

SUMMARY

A respiratory consultant in Mid Yorkshire NHS is leading the way in reducing health inequalities in asthma management in people from non-English backgrounds. Significant work has been undertaken to engage non-English populations across Yorkshire and Humber to understand cultural barriers and patient specific requirements. This has resulted in; Patient information leaflets being produced in a variety of languages on various aspects of asthma; use of social media, graphics, animation, and videos to engage communities and use of QR codes to access information.

AIMS AND OBJECTIVES

To improve the rates of asthma diagnosis and management within non-English-speaking populations.

- > To identify barriers that are present within non-English speaking/reading populations regarding asthma management
- > To work with pharmaceutical companies to help them develop literature in other languages
- > To look toward the use of digital technologies and various media to engage and educate asthma sufferers
- > To share this information with the wider asthma network

Reasons for implementing your initiative

In Yorkshire and Humber there is significant variation in access to basic asthma care across the area specifically in different ages and ethnic groups, geography, age group and ethnicity. In Black and Minority Ethnic (BAME) groups there is a stigma attached to asthma and to coughing. A diagnosis of asthma can be detrimental to a chance of marriage as coughing is seen as being contagious. Patient stories around individuals being house bound, missing important family events such as weddings and funerals are common.

HOW YOU IMPLEMENTED THE INITIATIVE

The initiative involved working with pharmaceutical companies and asthma charities. This resulted in the production of patient information and resources in various languages. These resources are hosted on the British Thoracic Society Respiratory Futures Website

To ensure information is relevant and addresses cultural barriers the initiative has involved working with patients within the specific populations to design resources developed. These patients have also acted as clinical champions helping to implement the initiative by promoting and disseminating the resources produced.

KEY FINDINGS

A heatmap produced as part of the initiative identified the interdependencies of ethnicity, literacy, and respiratory health. By overlaying areas of deprivation in West Yorkshire with high prescribing data by GP, then enhancing the map and adding ethnic population percentages where English is not the main language, it was clear to see the health inequalities hot spots. The results illustrate the enormity of the problem in parts of the County.

KEY LEARNING POINTS

- It is apparent that there is a real need for effective, informative, wide ranging patient education about asthma. Information needs to be produced that is clear, concise, available in many different languages, and in different formats to enable it to be tailored to various needs.
- Further research is needed to assess the impact of the new patient literature and health information in the communities where inequalities exist



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