Special considerations for asthma diagnosis and management in people from culturally and linguistically diverse backgrounds

ABOUT

This PDF is a print-friendly reproduction of the content included in the Populations – Culturally and linguistically diverse communities section of the Australian Asthma Handbook at asthmahandbook.org.au/populations/cald-peoples

Please note the content of this PDF reflects the Australian Asthma Handbook at publication of Version 1.2 (October 2016). For the most up-to-date content, please visit asthmahandbook.org.au

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ABBREVIATIONS

CFC  chlorofluorocarbon
COPD  chronic obstructive pulmonary disease
COX  cyclooxygenase
ED  emergency department
EIB  exercise-induced bronchoconstriction
FEV₁  forced expiratory volume over one second
FVC  forced vital capacity
FSANZ  Food Standards Australia and New Zealand
GORD  gastro-oesophageal reflux disease
HFA  formulated with hydrofluoralkane propellant
ICS  inhaled corticosteroid
ICU  intensive care unit
IgE  Immunoglobulin E
IV  intravenous
LABA  long-acting beta₂-adrenergic receptor agonist
LAMA  long-acting muscarinic antagonist
LTRA  leukotriene receptor antagonist
MBS  Medical Benefits Scheme
NIPPV  non-invasive positive pressure ventilation
NSAIDs  nonsteroidal anti-inflammatory drugs
OCS  oral corticosteroids
OSA  obstructive sleep apnoea
PaCO  carbon dioxide partial pressure on blood gas analysis
PaO₂  oxygen partial pressure on blood gas analysis
PBS  Pharmaceutical Benefits Scheme
PEF  peak expiratory flow
pMDI  pressurised metered-dose inhaler or ‘puffer’
SABA  short-acting beta₂-adrenergic receptor agonist
LAMA  long-acting muscarinic antagonist
TGA  Therapeutic Goods Administration

NATIONAL ASTHMA COUNCIL AUSTRALIA

ABN 61 058 044 634
Suite 104, Level 1, 153-161 Park Street South
Melbourne, VIC 3205, Australia
Tel: 03 9929 4333
Fax: 03 9929 4300
Email: nac@nationalasthma.org.au
Website: nationalasthma.org.au

ENDORSEMENT

The Australian Asthma Handbook has been officially endorsed by:

- The Royal Australian College of General Practitioners (RACGP)
- The Australian Primary Health Care Nurses Association (APNA)
- The Thoracic Society of Australia and New Zealand (TSANZ)

SPONSORS

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Asthma in people from culturally and linguistically diverse backgrounds

Recommendations

Where appropriate and possible, work with an interpreter who speaks the person’s first language.

How this recommendation was developed
Consensus
Based on clinical experience and expert opinion (informed by evidence, where available).

Consider the person’s health beliefs, cultural perspective and family circumstances that may affect asthma management.

How this recommendation was developed
Consensus
Based on clinical experience and expert opinion (informed by evidence, where available).

Consider using and providing asthma self-management resources in the person’s first language, or that have been designed specifically for their community, where appropriate.

How this recommendation was developed
Consensus
Based on clinical experience and expert opinion (informed by evidence, where available).

For every person with asthma, develop an individualised written asthma action plan that is appropriate for their treatment regimen, asthma severity, culture, language, literacy level, and ability to self-manage.

How this recommendation was developed
Consensus
Based on clinical experience and expert opinion (informed by evidence, where available).

More information

Resources for health professionals working with culturally and linguistically diverse communities
Translation and interpretation services
Telephone interpreters and accredited practitioners of translating and interpreting can be accessed throughout Australia:

- The Department of Immigration and Border Protection’s Translating and Interpreting Service is available 24 hours a day, 7 days per week. Call 131 450 or visit their website.
- The National Accreditation Authority for Translators and Interpreters (NAATI) online directory or call 1300 557 470

Resources in community languages
National Asthma Council Australia and Asthma Australia provide written information and action plans in various community languages.

Multicultural health services and other support

Involvement of multicultural health workers may improve chronic disease self-management, based on the findings of studies conducted in other countries. However, multicultural health workers or health services are not accessible throughout Australia. For information about available services, contact local health services or state and territory health departments.

Asthma Australia provides personal support and information for people with asthma and parents of children with asthma through the Asthma Australia Information line by telephone 1800 Asthma (1800 278 462) or web (http://www.asthmaaustralia.org.au/national/about-us/contact-us).

Go to: The Department of Health information about translation and interpreter services in Australia
Go to: Department of Immigration and Border Protection's Translating and Interpreting Service
Go to: National Asthma Council Australia’s Translated resources
Go to: National Asthma Council Australia’s Translated action plans
Go to: Asthma Australia’s Resources in other languages
Go to: Asthma Australia

Psychosocial factors affecting asthma self-management

Psychosocial factors can affect asthma symptoms and outcomes in children and adults. These can include biological, individual, family and community-level factors, which can have synergistic effects in an individual with asthma. Mechanisms may include effects of stress on the immune system and effects of life circumstances on patients’ and families’ ability to manage asthma.

Relationships between psychosocial and cultural factors

Important influences on asthma outcomes include the person’s asthma knowledge and beliefs, confidence in ability to self-manage, perceived barriers to healthcare, socioeconomic status, and healthcare system navigation skills, and by the quality of interaction and communication between patient and healthcare provider. There is a complex interrelationship between:

- patient factors (e.g. health literacy, health beliefs, ethnicity, educational level, social support, cultural beliefs, comorbidities, mental health)
- healthcare provider factors (e.g. communication skills, teaching abilities, available time, educational resources and skills in working with people from different backgrounds)
- healthcare system factors (e.g. the complexity of the system, the healthcare delivery model, the degree to which the system is oriented towards chronic disease management or acute care, and the degree to which the system is sensitive to sociocultural needs).

Health literacy

‘Health literacy’ refers to the individual’s capacity to obtain, process, and understand basic health information and services they need to make appropriate health decisions. A person’s level of health literacy is influenced by various factors including skills in reading, writing, numeracy, speaking, listening, cultural and conceptual knowledge.

Inadequate health literacy is recognised as a risk factor for poorer health outcomes and less effective use of health care services. Poor health literacy has been associated with poor asthma control, poor knowledge of medications, and incorrect inhaler technique. Aspects of health literacy that have been associated with poorer asthma outcomes in adults include reading skills, listening skills, numeracy skills, and combinations of these. Studies assessing the association between parents’ health literacy and children’s asthma have reported inconsistent findings. Overall, there is not enough evidence to prove that low health literacy causes poor asthma control or inadequate self-management. Australian research suggests that there are probably many Australians with limited health literacy. It may be possible to identify some groups of patients more likely to have inadequate health literacy, such as people living in regions with low socioeconomic status, and those with low English literacy (e.g. people with limited education, members of some ethnic minorities, immigrants, and the elderly). However, even well-educated patients might have trouble with basic health literacy skills.

Attempting to assess every patient’s health literacy is impractical and may be embarrassing for the person and time-consuming for the health professional. Instead, it may be more effective for health professionals simply to assume that all patients have limited health literacy. Accordingly, all self-management skills need to be explained carefully, simply and
repeatedly, and all written material should be clear and easy to read. Special consideration is needed for patients from culturally and linguistically diverse communities, including Aboriginal and Torres Strait Islander people.

**Psychosocial support and improving health literacy**

Psychosocial interventions that include asthma education may improve health-related quality of life for children and adolescents with asthma and their families. However, simply providing education might not improve a person’s health literacy, since it also depends on other factors like socioeconomic status, social support, and is influence by the provider and the healthcare system.

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► Go to: Asthma Australia

**References**


