



Putting People at the Center of Solutions

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# Policy Change as a Result of Community Coalitions

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#### Disclosure statement

Allies Against Asthma is supported by the Robert Wood Johnson and the W. K. Kellogg Foundations



#### Allies Against Asthma

A program to support community-based coalitions to develop, implement and sustain comprehensive pediatric asthma management in their communities. Support to 7 coalitions was provided from 2000 to 2006.



Photo Provided by FAM Allies

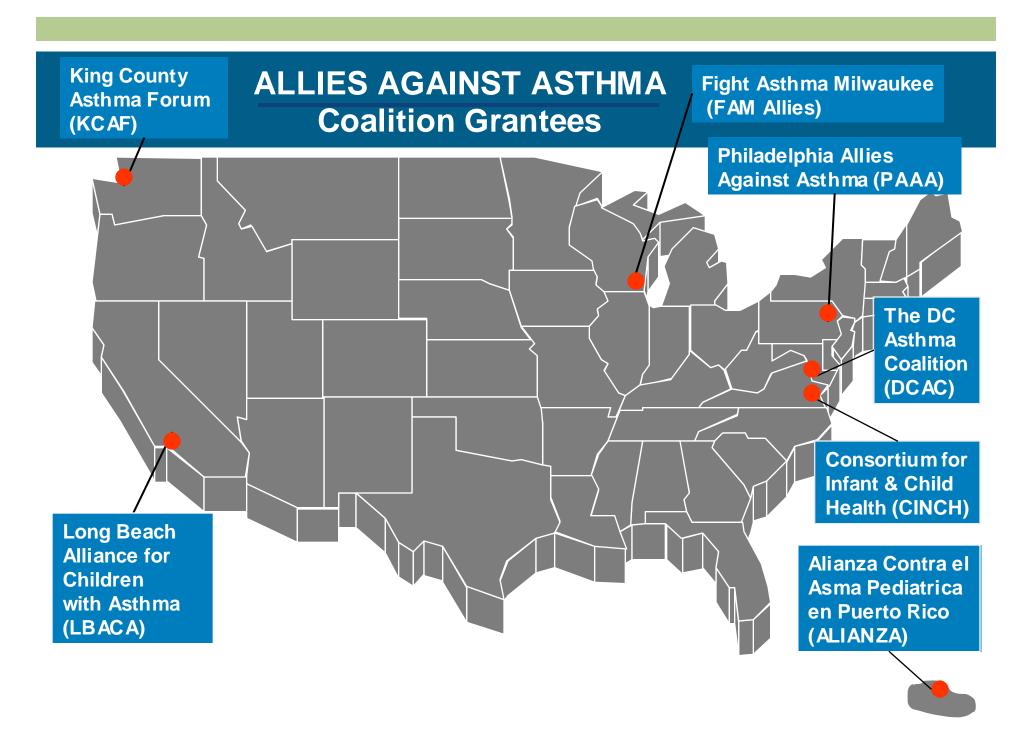


#### **Target Population**

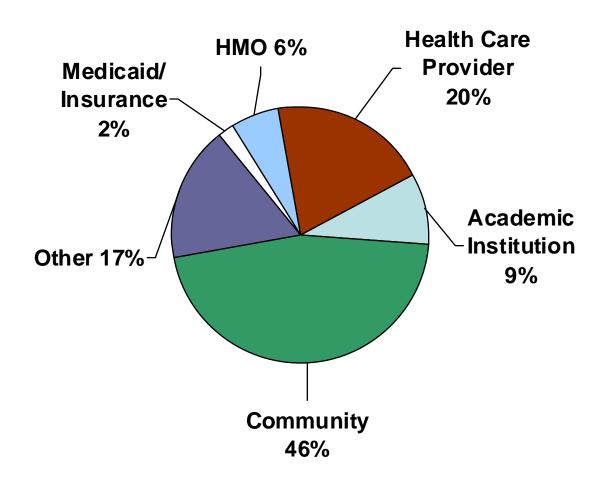


- Children under the age of 18
- From low SES, urban and minority communities
- High prevalence of asthma





#### Coalition Member Composition (n=232)

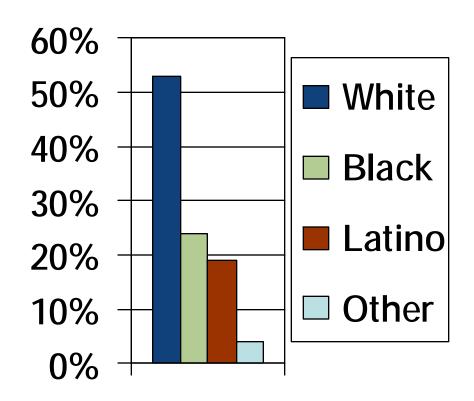


CSAS 2<sup>nd</sup> Follow-up 2004



#### Characteristics of Coalition Members (n=232)

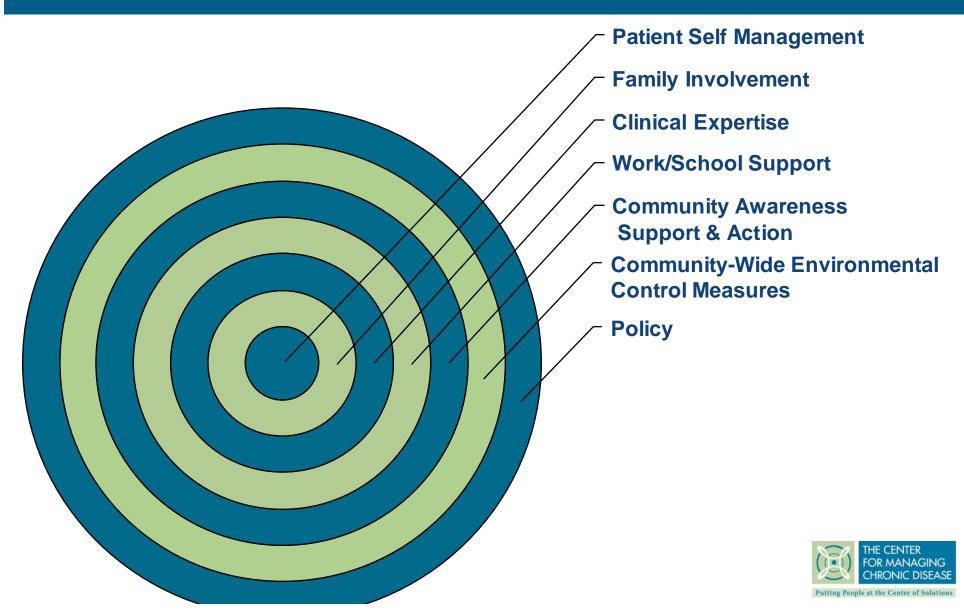
- Mean age 43 years
- 56% completed graduate school
- Coalition
   members for
   average of 33
   months



CSAS 2<sup>nd</sup> Follow-up 2004



### Why are community wide approaches needed for Disease Control?



#### Coalition Activities



Photo Provided by CINCH

- Advocacy for institutional and community wide system and policy change
- Child and family education and support
- Clinical education and practice improvements
- School and child care education
- Community awareness and action
- Coordination and linkage across institutions and agencies

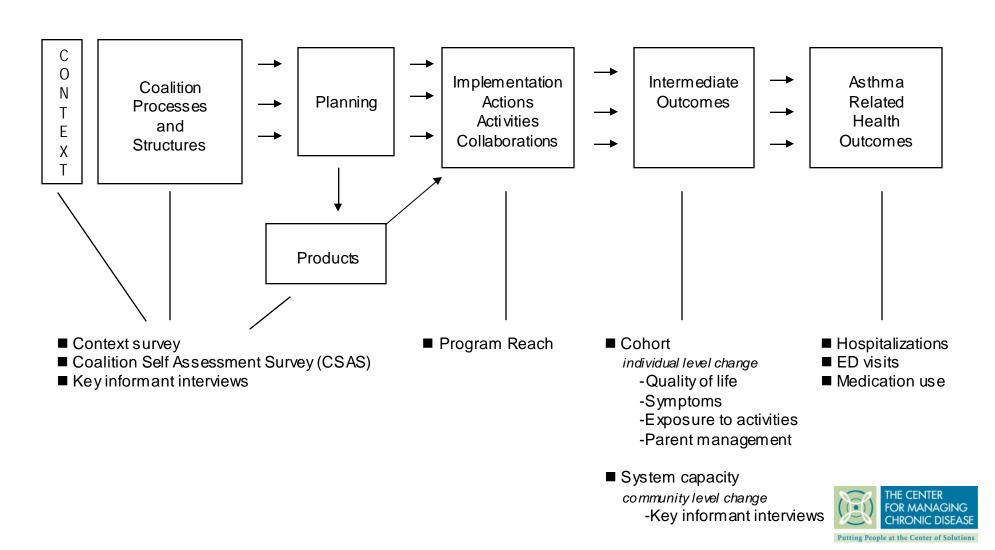


#### **Evaluation Goals**

- Link the work of coalitions to healthrelated outcomes
- Examine characteristics of coalitions associated with favorable outcomes
- Describe how asthma coalitions function
- Describe the overall impact of AAA by noting outcomes in common



#### **Cross Site Evaluation**



#### Changes in policy, systems, custom and practice

## In total, 32 of changes were documented in 6 categories of change:

- Intra-institutional coordination (All sites) e.g.
  - Asthma coordinator in hospitals to link providers
  - Quality improvement teams promote best practices in care coordination in clinics
- Community-wide patient registries (FAM, PAAA) e.g.
  - Establishment of a tracking system and registry for children visiting EDs for asthma
- Care coordination (FAM, PAAA) e.g.
  - Centralized system that links clinicians, schools, community workers, and environmental specialists



#### Changes in policy, systems, custom and practice (cont.)

- Integration of services (LBACA, FAM, KC, DCAC) e.g.
  - Integration of community health workers into the clinical team
  - Hospital and health care plan implement a protocol and referral process for children seen in the ER for asthma
- Environmental policy change (LBACA, KCAF) e.g.
  - Legislation created to keep trucks from idling in residential areas
  - Advocacy to minimize exposure to pollution in low income neighborhoods in highway expansion planning
- Standardization across institutions (DC, CINCH, PAAA) e.g.
  - Standard asthma action plans used across community organizations and institutions

#### Lessons Learned

- Chronic disease management (e.g., asthma) is more complex than preventing disease or accessing services
- Partnership strategies are more creative & achievable than any single group or institution could have done alone
- Coalitions worked because they mobilized communities around asthma, responded to their needs & developed integrated, comprehensive strategies



#### Lessons Learned (cont.)

- Sharing ideas & strategies w/other coalitions is helpful
- As coalitions mature, they often shift from providing services to policy & advocacy activities
- Sustainability & responding to changing conditions is more difficult than forming original coalitions



#### Allies Accomplishments

- Changes in local health related policy and practice
- A more capable health workforce
- Community leaders with the capacity to bring about change
- Better health outcomes, e.g. reductions in asthma symptoms for children



#### **Ultimate Successes**



