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LESSONS

Instructor's Guide

Wee Breathers™

*Asthma Education for
Families with Young Children*



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Foundation of America

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Acknowledgements

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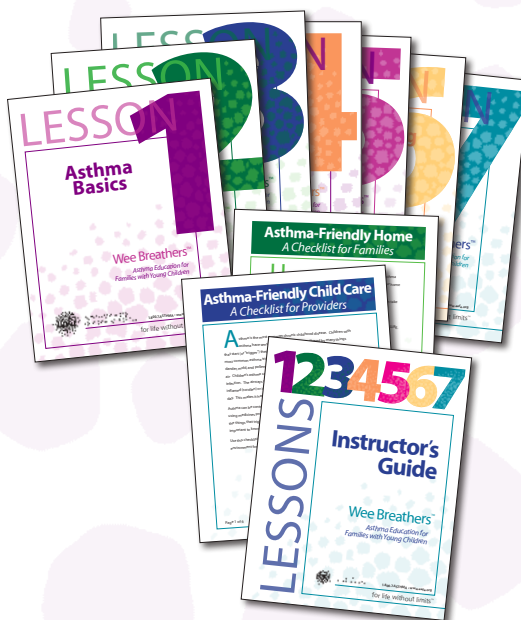
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Background

Asthma and Allergy Foundation of America

The Asthma and Allergy Foundation of America (AAFA) is dedicated to improving the quality of life for people with asthma and allergies and their caregivers. As the premier patient organization, AAFA offers education, advocacy, and research services to help people live a life without limits. A not-for-profit organization, AAFA provides practical information, community-based services, support, and referrals through a national network of Chapters and Educational Support Groups. AAFA also sponsors research grants to help scientists discover better treatments and, ultimately, a cure for asthma and allergic disease. We credit the support of our generous donors and partners for helping make this happen, and we hope you will continue to support our efforts as we provide quality programming for asthma and allergy patients.

Wee Wheezers at Home[®]

The seven lessons described in this guide were adapted from the Wee Wheezers at Home[®] program. The Wee Wheezers at Home[®] program is a home-based asthma education program for parents of children under the age of seven who have asthma.¹ Wee Wheezers Home[®] consists of eight lessons and is designed for use by local medical- or community-based organizations, with instruction delivered by home visitors who are typically nurses or other health educators. The Wee Wheezers at Home[®] program was adapted from the Wee Wheezers[®] program, a clinic-based education program for parents of children under the age of seven with asthma. Wee Wheezers[®] has been selected by the Centers for Disease Control and Prevention's National Center for Environmental Health (CDC-NCEH) for inclusion in its list of "Effective Interventions for Asthma Control," which is available on the CDC-NCEP website: www.cdc.gov/asthma/interventions/children_medicalclinics.htm.

To create Wee Wheezers at Home[®], the developers modified the Wee Wheezers[®] original teaching scripts for use with individual families. They also tailored the educational materials for families and children to a low-literacy adult (5th-grade level) and child audience, ensured the cultural appropriateness of the materials, and distributed the content over eight lessons instead of the four in Wee Wheezers[®]. Wee Wheezers at Home[®] emphasizes specific content areas, such as the developmentally appropriate level of participation of young children in asthma management (Brown, Avery, Mobley, Boccuti, & Goldback, 1996). Wee Wheezers at Home[®] was pilot-tested with a small number of families (Demi, Brown, & Jones, 1998), and subsequently evaluated in a controlled trial of 95 families (Brown, Bakeman, Celano, Demi, Kobrynski, and Wilson, 2002).

Centers for Disease Control and Prevention

Development of these program materials was supported under a cooperative agreement from the National Center for Environmental Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, through cooperative agreement 5UE1EH000764 under program announcement CDC-RFA-EH10-1007. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

¹In the Wee Wheezers at Home materials, the term "parent" refers to the primary caregiver.



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Development of the Wee Breathers™ Program

AAFA designed and created the **Wee Breathers™** program for asthma educators to use in educating families with children under the age of seven who have asthma. Young children tend to spend the majority of their time at home, daycare or preschool. This program is designed to reach families in the home or in child care settings. The materials can be used by home visitors who educate families one-on-one in their homes or by asthma educators teaching multiple families as a group in a child care setting.

Low-income and minority children bear the heaviest burden of asthma.¹ In order to address the needs of these children and their families, AAFA conducted a needs assessment within the home visitor and child care service areas. The needs assessment involved two parts: (1) reviewing asthma education programs delivered by home visitors to parents and asthma education programs for child care providers that included an environmental assessment component via an online web-based search and (2) distributing questionnaires to home visitors and child care providers to learn more about their opinions on existing asthma education materials for parents.

The asthma education program review identified 118 relevant home visitor programs across the United States which provided geographic diversity, including a mix of sponsor organizations and types of home visitor professionals. The home visitors always conducted a visual environmental assessment for asthma triggers, but far fewer conducted any remediation or testing for asthma triggers. The frequency of in-home visits ranged from one to ten visits, with the clear majority offering one to four visits.

Forty-four relevant child care provider programs were identified during the asthma education program review. This also provided geographic diversity, including a mix of sponsor organizations, types of professionals, and program formats. The environmental component in the majority of the programs included education on asthma triggers, but not a visual environmental assessment for asthma triggers in the child care facility as part of the curriculum.

In addition to the information collected above, the limitations identified in the relevant home and child care provider programs were a lack of:

- low-literacy and plain language options,
- culturally appropriate content,
- nationwide scope,
- local adaptability,
- and visual environmental assessment for child care centers.

Healthcare professionals, home visitors, and child care providers representing nearly every state across the United States completed an online questionnaire about their opinions on existing asthma education materials for parents. A total of 795 healthcare professionals completing the questionnaire indicated that 65% conducted home visits. Another 917 child care providers completed their online questionnaire with 82% indicating they had conducted asthma trigger control actions.

¹Akinbami, L.J., Mooreman, J.E., Bailey, C., Sahran, H., King, M., Johnson, C., & Lui, X. Centers for Disease Control and Prevention, National Center for Health Statistics. (2012). Trends in asthma prevalence, health care use, and mortality in the United States, 2001 – 2010. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db94.pdf>



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Development of the **Wee Breathers™** Program

Additional results indicated they were comfortable with access to materials electronically. After English, Spanish materials ranked most requested, and there were requests for culturally appropriate materials. The questionnaire further indicated that current materials were too long, reading levels too high, and the use of media was impractical for home visits.

After careful review and analysis of all the data collected during the needs assessment, AAFA created a program that not only met the needs identified by home visitors and child care providers, but also provided those materials in a flexible format for educating families with young children on asthma. The result is an asthma-education program with these multiple components:

- seven one-hour lessons on distinct key topics that can be delivered in any desired order,
- an environmental checklist for use in the home by families or an in-home visitor,
- an environmental checklist for use in a child-care center by child-care providers,
- and a guide for the in-home visitor and asthma educator in a child care setting on how to use all of the materials.



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Program Goal and Objectives

Goal

Increase the number of parent/caregivers of young children under the age of seven with asthma, especially those who are Hispanic, Latino, African-American, and/or live in low income households, who receive self-management education for asthma, with a focus on enhancing control of common indoor and outdoor environmental triggers that exacerbate asthma.

Objectives

Upon completion of the program, participants will be able to:

- recognize asthma signs and symptoms in their child;
- identify common indoor and outdoor environmental asthma triggers for their child;
- describe how to control asthma triggers for their child;
- demonstrate the proper use of asthma medications and tools for their child;
- produce their child's completed asthma action plan;
- identify their asthma team members and describe their role on the team; and
- explain how their child can participate in his or her asthma management.



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Using this Guide

The purpose of this guide is to help you deliver an effective and helpful session.

Wee Breathers™ can be delivered in a home or in a child care setting. Because there are some specific considerations depending on your setting, this guide is divided into two sections based on where you will be facilitating the lesson(s):

- Using **Wee Breathers™** in a Home Setting
- Using **Wee Breathers™** in a Child Care Setting

Please refer to the appropriate section of this guide prior to implementing the program in your setting. We also encourage you to utilize the many resources available in the Reference Materials section at the end of this guide.



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Using **Wee Breathers**[™] in a Home Setting

Intended Audience

The **Wee Breathers**[™] program is intended for parents and caregivers of children under the age of seven with asthma. The program can be taught in the child's home or anywhere where the parents and caregivers may be living.

Wee Breathers[™]

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Using **Wee Breathers™** in a Home Setting

Required Skills for Home Visitors

Individuals with various professional backgrounds can serve as home visitors for the **Wee Breathers™** program. However, a home visitor should have certain basic skills before teaching the program, including:

- a thorough understanding of the clinical management of pediatric asthma;
- well-developed interpersonal skills (“people skills”);
- experience with underserved, low-literacy, and low-income populations;
- an understanding of the cultures, ethnicities and diversity in the community being served; and
- a supportive, professional manner that makes it easy to connect with parents and children.

Nurses, respiratory therapists, and other health educators are most likely to have the relevant clinical experience to be home visitors for **Wee Breathers™**.

Home visitors should know when they have the knowledge and experience to answer participants’ questions, when they need to seek additional information or advice from an expert, and when they should refer the parent and child to their healthcare provider for information. AAFA recommends that a physician advisor or clinical supervisor be available to home visitors to answer questions that may go beyond the scope of their knowledge.

We recommend that home visitors attend an asthma management class or workshop sponsored by a professional organization like The Asthma and Allergy Foundation of America or a local hospital before teaching the program. A yearly refresher course is also recommended for home visitors.

Sponsoring agencies of home visitors, for example, the public health department, may wish to conduct a formal training session for prospective home visitors prior to implementing the **Wee Breathers™** program. Such programs permit agencies to train several home visitors at the same time. Depending upon the professional backgrounds of the trainees, we recommend having a medical expert on asthma (allergist, pulmonologist, certified asthma educator – AE-C) available to provide current information on asthma pathophysiology, pharmacology, allergies, and environmental control.

Home visitors will need actual practice in teaching specific lessons before they will be comfortable and effective in their roles. When several individuals are trained simultaneously, they can practice teaching these lessons to each other during the training. Individuals who lack experience in doing programs in home settings may need some formal instruction in home visitor skills.



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Using Wee Breathers™ in a Home Setting

Delivering the Program

This program contains seven educational sessions:

Lesson One: Asthma Basics

Lesson Two: Asthma Triggers

Lesson Three: Controlling Asthma Triggers

Lesson Four: Asthma Medicines

Lesson Five: Asthma Action Plan

Lesson Six: Communicating with the Asthma Team

Lesson Seven: Asthma Management Goals

Each session is designed to be delivered in 60 minutes and has the following components:

■ Getting Ready

A checklist of things to do before delivering the educational session.

■ Objectives

A list of session-specific objectives. Participants' knowledge is assessed before and after each lesson using the session pre- and post-test handouts, which are based on the session-specific objectives.

■ Agenda

An overview of the session structure, including estimated delivery times for each section.

■ Materials, Equipment, and Supplies

A list of supplies and materials needed to deliver the session.

■ Resources and Recommended Readings

A list of resources to review prior to delivering the session. This helps to ensure you are comfortable with the session content.

■ Content Outline with Notes

A session outline that walks you through the session step-by-step, along with notes indicating when to use a teaching tool or distribute a handout(s).

■ After the Session

A checklist of things to do after delivering the educational session.

■ Teaching Tools

Materials designed to help you deliver the session. These may include diagrams, test answer keys, etc.

■ Handouts

These can be easily printed and/or reproduced for you to share with session participants.



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Using Wee Breathers™ in a Home Setting

Here are the objectives covered in each lesson plan:

Lesson One: Asthma Basics

(Parent/Caregiver to complete the "Asthma-Friendly Home – A Checklist for Families")

- Define asthma.
- Recognize three signs or symptoms of asthma.
- Recall one reason why learning how to manage asthma is important.

Lesson Two: Asthma Triggers

- Define "triggers".
- Identify the two types of asthma triggers.
- List four things that can make asthma worse.
- Identify triggers within setting using checklist.

Lesson Three: Controlling Asthma Triggers

- Develop a plan to avoid triggers and take simple low-cost action to reduce triggers identified in checklist.

Lesson Four: Asthma Medicines

- Explain the difference between Controller medicines and Quick-Relief medicines.
- Indicate when to use each type (Controller and Quick-Relief) of medicine.
- List two techniques, in addition to medicine, to manage asthma symptoms.
- Demonstrate the proper use of an inhaler.
- Explain how to care for an inhaler.
- Demonstrate the proper use of a spacer/holding chamber.
- Explain how to care for a spacer/holding chamber.



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Lesson Five: Asthma Action Plan

- Describe what to do when early symptoms appear.
- List five asthma symptoms that require immediate help.
- State two things to do when a child is having severe symptoms.
- Describe what a peak flow meter (PFM) does.
- State how to use a PFM.
- Explain how to care for a PFM.
- Determine what the PFM readings/numbers mean.

Lesson Six: Communicating with the Asthma Team

- Create a list of people to communicate with about a child's asthma.
- List two things to share with caregivers.
- Explain three ways to improve communication with healthcare providers.
- List two techniques for working with a partner.
- Provide two examples of messages to share with a child.

Lesson Seven: Asthma Management Goals

- List four asthma control goals.
- Explain how the child can be expected to participate in self-management.



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Using Wee Breathers™ in a Home Setting

Using the Asthma-Friendly Home – A Checklist for Families

All participants in the **Wee Breathers™** program should complete the **Asthma-Friendly Home – A Checklist for Families** during the first visit. This checklist will help them learn about the particular asthma triggers that are an issue in their home and how to get control over them. There are also easy and inexpensive tips on how to make their home asthma and allergy-friendly for the entire family.

This checklist asks a list of questions, then provides trigger details and steps to get rid of the trigger, or at least to reduce contact with the most common asthma triggers. It is divided into columns that include:

- Is this your trigger?
- What is this trigger?
- Where is it found?
- How to fix it.

Participants should mark off the box in the “Is this your trigger?” column that are problems in their home.

For example, if the parent checks the “YES” box in the section “Are asthma/allergy symptoms worse when your child is around furry or feathered pets like dogs or cats?” Then this might be a trigger. The home visitor should review this material in Lessons Two and Three. If a “NO” box is checked, it’s probably not a trigger for that home and the home visitor can skip or just briefly mention that trigger during Lessons Two and Three.

Review the results of the **Asthma-Friendly Home – A Checklist for Families** to determine what to review with the family during Lessons Two and Three. The results will reveal which issues that the parents/caregivers are familiar with or ones that may not be problems.

Leave a completed copy of the **Asthma-Friendly Home – A Checklist for Families** with the family. Keep a copy for your records.

Using the Asthma-Friendly Child Care - A Checklist for Providers

The **Asthma-Friendly Child Care - A Checklist for Providers** is a handy tool for parents who have a child with asthma in child care or pre-school. Parents can share this checklist with their child’s child care center or pre-school to help the staff learn how to make their facility more asthma-friendly for all children with asthma. Parents can also use this checklist to evaluate a future child care center or pre-school for a child with asthma to determine how asthma-friendly the facility is for their child and other children with asthma.



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Using Wee Breathers™ in a Home Setting

Steps for a Successful Visit

Before the visit

- Learn about the family (for example, learn the names of family members; determine whether they have any special needs or issues, etc.).
- Remind the family of the reason for the visit and be flexible about scheduling.
- Provide the family with any information they need in order to prepare for the visit and allow enough time for them to complete it.
- Set expectations with the family.
 - Respect scheduled and session time limits.
 - Prepare for the session and complete any “homework” after.
 - Set a time limit for your visit and be specific about the time expectations.
- Confirm arrangements with a reminder call or text message before the visit.
- Leave a schedule of your home visits and emergency contact information with your office staff.
- Be sure to allow adequate time to arrive on time.

During the visit

- Be sure to bring all the necessary materials and handouts for your visit.
- Introduce yourself and anyone who comes with you.
- Try to establish a connection with the family through casual discussion, making sure to address all family members in the conversation. Developing a relationship with the family is important.
- Always remember you are a guest in the family’s home, so ask if you need to change anything in the environment that may interfere with your visit, such as TV noise.

At the beginning of the visit

- Review the reason for your visit with the family and see if they have any concerns.
- Make sure the family understands why you are there and what you are planning to cover during your visit.
- Ask participant(s) to complete the lesson pre-test.*
- Get the name of the child’s doctor, phone/fax numbers, and hospital or clinic name if possible after receiving permission to contact them.
- Elicit feedback from the parent, and allow her/him to ask questions during the lesson.

**If participants have difficulty reading the pre-/post-tests, consider reading the questions and answers to them or all participants.*



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At the end of the visit

- Sum up what you have gone over with the parent.
- Answer participants' questions and ensure that they fully understand all materials and devices that you have used.
- Ask participant(s) to complete the lesson post-test.*
- Tell the participant where to get information, if needed in the future, including how to contact you.
- Let them know you'd like to let their child's asthma doctor or other asthma healthcare provider know you are visiting their home.
- Confirm the next visit date and time, and verify contact information for the family. This will assist you when making the necessary calls.

Because each family's home and resources will be different, you need to be flexible about the setting for instruction. You should also be aware, and considerate, of issues associated with the family's cultural background. This being said, the ideal setting for home visits is a living or dining room that has seating for all participants, a table where participants can write and place materials, adequate floor space for the parent and child to lay down to practice belly breathing, and adequate lighting.

After the visit

- Document the visit.
- Evaluate how the visit went and what you would change for future visits.
- Follow through on any referrals and document outcomes. It is advisable to communicate with the child's asthma doctor or other healthcare provider to allow for continuity of care. (See Appendix D for a "Dear Doctor" letter/fax.)
- Score the pre-/post-tests.
- Contact the family within a few weeks to follow-up on any additional questions or instructions.

Each lesson within the **Wee Breathers™** program includes a pre-test and post-test. By using these assessments with each family you visit, you will be able to determine the success and outcomes of your program.

Another assessment tool to use for determining the success and outcomes of your program is the Asthma Control Test™ (ACT) found in Appendix E. The ACT™ should be done at the beginning of the first visit, or before the first visit if possible, and again at the last visit with a family so the results can be evaluated and reviewed. These two assessments can help your program maintain or acquire new funding and support.

**If participants have difficulty reading the pre-/post-tests questions, consider reading the questions and answers to them or all participants.*



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Using Wee Breathers™ in a Home Setting

Appendix

Appendix A: Facilitation Tips for Home Visitors

As a facilitator, your goal is to help participants learn information and build skills. You can help people learn best by using facilitation techniques that acknowledge and build on the knowledge, skills, and experience they already have.

Research shows that adult learning occurs best when it is self-directed, fills an immediate need, involves the learner, is reflective, provides feedback, shows respect for the learner, draws on the learner's own experience, and occurs in a comfortable environment.

Effective facilitators talk with – not at – participants as a way of setting a climate of mutual respect. Many facilitation techniques can be used to maximize participation and keep participants engaged. Several of these techniques are described below.

Open-Ended Questions

Whenever possible, ask questions instead of talking at participants; find opportunities to help participants share their ideas. Do this by asking open-ended questions – questions that cannot be answered with a simple “yes” or “no.” Open-ended questions are a simple way for facilitators to acknowledge that participants have valuable information and experience to share. However, using open-ended questions often takes longer than lecturing. If time is running out in a session, responses may need to be limited from participants.

Open-ended questions can be used early in a session to get a sense of where participants are coming from in regards to their expectations and baseline knowledge levels. Open-ended questions used early in an educational session send the message that participants' input is welcome. For example, you may wish to ask the following questions:

- “What are your expectations for this lesson?”
- “Why do you think controlling your child's asthma is important?”

Open-ended questions can be used to review information already covered. For example, participants can review or summarize parts of the session when asked the following questions:

- “What new information have you learned in this lesson?”
- “What will you take away with you from this lesson?”



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Using Wee Breathers™ in a Home Setting

Active Listening

Your active listening skills can help participants feel as if their ideas are truly an important part of the session's experience. In addition, active listening helps you understand participants' concerns; this greater understanding helps you tailor the session to better meet their needs. An effective active listener uses both verbal and nonverbal skills to acknowledge participation, clarify information, and encourage dialog.

Verbal active listening skills include:

- Repeating what participants say to emphasize their point
- Rephrasing participants' words to see if you understand what they are saying
- Connecting participants' points to something covered earlier in the session
- Asking for clarification if you are not sure what participants mean
- Thanking participants for their contribution

Nonverbal active listening skills include:

- Maintaining open, receptive body language
- Making eye contact
- Leaning forward
- Nodding when appropriate

Giving Feedback

As noted above, it is important to give positive feedback to participants throughout the visit. In addition, it may be necessary to give corrective feedback at several points during the visit, as you help participants build their skills and knowledge. Effective corrective feedback is always given in a supportive manner that helps participants improve their understanding of the materials. Tips for giving corrective feedback include the following:

- Focus your comments on the participant's behavior rather than on her/him as an individual.
- Always point out something the participant did well.
- Point out something specific the participant could improve on.

Teach-Back Principle

This is a method to make sure you, the instructor, explained information clearly. It is not a test or quiz for the participant. Ask the participant to explain – in their own words – what you just taught them. Do so in a caring and friendly way. If they didn't completely understand you, re-explain and check again with them. This is a research-based health literacy intervention that promotes adherence, quality, and safety.



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Using Wee Breathers™ in a Home Setting

Time Management

Time management can be one of the most challenging aspects of conducting an educational session during a home visit. It takes a skilled home visitor to cover content in a way that involves and engages participants in a limited timeframe. Some ways to manage time effectively are to:

- Make it clear that participants and home visitors will be expected to respect starting, ending, and break times.
- Help participants who wander off topic to tie in their comment with the discussion at hand.
- Ask participants' permission to "table" questions, suggestions, or comments because a related topic will be covered later in the visit, and write down the tabled information on a notepad as a reminder to come back to it.
- Label a sheet of paper "parking lot," and invite participants to write comments, questions, and feedback on self-stick notes and "park" the notes there throughout the session.
- Limit comments on any given topic. (Always encourage participants to continue their dialog on breaks or after the session.)

If a situation occurs where there is not enough time to cover all the topics on the agenda, negotiate with participants about what they most want to cover. By allowing them to identify what is most useful to them, participants make the most of the time remaining and their information needs are met.

Keep in mind that a good home visitor determines what is important to the participant based on feedback from the participant. There may be times when the scheduled agenda is abandoned in order to respond to participants' needs.

Ensuring Cultural Sensitivity

This section contains some information about cultural issues of which facilitators should be aware. By culture, we mean the learned and shared knowledge, beliefs, and rules that people use to interpret experience and to generate social behavior. Culture is the guiding force behind behaviors and material products associated with a group of people. Culture can influence people's values, attitudes, beliefs, and behavior. Therefore, culture has an impact on how they learn, communicate, make decisions, and interact in groups.



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Many people think of culture simply as a person's race or ethnicity. However, culture includes many different aspects of people's lives. That is, people's cultural background may be influenced by their:

- Gender
- Regional differences
- Language
- Sexual orientation
- Level of formal education
- Spiritual beliefs and practices
- Physical ability
- Age

Facilitators must be aware that although people from a specific cultural group may share common traits, all members of a cultural group are not alike. Individuals within cultural groups have their own personal experiences, personality traits, values, and belief systems. It is therefore important to respond to a person's needs and not assume that the person will respond in a certain way because she or he belongs to a particular cultural group.

Self-Awareness

To fully appreciate cultural differences, facilitators must:

- Recognize their own culture's influence on how they think and act
- Understand the complexities of cross-cultural interactions and fully appreciate, value, and respect participants' diversity
- Be aware of the impact of institutional and societal racism, sexism, ageism, and other such "-isms," and acknowledge how these forms of oppression can influence group dynamics
- Share appropriate personal experiences from one's "own" culture while not attempting to be an expert on other cultural groups



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Communication

To improve cross-cultural communication skills, facilitators should:

- *Avoid statements based on stereotypes.* If generalizations are used, they should be clearly labeled as such and modified with terms such as “many” or “some.”
- *Appreciate* the different ways that people from various cultures engage in discussions. Silence, for example, has a different meaning, depending on personal experience and cultural background.
- *Remember* that participants have different levels of proficiency in reading, writing, speaking, and understanding the language used in a session.

Body Language and Movements

Facilitators must be aware of the different ways people share information. In addition to talking, people use body language, physical contact, and body movements to express themselves. For example:

- The amount of *physical space* between persons when speaking may vary, depending on cultural norms, personal experiences, and personal preference.
- Some participants may not like “hugging” or activities that require physical contact. Whenever possible, avoid such activities or ask the group about their level of comfort.
- *Physical contact* between men and women is viewed differently by various cultural or gender groups.
- *Touching* may offend some people unless they have a close relationship with the other person. Do not assume you know the limits of individuals’ comfort levels regarding their personal boundaries.
- The amount of *eye contact* that people feel comfortable with varies by cultural group. In some cultures, direct eye contact is considered aggressive and rude; looking down or away indicates respect. In other cultures, direct eye contact demonstrates active listening.



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Appendix B: Safety Concerns

In conducting home visits, staff should be aware of safety issues. The table below provides some general safety tips for home visiting staff. However, each sponsoring agency should develop its own safety policies and procedures.

- Don't be a target.
- Attend safety seminars.
- Have someone from the police precinct talk to the home visitors during orientation.
- Have an experienced home visitor (or nurse from home health agency) talk to the new home visitors.
- Trust your instincts.
- Dress appropriately.
- Leave jewelry at home.
- Leave your purse at the office or trunk of a car.
- Travel in pairs if possible, especially in dangerous neighborhoods.
- On the first visit, bring another person.
- Survey the neighborhood. Identify safe areas (for example, restaurants and police stations).
- Use GPS or carry maps of the location.
- Plan visits during daylight hours, preferably in late morning or early afternoon.
- Let the parent know you are coming. Call or text the parent when you are on the way, so they can look out for you.
- Keep the car in good repair.
- Keep emergency supplies in the car.
- Ask the family to secure pets before your arrival.
- Carry a cell phone.
- Do not continue with home visits if there appears to be a substance abuse (drugs, alcohol, etc.) problem.
- Do not continue with home visits if the parent or caregiver appears to have a serious psychiatric problem.
- Do not continue home visits if you are uneasy or unsure of any situation.



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Appendix C: Reporting Child Abuse or Neglect

Home visitors must also be familiar with their state's laws concerning child abuse and neglect, including definitions of abuse, requirements for mandatory reporting, and reporting procedures.

Federal law (the *Child Abuse Prevention and Treatment Act or CAPTA*) sets out minimum guidelines that states must incorporate into their own child abuse and neglect legislation in order to receive federal funds. CAPTA provides a minimal definition of abuse and neglect and requires each state to establish a procedure for reporting suspected incidents. All 50 states have enacted their own laws that comply with or exceed federal requirements.

According to the National Child Welfare Information Gateway (NCWIG), all reporting laws:

- provide definitions of abuse and neglect;
- identify individuals (for example, healthcare providers, social workers, school personnel, and child care providers) who are mandated to report suspected incidents;
- provide penalties for failure to report or false reporting;
- offer immunity from criminal and civil penalties for reports made in good faith;
- specify the agency that is to receive mandated reports; and
- set out procedures that mandatory reporters must follow.

However, state definitions and requirements vary widely. For example, while CAPTA provides a minimum definition of abuse and neglect, all states have expanded on that definition. Although most states identify only professionals who work with children as mandatory reporters, some require any citizen to report. Most require mandatory reports to be made immediately, but others allow a period of 24 or 48 hours. The majority of states extend immunity to both mandated and voluntary reporters, but some do not.¹

NCWIG's web site provides citations and text of key state statutes pertaining to child abuse and neglect.² Sponsoring agencies whose home visitors are not already familiar with issues concerning the reporting of child abuse and neglect will find this information helpful. However, because state statutes are complex and subject to change, sponsoring agencies should also seek input on the topic from their state child protective services agency.

¹Child Welfare Information Gateway. 2012. Definitions of Child abuse and neglect state statute series. Available at http://www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm Retrieved May 19, 2012.

²See <http://www.childwelfare.gov/>.



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Appendix D: Template for Dear Doctor Letter/Fax

AGENCY LETTERHEAD/CONTACT INFORMATION

Date

Dr. John Smith By Fax: 555.555.5555
13111 Any Street
City, State 22222
Re: Child's Name

Dear Dr. Smith:

The above person (your patient) is part of our XXXX program sponsored by {Name of funders or sponsors} and administered by {Name of your Agency}.

As part of the XXXX program, we are doing asthma home visits for those in need of asthma education in our community.

I visited {Child's Name} and his/her family on _____ and taught the following lessons:

- | | |
|--|---|
| <input type="checkbox"/> Lesson One: Asthma Basics | <input type="checkbox"/> Lesson Five: Asthma Action Plan |
| <input type="checkbox"/> Lesson Two: Asthma Triggers | <input type="checkbox"/> Lesson Six: Communicating with the Asthma Team |
| <input type="checkbox"/> Lesson Three: Controlling Asthma Triggers | <input type="checkbox"/> Lesson Seven: Asthma Management Goals |
| <input type="checkbox"/> Lesson Four: Asthma Medicines | |

As part of our visit, we have participants complete the Asthma Control Test™ (ACT) and their score was: _____.
(Validated research shows that ACT™ scores of 19 or less may mean better asthma control is needed.)

Our visit revealed the possible need for:

- | | |
|---|---|
| <input type="checkbox"/> Controller Medication | <input type="checkbox"/> Specialist Visit |
| <input type="checkbox"/> Holding Chamber/Spacer | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Asthma Action Plan | |

I will be returning to their home on: _____. If you have any issues you'd like us to address, please reply to this letter before this date.

Please let me know if you have any questions or concerns. I am happy to help.

Respectfully,

{Your Name}

Home Visitor or other title



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Appendix E: Using the Asthma Control Test™ (ACT)

There are several studies showing that the ACT is a reliable, valid, and easy-to-use tool that measures changes in asthma control over time. It was developed to reflect current national asthma guidelines and to help provide a way to increase communication between the patient and provider about asthma control. There is a version of the ACT for adults and one for children ages 4 to 11 years old.

The ACT should be done at or even before the first visit so results can be evaluated and reviewed. These results will also give the home visitor a better clue on what topic areas they should focus on with the family. The ACT is also reviewed in Lesson 7.

Directions for doing the ACT are available on the form itself and should be fairly easy for parents to complete. Get familiar with the form so you are ready to answer questions and assist when needed.

Directions for parents or caregiver to complete the ACT:

- **Step 1:** Let your child respond to the first **4 questions (1 to 4)**. If your child needs help reading or understanding the question, you may **help**, but let your child check off or point to the answer.
- Check off the remaining **3 questions (5 to 7)** on your own and without letting your child's answers sway your answers. There is no right or wrong answer.
- **Step 2:** Write the number of each answer in the score box shown.
- **Step 3:** Add up each score box for the total.
- **Step 4:** Take test to the child's asthma doctor to talk about your child's total score.

A score of 19 or less identifies patients with poorly controlled asthma and means that follow up with a primary care doctor or specialist is needed as soon as possible.

A print copy of ACT is included in this Appendix and in Handout #2 in Lesson 7. However, ACT can also be used interactively online at <http://www.asthma.com/resources/child-asthma-control-test.html>.



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Childhood Asthma Control Test™ for children 4 to 11 years.

How to take the Childhood Asthma Control Test™

- ▶ **Step 1** Let your child respond to the **first 4 questions (1 to 4)**. If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining **3 questions (5 to 7)** on your own and without letting your child's response influence your answers. There are no right or wrong answers.
- ▶ **Step 2** Write the number of each answer in the score box provided.
- ▶ **Step 3** Add up each score box for the total.
- ▶ **Step 4** Take the test to the doctor to talk about your child's total score.

19
or less

If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. No matter what the score, bring this test to your doctor to talk about your child's results.

Have your child complete these questions.

1. How is your asthma today?

 0 Very bad	 1 Bad	 2 Good	 3 Very good
--------------------------	---------------------	----------------------	---------------------------

SCORE

2. How much of a problem is your asthma when you run, exercise or play sports?

 0 It's a big problem, I can't do what I want to do.	 1 It's a problem and I don't like it.	 2 It's a little problem but it's okay.	 3 It's not a problem.
---	---	--	-------------------------------------

3. Do you cough because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
---------------------------------------	--	--	---------------------------------------

4. Do you wake up during the night because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
---------------------------------------	--	--	---------------------------------------

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

TOTAL

The answers below should not be added to the total score. These answers should be discussed with your child's doctor.

In the past 12 months, how many emergency department visits has your child had due to asthma (that did not result in a hospitalization)? _____

In the past 12 months, how many inpatient hospitalizations has your child had due to asthma? _____



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Using **Wee Breathers**[™] in a Child Care Setting

Intended Audience

The **Wee Breathers**[™] program is intended for the parents and caregivers of children under the age of seven with asthma.

The program can be taught in a childcare center, before- or after-school child care program, pre-school, summer camp, or anywhere where young children spend a lot of time in the care of child care professionals.

Wee Breathers[™]

*Asthma Education for
Families with Young Children*



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Required Skills for Educators

Individuals with various professional backgrounds can serve as educators. However, an asthma educator should have certain basic skills before delivering the program, including:

- a thorough understanding of the clinical management of pediatric asthma;
- well-developed interpersonal skills (“people skills”);
- experience with underserved, low-literacy, and low-income populations;
- an understanding of the cultures, ethnicities and diversity in the community being served; and
- a supportive, professional manner that makes it easy to connect with parents and children.

Nurses, respiratory therapists, and other health educators are most likely to have the relevant clinical experience to deliver lessons for **Wee Breathers™**.

Educators should know when they have the knowledge and experience to answer participants’ questions, when they need to seek additional information or advice from an expert, and when they should refer the parent and child to their healthcare provider for information. AAFA recommends that a physician advisor or clinical supervisor be available to educators to answer questions that may go beyond the scope of their knowledge.

We recommend that educators attend an asthma management class or workshop sponsored by a professional organization like The Asthma and Allergy Foundation of America or a local hospital, before teaching the program. A yearly refresher course is also recommended for educators.

Your child care center, prior to implementing the **Wee Breathers™** program, may wish to conduct a formal training session for prospective educators. Such programs permit agencies to train several asthma educators at the same time. Depending on the professional backgrounds of the trainees, we recommend having a medical expert on asthma (allergist, pulmonologist, certified asthma educator – AE-C) available to provide current information on asthma pathophysiology, pharmacology, allergies, and environmental control.

Asthma educators will need actual practice in teaching specific lessons before they will be comfortable and effective in their roles. When several individuals are trained simultaneously, they can practice teaching these lessons to each other during the training.



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Delivering the Program

This program contains seven educational sessions:

Lesson One: Asthma Basics

Lesson Two: Asthma Triggers

Lesson Three: Controlling Asthma Triggers

Lesson Four: Asthma Medicines

Lesson Five: Asthma Action Plan

Lesson Six: Communicating with the Asthma Team

Lesson Seven: Asthma Management Goals

Each session is designed to be delivered in 60 minutes and has the following components:

■ **Getting Ready**

A checklist of things to do before delivering the educational session.

■ **Objectives**

A list of session-specific objectives. Participants' knowledge is assessed before and after each lesson using the session pre- and post-test handouts, which are based on the session-specific objectives.

■ **Agenda**

An overview of the session structure, including estimated delivery times for each section.

■ **Materials, Equipment, and Supplies**

A list of supplies and materials needed to deliver the session.

■ **Resources and Recommended Readings**

A list of resources to review prior to delivering the session. This helps to ensure you are comfortable with the session content.

■ **Content Outline with Notes**

A session outline that walks you through the session step-by-step, along with notes indicating when to use a teaching tool or distribute a handout(s).

■ **After the Session**

A checklist of things to do after delivering the educational session.

■ **Teaching Tools**

Materials designed to help you deliver the session. These may include diagrams, test answer keys, etc.

■ **Handouts**

These can be easily printed and/or reproduced for you to share with session participants.



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Here are the objectives covered in each lesson plan:

Lesson One: Asthma Basics

(Parent/Caregiver to complete "Asthma-Friendly Home – A Checklist for Families")

- Define asthma.
- Recognize three signs or symptoms of asthma.
- Recall one reason why learning how to manage asthma is important.

Lesson Two: Asthma Triggers

- Define "triggers".
- Identify the two types of asthma triggers.
- List four things that can make asthma worse.
- Identify triggers within setting using checklist.

Lesson Three: Controlling Asthma Triggers

- Develop a plan to avoid triggers and take simple low-cost action to reduce triggers identified in checklist.

Lesson Four: Asthma Medicines

- Explain the difference between Controller medicines and Quick-Relief medicines.
- Indicate when to use each type (Controller and Quick-Relief) of medicine.
- List two techniques, in addition to medicine, to manage asthma symptoms.
- Demonstrate the proper use of an inhaler.
- Explain how to care for a inhaler.
- Demonstrate the proper use of a spacer/holding chamber.
- Explain how to care for a spacer/holding chamber.



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Lesson Five: Asthma Action Plan

- Describe what to do when early symptoms appear.
- List five asthma symptoms that require immediate help.
- State two things to do when a child is having severe symptoms.
- Describe what a peak flow meter (PFM) does.
- State how to use a PFM.
- Explain how to care for a PFM.
- Determine what the PFM readings/numbers mean.

Lesson Six: Communicating with the Asthma Team

- Create a list of people to communicate with about a child's asthma.
- List two things to share with caregivers.
- Explain three ways to improve communication with healthcare providers.
- List two techniques for working with a partner.
- Provide two examples of messages to share with a child.

Lesson Seven: Asthma Management Goals

- List four asthma control goals.
- Explain how the child can be expected to participate in self-management.



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Steps for a Successful Class

Before the Class

One month before class:

- Decide how many sessions you will do to present materials. You can opt to do all seven lessons or any combination from there, depending on how many times you think participants will show up. Suggestions for doing just two sessions are given in the prior section called “Selecting Lessons.” Use this as a guideline for how many you decide to do.
- Consider offering child care if the session(s) will be offered after your center hours or off-site.
- Choose a date(s) and time(s) for the classes.
- Find a room that is large enough for 10 to 20 participants to easily walk around in.
- Announce class by giving out flyers to families at your center.
- Decide if you want to invite the general community and if so, place flyers in local stores, churches, temples, mosques, community centers, libraries, etc.
- Your flyer should include registration information such as name, phone number, and email. Be sure to find out how participants want to be contacted: phone, text, or email. Keep a list of people who register for your class.
- Do the *Asthma-Friendly Child Care – A Checklist for Providers* and make necessary changes to improve the environment of your child care center.

One week before the class:

- The asthma educator should review the educational materials to be completely comfortable with the concepts and procedures.
- The asthma educator should do a “walk through” of the lesson(s) he or she will present.
- Review the “Getting Ready” section of the lesson plan and follow steps for getting tools, supplies, equipment, copies of handouts, etc.
- Contact those people already registered for your class with a reminder of date, time and place. This is easy to do by phone, text or email.
- Secure an interpreter for anyone who is deaf or unable to understand English.

One day before the class:

- Contact all people registered for your class with a reminder of date, time, and place. This is easy to do by phone, text, or email.
- Gather optional refreshments and incentive items, if you are providing them.



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During the Class

- Set up chairs in room in a “U-Shape” or semicircle so people can see each other for easy discussions and movement.
- Set out refreshments, if you are providing them.
- Introduce yourself and get acquainted with the participants.
- Set and discuss group norms (also called ground rules (page 36).
- Have extra pencils or pens handy (one per participant).
- Have participants complete the Pre-test.*
- Give participants any handouts needed for the lesson(s) you are delivering.
- Deliver the lesson(s).
- Have participants complete the Post-test.*
- Have participants complete a lesson evaluation, if you are using one.
- Give out incentives, if you are using one.
- Remind participants of next program date, time, and place, as appropriate.

After the Class:

- Score the pre/post-tests and review the class evaluations. Think about ways to improve your skills from comments on the evaluations.
- Provide documentation of the session(s) to your supervisor or program coordinator, if necessary.

Each lesson within **Wee Breathers™** program includes a pre-test and post-test. By using these assessments at each session, you will be able to determine the success and outcomes of your program. Another assessment tool to use for determining the success and outcomes of your program is the Asthma Control Test™ (ACT™) found in Appendix B. The ACT™ should be done at the beginning of the first lesson, or before the first lesson if possible. Also, do it again at the last lesson so the results can be evaluated and reviewed. These two assessments can help your program maintain or acquire new funding and support.

**Have the participants put their initials on each test so you can easily match up their pre-/post-tests after class to score their results. If any participants have difficulty reading the pre-/post-tests, consider reading the questions and answers to them or all participants.*



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Using **Wee Breathers™** in a Child Care Setting

Using the Asthma-Friendly Home – A Checklist for Families

Participants in the **Wee Breathers™** program should complete the **Asthma-Friendly Home – A Checklist for Families** before attending Lessons Two and Three. This checklist will help them learn about the particular asthma triggers that are an issue in their home and how to get control over them. There are also easy and inexpensive tips on how to make their home asthma and allergy-friendly for the entire family.

This checklist asks a list of questions, then provides trigger details and steps to get rid of the trigger, or at least to reduce contact with the most common asthma triggers. It is divided into columns that include:

- Is this your trigger?
- What is this trigger?
- Where is it found?
- How to fix it.

Participants should mark off the box in the “Is this your trigger?” column that are problems in their home.

Review the results of the **Asthma-Friendly Home – A Checklist for Families** to determine what to review during Lessons Two and Three for participants. The answers will reveal which issue that the participants are familiar with or ones that may not be a problem. Those triggers not selected or identified by participants could be reviewed briefly during Lessons Two and Three.

Asthma educators should be familiar with the **Asthma-Friendly Home – A Checklist for Families** so they can answer questions and offer encouragement to parents/caregivers to make their home more asthma and allergy friendly.

Using the Asthma-Friendly Child Care – A Checklist for Providers

The **Asthma-Friendly Child Care – A Checklist for Providers** is a handy tool to help you learn how to make your child care setting safe and healthy for children with asthma and allergies. Each section is organized into one trigger (like “dust mites” or “mold and mildew”).

Go through each section and check the box marked “needs improvement” or the one marked “OK.”

Review your “needs improvement” boxes and make necessary changes to improve that area so it is asthma and allergy friendly!



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Appendix

Appendix A: Facilitation Tips for Groups

As a facilitator, your goal is to help participants learn information and build skills. You can help people learn best by using facilitation techniques that acknowledge and build on the knowledge, skills, and experience they already have.

Research shows that adult learning occurs best when it is self-directed, fills an immediate need, involves the learner, is reflective, provides feedback, shows respect for the learner, draws on the learner's own experience, and occurs in a comfortable environment.

Paulo Freire, the founder of popular education, developed the empowerment approach to education, which offers a useful framework for educating and training adults. His basic tenet is that the educator (in this case, the facilitator) learns from the group and that the learners in the group are also educators – everyone learns from each other. Therefore, effective facilitators talk with – not at – participants as a way of setting a climate of mutual respect. Many facilitation techniques can be used to maximize group participation, keep participants engaged, and help them learn from each other. Several of these techniques are described below.

Encouraging Group Participation

When participants take an active role in their learning, they are more likely to “own” the information and skills covered in the session. In addition, they are more likely to participate *actively* if you do the following:

- Maintain relaxed body language.
- Use an icebreaker to help them relax, get to know each other, and get ready to learn.
- Set group norms (sometimes called ground rules) to help make the session a safe, comfortable, and productive learning environment. Examples of norms include:
 - One person talks at a time
 - Respect others' confidentiality
 - Help each other learn
 - Help the session stay on track by returning on time from breaks and lunch
 - All feedback is to be given in a supportive manner, with the goal of helping others improve their skills



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These norms can be added to the list if participants do not offer them.

- Move around. If you stand behind a podium, you are likely to appear distant or inaccessible to participants.
- Ask the group for examples to illustrate a point. This ensures that examples are relevant to them.
- “Bounce back” to the group questions you receive from participants, as appropriate. “What do other people think about this?” and “What other ideas do you have?” are ways to show participants that you recognize their expertise.
- Show participants that you appreciate their contributions by saying things such as “That’s a good point,” “Thank you for bringing that up,” or “Many people have that same question or concern.”

More specific ways to maximize group participation are included in the Open-Ended Questions and Active Listening sections below.

Open-Ended Questions

Whenever possible, ask questions instead of talking at participants; find opportunities to help participants share their ideas. Do this by asking open-ended questions – questions that cannot be answered with a simple “yes” or “no.” Open-ended questions are a simple way for facilitators to acknowledge that participants have valuable information and experience to share. However, using open-ended questions often takes longer than lecturing. If time is running out in a session, responses may need to be limited from participants (for example, “We have time for two more comments”).

Open-ended questions can be used early in a session to get a sense of where participants are coming from in regards to their expectations and baseline knowledge levels. Open-ended questions used early in an educational session send the message that participants’ input is welcome. For example, you may wish to ask the following questions:

- “What are your expectations for this session?”
- “Why do you think controlling your child’s asthma is important?”

Open-ended questions can be used to review information already covered. For example, participants can review or summarize parts of the session when asked the following questions:

- “What new information have you learned in this session?”
- “What will you take away with you from this session?”

In addition, open-ended questions can be used to help participants share ideas, experiences, barriers, and solutions when you process activities or discuss content. Examples of these types of questions include the following:

- “How can you use the information learned today at home?”
- “What are some of the barriers you may face?”
- “How can you overcome these barriers you identified?”



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Active Listening

Your active listening skills can help participants feel as if their ideas are truly an important part of the session's experience. In addition, active listening helps you understand participants' concerns; this greater understanding helps you tailor the session to better meet their needs. An effective active listener uses both verbal and nonverbal skills to acknowledge participation, clarify information, and encourage dialog.

Verbal active listening skills include:

- Repeating what participants say to emphasize their point
- Rephrasing participants' words to see if you understand what they are saying
- Connecting participants' points to something covered earlier in the session
- Asking for clarification if you are not sure what participants mean
- Thanking participants for their contribution

Nonverbal active listening skills include:

- Maintaining open, receptive body language
- Making eye contact with the speaker
- Leaning forward
- Nodding when appropriate

Giving Feedback

As noted above, it is important to give positive feedback to participants throughout the session. In addition, it may be necessary to give corrective feedback at several points in the session, as you help participants build their skills and knowledge. Effective corrective feedback is always given in a supportive manner that helps participants improve. Tips for giving corrective feedback include the following:

- Focus your comments on the participant's behavior rather than on her/him as an individual.
- Always point out something the participant did well.
- Point out something specific the participant could improve.

Managing A Group Manipulator

One of the most difficult aspects of leading a group is managing domineering, talkative, or aggressive individuals. Do not permit participants to call out, or interrupt the session to gain control of the session. If you allow this to happen, the aggressors will dominate, the more polite participants will be angry and frustrated, and you may lose control of the session. Don't be afraid to be firm about saying "I think you are referring to X ... maybe we can talk more about that at break. Right now we need to move on."



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Time Management

Time management can be one of the most challenging aspects of conducting an educational session. It takes a skilled facilitator to cover content in a way that involves and engages participants in a limited timeframe. Some ways to manage time effectively are to:

- Make it clear that participants and facilitators will be expected to respect starting, ending, and break times.
- Help participants who wander off topic to tie in their comment with the discussion at hand.
- Ask participants' permission to "table" questions, suggestions, or comments because a related topic will be covered later in the session, and write the tabled information on paper as a reminder to come back to it.
- Label a sheet of paper "parking lot," and invite participants to write comments, questions, and feedback on self-stick notes and "park" the notes there throughout the session.
- Limit comments on any given topic. (Always encourage participants to continue their dialog on breaks or after the session.)

If a situation occurs where there is not enough time to cover all the topics on the agenda, negotiate with participants about what they most want to cover. By allowing them to identify what is most useful to them, participants make the most of the time remaining and their information needs are met.

Keep in mind that a good facilitator determines what is important to the group based on feedback from the group. There may be times when the scheduled agenda is abandoned in order to respond to participants' needs.

Ensuring Cultural Sensitivity

This section contains some information about cultural issues of which facilitators should be aware. By culture, we mean the learned and shared knowledge, beliefs, and rules that people use to interpret experience and to generate social behavior. Culture is the guiding force behind behaviors and material products associated with a group of people. Culture can influence people's values, attitudes, beliefs, and behavior, and therefore has an impact on how people learn, communicate, make decisions, and interact in groups.

Many people think of culture simply as a person's race or ethnicity. However, culture includes many different aspects of people's lives. That is, people's cultural background may be influenced by their:

- Gender
- Regional differences
- Language
- Sexual orientation
- Level of formal education
- Spiritual beliefs and practices
- Physical ability
- Age



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When facilitating multicultural groups, facilitators must be aware that although people from a specific cultural group may share common traits, all members of a cultural group are not alike. Individuals within cultural groups have their own personal experiences, personality traits, values, and belief systems. It is therefore important to respond to a person's needs and not assume that the person will respond in a certain way because she or he belongs to a particular cultural group.

Self-Awareness

To fully appreciate cultural differences, facilitators must:

- Recognize their own culture's influence on how they think and act
- Understand the complexities of cross-cultural interactions and fully appreciate, value, and respect participants' diversity
- Be aware of the impact of institutional and societal racism, sexism, ageism, and other such "-isms," and acknowledge how these forms of oppression can influence group dynamics
- Share appropriate personal experiences from one's "own" culture while not attempting to be an expert on other cultural groups

Communication

To improve cross-cultural communication skills, facilitators should:

- *Avoid statements based on stereotypes.* If generalizations are used, they should be clearly labeled as such and modified with terms such as "many" or "some."
- *Appreciate* the different ways that people from various cultures engage in group discussions. Silence, for example, has a different meaning, depending on personal experience and cultural background.
- *Use caution* during discussions, always making sure that all participants have an opportunity to express their ideas to the group.
- *Remember* that participants have different levels of proficiency in reading, writing, speaking, and understanding the language used in a session.
- *Be aware* that music can deliver a message, set a tone, enhance mood, or entertain with some cultural groups. If you use music, make sure that it reflects the diversity of the group.



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Body Language and Movements

Facilitators must be aware of the different ways people share information. In addition to talking, people use body language, physical contact, and body movements to express themselves. For example:

- The amount of *physical space* between persons when speaking may vary, depending on cultural norms, personal experiences, and personal preference.
- Some participants may not like “hugging” or activities that require physical contact. Whenever possible, avoid such activities or ask the group about their level of comfort.
- *Physical contact* between men and women is viewed differently by various cultural or gender groups.
- *Touching* may offend some people unless they have a close relationship with the other person. Do not assume you know the limits of individuals’ comfort levels regarding their personal boundaries.
- The amount of *eye contact* that people feel comfortable with varies by cultural group. In some cultures, direct eye contact is considered aggressive and rude; looking down or away indicates respect. In other cultures, direct eye contact demonstrates active listening.

Other Issues

Facilitators must be aware of many other cultural considerations in multicultural groups. Some examples are included for your information:

- The most important persons in a participant’s life may be his or her group and family, along with the possibility of very *strong extended family ties*. This information can be invaluable in planning activities and for providing examples of concepts and strategies during the session.
- The facilitator must be especially sensitive to people who are *hearing impaired*, placing them where they can see the face and body language of the interpreter (if one is requested) and other group members.
- The facilitator must be sensitive to people who are *visually impaired*, as well. Invite them to sit near the front of the room and have larger type materials available, including handouts and brochures.
- When there are several persons in a room, do not look at or expect a female participant to take the stereotypical role of taking notes, getting the refreshments, or generally taking care of others.
- Persons who use a *wheelchair* or who are otherwise physically challenged need to be considered in the selection of exercises that require *physical movement* (for example, jumping up and down, stomping feet, clapping hands, etc.).
- *Conflict* may be viewed and managed differently from one cultural group to another, so consider flexibility in resolving tension and/or friction.
- Do not treat the single member of a cultural group who may be present as if he or she answers for all members of that group. For example, “How do you think women would feel or think in this situation?” or “What do you think youth want?”



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Other Considerations

- Facilitation team *composition* sends a message. Whenever possible, facilitators' cultural backgrounds should be representative of participants' backgrounds. Diverse groups of participants will benefit from seeing people from their own communities among the facilitators. In addition, a multicultural team models cooperation and sharing among cultures.
- *Facilitation styles differ*, just as learning styles do; therefore, be careful in designing the session on the basis of an individual facilitator's preferred style.
- Acknowledge areas of weakness and expertise. If given a direct question, make an attempt to answer it in an accurate and forthright manner. If you do not know the answer, admit it.
- Facilitators should not assume that to avoid controversy or to minimize friction each activity or lecture has to be fun to keep a group's attention or interest. A balance between academic and experiential methods is important.
- Take special note of *seating arrangements*, including where facilitators sit. Avoid having groups congregate at the back of the room or having another group always be in the front of the room.
- Keep session goals and objectives in mind at all times, but especially when processing. Be aware of participants who might take over or seek to control. If you are uncomfortable with conflict, or uncertain about how to address it, seek training in conflict resolution. Conflict inevitably occurs whenever two or more people come together, so be prepared.
- Acknowledge the contributions of non-Westerners, when quoting scholars, artists, inventors, scientists, etc.

Finally, even with all cultural considerations in mind, there is no substitute for exercising good common sense and judgment in considering how, what, and when to address various issues in a session. Almost any activity has the potential to be culturally offensive when facilitated by someone who does not demonstrate respect for participants. Demonstrating respect for participants is crucial and opens the door for mutual growth and learning.



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Appendix B: Using the Asthma Control Test™ (ACT)

There are several studies showing that the ACT is a reliable, valid and easy-to-use tool that measures changes in asthma control over time. It was developed to reflect current national asthma guidelines and to help provide a way to increase communication between the patient and provider about asthma control. There is a version of the ACT for adults and one for children ages 4 to 11 years old.

The ACT should be done during or even before the first class so results can be evaluated and reviewed.

Directions for doing the ACT are available on the form itself or online and should be fairly easy for participants to complete. Get familiar with the form so you are ready to answer questions and assist when needed.

Directions for parents or caregiver to complete the ACT:

- **Step 1:** Let your child respond to **the first 4 questions (1 to 4)**. If your child needs help reading or understanding the question, you may help, but let your child check off or point to the answer.
- Check off the remaining **3 questions (5 to 7)** on your own and without letting your child's answers sway your answers. There is no right or wrong answer.
- **Step 2:** Write the number of each answer in the score box shown.
- **Step 3:** Add up each score box for the total.
- **Step 4:** Take test to the child's asthma doctor to talk about your child's total score.

A score of 19 or less identifies patients with poorly controlled asthma and means that follow up with a primary care doctor or specialist is needed as soon as possible.

A print copy of ACT is included in this Appendix and in Handout #2 in Lesson 7. However, ACT can also be used online at <http://www.asthma.com/resources/child-asthma-control-test.html>.



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Childhood Asthma Control Test™ for children 4 to 11 years.

How to take the Childhood Asthma Control Test™



- ▶ **Step 1** Let your child respond to **the first 4 questions (1 to 4)**. If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining **3 questions (5 to 7)** on your own and without letting your child's response influence your answers. There are no right or wrong answers.
- ▶ **Step 2** Write the number of each answer in the score box provided.
- ▶ **Step 3** Add up each score box for the total.
- ▶ **Step 4** Take the test to the doctor to talk about your child's total score.

19
or less


If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. No matter what the score, bring this test to your doctor to talk about your child's results.

Have your child complete these questions.



1. How is your asthma today?

 0 Very bad	 1 Bad	 2 Good	 3 Very good	SCORE <input type="text"/>
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2. How much of a problem is your asthma when you run, exercise or play sports?

 0 It's a big problem, I can't do what I want to do.	 1 It's a problem and I don't like it.	 2 It's a little problem but it's okay.	 3 It's not a problem.	<input type="text"/>
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3. Do you cough because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.	<input type="text"/>
--	---	---	--	----------------------

4. Do you wake up during the night because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.	<input type="text"/>
--	---	---	--	----------------------

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday	<input type="text"/>
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6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday	<input type="text"/>
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------	----------------------

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday	<input type="text"/>
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------	----------------------

The answers below should not be added to the total score. These answers should be discussed with your child's doctor.

In the past 12 months, how many emergency department visits has your child had due to asthma (that did not result in a hospitalization)? _____

In the past 12 months, how many inpatient hospitalizations has your child had due to asthma? _____

TOTAL



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Reference Materials

Bibliography

- Wee Wheezers at Home®
- National Heart Lung and Blood Institute, Guidelines for the Diagnosis and Management of Asthma (EPR-3), 2007
Website: www.nhlbi.nih.gov/guidelines/asthma
- Asthma Care Quick Reference: Diagnosing and Managing Asthma
Website: www.nhlbi.nih.gov/guidelines/asthma/asthma-qrg.pdf
- Abriiz Pediatric Management, portions of content used with permission

General Asthma Resources

- Asthma and Allergy Foundation of America (AAFA)
Website: www.aafa.org or www.asmaalergia.org (Spanish)
Phone: 800.727.8462
- Centers for Disease Control and Prevention (CDC)
Website: www.cdc.gov/asthma
Phone: 800.232.4636; TTY: 888.232.6348
- Environmental Protection Agency (EPA)
Website: www.epa.gov/asthma
- American Academy of Allergy, Asthma & Immunology
Website: www.aaaai.org
- American College of Allergy, Asthma & Immunology
Website: www.AllergyandAsthmaRelief.org
- National Asthma Education and Prevention Program (NAEPP)
U.S. Department of Health and Human Resources
National Heart, Lung, and Blood Institute (NHLBI) Information Center
National Institutes of Health (NIH)
www.nhlbi.nih.gov/about/naepp
- Attack Asthma (*a collaboration between the National Ad Council and the EPA*)
Website: www.noattacks.org (English and Spanish)
- Find an Asthma Specialist
 - Website: www.aaaai.execinc.com/find-an-allergist
 - Website: www.acaai.org/allergist/Pages/locate_an_allergist.aspx



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Resources

- State Asthma Contacts and Programs
Website: www.cdc.gov/asthma/contacts
- Asthma Camps
Website: www.asthmacamps.org
- Asthma Support Groups – Asthma and Allergy Foundation of America
Website: www.aafa.org/esg_search.cfm
Phone: 800.727.8462
- Pollen and/or Mold Counts
Website: www.pollen.org
Website: www.aaaai.org/global/nab-pollen-counts.aspx
- State Honor Roll Report of Asthma and Allergy Policies for Schools
Website: www.StateHonorRoll.org
- Asthma and Allergy Friendly Products and Services
Website: www.asthmaandallergyfriendly.com
- Asthma Control Test™ for Children (online version)
Website: www.asthma.com/resources/child-asthma-control-test.html
- Association of Asthma Educators
Website: www.asthmaeducators.org
Phone: 888-988-7747
- National Asthma Educator Certification Board
Website: www.naecb.com
Phone: 877-408-0072
- Global Initiative for Asthma – World Asthma Day
Website: www.ginasthma.org
- Network for Community-Based Asthma Programs
Website: www.AsthmaCommunityNetwork.org



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Resources

General Resources

- Free or Low-Cost Medical Clinics: www.FindAHealthCenter.hrsa.gov
Do an internet search for clinics in your community
- Health Insurance Information
Website: www.healthcare.gov
- Partnership for Prescription Assistance
Website: www.pparx.org
Phone: 1-888-4PPA-NOW (1-888-477-2669)
- Insure Kids Now
Website: www.insurekidsnow.gov
Phone: 1-877-543-7669
- Kids with Food Allergies Foundation
Website: www.kidswithfoodallergies.org
- Local Air Quality Conditions and Forecasts
Website: www.airnow.org
- School Flag Program
Website: www.airnow.gov/index.cfm?action=school_flag_program.index
- Free Help to Quit Smoking
Websites: www.smokefree.gov; www.español.smokefree.gov; www.women.smokefree.gov;
www.teen.smokefree.gov
1-877-44U-QUIT (English and Spanish)

Local Resources

If participant(s) do not have internet access, consider sharing a printed list of providers/resources near their home.



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