



San Antonio Kids Building Relationships, Effective ASTHMA Teaching in Home Environments

Program Overview for Health Care Providers

Goals:

The goals of the SA Kids BREATHE (SAKB) program are to help high risk children between the ages of 3 and 17 diagnosed with asthma in the City of San Antonio and their families by providing home interventions designed to reduce asthma triggers, including environmental hazards, assist with social disparities of health that are worsening symptoms, and connect participants with health care providers and the school.

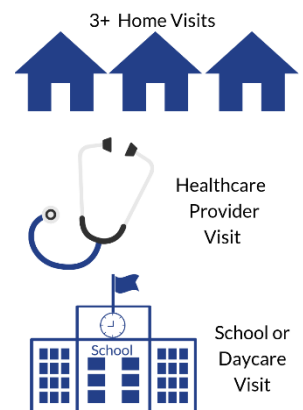
SAKB Eligibility

- Ages 3-17 at time of referral
- Resides within the City of San Antonio at time of referral
- **At least one of these criteria:**
 - 1 hospital admission or inpatient observation stay for primary asthma diagnosis and uncontrolled asthma (more than 2 days per week and/or more than 2 nights per month for greater than 2 months with asthma symptoms) within past 12 months
 - 2 or more unscheduled emergency department, urgent care, or acute care visits for asthma exacerbation within past 12 months
 - 2 or more separate episodes of at least 2 unscheduled school treatment visits for asthma symptoms per week (loss of classroom instruction time) or
 - Chronic absenteeism for asthma (more than or equal to 10% of school days missed) within past 12 months

Services Provided:

Community Health Workers (CHW) provide 5-6 visits with a family over a 6-month period to improve asthma control in coordination with the health care provider and the school; they continue to work with the family over the next 6 months. They are under the guidance of a respiratory therapist with asthma educator certification.

- **Home:** provide asthma education over the course of 3-4 visits with MDI training, addressing health literacy, home environment and social determinant evaluation.
- **HCP:** collaborate and communicate with the HCP team to discuss findings, review Asthma Action Plan and any identified barriers.
- **School/Daycare:** collaborate and communicate with the nurse or teacher to review Asthma Action Plan and any identified barriers.



How to Refer to our Program:

Please fax the HCP REFERRAL FORM on the back to our offices:

210-207-9757 Secure FAX

For questions and additional information, please call our program team:

210-207-7282 PHONE



Health Care Provider - REFERRAL FORM

Send to our secure Fax: 210-207-9757

Date of Referral

Patient Information:

Full Name:

Date of Birth: (Ages 3 – 17 are eligible)

Insurance Provider: (as applicable)

Primary Caregiver / Legal Guardian Information:

Full Name:

Phone Number:

Home Address: (eligible if in City of San Antonio)

Are the caregivers aware of this referral? (Check the applicable box) ☐ Yes ☐ No

Health Care Provider (HCP) Information:

Name of HCP Referring:

HCP or Clinic Contact Person:

HCP or Clinic Name:

HCP or Clinic Phone Number:

HCP or Clinic Fax Number:

Reason for Referral (Please check off at least one that applies):

- ☐ 1 hospital admission or inpatient observation stay for primary asthma diagnosis and uncontrolled asthma (more than 2 days per week and/or more than 2 nights per month for greater than 2 months with asthma symptoms) within past 12 months

Date(s) of hospitalization: _____

- ☐ 2 or more unscheduled emergency department, urgent care, or acute care visits for asthma exacerbation within past 12 months

Date(s) of emergent/ urgent / acute visits: _____

- ☐ 2 or more separate episodes of at least 2 unscheduled school treatment visits for asthma symptoms per week (loss of classroom instruction time) or

- ☐ Chronic Absenteeism for Asthma (more than or equal to 10% of school days missed) within past 12 months