

Community Health Needs Assessment Implementation Plan 2017-2019

Advocate Children's Hospital – Oak Lawn

Date Created: May 2017

Date Reviewed/Updated:

PRIORITY AREA: Childhood Asthma

GOAL: To improve children's asthma management in the Advocate Christ Medical Center Primary Service Area (PSA) with a focus on zip codes 60620, 60629 and 60453.

LONG TERM INDICATORS OF IMPACT

	Baseline Value, Date and Source	Frequency
1. Decrease Emergency Department (ER) Rate for pediatric asthma in hospital's primary service area	90.2 ER visits/10,000 population under 18 Healthy Communities Institute, Illinois Hospital Association COMPdata, Baseline 2013-2015	Annual based on three year average
2. Decrease age-adjusted hospitalization rate due to pediatric asthma in hospital's primary service area	13.8 hospitalizations/10,000 population under 18 Healthy Communities Institute, Illinois Hospital Association COMPdata, Baseline: 2013-2015	Annual based on three year average

STRATEGY #1: Offer American Lung Association's Kickin' Asthma program to students with asthma at targeted schools in the hospital PSA.

TYPE: Counseling and Education

PARTNERS: American Lung Association, Advocate Children's Hospital Respiratory Therapy Department, Americorps, partner schools

BACKGROUND ON STRATEGY

Evidence of effectiveness: In urban communities with high prevalence of childhood asthma, school-based educational programs may be the most appropriate approach to deliver interventions to improve asthma morbidity and asthma-related outcomes. The purpose of this cited study was to evaluate the implementation of Kickin' Asthma, a school-based asthma curriculum designed by health educators and local students, which teaches asthma physiology and asthma self-management techniques to middle and high school students in Oakland, CA.

Results: Of the 8488 students surveyed during the first 3 years of the intervention (2003-2006), 15.4% (n = 1309) were identified as asthmatic; approximately 76% of eligible students (n = 990) from 15 middle schools and 3 high schools participated in the program. Comparison of baseline to follow-up data indicated that students experienced significantly fewer days with activity limitations and significantly fewer nights of sleep disturbance after participation in the intervention. For health care utilization, students reported significantly less frequent emergency department visits or hospitalizations between the baseline and follow-up surveys.

Conclusion: A school-based asthma curriculum designed specifically for urban students has been shown to reduce symptoms, activity limitations, and health care utilization for intervention participants.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2008.00362.x/full> (click here)

SHORT TERM INDICATORS			
Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of partner schools	2	3	5
2. Number of students enrolled in Kickin' Asthma program	20	30	50
3. Number of students who complete all 4 sessions	10	15	25
Impact Indicators	2017	2018	2019
1. Percentage of students who self-report a decrease of daytime symptoms frequency post survey	60%	70%	70%
2. Percentage of students who self-report a decrease of night time symptoms frequency post survey	60%	70%	70%
3. Percentage of students with increased knowledge of asthma fundamentals as measured by total score pre-/post-survey	80%	80%	80%
4. Percentage of students who can use asthma control medicine properly through observation or by post-survey	90%	90%	90%

STRATEGY #2: Integrate asthma education into primary care practice on the Ronald McDonald Care Mobile serving low-income children at targeted schools in the hospital's PSA.	TYPE: Counseling and education
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PARTNERS: Ronald McDonald Care Mobile clinical team, Ronald McDonald House Charities; Americorps

BACKGROUND ON STRATEGY
Evidence of effectiveness: Research done by the National Asthma Education and Prevention Program (NAEPP), a program of the National Health and Lung Blood Institute, demonstrates asthma education for children is associated with reduction in the number of hospital and ED visits. Nurse Practitioners and Physician Assistants in primary care settings are the patient's primary source of education. The American Academy of Pediatrics agrees, saying that the medical home model of care should be the foundation of care for all children and can mean the difference between symptom control and the Emergency Department. Effects of Asthma Education on Children's Use of Acute Care Services: A Meta-analysis
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2875139/> (click here)

SHORT TERM INDICATORS			
Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of children identified with asthma	75	100	100
2. Number of 1:1 asthma education sessions conducted	50	75	75
Impact Indicators	2017	2018	2019
1. Percentage of students who are able to recognize asthma signs, symptoms, and triggers as measured by post-survey	75%	75%	75%

STRATEGY #3: Provide annual parent asthma education event at select partner schools in the hospital’s PSA.	TYPE: Counseling and education
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PARTNERS: Schools, Metropolitan Family Services, Advocate Children’s Hospital Respiratory Therapy, Americorps

BACKGROUND ON STRATEGY

Evidence of effectiveness: Lack of asthma education relates to higher morbidity. Parents who score lower on health and asthma-related literacy scales are more likely to have children with more severe asthma. The National Heart, Lung, and Blood Institute (NHLBI) guidelines for asthma treatment strongly recommend a focus on education for this reason. In response, asthma management programs have been developed, with success reported in several studies as measured by reduction of ED visits, cost, and other markers of morbidity.

Parental Asthma Education and Risks for Non-Adherence to Pediatric Asthma Treatments
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4591748/> (click here)

The role of parents in managing asthma in middle childhood: An important consideration in chronic care.
<http://dx.doi.org/10.1016/j.colegn.2010.04.006> (click here)

SHORT TERM INDICATORS

Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of parents attending education event	25	50	75
2. Number of parent-focused education events offered	1	2	3
3. Number of schools engaged in hosting education	1	2	3
Impact Indicators	2017	2018	2019
1. Percentage of parents reporting better understanding of child’s asthma management as measured by post-survey	75%	75%	75%
2. Percentage of parents able to describe the purpose and benefit of a child’s asthma action plan as measured by post-survey	75%	75%	75%
3. Percentage of parents able to define asthma triggers in the home as measured by post-survey	80%	80%	80%

ALIGNMENT WITH COUNTY/STATE/NATIONAL PRIORITIES

Strategy	County IPLAN	SHIP (State Health Improvement Plan)	Healthy People 2020
1	Decrease emergency department visits due to asthma in African American children and adolescents by 10%	Increase community clinical linkages to prevent and manage chronic disease Expand self-management programs like the Chronic Disease Self-Management Program, Asthma Self-Management Program and the National Diabetes Prevention Program, and ensure that those types of programs are implemented in communities with a high burden of chronic disease	RD-2.2 Reduce hospitalizations for asthma among children and adults aged 5 to 64 years RD-3.2 Reduce emergency department (ED) visits for asthma among children and adults aged 5 to 64 year RD-5.1 Reduce the proportion of children aged 5 to 17 years with asthma who miss school days RD-6 Increase the proportion of persons with current asthma who receive formal patient education
2	Same as above	Same as above	Same as above
3	Same as above	Same as above	Same as above

Advocate Children’s Hospital – Oak Lawn has developed this implementation plan to meet a prioritized need identified through a community health needs assessment process. The medical center may refocus resources if necessary to best address the needs of its community.