



Health Care Mitigation Grants Program Final Report

Grant Recipient:	LB Memorial Med Ctr dba Miller Children's Hospital LB, LBACA
Contract Number:	HD-7870
Award Amount:	710,660
Date Submitted:	9/29/2016

Total POLB Expenditures:	710,660
Total Number Beneficiaries Served:	13,000+
Please describe how you determined the number of beneficiaries served.	
<p>LBACA maintains case files of all participants enrolled in our Asthma Intervention Home Visitation Program, collecting data from enrollees at baseline and at closing of each case. Additionally, these are used for evaluation purposes. Sign in sheets are maintained for outreach, classes, and community meetings/events.</p>	

Provide a narrative description of the project.
<p>The Long Beach Alliance for Children with Asthma (LBACA) met the goals of the Port of Long Beach Health Care and Senior Facilities Mitigation Program through a healthcare program of education, outreach and direct intervention services for children with asthma and their families. The core components of the program include:</p> <ul style="list-style-type: none"> a) In home case management for children with poorly controlled asthma b) Educational classes and presentations to ensure access to scientifically valid information and resources on asthma for all sectors of the community c) Enhancement of the ability of school and medical personnel to address the needs of children with asthma within Port Zones 1a, 2a and 3a. <p>LBACA's Community Health Worker (CHW) Program and educational outreach efforts target children with the greatest need for asthma intervention services due to their susceptibility to exposure to air pollution, risk of developing the disease based on racial, ethnic or income status and lack of access to quality medical care. The program is designed and in line with recommendations of the National Heart Lung and Blood Institute (NHLBI), which has identified four major components for comprehensive and effective asthma care:</p> <ul style="list-style-type: none"> 1. Measures of Asthma Assessment and Monitoring 2. Education for a partnership in Care 3. Control of Environmental Factors 4. Administration of Long Term and Quick Relief Medications <p>Inherent in the components for the NHLBI are program elements that incorporate screening and diagnosis, monitoring and tracking, education and outreach. LBACA employs a socio-ecological approach to benefit the target population through these components. The approach places the child in the center of efforts to address asthma and expands outwards to encompass the different factors that influence the ability of a child and family to effectively control and manage their</p>

asthma, such as clinical expertise, school and community support.

The goal of the LBACA program is to help children and their families better manage and control their asthma. Screening is based on an assessment by the child's physician. Criteria for enrollment in the program include but are not limited to: poorly controlled asthma, need for environmental remediation, lack of knowledge regarding asthma management and medications, psychosocial barriers to asthma control, the child and family's expressed need for services.

CHWs provide 3-4 home visits to educate families about asthma and medication use, perform home assessments to identify environmental triggers, plan with families to improve a child's asthma, and provide free supplies to minimize triggers. Health Educators provide personal instruction and learning materials in the Family Resource Center. Progress for each child is monitored and tracked utilizing standard and validated survey instruments designed to measure and assess clinical asthma symptoms and control of in-home and environmental asthma triggers.

Regular follow up and communication with each participant's primary health care provider and school nurse is also provided to ensure a transparent and coordinated system of care. In addition, CHWs receive ongoing case management support from a licensed MSW and Nurse Practitioner to address individual issues that arise.

LBACA provides regular education, information and resources to different sectors of the community and families and children who need them most. The content of educational materials and presentations are culturally and linguistically appropriate. Materials are distributed and supplied at various locations in the community to ensure consistent access to scientifically valid and updated information on asthma. Examples of presentations and distribution sites include department meetings for school nurses, childcare and head start centers, community-based clinics, health departments, churches and other faith-based groups, and community based organizations. Effective outreach and dissemination of education on asthma is also facilitated by direct mailings, and organizational website, promotional events and the development of coordinated systems of care and referral.

LBACA also education medical and school personnel who interact with children with asthma and their families on a regular basis. Medical Assistants trainings and Physician Asthma Care Education is provided for CME credits. Each is conducted by a Nurse Practitioner or a Physician.

Outreach in the school environment provides an opportunity for LBACA staff to directly address parent groups, teachers and other administrative personnel with updated asthma information. Trainings also provide support to create an environment free of indoor asthma triggers enabling school communities to take a proactive approach to asthma management.

LBACA employs a community-wide outreach effort to improve asthma management. The program acts as a central referral and outreach source, where participants share knowledge and information with neighbors, friends and the community, which in turn connect to a larger network of community organizations.

Provide a narrative discussion of the actual project results (outputs and outcomes) based on the metrics defined in your workplan. Please describe the methodology used for any quantitative results. Outcomes and outputs may include, but are not limited to:

- Number of filters installed;
- Number of people served;
- Number of educational sessions held;

- Decrease in missed school/work days;
- Decrease in hospitalizations;
- Improvements in quality of life;
- Other

Use additional sheets if necessary.

Project goals:

- 1. Provide educational community meetings about asthma management and resources for children and their families in zones 1a, 2a, and 3a as designated in the guidelines for the Health Care Grant Program:**

Approximately 180 educational community meetings about asthma management and resources were conducted, reaching more than 4,400 children and their families.

- 2. Provide professional education and training on the treatment of pediatric asthma for the following groups:**
 - A. medical office staff, including medical assistants and nurses**
 - B. school personnel, including school nurses, after school caregivers, and teachers**

Twelve 2-hour trainings were provided to Medical Assistants and Nurses, reaching more than the 135 targeted medical office staff. Sixteen classes were conducted for school personnel, reaching the targeted goal of 450 participants.

- 3. Provide in-home asthma education, intervention and case management to children and families.**

Over 1,100 home visits to children and their families were provided by LBACA's Community Health Workers in which education on asthma symptoms, asthma triggers, and in-home asthma controls were provided.

- 4. Provide medical supplies and asthma-control materials to families served through the in-home asthma education program.**

Approximately 600 families received medical supplies and asthma-control materials such as non-toxic cleaning supplies and allergen-free mattress and pillow covers.

- 5. Perform outreach about asthma management and resources to individuals through the following outlets:**
 - A. direct mailings**
 - B. LBACA internet website and linkages**
 - C. in-person outreach at school sites**
 - D. in-person at the Family Resource Center through health educators**
 - E. one collaborative meeting per year with representation from at least three separate agencies/entities to share and disseminate information about pediatric asthma management**

The targeted goal of 8,000 individuals in zones 1a, 2a, and 3a were reached through the

various channels of communication.

6. Purchase office supplies and one laptop computer for off-site presentations and data entry.

One laptop computer was purchased for off-site presentations and data entry.

7. Maintain and deliver to City copies of invoices from equipment and materials purchases, and maintain the following records from community meetings and home visits (redacting client names):

- A. utilization records and/or outreach documentation forms**
- B. meeting agendas and minutes**
- C. evaluation forms from attendees**
- D. media reports and publications**
- E. training and education materials**

Required invoices were submitted and records are maintained from community meetings and home visits.

Evaluation of the LBACA asthma intervention in-home visitation program is carried out through monthly monitoring and quarterly reports. Data are collected from enrollees at baseline and at closing of each case. Progress for each child is monitored and tracked utilizing standard and validated survey instruments designed to measure and assess clinical asthma symptoms and control of in-home and environmental asthma triggers. Metrics include, but are not limited to the following: the child's missed school days, the caregiver's missed work days, the child's hospitalizations and emergency department visits, and asthma wellness visits.

- Nearly 84% of employed caregivers no longer reported missed days of work due to asthma care obligations.
- 71% of clients that reported missing school days at Baseline no longer reported missed school days at the six-month assessment.
- More than 77% of clients reported no additional emergency department visits for asthma care following enrollment in the intervention.
- 97% of clients that reported hospitalizations at Baseline reported no additional hospitalizations due to asthma symptoms following enrollment in the intervention.
- Nearly 91% of clients that did not report asthma wellness visits during the 6 months prior to enrollment reported one or more visits following enrollment.

* For detailed information about LBACA's metrics and outcomes, please refer to quarterly reports and the attached documents.

