

Asthma Self-Management Education

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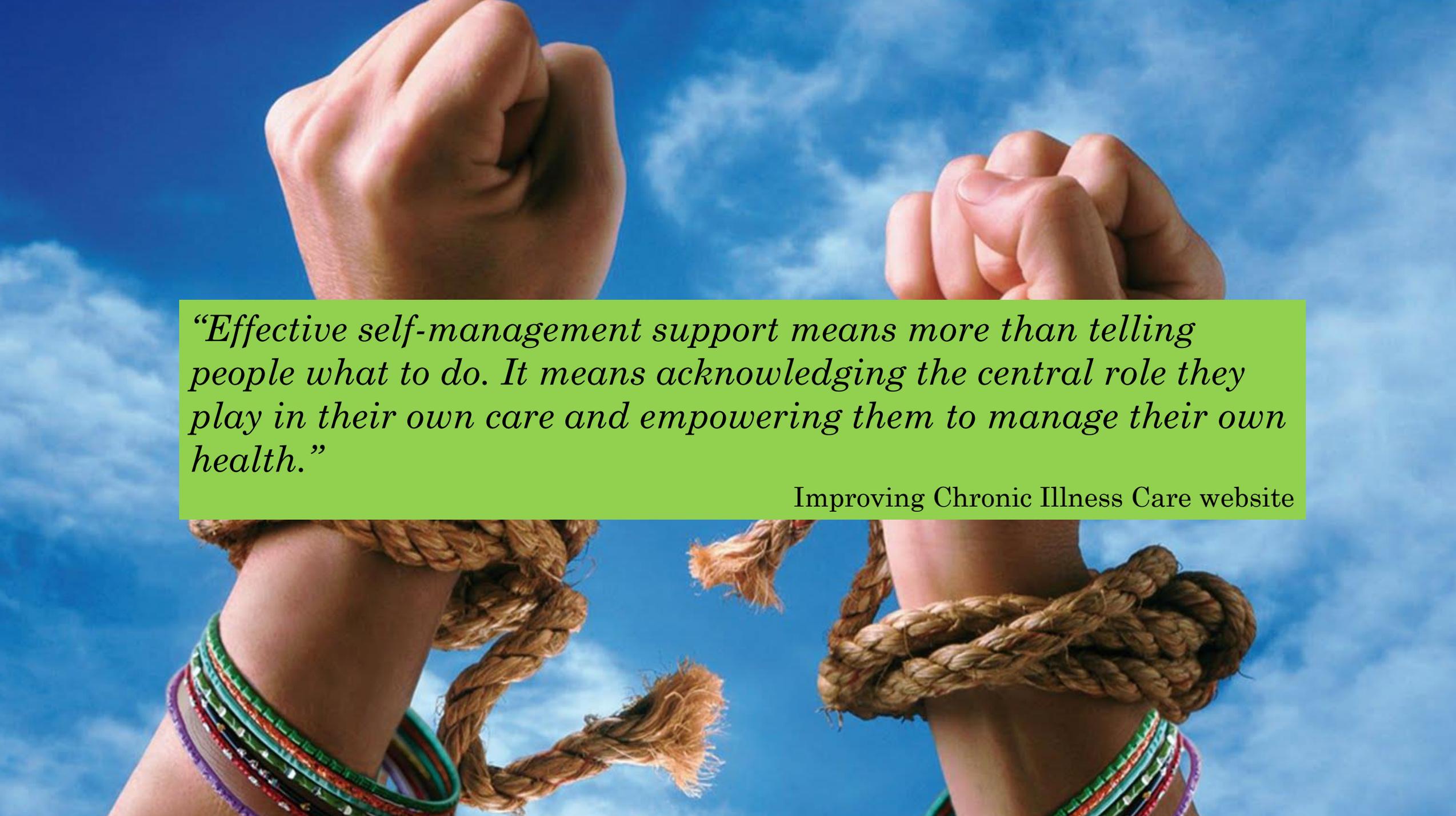


The conclusions in this webinar are those of the presenter and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

~~im~~possible

~~un~~attainable

Learning is most universally defined as a change in behavior.



“Effective self-management support means more than telling people what to do. It means acknowledging the central role they play in their own care and empowering them to manage their own health.”

Improving Chronic Illness Care website

Webinar objectives

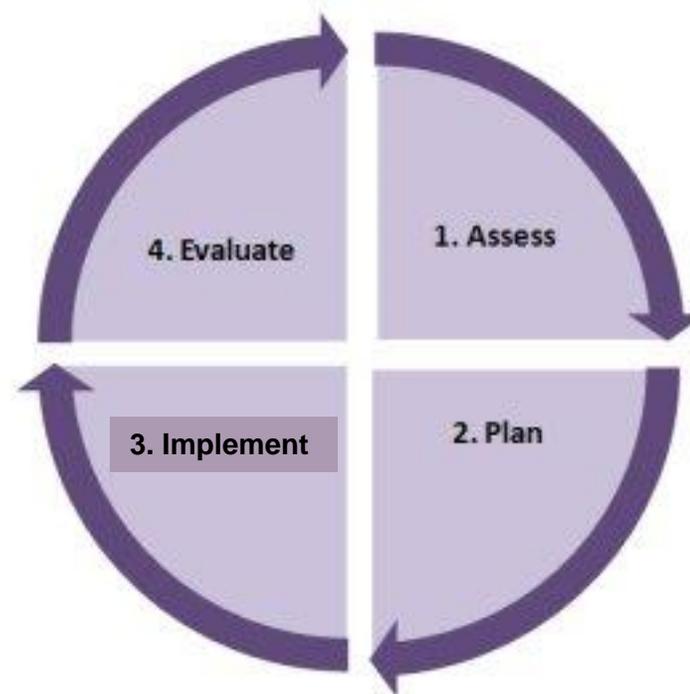
The objectives of this webinar are that you will learn to (*i.e.*, *change your behavior in order to*) more effectively

Assess AS-ME participants

Plan AS-ME sessions

Implement AS-ME sessions

Evaluate AS-ME programs



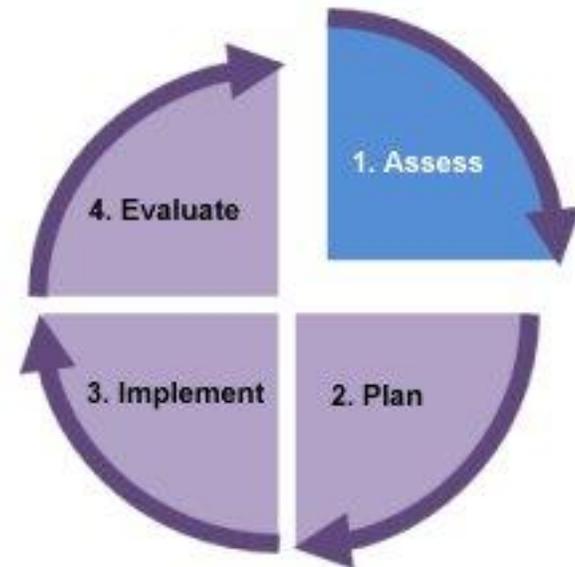
Webinar objectives

I'll not spend much time talking about the content of what should be taught (e.g., differences in medication, inhaler technique, what well-controlled asthma looks like, etc.), but rather I want to talk about what you need to do as a practitioner to make sure the person with asthma actually receives, absorbs, and uses the information you are providing.



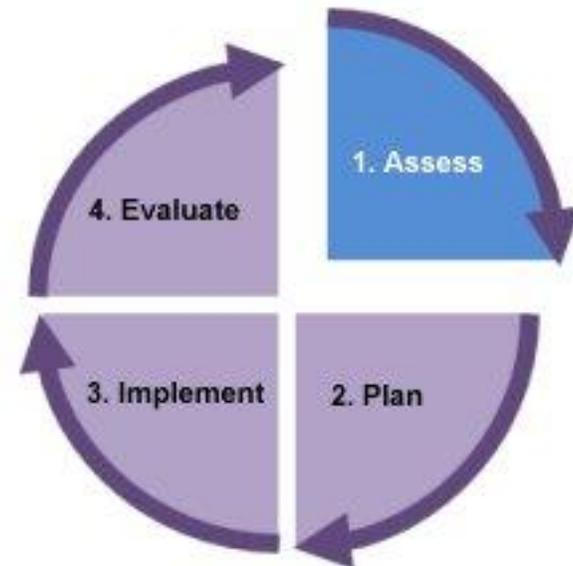
Asthma Self-Management Education

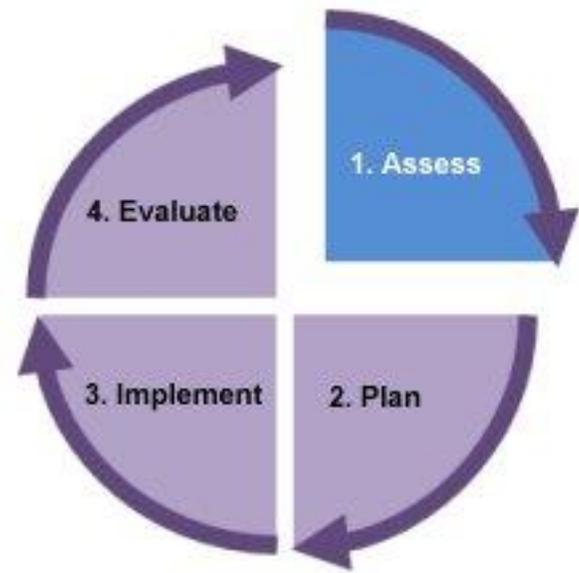
Assess



Assess AS-ME participants by

1. Building trust and rapport
2. Assessing readiness to learn
3. Using a comprehensive approach





Building trust and rapport

Building trust and rapport

The practitioner should have a high level of **self-awareness**

- The ability to accurately perceive your own emotions in the moment and understand your tendencies across situations

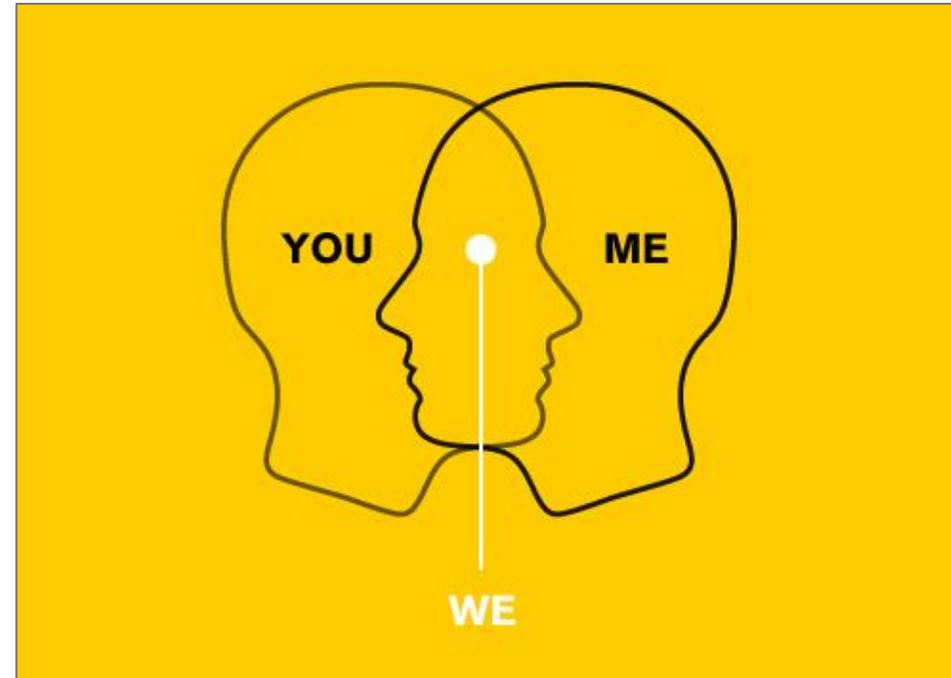
The practitioner should have a high level of **social awareness**

- The ability to accurately pick up on emotions in other people and understand what is really going on with them

Building trust and rapport

Do

- Accept unconditionally
- Use active listening
- Encourage honesty
- Express empathy



Building trust and rapport



Empathy is heartbreaking — you experience other people's pain and joy.

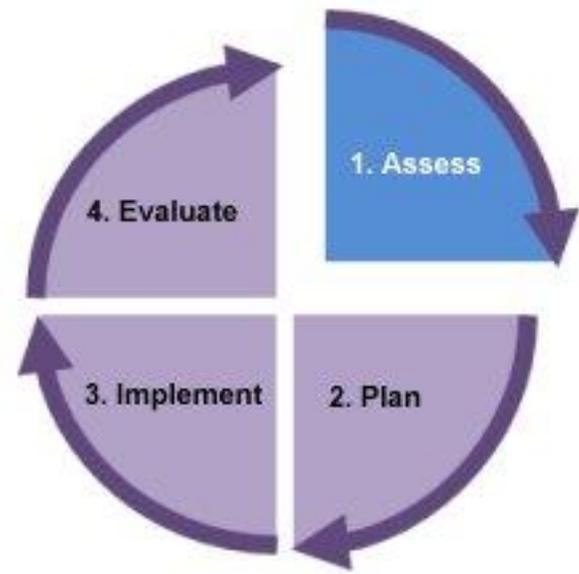
Sympathy is easier because you just have to feel sorry for someone.

Building trust and rapport

Do not

- Ignore feelings and emotions
- Be judgmental
- Interrupt too quickly
- Use fear to motivate

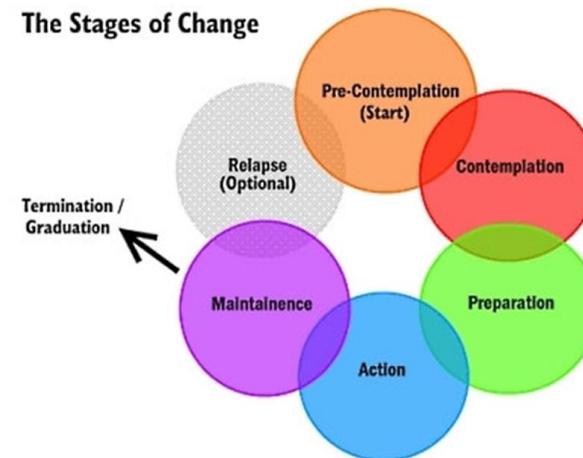




Assessing readiness to learn

Assessing readiness to learn

A readiness to learn is another way of saying a *motivation to change behaviors*. The Stages of Change model, also called the trans-theoretical model, is our best understanding to date of motivation. One of the model's most redeeming qualities is its ease of application, which is why it is often recommended for self-management education.



Assessing readiness to learn

Precontemplation / Not Ready

Stage:

- Hasn't considered change
- Doesn't understand risk
- Unwilling/unable to change

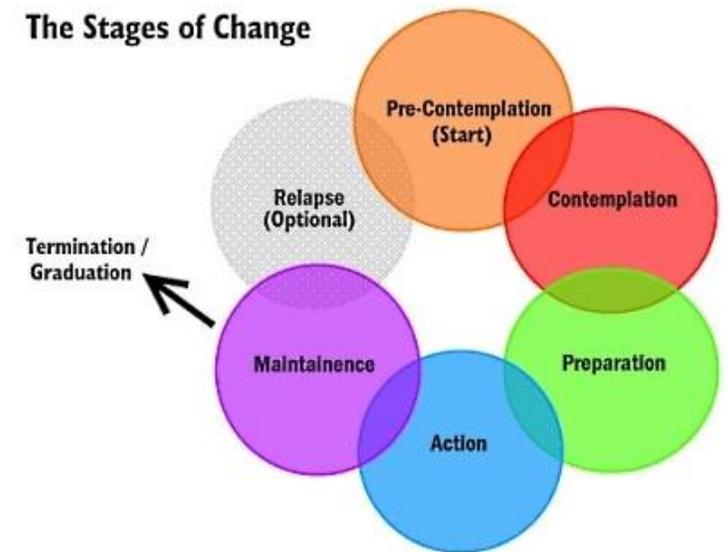
DOESN'T SEE IT

Strategy:

- Establish Rapport
- Explore Concerns
- Check in about understanding of risk
- Elicit information
- Focus on getting them back next time

SEES IT

The Stages of Change



Assessing readiness to learn

Myths about asthma

- Asthma is a psychological condition
- Asthma medicine is addictive
- The steroids used to treat asthma are the same as the steroids abused by athletes in order to get bigger and stronger
- I can stop taking my medicine when I feel good and don't have any symptoms



A major reason that people with asthma find themselves in the pre-contemplative stage of change is that they still believe one or more myths about asthma.

Assessing readiness to learn

Contemplation / Unsure

Stage:

- Understands risk
- Considering possibility of change
- Ambivalent

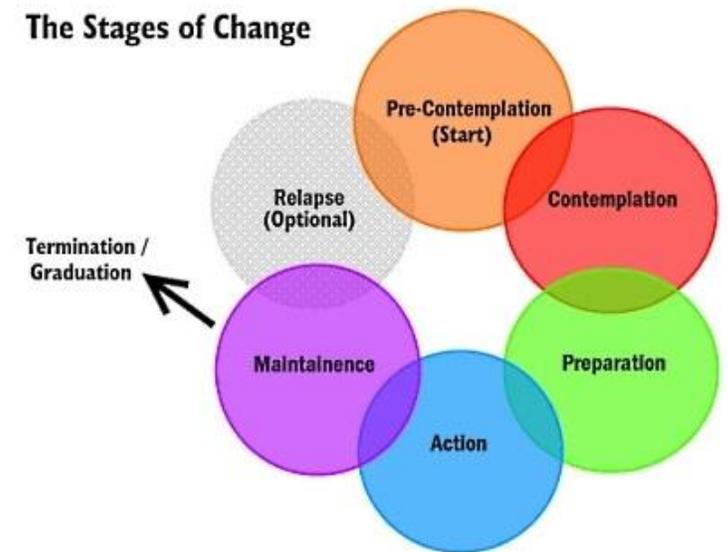
SEES IT, BUT...

Strategy:

- Normalize ambivalence
- Tip the Decisional Balance (focus on pros of changing behavior)
- Explore barriers and self-efficacy
- Enhance commitment

EXPLORE IT

The Stages of Change



Assessing readiness to learn

A major reason that people with asthma find themselves in the contemplative stage of change is that they are experiencing very real barriers to asthma self-management.

Barriers to asthma self-management

- Economic
- Support
- Psychological



Assessing readiness to learn

Economic barriers

- Lack of or inadequate health insurance
- Limited access to subspecialty care
- Unable to pay for medications
- Availability of health care facilities
- Inadequate housing



Assessing readiness to learn

Support barriers

- Mother working full time or part time outside of the home when child has asthma
- Lack of family support for patient with asthma
- Other sick family members
- Lack of transportation



Assessing readiness to learn

Psychological barriers

- Multiple stressors in the home
- Low self esteem, helplessness or victim role
- Depression, anxiety, panic, other psychiatric illnesses
- Poor symptom perception



Assessing readiness to learn

Preparation / Considering

Stage:

- Committed to change
- Considering options
- Making a plan

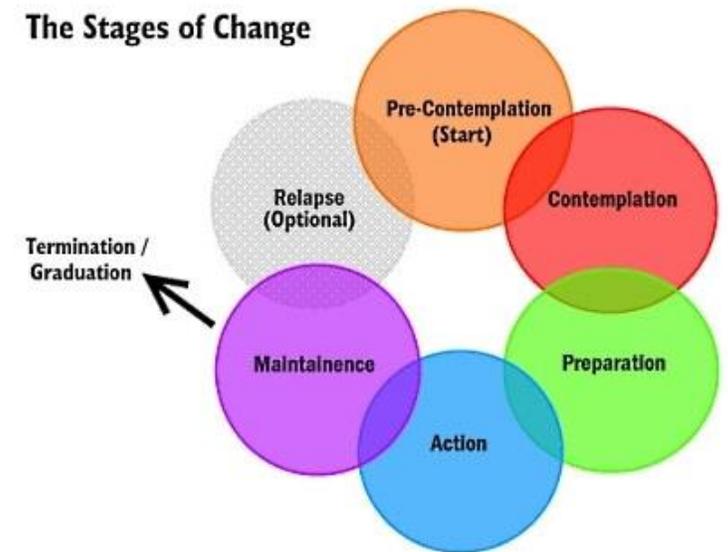
REALLY READY ...

Strategy:

- Clarify goals
- Offer suggestions including several options
- Reinforce personal choice
- Practice skills & negotiate a plan

SOLVE IT!

The Stages of Change



Assessing readiness to learn

Action / Doing It

Stage:

- Actively taking steps
- Not yet stable, great potential for relapse

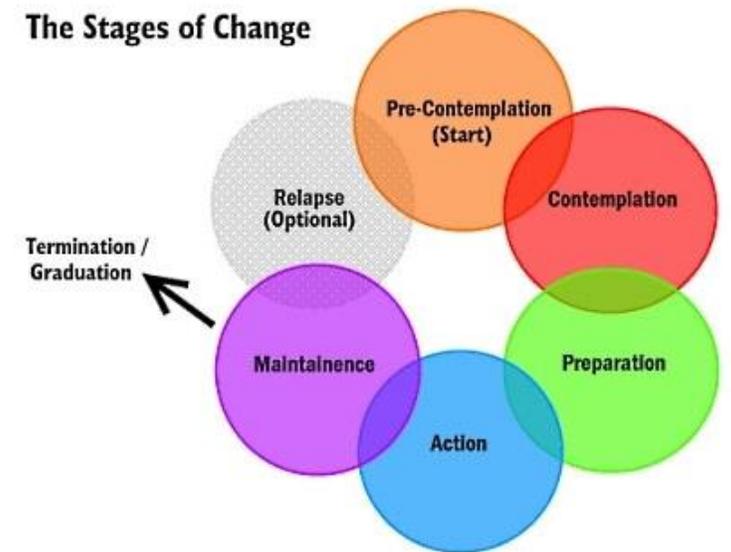
DOING IT, but fragile

Strategy:

- Reinforce commitment to change and affirm success
- Assist with problem solving
- Support self-efficacy
- Help identify resources (e.g., parents, providers, support groups)

KEEP ON IT!

The Stages of Change



Assessing readiness to learn

Self-efficacy

- It is the belief in one's capability to carry out a course of action necessary to achieve a goal
- It is usually measured by asking people how confident they are that they can adopt the behavior and/or attitude necessary to achieve the desired goal



The concept of self-efficacy is our best understanding of how and why self-management education programs actually get people to change their health behaviors.

Assessing readiness to learn

Maintenance / Maintain It

Stage:

- Have accomplished the change
- It feels more comfortable, but relapse still a possibility

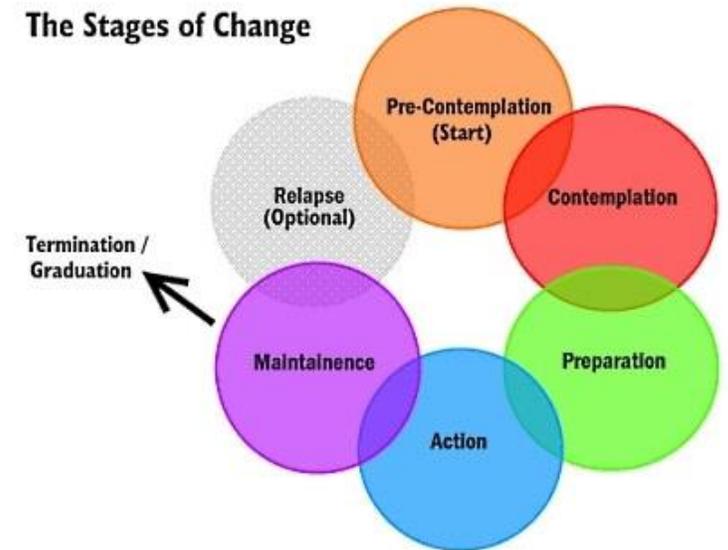
THEY'VE DONE IT!

Strategy:

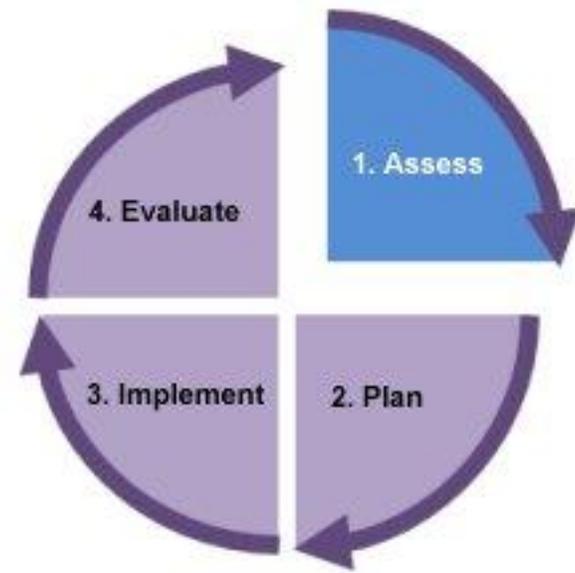
- Affirm commitment and current success
- Identify temptations and problem solve
- Ask about positive benefits they've experienced, reinforce those

MAINTAIN IT!

The Stages of Change



Using a comprehensive approach



Using a comprehensive approach

Start each visit by asking the person with asthma (or parents) about their concerns and goals for the visit



Using a comprehensive approach



The person with asthma must realize and accept that you as a practitioner are working with them as opposed to working on them. In other words, the person with asthma is actually ON the health care team and is, in fact, the key member of the health care team. That is why their concerns and their goals are paramount during the assessment.

Using a comprehensive approach

Ask specifically about any concerns about medicines



To facilitate this part of the assessment, it is most helpful if the person with asthma brings their medications with them.

Using a comprehensive approach

Assess perceptions of how well the asthma is being controlled

Components of Control		Classification of Asthma Control (≥12 years of age)		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/week	>2 days/week	Throughout the day
	Nighttime awakenings	≤2x/month	1–3x/week	≥4x/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short-acting beta ₂ -agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week	Several times per day
	FEV ₁ or peak flow	>80% predicted/ personal best	60–80% predicted/ personal best	<60% predicted/ personal best
	Validated questionnaires			
	ATAQ ACQ ACT	0 ≤0.75* ≥20	1–2 ≥1.5 16–19	3–4 N/A ≤15

Using a comprehensive approach

- It is important not only for the practitioner to know how well the asthma is being controlled, but for the person with asthma and the family as well.
- People with asthma need to have a good sense of whether the asthma is well-controlled, not well-controlled, or very poorly controlled.
- This can be determined by considering the components of pulmonary impairment including symptoms, level of physical activity, and lung function.

Using a comprehensive approach

Assess the participant's level of social support, and encourage family involvement



This is true even if the person with asthma is an adult. Anyone with a chronic illness, no matter how old or supposedly independent, will require an abundance of social support in order to thrive.

Using a comprehensive approach

Assess levels of stress, family disruption, anxiety, and depression associated with asthma and asthma management



Using a comprehensive approach

- There are measurement instruments available that can help you assess a participant's stress level and quality of life. Any tool that can help you make a more objective assessment should be used if available.
- It is noteworthy that stress can be an asthma trigger as well as a hindrance to a readiness to learn. Thus, stress represents a double whammy for the person with asthma.



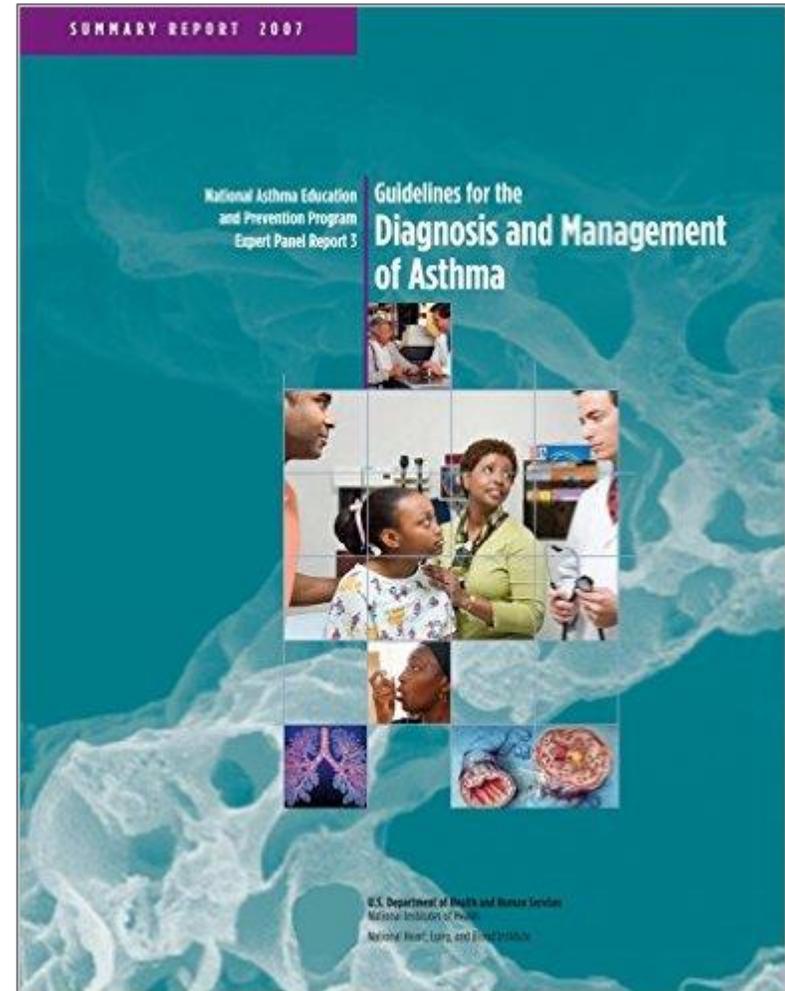
Using a comprehensive approach

Initial Visit

1st Follow-up Visit

2nd Follow-up Visit

Subsequent Visits



Using a comprehensive approach

Initial Visit

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

1st Follow-up Visit

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Patient treatment preferences
- Quality of life

Using a comprehensive approach

2nd Follow-up Visit

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

Subsequent Visits

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

Using a comprehensive approach

Well Controlled	Not Well Controlled	Very Poorly Controlled
<ul style="list-style-type: none">• Maintain current step.• Regular followups every 1–6 months to maintain control.• Consider step down if well controlled for at least 3 months.	<ul style="list-style-type: none">• Step up 1 step and• Reevaluate in 2–6 weeks.• For side effects, consider alternative treatment options.	<ul style="list-style-type: none">• Consider short course of oral systemic corticosteroids,• Step up 1–2 steps, and• Reevaluate in 2 weeks.• For side effects, consider alternative treatment options.

You can see on this slide that the frequency of visits depends primarily on how well controlled the asthma is.

- Maintain current step.
- Regular followups every 1–6 months to maintain control.
- Consider step down if well controlled for at least 3 months.

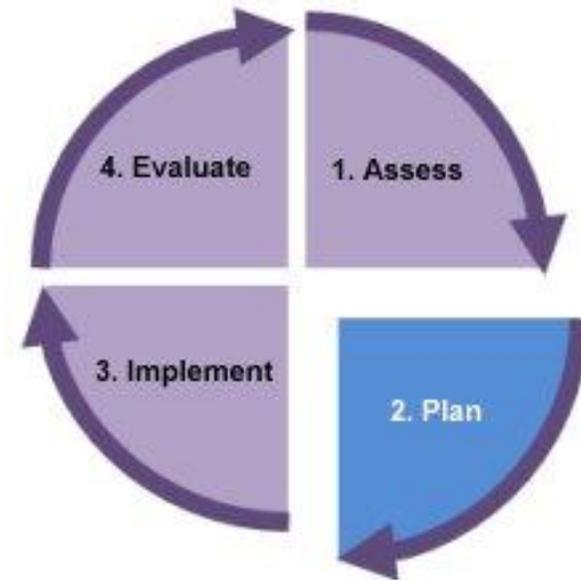
- Step up 1 step and
- Reevaluate in 2–6 weeks.
- For side effects, consider alternative treatment options.

- Consider short course of oral systemic corticosteroids,
- Step up 1–2 steps, and
- Reevaluate in 2 weeks.
- For side effects, consider alternative treatment options.

- If the asthma is well-controlled, regular follow-ups are recommended every 1 - 6 months., with the most usual frequency being every 6 months.
- Not surprisingly, the visits are more frequent if the asthma is either not well-controlled or very poorly controlled.

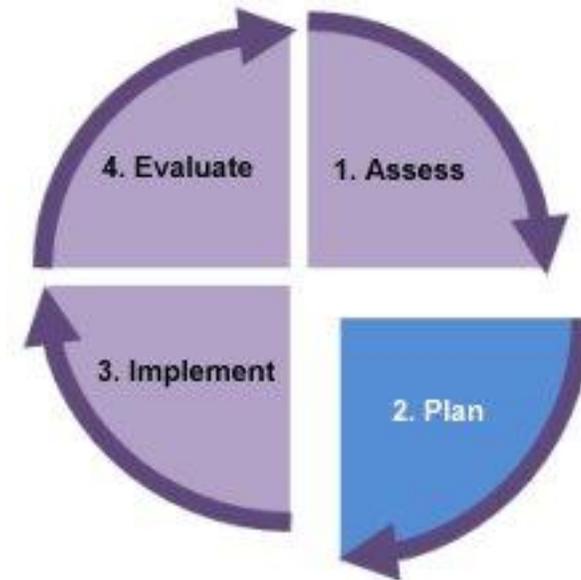
Asthma Self-Management Education

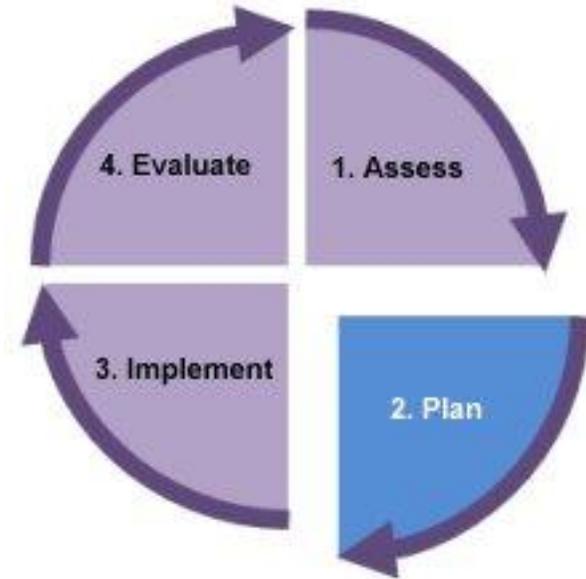
Plan



Plan AS-ME sessions using

1. NAEPP core lesson plan
2. NAEPP cognitive lesson plan
3. NAEPP psychomotor lesson plan
4. NAEPP plans for alternate sites





NAEPP core lesson plan

NAEPP core lesson plan

FIGURE 3-12. KEY EDUCATIONAL MESSAGES: TEACH AND REINFORCE AT EVERY OPPORTUNITY

Basic Facts About Asthma

- The role of inflammation in asthma
- What happens to the airways during an asthma attack

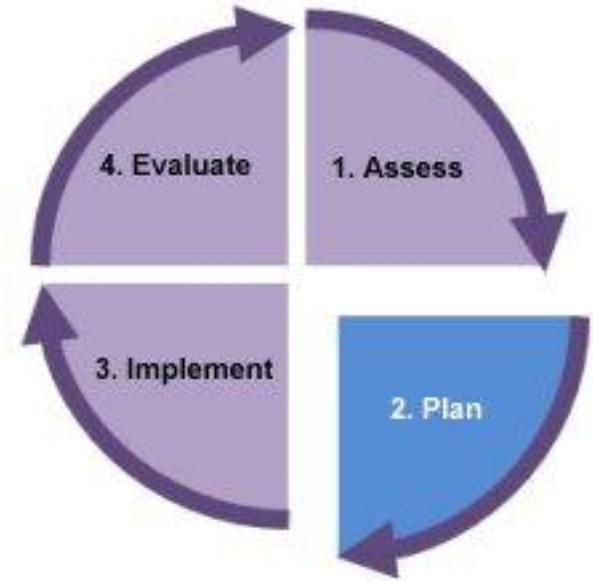
Roles of Medications

- The purpose and proper use of long-term-control medications
- The purpose and proper use of quick-relief medications

Patient Skills

- Proper inhaler technique
- Use of ancillary devices such as holding chambers
- Identifying and avoiding known asthma triggers
- The purpose and proper use of an asthma action plan

These are the key educational messages that should be taught and reinforced at every opportunity by every member of the healthcare team.



NAEPP cognitive lesson plan

NAEPP cognitive lesson plan

Initial Visit

The participant will be able to

- Explain what asthma is
- Explain what it means for asthma to be controlled
- Distinguish between the two general types of asthma medication
- Explain each of the medications currently prescribed
- State how to seek medical advice

1st Follow-up Visit

The participant will be able to

- Distinguish between the two general types of asthma medication
- Explain each of the medications currently prescribed
- Assess for asthma control using symptoms and/or peak flow as a guide

NAEPP cognitive lesson plan

2nd Follow-up Visit

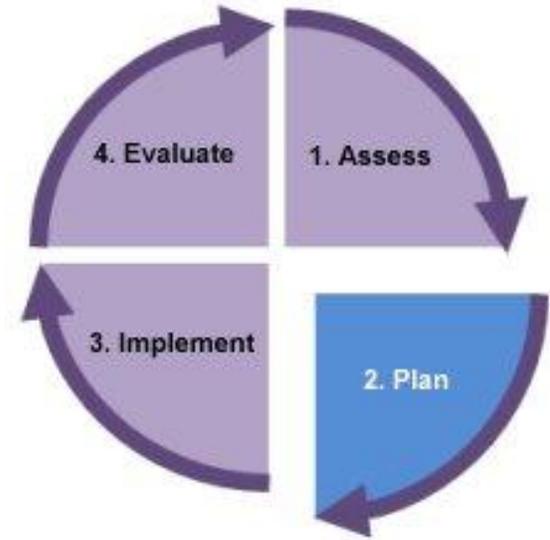
The participant will be able to

- Explain each of the medications currently prescribed
- Assess for asthma control using symptoms and/or peak flow as a guide
- Explain environmental/avoidance strategies tailored to the individual

Subsequent Visits

The participant will be able to

- Explain each of the medications currently prescribed
- Assess for asthma control using symptoms and/or peak flow as a guide
- Explain environmental/avoidance strategies tailored to the individual



NAEPP psychomotor lesson plan

NAEPP psychomotor lesson plan

Initial Visit

The participant will be able to

- Use of current inhalers and holding chamber
- Use of self-monitoring skills to recognize intensity and frequency of asthma symptoms
- Use of written action plan in response to worsening asthma symptoms

1st Follow-up Visit

The participant will be able to

- Use of current inhalers and holding chamber
- Use of written action plan—adjust as needed
- Use of peak flow meter if indicated

NAEPP psychomotor lesson plan

Indications for peak flow monitoring

- moderate or severe persistent asthma
- poor perception of airflow obstruction or worsening asthma
- unexplained response to environmental or occupational exposures



NAEPP psychomotor lesson plan

2nd Follow-up Visit

The participant will be able to

- Use of current inhalers and holding chamber
- Use of written action plan—adjust as needed
- Use of peak flow meter if indicated

Subsequent Visits

The participant will be able to

- Use of current inhalers and holding chamber
- Use of written action plan—adjust as needed
- Use of peak flow meter if indicated

NAEPP psychomotor lesson plan

Indications for asthma action plan

- Moderate or severe persistent asthma
- Poorly controlled asthma
- A history of severe exacerbations

Asthma Action Plan

Name	Date of Birth	Date	<p>GREEN means Go! Use CONTROL medicine daily</p> <p>YELLOW means Caution! Add RESCUE medicine</p> <p>RED means EMERGENCY! Get help from a doctor <i>ggg!</i></p>
Health Care Provider	Provider's Phone		
Parent/Responsible Person	Parent's Phone	School	
Additional Emergency Contact	Contact Phone	Last 4 Digits of SS#	

Asthma Severity (see reverse side)
 Intermittent or Persistent: Mild Moderate Severe

Asthma Triggers Identified (Things that make your asthma worse):
 Colds Smoke (tobacco, incense) Pollen Dust Animals
 Strong odors Mold/moisture Pests (rodents, cockroaches)
 Stress/emotions Gastroesophageal reflux Exercise
 Season: Fall, Winter, Spring, Summer Other: _____

Asthma Control
 Well-controlled Needs better control

Date of Last Flu Shot: _____

Green Zone: Go! — Take these CONTROL (PREVENTION) Medicines EVERY Day

You have **ALL** of these:
 • Breathing is easy
 • No cough or wheeze
 • Can work and play
 • Can sleep all night

Peak flow in this area: _____
 to _____
 (More than 80% of Personal Best)

Personal best peak flow: _____

No control medicines required. **Always rinse mouth after using your daily inhaled medicine.**
 Inhaled corticosteroid or inhaled corticosteroid/long acting β -agonist _____ puff(s) MDI with spacer _____ times a day
 Inhaled corticosteroid _____ nebulizer treatment(s) _____ times a day
 Inhaled corticosteroid _____ take _____ by mouth once daily at bedtime

For asthma with exercise, ADD:
 _____ puffs MDI with spacer 15 minutes before exercise
 For nasal/environmental allergy, ADD:

Yellow Zone: Caution! - Continue CONTROL Medicines and ADD RESCUE Medicines

You have **ANY** of these:
 • First sign of a cold
 • Cough or mild wheeze
 • Tight chest
 • Problems sleeping, working, or playing

Peak flow in this area: _____
 to _____
 (50%-80% of Personal Best)

_____ puffs MDI with spacer every _____ hours as needed
OR
 _____ nebulizer treatment(s) every _____ hours as needed
 Other _____

Call your DOCTOR if you have these signs more than two times a week or if your rescue medicine doesn't work!

Red Zone: EMERGENCY! — Continue CONTROL & RESCUE Medicines and GET HELP!

You have **ANY** of these:
 • Can't talk, eat, or walk well
 • Medicine is not helping
 • Breathing hard and fast
 • Blue lips and fingernails
 • Tired or lethargic
 • Ribs show

Peak flow in this area: _____
 Less than _____
 (Less than 50% of Personal Best)

_____ puffs MDI with spacer **every 15 minutes**, for **THREE** treatments
OR
 _____ nebulizer treatment **every 15 minutes**, for **THREE** treatments
 Other _____

Call your doctor while giving the treatments.

IF YOU CANNOT CONTACT YOUR DOCTOR: Call 911 for an ambulance or go directly to the Emergency Department!

REQUIRED Healthcare Provider Signature: _____
 Date: _____

REQUIRED Responsible Person Signature: _____
 Date: _____

Follow up with primary doctor in 1 week or:
 Phone: _____

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN/YOUTH:
 Possible side effects of rescue medications (e.g., albuterol) include tachycardia, tremor, and nervousness.

Healthcare Provider Initials: _____
 This student is capable and approved to self-administer the medicine (s) named above.
 This student is **not** approved to self-medicate.

As the RESPONSIBLE PERSON:
 I hereby authorize a trained school employee, if available, to administer medication to the student.
 I hereby authorize the student to possess and self-administer medication.
 I hereby acknowledge that the District and its schools, employees and agents shall be immune from civil liability for acts or omissions under D.C. Law 17-107 except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct.

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NAEPP psychomotor lesson plan

The asthma action plan includes

- What medicine to take daily
- What actions to take to control environmental factors that worsen the asthma
- What signs, symptoms, and/or peak flow measurements indicate worsening asthma
- What medications to take in response to these signs
- What symptoms and/or signs indicate the need for urgent medical attention
- Emergency telephone numbers

Asthma Action Plan

Name	Date of Birth	Date	 <p>GREEN means Go! Use CONTROL medicine daily</p> <p>YELLOW means Caution! Use RESCUE medicine</p> <p>RED means EMERGENCY! Get help from a doctor FAST!</p>
Health Care Provider	Provider's Phone		
Parent/Responsible Person	Parent's Phone	School	
Additional Emergency Contact	Contact Phone	Last 4 Digits of SS#	

Asthma Severity (see reverse side)
 Intermittent or Persistent: Mild Moderate Severe

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 (More than 80% of Personal Best)

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REQUIRED Healthcare Provider Signature: _____ Date: _____

REQUIRED Responsible Person Signature: _____ Date: _____

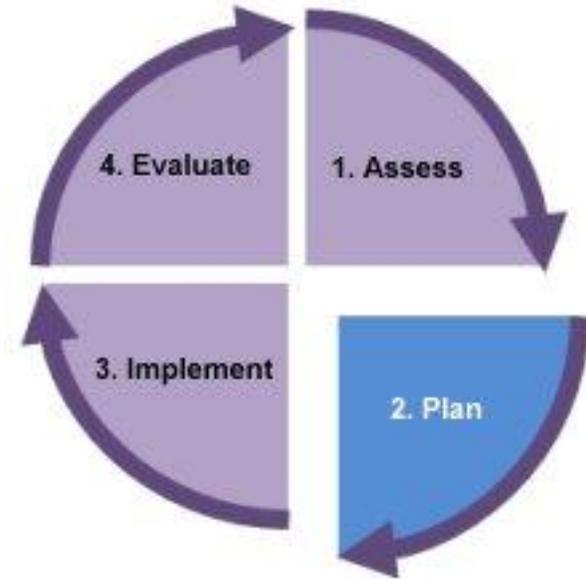
Follow up with primary doctor in 1 week or: _____ Phone: _____

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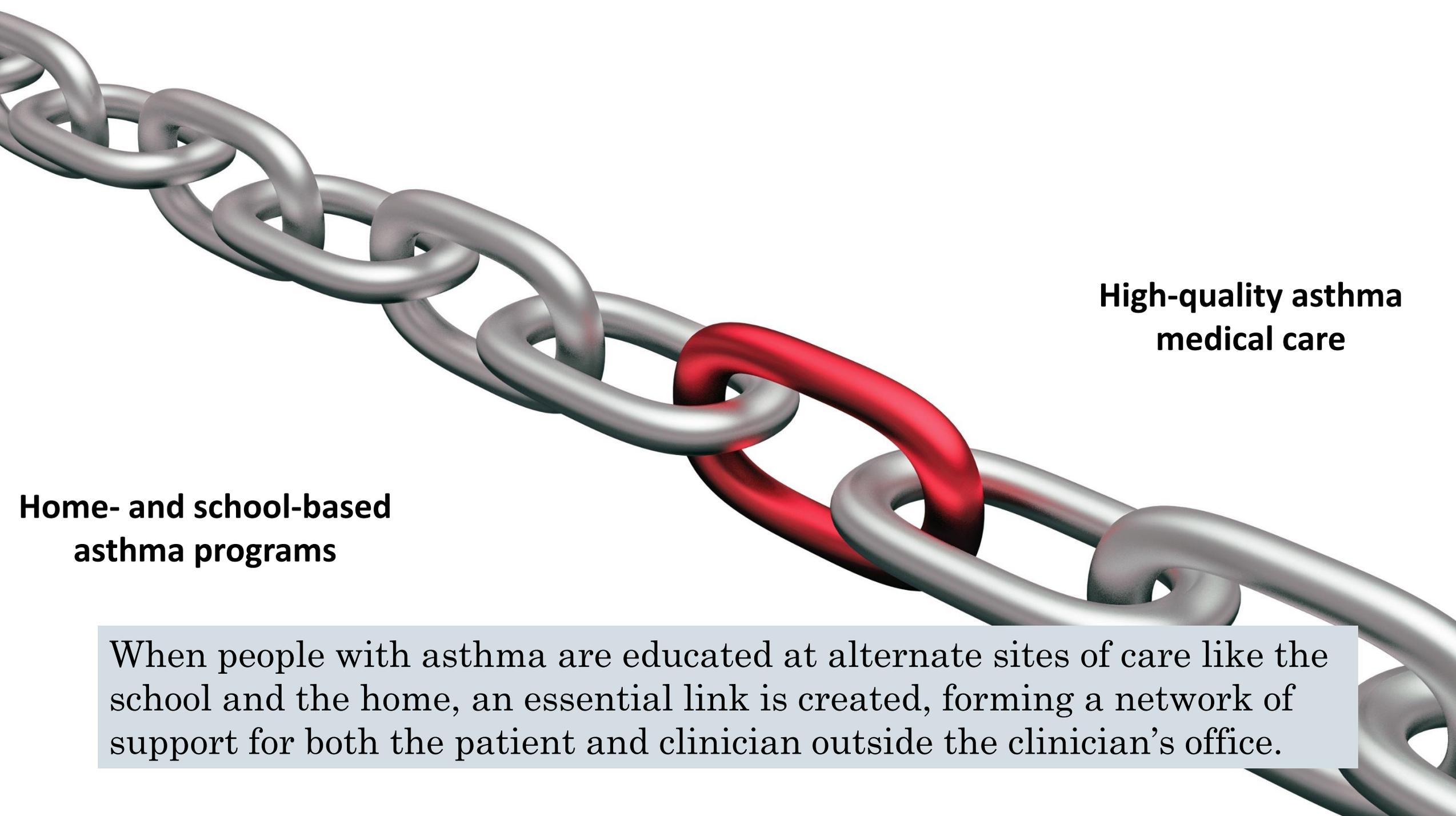
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NAEPP plans for
alternate sites



**High-quality asthma
medical care**

**Home- and school-based
asthma programs**

When people with asthma are educated at alternate sites of care like the school and the home, an essential link is created, forming a network of support for both the patient and clinician outside the clinician's office.

NAEPP plans for alternate sites

Emergency department/hospital-based education

- Assess inhaler techniques for all prescribed medications and reinforce correct technique
- Refer for follow-up asthma care appointment (either a primary care physician or asthma specialist) within 1–4 weeks
- If an ED visit, offer brief and focused asthma education
- If a hospitalization discharge, offer more comprehensive asthma self-management education



NAEPP plans for alternate sites

Educational interventions in school settings

- Provide an “asthma-friendly” learning environments and opportunities to learn asthma self-management skills at schools with other students with asthma
- School-based asthma education programs should be provided to as many children who have asthma as possible



NAEPP plans for alternate sites

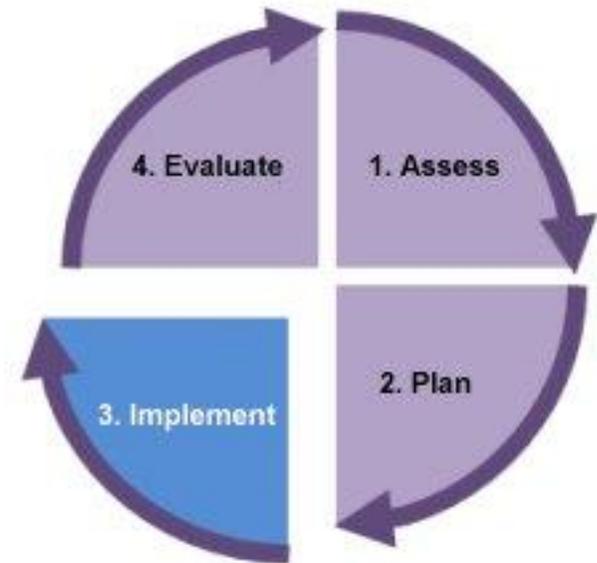
Home-based interventions

- Asthma education delivered in the homes of caregivers of young children in underserved areas should always be considered
- Multifaceted allergen education and control interventions can also be delivered in the home setting
- Home-based interventions have been shown to be effective in reducing exposures to cockroach, rodent, and dust-mite allergen and associated asthma morbidity



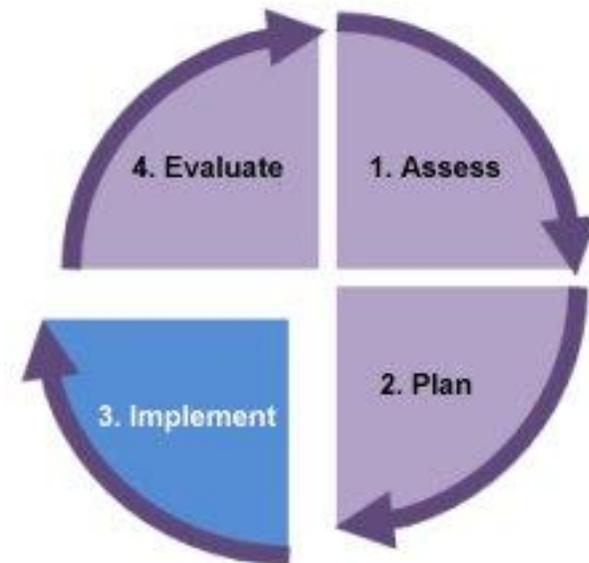
Asthma Self-Management Education

Implement



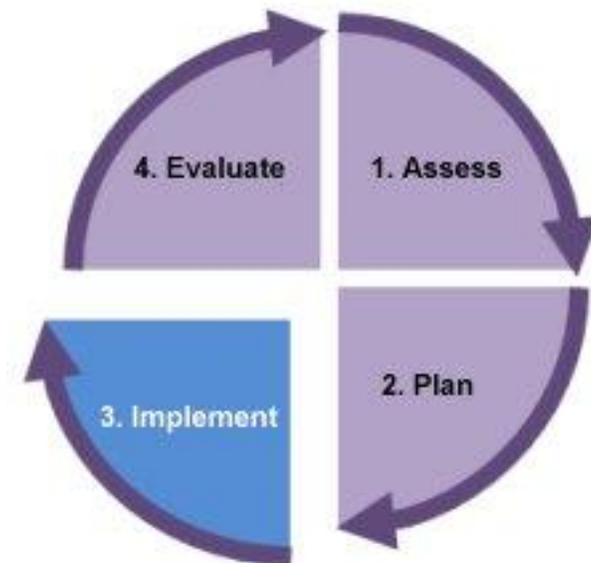
Implement AS-ME sessions with

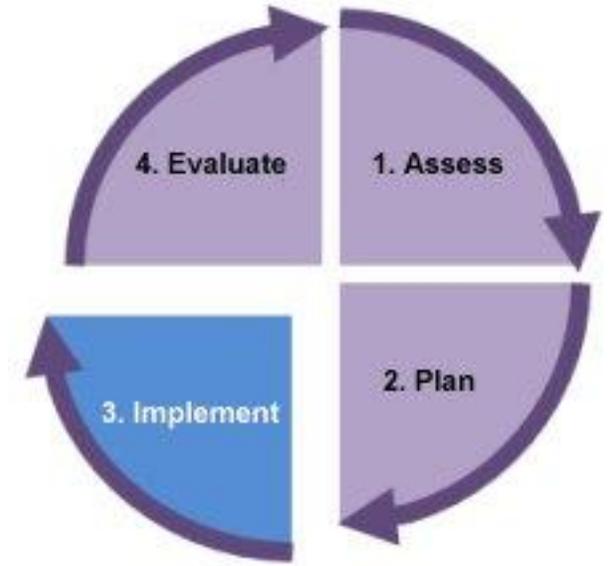
Even if we have done due diligence by conducting a comprehensive assessment of the person with asthma and by adhering to national asthma guidelines when planning our sessions, our effectiveness will be limited if we do not **PAY ATTENTION** to key mediators and moderators of the program during the implementation.



Implement AS-ME sessions with

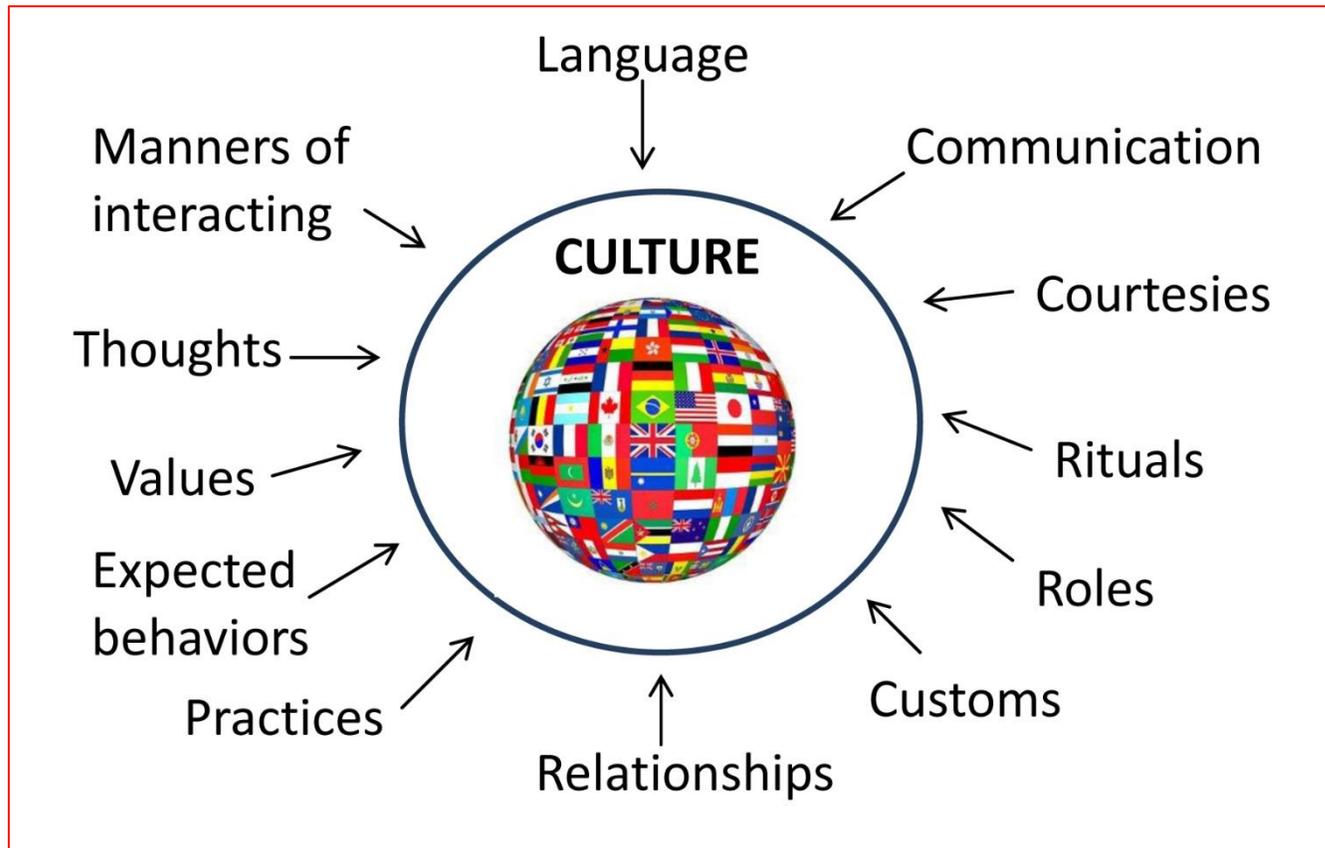
1. Attention to cultural competence
2. Attention to health literacy
3. Attention to adherence
4. Attention to empowerment





Attention to cultural competence

Attention to cultural competence



Cultural factors

- Race/ethnicity
- Religion
- Social class
- Language
- Disability
- Sexual orientation
- Age
- Gender

Attention to cultural competence

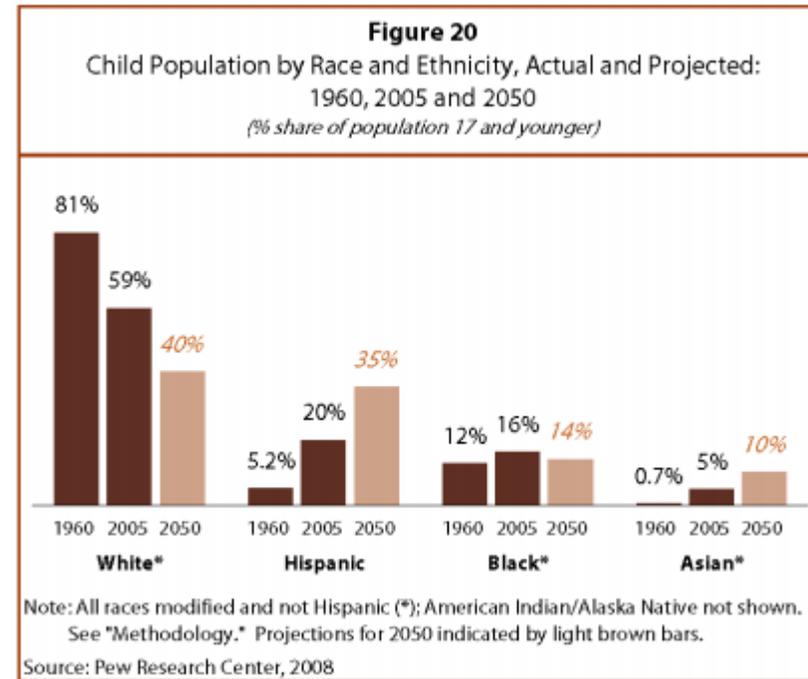
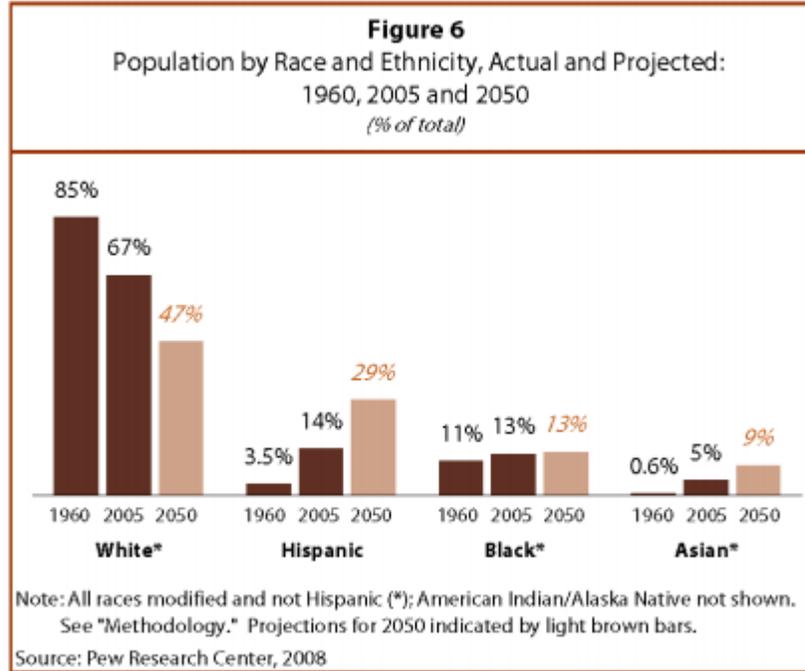
Cultural Competence

- Not a state at which one arrives, but a process of learning, unlearning, and relearning
- A sensibility to differences cultivated throughout a lifetime
- Requires a high level of emotional intelligence
- Competence in one context is no assurance of competence in another

Cultural Competence



Attention to cultural competence



These two figures show actual and projected changes in our population by race and ethnicity, with adults on the left and children on the right. Hispanic, Black, and Asian populations are increasing and will continue to increase while White populations will continue to decline.

Attention to cultural competence

Acknowledge the complexity of cultural identity

- People belong to multiple cultural groups
- This requires reconciling multiple and sometimes clashing norms
- There is a danger of missing diversity by collapsing identities into cultural groups

Cultural Competence



Attention to cultural competence

Recognize the dynamics of power

- Cultural privilege can create and perpetuate inequities in power
- This can foster unequal resource distribution and access
- One must understand the experience of being devalued, marginalized, or subordinated due to cultural identity

Cultural Competence



Attention to cultural competence

Recognize and eliminate bias in language

- Language is powerful
- When used respectfully and effectively, language can reduce power inequalities in therapeutic relationships
- And it can promote full between the practitioner and the person with asthma

Cultural Competence



Attention to cultural competence

Employ culturally appropriate methods

- There is no formulaic approach to different cultures and age groups
- The key to effective learning across cultural differences is mutual understanding
- Understanding and the proper use of methods is possible only by looking for the uniqueness that underlies the differences in people

Cultural Competence



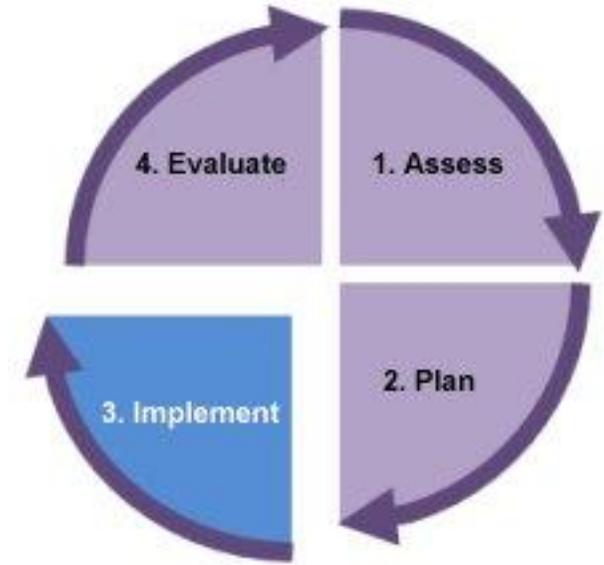
Attention to cultural competence

Cultural Competence



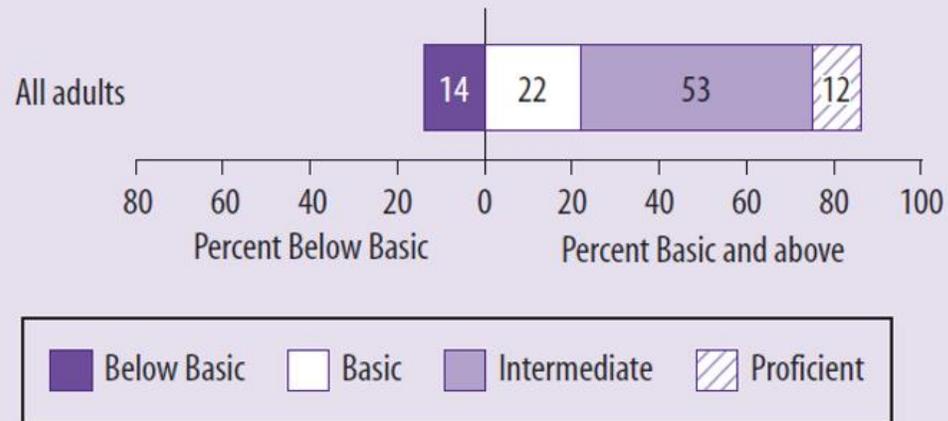
One example of employing a culturally appropriate method for teaching asthma management might be using open-ended questions such as “In your community, what does having asthma mean?” to elicit informative responses.

Attention to health literacy



Attention to health literacy

Figure 2-1. Percentage of adults in each health literacy level: 2003



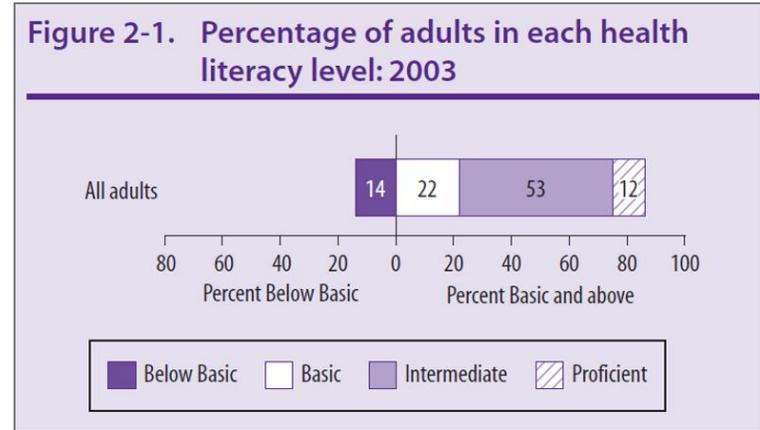
The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (HHS 2000 and Institute of Medicine 2004)

36% of the US population has only a basic or below basic level of health literacy. In order for a person with asthma to effectively change health behaviors, it recommended that practitioners speak to that level of health literacy. One example of doing this is keeping healthcare literature at a 5th grade level or lower.

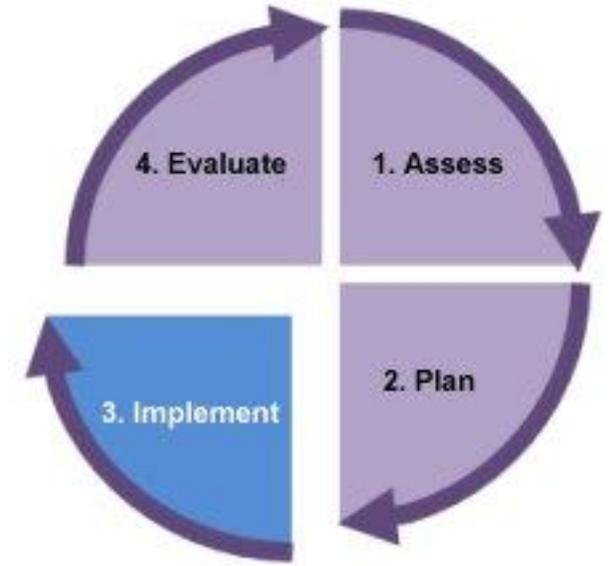
Attention to health literacy

Common fallacies

- People will tell you if they cannot understand
- Most illiterates are poor, immigrants, or minorities
- Years of schooling is a good measure of health literacy levels
- Those who are illiterate learn slowly, if at all



Attention to adherence



Attention to adherence

Adherence is

- The extent to which a person's behavior—taking medication, following a diet, and/or executing lifestyle changes—corresponds with agreed recommendations from a health care provider



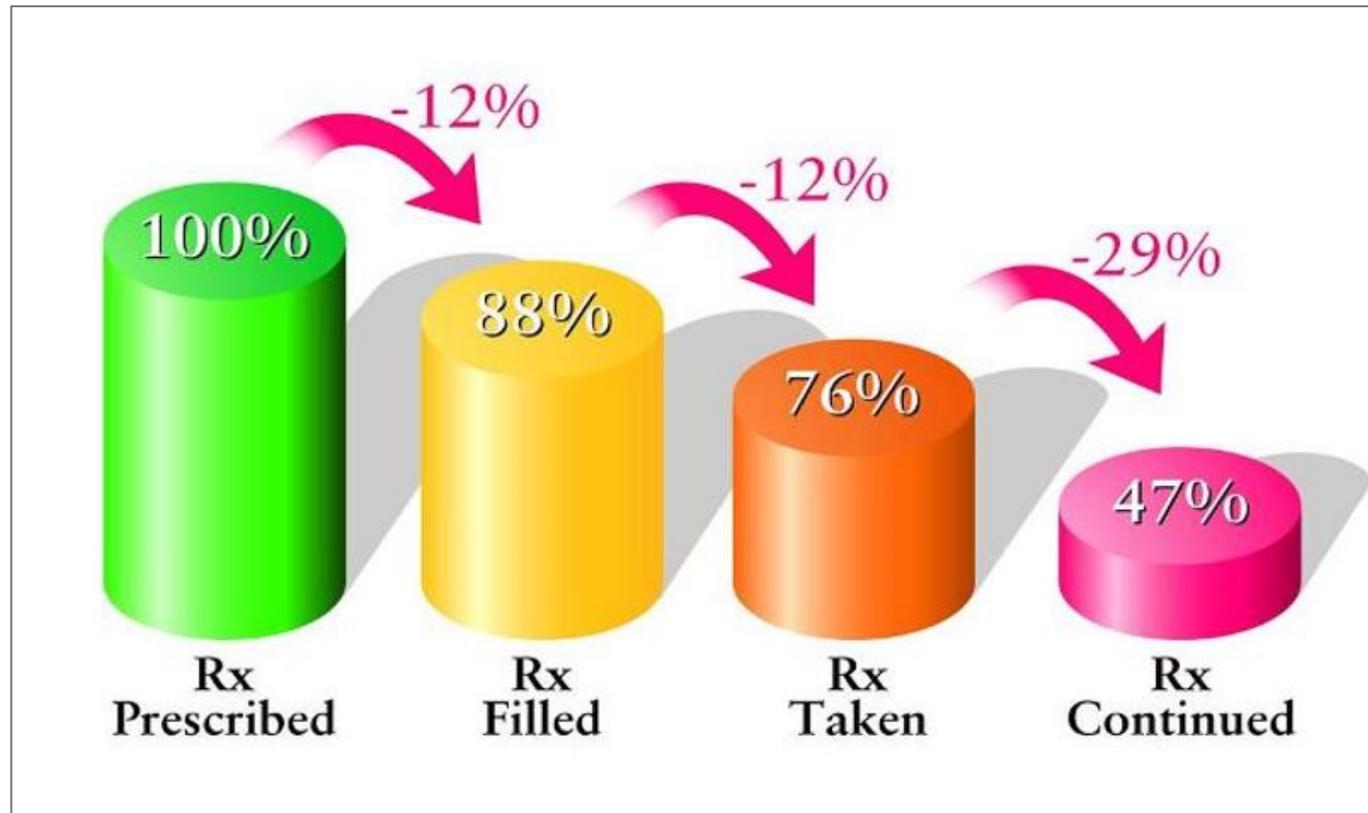
Attention to adherence

Non-adherence is

- Not filling the prescription
- Not using the medication when filled (intentionally or due to forgetfulness)
- Using the medication too often or too seldom



Attention to adherence



According to the Case Management Adherence Guide (2006) medication adherence rates are low, averaging only 50-65%. This chart illustrates the magnitude of the problem at various stages of medication adherence.

Attention to adherence

The notion of a typical non-adherent patient is a myth

- Type or severity of disease do not significantly relate to adherence rate
- No clear relationship to socio-demographic variables and non-adherence



Attention to adherence

Examples of intentional non-adherence include

- Perception that treatment is not necessary
- Denial or anger about asthma or its treatment
- Inappropriate expectations
- Concerns about side-effects (real or perceived)
- Dissatisfaction with health care providers



It is important to understand whether non-adherence is intentional or unintentional. If non-adherence is intentional, the person with asthma is likely to be at a lower stage of change.

Attention to adherence

Examples of unintentional non-adherence include

- Cost of medication
- Difficulties using inhaler device (e.g., arthritis)
- Burdensome regimen (e.g., multiple times per day)
- Multiple different inhalers
- Misunderstanding about instructions
- Forgetfulness



Attention to adherence

Adherence increases when a person with asthma

- Realizes that symptoms are sufficiently severe to require adherence
- Realizes that remedial action effects a rapid and noticeable reduction in symptoms



Attention to adherence

Adherence increases when providers

- Give comprehensive information
- Develop the ability to teach behavioral skills
- Develop skills in empowerment



Attention to adherence

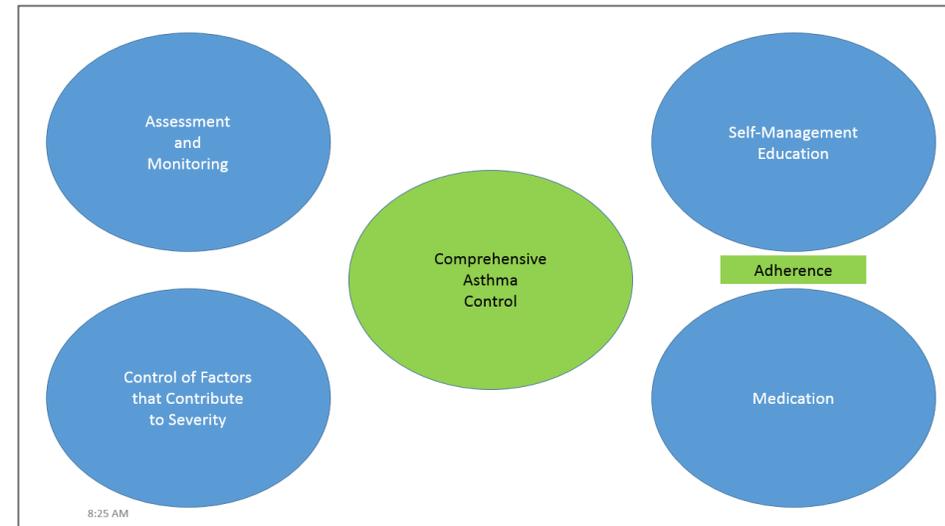
Adherence increases when healthcare systems allow for

- Continuity of care (i.e., care from the same provider over time)
- Adequate appointment length and duration of treatment
- Adequate resources to decrease demands upon providers
- Adequate fee structures for patient counselling and education



Attention to adherence

- Finally, adherence is influenced not only by the effective self-management education, but also by the type medication being taken by the person with asthma.
- This is why the image in the slide shows adherence being proximal to both self-management education and medication. (By the way, these are the four approaches recommended by the NAEPP to provide comprehensive asthma control.)



Attention to adherence

Promising new developments

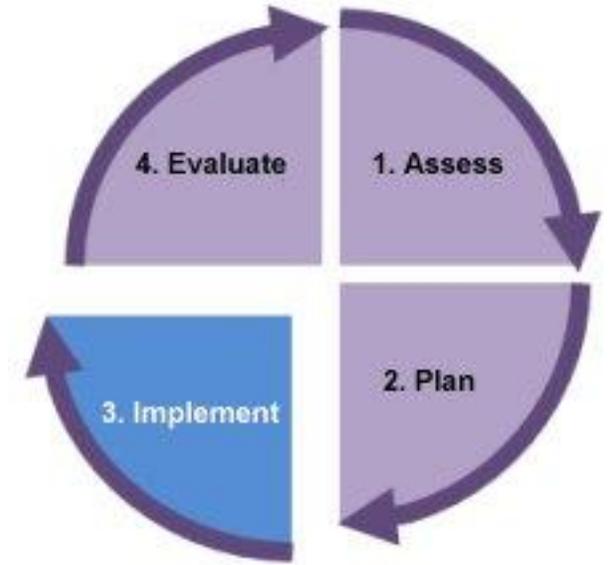
Table 2. Emerging therapies for adult asthma.

Treatment	Category
'As-needed' ICS/fast-onset LABA inhaler	Inhaled treatment in response to symptoms
ICS/24-hour acting LABA	Combination ICS and ultra-LABA
Azithromycin	Oral antibiotic with anti-inflammatory effects
Anti-IL-4, anti-IL-5 and anti-IL-13	Systemic biologic treatment

ICS: inhaled corticosteroids; LABA: long-acting β -agonist; IgE, immunoglobulin E; IL: interleukin.

Because the type of medication being taken seems to influence adherence, two emerging therapies may improve adherence

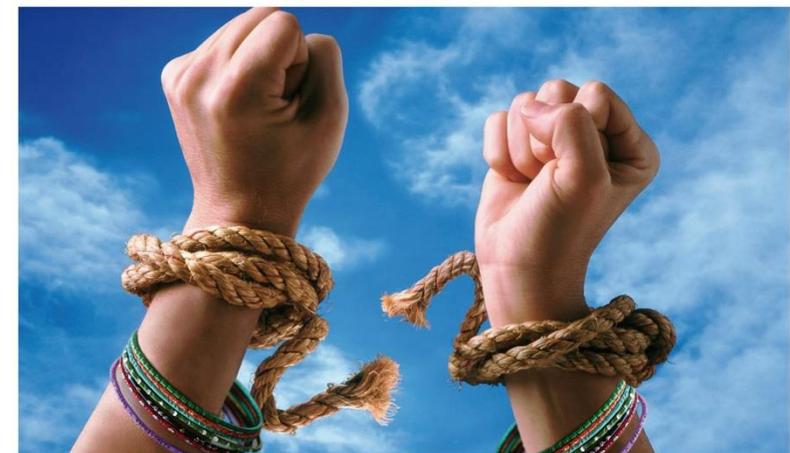
Attention to empowerment



Attention to empowerment

Empowerment is centered on the belief that

- People with asthma should be in control of their own care
- Behavioral changes and adherence to therapies cannot be achieved unless the need for self-change is internalized



Attention to empowerment



One possible key to empowerment in self-management education is the use of a tool called motivational interviewing. Even though it sounds like an assessment tool (“interviewing”), it is actually an intervention.

Attention to empowerment

Motivational interviewing

- MI is a collaborative conversation to strengthen a person's own motivation for and commitment to change
- It is a tool for empowering people with asthma to control their own care and manage their own health



Attention to empowerment

Motivational interviewing

- Recognizes that those who need to make changes in their lives are at different levels of readiness to change
- Is non-judgmental, non-confrontational and non-adversarial
- Engages, elicits change talk, and evokes motivation to make positive changes



Attention to empowerment

Stage 1

Expressing empathy

- Create a safe environment
- Patient determines the pace and direction of the conversation
- Use active listening
- Avoid giving advice or teaching



Attention to empowerment



Stage 2

Developing discrepancies

- Identify core values of the patient
- Determine if patient's current behavior is consistent with values
- Help patient explore negative outcomes related to current behavior

Attention to empowerment

Stage 3

Rolling with resistance

- Don't coerce or lead, but rather facilitate
- Foster new ways to think about the situation (reframing)
- Agree with the resistance, but with a change of direction that propels the discussion forward



Attention to empowerment

- Resistance leads to lack of involvement in the therapeutic process. The practitioner should try to divert or deflect the energy the person with asthma is investing in resistance toward positive change.
- This is similar to judo, which is represented in the image to the right. Judo means “gentle way.” Judo’s basic philosophy is that resisting a more powerful opponent will result in defeat, while rolling with his attack will cause him to lose his balance, his power will be reduced, and he (i.e., his resistance) will be defeated.



Attention to empowerment



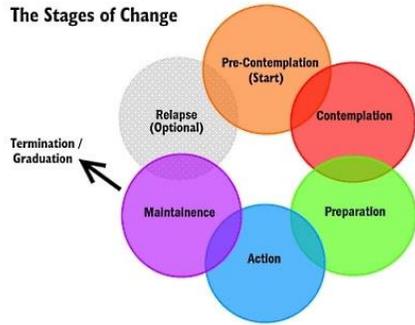
Stage 4

Supporting self-efficacy

- Promote an atmosphere of hope, optimism, and the feasibility of accomplishing change
- Recognize strengths and bring these to the forefront whenever possible
- Reinforce confidence in taking action and making behavior changes

Attention to empowerment

The Stages of Change



Pre-contemplative stage

- I can stop taking my medicine when I feel good and don't have any symptoms or problems breathing

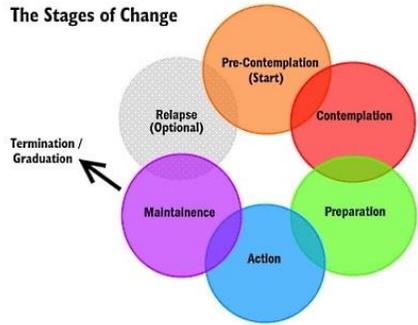
MI step

- **Express empathy** by acknowledging that it seems unnecessary to take daily controller meds when you feel well
- **Develop discrepancy** by reminding how bad the symptoms are when you don't feel well



Attention to empowerment

The Stages of Change



Contemplative stage

- I am unable to pay for daily controller meds

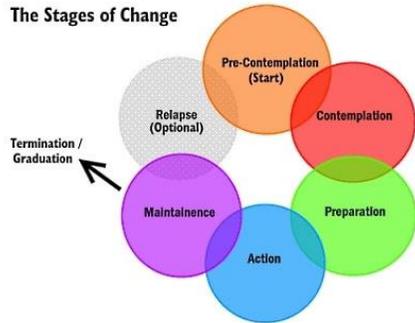
MI step

- **Express empathy** by acknowledging how expensive the meds are
- **Roll with resistance** when discussing different payment options



Attention to empowerment

The Stages of Change



Preparation stage

- A CHW told me about the value of controller meds and the many options for assisting with medication costs

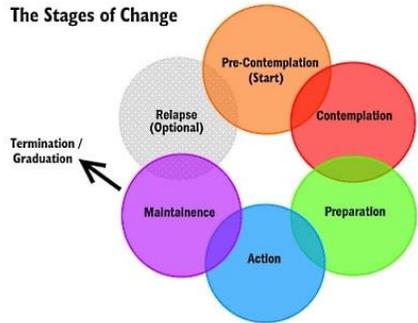
MI step

- **Support self-efficacy** by helping the person with asthma or the caregiver to explore the various payment options



Attention to empowerment

The Stages of Change



Action stage

- I am taking my controller meds

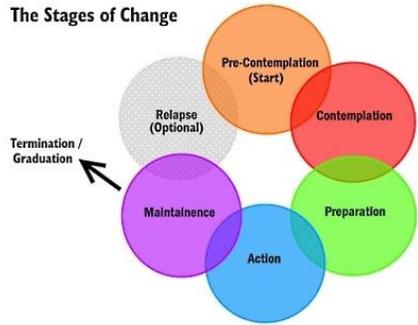
MI step

- **Support self-efficacy** by teaching proper technique when using the device



Attention to empowerment

The Stages of Change



Maintenance stage

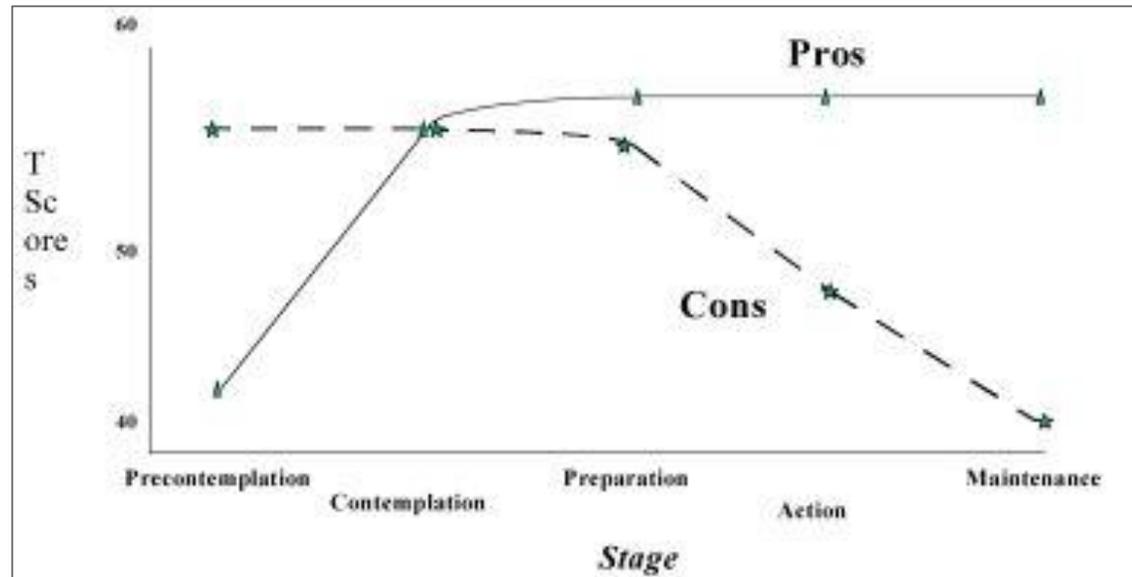
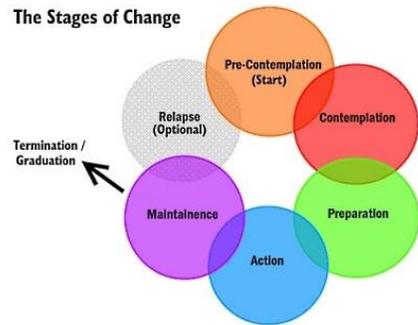
- The controller device has 60 doses (one month supply) and is now running low

MI step

- **Express empathy** for the inconvenience of having to refill prescriptions
- **Roll with resistance** if it seems the PWA is having second thoughts with continuing the controller med



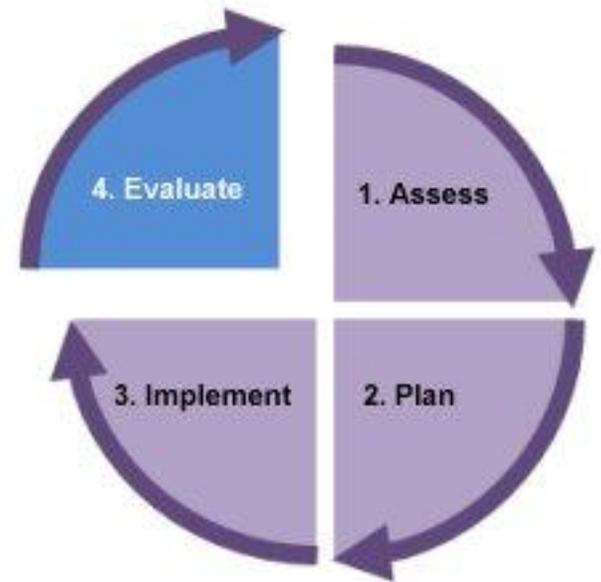
Attention to empowerment



Here is an overview of how empowerment through motivation interviewing might help a person with asthma move through the stage of health behavior change by continually weighing the pros and cons of change throughout the process of asthma self-management education.

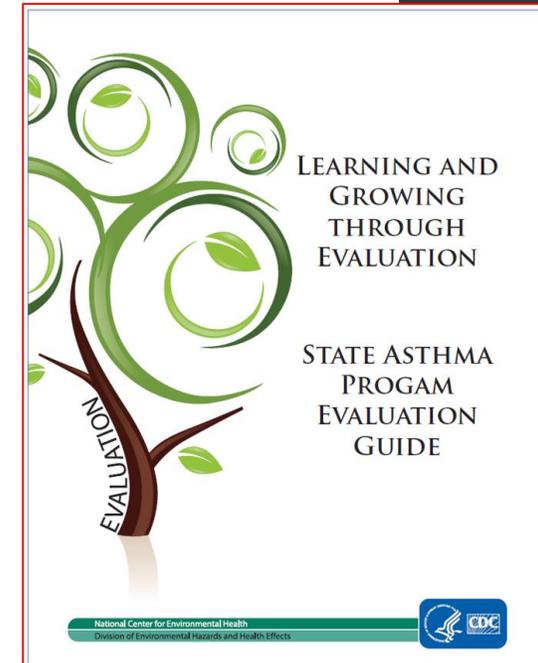
Asthma Self-Management Education

Evaluate



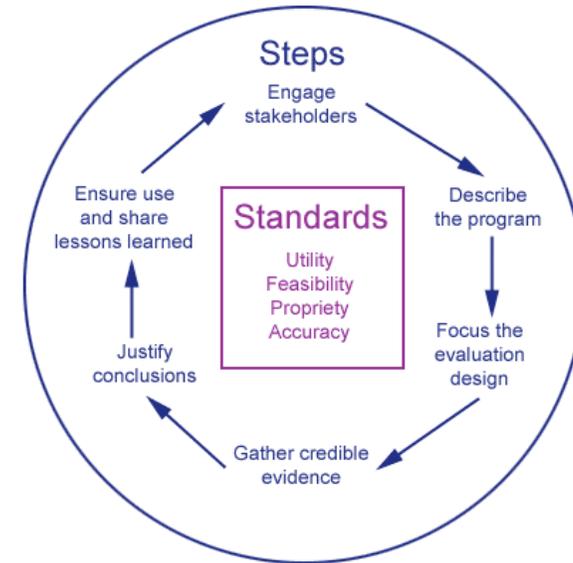
Evaluate AS-ME programs by

- A wonderful guide for evaluating asthma programs is Learning and Growing through Evaluation, developed and used by CDC's National Asthma Control Program.
- I will use the Individual Evaluation Plan template in this guide to show you one useful approach to conducting a program evaluation.



Evaluate AS-ME programs by

1. Engaging stakeholders
2. Describing the program
3. Focusing the evaluation
4. Gathering credible evidence
5. Justifying conclusions
6. Ensuring use and share lessons learned



These are the six steps in CDC's evaluation framework. The NACP template that I mentioned follows these six steps.

Engaging stakeholders

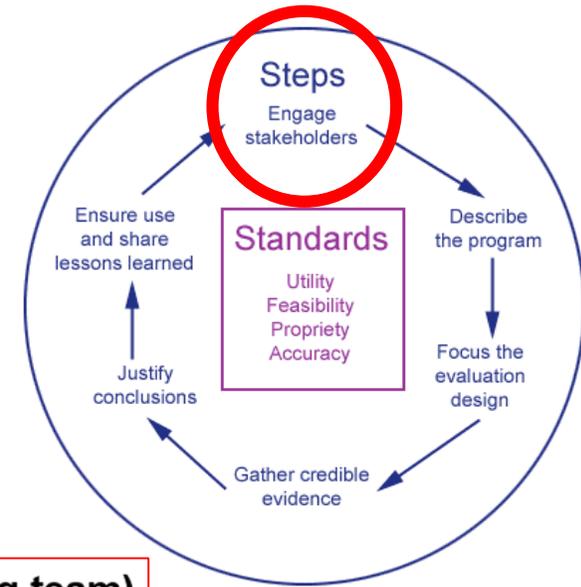
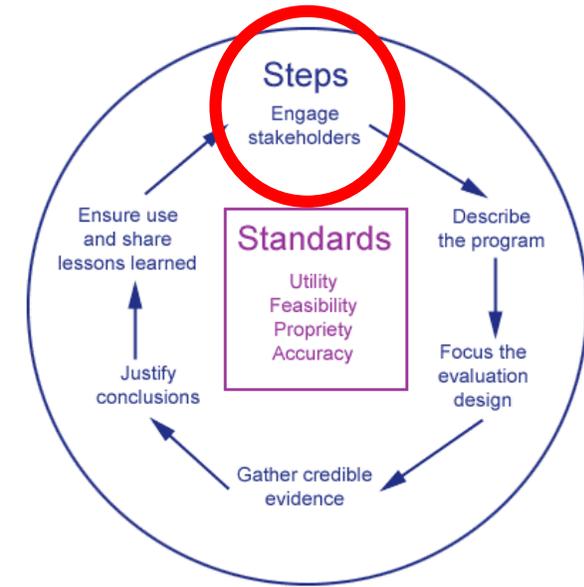
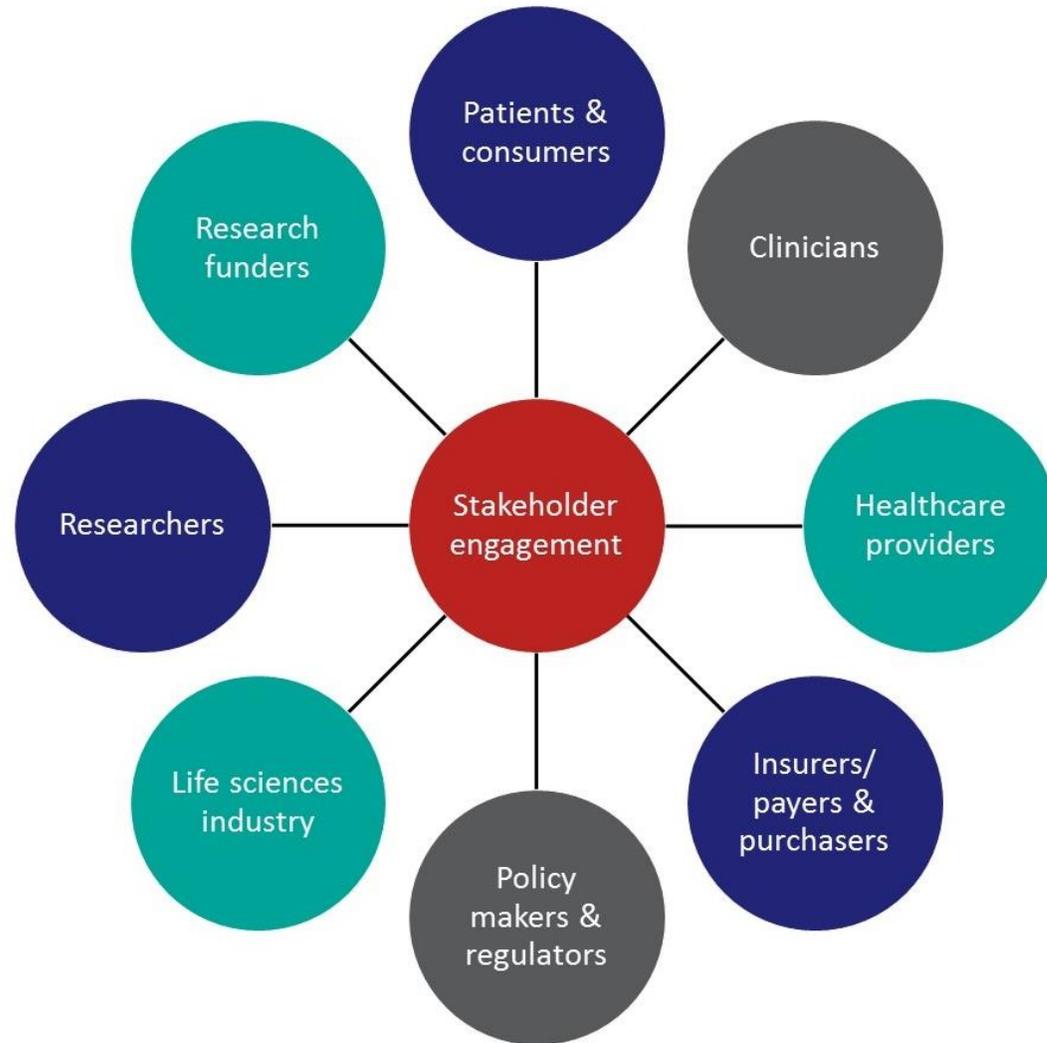


Table F.1. Stakeholder Assessment and Engagement Plan (* indicates member of planning team)

Stakeholder Name	Stakeholder Category	Interest or Perspective	Role in the Evaluation
<i>{May be an individual or a group}</i>	<i>{primary, secondary, tertiary}</i>	<i>{program participant, staff, etc.}</i>	<i>{planning team, external reviewer, etc.}</i>

To engage stakeholders, the NACP template prompts you to think of all stakeholders who either influence or are influenced by the program and to determine what role you might like them to play in the evaluation. Getting people and groups involved is a great way to engage them!

Engaging stakeholders



Describing the program



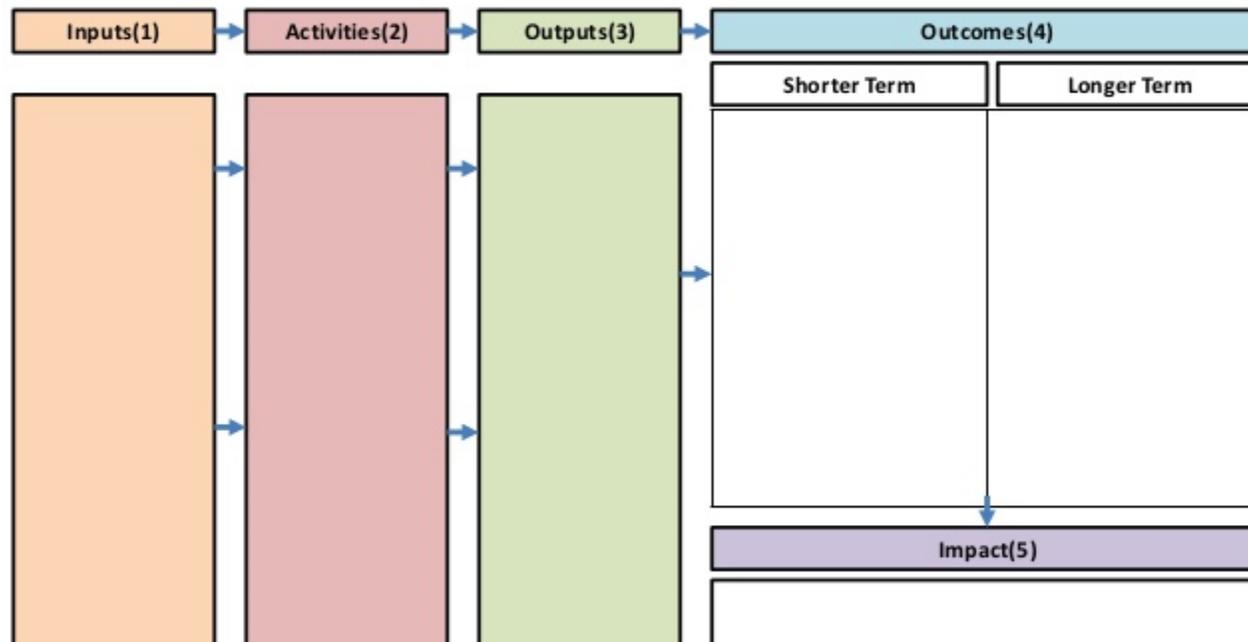
Table F.2. Program Description Template

Resources/Inputs	Activities		Outputs	Outcomes	
	Initial	Subsequent		Short-Term/Intermediate	Long-Term

To describe the program, the NACP template prompts you to think of the inputs, activities, outputs, and outcomes of the program.

Describing the program

Logic Model (draft)



Using this information, you can develop a logic model. Evaluators LOVE logic models because they help evaluators and stakeholders alike to understand the program better and to ask useful evaluation questions about the program.

Focusing the evaluation

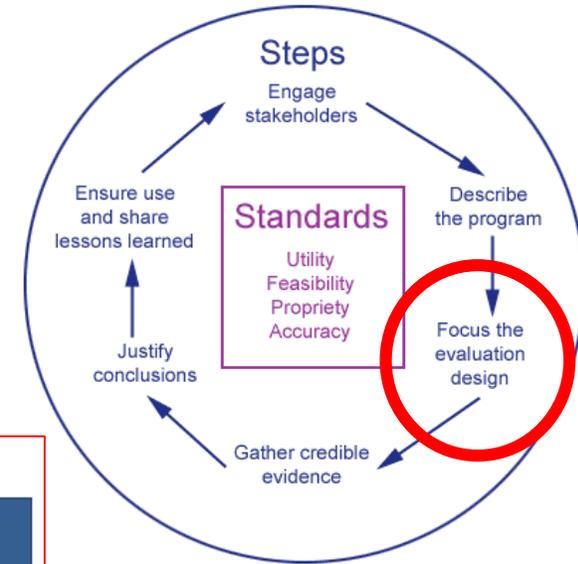


Table F.3: Evaluation Questions and Associated Data Collection Methods

Evaluation Question	Data Collection Method	Source of Data
1.		
2.		

To focus the evaluation, the NACP template prompts you to come up with specific evaluation questions to address. Describing the program using a logic model is a good way to come up with useful questions. And since you can't evaluate EVERYTHING about a program, the questions help you channel your resources

Focusing the evaluation

PARTICIPATION	Number and demographics of participants (a) initiating and (b) attending at least 60% of sessions of guidelines-based intensive asthma self-management education
SKILLS	Number of participants attending at least 60% of intensive asthma self-management education sessions who successfully complete a return demonstration of basic asthma self-management knowledge and skills
MEDICATION	Number of participants who: had poorly controlled asthma and were not using a long-term control medication regularly on enrollment; who reported better adherence to long-term control medication a month or more after attending at least 60% of intensive asthma self-management education sessions
CONTROL	The number of participants with poorly controlled asthma on enrollment who report their asthma is “well-controlled” one month or more after attending at least 60% of intensive asthma self-management education sessions
PARTICIPANT UTILIZATION	Number of participants attending at least 60% of intensive asthma self-management education sessions who report a decrease in the number of asthma-related hospitalizations and ED visits during the 12 months following the program. (supplemental measure; encouraged but not required)



These are performance measures that state asthma programs use to monitor their programs. They are not exactly evaluation questions, but they give you an idea of what evaluation questions for an asthma self-management education program might look like.

Gathering credible evidence

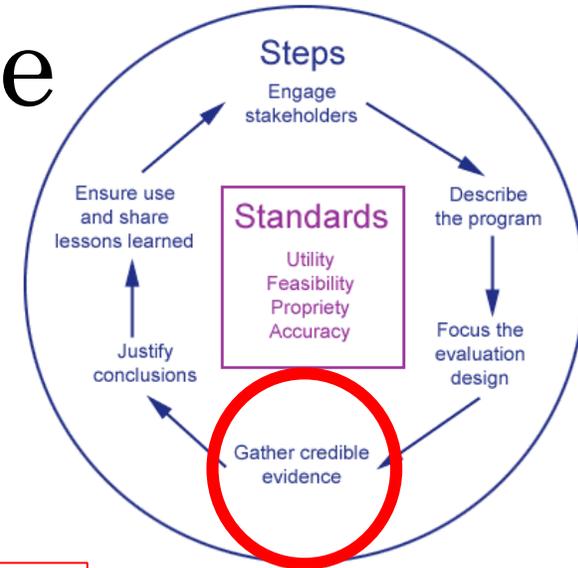
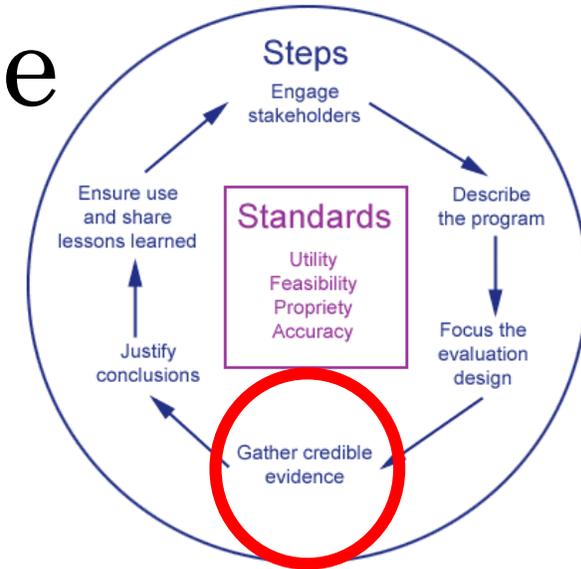
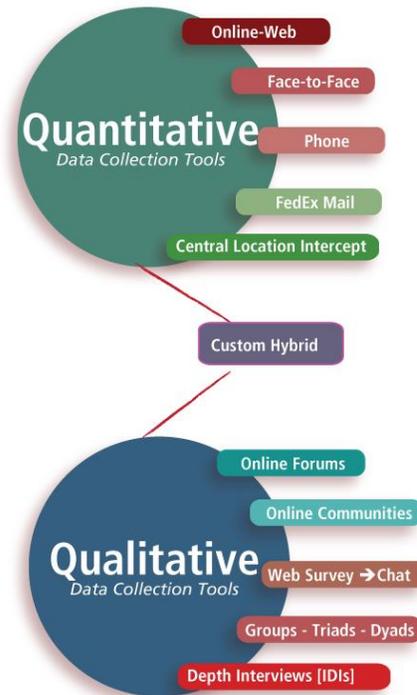


Table F.3: Evaluation Questions and Associated Data Collection Methods

Evaluation Question	Data Collection Method	Source of Data
1.		
2.		

To gather credible evidence, the NACP template prompts you to develop data collection methods and sources of data for each evaluation question.

Gathering credible evidence



These data collection methods can be quantitative or qualitative in nature. The nature of the question usually dictates the type of methodology that ought to be used to answer it, though many if not most evaluators will use both methods. We call that being pragmatic.

Justifying conclusions

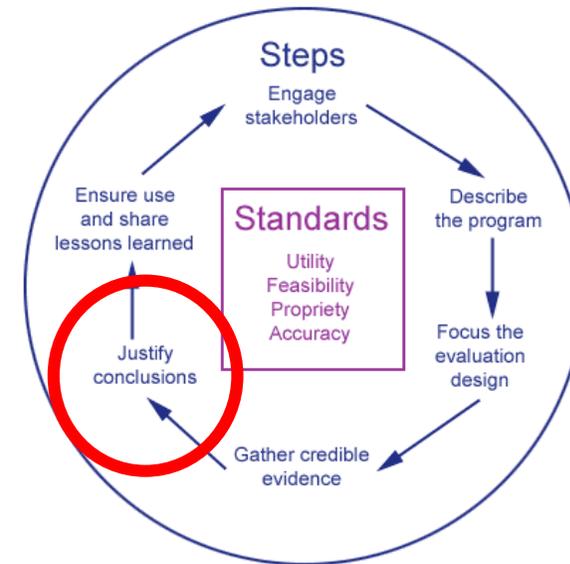


Table F.4. Indicators and Success

Evaluation Question	Criteria or Indicator	Standards (What Constitutes "Success"?)
1.		
2.		

To justify conclusions, the NACP template will prompt you for criteria or indicators used to gauge the worth or merit of the evaluation findings. Plus, the template will encourage you to determine how much of each criterion or indicator is needed to constitute the success of the program.

Ensuring use and sharing lessons learned

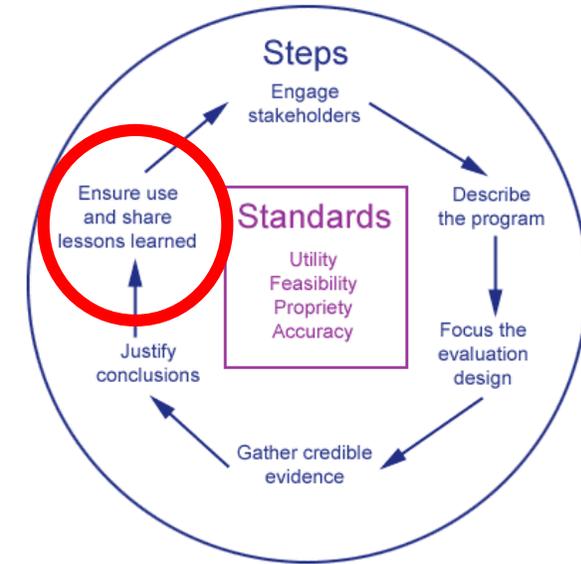


Table F.8. Communication and Reporting Plan

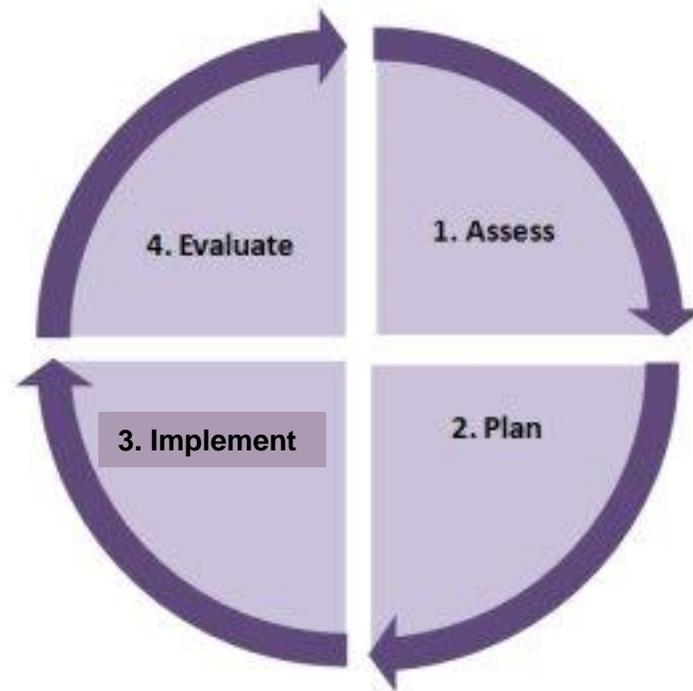
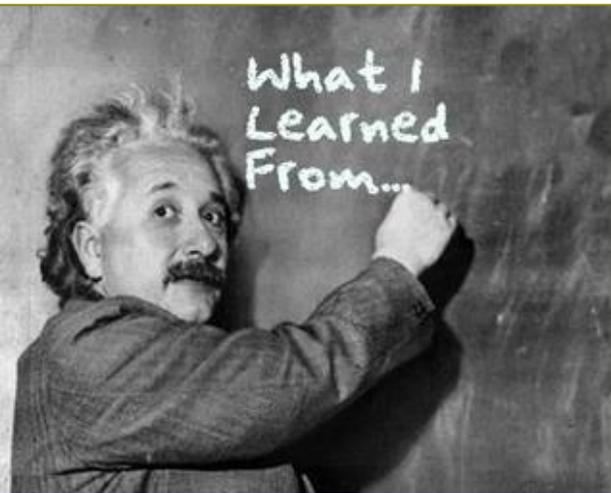
Audience 1: {insert name of audience}					
Applicable? (√)	Purpose of Communication	Possible Formats	Possible Messenger	Timing/Dates	Notes
	Include in decision making about evaluation design/activities				
	Inform about specific upcoming evaluation activities				
	Keep informed about progress of the evaluation				
	Present initial/interim findings				
	Present complete/final findings				
	Document the evaluation and its findings				
	Document implementation of actions taken because of the evaluation				

Adapted from Russ-Eft and Preskill, 2001, pp. 354–357.

Finally, to ensure use and share lessons learned, the NACP template will prompt you develop ways to communicate with all of your engaged stakeholders throughout the evaluation to make sure they are on board when it comes to actually acting on the evaluation findings.

CDC Evaluation Framework

Stages of Change



Motivational Interviewing

NAEPP Asthma Guidelines

