Healthy Home, Healthy Child: The Westside Children's Asthma Partnership

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Asthma is the most common chronic condition of childhood, affecting nearly 10 million children in the United States.[1] In some predominately minority Chicago communities, as many as one in four children have asthma as revealed by the Sinai Improving Community Health Survey[2] (www.suhichicago.org for more information). Since 2000, the Sinai Urban Health Institute and Sinai Children's Hospital have been working together to reduce the burden of asthma on the communities that the Sinai Health System serves.

In September 2008, with funding from the Centers for Disease Control and Prevention (CDC), the Sinai Urban Health Institute and Sinai Children's Hospital initiated their latest and most comprehensive initiative: *Healthy Home, Healthy Child: The Westside Children's Asthma Partnership (HHHC).* HHHC focuses exclusively on children with poorly controlled asthma living on the west side of Chicago. At the heart of the HHHC model is a Community Health Educator (CHE), who makes six home visits over the course of a year with the goal of teaching the child and his/her family how to better manage asthma. The home visits focus on improving asthma management by educating the children and caregivers to better manage asthma medically, while also addressing the disproportionate presence of asthma triggers in the home environment. CHEs make referrals to Housing Advocates from the Metropolitan Tenants Organization, *pro bono* attorneys from Health & Disability Advocates, and social workers from the Sinai Community Institute for assistance in addressing issues beyond the CHE's expertise. Participation in the program is intended to supplement the care that the patient receives from their physician; it is not intended to be a substitute. In fact, CHEs work closely with physicians' offices to ensure that patients and their primary care physicians build stronger ongoing relationships.

The program objective is to significantly impact asthma-related measures of morbidity, urgent health resource utilization, and quality of life. Therefore, progress is being monitored towards two primary goals (to decrease asthma-related morbidity and to improve quality of life) and three intermediate goals (to decrease the number of asthma triggers in the home environment, to improve asthma-related knowledge of the child's primary caregiver, and to improve the caregivers' confidence in their ability to properly manage asthma).

Children are eligible if they are between the ages of two and fourteen, reside on the west side of Chicago (zip codes include 60608, 60612, 60623, 60624, 60639, 60644, 60651), and have severe, poorly controlled asthma. Due to project funding, we are only serving English speaking families at this time. Enrollment began in February 2009 and will continue through June 30, 2010. HHHC hopes to help 350 families living on Chicago's Westside to better manage their child's asthma by improving medical management while also reducing the presence of triggers in the home.

We do not know how to prevent children from acquiring asthma, but we do know how to help them control their disease so that they can live full and productive lives. It is hoped the HHHC will help children control their asthma so that it does not control them, and so that all the possibilities of life will be within their reach.

To refer children to the HHHC program or to request additional information please contact Gloria Seals at 773/257-5679 or seag@sinai.org.

REFERENCES

1. Akinbami, LJ. Asthma Prevalence, Health Care Use and Mortality: United States, 2003-05. National Center for Health Statistics. 2007.
2. Whitman S, Williams C, Shah AM. Sinai Health System's Community Health Survey: Report 1. Chicago, Illinois: Sinai Health System. 2004.