

# IMPROVING THE HEALTHCARE OF CHICAGO: A COMMUNITY-BASED APPROACH TO REDUCING ASTHMA DISPARITIES

## Workshop to Create a Community-Based Action Plan to Reduce Asthma in Chicago

On April 21, 2009, asthma stakeholders in Chicago convened to develop a list of recommended, short- and long-term, communications-based action items designed to reduce one or more of the barriers identified at the Town Meetings held across the city in March of 2009. The short-term action items are wide-ranging, implementable, and sustainable. An evaluation component will be added shortly. The long-term action items will be prioritized and an evaluation component will be added to those interventions as well.

1. Solutions Which Address Multiple Barriers (Financial, Communication, Access to Care, and Quality of Care):
  - \$ 1, 2, 4, 5 – Empower consumers by providing basic, language appropriate information (both print and on-line resource) and education (through community health educators and in doctor’s offices) on asthma, chronic disease, health care system navigation, insurance resources (including Medicaid and transportation benefits), patient assistance programs, free drug programs, what to expect at a doctor’s office visit, patient bill of rights (hospital, doctors visit, pharmacy, etc.), medical device and equipment usage, what to do in an asthma attack poster, etc. Consider pictorial brochures to help transcend literacy and language barriers. Customize by geographic area to address racial, ethnic, cultural barriers.
  - 2 – Develop a brochure on primary care vs. specialist care and when to seek a referral to a specialist
  - 1 – Develop and market a tool kit of available on-line resources.
  - 1, 2, 4, 5 – Identify community distribution points for all health information: community members to determine optimal sites including churches and health ministries, senior centers, childcare providers, schools (parent info packets, report card pick-up, before/after school, Parent Advisory Councils in African-American communities, Bilingual Advisory Council in Hispanic communities), day care centers, libraries, barbershops/beauty shops, grocery stores, family focus agencies, fast food restaurants, block club meetings, parks, public transit, billboards, workplaces (through chambers of commerce), via respected personalities in the communities (DJs at radio stations), Public Service Announcements, and/or via grandmothers - see Community Health Survey
  - List CHE information and inventory on CAC website (asthma and other diseases)
  - 1 – Create an internet portal, a “one-stop-shop” that people can trust for health information that links *all* existing internet health information resources (need to identify), which will allow for broader dissemination of available assistance programs through communication technology
  - 1 - Create, develop, and evaluate a program for personal health information intermediaries for information dissemination and health advocacy in the community (train, educate, validate)
  - 1, 3 – Expand the role of community health educator (CHE) to health information navigator - a personal link to help with navigating systems such as resources for medications, clinic visits, eligibility for funding programs, etc.
  - 1 – Train and provide “Health Informationalist” in the community to distribute information. Should be flexible to meeting patient/family informational needs including pharmaceutical programs, specialists, and how to access them. Really need to know the systems and how to present information in ways people can understand and use.
2. Financial Barrier Solutions:
  - 3 – Host fundraising workshops and publicize available financial resources for community-based organizations

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- 2 – Advocate for Illinois Department of Public Health (IDPH) to design a train-the-trainer program for developing localized resource assistance housed in hospitals, clinics, and faith based organizations
- 2 – Advocate that IDPH require large health systems provide appropriate referrals and linkage to community clinics and primary care providers
- 3 – Encourage senior management of local hospitals to utilize CHEs (including St. Bernard Hospital)
- 3, 4 – Make policy recommendations for insurance reimbursement for CHEs (asthma education in general)

#### 3. Communication Barrier Solutions:

- § 3 – Create a template for community health education workshops through faith-based organizations (Englewood and Lawndale as starting places) and provide funds to support programs (Speakers Bureau?)
- 4 – In conjunction with leading organizations, create a booklet that explains most prevalent chronic diseases, including asthma, diabetes, obesity, etc. to address basic health information and co-morbidities
- 1 – Provide a informational/technical support for communications such as the website model in Philadelphia ([www.phillyhealthinfo.org](http://www.phillyhealthinfo.org))
- 3 – Create a Patient Advocate System for asthma patients which will include a telephone hot-line
- 1, 2, 4 – Utilize CHEs as a link to providers (to transcend cultural barriers) and provide information regarding patient expectations of providers, including a focus on preventive medicine. Train CHEs to use motivational interviewing to allow them to address patient/family issues that are most important to patients. Encourage providers to also use motivational interviewing with patients.
- 1 – Develop communication training programs that focus on culture, health literacy and language needs for CHEs *and* health care providers
- 2 – Work with academic centers to provide opportunities for medical providers in training to learn about and experience community medicine and public health to promote cultural sensitivity

#### 4. Access to Care Barriers Solutions:

- § 1, 3, 4, 5 – Expand the Chicago Asthma Consortium’s (CAC) GPS searchable Community Clinic List: add locations of CHEs, asthma specialists, social services; add area for star ranking system (what questions would we ask?) and comments about clinics; coordinate with 311 system (and provide advertising opportunities on CAC website); market site; add more Spanish translations; add more clinics, including dental clinics
- 5 – Educate school nurses and staff to help families in need of medical care
- 1, 3 – Provide organizational support and funding for an adult asthma specialist (possibly mobile) in communities that lack specialty care (including Englewood)

#### 5. Quality Care Barrier Solutions:

- 4 – Create “quick info” on how to use medications/inhalers. Coordinate dissemination with retail pharmacy chains.

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- \$ 1 – Support efforts to increase provider awareness of NHLBI guidelines and measures for quality care (see U.S. Department of Health & Human Services Primary Care Research article for barriers)
- 2, 5 – Advocate for ongoing CME training for cultural and language competency
- 3, 5 – Educate and encourage community members to advocate for quality healthcare
- 4 – Ensure prescription labels are language specific when necessary
- 1 – Use Disney training program for clinic, hospital, physician, etc. staff (to be helpful, respectful, and thoughtful)
- 2 – Provide customer service training for all medical staff (including receptionists) – develop a pilot project to see if this shortens wait times and increases # of patients seen
- 2 – Advocate for increased reimbursement rates and decreased volume of documentation required for Medicaid patients

#### General Notes:

- 1 – Most of the issues and solutions incorporate the use of CHEs. These can be called community navigators, health educators, promotoras etc., and they can be broadly trained to address most chronic illnesses – family issues are similar. There should be some way to address quality/consistency of CHE work. Then we need to find funding to support them in an ongoing basis – through insurance reimbursement. This helps to create jobs (use stimulus money) and would support proposed health care reform.
- 1, 4 - Identify *existing* sites, organizations, resources in community where people feel comfortable/trust that could provide asthma information (i.e. Chicago Public Schools Family and Benefits Social Services, childcare providers, pre-schools, Family Focus, senior centers.) First must ensure that these partners have the capacity to serve additional patients.
- Before providing education on the availability of transportation through public aid, speak with gatekeepers about current barriers (i.e. no transportation really available)
- 1 – Discuss financial issues with residents that are respectful and clear –example – if resident lost his/her job/insurance he/she may feel uncomfortable applying for aid. Help them to understand that they have paid into system through taxes and may need to use some of what they paid into already (a compassionate, personal, respectful approach to communication).
- 1, 3 – COLLABORATE with other providers and organizations in Chicago to implement this Plan of Action. Barriers to quality of care transcend the individual diseases. Identify an organization to facilitate collaboration!
- 3 – CHEs/educational materials should speak to specific demographic groups such as men, children, seniors, etc.
- 1 – Recognize, listen, and respond to needs of individual communities
- 4 – Ensure resources are multi-cultural, language specific, and are at an appropriate reading level
- 4 – Use multiple distribution points – not everyone has access to the same resources