

Comparing Enhanced Clinical Care with and without Home Visits to Help African-American Adults Manage Asthma -- The HIITBAC Study

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What was the research about?

Asthma is a health problem that can make it hard to breathe. In Harris County, Texas, African-American adults with asthma die at twice the rate of white adults with asthma. Reducing asthma triggers at home, such as dust and chemical odors, can help patients manage asthma symptoms.

In this study, the research team wanted to learn if enhanced care with or without home visits helped African-American patients manage their asthma. Enhanced care included a doctor's visit at a clinic to test for allergies, information on asthma triggers, and an asthma care plan. For patients who had home visits, a home visit team checked for asthma triggers. Then this team created a specific plan to improve asthma control, such as use of special pillow covers or safer pest control products. The research team compared patients who had home visits with those who didn't have them.

What were the results?

After one year, patients with home visits had a greater reduction in emergency room, or ER, trips than patients without home visits. Patients with and without home visits didn't differ in asthma control, quality of life, number of symptom-free days, or hospital stays for asthma.

Compared with the start of the study, after one year, patients with and without home visits

- Had improved asthma control and quality of life and more symptom-free days
- Were less likely to have ER visits or be hospitalized for asthma

Who was in the study?

The study included 263 African-American adults who had poorly controlled asthma. All lived in Harris County, which includes most of Houston. The average age was 50, and 75 percent were women.

What did the research team do?

The research team assigned patients to one of two groups by chance. Patients in both groups received enhanced clinical care. Patients in one group also received five home visits. The home visit team included an environmental home assessor, a nurse practitioner, and a community health worker, or CHW. The CHWs worked with the patients to implement the individual asthma control plan developed based on the first home visit. Patients who had home visits also received information about how to manage their asthma.

Patients completed surveys when they joined the study and again 6 and 12 months later.

Patients with asthma, a social worker, a doctor, and advocacy groups gave input during the study.

What were the limits of the study?

Fewer patients with home visits completed the study than patients without home visits. Results may have differed if more patients with home visits had completed the study. The study didn't look at how well enhanced clinical care worked compared with usual asthma care. As a result, the team doesn't know if the

changes were because of enhanced clinical care or something else.

Future research could continue to look at ways to help African-American adults manage their asthma.

How can people use the results?

Clinics can use these results when considering ways to help African-American patients manage asthma.

To learn more about this project, visit www.pcori.org/Hamilton310.