure



# Child Asthma Risk Assessment Tool (CARAT)

- **Generated from clinic interviews**
- **Identifies individual asthma risks**
- **Provides summary of asthma risks**
- **Provides personalized asthma education**
- **Guides intervention activities**







## Asthma Risk Chart

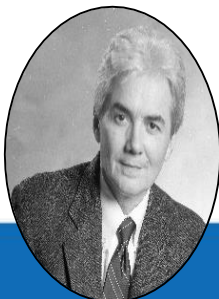
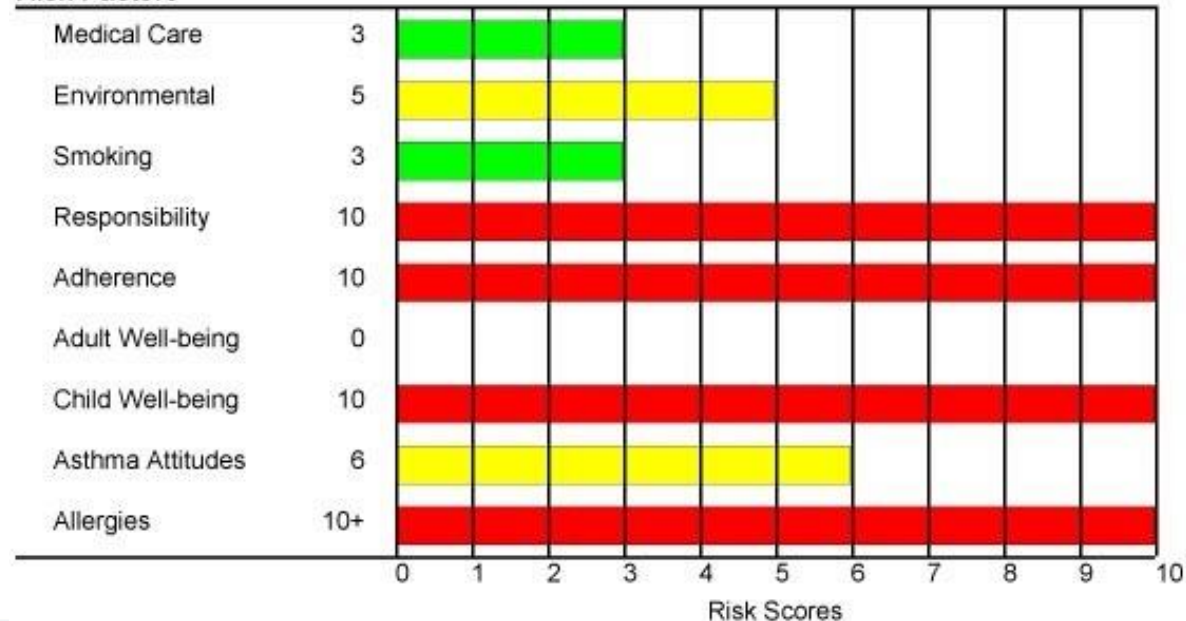
Dave

09/24/2006

Below you will find a graphical summary of the results of the assessment you completed for Dave on 09/24/2006.

- The graph displays one horizontal bar for each risk factor on a grid with an endpoint of 10.
- Factors with a score of 7-10 are displayed with a red bar. These are the high factors for the child and should be addressed first.
- Moderate risk factors have a score of 4-6 and are displayed in yellow.
- Low risk factors are displayed in green with a score of 1-3.
- The total score for each risk factor is also included at the beginning of each bar.

### Risk Factors





### **Your child only takes medicines when necessary.(3)**

Some people with asthma take only rescue medicines. These are medicines that are taken at the first sign of an asthma attack; in other words, these medicines are taken only when necessary. While these medicines will make your child feel better for a little while, the problem is that they will not really help your child get better. Rather, your child's airways might become more swollen, and he/she might be in danger of a very bad asthma attack. Ask your doctor if it is appropriate for your child to be on preventative medicines in addition to his/her rescue medicines. These are medicines that are taken daily even when the person with asthma feels fine and can breathe well, and may help prevent asthma attacks.

## **Environmental (5)**

### **Your child does not have a pillow with a zipped plastic cover for allergies.**

Bedding can hold allergen particles that could bother your child's breathing. Covering your child's mattress, box spring, and pillow with special covers will keep your child from breathing in these particles constantly while he/she sleeps. The special covers can be wiped down with a damp cloth or sponge occasionally; other than that, they do not have to be changed or washed.

### **Your child does not have a mattress with a zipped plastic cover for allergies.**

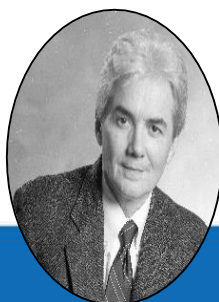
Bedding can hold allergen particles that could bother your child's breathing. Covering your child's mattress, box spring, and pillow with special covers will keep your child from breathing in these particles constantly while he/she sleeps. The special covers can be wiped down with a damp cloth or sponge occasionally; other than that, they do not have to be changed or washed.

### **Your child's bedroom has carpeting.(3)**

All rugs and carpeting trap dust mites and other allergens no matter what they are made of, even if the pile is short. Removing the rugs or carpeting from your child's bedroom would therefore be very helpful. However, if the rugs or carpeting cannot be removed, then you should vacuum frequently (at least once a week) with a vacuum cleaner.

### **There are problems with cockroaches and rats in your home.(2)**

Materials that come from cockroaches, mice, and rats can cause allergies and make asthma worse. These materials, which mix with dust, will cause inflammation and swelling of the airways when inhaled. Try to remove food and water sources from your home or look into hiring an exterminator to take care of the problem.





## Ways to get rid of dust mites: Overview

Encase your child's pillows in special allergen-proof covers.



Encase your child's mattress and box spring in special allergen-proof covers.



Wash your child's blankets, sheets, and cases every 2 weeks in hot water.

Vacuum every week with a vacuum cleaner.



Remove carpeting and replace with washable area rugs.

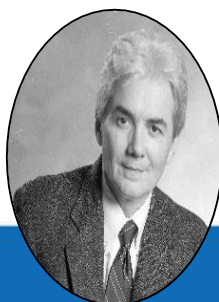


If you have forced air, keep filters over the vents and replace the filters every three months.

Dust all horizontal surfaces in your child's bedroom weekly with a damp cloth.



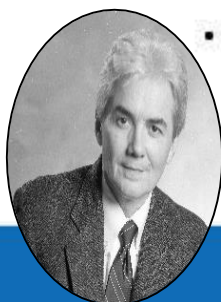
Remove dust collectors like stuffed animals. Pick one favorite animal that is washable.





## Ways to get rid of dust mites: Details

- *Encase your child's pillows, mattress, and box spring in special allergen-proof covers* to keep your child from breathing in any dust mites or other allergenic particles while sleeping.
- *Wash your child's blankets, sheets, and pillow cases every two weeks in hot water* because dust mites are found in bedding. Hot water (>140° F) kills dust mites.
- If you can, *remove carpeting* from your child's bedroom floor because it is a dust mite collector. *Replace* the carpeting *with washable area rugs*.
- *Vacuum* any rugs (that you cannot remove) *every week with a vacuum cleaner* to get rid of dust mites. And if possible, you should vacuum the upholstered furniture every two weeks.
- *If you have forced air, keep filters over the vents and replace the filters every three months.*
- *Dust all horizontal surfaces in your child's bedroom weekly with a damp cloth.*
- Try to *remove dust collectors like stuffed animals. Pick one favorite animal that is washable.*





## Background on dust mites as a risk factor for asthma

Dust mites are microscopic insects that live in beds, blankets, sofas, rugs, stuffed animals, and other places in the home. Dust mites grow well in warm, moist places where humans and pets live. It is their body parts and droppings that cause allergy and asthma symptoms. Because dust mites are such a common cause of asthma symptoms, it is very important to reduce your child's exposure to them. It is easy to cut down on the number of dust mites. Studies have shown that this improves asthma.

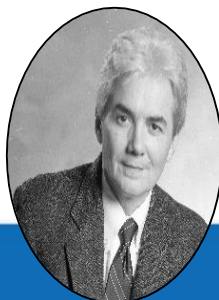
Your child is breathing in dust mite allergen every night for many hours while he/she sleeps. Covering bedding with special covers will reduce your child's exposure to dust mites or other allergenic particles in the bedding. These special covers should be placed on all pillows, the mattress, and the box spring. The special covers can be wiped down with a damp cloth or sponge occasionally, but they can remain in place and don't have to be changed or washed. These covers help in two ways. First, they trap any dust mites and other allergens inside the covers. They cannot get through so your child cannot breathe them in. In addition, the covers keep new dust mites from being able to make a home in the mattresses and pillows.

Dust mites are also found in sheets and blankets. Dust mites and other allergens will continue to collect even in new bedding, so sheets and blankets should be washed frequently (every 2 weeks) in detergent and hot water. This will get rid of any new dust mites. Washing in cold water does not kill dust mites, but if done frequently it can still remove some of the dust mites and allergens. The bedspread should be washable and washed along with the sheets and blankets.

Feathers are conducive to dust mites. Therefore, if your child has a down pillow or comforter it is very important for you to use special allergy covers. However, you do not need to get rid of feather bedding. Research has found that accumulation of dust mites is greater on synthetic or cotton bedding than on feather bedding. This is attributed to the type of fabric that is used for the bedding; feather bedding uses tighter fabrics to keep the feathers in, and this helps with keeping the dust mites out.

All carpeting and rugs trap dust mites, no matter what they are made of and even if the pile is short, so removing the carpeting from the child's bedroom and replacing it with washable area rugs would be very helpful. However, if the rugs or carpeting cannot be removed, then you should vacuum at least once a week with a vacuum cleaner. Vacuuming helps remove the dust mite allergen. Vacuums with HEPA filters are best for people with allergies and asthma because they collect and trap even the smallest allergen and dust particles. Vacuums without these special filters allow small particles to be blown back out of the vacuum, and they should not be used when the child is in the room.

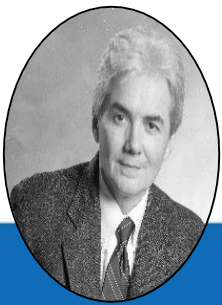
Your child should not sleep or lay down on upholstered furniture like sofas because dust mites are often found there, as well. When you lay down on furniture that has dust mites in it, your face is closer to the furniture and you are much more likely to stir up and breathe in the allergy-causing material that comes from the dust mites. Even sitting on upholstered furniture can cause



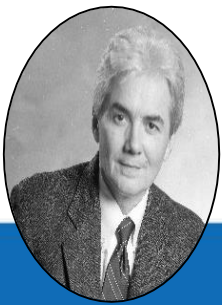
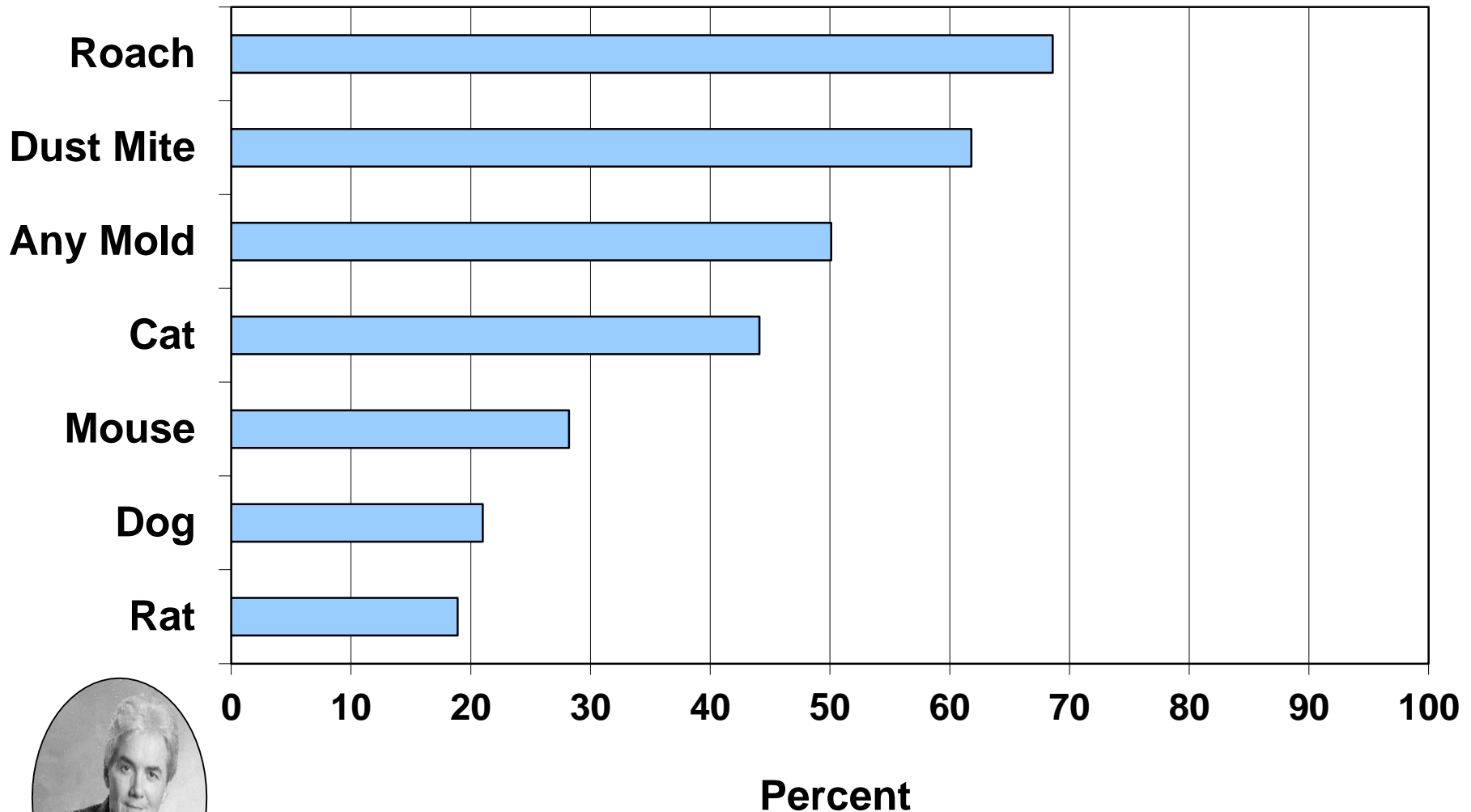
# ICAS – the Inner-City Asthma Study

**ICAS was designed to address the many environmental exposures and allergen sensitivities that were identified in NCICAS.**

- **The asthma counselors were replaced with “environmental counselors.”**
- **The CARAT was replaced with the ERAT.**

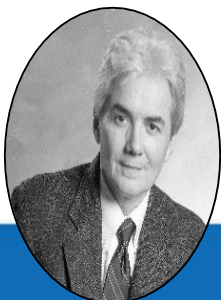


## Allergen Sensitivity by Skin Prick Test



# Home Environmental Exposures

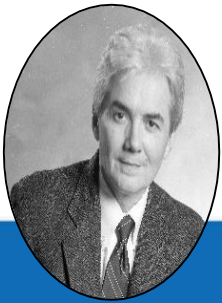
|                                                     |            |
|-----------------------------------------------------|------------|
| <b>Tobacco smoking (<math>\geq 1</math> smoker)</b> | <b>47%</b> |
| <b>Dampness, water leaks, mildew</b>                | <b>70%</b> |
| <b>Cockroaches</b>                                  | <b>73%</b> |
| <b>Rodents</b>                                      | <b>49%</b> |
| <b>Furry pet</b>                                    | <b>30%</b> |





# Environmental Risk Assessment Tool (ERAT)

- **Generated from**
  - **Clinic interviews**
  - **Home observation and sample collection**
- **Identifies and provides a summary of environmental risks**
- **Guides targeted environmental intervention modules**



# Environmental Risk Assessment Report

## Subject Identification:

Study ID: 21812  
 Child: Michelle Walter  
 Caretaker: Mary Harb  
 Language: English

Street: 285 Olmstead Ave  
 City: Chapel Hill  
 State: NC ZIP: 27516  
 Phone #1: (919) 931-9699  
 Phone #2: (919) 216-9680

## Skin Test Results:

|              |                   |
|--------------|-------------------|
| Positive to: | Mouse             |
| Positive to: | D. Pteronyissinus |
| Positive to: | Cat               |
| Positive to: | Rat               |
| Positive to: | Cockroach Mix     |

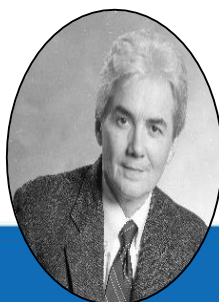
|              |                 |
|--------------|-----------------|
| Positive to: | Alternaria      |
| Positive to: | Cladosporium    |
| Positive to: | Aspergillus Mix |
| Positive to: | Penicillium     |

## Modules required for this child based on skin test results:

Safe Sleeping Zone, Roaches, Rodent, Pets, ETS, Mold

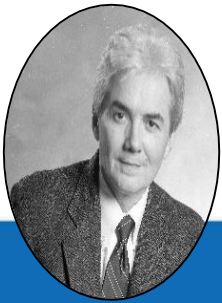
The following items indicate issues related to these modules based upon the Baseline Clinical and Baseline Home Evaluations.

## Safe Sleeping Zone:



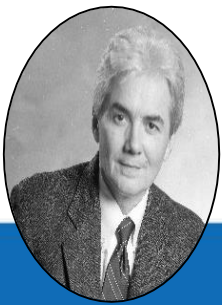
# Participant Outcomes

- Asthma symptoms and medication use
- Asthma Control Test
- Cost effectiveness
- Home environmental allergen exposures
- Lung function
- Quality of life



# Summary

- NCICAS, ICAS and HEAL involved patient-tailored asthma interventions directed at risks identified for the child.
- CHAMPS integrated the patient-tailored interventions into the Community Health Clinics and assessed effectiveness.





# CHAMPS Intervention:

100 patients per site, ages 5–12 years

## Baseline Clinic Evaluation

Baseline measures/questionnaires  
Clinical risk assessment  
Allergen sensitivity testing  
Spirometry

**Home environmental risk**  
Assessment visit

**6-month outcome**

**12-month outcome**

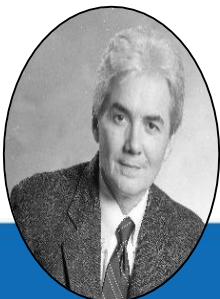
**Asthma Counselor Visit 1: Clinic**

**Asthma Counselor Visit 2: Home**

**Asthma Counselor Visit 3: Home**

**Asthma Counselor Visit 4: Home**

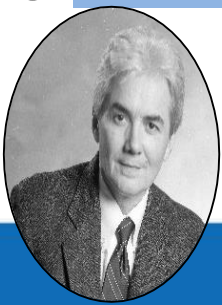
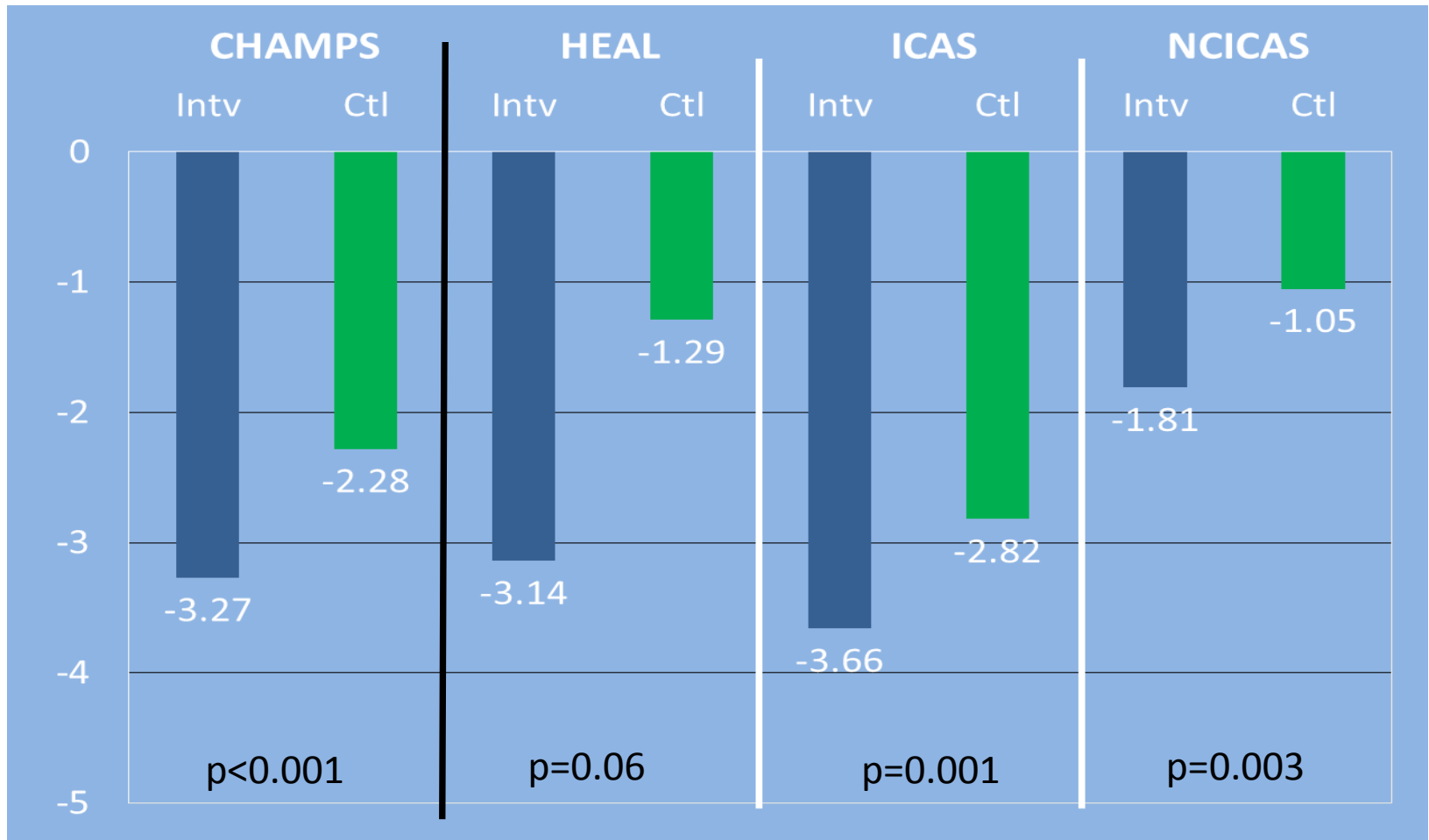
Additional asthma counselor visits





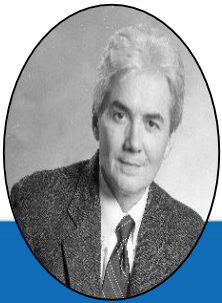
# Decrease in Asthma Symptom Days Comparison to Past Studies at 12 Months

Change in Days of Symptoms per 2 Weeks



# The Take-Home Message...

- ✓ Asthma morbidity (symptoms and exacerbations) is caused by many different factors.
- ✓ These factors vary widely within the population of those with asthma.
- ✓ Risk factor assessment tools can help target appropriate asthma management.



# Rho

Ryan Bailey  
Business Analyst





# How to Access and Use the CHAMPS Resources on [www.asthmacommunitynetwork.org](http://www.asthmacommunitynetwork.org)

Ryan Bailey  
Business Analyst, Rho



## Objective: Answer Two Key Questions

1. What resources are available on the site?
2. How do I access them?



# Two Key Concepts

**Capacity:** Preparedness and infrastructure to implement an asthma intervention

**Adaptation:** Ability to modify the intervention to meet unique needs of the practice



# What resources are available on the site?

1. Intervention overview Web pages
2. Intervention diagram
3. e-Learning videos
4. Procedural manual
5. Related asthma research
6. Intervention tools
  - a. Questionnaires
  - b. Patient Education Handouts



# Getting Started

1. Intervention overview Web pages
2. Intervention diagram
3. e-Learning videos
4. Procedural manual
5. Related asthma research
6. Intervention tools
  - a. Questionnaires
  - b. Patient Education Handouts



# Going Deeper

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  - b. Patient Education Handouts



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Podcasts

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MCAN Resources Network!

THE MERCK CHILDHOOD ASTHMA NETWORK (MCAN)

New Materials from the Merck Childhood Asthma Network

>> Visit the MCAN Library



NEW RESOURCES

11/5/15 Addressing the Challenges of







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Conference Materials

Videos

Podcasts

Webinar Archives

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## CHAMPS INTRODUCTION

You are here: Asthma Community Network Home » Tools » CHAMPS Introduction



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The CHAMPS intervention began as a research study conducted in three Federally-Qualified Health Centers to assess whether evidence-based interventions for asthma could be successfully replicated in the health center setting. The CHAMPS intervention demonstrated marked improvement in the control of patient's asthma; an increase in patient and caregiver's awareness and understanding of asthma; and, a reduction in asthma-related visits to urgent care and emergency departments.

The CHAMPS intervention is effective for – and can be tailored to fit – any practice or patient population where pediatric asthma is common. The CHAMPS intervention can be phased in over time, starting with a smaller population of eligible children served by a particular care team or site. Use this [checklist](#) to find out if the CHAMPS intervention will be effective and feasible for your practice.

## ADDITIONAL RESOURCES



CHAMPS Manual



CHAMPS  
e-Learning Videos



CHAMPS  
Intervention  
Diagram



Asthma Research





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Events Calendar

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> Value Proposition

> CHW Training Programs

> Asthma Change Package

> Financing In-Home Asthma Care

> CHAMPS Intervention

> Podcasts

> Videos

> Webinars

> Conference Materials

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- My Events
- My Polls
- My Programs
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## CHAMPS INTRODUCTION

You are here: Asthma Community Network Home » Tools » CHAMPS Introduction



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Learn more about CHAMPS program in this brief e-Learning video or use the links below to continue reading about CHAMPS.

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#### ADDITIONAL RESOURCES

CHAMPS Manual

CHAMPS e-Learning Videos

CHAMPS Intervention Diagram

Asthma Research

#### Background



- Introduction
- Background
- Study Partners
- Program Design
- Effective and Feasible

#### Implementation



- Overview
- Planning for Success
- Setting up your Practice
- Identifying & Engaging Patients
- Conducting Patient Assessments
- Conducting Asthma Counseling

#### Tools and Resources



- Questionnaires
- Patient Education Handouts





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Events Calendar

Resource Bank

#### TOOLS

> Resource Bank

> Value Proposition

> CHW Training Programs

> Asthma Change Package

> Financing In-Home Asthma Care

> CHAMPS Intervention

> Podcasts

> Videos

> Webinars

> Conference Materials

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- My Events
- My Polls
- My Programs
- My Resources

#### User menu

- My account
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#### ADDITIONAL RESOURCES

CHAMPS Manual

CHAMPS e-Learning Videos

CHAMPS Intervention Diagram

Asthma Research

#### Background



- Introduction
- Background
- Study Partners
- Program Design
- Effective and Feasible

#### Implementation



- Overview
- Planning for Success
- Setting up your Practice
- Identifying & Engaging Patients
- Conducting Patient Assessments
- Conducting Asthma Counseling

#### Tools and Resources



- Questionnaires
- Patient Education Handouts

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Resource Bank

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### ADDITIONAL RESOURCES



CHAMPS Manual



CHAMPS e-Learning Videos



CHAMPS Intervention Diagram



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- › Financing In-Home Asthma Care
- › CHAMPS Intervention
- › Podcasts
- › Videos
- › Webinars
- › Conference Materials

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- My Polls
- My Programs
- My Resources

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- My account
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- Introduction
- Background
- Study Partners
- Program Design
- Effective and Feasible

### Implementation



- Overview
- Planning for Success
- Setting up your Practice
- Identifying & Engaging Patients
- Conducting Patient Assessments
- Conducting Asthma Counseling

### Tools and Resources



- Questionnaires
- Patient Education Handouts





# Getting Started

- ✓ 1. Summary information Web pages
- 2. Intervention diagram
- 3. e-Learning videos
- 4. Procedural manual
- 5. Related asthma research
- 6. Intervention tools
  - a. Questionnaires
  - b. Patient Education Handouts



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Videos

Podcasts

Webinar Archives

Events Calendar

Resource Bank

TOOLS

## CHAMPS INTRODUCTION

You are here: Asthma Community Network Home » Tools » CHAMPS Introduction



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### ADDITIONAL RESOURCES



CHAMPS Manual



CHAMPS e-Learning Videos



CHAMPS Intervention Diagram

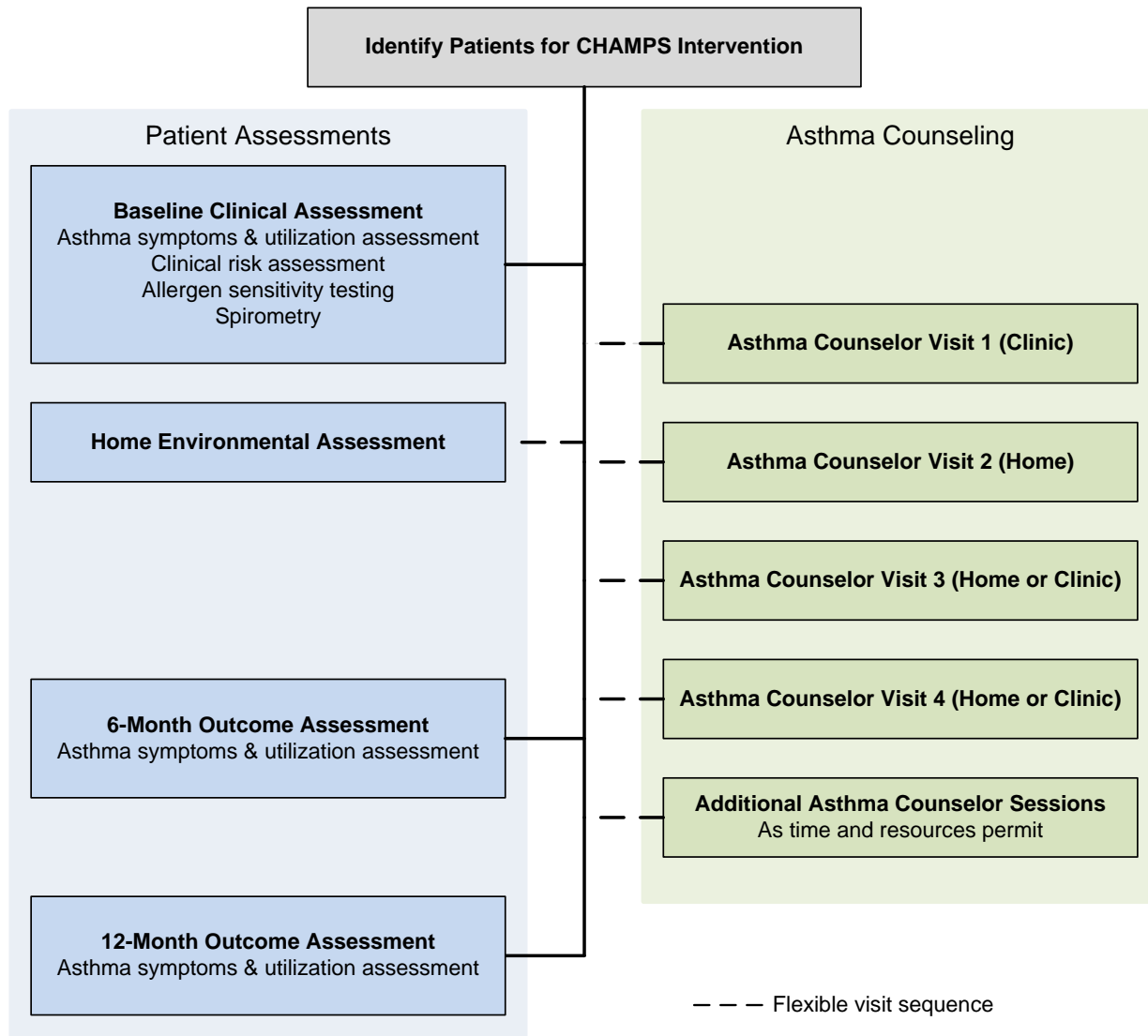


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# Intervention Diagram



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TOOLS

CONNECT

EVENTS

RESEARCH

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Discussion Forum

Blog

Conference Materials

Videos

Podcasts

Webinar Archives

Events Calendar

Resource Bank

TOOLS

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### CHAMPS VIDEOS

Community Healthcare for Asthma Management and Prevention of Symptoms (CHAMPS) is a family-centered, patient-tailored, evidence-based, pediatric asthma intervention that enhances asthma care at the clinic and in the home. This video series introduces CHAMPS and the key elements that health care organizations should consider when implementing this type of intervention into their practice, including Identifying and targeting patients, establishing asthma severity and control, environmental triggers and how they may be influencing asthma symptoms, allergen testing and enhanced asthma care, asthma education and counseling, and strategies for engaging physicians and leaders in the implementation process.



- MODULE 1: CHAMPS DESIGN
- MODULE 2: IDENTIFYING PATIENT
- MODULE 3: ELEMENTS OF PREVENTIVE ASTHMA CARE
- MODULE 4: ALLERGEN SKIN TESTING
- MODULE 5: ESSENTIALS OF ASTHMA COUNSELING
- MODULE 6: ENGAGING PHYSICIANS AND LEADERS



# Going Deeper

- ✓ 1. Intervention overview web pages
- ✓ 2. Intervention diagram
- ✓ 3. e-Learning videos
- 4. Procedural manual
- 5. Related asthma research
- 6. Intervention tools
  - a. Questionnaires
  - b. Patient Education Handouts



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You are here: Asthma Community Network Home » Tools » CHAMPS Introduction



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### ADDITIONAL RESOURCES



CHAMPS Manual



CHAMPS e-Learning Videos



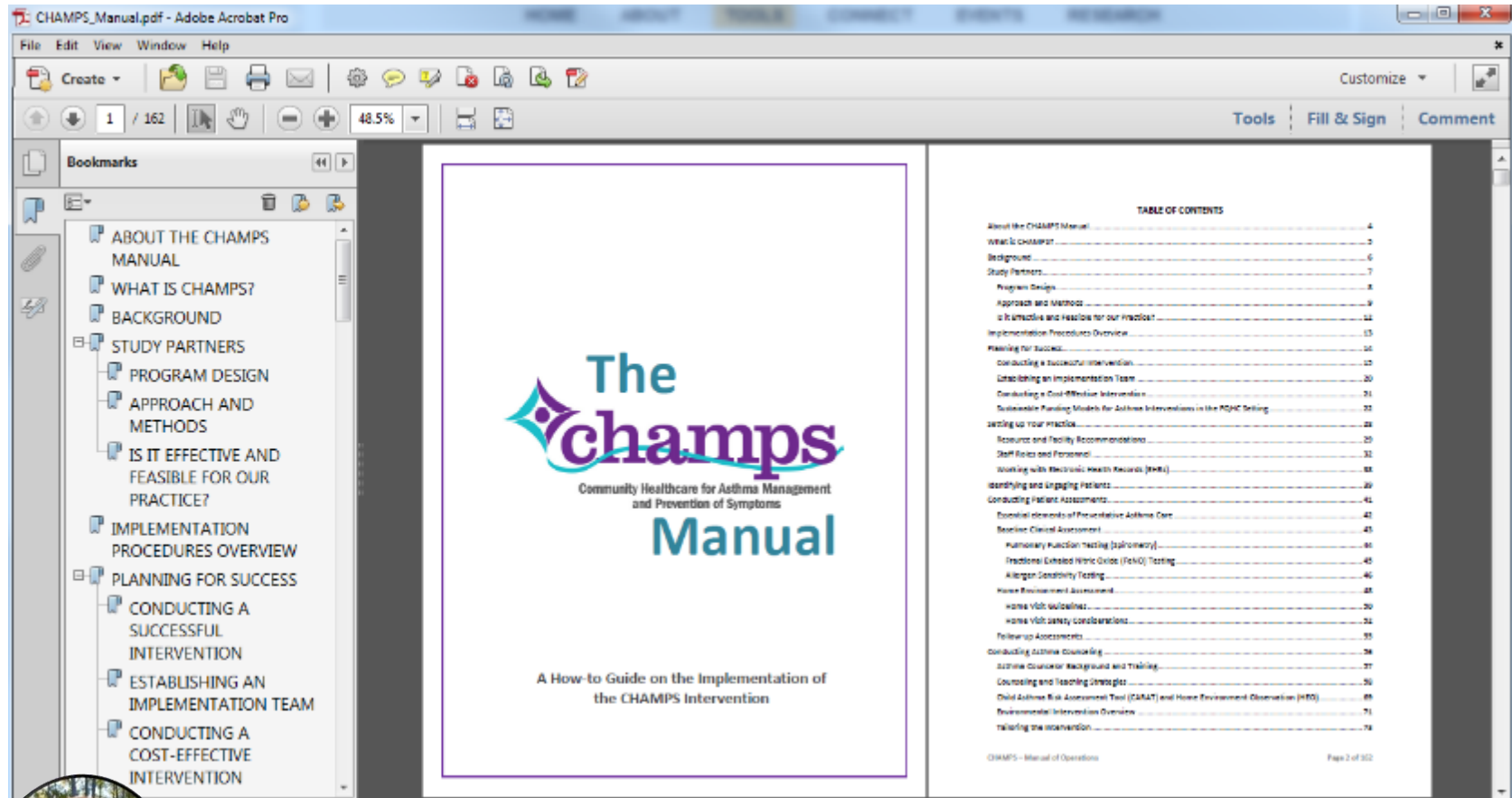
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# Procedural Manual





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[Events Calendar](#)  
[Resource Bank](#)

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- My Events
- My Polls
- My Programs
- My Resources

**ASTHMA RESEARCH**

You are here: Asthma Community Network Home » Asthma Research

We don't know why a child develops asthma or how to prevent the onset of disease but we know enough to do better in managing the symptoms of asthma and the adverse health outcomes that some children experience. Interventions to support the reduction of environmental exposures and facilitate access to care and asthma self-management have been rigorously evaluated and well documented.

The following is a summary of some of the seminal studies in childhood asthma that have implications for the asthma management programs of today.

**Latest in Research**

[Diary Helps Monitor Asthma Severity in Young Children](#)  
[Kids Who Have Puppies or Ponies May Have Lower Asthma Risk](#)  
[Lack of Vitamin D and E in Diet During Pregnancy Can Cause Childhood Asthma](#)

**The Inner-City Asthma Studies**

**MCAN Research**

**The Community Guide**

**Allies Against Asthma**

**CDC Controlling Asthma in American Cities Project**





- › Financing In-Home Asthma Care
- › CHAMPS Intervention
- › Podcasts
- › Videos
- › Webinars
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- My Events
- My Polls
- My Programs
- My Resources

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### Background



- Introduction
- Background
- Study Partners
- Program Design
- Effective and Feasible

### Implementation



- Overview
- Planning for Success
- Setting up your Practice
- Identifying & Engaging Patients
- Conducting Patient Assessments
- Conducting Asthma Counseling

### Tools and Resources



- Questionnaires
- Patient Education Handouts





# Intervention Tools

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Videos

Podcasts

Webinar Archives

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- My Events
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## QUESTIONNAIRES

You are here: Asthma Community Network Home » Questionnaires

CHAMPS provides seven questionnaires to help the practice team assess and monitor the patients in the asthma intervention. Each of the questionnaires is described below.

| Questionnaire                            | Description                                                                                                                                                                                                                                                       | File Type     |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Asthma Symptoms & Utilization: Baseline  | Documents the patient's recent asthma history, including symptoms, healthcare utilization, and medication use; used to assess a baseline for measuring improvement in asthma over time by comparing to the Asthma Symptoms & Utilization: Follow-up questionnaire | MS Word   PDF |
| Asthma Symptoms & Utilization: Follow-up | Documents the patient's recent asthma history, including symptoms, healthcare utilization, and medication use; used to assess improvement in asthma over time when compared to the Asthma Symptoms & Utilization: Baseline questionnaire                          | MS Word   PDF |

## ADDITIONAL RESOURCES

 **CHAMPS Manual**

 **CHAMPS e-Learning Videos**

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TOOLS

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EVENTS

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Discussion Forum

Blog

Conference Materials

Videos

Podcasts

Webinar Archives

Events Calendar

Resource Bank

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- My Events
- My Polls
- My Programs
- My Resources

## PATIENT EDUCATION HANDOUTS

You are here: Asthma Community Network Home » Patient Education Handouts

The CHAMPS Patient Education Handouts provide concise, visual, take-home information for patients and their families. The handouts correspond to specific Asthma Counseling Modules—the core patient education components of the Asthma Counseling sessions. Instructions for how to implement the Asthma Counseling Modules are provided in the [Manual](#). Handouts are most effective when counselors follow these simple guidelines:

- Explain the information on each handout, making sure the family understands the content, before giving them a copy.
- Share the handouts slowly over multiple visits; attempting to give out multiple handouts at a single visit may lead to "information overload".
- Provide only the handouts that are pertinent to their child's unique sensitivities and exposures; giving families all of the handouts, regardless of their child's sensitivities and exposure is misleading and confusing.

Download individual files by clicking on the language you want next to the name of the handout. The full set of handouts is available in the Patient Handouts section of the [Manual](#).

| Handout                                            | Asthma Counseling Module               | Language          |
|----------------------------------------------------|----------------------------------------|-------------------|
| What is Asthma?                                    | Module 1 – Asthma & Asthma Medications | English   Spanish |
| What Happens in the Lungs During an Asthma Attack? | Module 1 – Asthma & Asthma Medications | English   Spanish |
| Asthma Action Plan – Blank                         | Module 1 – Asthma & Asthma Medications | English   Spanish |

## ADDITIONAL RESOURCES



CHAMPS Manual



CHAMPS  
e-Learning Videos



CHAMPS  
Intervention  
Diagram



Asthma Research



# Take-Home Points

1. Tools are designed for varying capacity and intended for adaptation.
2. Summary and detailed resources are provided.
3. Navigate on the right and at the bottom.



# Roundtable Discussion

## Costa Salud Community Health

Francisco Ramirez,  
Asthma Counselor



## El Rio Community Health Center

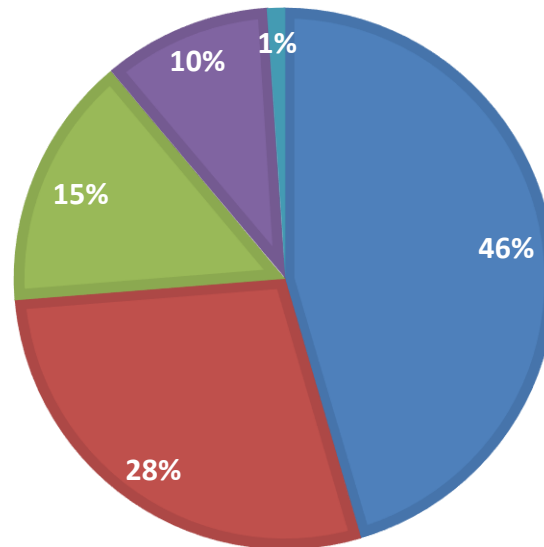
Dr. Andrew Arthur,  
Associate Medical  
Director



# Poll Question

**After participating in this webinar, what will be your next steps?**

- Visit the Network to learn more about the CHAMPS intervention
- Explore the MCAN Library on the Network
- Download patient handout materials from the Network
- View the CHAMPS e-Learning videos
- Other





# MCAN and CHAMPS Resources on AsthmaCommunityNetwork.org

- Visit the MCAN Library:
  - [www.asthmacommunitynetwork.org/MCAN](http://www.asthmacommunitynetwork.org/MCAN)
- Dive into the CHAMPS Intervention:
  - [www.asthmacommunitynetwork.org/CHAMPS](http://www.asthmacommunitynetwork.org/CHAMPS)
- Download resources to help support your patient population:
  - Questionnaires:  
[www.asthmacommunitynetwork.org/node/16101](http://www.asthmacommunitynetwork.org/node/16101)
  - Patient handouts:  
[www.asthmacommunitynetwork.org/node/16102](http://www.asthmacommunitynetwork.org/node/16102)
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# Join the Online Discussion Forum

Speakers are now available for a live Q&A Session.

Thursday, December 3, 2015, 3:00 p.m. – 3:30 p.m.

**Members can submit questions via the link in the Chat pane.**

Not yet a member? Joining online is quick and easy.

- Go to **AsthmaCommunityNetwork.org**.
- Click **“Join Now”** at the top and complete the registration process.
- **Post your questions** as soon as your account is approved.

