Example – Medication management for people with asthma, ages 5 - 64

| ROOT CAUSE AND SYSTEMIC EVALUATION What sequence of events lead to the problem? What conditions allow the problem to occur? What other problems surround the occurrence of the central problem? | | Genetics, family history, socioeconomic status, living conditions/proximity to industry/agriculture can cause asthma. Medication management challenges could be caused by: Socioeconomic status may make it hard to afford medications or take time off work to access services Transportation challenges could cause barriers getting to/from pharmacy or doctor Lack of health literacy or understanding of asthma management and medications Insurance may not provide coverage for necessary treatments | | |
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| PREVENTION | PRIMORDIAL & PRIMARY PREVENTION STRATEGIES (How do we stop this problem from occurring in the first place?) | SECONDARY PREVENTION (What do we do now that this problem exists?) | TERTIARY & QUATERNARY PREVENTION (What long term responses can we take to mitigate and manage this problem and its affects?) | |
| What can your client do? | Be aware and proactive of risks and regular screenings | Manage their medications, be proactive in scheduling care or follow-up appointments with PCP. Create and follow an action plan to manage medications | Take medication as prescribed and follow recommendations by health care providers | |
| What can CBOs and other non- clinical partners do? | Provide education or services to assist with asthma screening and medication management/subsidy | Assist with appointment scheduling, transportation, costs of medications, provide follow-up and monitor | Care coordination services across service providers. Partner with school districts | |
| What can clinical partners do? | Screen clients – provide outreach to areas with high populations of agricultural workers. Partner with education and community services to help inform and raise awareness. Make sure resources and information is accessible and multi-lingual | Assist with appointment scheduling, transportation, costs of medications, provide follow-up and monitor; consider mobile services or outreach. Partner with education and community services to help inform and raise awareness | Use network of care to help align other allies in monitoring, progress, and management of client's asthma medications. | |
| What opportunities for Partnership or Collaboration exist to support these strategies? | Schools; community-centers; national campaigns (e.g. American Lung Association); MCOs | " + childcare services; elderly services; transportation services; partner with companies to provide respirators for those who work in agriculture (e.g. like for fire response) | u . | |
| What outside funding opportunities exist to support these strategies? | Grants or foundations – especially health-focused; MCO funding and policies for treatment & medication for all clients with asthma | u . | u | |
| Which of the goals identified during the March 2018 meeting align with these strategies? | Strengthen connections between orgs; improve resources for clients; strengthen linkages between transportation and healthcare; provide appropriate coverage for all clients | u | u . | |

| PREVENTATIVE STRATEGIES & PARTNERSHIP OPPORTUNITIES FOR: (WRITE METRIC BELOW) | | | | | | |
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| ROOT CAUSE AND SYSTEMIC EVALUATION What sequence of events lead to the problem? What conditions allow the problem to occur? What other problems surround the occurrence of the central problem? | | | | | | |
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| What can your client do? | | | | | | |
| What can CBOs and other non- clinical partners do? | | | | | | |
| What can clinical partners do? | | | | | | |
| What opportunities for Partnership or Collaboration exist to support these strategies? | | | | | | |
| What outside funding opportunities exist to support these strategies? | | | | | | |
| Which of the goals identified during the March 2018 meeting align with these strategies? | | | | | | |