

Tool for Evaluating the Cultural Competence of Asthma Educational Materials

Title in English: _____

Title in Spanish (if applicable): _____

Reviewer: _____ Date: _____

Language and Literacy

- 1) Is the material translated well, so that it can be easily and readily understood?
 Poor Fair Good Very good Excellent Not applicable
- 2) Are words and phrases of the appropriate dialect used (Mexican-American vs. Puerto Rican Spanish or Cantonese vs. Mandarin, for example)?
 Poor Fair Good Very good Excellent Not applicable
- 3a) What is the literacy level of the reading material (Use the SMOG readability formula)? _____
- 3b) Is the literacy level appropriate for the audience for which it is intended?
 Yes No

Culture

Normative Cultural Values

- 1) Does the document adequately consider the normative cultural values of this particular cultural group?
 Poor Fair Good Very good Excellent

Folk Illnesses

- 2) Does the document adequately consider any folk illness beliefs which affect the particular cultural group's understanding of asthma (e.g., How do families think of asthma as a disease, why it happens, its triggers, its symptoms)?
 Poor Fair Good Very good Excellent Not applicable

- 3) Does the document adequately consider whether members of this cultural group go to folk healers for asthma care?
 Poor Fair Good Very good Excellent Not applicable
- 4) Does the document adequately consider any folk treatments or home remedies that members of this cultural group use to treat asthma (e.g., abdominal massage with warm oils for *empacho*, a Latino folk illness)?
 Poor Fair Good Very good Excellent Not applicable
- 5) Does the document adequately consider any potentially harmful folk treatments/home remedies, offering culturally acceptable alternatives (e.g., chamomile tea instead of powders containing lead oxide used for *empacho*)?
 Poor Fair Good Very good Excellent Not applicable

Parent/patient Beliefs

- 6) Does the document adequately consider other important parent/patient beliefs regarding asthma?
 Poor Fair Good Very good Excellent
- 7) Does the document adequately consider how members of this cultural group view biomedical therapy, especially maintenance asthma therapy or controller medications vs. bronchodilators?
 Poor Fair Good Very good Excellent

Family

- 8) Does the document adequately consider who in the immediate family involved in medical decision-making for a child with asthma?
 Poor Fair Good Very good Excellent

Religion/Spiritual Beliefs

- 9) Does the document adequately consider the spiritual/religious beliefs of the cultural group in question and how they influence their views of/management of asthma?
 Poor Fair Good Very good Excellent

Overall Assessment

- 10) Do the authors explain the etiology and treatment rationale for asthma, in view of the above-identified folk illness beliefs and other patient beliefs/practices?
- Poor Fair Good Very good Excellent

Provider Practices

- 11) We know that racial/ethnic minorities are less likely to be prescribed bronchodilators/maintenance asthma therapy and less likely to be referred to specialists. Does the material state these disparities in provider practices?
- Poor Fair Good Very good Excellent
- 11a) Does the material encourage parents to request that these medications and referral issues be addressed by the provider?
- Poor Fair Good Very good Excellent
- 11b) Do the authors provide any other suggestions to empower parents to raise these issues?
- Poor Fair Good Very good Excellent

Visuals

- 12) Are the visual representations (pictures, graphs, drawings) used appropriate for the cultural group being addressed?
- Poor Fair Good Very good Excellent

Adapted from the five-component cultural competency model of Flores for asthma care.¹

1. Flores G. Culture and the patient-physician relationship: achieving cultural competency in health care. *J Pediatr* 2000;136: 14-23.

Glossary

Dialect: a regional or social variety of a language distinguished by pronunciation, grammar, or vocabulary, especially a variety of speech, differing from the standard literary language or speech pattern of the culture in which it exists.

Literacy: the condition or quality of being literate, especially the ability to read and write

Normative cultural value: belief, idea, or behavior that a particular cultural group values and expects in interpersonal interactions (e.g., fatalismo, the belief that the individual can do little to alter his/her fate, a Latino normative cultural value)

Folk illness: culturally constructed diagnostic category commonly recognized by an ethnic group; ways in which members of a given cultural group think of a disease/symptoms; cultural explanation/meaning given to a particular illness/symptoms by a given ethnic group

Maintenance asthma therapy/controller medication: given daily to children with bad asthma to prevent worsening of the illness, usually inhaled steroids such as Flovent

Bronchodilator: rescue medicine such as albuterol, given to relieve symptoms quickly

Etiology: assignment of a cause, origin, or reason for something

Scoring

Please note that each question (except for the question about literacy) is scored on a five-point scale. This five-point scale has been designed to reflect how well you think the materials address various aspects of cultural competency. If you think that the materials do a poor job of addressing the specific topic addressed in a given question, please mark “poor.” The choice “not applicable” is reserved only for special cases, in which you think that the given question is not applicable to your cultural group (and these should be rare instances). For example, if your cultural group makes no use of folk healers, you can mark “not applicable” for the questions considering folk healers, since there is no way that the materials you are scoring could address something that does not exist in your culture. However, if you are scoring folk illness treatments, and you find that the materials you are reviewing do not address given folk illness treatments which are part of your cultural group, then you should mark “poor,” because the materials do a poor job of addressing folk illness treatments recognized by your ethnic group.

If you have any questions at all while scoring the materials, please feel free to ask anyone who is facilitating the review.