

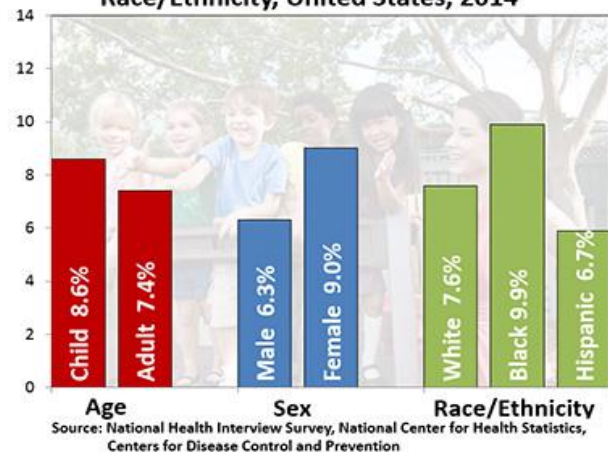


## Providing Culturally Competent Care for Patients with Asthma and Tips for Improving Asthma Control

Asthma is a common chronic disorder effecting an estimated 39.5 million people, including 7.1 million children in the United States.<sup>1</sup> By 2011, the number of persons with asthma in the United States increased by 28 percent from 2001<sup>2</sup> and in 2009 alone, asthma caused 479,300 hospitalizations and 1.9 million emergency room visits.<sup>3</sup> Asthma affects individual of all ages, races and ethnic groups; however, asthma rates are disproportionately high in low-income and minority populations. African Americans and Hispanics with low socioeconomic status are more likely to experience higher prevalence, morbidity and severity of asthma.<sup>4</sup>

- Approximately half of children in school with current asthma missed at least one school day because of asthma in the past 12 months. These children were more likely to be Black or Hispanic and live in households with incomes of less than \$25,000 per year, compared with children with asthma who did not miss school for asthma in the past year.<sup>5</sup>
- Nationally, African Americans are two to three times more likely to die from asthma than any other racial or ethnic group, and Hispanic children are 40 percent more likely to die from asthma than white children.<sup>6</sup> The graph to the right represents asthma prevalence percentages by age, sex and race/ethnicity in the United States, for 2014.<sup>7</sup>

**Current Asthma Prevalence Percents by Age, Sex, and Race/Ethnicity, United States, 2014**



### Removing barriers for treatment

Patients with asthma often display a series of behaviors that are not compliant with their asthma treatment, including receiving prescriptions but not filling them, stopping the treatment too soon, delaying seeking medical care, and failing to follow the provider's instructions.<sup>8</sup>

According to the U.S. Department of Health and Human Services (HHS), successful asthma care must include proper diagnosis and treatment, followed by long-term regular follow-up to ensure control.<sup>9</sup> Asthma self-management education is essential to reducing asthma-related adverse health effects. Education also improves quality of life by reducing urgent care visits, emergency room visits, hospitalizations, and health care costs.<sup>10</sup>

### Strategies for improving asthma control

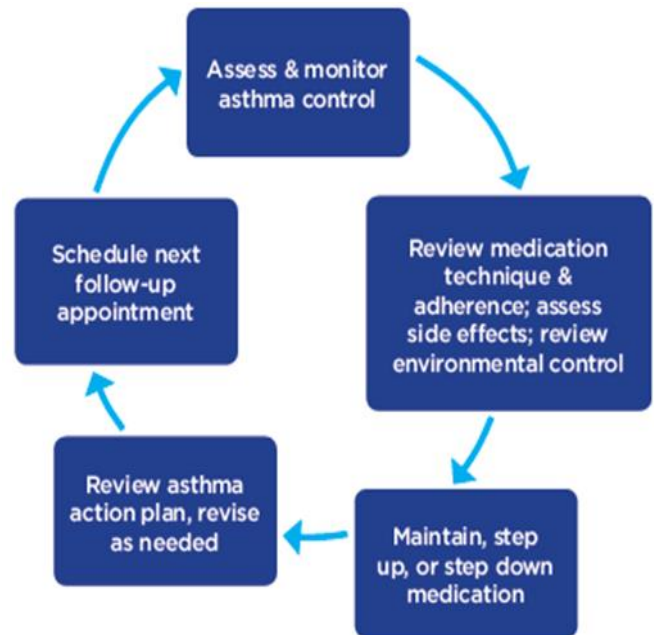
In order to reduce health disparities and improve asthma health outcomes, consider the following tips in the delivery of culturally sensitive and linguistically appropriate care.

- Speak with your patients about their cultural views and beliefs about asthma.
- Address your patient's concerns, beliefs and attitudes as they are key to successful asthma self-management.
- Identify a format for providing patient instructions that is consistent with your patients' cultural and language needs.
- Ensure access to interpreter services to effectively communicate with your limited-English proficient patients.
- Ensure that the provision of translated and culturally relevant patient educational materials includes an asthma action plan.
- Provide cross-cultural and patient-centered care training for staff.
- Empower your patients. Implement Ask Me 3<sup>®</sup>.<sup>11</sup> Have your patients ask you these three questions and check for understanding:
  1. "What is my main problem?"
  2. "What do I need to do?"
  3. "Why is it important for me to do this?"

Once you have identified your patient’s cultural and language needs, provide asthma education that is age, culturally, and linguistically appropriate and be sure to discuss the following points. Confirm that it is understood by your patients and their families and/or support persons:

- ✓ Their asthma diagnosis and basic facts about asthma.
- ✓ The severity of their asthma.
- ✓ Their particular asthma triggers and how to minimize exposure to them.
- ✓ Initiate the prescription medication, if medications are needed.
  - a. Explain how the medications work and how some are required to be used even though your patient may not be having symptoms.
  - b. Demonstrate the use of an inhaler and spacer.
- ✓ Complete a written asthma action plan and review it with the patient.
- ✓ Schedule a follow-up appointment to review the control of their asthma and compliance with your asthma medication recommendations.

**Figure 1. Asthma Care Quick Reference.**



For all follow-up appointments, refer to the national asthma care guidelines and strive to deliver culturally and linguistically appropriate care at every recommended phase of each visit (see Figure 1).

Providers are encouraged to utilize the following resources to obtain both provider and member materials and information:

### Provider Resources

Providers are encouraged to contact the Health Net Health Education Information Line at 1-800-804-6074 (TTY: 711) for information, such as provider materials, member education materials and coordinating health education classes on asthma basics.

- The National Guidelines for the Diagnosis and Management of Asthma (EPR-3) is available from the National Institute of Health at [www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines](http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines).
- The American Medical Association STEPS forward online medication adherence module provides education and strategies for improving medication adherence by patients. Continuing Medical Education (CME) credit is available for eligible participants. Go to [www.stepsforward.org/modules/medication-adherence](http://www.stepsforward.org/modules/medication-adherence).
- Additional Ask Me 3<sup>®</sup> information is available at the National Patient Safety Foundation website at [www.npsf.org/?page=askme3](http://www.npsf.org/?page=askme3).

### Health Net Interpreter Services

| Line of Business                                    | Phone Number   | Availability  |
|---|----------------|---|
| COMMERCIAL PPO                                      | 1-800-641-7761 | During regular business hours, Monday through Friday from 8:00 a.m. to 6:00 p.m.                |
| COVERED CALIFORNIA PPO                              | 1-888-926-2164 | During regular business hours, Monday through Friday from 8:00 a.m. to 6:00 p.m.                |
| COMMERCIAL AND COVERED CALIFORNIA PPO – AFTER HOURS | 1-800-546-4570 | After hours, Monday through Friday from 6:00 p.m. to 8:00 a.m., including weekends and holidays |

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## Patient Resources

Providers can give the following resources regarding asthma to members regarding:

- Asthma Education Mobile Phone Application  
Health Net members can sign up by texting “asthma” to (424) 286-9518 or by signing up online at [www.t2x.me/asthma](http://www.t2x.me/asthma).
- American Lung Association  
The American Lung Association provides a vast array of resources and information about asthma on their website at [www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/](http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/). Resources are also available in Spanish at [www.lung.org/espanol/](http://www.lung.org/espanol/).

## References

<sup>1</sup>[www.cdc.gov/asthma/pdfs/asthma\\_facts\\_program\\_grantees.pdf](http://www.cdc.gov/asthma/pdfs/asthma_facts_program_grantees.pdf).

<sup>2</sup>[www.cdc.gov/asthma/pdfs/asthma\\_facts\\_program\\_grantees.pdf](http://www.cdc.gov/asthma/pdfs/asthma_facts_program_grantees.pdf).

<sup>3</sup>[www.cdc.gov/asthma/impacts\\_nation/asthmafactsheet.pdf](http://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf).

<sup>4</sup>Erick Forno, Juan C. Celedon. *Curr Opin Allergy Clin Immunol*. Asthma and Ethnic Minorities: Socioeconomic Status and Beyond. 2009;9(2):154-160.

<sup>5</sup><http://medicalresearch.com/asthma/minority-kids-with-asthma-likely-to-miss-days-of-school/22002/>.

<sup>6</sup>Anne Kelsey Lamb, Joel Ervice, & Jessica Peters. *Big Ideas* 2015. *Pioneering Change: Innovative Ideas for Children and Families*. 137. *When Asthma Management Isn't Enough: Reducing the Burden of Childhood Asthma: From Practice to Policy*.

<sup>7</sup>[www.cdc.gov/asthma/asthmaadata.htm](http://www.cdc.gov/asthma/asthmaadata.htm).

<sup>8</sup>Jin, J et al. Factors affecting therapeutic compliance: A review from the patient's perspective. (*Ther Clin Risk Manag.*,2008), 269-286.

<sup>9</sup>U.S. Department of Health and Human Services. National Institute of Health. National Heart, Lung, and Blood Institute. *Asthma Care Quick Reference. Diagnosing and Managing Asthma*. September 2012. Accessed online August 2016 at [www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/quick-reference](http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/quick-reference).

<sup>10</sup>[www.cdc.gov/asthma/pdfs/asthma\\_facts\\_program\\_grantees.pdf](http://www.cdc.gov/asthma/pdfs/asthma_facts_program_grantees.pdf).

<sup>11</sup>Ask Me 3<sup>®</sup>. National Patient Safety Foundation® [www.npsf.org/?page=askme3](http://www.npsf.org/?page=askme3).