

Implementing the Reach for Control Intervention for Youth with Asthma: Exploring Caregivers' Impressions

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Introduction

The Challenge:

- Adolescents with asthma are at increased risk for poor illness management compared to younger children leading to frequent emergency department visits or hospitalizations.
- Inner-city Black adolescents are at the highest risk for functional morbidities and mortality related to asthma

The Gap:

- ❖ Lack of clinical research trials targeting asthma management in Black adolescents with poorly controlled asthma
- Current studies on the population have methodological limitations and or limited effects on objective health outcomes

The Solution:

- Reach for Control (RFC)
- Home-based, family intervention
- Transitioned to virtual delivery in Summer 2020
- ❖ Bi-weekly sessions over six months
- Delivered by community health workers (CHWs) from Kids Health Connection
- **❖** Focuses on improving asthma management among Black youth with ≥2 ED visits
- Targets individual, family and community system causes of poor adolescent asthma management

Objective

To explore caregivers' impressions of and feedback on RFC, including delivery approach, location and content.

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Methods

Participants:

Caregivers (N=45) enrolled in a randomized clinical trial testing the effectiveness of RFC

Measurement:

- Semi-structured qualitative interviews
 - Combination of open- and closed-ended questions
 - Conducted by trained research assistants
 - Audio-taped and professionally transcribed

Data Analysis:

- Conventional content analysis
- Two coders

Reach

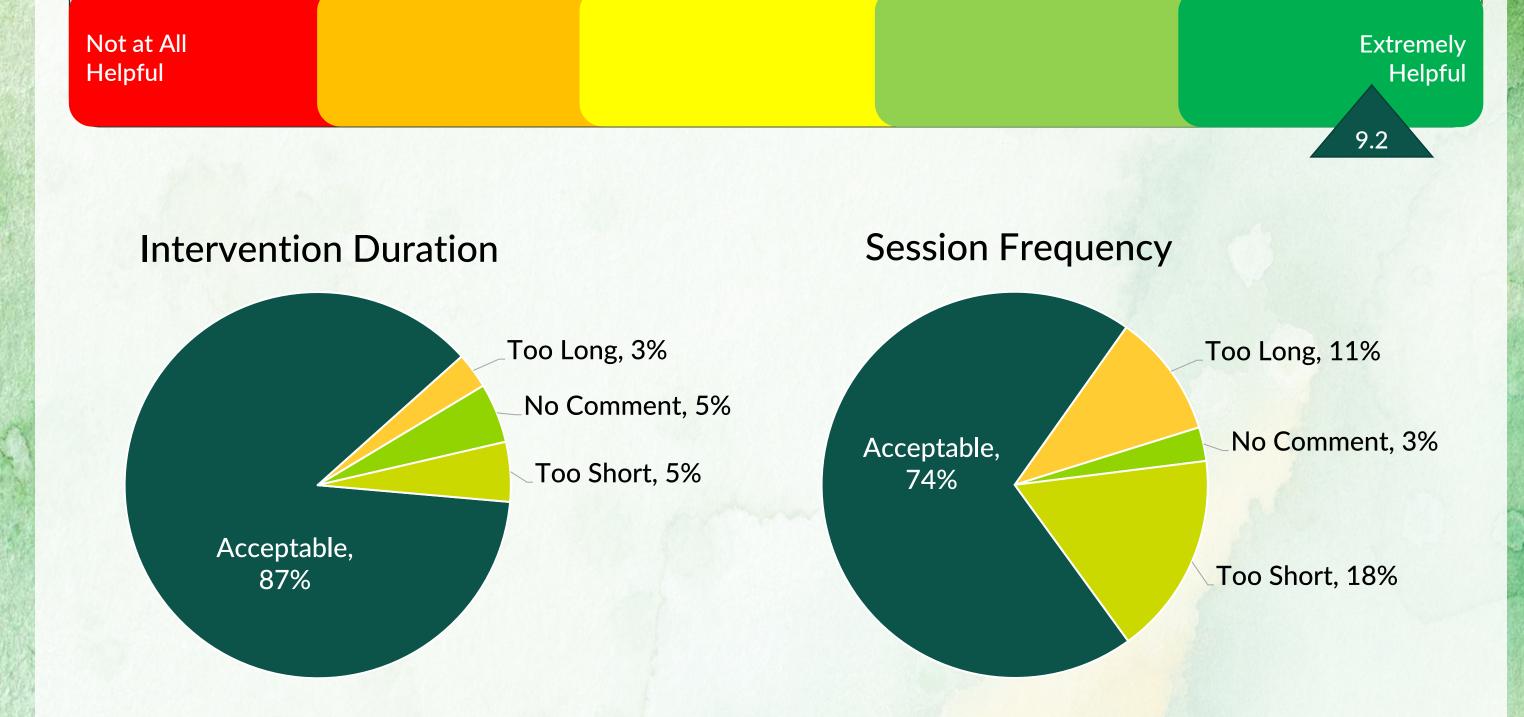
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Consensus coding

Results

Caregiver Feedback on the Intervention

Overall Helpfulness of the RFC Program



Most Helpful Sessions

- 42% School Action Plan
- 24% Asthma Education
- 8% Communicating with the Healthcare Provider
- 5% Medication Education

Least Helpful Sessions

- 11% School Action Plan
- 5% Communicating with the Healthcare Provider
- 3% Housing

Results

"Every week after our session, she would ask if I

had questions, and I hardly had any questions

because she had already answered them."

"I worked and he played basketball, so our

Saturday session were very convenient."

"She was checking in on us, making sure we were okay."

Especially once my dad died and then my grandma

died, she was very diligent on checking on our

thoughts. That wasn't about the asthma, per se, it was

just a consideration that I was grateful for.'

"Well, the other part, I just wanted to know if they had

groups where kids her age can communicate with each

other. That might help her better too."

Themes

Intervention Content

- Interesting
- Informative
- Comprehensive
- Most valued content Demonstrations of asthma care skills
- Written materials
- Asthma knowledge and skills
- Addressing environmental triggers
- Communication skills

Intervention Delivery & Logistics

- Home-based location
 - Convenient
 - Comfortable
- More personal experience
- Saved time and money
- Attendance Barriers
- Expected (vacations, work, school) and unexpected life events (deaths)
- Interruptions and distractions in the home

Agency & CHW Feedback

- CHW source of
- Emotional support
- Asthma knowledge and understanding
- CHW engaged entire family in treatment

Suggestions for Improvement

- Content Areas
- **Emotional coping** Social support around asthma
- Fitness education
- CHW/Agency
- Scheduling challenges
- CHW reliability

Conclusion

- Overall, caregivers found the program helpful and valuable for improving asthma management.
- Caregivers valued RFC's educational content, at-home session delivery, and engagement with the CHWs.

Public Health Considerations

- Home-based delivery facilitates attendance and eliminates participation barriers increasing reach.
- CHWs increased caregivers' engagement in care supporting their effectiveness as an intervention agent.