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STUDIES REVEAL COMMUNITY-BASED CARE COORDINATION HIGHLY EFFECTIVE FOR “REAL WORLD” ASTHMA MANAGEMENT PROGRAMS

Findings from Merck Childhood Asthma Network Asthma Management Programs Show Improvements in Health Outcomes, Especially for Low-Income, Minority Children

WASHINGTON, DC, November 9, 2011 – Effective management of childhood asthma should extend beyond the doctor’s office into communities, homes and schools where children spend most of their time dealing with the disease, according to a collection of newly published studies. A key to successful implementation of childhood asthma management programs in “real-world” settings is a community-based care coordination approach that combines evidence-based science, asthma education and community engagement. These findings from five asthma management programs funded by the Merck Childhood Asthma Network, Inc. (MCAN) were published as a supplement to the November issue of *Health Promotion Practice*, a Society for Public Health Education (SOPHE) journal.

“Unfortunately, there is a gap between the care that children with asthma should receive and the care they actually receive – one that clearly needs to be filled if we are to make progress in this area,” said Leonard Jack, Jr., Ph.D., MSc, CHES, editor-in-chief, *Health Promotion Practice*. “Publication of these findings not only offers a rich resource for the healthcare and public health communities, it also confirms that community-centered approaches can be implemented in even the most challenging environments with great success.”

In 2005, MCAN awarded \$10 million in grants to five innovative childhood asthma programs to implement evidence-based interventions that targeted those most at risk – low-income and medically underserved children – to increase access to quality care and improve health outcomes. These programs were conducted in Chicago, Los Angeles, Philadelphia, New York City and San Juan, Puerto Rico over a four-year period and mostly served children with poorly controlled asthma who had multiple emergency room visits and/or hospitalizations.

While the demographics and program delivery settings varied dramatically across sites, one common thread throughout was the use of a community-based care coordination model. This approach contributed to overall improvements in health outcomes and reduction of disease burden. Specific findings include:

- Most sites cut the rate of emergency room visits and asthma-related hospitalizations by at least half
- Asthma-related school absences were reduced in at least 80 percent of children across all sites
- Nearly all parents or caregivers of children with asthma felt empowered and more confident in their ability to control their child’s disease and had taken steps to reduce environmental triggers in the home

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- More than two-thirds of children with asthma had received action plans from their healthcare provider(s)

“For more than half a decade, MCAN has been implementing childhood asthma management programs in some of the country’s most at-risk and challenged communities to see if we can make a difference on the ground,” said Dr. Floyd Malveaux, Executive Director of MCAN and former Dean of the College of Medicine at Howard University. “The good news is that our programs work – community-based approaches that are scientifically sound can empower people to participate in improving the health of children. Demonstration of the success of these approaches increases the likelihood that programs like these will be sustained for years to come.”

The following elements led to the success of these community-based care coordination interventions and helped reduce the burden of asthma on children and their families:

- **Adaptation of Existing Evidence-based Interventions:** In most cases, the program sites implemented a comprehensive care model that incorporated elements from one or more of these well-documented evidence-based interventions: Yes We Can, Inner-City Asthma Study (ICAS) and the National Cooperative Inner-City Asthma Study (NCICAS). Adaptations were made based on factors unique to each community, including care delivery setting, demographics and barriers to accessing quality care.
- **Use of Care Coordinators/Managers:** Sites varied in their use of asthma educators, community health workers and nurses, most of them based in the community. They were responsible for coordinating care between providers, organizations and families, and providing individualized asthma education. These coordinators helped build trust with families, increase program retention, improve health outcomes and enhance patient-provider communication.
- **Building Community Partnerships:** Collaboration among stakeholders in the community was critical to the success of all sites’ interventions. Community partnerships allowed the program sites to connect families with services and resources outside of their area of expertise. Partnerships with school districts, community-based organizations and city health departments proved beneficial to some of the sites’ efforts.

“Implementing these care coordination programs in ‘real world’ settings hasn’t been without challenges,” said Malveaux. “But we are using lessons learned and best practices to ensure high-quality asthma care is accessible in these communities. Now that we know what works, our focus is on sustaining these positive outcomes long term.”

Visit the *Health Promotion Practice* journal website to read the full supplement at http://hpp.sagepub.com/content/12/6_suppl_1.toc.

About Childhood Asthma

Asthma is the single most common chronic condition among children. In 2009, one in every 11 children – 7.1 million – had asthma, a number that has grown steadily over the 1997-2009 time period. It is also costly. The nation spends between \$8 and \$10 billion alone on treating childhood asthma, more than any other childhood condition. Additionally, indirect costs which include missed school days and lost wages for a parent or care giver who is caring for a child, approach \$10 billion annually. While asthma affects children in every community across the country, low income and minority children bear the heaviest burden of the disease and its consequences, including death.

Compared with white non-Hispanic children, data reported in 2009 indicate that asthma is nearly twice as high among Puerto Rican children and twice as high in African-American children.

About *Health Promotion Practice*

Health Promotion Practice (HPP) is a peer-reviewed, bi-monthly journal devoted to the practical application of health promotion and education. HPP focuses on critical and strategic information for professionals engaged in the practice of developing, implementing and evaluating health promotion and disease prevention programs. For more information, visit www.hpp.sagepub.com.

About the Society for Public Health Education

The Society for Public Health Education (SOPHE) is a non-profit professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion, and to promote the health of society. SOPHE's 4,000 national, international and chapter members work in various public and private organizations to advance health education theory and research, develop disease prevention and health promotion programs, and promote public policies conducive to health. For more information, visit www.sophe.org.

About the Merck Childhood Asthma Network, Inc.

The Merck Childhood Asthma Network, Inc. (MCAN) is a separately incorporated, non-profit, 501(c)(3) organization established to address the complex and growing problem of pediatric asthma. Funded by the Merck Company Foundation, and led by Floyd Malveaux, MD, PhD, a nationally recognized expert in asthma and allergic diseases and former Dean of the Howard University College of Medicine, MCAN is specifically focused on enhancing access to quality asthma care and management for children in the United States. For more information, visit www.mcanonline.org.

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