

Community Asthma Program

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Community Asthma Program In Rilievo

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Community Asthma Program In Rilievo:

Index Medicus, 2003 Vols for 1963 include as pt 2 of the Jan issue Medical subject headings *Cumulated Index Medicus*, 1978 A Community Health Worker Model to Address Childhood Asthma Lillian Jin, Ivan Marquez, Ray López, Lindsey Realmuto, Anne Bozack, Matthew Perzanowski, Linda Weiss, 2017 In 1997 Little Sisters of the Assumption Family Health Service Little Sisters established the Environmental Health Services program in response to high rates of asthma among East Harlem children The program provides a continuum of services meant to mitigate the negative effects of poor living conditions on asthma related health outcomes Led by a team of community health workers CHWs program activities include assessments of the home environment hands on training and education on safe and effective ways to address unhealthy living conditions and advocacy services for tenants to get necessary repairs from housing management In 2011 with funding from the U S Department of Housing and Urban Development HUD Little Sisters began implementation of Controlling Asthma through Home Remediation CAHR a demonstration of their program model specifically targeting families living in public housing The demonstration included an evaluation of the program by The New York Academy of Medicine the Academy findings included statistically significant reductions in nighttime awakenings emergency department visits and use of rescue medications As part of the evaluation a sample of 17 caregivers participated in interviews with questions that focused on their perception of program quality impact and lessons learned As described in this report caregivers noted that CHWs helped them to develop knowledge and skills to reduce household asthma triggers in addition CHWs and Little Sisters proved to be influential advocates facilitating the settlement of complaints with housing management As New York State and local health care systems adopt and promote more community based health problems CAHR represents a promising example of an intervention that can produce improvements in asthma related health outcomes while supporting grassroots efforts to create changes in policies and practice **Evaluation of a Community-based Asthma Education Program for**

Hispanic Children Asha Abdool, Yasamin Brown, Lindsay McOmber, Julia E. Mitchell, 2001 *The Impact of Aesculapian Authority at Point of Intervention on a Community-based Asthma Program* Brian D. Callahan, 2005 **Community-Based Asthma Intervention Programs and Their Impact on Childhood Health Outcomes and Burdens on the Healthcare System** Danika Ng, 2017 Since 1997 asthma prevalence rates have increased by 3% annually leading to a current rate of 18.4 million adults and 6.2 million children with asthma high hospitalization and emergency department visit rates and an overall healthcare spending of 50 billion dollars However this increase in prevalence is disproportionately impacting children Asthma is the third leading cause for hospitalization in children have higher proportions of children being hospitalized with asthma symptoms and have higher rates of asthma attacks Recent literature shows that perceived lack of adequate education in areas such as medication adherence medical device usage asthma trigger avoidance lack of accessible education resources and overall education on understanding asthma symptoms are leading to this high disproportion of children adversely

affected by asthma Community based education interventions provide essential and accessible education to children adversely impacted by their asthma symptoms The Asthma Educators Institute AEI is one program that may improve childhood asthma health outcomes while reducing burdens on the healthcare system Teaming up with American Lung Association's Greater Bay Area branch this year's AEI focused on educating the healthcare provider to teach their patients patient's families and community members on the best ways to manage their asthma at home and provide essential asthma education in the hopes of improving these outcomes *Working together so everyone can breathe better*, 2003

Community-based Asthma Self-management Program Pharmaceutical Outcomes Programme (B.C.), Canada. Health Canada. Health Transition Fund, Health Transition Fund Project, University of British Columbia, Children's Hospital (Vancouver, B.C.), 2001 *Improving Childhood Asthma Outcomes in the United States* Marielena Lara, Will Nicholas, Sally C. Morton, Mary E. Vaiana, Barbara Genovese, 2002-05-07 One liner A set of policy recommendations to promote the development and maintenance of communities in which children with asthma can be swiftly diagnosed effectively treated and protected from exposure to harmful environmental factors An estimated 5 million U S children have asthma Too many of these children are unnecessarily impaired Much of the money spent on asthma is for high cost health care services to treat acute periods of illness Many asthma attacks could be avoided and much suffering prevented and many medical costs saved if more children received good quality ongoing asthma care and if the 11 policy recommendations presented in this report were implemented in a coordinated fashion A national call to action the policy recommendations span public and private interests and compel integration of public health activities across local state and federal levels This report summarizes the findings of an effort funded by the Robert Wood Johnson Foundation as part of the Pediatric Asthma Initiative whose purpose is to address current gaps in national childhood asthma care It is the first national initiative that simultaneously addresses treatment policy and financing issues for children with asthma at the patient provider and institutional levels The purpose of RAND's effort was to identify a range of policy actions in both the public and private sectors that could improve childhood asthma outcomes nationwide select a subset of policies to create a blueprint for national policy in this area outline alternatives to implement these policies that build on prior efforts The effort developed a comprehensive policy framework that maps the identified strategies to one overall policy objective to promote the development and maintenance of asthma friendly communities communities in which children with asthma are swiftly diagnosed receive appropriate and ongoing treatment and are not exposed to environmental factors that exacerbate their condition This report is intended as a working guide for coordinating the activities of both public and private organizations at the federal state and local community levels

A Fifth Vital Sign for a Pediatric Asthma Program Elizabeth W. Holt, Howard Dean Hosgood, Jonathan M. Tan, 2005 *A Family Asthma Program Enhances Asthma Knowledge* Jean Sheerin Coffey, 1996 *Asthma Education and Prevention* National Asthma Education and Prevention Program (National Heart, Lung, and Blood Institute), 1995 **Learning and**

Growing Through Evaluation ,2010 The Centers for Disease Control and Prevention's CDC National Asthma Control Program and state asthma programs across the country are mobilizing their resources to reduce the burden of asthma in our communities The sound evaluation practices detailed in Learning and Growing through Evaluation can help ensure that we use those resources effectively and efficiently that we have a means of demonstrating the value of our programs and that we are developing a body of knowledge that tells us what works Learning and Growing is an evaluation guide intended for use by state and territorial public health departments SHDs that are receiving CDC funding for state asthma programs Other groups that focus on improving asthma management practices whether or not they receive CDC funding may also find elements of the guide useful in designing and implementing their own program evaluation activities **Reducing**

Childhood Asthma Triggers in Public Housing ,2015 There are significant disparities in asthma prevalence and management in New York City NYC Children living in the low income largely minority neighborhood of East Harlem are almost 13 times more likely to have an asthma related emergency department visit compared to children on the Upper East Side an adjacent high income neighborhood The disparities in asthma prevalence and control are in part attributable to environmental conditions including housing which in low income communities is often poorly maintained resulting in mold pests and other asthma triggers Controlling Asthma through Home Remediation CAHR a program of LSA Family Health Service LSAFHS offers remediation and repair training and comprehensive case management to East Harlem families that have children with severe and or persistent asthma and live in NYC Housing Authority NYCHA public housing Preliminary findings based on pre post assessments of 60 CAHR children include statistically significant reductions in nighttime awakenings emergency department visits and rescue medication use There were reductions in daytime asthma symptoms and improvements in household conditions however they were not statistically significant Recognizing the limited reach of individual level services LSAFHS also advocates for system wide changes across NYCHA Citing the Americans with Disabilities Act and its relevance to individuals with asthma LSAFHS in partnership with other community based organizations and public interest attorneys reached a settlement with NYCHA in 2013 that resulted in policy changes mandating expedited repairs of leaks mold and related issues Monitoring the impact of these changes is ongoing A hope is for replication of advocacy efforts in other cities **A Community Health Worker Program to Address Indoor**

Environmental Triggers for Childhood Asthma in East Harlem Public Housing Ray López, Anne Bozack, Tongtan Chantararat, Linda Weiss, New York Academy of Medicine. Center for Evaluation and Applied Research, LSA Family Health Service. Environmental Health & Family Asthma Program, 2014 **The plan** Wisconsin Asthma Coalition, 2004 National Asthma Education and Prevention Program Task Force on the Cost Effectiveness, Quality of Care, and Financing of Asthma Care ,1996 Living with Asthma ,1986 **MAXIMUM ASTHMA CONTROL** MICHAEL E. CICHORSKI, 2015 To Design an Asthma Management Program/asthma Clinic for a Pediatric Department Within an Inner-city Community Health

Center Robin Perry-Smith, 2006

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