

Emergency rooms test new ways to help minority children with uncontrolled asthma

17 July 2015, by Deb Song

The rates of asthma in children are unusually high in Chicago and the respiratory disorder disproportionately affects African-American children. To address the issue, Rush University Medical Center and six other major medical centers in Chicago are conducting a multicenter trial to see how best to implement asthma guidelines in emergency departments and at home.

The study, called the CHICAGO trial (Coordinated Healthcare Interventions for Childhood Asthma Gaps in Outcomes), aims to test patient-centered interventions delivered in emergency departments to improve outcomes in low income and minority children seeking care in the emergency room for uncontrolled [asthma](#).

"Children with asthma are frequent visitors to emergency departments," said Dr. Giselle Mosnaim, allergy and immunology expert, assistant professor of preventative medicine and lead investigator at Rush University Medical Center of a multicenter trial called the CHICAGO trial.

"There are gaps in our understanding about how best to implement asthma guidelines in the [emergency department](#) and in the home. The CHICAGO Trial was designed specifically to address gaps in the care of children," said Mosnaim.

The CHICAGO Trial began recruiting participants at six major medical centers in Chicago, including Rush, UI Health, University of Chicago Comer Children's Hospital, Ann and Robert H. Lurie Children's Hospital of Chicago, Sinai Medical Center and John H. Stroger, Jr., Hospital of Cook County.

The first intervention provides emergency physicians with tools to help them follow established guidelines for prescribing oral and inhaled medications that are considered faster-

acting and rescue drugs. Emergency staff also will provide the parents or guardians of patients with guidance on how to self-manage asthma and arrange for follow-up care with a primary care provider.

The second intervention will include visits to the home of the patient by a community health worker to help the family reduce environmental triggers of asthma at home.

"Many homes contain asthma triggers that patients and their families do not know about or do not know how to avoid," said Mosnaim.

Community health workers also will provide individualized education to improve asthma self-management skills and work closely with the child's outpatient asthma care provider.

The success of the interventions will be measured through interviews with the children's caregivers. It will focus on outcomes meaningful to children—such as not missing school and being able to participate in sports—and meaningful to caregivers and families, such as lower anxiety and not having to miss work.

More information: For more information about the study, call 312-942-8571.

Provided by Rush University Medical Center

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