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## Adult Educators and Asthma Health Educators in Community Settings: Buddies or Foes?

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### Recommended Citation

Amenyah, Augustine M. (2013). "Adult Educators and Asthma Health Educators in Community Settings: Buddies or Foes?," *Adult Education Research Conference*. <https://newprairiepress.org/aerc/2013/roundtables/3>

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## **Title: Adult Educators and Asthma Health Educators in Community Settings: Buddies or Foes?**

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**Abstract:** Asthma prevalence continues to increase across the United States of America, affecting 24.6 million people and projected to affect over 40 million people by 2025 ( Healthy People, 2010). Healthcare use for asthma is high and disparities remain in asthma healthcare use and reimbursement. The most recommended asthma management is control of symptoms and prevention of adverse outcomes (NHLBI, 2003, EPR-3, 2007; AAPCEH, 2003).

In community settings, asthma education and prevention has been problematic due to current reimbursement mechanisms that do not go far enough in assisting low-income communities manage their asthma medically nor have uniform standards for billable services associated with asthma management provided by adult educators, healthcare professionals and public health workers. Community adult educators and asthma health educators appear to be fighting for the same apple but with different weapons. Are adult educators and asthma health educators' buddies or foes with respect to assisting community groups in minority communities fight asthma and other chronic diseases? Do their strategies complement one another or do they oppose one another? This symposium examines recent actions in a suburban community. Implications for adult community learning and health education are examined through the lenses of andragogy, social-cultural framework and health disparities research. This roundtable discussion seeks answers to ongoing discord between adult educators and public health educators in community settings.

The role of reimbursement for medical services is critical to managing asthma and impacts access to health care services, however, minority communities still struggle to enroll in Medicaid and SCHIP. Healthcare facilities that accept Medicaid and Peachcare for Kids insurance are not aware that asthma education services provided in their facilities are billable (NAEP, 2007). It appears that PeachCare for Kids/SCHIP may not be the solution that children who have asthma and require health insurance coverage. Perhaps, a more comprehensive system that does not stigmatize the poor into one state or federal insurance system is needed. This new system would provide care irrespective of income, disease condition, and be appropriately reimbursed by both private, federal and state government payers.

From an ecological perspective of disease management, community health workers are not only a resource that communicates effectively with the communities they serve, but they are seen as insiders<sup>cc</sup> and trusted with health information and an important link between health programs and the communities they serve. They assist in disease management and are catalysts for health behavior change in communities. The medical community and public health should embrace what they do in health management. Public health workforce can rely on community health workers to reach difficult to reach communities to initiate preventive education in chronic disease management. As noted earlier, numerous studies have shown that community health workers play an important role in the management of asthma especially in racial and ethnic minority urban areas. The cost associated with their services as noted is manageable and this further underscores the importance of relying on community health workers instead of other health professionals that may be too expensive in the current economic climate and or the needed community attachment for carrying out health promotion in community settings. There should be a

policy shift to address the wider use of community health workers in disease management in terms of education and training, uniform state and national certification, and remuneration. The state of California offers a model for the work of community health workers in disease management and asthma and I recommend that asthma policy makers in Georgia, insurance payers, and all stakeholders interested in reducing the burden of asthma take a critical look at what has been achieved in California.

#### Conclusion

Are adult educators and community health workers buddies or foes? It depends on the community and the stakeholders interested in funding community asthma programs. My experience points to many situations where they are foes because they seek funding resources from the same stakeholders. Asthma is a chronic disease that requires multiple approaches to prevention and exacerbation. Current approaches to asthma management that incorporate recommended EPR-3 (2007) recommendations still hold promise. However, a comprehensive state policy on asthma management that delineates reimbursement mechanisms for asthma self-education, environmental trigger avoidance, carried out by community health workers is needed. A comprehensive asthma reimbursement system would assist providers and payers better serve people who suffer from asthma. Asthma reimbursement practices of Massachusetts, Minnesota and New York could serve as models for Georgia asthma organizations, the public health community and stakeholders as they debate the issue of asthma reimbursement in community settings. environmental trigger avoidance, carried out by community health workers is needed. A comprehensive asthma reimbursement system would assist providers and payers better serve people who suffer from asthma. Asthma reimbursement practices of Massachusetts, Minnesota and New York could serve as models for Georgia asthma organizations, the public health community and stakeholders as they debate the issue of asthma reimbursement in community settings.

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