Developing and piloting an ICT-based intervention for adult asthma with limited health literacy to improve asthma self-management: A RESPIRE PhD

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Research question

Does an information and communication technology (ICT)-based intervention that address health literacy needs improve self-management among people with asthma?

Background

60.7% of people with asthma has limited health literacy.

Asthma control remains poor and that they receive little or no education on their disease and treatment plans.

The impact of low health literacy?

Low health literacy is associated with erroneous health beliefs, poor inhaler techniques, poor adherence to self-management activities and poor clinical outcomes.

The impact of supported self-management?

Supported self-management improves asthma control and improves quality of life.

References:


Methods

Phase 1: Systematic review

Using Cochrane methodology, I will synthesis the clinical trial evidence for interventions for asthma patients with limited literacy to identify features associated with adoption/adherence and clinical effectiveness of interventions.

Phase 2: Qualitative study

Focus groups/interviews with adults with asthma and limited health literacy to explore understanding of asthma, its treatments, self-management practices and how it can be supported.

Phase 3: Develop, refine & pilot an ICT-based prototype.

Ten adult asthma patients with limited health literacy will be shown the prototype and asked to feedback their perceptions using a thinking aloud interview. In the pilot stage, I will undertake a pilot RCT of the prototype.

Questions to discuss

1) Are there any suggestions about ICT-based self-management interventions that may be effective in this group?

2) We have three cultures/languages in Malaysia: Should I focus on one – or include all three?