

Asthma CHESS:

Sally-

It's hard having a child that got asthma. Cause it's like you trying to be that, that, you trying to be Superman. Where Superman's trying to stop the bullets to protect them.

Felicia-

My daughter Porsche had an asthma attack once when I was at work and my daughter, my older daughter, Jasmine, actually saved her life, because her lips had turned blue and so her oxygen had cut off.

Amournix-

My chest usually, like, tightens up really bad where the point where I feel like I got shortness of breath

Sally-

I miss many hours of sleep at nighttime, cause, I'm watching them breathe, I'm touching the chest, you know, OK, it's still going, so, it's scary.

Kathleen Shanovich-

I work with children as a nurse practitioner with asthma and it's very challenging, and I actually work a lot with children of lower social economic status in my roll and it is a very tough population to work with, because there is high acuity when children are limited to access to care, there is a lot of chaos in the home.

Lola Awoyinka-

A lot of them don't have specialists, they don't really get a lot of the more, individualized care that you would like to have with asthma, and as a result they end up with a lot more emergency room visits.

Kathleen Shanovich-

The challenge for me is actually education and to really help them understand more about asthma, about medications, how they work.

Lola Awovinka-

I guess with the asthma studies, we really saw an opportunity to reach out to a population in need. I know that at all the intake visits, you really saw people that were looking for information.

Kathleen Shanovich-

The first study with asthma, actually had laptop computers that were provided to caregivers of children to learn more about asthma and that was our primary target. In the second study we provided mobile technology to teens, was our goal so they could learn more about asthma, empowering them to, and really targeting teens, so that they could learn the disease themselves, learn how the medications work, have access to case management.

Unknown 1-

We also provided the teens with the opportunity to connect with one another and see how other kids their age are handling their asthma through things like message boards. There is also access to things like personal stories of teens that have been dealing with asthma and how they kind of overcome and moved on with their lives while still dealing with having asthma.

Kathleen Shanovich-

We ended up enrolling over 200 teens who received Medicaid services in the inner city of Milwaukee. Intake visits themselves consisted of obtaining baseline pulmonary function, reviewing medications that their taking, and actually doing intake surveys with both the parent caregiver, and the teen.

Unknown 1?-

Some of the tools that we use to help the kids manage their asthma were things like the medication tracker, where the kids can come in and enter the medications that their using and then receive reminders about when and how to take those medications. They also have the opportunity to add their asthma action plan into the phones. So, the action plan is divided into zones, those zones based on, are based on how your symptoms are feeling, and so if you're green, you're good to go, but then if you're yellow or red, it means you're having some issues and it lets you know what you're supposed to do next.

Amournix-

The phone, the study was really good, it helped me keep my asthma on, you know, control. I was able to answer survey questions about it, you know, to make sure that things were ok with my asthma.

Sally-

It kinda helped him to remind him to take the medicine, which was awesome, cause it was like, it helped me to where I don't have to tell him, "Jeffery, you got to take your medicine," cause he was getting tired, "momma, will you not tell me that I got to take my medicine," I want, in other words, when he says that, that's helping him be responsible.

Kathleen Shanovich-

In the, in the first asthma CHESSE study, where we provided laptop computers to parents and guardians of children with asthma, the case manager roll was a little different in the most current study in that, we actually met with the parents in the beginning and introduced ourselves and we would call them monthly over the phone and discuss their children's symptoms.

Sally-

Before you guys came in with this study, I had no support. It was like, we would go to the hospital, come home, I'd take care of him. "My car is parking on -- in -- parked in the same spot all weekend or how many days, and no one bothered to come knock on the door or call the phone and say, "how things going?" But, the coach. and I said, you know, and that made me feel good. I don't have this sick child in my house by myself, because someone is calling me.

Kathleen Shanovich-

We learned a variety of things. One thing that I really learned, or, will take home with me, is that there is importance and value to having a connection between a teen or a parent with a particular person, so an individual. So that ability to connect with one person, say be an asthma case manager, who can provide support and guidance and be ready available to answer questions or to provide knowledge to them about asthma or another chronic health disease is a really important piece.

Sally-

It brought a relief to me and I, I believe that if anything else have not been learned, that part is the biggest, is having that support.