



Use of Lay Health Educators to Improve Asthma Management Among African American Children:

Findings from a Pilot Study in Chicago

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Outline

Background

- Use of Lay Health Educators to Improve Asthma Management Among African American Children (PAI-2)
- Recommendations



Epidemiology of Asthma

- 9 million children (12% of children <18 yrs) in the U.S. have asthma (NHIS 2004)
- Inner-city, minority children experience a disproportionate asthma burden
 - Prevalence approaches I in 4
 - Many rely primarily on ED for asthma care
- In 2003, IL spent \$800 million providing medical care to Medicaid-insured persons with asthma
 - More than a quarter of that was related to inpatient hospitalizations (\$225 million)



Use of Lay Health Educators to Improve Asthma Management Among African American Children (PAI-2)

Funded by the Illinois Department of Public Health

November 2004 – August 2006



PAI-2: Overview

- Instigated by the findings of the Improving Community Health Survey
- Goal: to improve asthma management among innercity African American children with severe asthma and thereby: (I) decrease asthma-related morbidity and (2) improve quality of life.
- Pilot grant from IDPH
 - Builds on experiences with a prior Pediatric Asthma Intervention (PAI)

(Findings published in Journal of Asthma 2007;44: 39-44)



PAI-2: Overview (cont.)

- Utilizes Lay Health Educators (LHE) from the Community to teach children and their families how to more effectively manage asthma
 - a.k.a. Community Health Workers, Peer Educators, etc.
 - Home visits
- 2 part time LHEs hired



PAI-2: The Intervention

- Education is tailored to family's unique needs, and is provided in the family's home whenever possible
- LHE meet with families 3-4 times over 6 month period
- LHE also serves as a <u>liaison</u> between the family and the medical system



PAI-2: The Intervention (cont.)

Home Visit –

Topics covered:

- What is asthma?
- Recognizing symptoms of asthma attack
- What to do during an asthma attack
- Medications quick-relief vs. long term controller
- How to properly use medications and devices
- Trigger identification and avoidance
 - Passive cigarette smoke



PAI-2: Participants

- African American children (2-16 yrs) w/ prior diagnosis of asthma
 - Symptoms for at least I year pre-enrollment
- One of following <u>eligibility criteria</u>:
 - Hospitalized for asthma during the past 12 months
 - Visited ED for asthma during the past 12 months
 - Asthma symptoms indicative of at least moderate persistent asthma
- Had <u>not</u> participated in another comprehensive asthma education program in past year



PAI-2: Participants (cont.)

- Recruited primarily through Sinai's ED and inpatient units
- Physician referrals of children with severe asthma symptoms (moderate persistent asthma)
- LHEs contact primary caregiver of child to assess eligibility and interest
 - Ideally contacted w/in one week of ED visit or hospitalization
- 70 children enrolled 11/15/2004-7/13/2005



PAI-2: Participant Demographics (n=70)

- 57% male
- 100% African American
- Average Age = 7.3 years
- 96% Medicaid Insured
- 31% of CGs had < HS education, 39% HS graduates, 29% some college/vocational
- CGs predominantly mothers (64/70)



PAI-2: Baseline Data – Health Resource Utilization

- Enrolled participants had a history of frequent urgent health care utilization
- In the year prior to the intervention, the average child had:
 - 3.1 ED visits
 - 0.7 hospitalization
 - 2.7 visits to a doctor for worsening symptoms
 - Been to the ED, hospitalized, or to a doctor for worsening asthma symptoms 6.5 times



PAI-2: Baseline Data

- 90% of children had asthma that is poorly controlled per NHLBI standards
- 54% of children lived with a smoker
- Substantial confusion over medications and their proper use



PAI-2: Findings

- 58/70 (82.9% of enrolled) completed the 6 month intervention phase
- 50/70 (71.4% of enrolled) completed the 12 month follow-up
- Findings presented based on these 50 children

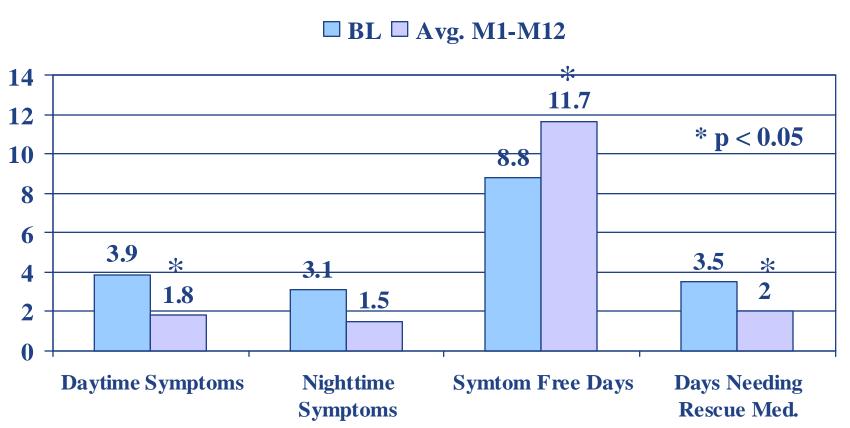


PAI-2: Findings (cont.)

- Primary Goal I: Decrease asthma-related morbidity
 - Decrease the frequency and severity of asthma symptoms and exacerbations
 - Decrease urgent health resource utilization

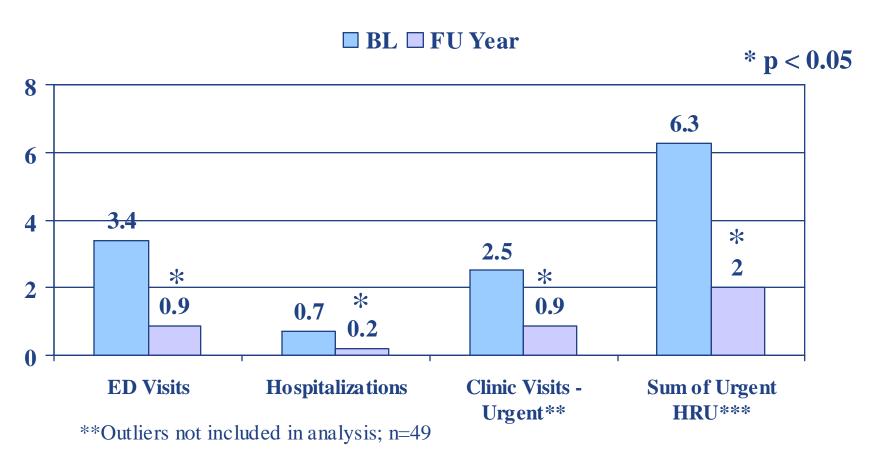


PAI-2: Symptom Frequency (past 2 wks) - BL vs. Average Over FU Period





PAI-2: Asthma Health Resource Utilization - BL vs. FU Year



***Sum of Hosp., ED and Urgent Clinic visits. Outliers not included in analysis; n=49



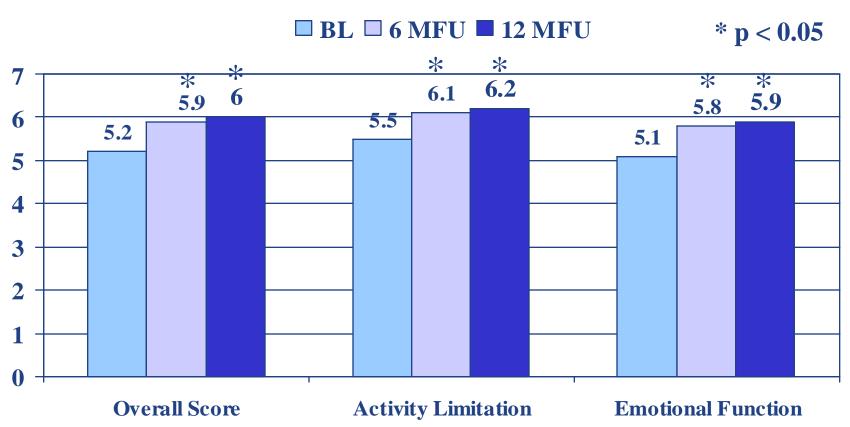
PAI-2: Findings (cont.)

- Primary Goal 2: Improve Quality of Life
 - Pediatric Asthma Caregiver's Quality of Life¹
 - BL, 6M, 12M

1. Juniper EF, et al. Quality of Life Research 1996; 5: 27-34.



PAI-2: Quality Of Life Scores – BL vs. 6 Month FU and 12 Month FU





PAI-2: Findings (cont.) – Secondary Goals

Goal	M6	MI2
Improve asthma-related knowledge of primary caregiver	V	V
Improve confidence of primary caregiver to manage asthma		V
Decrease exposure to triggers, especially cigarette smoke	V	V
Increase proportion of children with Asthma Action Plan	V	NA
Improve medication technique	V	NA



PAI-2: Limitations

- Pilot Study
 - No control group, no randomization, small sample size
- Very specific target population
- Majority of data collected via self-report
 - Recall bias, Social Desirability bias, etc.



PAI-2: Conclusions

 Individualized, one-on-one, asthma education provided by a trained, culturally competent,
 LHE in the home environment may prove an effective means of educating children with poorly controlled asthma and their families to better manage asthma



PAI-2: Conclusions (cont.)

- Pilot study provides evidence of improved asthma outcomes, quality of life and asthmarelated knowledge, and decreased exposure to triggers among families participating in the intervention
- Intervention likely cost effective (work in progress)



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Recommendations

- Randomized Controlled Trial
- Expand model to other populations
 - Controlling Pediatric Asthma through
 Collaboration and Education (CPATCE)
- Test long-term effectiveness
- Continue to evaluate and publish findings on the effectiveness of LHE programs
- Funding/Reimbursement for LHE programs



Project Team

- Steve Whitman Principal Investigator
- Helen Margellos-Anast Project Director
- Gloria Seals Health Education Coordinator
- DeShuna Dickens Asthma Education Coordinator
- Melissa Gutierrez Evaluation Coordinator
- Jeanette Avila Research Assistant
- Sheena Freeman Research Assistant
- Ana Rosa Garcia, Yolanda Curtis and MiCrystal Smith Lay Health Educators
- Deepak Jajoo Co-Investigator/Medical Advisor, Pediatric Pulmonologist



For more information on SUHI http://www.SUHIChicago.org

For more information on Sinai Children's Hospital

http://www.sinaichildrenshospital.org/