

Climbing Up the Family Tree:

Reaching women for asthma self-management support via pediatric asthma services

Mary R. Janevic, PhD, MPH¹, Genevieve Birkby, MPH, Adriana Díaz-Mariñelarena, MPH, Elena Kaltsas, MA, Megan Jensen, Lara J. Thomas, MPH¹, Randall Brown, MD, MPH¹

¹Center for Managing Chronic Disease, University of Michigan School of Public Health, Ann Arbor, MI, United States

Background/Significance

Adult women have higher asthma prevalence and morbidity than men.¹ Most existing asthma-education programs are directed at pediatric asthma.² Asthma tends to cluster in families.³ Therefore one potential route to identifying women who need asthma-management support is via asthma programs for their children.

Study Objective

In evaluating the multi-site dissemination of the evidence-based “Women Breathe Free” (WBF) program into practice settings, we explored ways partnering organizations with a predominantly pediatric focus integrated asthma education for women into their services.



Methods

Intervention | Women Breathe Free is a four-session individually-tailored asthma telephone coaching program that has been shown to improve asthma symptoms in women.⁴ WBF meets the unique needs of women with asthma by addressing sex- and gender-specific factors that influence management of their condition.

Data sources and analysis | We analyzed qualitative data from key informant interviews and notes from technical assistance calls with staff from implementing organizations. We coded strategies, benefits, and challenges related to integrating WBF into asthma education delivery models that primarily serve pediatric patients.

Results

Partner strategies

- **Boston Public Health Commission** recruited WBF participants from a list of children who had been enrolled in the Healthy Homes program, where it was noted that the mother also had asthma.
- **Partners Health Clinic/Brigham and Women’s Hospital** worked with some families where both mothers and child(ren) had asthma, and delivered WBF to the mothers.
- **Asthma Network of West Michigan** incorporated elements of WBF in home visit programs in a low-income community that mostly served children; program is available to adults and children.
- **Asthma and Allergy Network:** WBF is offered by asthma educators who staff a hotline frequently used by mothers of children with asthma. Had asthma coloring books to send to children of women participating in WBF.

Benefits:

- Trickle-down effects of educating the mother about her illness on the child’s asthma, and vice-versa.
- Overlap in asthma-education content for children and adults.
- Common home environment; sometimes mother and child have common triggers.
- Allows getting to know the whole family—if child is client first, already have an established relationship.

Challenges:

- When recruiting from pediatric patient list, mothers not always interested in program.
- Mothers tend to be more focused on their children’s health than their own health.

Conclusions/Practice Implications

- Child-focused programs may be one important avenue to reach women with chronic disease education and support to manage their own health.
- Future family-level asthma interventions that have specific content for both mothers with asthma and children should be developed and tested.



Strategies	<p>“Let’s say you go see a new client and you see the kid and you know the mom has asthma, and you are now doing your home visits for the kid and you’re doing WBF for the mom.” –Boston Public Health Commission</p> <p>“I know she will be one of those that I’ll see in clinic, and guess what, we’ll have a WBF session there. Because she has to come to clinic with her daughter, and while her daughter is in here I’ll have a conversation.” –Partners Health Clinic</p>
Benefits	<p>“We also realized when we looked at how many of the mothers of our children have asthma, literally 50% had indicated they had asthma.” –Boston Public Health Commission</p> <p>“(Asthma education) is actually the same though, because the only difference is around her menstruation, that’s the only difference. We still teach triggers and medications, early warning signs, how to clean your spacer and MDI jackets.” –Asthma Network of West Michigan</p> <p>“(Moms of kids) with asthma are always managing their child’s asthma. With this program they realize that first and foremost they need to manage their own (asthma) first.” –Allergy and Asthma Network</p>
Barriers	<p>“(We would have to) sell them the program, ‘Hey this is going to help your kid, too’, because mothers don’t think very much about themselves sometimes.” –Asthma and Allergy Network</p>

Table: Example quotations regarding integrating asthma care for women into pediatric-focused services and programs

References

1. Schiller, J.S., et al., *Summary health statistics for U.S. adults: National Health Interview Survey, 2010*. Vital and health statistics.Series 10, Data from the National Health Survey, 2012. (252)(252): p. 1-207.
2. Center for Managing Chronic Disease, *Asthma Programs with an Environmental Component: A Review of the Field and Lessons for Success*. Asthma Health Outcomes Project (AHOP), 2007. Report: p. 1-237
3. Burke, W., et al., *Family history as a predictor of asthma risk*. Am J Prev Med, 2003. 24(2): p. 160-9.
4. Clark, N.M., et al., *A randomized trial of a self-regulation intervention for women with asthma*. Chest, 2007. 132(1): p. 88-97.

Acknowledgements

The Accelerating Impact/Women Breathe Free project is funded by a grant to the University of Michigan Center for Managing Chronic Disease from the JPB Foundation, New York City. We would like to extend our gratitude to the dedicated, resourceful, and insightful staff members of the organizations that offered *Women Breathe Free* as part of this dissemination project.

