Culturally-Sensitive Approaches for Improving Asthma Outcomes

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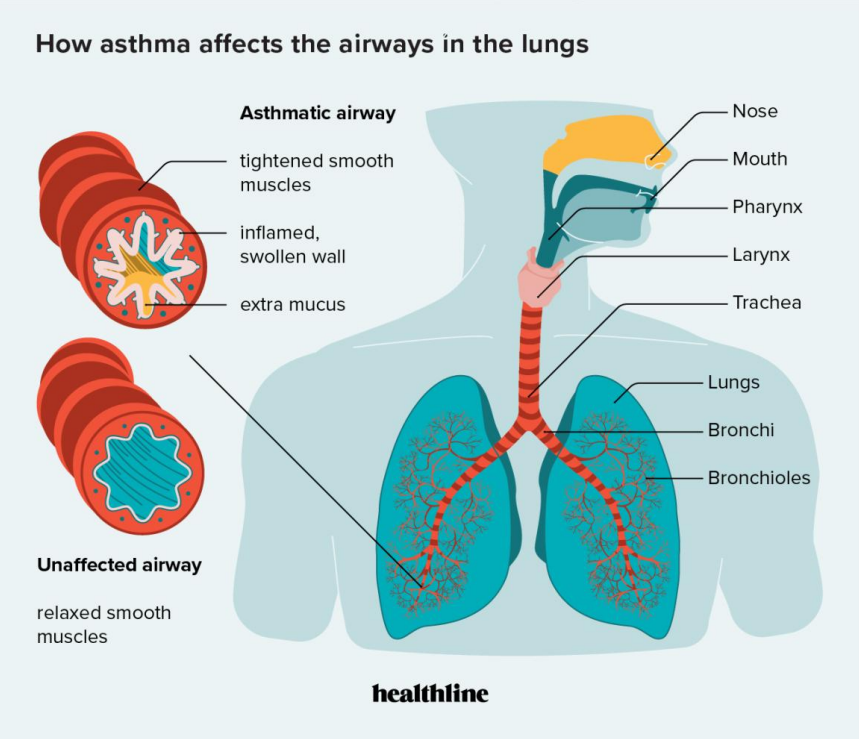
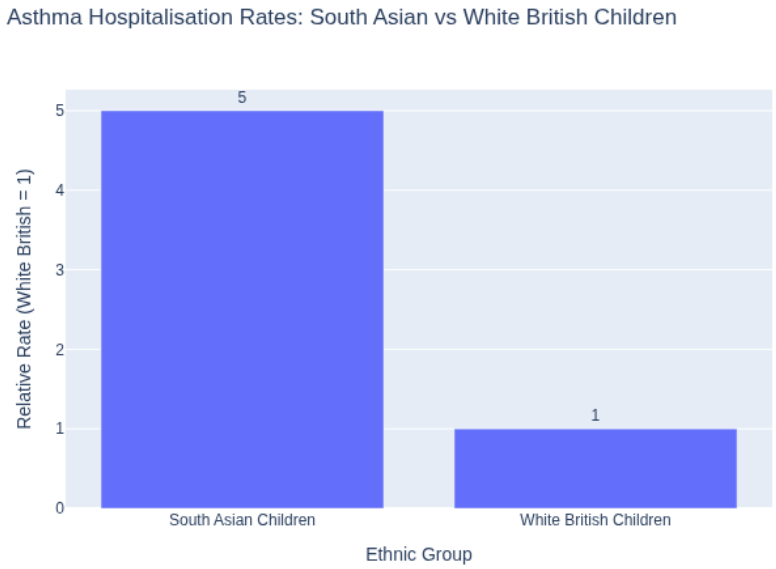
Why This Still Matters



- Asthma affects over 1 million children in the UK.
- South Asian children face higher hospitalisation rates and poorer asthma control.
- Cultural and religious beliefs shape health behaviours - understanding this is key.

(c) Healthline, illustrated by Jason Hoffman

National Data



- South Asian children are 3–5x more likely to be hospitalised for asthma.
- In Leicester, ED visits are 4x higher among South Asian children.
- Disparities linked to communication barriers, stigma and cultural misunderstandings.

Unpicking the Jigsaw Puzzle

Research

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Ethnicity and Health

"My review has uncovered many cultural barriers standing in the way of improving the services of the NHS for children and young people. These barriers were created, and operate, at a number of levels, from Whitehall… to contacts between individual professionals, and with children, young people and those looking after them."

Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs."

Professor Sir Ian Kennedy, September 2010

MIA—Management and Interventions for Asthma

Interventions for Asthma

- Asthma morbidity can be improved by effective interventions
  - either exclude ethnic minority groups or are less successful in minority ethnic groups.
- Majority of interventions focus on education
  - systematic review concluded that information-only education results in very little improvement in any clinical outcome measure.
- Tailoring of interventions
  - Cochrane systematic review showed that tailored interventions are more successful than generic ones in improving asthma management in ethnic minority children.

Asthma and South Asian Children

- Asthma and South Asian patients
  - More unfamiliarity around need/dosing /side effects of preventative medication
  - Lower confidence in the helpfulness of and in using self-management plans
  - Higher rate of presentation to primary care, but with higher dissatisfaction with primary care services
  - Different patterns and preferences in presentations to health services

MIA Philosophy

- Grass roots, ground-up intervention design, not top-down
  - No pre-set outcome, responsive to the outcomes desired by the service users and providers
  - Inherently tailored to the needs of service users and providers
- Engage children, families, communities, professionals and organisations as per socio-ecological model.
- Use qualitative research to understand why behavioural patterns (both as barriers and facilitators) occur, as opposed to only knowing what behaviours occur.
- Aim to provide a framework for intervention development that could be applied to any given population and condition to produce a tailored multifaceted programme.

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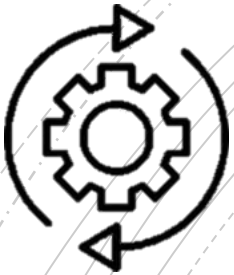
management & interventions for asthma

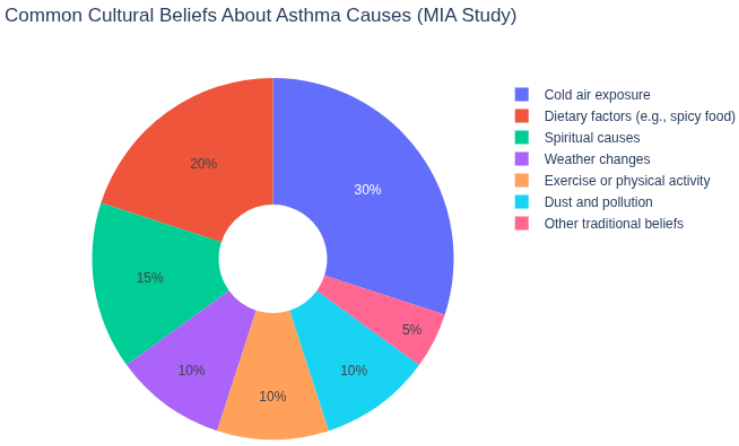


Methodology

Phase 1 - Evidence synthesis	•Interventions for asthma in south Asian children •Barriers and facilitators to asthma management in south Asian children
Phase 2 - Community Study	•Focus groups •Key informant interviews •Healthcare professional interviews
Phase 3 - families study	•Primary carer interviews •Child interviews •secondary carer/grandparent interviews •comparitive interviews
Phase 4 - collaborative intervention design	•Data integration •Collaborative workshops •Final workshop •Diseemination events

- Mixed-methods study: interviews with South Asian and White British children (ages 5–12).
- Explores how cultural and religious beliefs intersect with asthma management.
- Focus on co-designed, community-informed solutions.
- Collaborative intervention design.
- Responsive to outcomes desired by service users.
- Engagement of communities, parents/carers, children and healthcare provider.
- Qualitative methods to understand why behaviours occur.

Cultural & Religious Beliefs



- Asthma attributed to cold air, diet, or spiritual causes.
- Traditional remedies often used before seeking medical care.
- Confusion between triggers and causes is common.
- Fasting during Ramadan affects medication adherence.
- Beliefs about purity and spiritual healing influence treatment choices.
- Need for respectful dialogue around religious practices.
- Health decisions often made collectively.
- Grandparents and community leaders play key roles.
- Advice from family may conflict with clinical guidance.

FINDINGS

Emotional and Social Impact

- Embarrassment and stigma around asthma.
- Avoidance of physical activity due to fear of symptoms.
- Mental health impact often overlooked.

FINDINGS

Healthcare, Social Care & Education Improvements - What Families Want

- Longer GP appointments.
- Community-based education.
- Peer support and culturally-sensitive care.
- Use interpreters and translated materials.
- Respect religious practices while ensuring adherence.
- Engage extended family and community leaders.
- Provide consistent messaging and written asthma plans.
- Pharmacists are accessible and trusted.
- Support inhaler technique, adherence, and education.
- Providing culturally-tailored materials and referrals.
- Schools are critical for asthma management.
- Staff training, emergency inhalers and inclusive education reduce stigma.
- Communication with families is essential.
- Engaging the whole family builds trust.

FINDINGS

Communication Barriers

- Language barriers limit understanding.
- Children often act as interpreters.
- Lack of culturally-tailored materials.

FINDINGS

Participant Views

"If someone finds out that your child has asthma then automatically it can spread and some parents may not want their children to play with someone who has asthma."

Dad

"Yes, in our community it matters, sometimes in-laws say that the girl was unwell, and that they shouldn't have brought her in the family. her."

Mum & Dad

When they find out that the girl has asthma, family behaviour may change towards her."

Mum

"Sometimes he's coughing one whole winter. But we can't suggest (to GP) that this is asthma

The doctor who saw me at the hospital, was one of those who, you speak to and he's got that smirk on his face that kind of says to you, Shut up.

You're asking them questions but they make you feel about that small."

Mum & Dad

SA parents of children with asthma (n=22)	WB parents of children with asthma (n=2)	Health Care Professionals (n=37)
Getting a diagnosis	What to do day to day	Managing issues arising from language barriers
Not all doctors and nurses treating asthma well enough	Getting a diagnosis	Informing South Asian families, knowledge, expectations and understandings
Types of services available for asthma	Medicines for asthma	Supporting professional education and training
being able to talk to doctors and nurses	Information and support for families	Making time to deliver care
Understanding what asthma is	School and my child's asthma	Improving information and education
Medicines for asthma	Understanding what asthma is	Standardising the quality of management
What to do day to day	Not all doctors and nurses treating asthma well enough	Facilitating inter-professional working
Having suitable information on asthma	Knowing about and using services for asthma	Managing behaviours arising from South Asian culture
School and my child's asthma	Raising awareness and understanding about asthma	Developing cultural competency
Being able to use the services	Knowing what to do in an emergency	Facilitating management of asthma at school
Community Awareness of Asthma	Being able to talk to doctors and nurses well enough	Improving diagnostics

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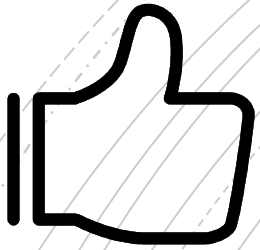
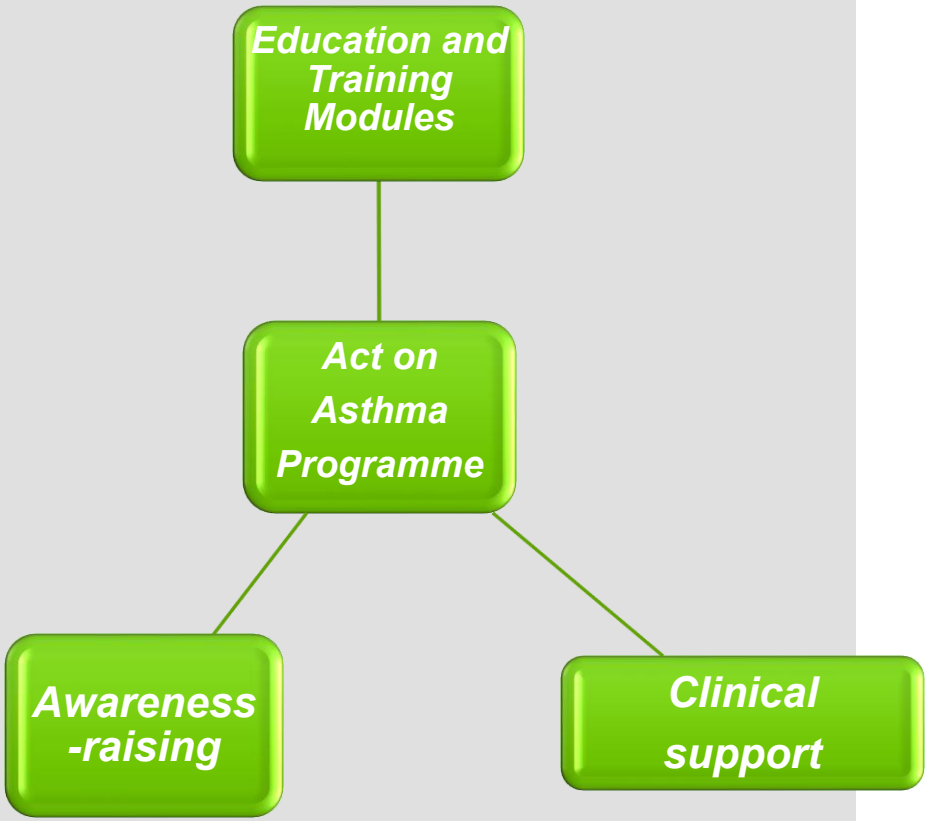
Shows differences between different groups

(c) Pexels

SOLUTIONS



Key Recommendations



1. Computerised proforma that prompts the professional to perform the required education, follow up, referrals, tests and monitor their completion. An email advice service for healthcare and educational professionals.

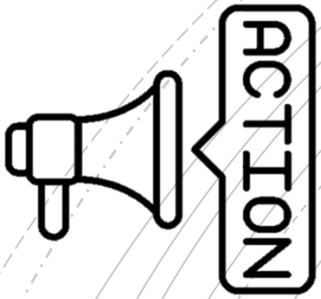
2. Multi-component programme of education and skills training modules that will provide a shared and consistent platform for education and training for all, thus ensuring consistency of message across the service (14 modules, 3 formats).

3. Raising awareness via TV and radio adverts. Future secondary campaigns focusing on key myths, such as 'the contagious (or not) nature of asthma, planned.

FINDINGS

National Guideline Changes Needed

- NICE/BTS/SIGN Guidelines emphasise individualised care considering cultural beliefs.
- Encourage judgement-based consultation with families.
- Promote health equity and cultural competence.
- Limited policy change so far, little adoption of the co-designed MIA intervention.
- Culture-specific education improves outcomes.
- Cochrane reviews show reduced exacerbations and better control.
- Training professionals in cultural competence is essential.



FINDINGS

Key Calls to Action

- Integrate cultural understanding into asthma care, not just about language barriers.
- Collaborate across disciplines and communities.
- Empower families and improve outcomes together.
- MIA study 3-step Act on Asthma Programme implementation and partneships.

Thank you

Questions?

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