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

COVID-19 Webinar Series

The mission of ALLERGY & ASTHMA NETWORK is to end the needless death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research.
Meet Our Speakers

Dr. Purvi Parikh
- Clinical Assistant Professor of Medicine NYU Langone School of Medicine & Director, Allergy and Asthma Association, Murray Hill
- National Spokesperson, Allergy & Asthma Network

Dr. Michael Bowman
- Pediatric Pulmonologist, Professor Emeritus, Medical University of South Carolina
- Asthma Champion, SC Chapter of American Academy of Pediatrics

Tonya Winders
- President & CEO, Allergy & Asthma Network
- President, Global Allergy & Airways Patient Platform

Today’s Program

01 CURRENT STATE OF COVID-19

02 VACCINES AND CURRENT STUDIES

03 ASTHMA & COVID-19: CARE & EDUCATION AT APPROPRIATE LITERACY LEVELS
We’d like to know who is with us today!

What category best describes you? (we have a limited number of answers or would offer more!)
JOHNS HOPKINS GLOBAL MAP
June 16, 2022 7:20 AM

Current Cases of COVID-19 in the US
Centers for Disease Control and Prevention
IN THE NEWS

The latest coronavirus wave that has affected most of the United States is showing signs of improvement in the Northeast.

More than 29,000 people are hospitalized with Covid-19 across the country, an increase of 16 percent over the past two weeks, and more than 3,000 of those patients are in intensive care. But in northeastern states, hospitalizations have been declining. In Vermont, numbers have dropped by more than 40 percent over the past two weeks. They declined over 20 percent in Massachusetts and roughly 10 percent in Maine, Connecticut and New York. Every other region is seeing a rise in hospitalizations, particularly so in the southern states of Alabama and Louisiana, where hospitalizations have risen by at least 70 percent.

IN THE NEWS

COVID Vaccine for Children Under 5
Food and Drug Administration advisers voted Wednesday to recommend authorizing both Moderna and Pfizer-BioNTech’s Covid-19 vaccines for young children, clearing one of the final hurdles to getting the youngest Americans vaccinated. More in our next section.

Interesting Study!
Dogs can detect Covid with high accuracy, even asymptomatic cases
Dogs can indeed be trained to detect Covid. The dogs tested in research accurately identified 97 percent of positive cases after sniffing human sweat samples. That made them more sensitive than some rapid antigen tests.
COVID-19 Cases by Date Reported

Hospitalizations and Deaths

Hospitalizations & deaths are better data points at this moment in time – with so many home COVID tests being done, case reports don’t show the whole picture.
Have you been vaccinated for COVID-19?

VACCINES & CURRENT STUDIES
Dr. Purvi Parikh
Vaccine Coverage in the US

Center for Disease Control and Prevention
The committee’s recommendations are not the final signoff needed to administer the shots, but the votes will now set in motion a fast-moving process expected to be completed by Tuesday.

The decision will now go to the FDA, which is expected to grant emergency use authorization to the vaccines in the coming days. On Friday and Saturday, an advisory panel to the Centers for Disease Control and Prevention is expected to vote on whether to endorse the shots.

The final step is signoff from CDC Director Dr. Rochelle Walensky — then, shots in arms (or thighs).

RECENT STUDIES

Covid-19 Vaccine Effectiveness in New York State

Population-based data from the United States on the effectiveness of the three coronavirus disease 2019 (Covid-19) vaccines currently authorized by the Food and Drug Administration are limited. Whether declines in effectiveness are due to waning immunity, the B.1.617.2 (delta) variant of the severe acute respiratory syndrome coronavirus 2 (SARS CoV-2), or other causes is unknown.

CONCLUSIONS

The effectiveness of the three vaccines against Covid-19 declined after the delta variant became predominant. The effectiveness against hospitalization remained high, with modest declines limited to BNT162b2 and mRNA-1273 recipients 65 years of age or older.
RECENT STUDIES

Covid-19 Vaccine Effectiveness against the Omicron (B.1.1.529) Variant

APRIL 2022

A rapid increase in coronavirus disease 2019 (Covid-19) cases due to the omicron (B.1.1.529) variant of severe acute respiratory syndrome coronavirus 2 in highly vaccinated populations has aroused concerns about the effectiveness of current vaccines.

CONCLUSIONS
Primary immunization with two doses of ChAdOx1 nCoV-19 or BNT162b2 vaccine provided limited protection against symptomatic disease caused by the omicron variant. A BNT162b2 or mRNA-1273 booster after either the ChAdOx1 nCoV-19 or BNT162b2 primary course substantially increased protection, but that protection waned over time.

RECENT STUDIES

Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age

JANUARY 2022

Safe, effective vaccines against coronavirus disease 2019 (Covid-19) are urgently needed in children younger than 12 years of age.

CONCLUSIONS
A Covid-19 vaccination regimen consisting of two 10-μg doses of BNT162b2 administered 21 days apart was found to be safe, immunogenic, and efficacious in children 5 to 11 years of age.
RECENT STUDIES

Fourth Dose of BNT162b2 mRNA Covid-19 Vaccine in a Nationwide Setting

With large waves of infection driven by the B.1.1.529 (omicron) variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), alongside evidence of waning immunity after the booster dose of coronavirus disease 2019 (Covid-19) vaccine, several countries have begun giving at-risk persons a fourth vaccine dose.

CONCLUSIONS
A fourth dose of the BNT162b2 vaccine was effective in reducing the short-term risk of Covid-19–related outcomes among persons who had received a third dose at least 4 months earlier.

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

Dr. Michael Bowman
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.

Healthy People 2030; www.health.gov/healthypeople2030
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.

**Key Determinants of Health Literacy**

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 & how they best learn / understand – visual, written, spoken -- ALWAYS ask their preferences.

Certain situations, especially stress, can paralyze understanding.

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

The Emergency Dept is a HORRIBLE place to teach asthma.

Caregivers must 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?).

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 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.” (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!

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?

- 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?

**DEFINITION**

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

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**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

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.

COVID-19

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!
Do you have a better understanding about health literacy in health care following this presentation?

Record your questions in the question box
We’ll get to as many as we can!
Next Webinar

Join us for our upcoming webinar

New Treatments in Atopic Dermatitis

Thursday, June 22, 2022
4:00 PM ET

Please remain online for 2 – 3 minutes to complete an evaluation survey! Thank you!