Asthma & COVID-19: Care & Education at Appropriate Literacy Levels
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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
What is Personal Health Literacy?

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

Body language can be important or misleading.

Distractions, fear, trust influence effective communication.
What is Organizational Health Literacy?

Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Technological approaches are being used increasingly, so internet access for the community is extremely important.

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
- LHL is NOT totally dependent on education level
- 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 child-care 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?

You can’t tell by looking who has LHL – assume it affects all.

Only 12% of US adults have literacy skills sufficient to fully understand health communications in all settings!

The LHL may be an issue in only certain settings.

It’s often helpful for a second person to listen and take notes for better understanding after the discussion.

AHRQ toolkit: www.ahrq.gov/health-literacy/improve/precautions/index.html
People vary in how they like to learn and how they best learn/understand – visual, written, spoken – ALWAYS ask their preferences.

Speaking a foreign language doesn’t guarantee literacy in that language.

Caregivers must always check “did you get it?”.

Certain situations, especially stress, can paralyze understanding.

The Emergency Dept is a HORRIBLE place to teach asthma.

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?).

www.ahrq.gov/health-literacy/improve/precautions/index.html
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.”
• Show pictures of the medications prescribed.
• “Her PFTs show her FEV$_1$ 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.” (show 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!
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?

- Establish an open, shame-free, helpful environment / culture vs. “We’ve gone over this several times”
- Repeatedly demonstrate support of EVERY patient
- Watch for cues that a patient is struggling with forms – “Can I help you with that?” vs. “Wow, this sure is taking quite a while!”
- Offer (and provide) personal communication helpers
- Provider patience is crucial; staff should never appear exasperated

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”)

01 Those who have access to the internet, have a device to access it, and knowledge how to use both show digital literacy.

02 Health information is widely available on the internet (is it true?)

03 Institutions depend on electronic communication with patients – appointment reminders, results, education

04 Is this the newest social determinant of health?

05 Not having digital literacy will lead to worse outcomes.
Health Literacy Related to Asthma & COVID-19

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!).
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!