

Latino Caregiver Experiences with Asthma Health Communication: A Qualitative Evaluation

Antonio Riera, MD¹, Agueda Ocasio³, Gunjan Kamdar, MD¹, Lauren Krumeich, MS⁴, Kyle Ragins, MS⁴, Sandra Trevino, MSW³ and Federico E Vaca, MD, MPH².

¹Pediatric Emergency Medicine, Yale University School of Medicine; ²Emergency Medicine, Yale University School of Medicine; ³Junta for Progressive Action, New Haven, CT; ⁴Yale University School of Medicine

For presentation at Eastern Society for Pediatric Research (ESPR) conference 3/2013, Pediatric Academic Societies (PAS) conference and Society for Academic Emergency Medicine (SAEM) conference 5/2013.



Background

Latino children experience disparate asthma outcomes. Research on asthma health communication between limited English proficiency caregivers (LEPC) and healthcare providers is scarce.

Objective

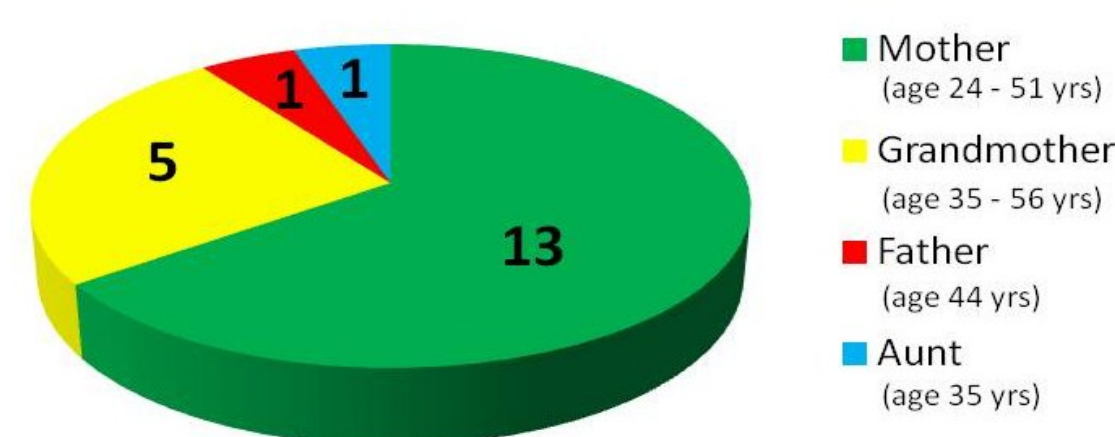
Characterize how asthma health communications are perceived and experienced by LEPC.

Methods

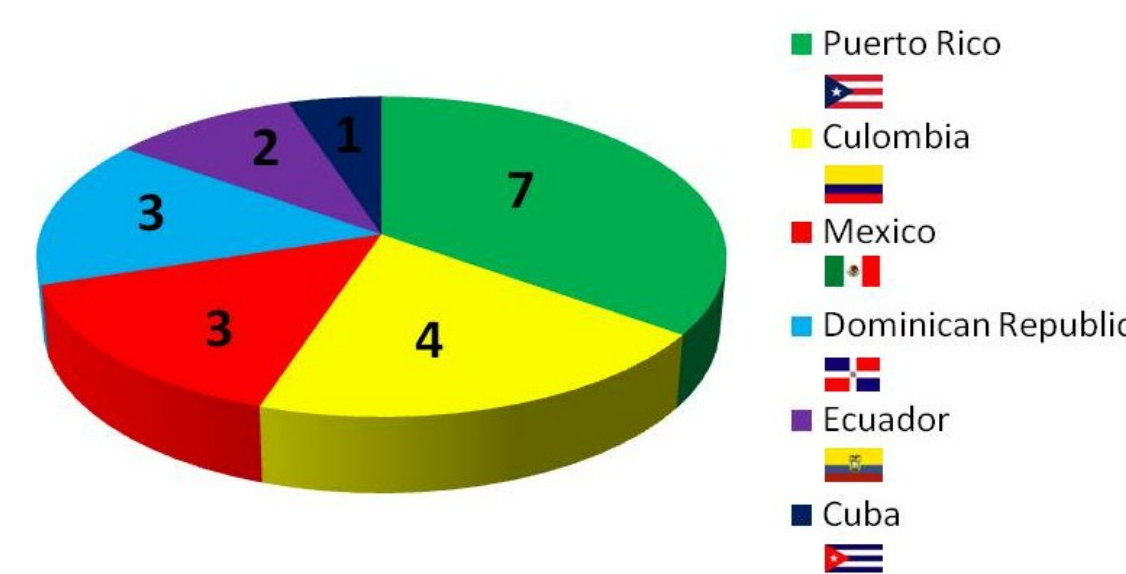
A purposeful sample of LEPC of children 2-12 years old with asthma was chosen. An ethnically concordant researcher performed and digitally recorded semi-structured in-depth Spanish interviews at a local community organization or the participant's home. Caregiver acculturation was measured. Interviews were professionally transcribed. A bilingual research team independently coded Spanish transcripts. Codes were inductively derived and iteratively refined until thematic saturation was reached. Qualitative analysis software was used to facilitate data organization and review.

Sample (n = 20 interviews)

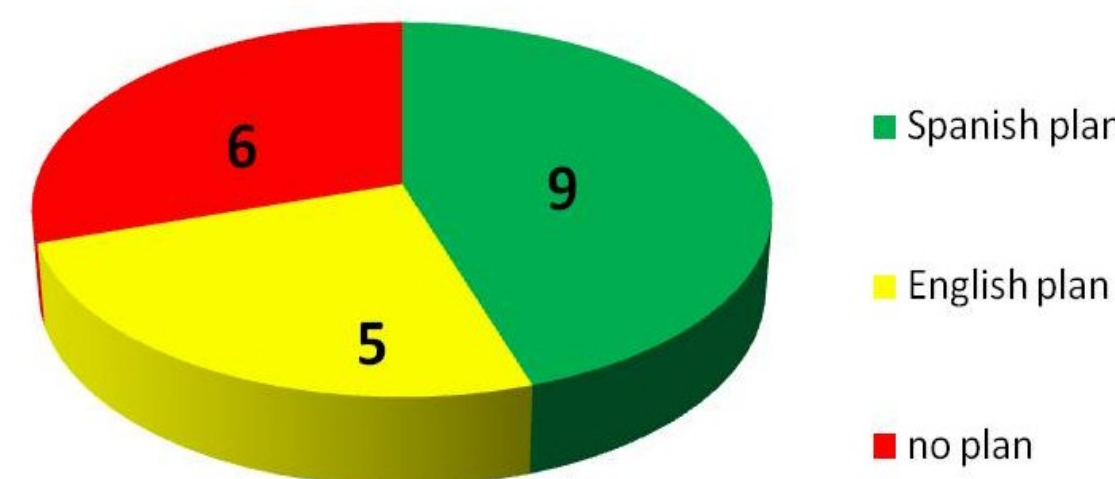
Caregiver by Role



Latino Subgroups



Action Plan Use



Language & Acculturation

• "not well" n=14	• "not well" n=8
• "not at all" n=6	• "not at all" n=12
Ability to speak English	Ability to read English
• "very well" n=14	• "Less acculturated" n=20
• "well" n=4	• Mean SASH scores: → 1.55 (+/- 0.23)
• "not well" n=2	
Ability to read Spanish	US culture assimilation

Interview Guide

1. Describe asthma significance and memorable asthma events
2. Describe role of language during health communications
3. Describe experiences with asthma action plans
4. Share perspectives on asthma teaching

Theme 1: LEPC confront significant emotional, physical (for child) and communication burdens

"La desesperación de no poderlo ver que respire con lo que debe de ser y la impotencia de que las medicinas a veces no ayudan como debe de ser. Y cuando va uno al hospital, lo mínimo va uno con una esperanza de que le resuelvan el problema y lo tienen esperando y a la hora entra uno y lo que hacen es verificar no más al niño y lo mandan a la casa."

44 y/o Mexican father

The feeling of desperation and helplessness of seeing that he can't breathe normally and that the medication doesn't always help like it should. And when one goes to the hospital at least you're left with the hope that they'll solve the problem and in the meantime they leave you waiting there just to later go in and they simply check the child and send him home.

Theme 2: Language discordant communications with health care providers are common. Perceptions of interpreter availability, delays in care, lack of trust and emotional responses act as facilitators. A pervasive use of untrained interpreters, often a child is described.

"Casi siempre la que toma la presión habla un poco de español, pero la mayoría hablan inglés. Hay que preguntar por intérprete y tardan bastante tiempo en aparecer para uno poder entender. A veces por no esperar le digo: *sí, sí, yo entiendo*. Y hablan y hablan que igual me quedo en cero. No entiendo nada. Por no esperar las 3 horas en que baja el intérprete."

29 y/o Puerto Rican mother

Usually the one that takes his pressure speaks a little Spanish, but most of them speak English. You've got to ask for an interpreter and they take a long time to show up for one to understand. Sometimes I say: "*Yes, yes, I understand.*" And they talk and talk and I don't understand a thing. I do that so I don't have to wait 3 hours for an interpreter to show up.

"A pesar de la edad que tiene ella, la veo con capacidad para ya ayudar. ¿Entiende? con un intérprete o con una persona mayor pues yo me siento mal porque a lo mejor me ven y me dicen que yo no hago el esfuerzo."

63 y/o Puerto Rican grandmother

Even though she's young [6 years], I can tell she's capable of helping. You understand? With an interpreter or an adult I feel bad because I think maybe they're thinking that I don't try hard enough.

Theme 3: Language concordant asthma education, exposure to learning opportunities and suitable action plans are valued and desired.

"El primer plan de asma lo dieron en inglés. Eso fue lo mas difícil. Después me lo consiguieron en español y ahí sí las cosas fueron mejorando... Ese plan lo tenía con mis papeles mas importantes (con la acta de nacimiento y el pasaporte). De vez en cuando lo sacaba aunque ella no estaba mal y me ponía a observar el papel para prevenir desde el primer síntoma que ella tenía."

40 y/o Dominican mother

The first asthma plan was given in English. That was the toughest part. Later they got one in Spanish and then things did start to get better... That plan was among my most important papers (with her birth certificate and passport). Sometimes I would take it out even though she wasn't sick and I would look it over to prevent from the very first symptom she had.

"Como hay fotografías, es muchísimo más instructivo porque puede ser un lenguaje universal la fotografía y usted puede seguir los pasos... En mi casa se practica con los miembros en caso que yo no esté ya saben qué es lo que tienen que hacer."

51 y/o Colombian mother

Since there are pictures, it's much more instructive because pictures can be a universal language and you can follow the steps... In my house we practice with all the members so that if I'm not there everyone knows what to do.

"Me gustaría ver más publicidad audiovisual en cualquier medio comunicativo sobre el asma."

35 y/o Colombian mother

I would like to see more publicity, audiovisual assistance regarding asthma in whatever communicative means possible.

Conclusion

The described LEPC experience with asthma communications is troublesome. An intentional strategy emphasizing effective communication, language concordant instruction, comprehensible action plans and access to educational opportunities is warranted. More research on how interventions that reduce communication barriers narrow disparity gaps for at risk children is needed.

Acknowledgements



Funding for this project was supported by a Child Health Innovation Grant Award from the Children's Fund of Connecticut and the Yale Center for Clinical Investigation.