Understanding Rural Latina Parent Experiences with Asthma Management: Opportunities for Tailoring a School-based Asthma Program

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Background

- Asthma is a common chronic disease for children that disproportionately impacts low-income families.

- Over the past 2 decades, our team has sought to address pediatric asthma disparities:
  - Active care management of asthma and social determinants of health (SDOH)
  - Inclusion of an asthmA navigator to assists with education, monitoring and answering questions
  - Our program has reduced health care utilization and school absences

- In 2020, we received NHLBI DECIPHeR funding to promote health equity by scaling out this program across diverse regions of Colorado:
  - Four of five regions include rural residents
  - High prevalence of Latinx residents with varying degrees of acculturation
Objectives

**Aim 1**- To understand barriers and facilitators to asthma management in rural Colorado.

**Aim 2**- To identify possible adaptations to the BACK program to ensure accessibility, acceptability and cultural responsiveness
Methods

- In-depth semi-structured interviews guided by PRISM and the Cooper’s Health Equity frameworks.
Methods

• 15 participants from two primary care practices were identified using ICD-10 codes:
  • SALUD Ft. Morgan (n=9)
  • High Plains Community Health Center (n=6)
  • Spanish-speaking (n=10)

• Inclusion criteria:
  • English or Spanish speaker
  • Reside in the LAV or in Weld/Fort Morgan
  • At least 18 years of age
  • Parent/caregiver of a child between 5-12 years of age with asthma
**Results**

**Rural Social Determinants of Health:** Limited availability of urgent provider visits, geographic distance to clinics and specialists.

"Sometimes, if I don’t have [money] for gasoline, we try to find the way to help with the doctors. Honestly, I have never asked for help to the government to get [money] for gasoline. We try to move ahead with our own means." Spanish-speaking participant

**Language/Culture:** Language barriers, discrimination, communication and relationships with providers.

"Sometimes, I call because my son is feeling ill and they tell you there are no appointments for the same day [...] Those who speak [English], they call and they get the appointments fast and we have to wait... Sometimes they hang up on you and you have to call again. Language makes it difficult." Spanish-speaking participant

**Knowledge of Asthma:** Latina participants had questions about "why" their child has asthma, what caused their child to get asthma, and some had difficulties accepting their child’s asthma diagnosis.

"Why? In the family, we don’t have anybody with asthma or something like that... it was kind of unusual." English-speaking participant

**Asthma Management:** Caregivers need knowledge of asthma to directly impact how they perceive their child's asthma severity and associated asthma management. Caregivers often had misconceptions of their child’s asthma severity despite descriptions of uncontrolled asthma with unpredictable flares.

"He has two sprays, one to use once a day. In the morning or the evening but he hardly uses it, he forgets to do so, he doesn’t use it, and I say it is fine it is supposed to help with asthma and allergy at the same time." Spanish-speaking participant
Conclusions/Implications

• Latina parents experience distinct barriers and needs related to asthma management.
• These perspectives will inform opportunities for tailoring the BACK program to rural Latino families.
• Language barriers and limited health literacy negatively impact asthma management making it more difficult to understand an asthma diagnosis, access medications, and communicate with providers.
• Asthma navigators can help with communication, connection to resources, language/cultural needs and providing asthma education.
Limitations

• Interviews were conducted in 2 out of the 5 regions engaging in the BACK program
• Acceptability of the program was not explored in detail as the program has not yet been implemented in these rural regions.
• Further exploration of parent perceptions of asthma severity might be necessary to understand how this may impact program engagement.
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