

**Title of Intervention:** Wee Wheezers at Home

**Website:** <http://www.aafa.org/display.cfm?id=4&sub=79&cont=434>

**Intervention Strategies:** Individual Education

**Purpose of the Intervention:** To improve the quality of life for children with asthma and their families

**Population:** Low-income African American children with asthma and their families

**Setting:** Households in urban Atlanta, GA; home-based

**Partners:** Georgia State University, Emory University School of Medicine, Grady Memorial Hospital, Palo Alto Medical Research Foundation

**Intervention Description:**

- Individual Education: The intervention families received Wee Wheezers at Home, an adaptation of the Wee Wheezers program. The program was tailored to a low-literacy level for children and culturally appropriate. The program was distributed over eight sessions. The program consists of eight 90-minute educational sessions, provided at weekly intervals. Home visitors were encouraged to adapt their teaching strategies to the specific needs of the families and to teach the caregiver and the child together with the use of developmentally appropriate educational activities. Others present in the household at the time of the visit are also invited to participate. At the end of each session, home visitors assessed the children's and parents' understanding of material covered that day. The caregivers' responses were used to guide the instruction in subsequent sessions. Families received printed materials and homework at each session and videotapes at some sessions.

**Theory:** Not mentioned

**Resources Required:**

- Staff/Volunteers: Home visitors
- Training: Home visitors received training in Wee Wheezers at Home program
- Technology: Not mentioned
- Space: Room in home to conduct program
- Budget: Not mentioned
- Intervention: Wee Wheezers program curriculum, assessment forms
- Evaluation: Questionnaire, access to medical records

**Evaluation:**

- Design: Randomized Controlled Trial
- Methods and Measures:
  - Pediatric Asthma Caregiver's Quality of Life Questionnaire: Caregiver asthma management practices were assessed: 1) adherence to the prescribed medical regimen for asthma on the previous day; 2) administration of asthma medication promptly with the signs of an upper respiratory infection; 3) identification of coughing, stuffy or runny nose; 4) caregiver report of the frequency of 16 symptom management and prevention practices; 5) whether a household member smokes tobacco; 6) problems with mildew and 7) problems with cockroaches.
  - Medical records were assessed for hospital visits and treatment.
  - Demographic data was obtained to rate the severity of asthma implied by the medication regimen that was documented in the child's medical record.
  - Asthma morbidity was assessed with three measures: a rating of how much children were bothered by asthma symptoms, the number of symptom-free days and the number of medical visits for acute asthma exacerbations.

**Outcomes:**

- Short Term Impact: Not measured

- Long Term Impact: For children 1-3 years, caregivers reported that treatment children were less bothered by asthma symptoms and experienced more symptom-free days. The number of acute asthma visits was not significantly different.

**Maintenance:** Not mentioned

**Lessons Learned:** The results suggest that a home-based asthma education program may be effective in decreasing asthma morbidity and improving caregivers' quality of life for low-income families with very young children with asthma.

**Citation(s):**

Brown, J. V., R. Bakeman, et al. (2002). "Home-based asthma education of young low-income children and their families." *J Pediatr Psychol* 27(8): 677-88.