

# Asthma Mitigation Project: Year 2 Evaluation Summary

January 2023

The [Asthma Mitigation Project](#) (AMP) is a culturally and linguistically responsive asthma home visiting program funded by the [California Department of Health Care Services](#) (DHCS) and implemented by [The Center](#) at Sierra Health Foundation.

AMP supports **28 funded partner organizations** across California that provide home-based asthma services to Medi-Cal populations with disproportionately high rates of asthma. These include rural and urban communities of color, monolingual non-English speaking communities, recently immigrated as well as settled refugee communities, elderly residents, and tribal populations.

This fact sheet summarizes results from the second year of AMP's evaluation, which adds to existing evidence about the benefits of asthma home visiting programs. It also elevates learnings that can inform rollout of the Asthma Remediation option of Community Supports—part of the DHCS California Advancing and Innovating Medi-Cal (CalAIM) initiative—as well as Medi-Cal's new Asthma Preventive Services benefit.

## Key Program Elements

Each AMP funded partner designed and adapted its asthma home visiting program to **reflect the needs of their priority populations**, as well as the organization's unique infrastructure and approach. Common elements that were key to each program's success included:



Asthma in-person and virtual visits



Mitigation supplies and services



Community health worker model



Comprehensive asthma education



Culturally responsive services



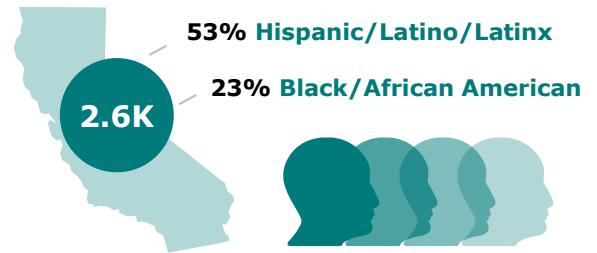
Participant-centered and holistic approach

*"My AMP home visitor was great with helping me with a wide range of support, education, and supplies my family wouldn't be able to afford at the time."*

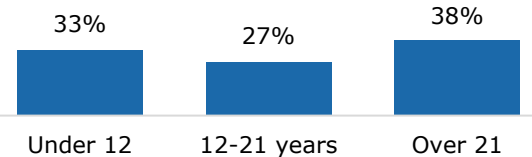
- Parent of AMP participant

## Priority Populations Served

Over 1,900 children and adults enrolled in AMP asthma home visiting services during Year 2, for a total of **2,671 people served since 2020**.



The AMP program served participants of all ages:



**75%** of participants **insured through Medi-Cal only**



**7%** insured through Medicare only  
**6%** not insured

In the year before enrolling in the program,



**35%** of participants had **visited urgent care, the emergency department, or been hospitalized** for asthma



**86%** of participants did not have a **written asthma action plan**

## Benefits of Participation

Through AMP's home-based asthma services, participants benefited from:

- **Remediation supplies:** 1,896 received remediation supplies, and 97% addressed some or most asthma triggers
- **Increased knowledge:** 89% increased their asthma self-management knowledge
- **Improved practices/behaviors:** Most (99%) reported benefiting from information about asthma medication use, and 86% improved their asthma self-management skills

...which contributed to improved asthma outcomes:

**85%**  
of AMP participants experienced **fewer asthma attacks** after receiving AMP services

**87%**  
of those with poor asthma control at enrollment **improved asthma control** at follow-up

Participants had a positive experience with AMP services, including asthma education, remediation supplies, and home visitors. They valued learning more about asthma, including the usefulness of cleaning information and best practices to reduce environmental triggers.

*"They gave me a vacuum with a HEPA filter in it...I live in a desert area and in a double wide trailer, so there's a lot of dirt that comes in my house...[and now] the air is breathable in my house."*

- AMP participant

**96%**

agreed that their asthma home visitor **respected** their family's cultural, racial, and/or ethnic values and beliefs.

**93%**

agreed that their asthma home visitor was **genuinely interested** in their children's health.

**91%**

agreed that their asthma home visitor **helped them find useful resources** in their community.

## Responding to Participant Needs

**Funded partners are responsive to participants' needs.** Two years into AMP, all funded partners have become skilled at adapting their programs to support their diverse participants. They emphasized the particular importance of **participant-centered and culturally relevant approaches** to asthma education and remediation.



*"The best home visitor is someone who has a deep involvement in their community. I think that's been really key for us to make sure that whoever is implementing this project is well-attuned to the needs of the population that they're planning to serve."*

- AMP funded partner

## Opportunities to Strengthen AMP

Looking ahead, key priorities for AMP during its third year include:

- ▶ **Continuing to adapt enrollment and retention strategies** to respond to each community and meet the unique demands of the COVID-19 pandemic.
- ▶ **Working with healthcare providers, managed care organizations, and health plans** to underscore the value of asthma home visiting and asthma remediation services.
- ▶ **Building on the strength of existing technical assistance resources and infrastructure** so that organizations continue to receive the support they need to implement high-quality asthma home visiting programs.
- ▶ **Preparing for the conclusion of AMP funding by supporting the transition to CalAIM**, identifying resources to sustain program and technical assistance activities, and sharing lessons learned with collaborators, policymakers, and others involved in asthma home visiting and asthma remediation services.