

Title of Intervention: Parent and Child Asthma Education

Intervention Strategies: Group Education, Supportive Relationships

Purpose of the Intervention: To increase knowledge of asthma and improve self-management

Population: Children with asthma who spoke either English or Spanish

Setting: Pediatric Allergy Clinics of St. Luke's Roosevelt and Presbyterian Hospitals in New York City; health care facility-based

Partners: Hospital administrators and staff

Intervention Description:

- Group Education: Educational sessions were held weekly in the clinics. The topics discussed included medication usage, activity restrictions, what to do if an attack comes at home, how to communicate with the doctor, how to stay healthy and how to handle asthma at school. They were conducted in Spanish or English by a health educator. During five sessions parents and children met separately and in one session they met together.
- Supportive Relationships: Older children frequently assisted health educators in the educational process for younger children. This involvement in teaching was encouraged. The health educator verbally encouraged and praised parents and children to indicate that their own analysis of problems was valid and their judgments sound.

Theory: Freire's Theory of Education, Piaget's Theory of Developmental Stages

Resources Required:

- Staff/Volunteers: Educators
- Training: Educators were trained on positive reinforcement and empowerment
- Technology: Not mentioned
- Space: Meeting space
- Budget: Not mentioned
- Intervention: Educational materials in English and Spanish
- Evaluation: Structured interviews, access to medical and school records

Evaluation:

- Design: Randomized controlled trial
- Methods and Measures:
 - Medical records assessed health care utilization.
 - School records measured performance in school.
 - Interviews assessed symptoms, medications, management behaviors, knowledge and asthma perception.

Outcomes:

- Short Term Impact: Intervention parents had a significant increase in the use of standard guidelines to determine appropriate levels of activity for children with asthma. Children in the intervention group reported significantly less worry than control children about the limitations asthma imposes and about making mistakes at school. Health education to improve family management of asthma significantly increased the number of management actions taken at home by both parent and child.
- Long Term Impact: Not measured

Maintenance: Not mentioned

Lessons Learned: The problem-centered, confidence-building approach to patient education is beneficial for both parents and children. Patient education cannot only improve at-home management of asthma but may also yield benefits to the family in the areas of children's self-confidence and school performance.

Citation(s):

Clark, N. M., C. H. Feldman, et al. (1986). "Managing better: children, parents, and asthma." *Patient Educ Couns* 8(1): 27-38.