PROJECT INFORMATION

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Examining Home Visits from Community Health Workers to Help Patients Manage Asthma Symptoms

Principal investigator

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Organization

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What was the research about?

Asthma is a health problem that can make it hard for people to breathe. People who have low incomes and who are African American or Hispanic are more likely to have asthma than other adults. Removing or reducing things that can trigger asthma symptoms at patients' homes, like pollen or dust, can help control symptoms.

In this study, the research team wanted to learn if home visits helped patients manage asthma. The team compared patients who received home visits from a community health worker, or CHW, with patients who didn't receive home visits. CHWs teach patients about health and link patients with health and social services in their community.

What were the results?

Compared with patients who didn't receive home visits, patients who did had

- More days without asthma symptoms
- Fewer nights when they woke up because of asthma
- Fewer missed work or school days

Patients who did or didn't receive home visits were similar in

- How well they were able to manage their asthma symptoms

- How asthma affected their quality of life
- The number of unplanned clinic visits
- The amount of asthma medicines patients took

Who was in the study?

The study included 551 patients with asthma that was not well controlled or very poorly controlled. Patients received care at one of 13 clinics. Of these patients, 63 percent were female. Also, 34 percent were black, 23 percent were white, and 15 percent were other races; 28 percent were Hispanic. Patients were ages 5–75; 53 percent were over age 18. All patients lived in King County, Washington, and had Medicaid insurance.

What did the research team do?

The research team assigned patients by chance to get home visits or not. During home visits, patients learned about asthma and created a plan to manage it. Patients also learned to remove things in their homes that might cause asthma symptoms. After their first home visit, patients received visits again 2, 6, and 14 weeks later. Home visits were in English, Spanish, or Somali.

At study start and one year later, patients completed a survey about their symptoms and how asthma affected their life.

During the study, the research team also explored ways to improve asthma care in clinics. For improved

asthma care, the team gave staff extra training about current, recommended asthma care. When the team compared patients who did and didn't receive home visits, they took into account whether their clinic provided usual or improved asthma care.

Patients with asthma, asthma doctors, and clinic staff gave input during the study.

What were the limits of the study?

Asthma symptoms can vary based on the season. Some patients had their final study visit in a different season than their first visit, which may have affected

their results. CHWs in this study had many years of experience providing home visits; CHWs with less experience may not have the same results.

Future research could look at more ways to support the asthma care that patients receive in clinics.

How can people use the results?

Clinics can use the results when considering ways to help patients improve asthma control.

To learn more about this project, visit www.pcori.org/Stout035.