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## Many Californians with Asthma Have Problems Understanding Their Doctor

Susan H. Babey, Ying-Ying Meng and Malia Jones

In California, 90,000 adults with current asthma have experienced problems understanding their doctors. There are significant disparities in who experiences these communication problems according to education, income, insurance status, English proficiency, race/ethnicity and nativity. In addition, adults with asthma who experience these problems are more likely to go to the emergency department or urgent care facility (ED/urgent care) for asthma care and are less likely to receive asthma management plans from their health care providers. These findings suggest that improvements in education and communication strategies are needed to facilitate understanding between health care providers and asthma patients, especially when patients have limited English proficiency (LEP) or have low health literacy.

Based on data from the 2005 California Health Interview Survey (CHIS 2005), this policy brief examines disparities in and also describes some consequences of experiencing difficulty understanding a doctor among adults with current asthma.<sup>1</sup> Analyses were restricted to adults with current asthma—those who have been diagnosed with asthma and who report they still have asthma, or have had an episode or attack in the past year (referred to throughout as those with asthma).

Asthma is a chronic disease that causes the airways of the lungs to become inflamed and more sensitive to constriction, making it harder to breathe. Management of asthma requires a comprehensive approach, including ongoing monitoring, education, use of appropriate medications and control of exposures to environmental triggers.<sup>2</sup> The 2007 updated National Heart, Lung, and Blood Institute (NHLBI) Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma highlights the

importance of education for establishing a partnership in asthma care between patients and physicians. This partnership depends heavily on the quality of communication between patients and health care providers. Effective communication is essential for the patient to convey the symptoms of his or her illness, as well as for understanding health information and instructions from the health care provider on pharmacologic and non-pharmacologic care.<sup>3</sup>

### Having Problems Understanding Doctor More Common Among Adults with Low Education Levels and Low Income

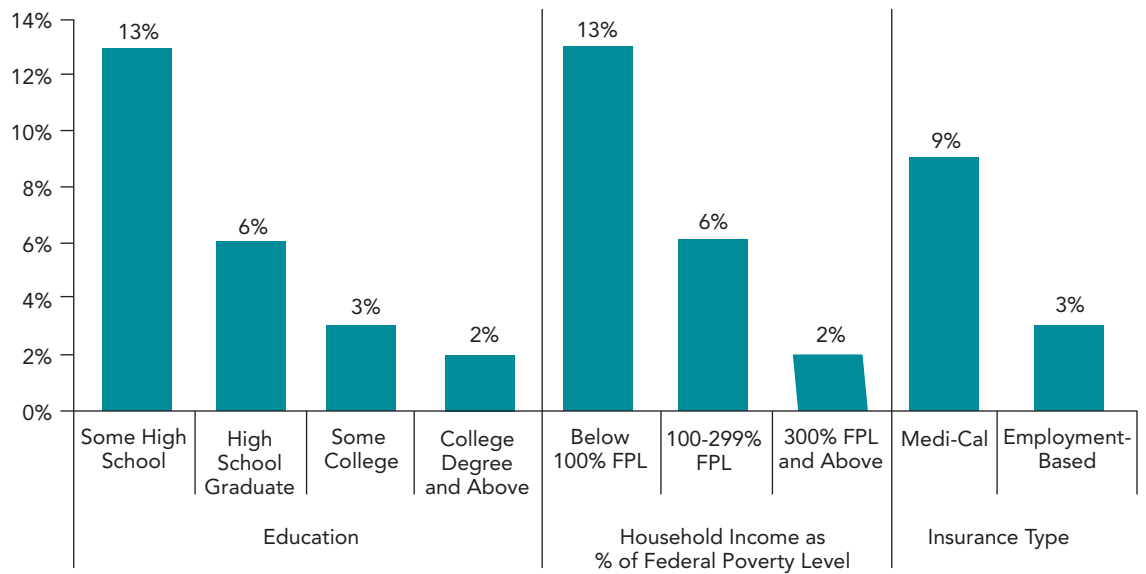
Self-management education, which has been shown to improve patient outcomes (e.g., reducing ED visits, hospitalizations and limitations on activities due to asthma, and improving health status and quality of life), is an integral component of effective asthma management.<sup>4</sup> Because self-management education is an important part of appropriate asthma care, it is critical that asthma



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## Exhibit 1

### Percent Who Experience Problems Understanding Doctor by Education, Income and Insurance Type, Adults with Current Asthma, California, 2005



Source: 2005 California Health Interview Survey

patients understand and are able to communicate effectively with their health care providers. However, many California adults with asthma experience difficulty understanding their doctors, and those with low education levels, low income and covered by public insurance are more likely to experience these problems.

Among California adults with asthma, 13% of those who have not completed high school report problems understanding their doctors, compared to 6% of high school graduates and only 2-3% of those with at least some college (Exhibit 1). Those with less than a high school degree and those with low income are more likely to experience low health literacy, which relates to a person's ability to understand and act on health-related information.<sup>5</sup> This suggests that health literacy contributes to the problems adults with asthma experience when communicating with their doctors.

Low-income adults are also more likely to experience difficulty understanding their doctors. More than 245,000 California adults with asthma (12%) live below the poverty line. Among adults with asthma, the percent of those who experienced problems understanding a doctor is more than six times as high among those living below the Federal Poverty Level (FPL) compared to those with incomes of 300% FPL and above (Exhibit 1).

In addition, among adults with asthma, those covered by Medi-Cal (California's state Medicaid program) are more likely to have problems understanding their doctors (9%) than those on employment-based insurance plans (3%; Exhibit 1). In California, 350,000 adults with current asthma (17%) are covered by Medi-Cal.

### Problems Understanding Doctor More Common Among Non-English Speakers, Foreign-Born and Latinos

Cultural and language barriers may also affect patient understanding of and adherence to medical regimens. Some potential cultural and language barriers to effective communication include factors such as English proficiency, nativity and race/ethnicity. These factors are also related to health literacy; people of color and non-native English speakers are more likely to experience low health literacy.<sup>6</sup>

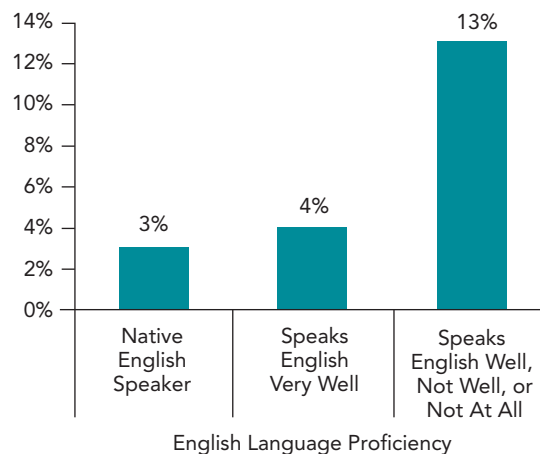
Adults born outside the United States, who have LEP or who are Latino are more likely to experience difficulty understanding a doctor. In California, over 237,000 adults with asthma (12% of adults with current asthma) say they do not speak English very well. Among adults with asthma, 13% of those who do not speak English very well experience problems understanding their doctors, more than three times as high as those who speak English very well or who are native English speakers (Exhibit 2).

California law requires that insurance and managed-care organizations provide language assistance to all enrollees in order to reduce disparities due to limited English proficiency.<sup>7</sup> However, many California adults with LEP continue to experience difficulty understanding their doctor.

California is home to a large population of adults born outside the United States. More than 297,000 California adults with asthma (15%) were born outside the U.S. Among adults with asthma, those who were born outside the United States are more likely to report problems communicating with their doctors at the last visit (10%) compared to those who were born in the U.S. (4%; Exhibit 3). This disparity is likely due in part to differences in English language ability, education levels, and the experience of racism as well as cultural differences

**Percent Who Experience Problems Understanding Doctor by English Language Proficiency, Adults with Current Asthma, California, 2005**

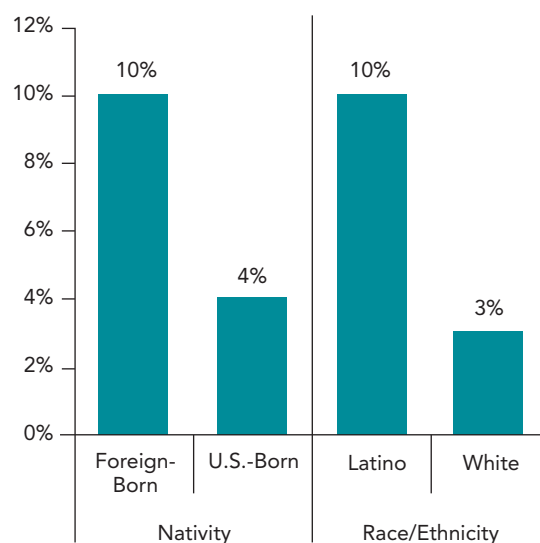
Exhibit 2



Source: 2005 California Health Interview Survey

**Percent Who Experience Problems Understanding Doctor by Nativity and Race/Ethnicity, Adults with Current Asthma, California, 2005**

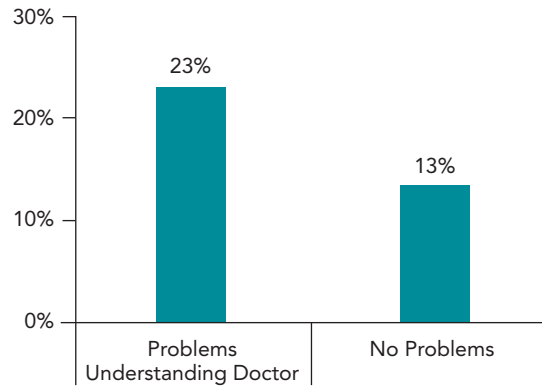
Exhibit 3



Source: 2005 California Health Interview Survey

## Exhibit 4

**Percent with at Least One Emergency Department or Urgent Care Visit for Asthma in the Past Year by Problems Understanding Doctor, Adults with Current Asthma, California, 2005**



Source: 2005 California Health Interview Survey

between those born in the United States and those born elsewhere. For example, 58% of foreign-born adults with asthma have LEP compared to just 3% of adults born in the U.S. In addition, 33% of foreign-born adults with asthma have not completed high school compared to just 9% of U.S.-born.

In California, more than 313,000 adults with asthma are Latino (16% of adults with current asthma). Latino adults with asthma are much more likely to report problems communicating with their doctors (10%) than their white counterparts (3%; Exhibit 3).<sup>8</sup> These differences may be due in part to differences in both English language ability and education levels between Latino and white Californians. For example, 34% of Latino adults with asthma have not completed high school compared to just 8% of white adults with asthma. In addition, 43% of Latinos report speaking English well, not well, or not at all compared to just 2% of whites. However, there are likely to be other factors such as cultural differences and racism that may also contribute to this disparity in having problems understanding a doctor.

**Problems Understanding Doctor Linked to Increased Use of ED/Urgent Care for Asthma**

Asthma is an increasingly common chronic condition, and many adults seek care for asthma exacerbations at the emergency department.<sup>9</sup> However, in many cases ED visits due to asthma could be prevented with appropriate medication and management.<sup>10</sup> ED visits for asthma are often not due to severe asthma exacerbations, but rather are the result of barriers to getting appropriate asthma care and self-management.<sup>11</sup>

More than 255,000 California adults with asthma went to the emergency department or urgent care facility for asthma care in 2005. Those adults who have problems understanding their doctors are more likely to visit the ED/urgent care for asthma care, compared to those who have no problems communicating with their doctors. Among adults with current asthma, 23% who reported having a hard time understanding their doctors went to the ED/urgent care for asthma care compared to only 13% of those who had no problems understanding their doctors (Exhibit 4).

**Adults Who Have Problems Understanding Doctor Less Likely to Get Asthma Management Plan**

Self-management education is one of the key components of asthma care.<sup>12</sup> Self-management education includes teaching the patient to: self-monitor the level of asthma control; recognize the signs of an asthma episode; use a written asthma action plan; take asthma medications correctly; and avoid environmental factors that make their asthma worse.<sup>13</sup> The National Asthma Education and Prevention Program's Expert Panel Report 3 places a strong emphasis on the use of a written asthma action plan for all patients with asthma as an essential component of asthma self-management education. However, in California, only 37% of adults with asthma have received an asthma management plan

from a health care provider. Adults who have trouble communicating with their doctors are less likely to have received an asthma management plan from their health care provider (27%), compared to those who did not have trouble communicating with their doctors (38%; Exhibit 5).

### Conclusions and Recommendations

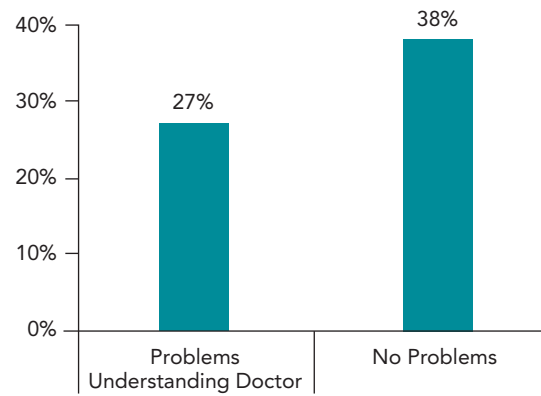
Greater scientific understanding of asthma has led to significant improvements in asthma care; however, challenges remain. In California, 90,000 adults with asthma experienced difficulty understanding their doctors at their last doctor visit. These adults are more likely to have turned to the ED/urgent care for asthma care and less likely to have received an asthma management plan from a health care provider. Moreover, there are significant disparities among those who experience problems understanding their doctors.

To improve outcomes for adults with asthma and to help reduce disparities, efforts should be made to ensure that literacy, language and race/ethnicity are not barriers to receiving effective asthma care. Recommendations to address these barriers include:

- *Encourage development and dissemination of linguistically and culturally appropriate asthma programs and materials.* Asthma programs and materials need to be understood by patients with a range of language abilities and cultural and socioeconomic backgrounds. California in particular—as home to an ethnically, linguistically, culturally and socioeconomically diverse population—needs to work to address the needs of its diverse population. Improvement in patient and provider communications and access to appropriate education programs and materials could help to improve asthma care and self-management. This could potentially reduce health care costs by preventing unnecessary asthma ED/urgent

**Percent Who Received Asthma Management Plan by Problems Understanding Doctor, Adults with Current Asthma, California, 2005**

Exhibit 5



Source: 2005 California Health Interview Survey

care visits since adults with asthma who have problems understanding their doctors are more likely to turn to the ED/urgent care for asthma care than those who have not had problems understanding their doctors.

- *Encourage tailoring of asthma education interventions to individual literacy levels.* The National Asthma Education and Prevention Program's Expert Panel Report 3 strongly recommends that health care providers give all patients with asthma written asthma action plans. However, in California, only 37% of adults with asthma report ever receiving an asthma management plan, and adults who experience problems communicating with their doctors are even less likely to get such a plan. Adapting asthma education programs for patients with low literacy levels and developing education tailored to address the needs of vulnerable populations could be instrumental in overcoming these communication barriers. In addition, providers require support in improving skills in communication,

particularly in tailoring such communication to disproportionately affected communities.

- *Reinforce and support implementation of language access laws and policies.* State law mandates that every health plan in California provide LEP enrollees with language assistance service. In addition, federal guidelines require that federally assisted programs such as Medi-Cal ensure access for persons with LEP. However, in California, LEP and Medi-Cal insured adults with asthma are more likely to experience difficulty understanding their doctors than adults without LEP and adults covered by employment-based health insurance. This suggests that efforts to provide and finance language assistance services, staff training and compliance monitoring should be reinforced for Californians with LEP, especially in the Medi-Cal population. Development of culturally and linguistically appropriate programs and related materials should be further strengthened.

### Data Source

All statements in this report that compare rates for one group with another group reflect statistically significant differences ( $p < 0.05$ ) unless otherwise noted. The findings in this brief are based on data from the 2005 California Health Interview Survey (CHIS 2005). The analyses used survey weights to adjust for the complex survey design of CHIS. All rates, percents and population numbers were weighted to the California population by age, gender and race/ethnicity. As a result, the numbers and rates reported in this policy brief are estimates, not exact counts. CHIS 2005 completed interviews for over 43,000 adults and over 15,000 adolescents and children, drawn from every county in the state, in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese and Korean. The California Health Interview Survey is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, the California Department of Health Care Services and the Public Health Institute. Funding for the CHIS 2005 statewide survey was provided by the California Department of Health Care Services, The California Endowment, the National Cancer Institute, the Robert Wood Johnson Foundation, the California Children and Families Commission, the California Office of the Patient Advocate, the California Department of Mental Health, the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. For local funders and other information on CHIS, visit [www.chis.ucla.edu](http://www.chis.ucla.edu).

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## Notes

- 1 Respondents who had seen a doctor in the past two years were asked “The last time you saw a doctor, did you have a hard time understanding the doctor?” Those who answered “yes” were considered to have experienced difficulty understanding a doctor.
- 2 The Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma – Summary Report 2007. *Journal of Allergy and Clinical Immunology*. Nov 2007;120(5 Suppl):S94-138.
- 3 Andrulis DP, Brach C. Integrating literacy, culture, and language to improve health care quality for diverse populations. *Am J Health Behav*. 2007 Sep-Oct;31 Suppl 1:S122-33.
- 4 Cicutto L. Review: self management education improves outcomes in children and adolescents with asthma. *Evidence Based Nursing* 2003;6(4):106-7. Coffman JM, Cabana MD, Halpin HA, Yelin EH. Effects of asthma education on children’s use of acute care services: a meta-analysis. *Pediatrics*, 2008;121(3):575-86. Wolf FM, Guevara JP, Grum CM, Clark NM, Cates CJ. Educational interventions for asthma in children. *Cochrane Database of Systematic Reviews* 2003(1):CD000326. The Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma – Summary Report 2007. *Journal of Allergy and Clinical Immunology*. Nov 2007;120(5 Supplement): S94-138.
- 5 National Center for Education Statistics. 2006. The Health Literacy of America’s Adults: Results From the 2003 National Assessment of Adult Literacy. Washington, DC: U.S. Department of Education.
- 6 Ibid.
- 7 [http://info.sen.ca.gov/pub/03-04/bill/sen/sb\\_0851-0900/sb\\_853\\_cfa\\_20030530\\_130357\\_sen\\_floor.html](http://info.sen.ca.gov/pub/03-04/bill/sen/sb_0851-0900/sb_853_cfa_20030530_130357_sen_floor.html)
- 8 Race/ethnicity categories are mutually exclusive and are based on self-reported Latino ethnicity, self-reported race and self-report of the racial/ethnic group with which a respondent most identifies. Sample sizes for other racial/ethnic groups were too small to produce reliable estimates.
- 9 Meng YY, Babey SH, Brown ER, Malcolm E, Chawla N, Lim YW. Emergency department visits for asthma: the role of frequent symptoms and delay in care. *Annals of Allergy, Asthma & Immunology*. Feb 2006;96(2):291-297. Mannino DM, Homa DM, Akinbami LJ, Moorman JE, Gwynn C, Redd SC. Surveillance for Asthma—United States, 1980-1999. *MMWR Surveillance Summaries*. Mar 29, 2002;51(1):1-13.
- 10 <http://www.nhlbi.nih.gov/guidelines/asthma/astbsumm.pdf>
- 11 Meng, Babey, Brown et al. Emergency department visits for asthma: the role of frequent symptoms and delay in care. *Annals of Allergy, Asthma & Immunology*. Feb 2006;96(2):291-297.
- 12 <http://www.nhlbi.nih.gov/guidelines/asthma/astbsumm.pdf>  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5635a4.htm>  
Original sources: Sheffer AL, ed. *Fatal Asthma*. New York, NY: Marcel Dekker; 1998; National Institutes of Health, National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Bethesda, MD: National Institutes of Health, National Heart, Lung, and Blood Institute; 2007.
- 13 <http://www.nhlbi.nih.gov/guidelines/asthma/astbsumm.pdf>





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