Asthma & COVID-19: Care & Education at Appropriate Literacy Levels

Allergy & Asthma

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ASTHMA & COVID-19: CARE & EDUCATION AT APPROPRIATE LITERACY LEVELS

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Adult Literacy in the US



130 MILLION (54% of 16-74 yo's) read at less than a 6th grade level; 40 - 60 M read below 3rd grade level



Getting everyone's literacy up to at least a 6th grade level is estimated to generate \$2.3 T (10% GDP) / year

Familial impact on younger generations

Work ability - link to economic disadvantage



Numeracy vs. literacy – major issue of equity





Personal health literacy is the degree to which individuals have the ability to <u>find</u>, <u>understand</u>, and <u>use</u> information and services to inform health-related decisions and actions for themselves and others.

Healthy People 2030; www.health.gov/healthypeople2030

Key Determinants of Health Literacy



At least two people are involved – speaker, listener, perhaps others.



Being told the same thing with different words by different people can be confusing.



Discrepancies lead to confusion and to <u>inaction</u>.



Body language can be important or misleading.

Distractions, fear, trust influence effective communication.

What is Organizational Health Literacy?



Healthy People 2030: www.health.gov/healthypeople2030

What is Impaired/Limited Health Literacy?



The failure to understand what is being communicated in a particular healthcare setting



Very common, occurring in a variety of settings



Related to literacy in general and social determinants of health; pharmacies are important, as are other social services providers

Healthy People 2030: www.health.gov/healthypeople2030



Why is the recognition of LHL so important?

Patients / families need to understand communications in order to participate in their health care decisions, action and plans.



Ability to carry out instructions depends on understanding; asthma care is complex and MUST be repeated.



Multiple childcare providers are involved, and they haven't been to clinic.



Improving understanding leads to improved outcomes.

Who does LHL affect, when and how?



Patients often don't know what they have and are supposed to do -- so then they do nothing; similarity of medications.

Any healthcare setting is at risk, especially with forms (AAP).

Many patients are reluctant to admit they don't understand.

Patients MUST understand that asthma can be modified.

Avoid the "go to the ED" mentality.

What are Health Literacy Universal Precautions?



AHRQ toolkit: www.ahrq.gov/health-literacy/improve/precautions/index.html

Literacy, Spoken language, Education level



nust always check "did you get it?"..



Utilize "48 hours of panic" after ED visits for best teaching.

What is "plain language"?

Medical jargon is hard for many to understand.

"Plain language" uses common words, and is often attributed to "4th or 5th grade level", but it's hard for a speaker to know.

"Don't use 3-syllable words" is easier to use when speaking.

Current issues are important, but health concepts are also crucial to explain – childcare providers learn from parent(s) in clinic.



How can an individual caregiver address LHL?





- Recognize the importance of clear and effective communication.
- Teach both parents and children. Make it the teen's own condition so speak directly to him/her.
- Avoid "medical jargon" and use pictures and demonstrations.
- Utilize the Teach-back Method to assess understanding (even in the ED) – put the burden on yourself (did I explain it well?) rather than on the patient (did you understand what I said?).

Simplifying and reinforcing your speech



- "Bronchospasm causes wheezing" *vs.* "his breathing tubes close down which makes him make that high-pitched noise when he breathes out".
- "Triggers and irritants cause airway hyperreactivity" vs. "She has problems with certain things in the air that make her lungs close down. She has to stay away from them."
- <u>Show</u> pictures of the medications prescribed.
- "Her PFTs show her FEV₁ is low and she has a bronchodilator response." vs. "Her breathing tests show that her airways are closed down; the albuterol opened them up so she can breathe better." (<u>show</u> the Flow-Volume curve, NOT just numbers / percent predicteds)

Using visual aids – another learning approach

- Many inhalers look similar; use the inhaler chart to specifically show the patient and caregivers which ones you're prescribing. Point out the dose counter. Ask the PATIENT to point to the medicines they take.
- Put medication pictures on action plans so care providers will SEE what medicine to take in an emergency.
- Have the patient demonstrate how they use their medicines and use videos to teach good technique repeatedly!
- No one would coach football or soccer with just written instructions!



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Hesitancy to acknowledge lack of understanding



People with limited literacy are often very reluctant to admit it.



Constant fear of "being discovered"



Can be a VERY important problem related to consent forms



Affects spoken and written health communication

How can an institution address LHL?



Farmanova E et al. Jour Health Care Org, Prov & Finan 2018; 55: 1-17

What are the institutional benefits?



Patients are more likely to return as instructed if they feel welcomed and supported Better outcomes – patients are more likely to follow instructions Better satisfaction, better word-of-mouth recommendations and fewer lawsuits



Fewer readmissions with their potential fines

What is Digital Health Literacy?



The ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills.

It's a MAJOR community issue.

"Definitions" National Digital Inclusion Alliance

Digital Health Equity (the "digital divide")



Health Literacy Related to Asthma & COVID-19

Asthma

Care providers & patients must understand!

They need to understand what they have, what to do about it, when to come back and especially how to treat the patient, both long-term and acutely! They must know and trust their medicines. Utilize the teach-back method to check that they have understood what you have tried to teach & explain.

Understanding Covid-19 is tough!

Covid-19 management / prevention are added on top of complex asthma care & understanding. There are MANY sources of information about Covid-19 care – some are true, but many are false or misleading. Providers need to check what the patient / family have heard, understand, believe and do, and then correct any misunderstandings (in understandable language!).

COVID-19

Take-home Messages



Today's Take Home Messages include:

- ✓ Put effort into communicating effectively with everyone
- ✓ This doesn't have to take more time, but it improves quality of care, outcomes & satisfaction
- Effective communication does NOT mean just talking louder & slower (don't be condescending)
- Have patients show / tell what they understand & plan to do
- Digital literacy is important for patients assess it!