PROJECT INFORMATION

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Comparing Programs to Improve Asthma Control and Quality of Life for Latino Youth Living in Rural Areas and Their Caregivers -- The Respira Sano Study

Principal investigator

John P. Elder, PhD, MPH

Organization

San Diego State University Research Foundation

What was the research about?

Asthma is a common illness that makes it hard to breathe. When children's asthma is not well controlled, they may need to miss school or limit their daily activities in other ways. Latino children are more likely to have asthma than are non-Latino White children.

Families who live in rural areas often don't have access to care to help children control their asthma. In this study, the research team created and tested three programs for Latino children living in rural areas:

- A **community program** with a countywide media campaign about asthma. The program also tested air quality in schools and held a public meeting about clean air and health.
- A **family program** with community health workers who talked with families at their homes or by phone. They spoke English or Spanish. Families also received learning materials, a device to test children's breathing, and asthma-safe cleaning supplies.
- A **clinic program** with asthma educators and case managers who helped patients manage asthma. Clinic staff also received training on asthma care and a new way to keep health records.

The research team compared children in four study groups:

- Community program only
- Community program plus family program
- Community program plus clinic program
- Community program plus family and clinic programs

What were the results?

Children in the community program only, the family program, or the family and clinic program didn't differ in asthma symptoms, unplanned doctor visits, emergency room visits for asthma, or quality of life related to asthma.

Children in the clinic program—with or without the family program—had fewer unplanned doctor visits than those who weren't in the clinic program.

Who was in the study?

The study included 400 Latino children ages 6–17 with asthma living in a rural area on the border of California and Mexico. The average age of children was 11, and 59 percent were boys. The average age of caregivers was 39, and 95 percent were women.

What did the research team do?

The research team assigned children by chance to receive the family program or not. Children received the clinic program if they were patients at one of three study clinics offering the program. Those receiving care at the other 12 clinics in the study didn't receive the clinic program. All children had access to the community program.

Caregivers and children at least nine years old completed surveys at the start of the study and again one year later. The research team compared the programs after one year.

Children, caregivers, and community members gave input on the study.

What were the limits of the study?

The research team didn't assign children by chance to the clinic program. As a result, the team can't say for sure if the changes in unplanned doctor visits were because of the clinic program.

Future research could assign children by chance to receive the clinic program to learn whether results are because of the program.

How can people use the results?

Communities and clinics can refer to these methods and results when considering ways to improve asthma control for Latino children.

To learn more about this project, visit www.pcori.org/Elder033.