Asthma Policy Task Force launched in Year 1 to respect and collaboration for and frequent meetings keep the ball rolling; build upon the Healthy Schools project. Specially trained & embedded reach highest risk asthmatics in the hospital. Difficulty aligning timing of needed timing of medication for inhalers and medications for inhalers and medications for chemotherapy.”

The Family Health Center of Worcester, UMass Memorial Pediatric Primary Care, Pediatric Pulmonology, Services offered to hospitalized patients. Inability to service people living outside the hospital’s catchment area. Turnover of staff/CHWs.


Pediatric Asthma-Related ED Visits (Ages 2-18 Years old) 2009-2011 (per 100,000 visits)

- Worcester: 1,536
- State: 768

Source: (adapted from Emergency Department Visit Data from the Center for Health Information and Analysis 2009 Q1-J1, 2010).

PROGRAM MODEL
Care Management for High Risk Patients; Home-Based Multi-Trigger, Multi-Component Intervention; and School-Based Programs

- Evidence-based intervention targets students/patients identified as high-risk at clinical sites, schools and Head Start programs.
- Program links clinical and community partners through Community Health Workers (CHWs) and school nurses.
- Specially trained & embedded CHWs conduct home visits to:
  - Identify and address home triggers
  - Ensure families understand medications and use
  - Document findings and recommendations through Redcap
  - Conduct follow-up and communicate with primary care provider and school staff.
- UMass Memorial Pediatric Pulmonology works closely with the Worcester Public Schools (WPS) and provides training programs to WPS/Head Start nurses, clinical providers and staff at clinical sites as well as parents/guardians and students.
- Community Legal Aid (CLA) provides legal assistance for identified housing issues impacting asthma such as mold, pests and rodents.

SITUATION
Why Pediatric Asthma?
- Asthma is prevalent among low income populations living in public and older housing stock, particularly among Hispanic and Black populations.
- Pediatric asthma-related emergency room visits are nearly double in Worcester compared to the rest of the state.

RESULTS

Referrals Made to Date
- Integrated Pest Management: 34%
- Outreach - Smoking, Cessation Services: 18%
- Community Legal Aid: 12%
- Exercise: 11%
- Follow-up with School Nurse: 10%
- Other: 1%

Initial and Ongoing Environmental Triggers
- Pets: 5%
- Mold: 5%
- Dust Clutter: 5%
- Stuffed Animals: 3%
- Carpets: 1%
- Tobacco Smoke: 1%
- Strong Odors: 1%
- Other: 19%

Challenges
- Data tracking/acquisition through multiple EMRs
- Busy providers with increasing demands (EMR not working for them)
- Turnover of staff/CHWs
- Difficulty aligning timing of needed trainings with staff turnover and needs
- Supplies needing to be funded through other sources outside of PWFT – may be a problem in terms of sustainability
- Inability to service people living outside of the PWTF geographical target area.

CONCLUSION
Future – Next Steps
- Reach highest risk asthmatics in the hospital
  - Improved communication between ED and primary care sites
  - Services offered to hospitalized patients
- Build upon the Healthy Schools project

Final Reflections
- Respect and collaboration for and with all team members
- Frequent meetings keep the ball rolling
- Importance of CHW as care team members
- Addressing asthma in the school setting
- Identify the highest risk asthmatics in the hospital.

PARTNERS
Worcester Prevention & Wellness Trust Fund Pediatric Asthma Program Model

- Clinical Partners:
  - Edward M. Kennedy Community Health Center
  - The Family Health Center of Worcester
  - UMass Memorial Pediatric Primary Care, Pediatric Pulmonology, Plumley Village Health Services and the Office of Clinical Integration
  - UMass Memorial Community Relations

- Community Partners:
  - Worcester Public Schools and Head Start Program
  - Worcester Community Legal Aid
  - City of Worcester Division of Public Health and Healthy Homes Office

- Worcester Prevention & Wellness Trust Fund Pediatric Asthma Program Model

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