Asthma is a key public health problem for the pediatric population of the United States. 7 million children in the United States have been diagnosed with asthma at some point in their lives (1). Asthma remains a disease that occurs in higher rates among minority populations. Those living in inner-city environments are most at risk. A study performed in an inner-city area of Boston, MA showed that 16% of an Asian American school age population had previously diagnosed asthma with an additional 3% having possible undiagnosed asthma (2). Northeast Medical Services (NEMS), a federally qualified community health center (FQHC), serves the medically underserved Asian population in San Francisco. The two biggest neighborhood it serves, Chinatown and Portola, have large Asian populations. For example, 84% of households in Chinatown speak an Asian language. Of those households, 84% are linguistically isolated (3). Due to language and cultural barriers, general asthma knowledge is lacking leading to poor self-management practices. The goal of asthma treatment is to control the disease and minimize its impact on daily living. The ability of patients to self-manage their Asthma is a critical part of any treatment plan.

AIM
The aim of this community health project was to create a tool to improve pediatric asthma education during patient encounters. Three objectives were defined:

1. Assessment of current asthma control
2. Pinpointing gaps in asthma knowledge
3. Filling in gaps during Pediatrician visits

METHODS

1. Research
NEMS Pediatricians, health educators, community leaders, and patients were interviewed. Deficits in asthma knowledge and areas needing improvement were identified.

2. Intervention
A self-administered questionnaire and accompanying answer page was designed. The instrument consists of 8 questions assessing general asthma knowledge and current asthma control. There are both English and Chinese versions of the questionnaire.

3. Implementation/Evaluation
The questionnaire will be administered to patients immediately before visits with their Pediatricians. Subsequently, Pediatricians can tailor the visit according to the results of the questionnaire. The questionnaire was evaluated for face validity by NEMS health educators and evaluated for content validity by three NEMS pediatricians.

CONCLUSION
The aim of this project was to improve asthma education efforts in an immigrant Chinese population. Patient education is a necessary part of treating asthma and can significantly reduce healthcare utilization costs preventing the high costs of ED visits and hospitalizations.

REFERENCES