

A Breath of Life

Asthma Control for My Child



A Manual for Promotores in the Latino Community



U.S. Department of Health and Human Services
National Institutes of Health
National Heart, Lung, and Blood Institute

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and Blood Institute

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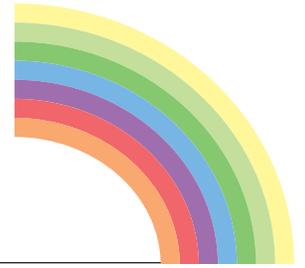
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Letter From the Director

Dear Promotores and Community Health Leaders,

Asthma is one of the most common chronic diseases among children in the United States. More than 7 million children have asthma, and more than half of them have had an asthma attack in the past year. Children whose asthma is not well-controlled have difficulty breathing, often miss school, and are less active.

You, as a member of the Asthma Care Team, can help Latino parents learn about asthma and its symptoms, how to remove or reduce their child's asthma triggers, and how to give their children asthma medicines correctly.

“A Breath of Life: Asthma Control for My Child” is a manual developed by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health in the U.S. Department of Health and Human Services in an effort to engage community-based partnerships to help reduce asthma disparities in Latino communities.

The manual can be used to:

1. Train promotores and other members of the Asthma Care Team to help Latino parents control their children's asthma; and
2. Teach Latino parents and other caregivers how to work with the Asthma Care Team to control their children's asthma. The focus of the manual is children with asthma ages 5–11.

This manual provides the information that you need to help families overcome fears and barriers, build skills, and improve communication with the Asthma Care Team.

Share this manual with your asthma care coordinator or program director. Explore how you can start an asthma education program for Latino parents who have children with asthma or expand an existing asthma education program in your community clinic or other health care setting and help Latino parents control their children's asthma.

The NHLBI recognizes that promotores and community health leaders, who are trusted members of the community they serve and who serve as members of a health care team, can make unique contributions to help control asthma within the Latino community. Thank you for making a difference in the lives of the families you work with each day. We dedicate this manual to you.

Much success in your work!

George Mensah, M.D.

Director

Center for Translation Research and Implementation Science

NHLBI, NIH

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Introduction

The NHLBI Engages Promotores and Community Health Workers

The NHLBI conducts research on heart, lung, and blood diseases and disseminates research findings to improve the health of the public. Since 1994, the NHLBI has engaged promotores and Community Health Workers (CHWs) in community outreach efforts to reduce health disparities in cardiovascular disease (CVD) among racial and ethnic populations in the United States.

The NHLBI developed a series of heart health education curricula and CVD risk factor prevention materials and tools to support a CHW-driven community outreach strategy. The curricula and supporting materials and tools are used to train promotores and CHWs to implement community education activities to prevent and control CVD risk factors and to promote healthy lifestyle behaviors in Latino, African-American, American Indian, Alaska Native, and Filipino communities.

Subsequently, the NHLBI embraced the development of an asthma education program to teach Latino parents about how to manage and control their children's asthma.

About “A Breath of Life: Asthma Control for My Child”

The NHLBI is pleased to present a new manual, “A Breath of Life: Asthma Control for My Child,” to address asthma control in Latino children. This manual can be used in the context of clinical care of children with asthma as part of a comprehensive asthma management program delivered by an Asthma Care Team. The trained promotores, as members of the Asthma Care Team, can work directly with the family, the doctor, the nurse, the respiratory therapist, the certified asthma educator, the social worker, and other key members of the Asthma Care Team.

The purpose of this manual is twofold:

1. To train promotores on the components of effective asthma management and control in children; and
2. To teach Latino parents how to work with the Asthma Care Team to help control their children’s asthma.

The manual and associated materials include the following:

- Respirar es vida: el control del asma en nuestros niños, a curriculum in Spanish (NIH Publication No. 14-7952S)
- A Breath of Life: Asthma Control for My Child, a curriculum in English (NIH Publication No. 14-7952)
- Respirar es vida: el control del asma en nuestros niños, a 15-minute DVD in Spanish with English subtitles (NIH Publication No. 56-347N)
- Dibujos educativos del manual “Respirar es vida: el control del asma en nuestros niños”/ Picture Cards for the manual “A Breath of Life: Asthma Control for My Child” (NIH Publication No. 14-7953)

For training promotores, the following sessions are used:

- Training Overview: The Role of Promotores in Asthma Control
- Session 1: What Is Asthma?
- Session 2: My Child’s Asthma Medicines
- Session 3: The Asthma Action Plan
- Session 4: My Child’s Asthma Triggers
- Session 5: Asthma Control for My Child at School and With Caregivers
- Session 6: Home Visit Training

For teaching Latino parents of children with asthma, only sessions 1–5 are used.

Promotores Working With Asthma

The manual was reviewed by asthma experts and promotores. Afterward, pilot tests were conducted in Spanish with promotores and Latino parents of children with asthma. The manual was well-received by trainers, promotores, and parents. Participants found the manual to be relevant and applicable to the lives of Latino families who have children with asthma. The manual and associated materials do the following:

- Draw from adult learning and popular education principles. Many fun, engaging, and hands-on activities are included throughout the sessions to enhance teaching and learning.
- Incorporate Latino cultural values and address common misconceptions and fears about asthma.
- Reflect the NHLBI National Asthma Education and Prevention Program’s (NAEPP) Expert Panel Report 3 — Guidelines for the Diagnosis and Management of Asthma.
- Reflect the six priority messages of the NAEPP Guidelines Implementation Panel (GIP) Report, (www.nhlbi.nih.gov/guidelines/asthma/gip_rpt.htm).

Implementing the GIP priority messages requires successful teamwork by the health care provider, the parent, the child with asthma, the promotora, and others on the Asthma Care Team. The child and the family are the key players supported and respected by other members of the Asthma Care Team. Health care decisions

are made together reflecting a partnership and shared ownership in decision making about asthma care.

This image shows how “A Breath of Life: Asthma Control for My Child” addresses the six GIP priority messages to empower the promotora, the family, and the child with asthma to have active roles on the Asthma Care Team.



Six Key Actions to Control Asthma

1. Use inhaled corticosteroids for control of persistent asthma
2. Use written Asthma Action Plans
3. Assess asthma severity
4. Assess and monitor asthma control
5. Schedule follow-up visits
6. Control environmental exposures

Key Messages and Recommendations Addressed in the Manual

Based on the NAEPP's GIP Report (www.nhlbi.nih.gov/guidelines/asthma/gip_rpt.htm):

1) Use Inhaled Corticosteroids To Control Asthma

The importance of inhaled corticosteroids for asthma control is stressed in session 2. In addition, cultural attitudes and common misconceptions are addressed, such as:

- The myth that inhaled corticosteroids are the same as the illegal steroids used by some athletes; and
- The fear that taking asthma medicines every day leads to drug addiction.

2) Use Written Asthma Action Plans To Guide Patient Self-Management

Each of the five sessions for parents stresses the importance of having an Asthma Action Plan. Much emphasis is placed on helping parents:

- Ask their child's doctor for a written Asthma Action Plan if not already given;
- Understand the sections of the Asthma Action Plan and how to follow the prescribed treatment;
- Identify the Green, Yellow, and Red Zones;
- Know which zone their child's asthma is in and what action to take for each zone; and
- Confirm that their child's school or childcare provider has a copy of the Asthma Action Plan and understands how to follow it.

3) Assess Asthma Severity To Determine Initial Treatment

Session 1 addresses the importance of having a doctor's diagnosis of asthma and its severity. Parents are encouraged to talk to the doctor if they are not clear about their child's asthma diagnosis.

4) Assess and Monitor Asthma Control and Adjust Treatment as Needed

The manual emphasizes empowering the parent and the child to:

- Recognize asthma symptoms;
- Use the Asthma Action Plan to understand the different zones of asthma symptoms;
- Take action as written on the Asthma Action Plan; and
- Communicate with the health care team and school about the child's asthma control.

5) Schedule Follow-Up Visits at Periodic Intervals

In session 1, parents learn:

- Asthma is chronic and still there even if symptoms are not present; and
- Asthma control can change over time, so it is important to have regular visits with the doctor for their child's asthma to be kept under control.

In addition, each session includes a section titled “We Are a Team, and We Have a Plan.” This section emphasizes the need to stay in close, regular contact with the child's asthma health care team and follow the Asthma Action Plan.

6) Control Environmental Exposures That Worsen the Patient's Asthma

Session 4, in particular, addresses:

- Types of environmental asthma triggers;
- Things to look for in the home and school environment that can trigger asthma symptoms; and
- Things that parents can do to eliminate or reduce their child's exposure to asthma triggers.



Training Overview: The Role of Promotores in Asthma Control

Message to the Trainer

This session is for training promotores. The program “A Breath of Life: Asthma Control for My Child” is designed to train promotores on asthma control. These trained promotores will then be able to provide asthma education to parents whose children have asthma and are between the ages of 5 and 11. Training promotores is a key step for the successful implementation of the “A Breath of Life” program. Promotores can implement the program in a variety of health care settings, such as a doctor’s office, an outpatient hospital, a community health center, or a health department.

Your enthusiasm and ease when conducting this training will be a model for promotores to follow. You will train promotores to be “trainers of other promotores” and teach them how to present information to parents in a way that is clear, understandable, interactive, appealing, and fun.

Objectives

By the end of this session, you will:

- Get to know group members;
- Understand what to expect from this training;
- Recognize your own skills and talents as promotores;
- Understand your responsibilities as a member of the Asthma Care Team;
- Learn how the program sessions are organized;
- Understand how to plan the sessions to train promotores and to teach parents; and
- Understand common barriers to asthma control that Latino families may face.

Materials

To teach this session, you will need:

- Nametags and a marker;
- The manual, video, and flip chart of picture cards;
- Copies of handouts for each promotora;
- A flip chart of poster paper with markers and tape or a whiteboard;
- A box decorated to look like a treasure chest;
- Two envelopes; and
- Copies of “A Breath of Life: Asthma Control for My Child” Parent Training Sign-in Sheet (page 37).

Handouts

- Handout A: How To Use “A Breath of Life: Asthma Control for My Child” Video With Parents and Worksheets (pages 25–28)
- Handout B: Promotores’ Core Competencies (page 29)
- Handout C: Self-Assessment of Talents and Skills (page 30)
- Handout D: My Responsibilities (page 31)
- Handout E: Tips for Successful Group Teaching (page 32)
- Handout F: How To Organize the “A Breath of Life” Program (pages 33–34)
- Handout G: Sample Promotional Flyer for “A Breath of Life” (page 35)
- Handout H: Adopt a Child Whose Asthma Is Not Controlled (page 36)

Before the session, do the following:

1. Arrange chairs in a half circle so that the participants can see one another as well as the whiteboard. If you are training a large number of participants, arrange the chairs and tables in a U shape to encourage participation.
2. Write the following session objectives on the whiteboard or poster paper:

By the end of this session, you will:

- Get to know group members;
 - Understand what to expect from this training;
 - Recognize your skills and talents as promotores;
 - Understand your responsibilities as a member of the Asthma Care Team;
 - Learn how the program sessions are organized;
 - Understand how to plan the sessions to train promotores and to teach parents; and
 - Understand common barriers to asthma control that Latino families may face.
3. On the whiteboard or poster paper, write the following:
 - What is your name?
 - Where were you born?
 - Why are you interested in the topic of asthma?
 4. Write the names of the sessions from the manual on the whiteboard or poster paper:
 - Training Overview: The Role of Promotores in Asthma Control
 - Session 1: What Is Asthma?
 - Session 2: My Child's Asthma Medicines
 - Session 3: The Asthma Action Plan
 - Session 4: My Child's Asthma Triggers
 - Session 5: Asthma Control for My Child at School and With Caregivers
 - Session 6: Home Visit Training

5. Prepare core competencies for the promotores:
 - Cut out each of the competencies (page 12).
 - Decorate a box to look like a treasure chest.
 - Put the core competencies in the treasure chest.
6. Write the following scenario on the whiteboard or poster paper: Your clinic supervisor has asked you to write a list of responsibilities that promotores have in carrying out the program “A Breath of Life: Asthma Control for My Child.” The agency will use your list to attract new promotores to help you run the program.
7. For the activity “YES I Can, NO I Cannot,” make an equal number of 8” x 4” green and red signs so that each promotora will have one of each color. The green signs should say “YES I Can,” and red signs should say “NO I Cannot.” Make a copy of the table (page 16), and cut out what promotores can and cannot do. Place the cutouts in an envelope for the promotores to draw from.
8. On the whiteboard or poster paper, draw a tree with several branches. On some of the branches, draw fruits. Around the base of the tree, draw rocks. Write the word “Barriers” over the rocks.
9. Cut out each of the descriptions of children on handout H: Adopt a Child Whose Asthma Is Not Controlled (page 36). Place them in an envelope.

Training Overview Outline

Total time: 2 hours and 30 minutes

I. Introduction	20 minutes
A. Welcome	
B. Getting To Know Each Other	
II. Teaching the Session	2 hours, 10 minutes
A. Program Overview	10 minutes
B. Manual Organization	10 minutes
C. Promotores' Core Competencies	25 minutes
D. The Promotora and the Asthma Care Team	25 minutes
E. Understanding Barriers	30 minutes
F. Tips for Successful Group Teaching	20 minutes
G. How To Organize the "A Breath of Life" Program	10 minutes

I. Introduction

A. Welcome

Note

1. Introduce yourself as promotores arrive.
2. Ask each promotora their name, and write it on a nametag.
3. Give each promotora their nametag.
4. Ask the promotores to put the nametags on their shirts.
5. Use the Promotores Training Sign-in Sheet (page 37) to track attendance.

Say: Welcome to our promotores training. I'm very happy to see all of you, and I thank you for participating. The name of this program is "A Breath of Life: Asthma Control for My Child." First we will introduce ourselves, and then I'll tell you about the program.

B. Getting To Know Each Other

Say: Let's take turns introducing ourselves to get to know one another. I'll start:

- My name is _____ .
- I have been a promotora for _____ years.
- I am a promotora (or health care provider) trained in asthma control, and I'm part of the Asthma Care Team at _____ (name of clinic or agency).
- I am interested in the topic of asthma because _____ (share your story).

Note

Point to the questions written on poster paper for promotores to answer.

Point and say: Now it's your turn. As you introduce yourself, answer these questions:

- What's your name?
- Where were you born?
- Why are you interested in the topic of asthma?

Say: Thank you for sharing. During the training, we will have many opportunities to get to know one another.

II. Teaching the Session

A. Program Overview

Say: Now I would like to talk more about the program “A Breath of Life: Asthma Control for My Child.” This program was created by the National Heart, Lung, and Blood Institute, which is part of the National Institutes of Health. The National Institutes of Health supports a lot of research on asthma, and the research shows that asthma can be controlled. This means that children whose asthma is controlled can be active and enjoy life.

Note

Write facts about asthma on the whiteboard or poster paper to emphasize the seriousness of asthma.

Say: Asthma is a serious health problem in the United States. Here are some facts:

- In 2011, more than 24 million people had asthma, and 7 million of these were children. This means that 1 in 11 children has asthma.¹
- Asthma affects Latinos, particularly Puerto Ricans, at higher rates.¹

¹ Bloom B, Cohen RA, Freeman G. Summary health statistics for U.S. children: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(254). 2012. Available from: http://www.cdc.gov/nchs/data/series/sr_10/sr10_254.pdf

Asthma is a disease that cannot be cured but can be controlled with proper treatment. That is why it is important that promotores, who are trained using the “A Breath of Life: Asthma Control for My Child” manual, can work as part of the Asthma Care Team in a variety of health care settings such as a doctor’s office, outpatient hospital, community health center, or health department.

Say: We will use the “A Breath of Life: Asthma Control for My Child” manual to train promotores and parents about asthma. The manual uses popular education and adult learning techniques where everyone teaches and learns. We will be doing interactive fun activities like games, role play, case study, drawing, and asking questions about your experiences.

In addition to the manual, we will use picture cards and a DVD as teaching tools. These tools were developed with the help of asthma experts and promotores who work in asthma programs.

B. Manual Organization

Note

Point to the whiteboard or poster paper where the manual sessions are written.

Point and say: Let’s take a look at how the manual is organized. It has the following sessions:

- Training Overview: The Role of Promotores in Asthma Control (page 1)
- Session 1: What Is Asthma? (page 39)
- Session 2: My Child’s Asthma Medicines (page 77)
- Session 3: The Asthma Action Plan (page 123)
- Session 4: My Child’s Asthma Triggers (page 163)
- Session 5: Asthma Control for My Child at School and With Caregivers (page 199)
- Session 6: Home Visit Training (page 233)

Say: Let’s take a few minutes to see where these sessions are in your manual.

Give the promotores 2 minutes to view the manual sessions.

Say: In this training, I will be doing two things:

- First, I will be training you so that you will be able to train other promotores.
- Second, I will teach the sessions of the manual the way you will teach them to parents of children with asthma.

Say: When you use the manual to train other promotores like yourselves, you will use all of the sessions of the manual. Introduction to Training: The Role of Promotores in Asthma Control (page 1) and Session 6: Home Visit Training (page 233) are part of the promotores training. To illustrate this point, take a look under Session 6: Home Visit Training. You can see that this information is written for and directed to promotores, not parents.

Trained promotores will then use sessions 1–5 to teach parents who have children (ages 5–11) with asthma. These sessions include specific information and special instructions for the promotores to help teach parents and get them to participate actively in the sessions. To illustrate this point, take a look at the section titled “Your Child With Asthma Is Not Alone” in session 1 (page 48). You can see that the promotora is asking for comments and personal experiences from parents.

Let’s continue learning about the organization of the manual. Each session in the manual contains:

- Objectives; and
- Materials.

Before the session, look at:

- Handouts; and
- Session Outline (includes Introduction, Teaching the Session, Review of Today’s Key Points, and Closing).

Take a look at these sections in session 1.

Give the promotores 1 minute to view the sections.

Say: Throughout the manual, you will find small images in yellow boxes that help you identify when to:

- Show a picture card or distribute a handout; or
- Show a segment of the DVD, “A Breath of Life: Asthma Control for My Child.”

Take a moment to find these yellow boxes and images in session 1.

Give the promotores 1 minute to find the symbols.

Say: Now let's look at the set of picture cards. Each picture card shows a different aspect of asthma care. On the back of each picture card are key messages in English and Spanish that will help you explain the illustration. The picture cards highlight key topics covered in sessions 1–5 of the manual. You can use the picture cards in group sessions or on home visits.

You can show all or part of the DVD, “A Breath of Life: Asthma Control for My Child,” at any point during sessions 1–5. The DVD is in Spanish and captioned in English and Spanish.

In addition to showing the DVD during a workshop or class, you can share it with parents or groups of parents during home visits, in the waiting room or lobby at your organization, at health fairs, and during parent and community meetings. Use the activity worksheets that are included (pages 25–28). Parents can use the worksheets to discuss what they learn after watching each segment of the DVD and to describe how they will apply this new knowledge at home.

Distribute handout A: How To Use “A Breath of Life: Asthma Control for My Child” Video With Parents and Worksheets (pages 25–28)



Say: I would like to clarify how we use some terms in the manual:

- We use the term “promotora” because the majority of people who have taken the training in the past are women. However, if you have both women and men in your group, you should refer to them as “promotores.”
- We refer to the child as “he” to keep it simple instead of “he or she.”

Ask: Are there any questions about how the manual is organized?

Give the promotores 2 minutes to ask questions.

C. Promotora Core Competencies

Say: As a promotora, all your special skills are like treasures. In 1998, a study was done with promotores across the country. It identified several basic skills that promotores use in their work. These basic skills are known as “core competencies.” Here is the list of these core competencies:

- Communication skills;
- Interpersonal skills;
- Knowledge of community, health problems, and community services;
- Service coordination skills;
- Capacity-building skills;
- Family advocacy skills;
- Teaching skills; and
- Organizational skills.

Activity: Promotora Treasures

Activity Note

Distribute the strips of paper with the core competencies written on them that you prepared before the session. Walk around to each group and check whether the promotores need help understanding the competencies.

Say: We are going to do an activity called “Promotora Treasures” to learn about how you can use the core competencies of a promotora in the program “A Breath of Life.” We will follow these steps to get started:

1. Form groups of three.
2. Each group will draw three pieces of paper from the treasure chest.
3. Each group will read the core competency written on the piece of paper and then write two examples of how the promotores can use the competency to help parents control their child’s asthma. One group will have a blank piece of paper for you to add other promotores’ competencies.

4. You will have 5 minutes to write your examples. Each group will then take turns sharing the competency and the examples with the larger group.
5. I will walk around to help you in case you are not sure what one of the competencies means.

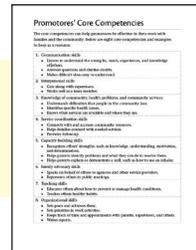
Give the groups 5 minutes to work together.

Ask: Which group wants to present first?

Allow 3 minutes for each group to present.

Promotores' Core Competencies	Examples
Communication skills	
Interpersonal skills	
Knowledge of community, health problems, and community services	
Service coordination skills	
Capacity-building skills	
Family advocacy skills	
Teaching skills	
Organizational skills	
Other promotores' competencies	

Distribute handout B: Promotores' Core Competencies (page 29)



Say: Good job! Thank you for participating in this activity. Here’s a handout with eight core competencies that you can keep as a resource. The core competencies can help promotores be effective in their work with families and the community. Each of you has different talents and skills that help you do your work as a promotora. However, you may feel very confident doing certain tasks but less confident doing others. It is important to know your areas of strength. It is also important that you be aware of areas where you feel less confident. These areas are where you may need more training to increase your skills and confidence to carry out your activities in the community.

Distribute handout C: Self-Assessment of Talents and Skills (page 30)



Say: Take a few minutes now to fill out the “Self-Assessment of Talents and Skills.” This tool can help you think about different skills and how comfortable you feel using them.

Give the promotores 5 minutes to fill out the form.

Say: Congratulations! Your talents and skills build the foundation for being successful promotores. Yes, you can make a big difference in your communities when you feel confident using your skills and talents.

Ask: What do you imagine are some ways to improve your skills as promotores?

Give the promotores 2 minutes to respond.

Add if not mentioned: There are many opportunities to sharpen your knowledge and skills over time. For example, you can:

- Shadow and observe an experienced promotora who teaches about asthma;
- Teach a class to parents with the help of an experienced promotora;
- Make a home visit with another professional who can observe you and provide feedback about your work; and
- Attend a class on core competencies.

Say: In session 5 of this training, you will have a chance to practice teaching a topic from “A Breath of Life.”

D. The Promotora and the Asthma Care Team

Say: You will not be alone when helping parents control their child’s asthma. You will be part of your clinic’s or health agency’s Asthma Care Team. For example, in a clinic setting, such as a doctor’s office, an outpatient hospital, a community health center, or a health department, there are several people who are members of the Asthma Care Team. These may include:

- The child with asthma and his family, who will follow the asthma treatment prescribed by the doctor;
- A doctor who may serve as the medical director for the asthma program;
- A nurse who may serve as the program manager to coordinate the Asthma Care Team;
- A certified asthma educator, who provides asthma education or a respiratory therapist who teaches proper use of asthma devices;
- A social worker who may manage client cases; and
- A promotora who may provide asthma education and do home visits.

Ask: Are there other members of the Asthma Care Team that we have not mentioned?

Give the promotores 3 minutes to respond.

Add if not mentioned: Parents and family members are also very important members of the Asthma Care Team.

Say: As you can see, there are many promotora responsibilities. At each asthma program, a promotora's responsibilities will vary depending on clinic policies and needs of the patient and family.

Activity: YES I Can, NO I Cannot

Activity Note

For this activity, you will need the envelope containing strips of paper with activities promotores can and cannot do (see page 16) and the "YES I Can" and "NO I Cannot" signs you prepared before class.

Say: There are certain things that promotores will not do as part of the Asthma Care Team. It is important to understand what you can and cannot do. This ensures that the child and family are receiving the best care possible from the Asthma Care Team.

Say: We are now going to do an activity called "YES I Can, NO I Cannot," as a way to go over what promotores can and cannot do as part of the Asthma Care Team. We will follow these steps to do the activity:

1. I will give each of you a sign that says "YES I Can," and a sign that says "NO I Cannot."
2. Each of you will draw a piece of paper from this envelope. The pieces of paper describe tasks that promotores either can or cannot do.
3. You will take turns reading what is on your piece of paper. After you read, the rest of the group will hold up a green sign if what you said describes something that a promotora can do or a red sign if it is something that a promotora cannot do.
4. Here's an example: If my paper says, "Help the family come up with questions they have about asthma," you would hold up a green sign, because it is something that a promotora can do.

Activities That Promotores Can and Cannot Do

NO I Cannot	YES I Can
<p>Prescribe or change the asthma medicine.</p>	<p>Explain to the parents how the child uses an asthma inhaler.</p>
	<p>Explain to parents the importance of the child taking the asthma medicine as prescribed by the doctor.</p>
<p>Change the instructions on the child's Asthma Action Plan.</p>	<p>Determine whether the family is following the Asthma Action Plan correctly.</p>
	<p>Identify problems that the family may have, and let the Asthma Care Team know about any issues.</p>
<p>Give medical advice to families.</p>	<p>Support the family when they have problems with asthma medicines by getting in touch with the Asthma Care Team.</p>
	<p>Assist the family by asking questions about the asthma medicines.</p>
<p>Take responsibilities that are not in your job description for the clinic or agency where you work.</p>	<p>Know your responsibilities and ask your supervisor questions when in doubt.</p>

1. Get into groups of four (if several of you work at the same agency, form a group). Don't stand up to do this until I tell you.
2. On a piece of paper, draw a tree with several branches. On some of the branches, draw fruits. Draw rocks around the base of the tree, like in this drawing.
3. On each of the rocks, you will write different barriers that families in your community may experience when trying to control their child's asthma.
4. Write a solution to the different barriers on each of the fruits that you drew in the branches of the tree. When you are done, a member from each group will describe the barriers and solutions that you came up with.

Say: You will have 8 minutes to do this activity. You can begin now.

Give the promotores 8 minutes to do this activity.

Say: Now let's have a member from each group share the barriers and solutions that you came up with.

Give each group 2 minutes to present.

Add if not mentioned, and then ask the promotores to find solutions to them:

- Poverty;
- No money to buy asthma medicines and devices;
- No health insurance;
- Unemployment;
- No transportation;
- Lack of family support;
- Language;
- Health beliefs; and
- Not having adequate information about asthma.

Say: You are very creative at finding ways to help your community. This is why your role is so important in the program "A Breath of Life."

Say: I am going to share with you two scenarios that you may experience as you work with the families. Here is the first scenario:

Imagine walking into the Diaz family's apartment for your first home visit. There are several children and two adults living in two bedrooms. You notice the following:

- The children are not wearing much clothing.
- There are two mattresses on the floor.
- The only other furniture is an old sofa with torn cushions.
- There is trash on the floor.
- The apartment smells.

Ask: What are your reactions to this scenario?

Give the promotores 3 minutes to respond.

Say: It can be shocking and overwhelming to see the conditions in which some people have to live. The truth is that poverty is a major barrier to access asthma care for many families. It is important that you do not react negatively to the conditions in which families live. Your role is to be compassionate, helpful, encouraging, and respectful. Accept parents and allow them to speak freely during the sessions; never judge them.

The second scenario is as follows:

Imagine making a home visit to Mrs. Lopez. When you arrive, she opens her door and greets you with only a nod of her head. She does not make eye contact. You ask her a question, and she responds with "I don't know" and then begins to cry.

Ask: How do you think you would react in a situation like this?

Give the promotores 3 minutes to respond.

Say: Mrs. Lopez may feel overwhelmed and discouraged about taking care of her child's asthma in addition to the family's day-to-day problems and needs. Again, your role is to offer the family compassion, practical help, and encouragement.

F. Tips for Successful Group Teaching

Say: One of the methods for presenting the material in “A Breath of Life” is through group teaching. It is important to consider the characteristics of each parent in the group, such as age, gender, education level, and language they prefer to speak.

We are now going to do some brainstorming about “group teaching.” Each of you may teach in different ways. You may use many teaching tips to help you communicate and engage your group. These tips and techniques are what help make you excellent teachers. We would love to hear about the tips that you use when you are working in groups. I will ask you some questions about this, and you can share your ideas. Everyone please feel free to participate.

Note

Write ideas from the group on the whiteboard or on poster paper. Ask a volunteer to help you with this.

Ask: How do you get to know and connect with your group members?

Allow 2 minutes for the promotores to respond.

Add if not mentioned:

- Get to know the parents in your group. Call parents by their name.
- Make a personal connection with each and every parent. To do this, make eye contact and start a conversation.
- Use words that they understand.
- Respect the parents’ questions and comments.
- Make each session fun in order to keep parents interested.
- Create an environment where the parents feel comfortable even if they make mistakes.

Ask: How do you motivate parents to stay in the program?

Allow 2 minutes for the promotores to respond.

Add if not mentioned:

- Praise parents when they ask questions or make comments.
- Encourage parents to share their opinions and experiences.
- Suggest small steps that help parents meet their goals.
- Repeat important points to reinforce learning and to help parents remember.
- Provide opportunities for the parents to talk about their personal experiences.
- Make each session fun in order to keep parents' interest.
- Use materials and examples that are relevant to the parents' lives.
- Allow time for the parents to practice their new skills.
- Help the parents to understand how they can apply their new skills in their day-to-day lives.

Ask: How do you keep group participants focused on the topic being discussed?

Allow 2 minutes for the promotores to respond.

Add if not mentioned:

- Use plenty of visuals, not just material with text.
- Do activities that get parents moving around and that encourage teamwork.
- Limit distractions such as allowing participants to have side conversations.
- If people stop listening or seem bored, stop and do a 2-minute physical activity, such as standing and touching toes or shaking hands with neighbors.
- If you see that someone looks confused, be sure to go back over main points.
- Encourage group participation so parents learn from one another.
- Present material in a structured way. Start with easy concepts and build from there.

Ask: How do you find answers to hard questions that parents may ask?

Allow 2 minutes for the promotores to respond.

Add if not mentioned:

- Study the session before teaching it.
- Ask for help from a member of the Asthma Care Team or someone with

experience who can answer any outstanding questions.

- Respond to any unanswered questions as soon as possible.

Ask: How do you make sure group participants have a good experience?

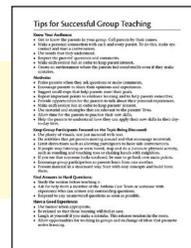
Allow 2 minutes for the promotores to respond.

Add if not mentioned:

- Use humor when appropriate.
- Be relaxed so that those learning will feel at ease.
- Laugh at yourself if you make a mistake. This releases tension in the room.
- Allow opportunities for working in groups and exchange of ideas that promote active learning.

Say: Thank you for participating. We all learned some new teaching tips we can put into practice.

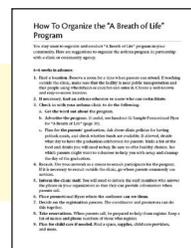
Distribute handout E: Tips for Successful Group Teaching (page 32)



Say: Handout E: Tips for Successful Group Teaching can be your guide when teaching.

G. How To Organize the “A Breath of Life” Program

Distribute handout F: How To Organize the “A Breath of Life” Program (pages 33–34)



Distribute handout G: Sample Promotional Flyer for “A Breath of Life” (page 35)



Say: After you complete this training, you may want to organize and conduct “A Breath of Life” in your community. On handout F, you will find suggestions of ways to organize the asthma program in partnership with a clinic or community agency. You can use the flyer as a guide to promote your program and recruit parents, but keep in mind that each clinic and agency will have its own procedures and rules.

One way to recruit and involve parents is through using the video, “A Breath of Life: Asthma Control for My Child.” You can use it as part of this five-session training or use it by itself. The video comes with worksheets with tips on ways to share the video with parents, such as by watching the whole video without pausing or watching it in segments. The worksheets include an activity and questions for the parents (pages 27–28).

After completing the program, it is important to celebrate parents’ participation by having a graduation ceremony. In session 1, tell the parents that if they come to at least four sessions, they will get a certificate at the end of the program. This gives them a goal to work toward and will help them complete the course.

You will need to plan the graduation ceremony ahead of time. To start, check with your clinic to see what policies and suggestions it has about the graduation. In your manual you will find a list of suggestions for organizing a graduation (page 33).

This ends our training overview and the role of promotores in conducting the “A Breath of Life” program. Is there anything that you would like me to clarify before we go any further?

Give the promotores 5 minutes to respond.

Say: Thank you. You have done a great job with the introductory session. Now we are ready to begin Session 1: What Is Asthma?

If you do not have a child with asthma, it may be difficult sometimes to understand the struggles that parents who have children with asthma face. In order to understand and appreciate the experience of these parents better, you will have the opportunity in this training to adopt a fictitious child who has asthma.

As I mentioned earlier, sessions 1–5 are also given to groups of parents of children with asthma. I will teach you these sessions as if I were talking to such parents, not promotores. This way, you can see how to do this and then be ready when it is your turn to teach parents.

Note

Pass around the envelope with descriptions of children with asthma. Promotores who wish to “adopt” a child may take one.

Say: This envelope has pieces of paper with descriptions of different fictitious children whose asthma is not controlled. If you would like to participate, please draw one. Each of you can then name your adopted child. Throughout this training, you will refer to the description of your adopted child and learn what you need to do to keep his asthma under control.

Note

After finishing Training Overview: The Role of Promotores in Asthma Control, proceed to Session 1: What Is Asthma? You can start with Group Agreements (page 45), since you have already covered introductions in this session.

How to Use “A Breath of Life: Asthma Control for My Child” Video With Parents



Step 1: Get Ready!

Video Details

The “A Breath of Life” video shows how José, his parents, a doctor and a nurse, a promotora, a teacher, a school nurse, and a soccer coach work together to help Jose control his asthma.

The video is in Spanish and captioned in English and Spanish, and is divided into 4 parts:

1. Asthma and How to Control It
2. How to Use an Inhaler
3. Asthma Action Plan
4. Asthma Triggers

This 15-minute video was created by the National Heart, Lung, and Blood Institute of the National Institutes of Health to help community health workers and promotores to teach parents about asthma control.

Get the Video

Link to these sites:

- **YouTube:** <http://www.youtube.com/watch?v=pGUo-3-R8wk&list=PLOF0EB0E04EAF7330>
- **NHLBI Health Topics Video Page:** <http://www.nhlbi.nih.gov/health/health-topics/videos/>

Order your own DVD:

- **NHLBI Online Catalog:** <http://catalog.nhlbi.nih.gov/catalog/home>
- **By phone:** Call the NHLBI Health Information Center at 301–592–8573 (or dial 7–1–1 for Telecommunications Relay Services (TRS)), between 10 a.m. and 4 p.m. ET, Monday through Friday
- **Mail:** P.O. Box 30105, Bethesda, MD 20824-0105

Equipment Needed:

- Any Internet capable device (smartphone, computer, tablet)
- Projector and screen (if sharing with a large group)

Be sure to test your Internet connection and equipment connections before sharing the video with parents. This way you can handle any technical difficulties ahead of time.

Where To Show the Video

There are many ways to share this video with parents or groups of parents. Ideas include:

- During a workshop or class
- During home visits
- In the waiting room or lobby
- At health fairs
- During parent and community meetings

Additional Resources

- **NHLBI web site:** <http://www.nhlbi.nih.gov/health/educational/healthdisp/index.htm>
- **NHLBI Health Topics Asthma Page:** <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/>
- **Asthma Tip Sheets:** http://www.nhlbi.nih.gov/files/docs/public/lung/asthma_tipsheets.pdf



U.S. Department of Health and Human Services
National Institutes of Health
National Heart, Lung, and Blood Institute

Step 2: Go!

Pre-Video Activity

Have parents discuss in pairs what they have heard or know about:

- Asthma;
- Using inhalers;
- Asthma medicines;
- An asthma action plan;
- Asthma triggers;
- An asthma care team

If needed, ask questions to get the parents started. For example:

- What kinds of things do your family members or friends say about asthma?
- How do you feel about asthma medicines?
- How have you seen parents manage their child's asthma?

Tell parents it is ok if they do not know about some or all of the topics. They are not being tested. This simply provides a way for them to talk about asthma before watching the video.



Watch the Video

Option 1: Watch the Video Without Pausing

1. Watch the entire video without pausing between segments.
2. Ask parents to form groups of 2-4 people. Encourage parents to work with people they do not know or know well.
3. Ask groups to take 10 minutes to do the **Inhale** and **Exhale** worksheets.
4. Get back into a large group and go over the **both** worksheets. Clarify answers written on them. Answer questions parents may have.

Option 2: Pause After Each Segment

1. Ask parents to form groups of 2-4 people. Encourage parents to work with people they do not know or know well.
2. Watch the video. Pause after each segment and have the groups spend 5-10 minutes discussing the segment they just watched. The video segments are:
 - Asthma and How to Control It
 - How to Use an Inhaler
 - Asthma Action Plan
 - Asthma Triggers
3. If time permits, have the groups answer the questions on the **Inhale** worksheet after each segment. Briefly have groups share their answers.
4. After finishing the video, ask groups to take 5-10 minutes to do the **Exhale** worksheet.
5. Get back into a large group and go over the **Exhale** worksheet. Clarify answers written on the worksheet. Answer questions parents may have.



How to Use “A Breath of Life: Asthma Control for My Child” Video With Parents

Inhale Worksheet for Parents

Write down key information you learned

	Some things that caught my attention in this part of the video include:	What happened in this part of the video is like my life in these ways:	Things I want to know more about or have questions about:
Asthma and How to Control It			
How to Use An Inhaler			
Asthma Action Plan			
Asthma Triggers			

Exhale Worksheet for Parents

Write down how you plan to use what you learned

1. My child's asthma symptoms are:
2. These are the steps I would teach my child to use an inhaler:
3. If a friend asked me, “Why is an asthma action plan important?” this is what I would say:
4. This is what I learned about asthma triggers (the things that bring on your child's asthma symptoms):

These are Jose's asthma triggers:	These are my child's asthma triggers:

5. Having an asthma care team can help us control our child's asthma in different ways.

These are people who are on our team already:	These are people I want to get on our team:

6. I'm ready to take action like Esperanza and Alberto did! This is what I plan to do:

When I get home:	In the next week:	In the next month:	In the next 6 months:



National Heart, Lung,
and Blood Institute



Promotores' Core Competencies

The core competencies can help promotores be effective in their work with families and the community. Below are eight core competencies and examples to keep as a resource.

1. Communication skills

- Listens to understand the strengths, needs, experiences, and knowledge of others.
- Answers questions and clarifies doubts.
- Makes difficult ideas easy to understand.

2. Interpersonal skills

- Develops positive relationships.
- Gets along with supervisors.
- Works well as a team member.

3. Knowledge of community, health problems, and community services

- Understands difficulties that people in the community face.
- Identifies specific health issues.
- Knows what services are available and where they are.

4. Service coordination skills

- Connects with and accesses community resources.
- Helps families connect with needed services.
- Provides follow-up.

5. Capacity-building skills

- Recognizes others' strengths, such as knowledge, understanding, motivation, and determination.
- Helps parents identify problems and what they can do to resolve them.
- Helps parents explain or demonstrate a skill, such as how to use an inhaler.

6. Family advocacy skills

- Speaks on behalf of others to agencies and other service providers.
- Represents others in public meetings.

7. Teaching skills

- Educates others about how to prevent or manage health conditions.
- Teaches others healthy habits.

8. Organizational skills

- Sets goals and achieves them.
- Sets priorities in work activities.
- Keeps track of time and appointments with parents, supervisors, and others.
- Writes reports.

Self-Assessment of Talents and Skills

Name _____ Date _____

Fill out the response that best describes how often you use each talent or skill.

Talents and Skills	Never	Sometimes	Most of the Time	All the Time
1. I listen to people.				
2. I am courteous to others.				
3. I give advice and help when people ask me.				
4. I encourage others to express their own opinions.				
5. I help people find solutions to their problems.				
6. I keep confidential information that has been shared with me to myself.				
7. I am willing to try new things.				
8. I have a good sense of humor.				

Work Skills	Strongly Disagree	Disagree	Agree	Strongly Agree
9. I keep notes on my work progress.				
10. I have a general understanding of health issues.				
11. I know about health services and resources in my community that I can refer people to.				
12. I am able to work in groups.				
13. I know how to stay in touch with the people I am helping.				
14. I work to better my community.				
15. I know how to plan, organize, and present talks or classes.				
16. I know how to find information that helps people learn about health topics.				
17. I tell my supervisor about my work activities.				
18. I know how to establish priorities in order to carry out work activities.				
19. I reach my work goals.				
20. I accept suggestions for improving my work.				
21. I believe I do a good job as a promotora.				
22. I believe in my skills as a promotora.				
23. I feel happy in my role as a promotora.				

My Responsibilities

As a promotora in an asthma program, I can do the following:

- Explain to parents how the child uses an asthma inhaler.
- Explain to parents the importance of the child taking the asthma medicine as prescribed by the doctor.
- Determine whether the family is following the Asthma Action Plan correctly.
- Identify any problems that the family have, and let the Asthma Care Team know about them.
- Support the family when they have problems with asthma medicines by getting in touch with the Asthma Care Team.
- Assist the family by asking questions about the asthma medicines.
- Know my responsibilities and ask my supervisor questions when in doubt.
- Serve as the key contact between the family and health care system.
- Provide group sessions about asthma using the manual “A Breath of Life.”
- Do home visits to provide asthma education and help to reduce or remove the child’s asthma triggers.
- Call families to determine how well they are controlling their child’s asthma using the Asthma Action Plan.
- Help families assess their own needs and strengths.
- Help support family needs and encourage them to decide on their priorities for controlling their child’s asthma.
- Communicate with the Asthma Care Team about the family’s resources and barriers.
- Help parents fill out health insurance applications for their children.
- Provide translation services to enhance communication between parents and the Asthma Care Team.
- Find community resources to help the family.

And these are things I cannot do:

- Prescribe or change the asthma medicine.
- Change the instructions on the child’s Asthma Action Plan.
- Give medical advice to families.
- Take responsibilities that are not in my job description for the clinic or agency where I work.

Tips for Successful Group Teaching

Know Your Audience:

- Get to know the parents in your group. Call parents by their names.
- Make a personal connection with each and every parent. To do this, make eye contact and start a conversation.
- Use words that they understand.
- Respect the parents' questions and comments.
- Make each session fun in order to keep parent interest.
- Create an environment where the parents feel comfortable even if they make mistakes.

Motivate:

- Praise parents when they ask questions or make comments.
- Encourage parents to share their opinions and experiences.
- Suggest small steps that help parents meet their goals.
- Repeat important points to reinforce learning and to help parents remember.
- Provide opportunities for the parents to talk about their personal experiences.
- Make each session fun in order to keep parents' interest.
- Use material and examples that are relevant to the parents' lives.
- Allow time for the parents to practice their new skills.
- Help the parents to understand how they can apply their new skills in their day-to-day lives.

Keep Group Participants Focused on the Topic Being Discussed:

- Use plenty of visuals, not just material with text.
- Do activities that get parents moving around and that encourage teamwork.
- Limit distractions such as allowing participants to have side conversations.
- If people stop listening or seem bored, stop and do a 2-minute physical activity, such as standing and touching toes or shaking hands with neighbors.
- If you see that someone looks confused, be sure to go back over main points.
- Encourage group participation so parents learn from one another.
- Present material in a structured way. Start with easy concepts and build from there.

Find Answers to Hard Questions:

- Study the session before teaching it.
- Ask for help from a member of the Asthma Care Team or someone with experience who can answer any outstanding questions.
- Respond to any unanswered questions as soon as possible.

Have a Good Experience:

- Use humor when appropriate.
- Be relaxed so that those learning will feel at ease.
- Laugh at yourself if you make a mistake. This releases tension in the room.
- Allow opportunities for working in groups and exchange of ideas that promote active learning.

How To Organize the “A Breath of Life” Program

You may want to organize and conduct “A Breath of Life” program in your community. Here are suggestions to organize the asthma program in partnership with a clinic or community agency.

4–6 weeks in advance:

1. **Find a location.** Reserve a room for a time when parents can attend. If teaching outside the clinic, make sure that the facility is near public transportation and that people using wheelchairs or crutches can enter it. Choose a well-known and easy-to-access location.
2. **If necessary, find an asthma educator or nurse who can co-facilitate.**
3. **Check in with your asthma clinic to do the following:**
 - a. **Get the word out about the program.**
 - b. **Advertise the program.** If useful, use handout G: Sample Promotional Flyer for “A Breath of Life” (page 35).
 - c. **Plan for the parents’ graduation.** Ask about clinic policies for having potluck meals, and check whether funds are available. If allowed, decide what day to have the graduation celebration for parents. Make a list of the food and drinks you will need to buy. Be sure to offer healthy choices. See which parents might want to volunteer to help you with setup and cleanup the day of the graduation.
4. **Recruit.** Use your network as a means to recruit participants for the program. If it is necessary to recruit outside the clinic, go where parents commonly use services.
5. **Inform the clinic staff.** You will need to inform the staff members who answer the phone in your organization so that they can provide information when parents call.
6. **Place promotional flyers where the audience can see them.**
7. **Decide on the registration process.** The coordinator and promotora can do this together.

8. **Take reservations.** When parents call, be prepared to help them register. Keep a list of names and phone numbers of those who register.
9. **Plan for child care if needed.** Find a space, supplies, child care providers, and more.
10. **Get comfortable with “A Breath of Life.”** Be prepared to present the program like an expert.

1–2 weeks before each session:

1. **Read the materials.** Read through the sessions, picture cards, and handouts. Then read them again.
2. **Prepare the handouts and materials.** Make sure that you have enough for everybody who attends. Be sure that you can explain the handouts.
3. **Ask a clinician or an asthma health educator to explain information that you do not understand.** If you need help with session 2, invite an asthma educator, a nurse, or a doctor to help you teach the section on medicines.
4. **Carefully read the information that you will present to the parents.** Practice what you will say in front of a mirror or to a friend or family member. Be sure to use the picture cards and handouts when you practice.
5. **Review the instructions for each activity.** Prepare all the things you need for the session.
6. **Remind participants.** Call the parents 2–3 days before the first class to remind them. Call again the day before.
7. **Make certificates of completion for parents who complete at least four sessions.**

The day of the session:

1. **Review the list of materials, supplies, and handouts.** Review your notes.
2. **Arrive about 60 minutes before class time.** Be ready to greet people, make them feel at home, and answer questions.
3. **Set up chairs and tables in a U shape.** This makes it easier for participation. A U shape allows eye contact which helps people relax. Put a table or lectern at the open end of the U, for your use.
4. **Find electrical outlets and light switches.** Make sure that they work.
5. **Set up audiovisual equipment.** Test the equipment.
6. **Place directional signs where participants can see them.**
7. **Put the handouts in the order in which you will give them out.**
8. **Set up for any activities or snacks that you have planned.**
9. **Ask for volunteers.** At the end of the session, see which parents might want to volunteer to help you with setup and cleanup the day of the graduation.

Are you worried about your child's asthma?

Are you trying to keep your child's asthma under control?

You are invited to attend the program
"A Breath of Life: Asthma Control for My Child."
(for parents of children ages 5–11)

In this **FREE** program, you will:

- Learn how to control your child's asthma symptoms;
- Get support from other parents who have children with asthma;
- Understand how the clinic Asthma Care Team can help you;
- Learn how to communicate with your family, school personnel, and child care staff about how to control your child's asthma;
- Learn through games, discussion, and other activities that make learning interesting;
- Get educational materials for yourself and your family; and
- Have fun while learning new ideas that will help you!

This program is sponsored by _____

Time: _____ Date: _____

Place: _____

For more information or to register call: _____

Registration Form

Parent/Guardian: _____

Child's Name: _____ Child's Age: _____

Address: _____

City, State, ZIP: _____

Phone (Home): _____ Cell: _____

Email: _____

Adopt a Child Whose Asthma Is Not Controlled

Child #1: Carolina

Carolina is 5 years old and was **diagnosed** with asthma 6 months ago. **Symptoms** are coughing, shortness of breath, and wheezing. The doctor **prescribed** a quick-relief inhaler. Her asthma **triggers** are pollen, strong odors, and dust mites. She felt really bad last spring when her asthma symptoms worsened. She was in the Red Zone, and an asthma attack put her in the hospital for 2 days. She is in kindergarten, and after school, a neighbor takes care of her.

Child #2: Adrian

Adrian is 6 years old and was **diagnosed** with asthma 1 year ago. His asthma **symptoms** are coughing, shortness of breath, wheezing, and tightness in the chest. The doctor **prescribed** a quick-relief inhaler. He did not get better and continues to cough and wheeze during the night. The family went to a follow-up appointment, and the doctor prescribed a long-term control asthma medicine for him to use daily. His asthma **triggers** are pollen, changes in temperature, and dust mites.

Child #3: Rosita

Rosita is 9 years old and was **diagnosed** with asthma 1 month ago. Her asthma **symptoms** are coughing, shortness of breath, and wheezing. She is allergic to cockroaches and lives in an apartment complex that is infested with them. Other **triggers** are cold air, exercise, and strong odors. The doctor **prescribed** (1) a quick-relief medicine of which she must take two puffs as soon as asthma symptoms start and (2) a long-term control medicine that she should take daily.

Child #4: Natalia

Natalia is 7 years old and was **diagnosed** with asthma at age 5. Her asthma **symptoms** are coughing, wheezing, and tightness in the chest. Her asthma **triggers** are animal dander, pollen, strong odors, cold air, and some foods like shrimp. She uses a quick-relief medicine and a long-term control medicine. The family tries to keep her away from the cat, but she likes to play with the cat. She is in second grade. When it feels good, she loves to play soccer. A month ago, she had an asthma attack and was hospitalized for 3 days. In the last 3 months, she has missed 12 days of school. Her older brother is 16 years old and also has asthma.

Child #5: Luis

Luis is 11 years old and just went to the clinic, because he has been coughing a lot during the night, two to four times per week. He also has shortness of breath. He had to stop playing baseball due to the cough and shortness of breath. The doctor did a physical exam and asked about family history. His father smokes at home. The doctor informed the family that he has asthma. The doctor **prescribed** a quick-relief asthma medicine to use as soon as asthma symptoms start as well as 5 minutes before playing baseball.

Promotora/Health Educator _____ Date _____
 Session Number _____
 Group Number _____
 Training Site _____

“A Breath of Life: Asthma Control for My Child” Promotores Training Sign-in Sheet

	Participant Name	Contact Information (Mailing Address, Phone #, Email)	Participant Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



Session 1: What Is Asthma?

Message to the Trainer

This session is for parents and promotores training. You will set the stage for the rest of the program during this first session. Use your experience working with families, along with the handouts and activities from this manual, to help the parents feel at ease and learn.

Try to get to know each family, encourage discussion, and build on each family's strengths as you help them learn the basics about asthma. The parents will be more likely to share their own experiences, fears, and misconceptions if they feel they are in a caring place to learn. This may help the parents feel more confident that they can control their child's asthma.

Objectives

By the end of this session, parents will:

- Know what this program is about;
- Get to know each other;
- Know the basic facts about asthma; and
- Understand the importance of the Asthma Care Team in controlling their child's asthma.

Materials

To teach this session, you will need:

- Nametags and a marker;
- Copies of "A Breath of Life: Asthma Control for My Child" Parent Training Sign-in Sheet (page 76);

- Pencils and pens for each parent;
- The manual and flip chart of picture cards;
- Copies of session 1 handouts for each parent;
- A flip chart of poster paper with markers and tape or a whiteboard;
- One blank piece of writing paper for every two parents;
- Copies of picture card 1.3: What Is Asthma? for each parent;
- Two drinking straws for each parent—one regular straw and a tiny coffee stirrer straw;
- Round stickers in at least five different colors—two of each color; and
- A pocket folder and a notebook for parents to keep handouts and take notes (optional).

Handouts

- Handout 1A: Know the Common Asthma Symptoms (page 69)
- Handout 1B: The Goals of Asthma Treatment (page 70)
- Handout 1C: Don't Let Asthma Take the Fun Out of Family Life (page 71)
- Handout 1D: My Child's Asthma Care Team (pages 72–74)
- Handout 1E: A Letter From Esperanza: "There Is Strength in Working Together!" (page 75)

Before the session, do the following:

1. Arrange chairs in a U shape so that the participants can see one another as well as the whiteboard.
2. Put one round color sticker underneath each chair. Make sure that two chairs have the same color sticker. Parents will find their partners with the matching color sticker.
3. Make one copy of the Review Questions and Answers (page 65). Cut out five questions and five answers from the session review, and mix them up in two separate envelopes—one containing questions and the other containing answers.

4. Write the objectives on the whiteboard or poster paper:

Poster Paper #1: Session Objectives

By the end of this session, parents will:

- Know what this program is about;
- Get to know each other;
- Know the basic facts about asthma; and
- Understand the importance of the Asthma Care Team in controlling your child's asthma.

5. On the whiteboard or poster paper, write the following:

Poster Paper #2: Introduce Yourself

- Your name
- The name and age of your child who has asthma
- What you are most proud of about your child

6. Write the names of the sessions of the manual on the whiteboard or poster paper:

Poster Paper #3: Names of each session from the manual

- Session 1: What Is Asthma?
- Session 2: My Child's Asthma Medicines
- Session 3: The Asthma Action Plan
- Session 4: My Child's Asthma Triggers
- Session 5: Asthma Control for My Child at School and With Caregivers

7. Write the following on the whiteboard or poster paper:

Poster Paper #4: Goals You Expect for Your Child

List three things you expect to see when your child's asthma treatment is working. For example: José can play soccer.

Session 1 Outline

Total time: 2 hours and 30 minutes

<p>I. Introduction</p> <ul style="list-style-type: none"> A. Welcome B. Getting To Know Each Other C. Group Agreements D. Session Objectives 	<p>40 minutes</p>
<p>II. Teaching the Session</p> <ul style="list-style-type: none"> A. The Facts About Asthma <ul style="list-style-type: none"> 1. Your Child With Asthma Is Not Alone 2. The Lungs 3. What Is Asthma? 4. What Causes Asthma? 5. What Are the Common Asthma Symptoms? 6. What Brings on Asthma Symptoms? Break 7. How Does the Doctor Know That Your Child Has Asthma? 8. How Does the Doctor Treat Asthma? 9. The Goals of Asthma Treatment 10. Your Child With Asthma Can Live a Normal, Active Life! B. We Are a Team, and We Have a Plan! <ul style="list-style-type: none"> 1. The Asthma Action Plan: A Guide To Reach Your Treatment Goals 2. The Asthma Care Team C. A Letter From Esperanza: “There Is Strength in Working Together!” 	<p>1 hour, 40 minutes</p> <p>80 minutes</p> <p>10 minutes</p> <p>5 minutes</p> <p>5 minutes</p>
<p>III. Review of Today’s Key Points</p>	<p>8 minutes</p>
<p>IV. Closing</p>	<p>2 minutes</p>

I. Introduction

A. Welcome

Promotora Tip

Greet the parents as they arrive in the room.

1. Ask parents their names, and write them on nametags.
2. Give parents their nametags.
3. Ask the parents to wear their nametags.
4. Use the Parent Training Sign-in Sheet (page 76) to track attendance.

Say: Welcome to the program “A Breath of Life: Asthma Control for My Child”! I am very happy to meet you all, and I appreciate you being here. The National Heart, Lung, and Blood Institute, which is part of the National Institutes of Health, created this program to help Latino parents and caregivers learn how to control asthma in their children ages 5–11.

Note

Point to the “Session Objectives” that you wrote on the whiteboard or poster paper before the session.

Say: The program “A Breath of Life: Asthma Control for My Child” has five sessions. The following are the names of the sessions, which give you an idea of the topics that each session will cover:

- Session 1: What Is Asthma?
- Session 2: My Child’s Asthma Medicines
- Session 3: The Asthma Action Plan
- Session 4: My Child’s Asthma Triggers
- Session 5: Asthma Control for My Child at School and With Caregivers

This first session will last about 2 hours and 30 minutes. This includes one break.

B. Getting To Know Each Other

Say: Now let's get to know each other a little better. Let me start:

- My name is _____.
- I have been a promotora or health care professional for _____ years.
- I am interested in asthma because _____ (share your story).
- I work for _____.
- I am trained in asthma, and I am a member of your child's Asthma Care Team.
- During this program, I will help you better understand how to control your child's asthma.

Now it's your turn to introduce yourselves.

Note

Show the "Introduce Yourself" statements that you wrote on the whiteboard or poster paper before the session.

Ask group members to share:

- Their name;
- The name and age of their child who has asthma; and
- What they are most proud of about their child.

Allow 5 minutes for parents to respond.

Say: Thank you for sharing! Your children are very special, and so is this group. Together we will learn how to help your children manage their asthma and keep it under control.

C. Group Agreements

Promotora Tip

This activity will help parents know what is expected of them.

It will also make it easier for you to lead future sessions. You may need to skip some of the “agreements” if you are offering a single session only and not the entire program.

Say: I believe that you all know many things about asthma. We are in this program to learn from one another and to help one another. For me, it is important to listen to each parent’s point of view. Therefore, I will do my best to help everyone participate. In order for you to get the most out of this program, let’s come up with some group agreements that we are all willing to follow.

Ask: What are some agreements that you would like to have so that our group works well together?

Give parents 2 minutes to respond.

Note

Write responses on the whiteboard or poster paper.

Add the following agreements if not said:

- **Attend all sessions and arrive on time.** To get the most out of this program, it is important for you to attend all five sessions and to arrive on time. Each session is about 2½ hours long.
- **Be an active participant.** This means the following:
 - Feel free to ask questions.
 - Share your opinions and experiences. Everything that you say is important.
- **Respect each other.** What is shared in the group needs to stay in the group. Because we will share personal experiences and opinions, we need to respect what each of us says and not judge others.

Say: Here is the list of all agreements that we would like to have.

Ask: Does everyone agree? Is anyone unable to agree to these?

Give parents 1 minute to respond.

Promotora Tip

If your session time and place do not work for the group and there are other options...

Say and ask: Let's pick another location and time to meet. At which of these locations do you prefer to meet?

Set a meeting location that is best for most of the group.

Ask: What is a good time to meet?

How often do you want to meet (once a week, twice a week)?

The days and times that we can meet are _____ .

Set a meeting time that is best for most of the group.

Be prepared with an answer if parents say that they cannot make it to all sessions. You may need to discuss this with your supervisor ahead of time. If there are any parents with special needs, plan to speak with them after the session.

D. Session Objectives

Note

Show the "Session Objectives" that you wrote on the whiteboard or poster paper before the session.

Point and say: Today's session is called "What Is Asthma?" The objectives of this session are to:

- Know what this program is about;
- Get to know each other;

- Know the basic facts about asthma; and
- Understand the importance of the Asthma Care Team in controlling your child's asthma.

Say: We have worked on the first two objectives already. Now let's move on to learning about asthma and the Asthma Care Team.

In today's session, we will briefly mention some important topics that we will cover in more detail in future sessions. Therefore, do not feel that you have to know all details about asthma after this first session.

Promotora Tip

On the whiteboard or poster paper, write a "parking lot" of parents' questions and concerns. Add any other questions that come up during the session. You will review the parking lot at the end of this session to see what issues have not been answered. If there is not enough time to do this at the end of the session, be sure to go back to the parking lot at a later session.

Say: On this paper, I will create a "parking lot" where I will write down any questions and concerns that come up that we cannot address at the moment. At the end of today's session, if there is time, we will address these questions and concerns. We will keep our parking lot of questions. If we do not have time to discuss them today, we can do so at the next session.

You may have questions that I cannot answer, but I will do my best to have the answers for you by the next session.

Thank you for participating.

II. Teaching the Session

A. The Facts About Asthma

1. Your Child With Asthma Is Not Alone!

Say: Your child with asthma is not alone. Asthma is a big problem for many people.

Ask: Does anyone have an idea about how many children have asthma in the United States?

Give parents 1 minute to respond.

Show picture card 1.1: Your Child With Asthma Is Not Alone!



Point and say: Asthma is a serious problem in the United States. Here are some facts:

- In 2011, more than 24 million people had asthma; 7 million of them were children. This means that 1 in 11 children has asthma.¹
- Asthma affects Latinos, particularly Puerto Ricans, at higher rates.¹

Say: We can see that asthma is a serious health problem. Now let me share some other facts about asthma:

- You can get asthma at any age.
- You cannot catch asthma from other people.
- Asthma cannot be cured, but it can be controlled.
- A child whose asthma is controlled can be active and enjoy life.

¹ Bloom B, Cohen RA, Freeman G. Summary health statistics for U.S. children: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(254). 2012. Available from: http://www.cdc.gov/nchs/data/series/sr_10/sr10_254.pdf

Say: In this session, you will learn what you can do to help get your child’s asthma under control. As the saying goes, “Never leave for tomorrow what you can do today!”

Ask: What do you think this saying means related to keeping your child’s asthma under control?

Give parents 2 minutes to respond.

Say: In this program, you will learn what you need to do every day to control your child’s asthma.

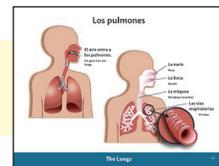
2. The Lungs

Say and ask: Now we are going to talk about the lungs. What do you think is the job of the lungs?

Give parents 2 minutes to respond.

Say: Thank you for sharing.

Show picture card 1.2: The Lungs



Point and say: To live, you have to be able to breathe. Inside our chest are two lungs that we use to breathe. The lungs are amazing! They help our body:

- Take in oxygen from the air that we breathe; and
- Get rid of carbon dioxide, a gas that can be harmful.

Each time that we breathe, air with oxygen goes into the body and air with carbon dioxide goes out of the body.

Point and say:

- Each breath that we take travels along an airway. The airway starts in our nose and mouth and goes down our windpipe into our lungs.
- Our windpipe divides into two bronchi, one going into each lung.
- Inside the lungs, the bronchi divide again into small, narrow tubes. They look like an upside-down tree with many branches.

When the airways are healthy, we don't have any problem breathing. Each breath is a breath of life!

3. What Is Asthma?

Promotora Tip

The parents probably have a lot to share about what they already know about asthma. Let them know how much you appreciate their comments. Then, before telling them what asthma is, mention some things that they just shared. For example,

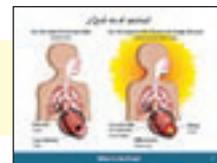
“I can see that many of you already know a lot about asthma. That's wonderful! Marta shared that asthma is a disease that makes breathing difficult, and Juan said that it is a sickness in the lungs. Both are correct: Asthma is a chronic disease of the lungs.”

Continue with the rest of the teaching as it is written in the manual. In this way, the parents know that you are listening to them and that their ideas are valued.

Ask: What do you think asthma is?

Give parents 2 minutes to respond.

Show picture card 1.3: What Is Asthma?



OR

Show the first segment “Asthma and How to Control It” of the DVD “A Breath of Life: Asthma Control for My Child”



Say: Asthma is a chronic disease of the lungs. People who have asthma have inflamed, or swollen, and narrow airways, and they can have a hard time breathing. Asthma makes it so that less air can get in and out of the lungs. It is especially hard to get all the air out of the lungs.

Point and say: We can see how asthma affects the airways. The airways are more narrow, because:

- The muscles around the airways tighten and squeeze the opening of the airway;
- The inflammation, or swelling, inside the airways gets worse and can block the free flow of air; and
- The airways produce more mucus than normal, and the mucus can block the airways.

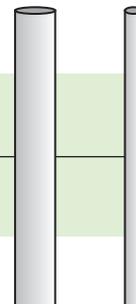
When the airways react in these ways, asthma symptoms appear, such as coughing, wheezing, tightness of the chest, and shortness of breath.

Straw Activity

Say: We are now going to do an activity that will help us understand how a person with asthma feels.

Activity Note

Give each parent one regular straw and one thin coffee stirrer straw.



Say: Each of you has a regular straw and a coffee stirrer straw.

Now follow my instructions:

- First, take the big straw and breathe in and out through it. That is a normal breath.

- Now try to breathe in and out through the little straw.

Ask: What was the difference between breathing through the big straw and breathing through the little one?

Give parents 1 minute to respond.

Say: Imagine trying to breathe through a narrow straw for a long time. This is how someone with asthma may feel.

Ask: Would someone like to share how you feel when you see your child with asthma struggling to breathe?

Give parents 2 minutes to respond.

Say: It is painful to see a child having trouble breathing. This is why we are here to learn more about asthma.

4. What Causes Asthma?

Say: The cause of asthma is not yet known. Researchers believe that asthma may appear in the first few years of life due to a combination of factors such as:

- Allergies in the family;
- Asthma in the family;
- Certain respiratory infections during childhood; and
- Contact in infancy or childhood with a substance that can cause allergies.

Say:

- Some people believe that asthma is an imaginary disease. This is not true. Asthma is a real disease.
- Other people think that asthma is just a bad cold that comes and goes. This is not true either. Unlike a cold, asthma is always there. If you could look inside the lung, you would see that the airways stay inflamed, even if just a little bit.

Say and ask: We said that asthma is a chronic disease of the lungs. Can someone tell me what “chronic” means?

Give parents 2 minutes to respond.

Add if not mentioned: “Chronic” means the following:

- It does not go away.
- It is always there.
- It is permanent.

Show picture card 1.4: Asthma Is a Chronic Disease



Point and say: Here are three pictures that show how asthma symptoms can worsen into an asthma attack. Asthma is a chronic disease. “Chronic” means it does not go away, it is always there, and it is permanent. Here are three pictures that show how asthma symptoms can worsen into an asthma attack.

In the first drawing, we see that asthma is a chronic disease, with inflammation in the airways that is always there, just like a small fire that still burns underneath wood or charcoal. Even when a child feels good, asthma is still present and needs to be controlled every day.

In the second drawing, we see that when asthma is not under control, it is like embers that begin to flare up and produce a bigger flame. Asthma symptoms appear.

In the third drawing, we see that asthma symptoms can get worse and flare up into an asthma attack, just like a fire can flare up into big flames.

Ask: What did you learn from these drawings?

Give parents 1–2 minutes to respond.

5. What Are the Common Asthma Symptoms?

Say: Symptoms are changes in the body that are linked to a disease. There are symptoms that many people with asthma have.

Ask: What do you think are the common asthma symptoms?

Give parents 1 minute to respond.

Note

Write responses on the whiteboard or poster paper.

Show picture card 1.5: What Are the Common Asthma Symptoms?



Point and say: The common asthma symptoms are:

- **Cough:** Coughing from asthma is often worse at night or early morning. Coughing can make it hard to sleep. The coughing may bring up mucus.
- **Wheeze:** Wheezing is a whistling or squeaky sound when you breathe.
- **Tightness in the chest:** This can feel like a squeezing or someone sitting on your chest.
- **Shortness of breath:** This can feel like it is harder to breathe. You may feel like you cannot get the air in and out of your lungs.

Children with asthma do not always have all four common symptoms. Asthma symptoms may happen at night and wake your child up. They may also happen during the day. They may stop your child from going to school, playing with friends, or taking part in physical activity.

Call the doctor if:

- Your child has asthma symptoms more than 2 days a week;
- His asthma wakes him up 2 or more times a month;
- Your child is using his quick relief inhaler more than 2 days a week; or
- His asthma is getting in the way of his usual activities.

Sometimes asthma symptoms are mild and controlled with minimal treatment. At other times, symptoms continue to get worse. When symptoms intensify or more symptoms appear, this is called an asthma attack.

Distribute handout 1A: Know the Common Asthma Symptoms (page 69)



Say: Here is a list of the four common asthma symptoms. Please check the box next to each asthma symptom that your child has.

Give parents 1 minute to check boxes.

Ask after everyone has checked their boxes: Who checked “cough”?

Ask those who raised their hand: When is your child’s cough usually worse?

Give parents 1 minute to respond.

Ask: Who checked “wheeze”?

Ask those who raised their hand: How would you describe your child’s wheezing?

Give parents 1 minute to respond.

Ask: Who checked “tightness of the chest”?

Ask those who raised their hand: How do you know when your child has tightness in the chest?

Give parents 1 minute to respond.

Ask: Who checked “shortness of breath”?

Ask those who raised their hand: How can you tell when your child is short of breath?

Give parents 1 minute to respond.

Ask: Who would like to share your answer to the question, “When do your child’s symptoms show up?”

Give parents 2 minutes to respond.

Say: Thank you for sharing. It is important that you let the doctor know when and how often your child has asthma symptoms.

Note

This may be a good time for a 10-minute break.

6. What Brings on Asthma Symptoms?

Say and ask: Now we will briefly discuss those things that can bring on asthma symptoms. They are known as asthma triggers. Each child has different triggers that bring on asthma symptoms. What are the triggers that bring on asthma symptoms in your child?

Give parents 2 minutes to respond.

Show picture card 1.6: Examples of Asthma Triggers



Point and say: Common triggers that bring on asthma symptoms include the following:

- Dust mites, which are small bugs found in the dust that cannot be seen with the naked eye;
- Strong smells, like those produced by strong chemical cleaners;
- Tobacco smoke;
- Animal dander—flakes of dried skin or saliva from furry pets such as dogs, cats, and hamsters; and
- Inside and outside mold.

Say: Other examples of common asthma triggers are:

- Dried droppings and remains of cockroaches;
- Pollen from trees, grass, and weeds;
- Respiratory infections;
- Cold air;
- Certain foods; and even
- Physical activity.

In session 4: My Child's Asthma Triggers, we will discuss these asthma triggers in more detail. We will also go over some simple ways you can reduce your child's exposure to asthma triggers.

7. How Does the Doctor Know That Your Child Has Asthma?

Say: Let's look at how asthma is diagnosed.

Ask: Would anyone like to share how your doctor diagnosed your child's asthma?

Give parents 2 minutes to respond.

Show picture card 1.7: How a Doctor Diagnoses Asthma



Point and say: Only a doctor can diagnose asthma. Sometimes it is difficult to diagnose asthma in children less than 5 years old.

To find out if your child has asthma, the doctor will:

- Take a medical history by asking you and your child questions about his symptoms; and
- Do a physical exam of your child.

Say: There are two tests that the doctor may suggest for your child:

- A special lung test called “spirometry”; and
- An allergy test.

Say: The doctor considers the results of all of this information to make a diagnosis. If your child is diagnosed with asthma, the doctor will explain how severe it is. The doctor will also explain what treatment your child needs to get his asthma under control.

Promotora Tip

If parents ask for more information about the above tests, add the following:

- A spirometer is an instrument that measures how the lungs are working. The child blows into a mouthpiece just like he would blow into a balloon. The spirometer measures the level of inhaled and exhaled air and the time that it took for each breath. These measures can help the doctor know if a child has asthma.
- An allergy test can be done on the skin or through a blood test. Most children with asthma also have allergies. Being in contact with things that cause the child’s allergies can also bring on asthma symptoms.

8. How Does the Doctor Treat Asthma?

Say: To date, there is no cure for asthma, but it can be controlled. After confirming that your child has asthma, the doctor will work with you and your child to develop a treatment plan. The purpose of the treatment plan is to get your child’s asthma under control and keep it that way over the long term.

Ask: What treatment did your doctor prescribe for your child with asthma?

Give parents 2 minutes to respond.

Say: Your child’s asthma treatment may include the following actions:

- Take asthma medicine as prescribed.
- Follow the instructions on your child’s Asthma Action Plan.
- Find ways to reduce or get rid of things that cause your child’s asthma symptoms.

- Go to all your follow-up medical appointments. This is very important, because over time, your child’s asthma can change, and the treatment may also need to be changed.

Ask: What are the benefits of following the asthma treatment that the doctor prescribes?

Give parents 2 minutes to respond.

Add if not mentioned: Following the prescribed asthma treatment will help you know:

- How to prevent your child from having symptoms;
- What to do when symptoms first appear;
- What to do if symptoms get worse; and
- How to reduce exposure to asthma triggers.

Say: If your child is overweight, you will be interested to learn that this can affect asthma. If your child is overweight, losing weight may help control his asthma. Ask the doctor if your child needs to lose weight. If so, find out what you need to do.

9. The Goals of Asthma Treatment

Activity: Brainstorming About Asthma Treatment Goals

Say: We are now going to do a brainstorming activity. You will divide into pairs. Please stand up and look under your chair. Each chair has a color sticker. Look for your partner who has the sticker of the same color.

Activity Note

After everyone has found their partner, do the following:

1. Give each pair a blank piece of paper and a pencil.
2. Show the “Goals that you expect for your child” that you wrote on the whiteboard or poster paper before the session.

Point and say: Each pair will now list three things they expect to see in their children when their asthma treatment is working. For example, José can play baseball, or Sara can play soccer. You will have 5 minutes to do this activity.

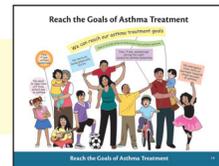
Give parents 5 minutes to work in pairs.

Say: Let's now share your ideas with the group.

Give parents 3 minutes to read their ideas.

Say: Great job!

Show picture card 1.8: Reach the Goals of Asthma Treatment



Point and say: The goals of asthma treatment are as follows:

- Few, if any, asthma symptoms;
- Few, if any, awakenings during the night caused by asthma symptoms;
- No limits on being physically active;
- No need to take time off from school due to asthma;
- No emergency room visits or overnight hospital stays because of asthma; and
- Few or no side effects from prescribed asthma medicine.

Ask: Is there any goal here that you did not think about?

Give parents 2 minutes to respond.

Say: Thank you for participating. When we meet these goals, it means that asthma is controlled and our children with asthma can be active and enjoy life.

B. We Are a Team, and We Have a Plan!

1. The Asthma Action Plan: A Guide To Reach Your Asthma Treatment Goals

Say: You are not alone. You and your child are part of a team that will help keep your child's asthma under control. Just like in sports, a winning team works well together. It also follows a good plan. The plan your Asthma Care Team follows is called the Asthma Action Plan.

Show picture card 3.1: Sample Asthma Action Plan



Point and say: This is what a sample Asthma Action Plan looks like. Because it is so important, we will go over it in detail in session 3.

2. The Asthma Care Team

Say: Now we will talk about your Asthma Care Team. This team can include you, your child, and other people who help your child manage his asthma and keep it under control.

Distribute handout 1D: My Child's Asthma Care Team (pages 72–74)



Say: Look over the possible Asthma Care Team members who are listed on handout 1D.

Give parents 1 minute to review the handout.

Ask: Who are you surprised to see as part of an Asthma Care Team?

Give parents 2 minutes to respond.

Say: There are many people who can help you keep your child’s asthma under control. It is important that you have a winning team on your side!

Share this handout with your family at home, and have them help you circle the current members of your child’s Asthma Care Team. Add other members you want to have on the team.

C. A Letter From Esperanza: “There Is Strength in Working Together!”

Say: I would like to share a letter with you from Esperanza. Her son, José, has asthma. Like you, Esperanza is learning how to control her son’s asthma. We will hear from her at each session. We can learn much from Esperanza’s experiences to help our children live normal, active lives without letting asthma get in the way.

Distribute handout 1E: A Letter From Esperanza: “There Is Strength in Working Together!” (page 75)



Note

Read the letter to the parents.

Ask: What does the saying “There Is Strength in Working Together” mean to you when taking care of your child with asthma?

Give parents 2 minutes to respond.

Say: Thank you for sharing.

III. Review of Today's Key Points

Activity: Search for the Answer

Activity Note

You will need to use the two envelopes containing cut-up questions and answers that you prepared before the session.

Say: We are now going to do an activity called “Search for the Answer” that will help us remember the main points of what we have learned today. This is what we will do:

1. In one envelope are questions about what we learned today. In the other envelope are the answers. You will each receive either a question or an answer.
2. Look at your paper.
3. Those who have the questions will go first by reading their question aloud.
4. The person who has the answer will then stand up and read the answer.
5. If the answer does not match the question, whoever thinks that they have the correct answer can stand up and share it.
6. The group should applaud when the question and answer match.
7. We will repeat these steps for each question and answer.
8. Let's start!

Give parents 5 minutes to do the activity.

Review Questions and Answers

Q1. What is asthma?

A1. A chronic lung disease that makes the airways inflamed and narrow and makes it hard for your child to breathe.

Q2. What does “chronic” mean?

A2. It does not go away. Asthma is still there, even when the child does not have asthma symptoms.

Q3. What happens in the lungs during an asthma attack?

A3. Less air can get in and out of the lungs. That is because the airways are narrowed in several ways:

- The muscles around the airways tighten.
- The airways produce more mucus than normal.
- The swelling inside the airways gets worse.

Q4. What are the four common symptoms of asthma?

A4. Four common symptoms of asthma are:

- Cough;
- Wheeze;
- Tightness in the chest; and
- Shortness of breath or difficulty breathing.

Q5. What are the goals of asthma treatment?

A5. Goals of asthma treatment are:

- Few, if any, asthma symptoms;
- Few, if any, awakenings during the night caused by asthma symptoms;
- No limits on being physically active;
- No need to take time off from school due to asthma;
- No emergency room visits or overnight hospital stays because of asthma; and
- Few or no side effects from prescribed asthma medicine.

Q6. How many children have asthma in the United States?

A6. Seven million.

Q7. How many lungs do we have?

A7. Two.

Q8. How do the lungs help us?

A8. The lungs:

- Take in oxygen from the air we breathe; and
- Get rid of carbon dioxide, a gas that can be harmful.

Q9. What are three examples of asthma triggers?

A9. Examples of asthma triggers include:

- Dust mites;
- Strong smells; and
- Tobacco smoke.

IV. Closing

Promotora Tip

If there is time, review the “parking lot” of questions and concerns that came up during the session. Check off those that have been answered. Address those that were not answered. If you are not sure of an answer, tell the parents that you will find out by next session. Discuss those questions with your supervisor. If there is not enough time, keep the parking lot and discuss the questions at a later session.

Say and ask: Let’s look at our “Parking Lot.” Are there any questions or concerns that we need to discuss?

Give parents 2 minutes to respond.

Say: Thank you for giving me your feedback. Do not miss the next session, when we will learn about asthma medicines. For the next session, please bring the following:

- Any questions that you and your child may have about asthma.
- Your child’s asthma medicines. If your child needs the medicine at home, you can bring the empty box or just the name of the medicine, how much the child needs to take, and how often.
- The devices that you use to give your child his asthma medicines.

Note

For session 2, if you would like to provide the optional hands-on practice with asthma medicine devices (pages 102–107), you first need to find out the following:

- Are the parents in this group able to attend the extra 30 minutes for the practice?
- Do you have sample devices for each parent to use?
- Is there a nurse or other Asthma Care Team member who can attend and help you?
- Is the room available for the extra length of time?

Say: I look forward to seeing you next time. We are going to meet again on _____(day) at _____ (time).

Note

If you have given each parent a notebook, be sure to remind them to bring it back to every session.

Promotora Tip

You may want to keep a journal to write down your reflections on how this session went. Think about today's session. What worked? What did not work? What questions do you have for your supervisor?

Know the Common Asthma Symptoms

Check all the symptoms that your child has:



Cough (sometimes this is the only asthma symptom)

- Worse at night or early morning
- Makes it hard to sleep
- May bring up mucus



Wheeze

- A whistling or squeaky sound when your child breathes



Tightness in the chest

- Feels like something is squeezing or sitting on your chest



Shortness of breath

- Harder to breathe
- Cannot get enough air in and out of your lungs
- Especially difficult to get all the air out of the lungs

When do your child's asthma symptoms show up? Mark with an X.

During the day. Number of times in the last 7 days: _____

During the night. Number of times in the last 30 nights: _____

Call the doctor if:

- Your child has asthma symptoms more than 2 days a week;
- His asthma wakes him up 2 or more times a month;
- Your child is using his quick relief inhaler more than 2 days a week; or
- His asthma is getting in the way of his usual activities.

The Goals of Asthma Treatment



The goals help you know if your child's asthma is controlled. Share these with your child and the whole family:

- Few, if any, asthma symptoms;
- Few, if any, awakenings during the night caused by asthma symptoms;
- No limits on being physically active;
- No need to take time off from school due to asthma;
- No emergency room visits or overnight hospital stays because of asthma; and
- Few or no side effects from prescribed asthma medicine.

Other goals you have for your child: _____

Don't Let Asthma Take the Fun Out of Family Life

When your child's asthma is under control, the whole family can enjoy doing fun activities together. Mark the activities that your child with asthma can do with the whole family.



Outdoor Activities

- Blow bubbles
- Ride bikes, play soccer, go on adventures, and more
- Fly a kite
- Walk around your neighborhood, at the park, or at the mall
- Walk together to the library, the church, the store, or other places
- Have the children join a swim team while the adults cheer
- Go for nature walks and take lots of pictures
- Organize a yard sale to sell clothes and toys

Indoor Activities

- Play hide-and-seek
- Work together on household chores
- Take a trip to a museum or movie theatre
- Make popcorn and watch a movie at home
- Play your favorite board games
- Dance together and learn new moves
- Make a family scrapbook
- Draw and paint pictures

What other ideas do you have? Add them here:

To find more ideas on keeping your child active, go to the We Can! (Ways to Enhance Children's Activity and Nutrition) Web site:

www.nhlbi.nih.gov/health/public/heart/obesity/wecan/

My Child's Asthma Care Team

There are many people who can help you keep your child's asthma under control. Possible team members and a few things they may do are listed below. **At home with your family, circle the current members of your child's Asthma Care Team. Add others you want to have on the team.**



Nurse

- Checks for symptoms and clinical signs of asthma at each health care visit;
- Checks if your child's asthma is under control;
- Teaches you and your child about asthma treatment, such as how to:
 - Take asthma medicines,
 - Use a peak flow meter,
 - Follow the Asthma Action Plan, and
 - Reduce exposure to asthma triggers.

Doctor

- Diagnoses asthma;
- Works with you to determine the best treatment;
- Prescribes asthma medicines;
- Checks to see if treatment is working;
- Teaches you:
 - About asthma medicines,
 - About triggers that bring on asthma symptoms, and
 - How to follow the Asthma Action Plan.

Teacher

- Knows your child's asthma symptoms;
- Reminds child to take his medicine; and
- Contacts you or the doctor in an emergency.

Whole Family

- Helps eliminate or reduce exposure to asthma triggers;
- Knows your child's asthma symptoms; and
- Reminds the child to take medicine like the doctor prescribed.

Child With Asthma

- Knows symptoms and lets others know if he does not feel well;
- Learns how to take asthma medicines; and
- Talks to parents and doctor about asthma treatment goals.

Pharmacist

- Teaches parents and child how to take asthma medicine;
- Teaches child how to use peak flow meter; and
- Helps keep track of the child's asthma prescriptions and when they need to be refilled.

Babysitter

- Helps eliminate or reduce exposure to asthma triggers;
- Knows your child's asthma symptoms and tells you if your child had symptoms while she was babysitting; and
- Reminds your child to take his medicines as the doctor prescribes or helps the child take them.

Grandmother

- Helps reduce exposure to asthma triggers;
- Knows your child's asthma symptoms and tells you if she sees your child having symptoms; and
- Gives your child the asthma medicines as prescribed by the doctor.

Promotora

- Works with the doctor and nurse to provide support for parents of children with asthma;
- Gives support and education during a home visit;
- Helps you eliminate or reduce exposure to asthma triggers;
- Helps you understand the Asthma Action Plan; and
- Stays in touch with the doctor, nurse, and family.

Coach or Physical Education Teacher

- Knows your child’s asthma symptoms; and
- Reminds your child to take asthma medicine before doing exercises or sports.

Certified Asthma Educator

- Teaches you and your child about asthma treatment, such as how to:
 - Take asthma medicines,
 - Use a peak flow meter,
 - Follow the Asthma Action Plan, and
 - Reduce exposure to asthma triggers.

Respiratory Therapist

- Performs exams, such as spirometry, to diagnose asthma;
- Checks for symptoms and clinical signs of asthma at each health care visit; and
- Teaches you and your child about asthma treatment, such as how to:
 - Take asthma medicines,
 - Use peak flow meter,
 - Follow the Asthma Action Plan, and
 - Reduce exposure to asthma triggers.

Add other members you would like on your child’s Asthma Care Team:

A Letter From Esperanza: “There Is Strength in Working Together!”

Dear Parents,

I am so glad you have joined the program “A Breath of Life: Asthma Control for My Child!”

My name is Esperanza Ríos. I have an 8-year-old son, José. Last year, he did not feel well. He coughed a lot at night. He also missed some school. One night he had trouble breathing! That scared me! I rushed him to the emergency room. The doctor gave José medicines to help him breathe. They seemed to work, so I thought that José was fine.



A month later, José was wheezing and coughing again. This time, I took José to Doctor Vásquez. She did a physical exam on him. She also did a test called spirometry to check his lungs. She asked many questions about our house and if we owned any pets. Then she told me that José had asthma.

At first, I thought that asthma was like a bad cold that goes away. Now I know that asthma is a chronic disease. That means that asthma does not go away like a bad cold. The doctor said José needs to take one asthma medicine every day and another one when he has asthma symptoms. Getting the right asthma medicines helped clear up José’s lungs. Learning about asthma helped clear up my fears!

The doctor, nurse, and promotora are helping our family learn how to keep José’s asthma under control. We are all part of his Asthma Care Team. We help José live an active life, just like kids who don’t have asthma.

You are part of your child’s Asthma Care Team, too! Come to all the sessions. Learn how you and your team can control your child’s asthma.

A pearl of wisdom: “**There Is Strength in Working Together!**”

Fondly,

Esperanza Ríos

Promotora/Health Educator _____ Date _____
 Session Number _____
 Group Number _____
 Training Site _____

“A Breath of Life: Asthma Control for My Child” Parent Training Sign-in Sheet

	Participant Name	Contact Information (Mailing Address, Phone #, Email)	Participant Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



Session 2: My Child's Asthma Medicines

Message to the Trainer

This session is for parents and promotores training. The purpose of asthma treatment is to gain control of the child's asthma. This session is very important, because asthma medicines **must** be taken correctly at the times prescribed by the doctor. In this session, you will help parents learn about the two types of asthma medicines and the different types of devices used in taking the medicines.

Your compassion, patience, and understanding will help parents gain confidence in giving asthma medicine to their child and following the treatment plan. You are an important link between the parents and other members of the Asthma Care Team. You can help parents feel comfortable asking the doctor and other team members' questions about their child's asthma medicines. Use your knowledge of the health resources available in your community to get parents the help they need. For example, you may be able to help parents connect with medical, health, and social organizations that can assist them in finding affordable asthma medicines and devices.

Note

At the end of this session is an optional 30-minute practice using asthma medicine devices such as a metered dose inhaler with a spacer, a dry powder inhaler, and a nebulizer.

- Make sure that the parents are aware of the additional time.
- Try to bring sample devices for everyone, or be sure that you have at least one of each to use in a demonstration.
- Is there a nurse, a respiratory therapist, or an asthma educator who would like to help you in providing this practice? They can teach about asthma medicines and devices and assist you in answering questions that parents may have.

Objectives

By the end of this session, parents will:

- Know the two types of asthma medicines;
- Know the types of medicines that have been prescribed for their child with asthma;
- Learn about different devices used to take asthma medicines; and
- Understand how the Asthma Care Team members can help follow their child's Asthma Action Plan.

Materials

To teach this session, you will need:

- Nametags and a marker;
- Pencils and pens for each parent;
- The manual and flip chart of picture cards;
- Copies of session 2 handouts for each parent;
- A flip chart of a poster paper with markers and tape or a whiteboard;
- One copy each of picture cards 2.1–2.6;
- A DVD player and a television;
- Three hats;
- Sound equipment (a CD player);
- A CD of lively music;
- A pocket folder and a notebook for parents to keep handouts and take notes (optional); and
- Sample asthma medicine devices (optional), such as metered dose inhalers and spacers, dry powder inhalers, and nebulizers. If possible, obtain enough for each parent to use in practice. Once you know which asthma devices the children are using, you can focus on those devices.

Handouts

- Handout 2A: Examples of Quick-Relief Asthma Medicines (page 108)
- Handout 2B: Examples of Long-Term Control Asthma Medicines (page 109)
- Handout 2C: Involve Your Child in Controlling His Asthma at a Young Age (page 110)
- Handout 2D: My Pledge To Help My Child Learn To Take His Asthma Medicine (page 111)
- Handout 2E: You Can Overcome Challenges (pages 112–113)
- Handout 2F: A Letter From Esperanza: “Knowledge Is Power!” (page 114)
- Handout 2G: How To Use and Clean Asthma Medicine Devices (pages 115–122)

Before the session, do the following:

1. Arrange chairs in a half-circle so that participants can see one another as well as the whiteboard.
2. Write the objectives on the whiteboard or poster paper:

By the end of this session, parents will:

- Know the two types of asthma medicines;
 - Know the types of medicines that have been prescribed for your child;
 - Learn about different devices used to take asthma medicines; and
 - Understand how the Asthma Care Team members can help you follow your child’s Asthma Action Plan.
3. Plug the television and DVD player into a wall outlet. Make sure that they work. Set the DVD on the segment that you plan to show.
 4. If you have sample asthma medicine devices, set them out on a table.
 5. Write the following clues about the types of asthma medicine on eight pieces of paper or index cards and put them in an envelope:
 - I can stop symptoms before they get worse. What type of asthma medicine am I?
 - I act fast. What type of asthma medicine am I?
 - I help to relax the muscles around the airways. What type of asthma medicine am I?

- I am used before exercise or sports. What type of asthma medicine am I?
 - I help to reduce swelling in the airways. What type of asthma medicine am I?
 - I help to prevent asthma symptoms from starting. What type of asthma medicine am I?
 - I am taken every day to help avoid asthma attacks. What type of asthma medicine am I?
 - I am called an inhaled corticosteroid. What type of asthma medicine am I?
6. Make two signs on poster paper:
- Quick-Relief Asthma Medicine
 - Long-Term Control Asthma Medicine
7. Write the following scenarios on the whiteboard or poster paper:
- **Scenario 1:** Ana takes care of her granddaughter during the day while her daughter Berta works. Ana does not think the asthma medicines are helping her granddaughter. She prefers to give her home remedies.
 - **Scenario 2:** Jorge, Pablito's Dad, does not believe his wife when she says that their son has asthma. Jorge insists that the child can get better by taking a cough syrup that they can buy at the store without a prescription.
8. Make one copy of the Review Questions and Answers (pages 99–100), and cut out each question. Do not use the answers. Put the strips of the review questions into one of the three hats.

Session 2 Outline

Total time: 3 hours (not including time for the optional practice)

I. Introduction A. Welcome B. Review of Last Week's Session C. Session Objectives	15 minutes
II. Teaching the Session A. Types of Asthma Medicines 1. Quick-Relief Asthma Medicines 2. Long-Term Control Asthma Medicines B. Home Remedies Break C. How To Take Asthma Medicines 1. Asthma Medicine Devices 2. How To Help Your Child Learn To Take His Own Medicines D. We Are a Team, and We Have a Plan! 1. The Asthma Care Team 2. The Asthma Action Plan and Your Child's Medicines E. A Letter From Esperanza: "Knowledge Is Power!"	2 hours, 25 minutes 1 hour, 10 minutes 15 minutes 10 minutes 20 minutes 25 minutes 5 minutes
III. Review of Today's Key Points	15 minutes
IV. Closing	5 minutes
V. Optional Practice: How To Use and Clean Asthma Medicine Devices	30 minutes

Note

If parents cannot attend a 3-hour session, you can make the 15-minute review at the end optional.

I. Introduction

A. Welcome

Say: Welcome back! It is so good to see you!

Ask: What did you share with your child or family about the last session? Did they have any questions?

Give parents 3 minutes to respond.

B. Review of Last Week's Session

Review Activity: My Turn as a Promotora

Say: In session 1, we learned a lot about asthma. We also learned about promotores and how they are part of the Asthma Care Team. We are now going to do an activity called “My Turn as a Promotora” in order to review the main points of the last session. You can share information as if you were promotores:

1. We will work in small groups of four or five.
2. I will give each group one picture card. In your group, you will take 3 minutes to plan how to present your picture cards to the rest of the group as if you were promotores. The goal is to teach others about what the picture card says in a way they will understand and remember.
3. After 3 minutes of planning, each group will have up to 2 minutes to present its picture card to the whole group. We can all help by adding more detail about the picture card if needed. Please be sure not to repeat what others have already shared.

Give 3 minutes for parents to prepare their presentation and 2 minutes for each group to present.

Say: Good job! Thank you for participating.

C. Session Objectives

Note

Point to the session objectives that you wrote on the whiteboard or poster paper before the session.

Say: Today's session is called "My Child's Asthma Medicines." The objectives of this session are to:

- Know the two types of asthma medicines;
- Know the types of medicines that have been prescribed for your child with asthma;
- Learn about different devices used to take asthma medicines; and
- Understand how the Asthma Care Team members can help you follow your child's Asthma Action Plan.

II. Teaching the Session

A. Types of Asthma Medicines

Show picture card 2.1: Two Types of Asthma Medicines



Point and say: The doctor treats asthma with two types of medicines: quick-relief asthma medicine and long-term control asthma medicine.

1. Quick-Relief Asthma Medicines

Say: Now we will focus on quick-relief asthma medicines. All children with asthma need a quick-relief asthma medicine to take as soon as asthma symptoms start.

The key action words that you should remember about quick-relief asthma medicines are **“Take as soon as symptoms start.”** Many doctors say, “Take this as needed,” which means the same thing.

Show picture card 2.2: Quick-Relief Asthma Medicines

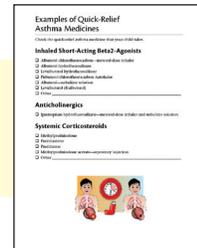


Point and say: Quick-relief asthma medicines do the following:

- Help stop your child’s asthma symptoms before they get worse. The main asthma symptoms are coughing, wheezing, tightness in the chest, and shortness of breath.
- Work fast to relax the muscles around the airways. This opens up the airways to allow air to pass through them.
- Prevent symptoms brought on by exercise.

Say and ask: Did anyone bring the asthma medicines or names of the medicines that your child takes? Let's look at those that are quick-relief asthma medicines. To do this exercise, I will give you a handout that has the names of many quick-relief asthma medicines.

Distribute handout 2A: Examples of Quick-Relief Asthma Medicines (page 108)



Say: Please look on this handout for the name of your child's quick-relief asthma medicine. Check the quick-relief asthma medicine your child uses.

Give parents 2 minutes to respond.

Ask: Which quick-relief asthma medicines are your children taking?

Give parents 2 minutes to respond.

Ask: When you do not understand how to give your child his medicines, who do you go to for help?

Give parents 2 minutes to respond.

Add if not mentioned: When you have any doubts about the instructions for taking the medicines, ask for help from your child's

- Doctor;
- Nurse; or
- Pharmacist.

Ask: Can anyone remember the key action words for a quick-relief asthma medicine?

Give parents 2 minutes to respond

Add if not mentioned: The key action words are "Take as soon as symptoms start."

2. Long-Term Control Asthma Medicines

Say: Now we will focus on long-term control asthma medicines.

Show picture card 2.3: Long-Term Control Asthma Medicines



Point and say: Long-term control asthma medicines:

- Help reduce inflammation, which keeps the airways from swelling and narrowing;
- Help prevent asthma symptoms from starting in the first place; and
- Are taken every day, even when the child feels good and is not having any asthma symptoms.

Say: Long-term control asthma medicines are prescribed for many children BUT NOT ALL. The doctor will decide whether your child needs a long-term control asthma medicine. The key action words for a long-term control asthma medicine are **“Take every day, even when the child feels good.”**

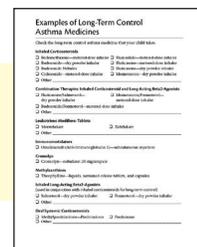
Say: The most effective long-term control asthma medicines are called inhaled corticosteroids. They reduce inflammation in the airways.

Ask: Do your children take long-term control asthma medicines?

Give parents 2 minutes to respond.

Say: Let’s take a look at the long-term control asthma medicine that your doctor has prescribed for your child, if any. To do this exercise, I will give you a handout that has the names of many long-term control asthma medicines.

Distribute handout 2B: Examples of Long-Term Control Asthma Medicines (page 109)



Say: On this handout, check the long-term control asthma medicine that your child takes.

Give parents 2 minutes to respond.

Ask: Did you find your child's long-term control asthma medicine on the handout?

Give parents 2 minutes to respond.

Ask: Can anyone remember the key action words for a long-term control asthma medicine?

Give parents 2 minutes to respond.

Add if not mentioned: The key action words for long-term control asthma medicines are "Take every day, even when the child feels good."

Say: Now we will focus on the inhaled corticosteroids, because they are the most effective long-term control asthma medicine.

Show picture card 2.4: Inhaled Corticosteroids



Point and say:

- Inhaled corticosteroids are a type of long-term control asthma medicine.
- They are inhaled into the lungs.
- They reduce inflammation in the airways.
- They keep the airway from swelling and keep asthma symptoms from starting.
- They are taken every day to prevent asthma attacks.

Say and ask: Sometimes there is confusion about the difference between corticosteroids that treat asthma and steroids in general. What have you heard about steroids?

Give parents 2 minutes to respond.

Say: Let's clarify some doubts that you may have about your child taking inhaled corticosteroids every day to control his asthma:

- The **inhaled corticosteroids** used to treat asthma are not the same as the steroids that some athletes use to build muscles.
- The **inhaled corticosteroids** are safe if they are taken as the doctor prescribes. They are not addictive, even though they are taken every day over the course of many years.
- In some children this medicine may have a small effect on their growth. This medicine may slow down growth slightly for some children. This effect is small (about 1 cm). It's important to know that poorly controlled asthma can also slow a child's growth.
- The doctor will prescribe as low a dose as possible to keep asthma under control. At each visit, the doctor or nurse will measure your child's height to make sure that he is growing well.

Say and ask: We have just learned how the long-term control asthma medicine works inside the lungs to help control asthma. How do you feel about giving your child this medicine every day?

Give parents 3 minutes to respond.

Say: There may be times when your child has a severe asthma attack. When that happens, your child's doctor may prescribe an **oral corticosteroid**. It may come in the form of a pill or liquid that is taken by mouth. An oral corticosteroid is taken only for a short time to treat a severe asthma attack.

Ask: Has anyone's child had to take an oral corticosteroid to treat a severe asthma attack?

Give parents 2 minutes to respond.

Say: Thank you for sharing.

Say: Even when you give your child his asthma medicine correctly, there may be times when your child's asthma is not controlled. He may need a change in his asthma medicines. This is why it is very important to keep your follow-up appointments with your child's doctor. Do not hesitate to tell the doctor if you see the following:

- If your child has asthma symptoms and needs his quick-relief asthma medicine more than two times in a week, or if your child wakes up at night with symptoms more than two times a month, the doctor may have to prescribe a long-term control asthma medicine for your child.
- If your child already takes a daily long-term control asthma medicine and has to take his quick-relief asthma medicine more than two times a week for asthma symptoms, the doctor may need to increase the dose or change the long-term control asthma medicine.
- If your child has asthma symptoms while running hard or playing sports, tell your doctor. Your child may need a change in his long-term control asthma medicine or may need to take his quick-relief asthma medicine before exercise.

Activity: What Type of Asthma Medicine Am I?

Activity Note

For this activity, you will use the envelope filled with pieces of paper or index cards containing clues about the types of asthma medicines that you wrote before the session.

Say: We are now going to do an activity called “What Type of Asthma Medicine Am I?” This activity will help us review the two types of asthma medicines.

1. I need two volunteers. One will hold the sign “Quick-Relief Asthma Medicine.” The other will hold the sign “Long-Term Control Asthma Medicine.”
2. The rest of the group will each take a piece of paper from this envelope.
3. Your piece of paper will give a clue about either a quick-relief asthma medicine or a long-term control asthma medicine.
4. Read your paper out loud, and then tell us if it describes a quick-relief asthma medicine or a long-term control asthma medicine. After that, go and stand behind the correct sign that matches the type of asthma medicine your paper describes.
5. If you are not sure of the answer, the rest of the group can help. We will help each other out.

Give parents 8 minutes to do the activity.

Ask: How did this activity help you understand the difference between quick-relief and long-term control asthma medicines?

Give parents 2 minutes to respond.

Say: To help keep your child's asthma under control, make sure your child takes his asthma medicines just as the doctor prescribes.

B. Home Remedies

Say: Now we will talk about home remedies.

Ask: Many home remedies have been handed down from generation to generation. What are some home remedies you have heard about that are used to treat asthma symptoms?

Give parents 2 minutes to respond.

Add if not mentioned: Some people do the following as a home remedy to treat asthma:

- Take over-the-counter antihistamines or cough and cold medicines;
- Breathe warm, moist air;
- Drink herbal tea or syrups; and
- Rub ointments on the chest or feet.

Ask: Why do you think doctors want parents to use caution when using home remedies?

Give parents 2 minutes to respond.

Say: Even though home remedies can help certain illnesses, you need to use caution when it comes to asthma. It is better to be safe than sorry. For your child's safety, remember these tips:

- Give your child his asthma medicine just as the doctor prescribes.
- Do not give home remedies in place of asthma medicine.
- Be sure to ask a doctor if it is safe to use your home remedy along with the prescribed asthma medicine.

Activity: Brainstorming About Problem Solving

Activity Note

Show the two scenarios you wrote on the whiteboard or poster paper before the session.

Say: Sometimes a family member with good intentions does not agree with your child's asthma treatment. We are going to do a brainstorming activity about problem solving. Here are two scenarios of real-life situations that can be difficult because of disagreements within the family. Let's find a way to solve them.

Say: Scenario 1: Ana takes care of her granddaughter during the day while her daughter Berta works. Ana believes that the asthma medicines do not help control her granddaughter's asthma. She prefers to give her home remedies.

Ask: How would you resolve this situation?

Give parents 2 minutes to respond.

Ask: What can Berta do to help her Mom give the child her asthma medicines as the doctor prescribed?

Give parents 2 minutes to respond.

Say: Scenario 2: Jorge, Pablito's Dad, does not believe his wife when she says their son has asthma. Jorge insists that the child can get better by taking a cough syrup they can buy at the store without a prescription.

Ask: How would you resolve this situation?

Give parents 2 minutes to respond.

Ask: What can Pablito's Mom do to help Jorge understand why Pablito needs his asthma medicines?

Give parents 2 minutes to respond.

Say: Thank you for participating.

Note

This may be a good time for a short 10-minute break.

C. How To Take Asthma Medicines

1. Asthma Medicine Devices

Show picture card 2.5: Examples of Asthma Medicine Devices



Note

Point to the device when referring to it on the picture card.

Point and say: We are now going to talk about the devices that are used to take asthma medicines. Many asthma medicines come in the form of sprays or powder. There are various kinds of asthma medicine devices to get the medicine into your child's lungs. For example:

- A metered dose inhaler;
- A spacer;
- A metered dose inhaler with a spacer;
- A dry powder inhaler; or
- A nebulizer.

Ask: Which of these devices does your child use to take his asthma medicines?

Give parents 2 minutes to respond.

Say: Each device has different instructions on how to use them. It is very important to learn how to use the type of inhaler that your child has. We are now going to

watch “How To Use an Inhaler,” from the DVD “A Breath of Life,” where we will see how to use a metered dose inhaler with a spacer. Remember, this is just one type of inhaler. Your child may have a different kind. We will talk about the other types later.

Show the segment of the DVD, “How To Use an Inhaler”



Ask: What new things did you learn from the segment “How To Use an Inhaler?”

Give parents 2 minutes to respond.

Say: No matter what type of asthma device your child uses, both you and your child need to know how to correctly use it and clean it. Keep the following advice in mind:

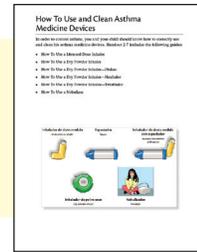
- Ask your doctor, a nurse, or an asthma educator to teach your children how to use his asthma medicine devices.
- Ask your doctor, a nurse, or an asthma educator to check your child’s technique.
- Do not allow your child to share his inhaler with friends or family.
- Check the cleaning instructions that come with the asthma medicines and device packages.

At first it may seem difficult to use the asthma device correctly. With patience and practice, you can do it.

Promotora Tip

If you are planning to have the additional 30-minute practice time for asthma medicine devices, you can either offer it now or at the end of this session: Optional Practice: How To Use and Clean Asthma Medicine Devices (pages 102–107).

If you are not having the optional practice session,
**Distribute handout 2G: How To Use and Clean Asthma
Medicine Devices (pages 115–121)**



2. How To Help Your Child Learn To Take His Own Medicines

Say: Now we are going to talk about how to help your child learn to take his own medicines. Studies have shown that children can start to learn how to use their asthma medicine devices at age 5 or older.

Ask: What kinds of things do you do to help your child learn to take his asthma medicines on his own?

Give parents 2 minutes to respond.

Note

Write their answers on the whiteboard or poster paper.

Say: Here is a handout that has examples of things that your child can do to learn to control his asthma.

**Distribute handout 2C: Involve Your Child in Controlling His
Asthma at a Young Age (page 110)**



Say: Try some of these examples at home. With your help and patience, your child can learn to take asthma medicines on his own. In fact, your children will probably like having new responsibilities.

Say: Be sure to watch how well your child uses the device to take his asthma medicine. Also, at your next asthma visit, ask the doctor to explain to your child the correct way to take asthma medicine.

Distribute handout 2D: My Pledge To Help My Child Learn To Take His Asthma Medicine (page 111)



Say: Handout 2D is a pledge for you to encourage your child to learn how to take his asthma medicines correctly. At home, mark the things that you plan to do while you participate in “A Breath of Life.” It is not necessary to mark everything, just what you know that you can do.

You can put these ideas to work immediately. Ask your family members to help! Show the pledge to your family so that they can help you do the things that you promised to do. Bring the pledge filled out to the last session to celebrate what your family has done.

D. We Are a Team, and We Have a Plan!

Say: To control your child’s asthma, you need to work with the Asthma Care Team and follow the Asthma Action Plan.

1. The Asthma Care Team

Say: In session 1, we saw that many people can be part of your child’s Asthma Care Team. Some can help answer your questions about your child’s asthma medicines.

Ask: What questions would you like to ask the doctor or nurse about your child’s asthma medicines?

Give parents 2–3 minutes to respond.

Note

Write their answers on the whiteboard or poster paper.

Add if not mentioned:

- When should my child take his quick-relief asthma medicine?
- Should my child take long-term control asthma medicine?
- Can you show me and my child how to use an inhaler?
- How do I clean my child's asthma inhaler?
- How do I know when my child's asthma inhaler is empty?

Say: If there is something that you do not understand, it is always best to ask questions.

2. The Asthma Action Plan and Your Child's Medicines

Show picture card 2.6: We Are a Team, and We Have a Plan!



Point and say: A winning team follows a good game plan. You and your child's Asthma Care Team have an Asthma Action Plan to follow for good asthma control. The doctor will write in the names of the asthma medicines, their dose, and when and how to take them. We will explain the Asthma Action Plan in more detail in the next session.

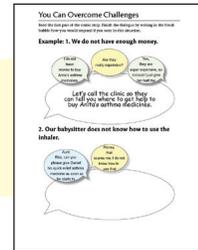
Activity: Comic Strips: You Can Overcome Challenges

Say: We are now going to do an activity called "Comic Strips: You Can Overcome Challenges." This activity helps us to think about solutions to different challenges.

1. You will divide into pairs.
2. I will give each pair a handout of comic strips describing four challenges.

3. The first comic strip has been completed as an example.
4. Each pair will be asked to work on one of the remaining three comic strips on the handout.
5. Your job will be to finish the dialogue by writing in the blank bubbles how the characters would respond.
6. When everyone finishes, each pair will read their entire comic strip.
7. I will give you 5 minutes to do this activity.

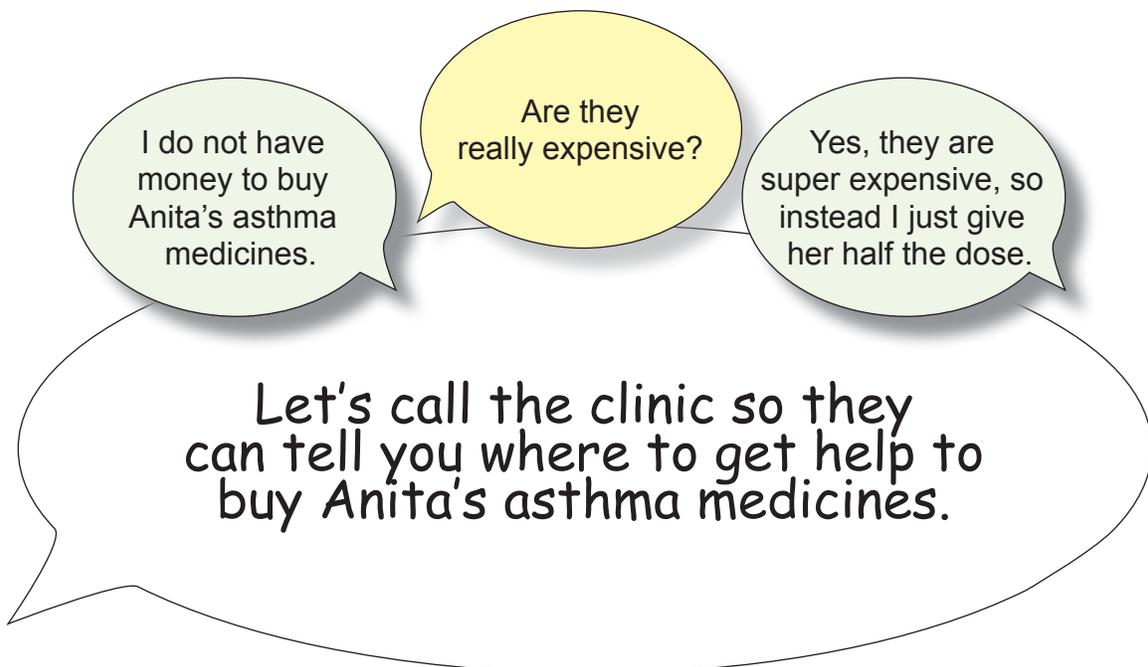
Distribute handout 2E: You Can Overcome Challenges (pages 112–113)



Note

Have parents divide into pairs. Assign each pair one comic strip to complete. You will read the example out loud.

Example: 1. We do not have enough money.



Say: Now that you have a partner and your assignment, read and complete your comic strip!

Give parents 5 minutes to complete their comic strips.

Say: If everyone is finished, let's hear from each pair.

Give parents 5 minutes to describe their comic strips.

Say: Great job! When we work together, we can find solutions to difficult situations.

E. A Letter From Esperanza: “Knowledge Is Power!”

Say: Now let's see what our friend Esperanza says.

Distribute handout 2F: A Letter From Esperanza: “Knowledge Is Power!” (page 114)



Note

Read the letter to the parents.

Ask: What does the saying “knowledge is power” mean to you when taking care of your child with asthma?

Give parents 2 minutes to respond.

Say: Thank you for sharing.

III. Review of Today's Key Points

Activity: Musical Hats

Activity Note

For the review, you will use three hats. Two hats are empty. One hat is filled with the review questions that you prepared before the session. Hold onto the hat with the questions while the music plays and the group passes the other two hats around. You will also need:

- A CD player; and
- A CD of lively music.

Say: We are now going to do an activity to review what you have learned in this session. We will be playing a game called musical hats.

1. We will pass two hats around the group in opposite directions while the music plays.
2. The two parents who are holding the hats when the music stops will put on the hats. Then they each will pick a question out of the hat that I am holding.
3. The two parents can help each other when answering their questions.
4. The rest of the group can help if the two parents need it.

Review Questions and Answers

Q1. What are the two types of asthma medicines?

A1. Quick-relief asthma medicines and long-term control asthma medicines.

Q2. Miguel uses an inhaler before playing soccer. What kind of asthma medicine is Miguel using?

A2. Quick-relief asthma medicine.

Q3. Lucia takes her asthma medicine every day, in the morning and at night. What kind of medicine is Lucia taking?

A3. Long-term control asthma medicine.

Q4. If your child takes quick-relief asthma medicine more than twice a week in order to treat asthma symptoms, what should you do?

A4. Make an appointment to discuss this with the doctor. Your child may need to start taking a long-term control asthma medicine. If he is already taking a long-term control asthma medicine, he may need a different dose or a different medicine.

Q5. Ana takes her medicine as soon as her asthma symptoms start. What kind of medicine is she taking?

A5. Quick-relief asthma medicine.

Q6. Luis takes his medicine to avoid swelling in the airways and to help prevent asthma symptoms from starting. What kind of medicine is Luis taking?

A6. Long-term control asthma medicine.

Q7. What is the asthma medicine that acts fast to prevent symptoms from getting worse?

A7. Quick-relief asthma medicine.

Q8. What is the oral medicine that is given over short periods of time to treat severe asthma attacks?

A8. Oral corticosteroid.

Say and ask: Great job! What have you learned today that you will share with your children and other family members?

Give parents about 3 minutes to respond.

IV. Closing

Say: Thank you very much for all your hard work during this session. I hope that you feel more confident about giving asthma medicines to your child and helping your child learn to take his medicines on his own.

Ask: How many of your children have an Asthma Action Plan? Who uses a peak flow meter?

Give parents 1 minute to respond.

Say: If you have an Asthma Action Plan or a peak flow meter, please bring them to the next session.

Note

If you have given each parent a notebook, be sure to remind them to bring it back to every session.

Say: Be sure to enjoy a fun activity this week with your family. Look again at handout 1C: Don't Let Asthma Take the Fun Out of Family Life for ideas. And do not forget to put into action your pledge to help your child take his asthma medicines correctly.

I look forward to seeing you next time. We are going to meet again on _____ (day) at _____ (time).

Promotora Tip

You may want to keep a journal to write down your reflections of how this session went. Think about today's session. What worked? What did not work? What questions do you have for your supervisor?

V. Optional Practice: How To Use and Clean Asthma Medicine Devices

In order to practice using the asthma medicine devices, do the following:

1. Review handout 2G: How To Use and Clean Asthma Medicine Devices. Note that it includes guides for multiple asthma devices.
2. Plan to only teach about the asthma devices that your participants' children are currently using.
3. Make copies of the guides from handout 2G for the medicine devices that you will describe (pages 115–121).
4. If possible, have enough sample devices for each parent to practice with. If not possible to have samples for everyone, demonstrate on only one or two devices.
5. Demonstrate the use of the devices in small groups. Make sure each group is supervised by a promotora or another health professional.
6. Allow the parents to hold the devices and mimic the steps that you demonstrate.
7. Make sure that parents do not share mouthpieces.

Ask: Would anyone like to share what kind of device your child uses to take his asthma medicines?

Give parents 1–2 minutes to respond.

Say: We are now going to practice using the asthma medicine devices your children have. We will divide into two groups in order to practice using and cleaning them.

Distribute handout 2G: How To Use and Clean Asthma Medicine Devices (pages 115–121)



1. Metered Dose Inhaler With a Spacer

Say: A metered dose inhaler, or MDI, is a device that sprays a preset amount of medicine through your mouth to your airways. Now let's practice using the metered dose inhaler with a spacer using the guide "How To Use a Metered-Dose Inhaler." First, I am going to demonstrate how to use it and then you can take turns practicing.

Steps for using a metered dose inhaler with a spacer:

1. Take off the cap. Shake the inhaler. Prime (spray or pump) the inhaler as needed according to the manufacturer's instructions (each brand is different).
2. If you use a spacer or valved holding chamber (VHC), remove the cap and look into the mouthpiece to make sure that nothing is in it. Place the inhaler in the rubber ring on the end of the spacer or VHC.
3. Stand up or sit up straight.
4. Take a deep breath in. Tilt your head back slightly and blow out completely to empty your lungs.
5. Place the mouthpiece of the inhaler, spacer, or VHC in your mouth and close your lips around it to form a tight seal.
6. As you start to breathe in, press down firmly on the top of the medicine canister to release one "puff" of medicine. Breathe in slowly, gently, and as deeply as you can for 3–5 seconds.
7. Hold your breath and count to 10.
8. Take the inhaler, spacer, or VHC out of your mouth. Breathe out slowly.
9. If you are supposed to take two puffs of medicine per dose, wait 1 minute and repeat steps 3–8.
10. If using an inhaled corticosteroid, rinse your mouth with water and spit it out. Rinsing helps prevent an infection in the mouth.

Say: Thank you for participating. Let's look at some general guidelines to keep in mind when cleaning your metered dose inhaler and spacer.

Steps for cleaning a metered dose inhaler with a spacer:

1. Read the manufacturer's instructions that come with each inhaler and spacer or VHC.
2. Encourage students to talk to their doctor, pharmacist, or other health care professional about how to clean their inhaler and spacer or VHC (each brand is different).
3. When cleaning inhalers and spacers or VHCs, remember the following:
 - Never put the medicine canister in water.
 - Never brush or wipe inside the spacer or VHC.

2. Dry Powder Inhaler

Say: Another type of asthma medicine device is called a dry powder inhaler. A dry powder inhaler delivers preset doses of medicine in powder form. The medicine gets to your child's airways when he takes a deep, fast breath in from the inhaler.

To keep your child's asthma under control, it is important that he takes his medicine as prescribed by the doctor or another health care professional and to use the proper technique to deliver the medicine to his lungs. If your child doesn't use his inhaler correctly, he won't get the medicine that he needs.

Let's practice using a dry powder inhaler using the guide "How To Use a Dry Powder Inhaler." This guide has instructions for three types of dry powder inhalers. First, I am going to demonstrate how to use a dry powder inhaler and then you can take turns practicing.

Note

Pass around a sample dry powder inhaler so that everyone can see it up close.

Steps for using a dry powder inhaler:

1. Remove the cap and hold the inhaler upright (like a rocket). If the inhaler is a Diskus[®], hold it flat (like a saucer). If the inhaler is a Flexhaler[®], hold it with the mouthpiece up. If the inhaler is a Twisthaler[®], hold it upright with the pink part at the bottom.
2. Load a dose of medicine according to the manufacturer's instructions (each brand of inhaler is different; you may have to prime the inhaler the first time you use it). Do not shake the inhaler.
3. Stand up or sit up straight.
4. Take a deep breath in and blow out completely to empty your lungs. Do not blow into the inhaler.
5. Place the mouthpiece of the inhaler in your mouth and close your lips around it to form a tight seal. If the inhaler is a Twisthaler[®], do not cover the holes on the side.
6. Take a fast, deep, forceful breath in through your mouth.
7. Hold your breath and count to 10.
8. Take the inhaler out of your mouth. Breathe out slowly, facing away from the inhaler.
9. If you are supposed to take more than one inhalation of medicine per dose, wait one minute and repeat steps 2–8.
10. When you finish, put the cover back on the inhaler or slide the cover closed. Store the inhaler in a cool, dry place (not the bathroom).
11. If using an inhaled corticosteroid, rinse your mouth with water and spit it out. Rinsing helps prevent an infection in the mouth.

Say: Who would like to volunteer to show this to the group? Thank you for your participation. Cleaning a dry powder inhaler is very simple. Let's look at this now.

Steps for cleaning a dry powder inhaler:

1. Clean the mouthpiece at least once a week with a dry cloth.
2. **Do NOT use water** to clean the dry powder inhaler.

3. Nebulizer

Say: Another device that is used to give young children inhaled medicines is a nebulizer. A nebulizer is a machine that delivers medicine in a fine, steady mist. To keep your child's asthma under control, it is important that your child takes his medicine as prescribed by the doctor or another health care professional and to use the proper technique to deliver the medicine to his lungs. If your child does not use the nebulizer correctly, he won't get the medicine that he needs.

Let's practice using a nebulizer using the guide "How To Use a Nebulizer." First I am going to demonstrate how to use it and then you can take turns practicing.

Pass around a sample nebulizer or show picture card 2.5.



Steps for using a nebulizer:

1. Wash hands well.
2. Put together the nebulizer machine, tubing, medicine cup, and mouthpiece or mask according to the manufacturer's instructions.
3. Put the prescribed amount of medicine into the medicine cup. If your medicine comes in a premeasured capsule or vial, empty it into the cup.
4. Place the mouthpiece in your mouth and close your lips around it to form a tight seal. If your child uses a mask, make sure that it fits snugly over your child's nose and mouth. Never hold the mouthpiece or mask away from the face.
5. Turn on the nebulizer machine. You should see a light mist coming from the back of the tube opposite the mouthpiece or from the mask.
6. Take normal breaths through the mouth while the machine is on. Continue the treatment until the medicine cup is empty or the mist stops after about 10 minutes.
7. Take the mouthpiece out of your mouth (or remove the mask), and turn off the machine.

8. If using an inhaled corticosteroid, rinse your mouth with water and spit it out. If using a mask, also wash your face.

Say: A nebulizer needs to be cleaned regularly. Let's look at some general cleaning steps now.

Steps for cleaning a nebulizer:

1. After each treatment, do the following:
 - Wash your hands well.
 - Wash the medicine cup and mouthpiece or mask with a mixture of warm water and mild soap. Do not wash the tubing.
 - Rinse well and shake off excess water.
 - Air-dry the parts on a paper towel.
2. Once a week, do the following: Disinfect the nebulizer parts to help kill any germs. Follow the instructions for each nebulizer part listed in the package insert. Always remember:
 - Do not wash or boil the tubing.
 - Air-dry the parts on a paper towel.
3. Between uses, do the following:
 - Store nebulizer parts in a dry, clean plastic storage bag. If the nebulizer is used by more than one person, keep each person's medicine cup, mouthpiece or mask, and tubing in a separate, labeled bag to prevent the spread of germs.
 - Wipe surface with a clean, damp cloth as needed. Cover the nebulizer machine with a clean, dry cloth, and store it as the manufacturer instructs.
 - Replace the medicine cup, mouthpiece, mask, tubing, filter, and other parts according to the manufacturer's instructions or when they appear worn or damaged.

Say: Thank you. If you have questions about how to use or clean your child's asthma medicine devices, be sure to ask the doctor, a nurse, or another member of the Asthma Care Team.

Examples of Quick-Relief Asthma Medicines

Check the quick-relief asthma medicine that your child takes.

Inhaled Short-Acting Beta2-Agonists

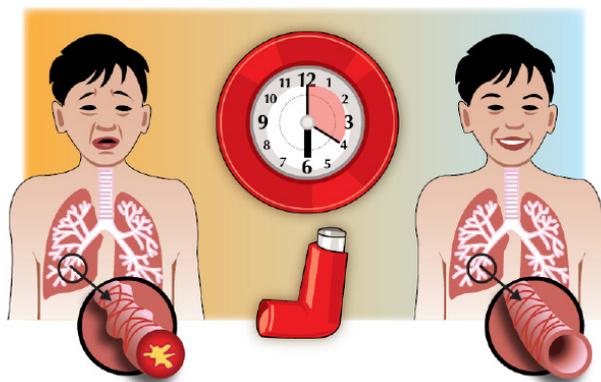
- Albuterol chlorofluorocarbon—metered-dose inhaler
 - Albuterol hydrofluoroalkane
 - Levalbuterol hydrofluoroalkane
 - Pirbuterol chlorofluorocarbon Autohaler
 - Albuterol—nebulizer solution
 - Levalbuterol (R-albuterol)
 - Other _____
-

Anticholinergics

- Ipratropium hydrofluoroalkane—metered-dose inhaler and nebulizer solution

Systemic Corticosteroids

- Methylprednisolone
 - Prednisolone
 - Prednisone
 - Methylprednisolone acetate—repository injection
 - Other _____
-



Examples of Long-Term Control Asthma Medicines

Check the long-term control asthma medicine that your child takes.

Inhaled Corticosteroids

- Beclomethasone—metered-dose inhaler
- Budesonide—dry powder inhaler
- Budesonide Nebules
- Ciclesonide—metered-dose inhaler
- Other _____
- Flunisolide—metered-dose inhaler
- Fluticasone—metered-dose inhaler
- Fluticasone—dry powder inhaler
- Mometasone—dry powder inhaler

Combination Therapies: Inhaled Corticosteroid and Long-Acting Beta2-Agonists

- Fluticasone/Salmeterol—dry powder inhaler
- Budesonide/Formoterol—metered-dose inhaler
- Other _____
- Mometasone/Formoterol—metered-dose inhaler

Leukotriene Modifiers: Tablets

- Montelukast
- Other _____
- Zafirlukast

Immunomodulators

- Omalizumab (Anti-Immunoglobulin E)—subcutaneous injection

Cromolyn

- Cromolyn—nebulizer: 20 mg/ampule

Methylxanthines

- Theophylline—liquids, sustained-release tablets, and capsules

Inhaled Long-Acting Beta2-Agonists

(used in conjunction with inhaled corticosteroids for long-term control)

- Salmeterol—dry powder inhaler
- Other _____
- Formoterol—dry powder inhaler

Oral Systemic Corticosteroids

- Methylprednisolone—Prednisolone
- Other _____
- Prednisone

Involve Your Child in Controlling His Asthma at a Young Age

Below are examples of things that your child can do to learn to control his asthma.

Starting at age 5, many children can:

- Begin to take their medicines without your help but with you watching them closely.
- Use a peak flow meter. This is a handheld device that shows how well air moves out of the lungs. Measuring the peak flow can help identify how well asthma is controlled in your child. It can also alert your child to an oncoming asthma attack hours or even days before feeling symptoms.
- Use an inhaler with a spacer with your help.
- Tell you when their asthma symptoms start.



Starting at age 7, many children can:

- Start to remember when to take their asthma medicine and remind you about it.
- Get better at taking medicines while an adult watches.
- Identify and avoid asthma triggers.
- Know when their asthma symptoms are starting.
- Learn what to do when asthma symptoms start.

Other suggestions:

- _____
- _____

My Pledge To Help My Child Learn To Take His Asthma Medicine

Check the actions that you plan to take while participating in “A Breath of Life.”

At the clinic, I will:

- Ask the doctor when I can teach my child to take his own medicines.
- Ask the doctor or nurse to teach me and my child how he should take his medicines.
- Ask the doctor or nurse to check my child’s technique in using the asthma medicine devices.

At home, I will:

- Have my child watch while I go through each step of giving him his medicine.
- Have my child practice taking his medicines while I watch.
- Be sure that when my child takes quick-relief asthma medicine on his own, he tells me how many times he did so that day.

To help my child be successful, I will:

- Be patient with my child.
- Smile and congratulate my child when he tries to take medicines on his own.
- Help my child try again when he makes mistakes or forgets certain details.
- Check off on a calendar the days that my child remembers to take his medicines—and remind him otherwise.
- Give my child stickers or other prizes when he remembers to take his medicines every day.
- Use a watch or cell phone alarm to remind me when my child needs to take his medicine.
- Teach my child not to share his inhaler with friends or family.

To help my child have his asthma medicine when he needs it, I will:

- Keep asthma medicines and devices all in one place (for example, in a plastic container).
- Check how much of my child’s medicine is left at the end of each week. I will make sure that there is enough for the next week.
- Refill his prescription 1 week before it runs out. I will write this on the calendar to remind myself.
- Keep the asthma medicine devices clean.
- Pack his medicines in his backpack when we travel or are away from home for the day.
- Check with a pharmacist if I have any questions about my child’s medicines.

Signature _____ Date _____

You Can Overcome Challenges

Read the first part of the comic strip. Finish the dialogue by writing in the blank bubble how you would respond if you were in this situation.

Example: 1. We do not have enough money.

I do not have money to buy Anita's asthma medicines.

Are they really expensive?

Yes, they are super expensive, so instead I just give her half the dose.

Let's call the clinic so they can tell you where to get help to buy Anita's asthma medicines.

2. Our babysitter does not know how to use the inhaler.

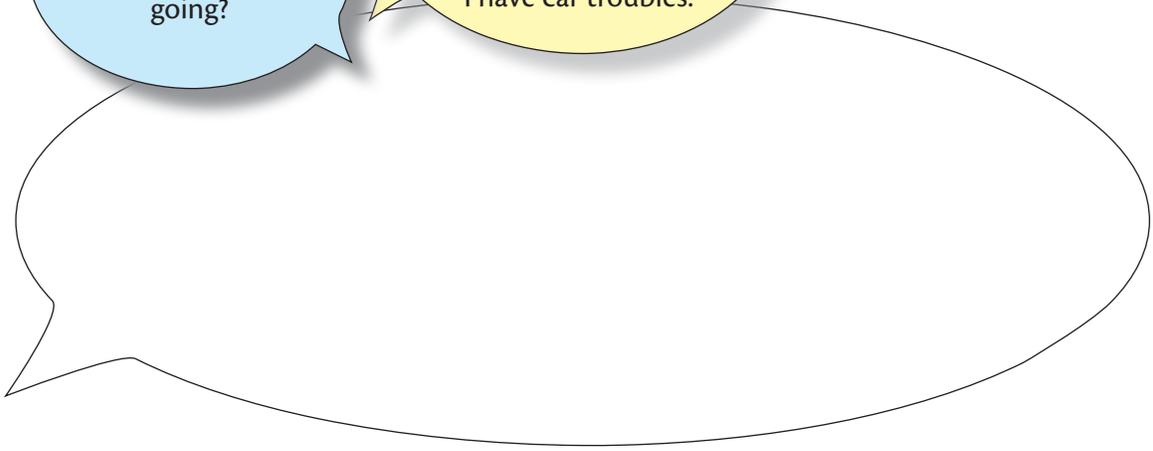
Aunt Rita, can you please give Daniel his quick-relief asthma medicine as soon as he starts to wheeze?

Honey, that scares me. I do not know how to use that thing.

3. We do not have a car.

How is Carlos' asthma treatment going?

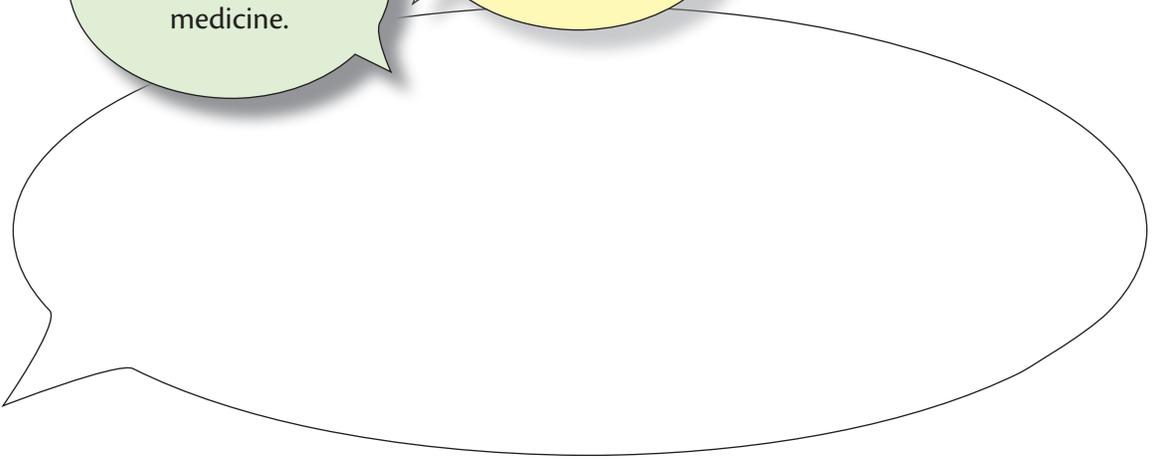
Ugh! Well, Blanca, this is actually the third time I have had to cancel Carlos' doctor's appointment because I have car troubles.



4. My daughter does not want to take her asthma medicines.

Nancy, come take your asthma medicine.

No way! I do not like that medicine!



A Letter From Esperanza: “Knowledge Is Power!”

Dear Parents,

It is great that you are here for the second session.

If you feel confused about all these asthma medicines, I can tell you that I was too at first. My son José takes long-term control asthma medicine every day. He also takes a quick-relief asthma medicine before he plays soccer and as soon as he has any symptoms of asthma. I was very worried at first and thought, “Why does he need to take so much medicine, even when he feels good?” I was scared that José would get addicted to the medicines.



I asked the doctor about these things. She said the long-term control asthma medicine helps prevent asthma attacks. It works inside José’s lungs to keep his airways from swelling. She also said that children do not get addicted to the inhaled corticosteroids for asthma, because they are not the same as the steroids some athletes use to build muscles.

Now I know that these medicines help José. He misses less school now, and he can also play his favorite sport.

I know that you can help your child take his asthma medicines as the doctor says. Help your child so that he can do all the things that children without asthma can do. You can do it!

A pearl of wisdom: **“Knowledge Is Power!”**

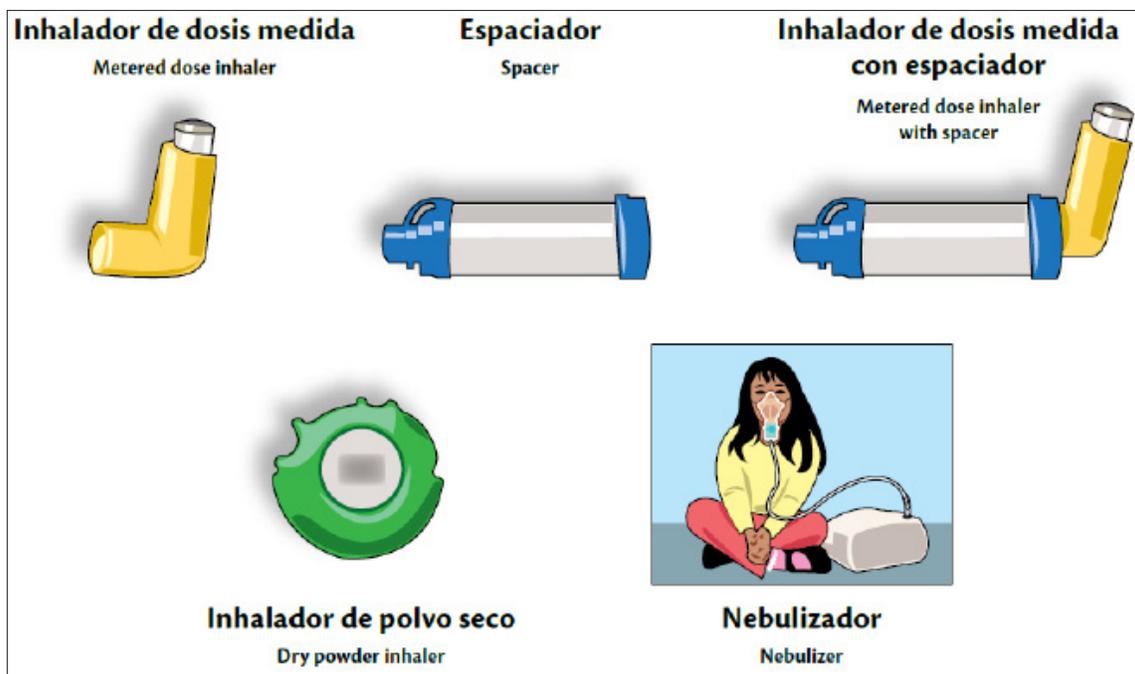
Fondly,

Esperanza Ríos

How To Use and Clean Asthma Medicine Devices

In order to control asthma, you and your child should know how to correctly use and clean his asthma medicine devices. Handout 2G includes the following guides:

- How To Use a Metered-Dose Inhaler
- How To Use a Dry Powder Inhaler
- How To Use a Dry Powder Inhaler—Diskus
- How To Use a Dry Powder Inhaler—Flexhaler
- How To Use a Dry Powder Inhaler—Twisthaler
- How To Use a Nebulizer



HOW TO USE A Metered-Dose Inhaler



A metered-dose inhaler is a device that sprays a pre-set amount of medicine through the mouth to the airways. To keep your asthma under control, it is important to take your medicine as prescribed by your doctor or other health care professional and to use the proper technique to deliver the medicine to your lungs. If you don't use your inhaler correctly, you won't get the medicine you need.

Here are general steps for how to use and clean a metered-dose inhaler. Be sure to read the instructions that come with *your* inhaler. Ask your doctor, pharmacist, or other health care professional (such as nurse practitioner, physician assistant, nurse, respiratory therapist, or asthma educator) to show you how to use your inhaler. Review your technique at each follow-up visit.

1. Take off cap. Shake the inhaler. Prime (spray or pump) the inhaler as needed according to manufacturer's instructions (each brand is different).
2. If you use a spacer or valved holding chamber (VHC), remove the cap and look into the mouthpiece to make sure nothing is in it. Place the inhaler in the rubber ring on the end of the spacer/VHC.
3. Stand up or sit up straight.
4. Take a deep breath in. Tilt head back slightly and blow out completely to empty your lungs.
5. Place the mouthpiece of the inhaler or spacer/VHC in your mouth and close your lips around it to form a tight seal.
6. As you start to breathe in, press down firmly on the top of the medicine canister to release one "puff" of medicine. Breathe in slowly (gently) and as deeply as you can for 3 to 5 seconds.
7. Hold your breath and count to 10.
8. Take the inhaler or spacer/VHC out of your mouth. Breathe out slowly.
9. If you are supposed to take 2 puffs of medicine per dose, wait 1 minute and repeat steps 3 through 8.
10. If using an inhaled corticosteroid, rinse out your mouth with water and spit it out. Rinsing will help to prevent an infection in the mouth.

HOW TO CLEAN A METERED-DOSE INHALER AND SPACER/VHC

Keep your inhaler and spacer/VHC clean so they can work properly. Read the manufacturer's instructions and talk to your doctor, pharmacist, or other health care professional about how to clean your inhaler and spacer/VHC (each brand is different). When cleaning your inhaler and spacer/VHC, remember:

- Never put the medicine canister in water.
- Never brush or wipe inside the spacer/VHC.



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HOW TO USE A Dry Powder Inhaler



A dry powder inhaler delivers pre-set doses of medicine in powder form. The medicine gets to your airways when you take a deep, fast breath in from the inhaler. To keep your asthma under control, it is important to take your medicine as prescribed by your doctor or other health care professional and to use the proper technique to deliver the medicine to your lungs. If you don't use your inhaler correctly, you won't get the medicine you need.

Here are general steps for how to use and clean a dry powder inhaler. Be sure to read the instructions that come with *your* inhaler. Ask your doctor, pharmacist, or other health care professional (such as nurse practitioner, physician assistant, nurse, respiratory therapist, or asthma educator) to show you how to use your inhaler. Review your technique at each follow-up visit.

1. Remove cap and hold inhaler upright (like a rocket). If the inhaler is a Diskus®, hold it flat (like a flying saucer).
2. Load a dose of medicine according to manufacturer's instructions (each brand of inhaler is different; you may have to prime the inhaler the first time you use it). Do **not** shake the inhaler.
3. Stand up or sit up straight.
4. Take a deep breath in and blow out completely to empty your lungs. Do **not** blow into the inhaler.
5. Place the mouthpiece of the inhaler in your mouth and close your lips around it to form a tight seal.
6. Take a fast, deep, forceful breath in through your mouth.
7. Hold your breath and count to 10.
8. Take the inhaler out of your mouth. Breathe out slowly, facing away from the inhaler.
9. If you are supposed to take more than 1 inhalation of medicine per dose, wait 1 minute and repeat steps 2 through 8.
10. When you finish, put the cover back on the inhaler or slide the cover closed. Store the inhaler in a cool, dry place (not in the bathroom).
11. If using an inhaled corticosteroid, rinse out your mouth with water and spit it out. Rinsing helps to prevent an infection in the mouth.

HOW TO CLEAN A DRY POWDER INHALER

- Wipe the mouthpiece at least once a week with a dry cloth.
- Do **NOT** use water to clean the dry powder inhaler.



National Asthma Education
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HOW TO USE A Dry Powder Inhaler – Diskus®



A Diskus® is an inhaler shaped like a hockey puck or flying saucer. It delivers pre-set doses of medicine in powder form. The medicine gets to your airways when you take a deep, fast breath in from the inhaler. To keep your asthma under control, it is important to take your medicine as prescribed by your doctor or other health care professional and to use the proper technique to deliver the medicine to your lungs. If you don't use your inhaler correctly, you won't get the medicine you need.

Here are general steps for how to use and clean a Diskus® inhaler. Be sure to read the instructions that come with *your* inhaler. Ask your doctor, pharmacist, or other health care professional (such as nurse practitioner, physician assistant, nurse, respiratory therapist, or asthma educator) to show you how to use your Diskus® inhaler. Review your technique at each follow-up visit.

1. Holding the Diskus® flat (like a flying saucer) in one hand, place the thumb of your other hand in the thumbgrip and slide the cover open until it clicks.
2. With the mouthpiece facing you, slide the lever away from your until it clicks. This will load a dose of medicine. Do **not** tip or shake the inhaler.
3. Stand up or sit up straight.
4. Take a deep breath in and blow out completely to empty your lungs. Do **not** blow into the inhaler.
5. Place the mouthpiece of the inhaler in your mouth and close your lips around it to form a tight seal.
6. Take a fast, deep, forceful breath in through your mouth.
7. Hold your breath and count to 10.
8. Take the inhaler out of your mouth. Breathe out slowly, facing away from the inhaler.
9. Slide the cover closed.
10. If you are supposed to take more than 1 inhalation of medicine per dose, wait 1 minute and repeat steps 1 through 9.
11. If using an inhaled corticosteroid, rinse out your mouth with water and spit it out. Rinsing helps to prevent an infection in the mouth.
12. Store the Diskus® in a cool, dry place (not in the bathroom).

Note: A Diskus® inhaler has a built-in counter to tell you how many doses are left. When the counter gets to “0,” throw it away. Be sure to get a refill of your inhaler before the counter gets to “0.”

HOW TO CLEAN A DISKUS® INHALER

- Wipe the mouthpiece at least once a week with a dry cloth.
- **Do NOT use water** to clean a Diskus® inhaler.



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HOW TO USE A Dry Powder Inhaler – Flexhaler®



A Flexhaler® is an inhaler shaped like a small rocket. It delivers pre-set doses of medicine in powder form. The medicine gets to your airways when you take a deep, fast breath in from the inhaler. To keep your asthma under control, it is important to take your medicine as prescribed by your doctor or other health care professional and to use the proper technique to deliver the medicine to your lungs. If you don't use your inhaler correctly, you won't get the medicine you need.

Here are general steps for how to use and clean a Flexhaler®. Be sure to read the instructions that come with your inhaler. Ask your doctor, pharmacist, or other health care professional (such as nurse practitioner, physician assistant, nurse, respiratory therapist, or asthma educator) to show you how to use your Flexhaler®. Review your technique at each follow-up visit.

First Use: Prime the Flexhaler® before using it the first time. To prime it, remove the cover and twist the bottom of the device as far to the right as it will go, then twist to the left as far as it will go until you hear a click. Repeat this step one more time. Your Flexhaler® is now ready for use and does not need to be primed again.

Regular Use:

1. Hold the Flexhaler® with the mouthpiece up. Remove cover and twist the bottom as far to the right as it will go, then to the left as far as it will go until you hear a click. This will load a dose of medicine. Do **not** shake the inhaler.
2. Stand up or sit up straight.
3. Take a deep breath in and blow out completely to empty your lungs. Do **not** blow into the inhaler.
4. Place the mouthpiece of the inhaler in your mouth and close your lips around it to form a tight seal.
5. Take a fast, deep, forceful breath in through your mouth.
6. Hold your breath and count to 10.
7. Take the inhaler out of your mouth. Breathe out slowly, facing away from the inhaler.
8. If you are supposed to take more than 1 inhalation of medicine per dose, wait 1 minute and repeat steps 2 through 7.
9. When you finish, put the cover back on the Flexhaler®.
10. If using an inhaled corticosteroid, rinse out your mouth with water and spit it out. Rinsing helps to prevent an infection in the mouth.
11. Store the Flexhaler® in a cool, dry place (not in the bathroom).

Note: A Flexhaler® has a built-in counter to tell you how many doses are left. When the counter gets to “0,” throw it away. Be sure to get a refill of your inhaler before the counter gets to “0.”

HOW TO CLEAN A FLEXHALER®

- Wipe the mouthpiece at least once a week with a dry cloth.
- **Do NOT use water** to clean a Flexhaler®.

HOW TO USE A Dry Powder Inhaler – Twisthaler®



A Twisthaler® is an inhaler shaped like a small rocket. It delivers pre-set doses of medicine in powder form. The medicine gets to your airways when you take a deep, fast breath in from the inhaler. To keep your asthma under control, it is important to take your medicine as prescribed by your doctor or other health care professional and to use the proper technique to deliver the medicine to your lungs. If you don't use your inhaler correctly, you won't get the medicine you need.

Here are general steps for how to use and clean a Twisthaler®. Be sure to read the instructions that come with your inhaler. Ask your doctor, pharmacist, or other health care professional (such as nurse practitioner, physician assistant, nurse, respiratory therapist, or asthma educator) to show you how to use your Twisthaler®. Review your technique at each follow-up visit.

1. Hold the inhaler upright with the pink part at the bottom.
2. Twist the cap to the left (counter clockwise) to remove it. This will load a dose of medicine. Do not shake the inhaler.
3. Stand up or sit up straight.
4. Take a deep breath in and blow out completely to empty your lungs. Do not blow into the inhaler.
5. Place the mouthpiece of the inhaler in your mouth and close your lips around it to form a tight seal. Do not cover the holes on the sides.
6. Take a fast, deep, forceful breath in through your mouth.
7. Hold your breath and count to 10.
8. Take the inhaler out of your mouth. Breathe out slowly, facing away from the inhaler.
9. When you finish, wipe the mouthpiece dry, if needed. Put the cover back on the Twisthaler® and twist until it clicks.
10. If you are supposed to take more than 1 inhalation of medicine per dose, wait 1 minute and repeat steps 2 through 9.
11. If using an inhaled corticosteroid, rinse out your mouth with water and spit it out. Rinsing helps to prevent an infection in the mouth.
12. Store the Twisthaler® in a cool, dry place (not in the bathroom).

Note: A Twisthaler® has a built-in counter to tell you how many doses are left. When the counter gets to "0," throw it away. Be sure to get a refill of your inhaler before the counter gets to "0."

HOW TO CLEAN A TWISTHALER®

- Wipe the mouthpiece at least once a week or as needed with a dry cloth.
- **Do NOT use water** to clean a Twisthaler®.



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HOW TO USE A Nebulizer



A nebulizer is a machine that delivers medicine in a fine, steady mist. To keep your asthma under control, it is important to take your medicine as prescribed by your doctor or other health care professional and to use the proper technique to deliver the medicine to your lungs. If you don't use your nebulizer correctly, you won't get the medicine you need.

Here are general steps for how to use and clean a nebulizer. Be sure to read the instructions that come with *your* nebulizer. Ask your doctor, pharmacist, or other health care professional (such as nurse practitioner, physician assistant, nurse, respiratory therapist, or asthma educator) to show you how to use your nebulizer. Review your technique at each follow-up visit.

1. Wash hands well.
2. Put together the nebulizer machine, tubing, medicine cup, and mouthpiece or mask according to manufacturer's instructions.
3. Put the prescribed amount of medicine into the medicine cup. If your medicine comes in a pre-measured capsule or vial, empty it into the cup.
4. Place the mouthpiece in your mouth and close your lips around it to form a tight seal. If your child uses a mask, make sure it fits snugly over your child's nose and mouth. Never hold the mouthpiece or mask away from the face.
5. Turn on the nebulizer machine. You should see a light mist coming from the back of the tube opposite the mouthpiece or from the mask.
6. Take normal breaths through the mouth while the machine is on. Continue treatment until the medicine cup is empty or the mist stops, about 10 minutes.
7. Take the mouthpiece out of your mouth (or remove mask) and turn off the machine.
8. If using an inhaled corticosteroid, rinse mouth with water and spit it out. If using a mask, also wash the face.

HOW TO CLEAN AND STORE A NEBULIZER

After each treatment:

- Wash hands well.
- Wash the medicine cup and mouthpiece or mask with warm water and mild soap. Do **not** wash the tubing.
- Rinse well and shake off excess water. Air dry parts on a paper towel.

Once a week:

Disinfect nebulizer parts to help kill any germs. Follow instructions for each nebulizer part listed in the package insert. Always remember:

- Do **not** wash or boil the tubing.
- Air dry parts on a paper towel.

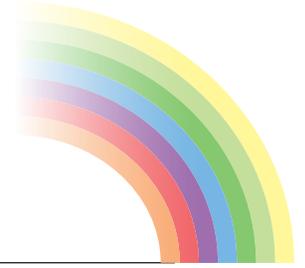
Between uses:

- Store nebulizer parts in a dry, clean plastic storage bag. If the nebulizer is used by more than one person, keep each person's medicine cup, mouthpiece or mask, and tubing in a separate, labeled bag to prevent the spread of germs.
- Wipe surface with a clean, damp cloth as needed. Cover nebulizer machine with a clean, dry cloth and store as manufacturer instructs.
- Replace medicine cup, mouthpiece, mask, tubing, filter, and other parts according to manufacturer's instructions or when they appear worn or damaged.



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Session 3: The Asthma Action Plan

Message to the Trainer

This session is for parents and promotores training. In this session, you will help parents better understand their child's written Asthma Action Plan and what to



do when their child is in each zone. The activities will help the parents follow the Asthma Action Plan and work through any of their concerns. You will remind parents that the Asthma Action Plan provides a way to involve them directly in controlling their child's asthma. Then, at follow-up visits, the doctor will work together with the parent and child to update the Asthma Action Plan as needed.

Be sure to point out skills and strengths that the parents have that will help them follow the Asthma Action Plan to keep their child's asthma under control. Use real-life examples to help the parents apply what they learn to their own lives.

When using this session to train promotores, adapt it as needed. For example, the promotores can use the "adopted child" whom they chose in the Introduction to answer the different questions as if they were parents or caregivers of a child with asthma.

Objectives

By the end of this session, parents will:

- Describe an Asthma Action Plan;
- Identify the asthma zones and what they mean;
- Learn a way to check how well their child's asthma is controlled; and
- Understand what to do when their child is in each asthma zone.

Materials

To teach this session, you will need:

- Nametags and a marker;
- Pencils and pens for each parent;
- The manual and flip chart of picture cards;
- Copies of session 3 handouts for each parent;
- A flip chart of poster paper with markers and tape or a whiteboard; and
- A pocket folder and a notebook for parents to keep handouts and take notes (optional).

Handouts

- Handout 3A: José's Asthma Action Plan (page 152)
- Handout 3B: How Did José Respond to His Asthma Treatment? (page 153)
- Handout 3C: How Did José Respond to His Asthma Treatment? Answer Sheet (page 154)
- Handout 3D: Tips To Help You Follow Your Child's Asthma Action Plan (page 155)
- Handout 3E: How To Use a Peak Flow Meter (page 156–157)
- Handout 3F: Reading a Peak Flow Meter (page 158)
- Handout 3G: Sample Asthma Action Plan (page 159–160)
- Handout 3H: A Letter From Esperanza: "When in Doubt, Always Ask!" (Page 161)
- Handout 3I: Green, Yellow, or Red? Which Zone Is José In? (page 162)

Before the session, do the following:

1. Arrange chairs in a half-circle so that the participants can see one another as well as the whiteboard.
2. Write the objectives on the whiteboard or poster paper:

By the end of this session, parents will:

- Describe what an Asthma Action Plan is;
 - Identify the asthma zones and what they mean;
 - Learn a way to check how well your child's asthma is controlled; and
 - Understand what to do when your child is in each asthma zone.
3. Make one copy of the Review Questions and Answers (page 128). Cut out the questions, and put them in an envelope. Do not use the answers.
 4. Select one or more of the following options to show a large image of a traffic light:
 - Create a large three-dimensional model of a traffic light; or
 - Put together a costume of a traffic light.
 5. Write on the whiteboard or poster paper:

Three ways that José can respond to treatment in the Yellow Zone:

 - Good Response—He goes back to the Green Zone.
 - No Improvement—He stays in the Yellow Zone.
 - Symptoms Get Worse—He moves to the Red Zone.
 6. If possible, get disposable mouthpieces for the peak flow meters so that parents can practice using them. If you have a large group, you may want to invite a health care professional with experience in asthma to assist you with the peak flow meter practice.

Session 3 Outline

Total time: 2 hours and 25 minutes

I. Introduction A. Welcome B. Review of Last Week's Session C. Session Objectives	10 minutes
II. Teaching the Session A. The Asthma Action Plan B. Follow the Asthma Treatment for Each Zone 1. The Green Zone: "I Feel Good" 2. The Yellow Zone: "I Do Not Feel Good" 3. The Red Zone: "I Feel Awful" Break C. How To Know What Zone Your Child Is In D. We Are a Team, and We Have a Plan! E. A Letter From Esperanza: "When in Doubt, Always Ask!"	2 hours 25 minutes 50 minutes 10 minutes 25 minutes 5 minutes 5 minutes
III. Review of Today's Key Points	10 minutes
IV. Closing	5 minutes

I. Introduction

A. Welcome

Say: Welcome! I am happy to see you again.

B. Review of Last Week's Session

Review Activity

Activity Note

For this activity, you will need the envelope containing the strips of paper with questions from the Review of Last Week's Session that you prepared before the session.

Say: In the last session, we learned about asthma medicines as well as the devices used to take them. We will now do an activity to review the key points from last week's session. Here is what we will do:

1. Divide into small groups. Do not start until I tell you.
2. Each group will select one or two review question(s) from this envelope.
3. Discuss with your group the answers to the review question(s). Each group will share with the rest of the group the review questions they selected and their answers.
4. Each group will have 3 minutes to work, and then 2 minutes to share the review questions and answers with the whole group.

Note

Add the following answers to each review question, if not mentioned.

Review Questions and Answers

Q1. How does a quick-relief asthma medicine help your child?

A1. A quick-relief asthma medicine:

- Can stop asthma symptoms before they get worse;
- Works fast; and
- Helps relax the muscles around the airways in the lungs.

Q2. When does your child need to take a quick-relief asthma medicine?

A2. Quick-relief asthma medicine should be taken:

- As soon as asthma symptoms begin; and
- Before exercise, if prescribed by the doctor.

Q3. If your child is taking a quick-relief medicine for asthma symptoms more than twice a week, what should you do?

A3. Call the doctor. The doctor will decide if your child needs to start or increase the dose of a long-term control asthma medicine.

Q4. How does a long-term control asthma medicine help your child?

A4. A long-term control asthma medicine:

- Helps reduce inflammation, which keeps the airways from swelling and narrowing; and
- Helps prevent asthma symptoms from starting.

Q5. When does your child need to take a long-term control asthma medicine, if prescribed?

A5. A long-term control asthma medicine must be taken every day, even when the child has no asthma symptoms.

C. Session Objectives

Note

Point to the session objectives that you wrote on the whiteboard or poster paper before the session.

Point and say: Today's session is called "The Asthma Action Plan." The objectives of this session are to:

- Describe what an Asthma Action Plan is;
- Identify the asthma zones and what they mean;
- Learn a way to check how well your child's asthma is controlled; and
- Understand what to do when your child is in each asthma zone.

II. Teaching the Session

A. Asthma Action Plan

Ask: Does anyone know what an Asthma Action Plan is?

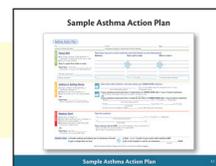
Give parents 1 minute to respond.

Say: Yes, an Asthma Action Plan is a tool written by a doctor to help patients control their asthma. It is recommended that all children with asthma have an Asthma Action Plan.

Ask: Have you and your child's doctor put together an Asthma Action Plan for your child?

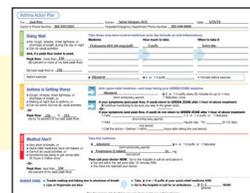
Give parents 1 minute to respond.

Show picture card 3.1: Sample Asthma Action Plan



Point and say: This is a sample Asthma Action Plan. The key to keeping your child's asthma under control is to follow the Asthma Action Plan. To do this, you need to know the different parts.

Distribute handout 3A: José's Asthma Action Plan (page 152)



Say and ask: Take a look at José's Asthma Action Plan. What information is included?

Give parents 2 minutes to respond.

Note

Write comments on the whiteboard or poster paper.

Add if not mentioned: José's Asthma Action Plan includes:

- The names of José's asthma medicines, how much of each one to take, and when to take each one;
- Three different-colored sections or asthma zones (Green, Yellow, and Red);
- The asthma symptoms José may have in each asthma zone;
- José's peak flow meter ranges for each of the asthma zones; and
- What action to take in each zone.

Say: Not all Asthma Action Plans look the same, but they generally have the same information.

Let's look more closely at José's Asthma Action Plan. You can see that it has a section at the top that is white and then another section divided into three colored zones. Let's first look at the top section.

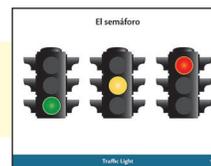
Ask: What information do you see on the top section of José's Asthma Action Plan?

Give parents 1 minute to respond.

Say: Very good! Thank you. This top section includes José's name and his doctor's contact information.

Now let's talk about the remaining sections of José's Asthma Action Plan that are divided into three different colors, or asthma zones. The Asthma Action Plan uses zones with the colors green, yellow, and red, just like a traffic light. This section helps you know the asthma zone that your child is in and what you need to do when your child is in each zone.

Show picture card 3.2: Traffic Light



Note

When explaining each zone, point to the light that shows the correct color lit up. You also may want to use either the three-dimensional traffic light or wear the traffic light costume that you made before the session. Point to the color that corresponds to the zone that you are explaining.

Say: On a traffic light. . .

- The green traffic light means GO. The Green Zone on the Asthma Action Plan means, “Your child feels good.” He does not have symptoms, and his asthma is under control. When a child is in the Green Zone, his asthma treatment is working.
- The yellow traffic light means CAUTION. On the Asthma Action Plan, the Yellow Zone signals caution and means that your child has begun to have asthma symptoms and “does not feel good.” To know what to do, you will need to follow your child’s Asthma Action Plan for the Yellow Zone.
- The red traffic light means STOP OR DANGER. The Red Zone on the Asthma Action Plan means that the child is having an asthma attack. In the Red Zone, “your child feels awful.” This is a danger zone, and you need to get help for your child immediately! Follow your child’s Asthma Action Plan for the Red Zone!

Say and ask: In each of these asthma zones, your child feels and acts differently. How does your child act when he is in the Green Zone?

Give parents 1 minute to respond.

Add if not mentioned:

- Breathes normally;
- Does not cough or wheeze or feel tightness in his chest;
- Can go to school and can play; and
- Sleeps well at night.

Ask: What symptoms does your child have when he is in the Yellow Zone?

Give parents 1 minute to respond.

Add if not mentioned:

- Coughs;
- Wheezes;
- Feels tightness in the chest;
- Has shortness of breath;
- Wakes up at night with asthma symptoms; and
- Can do some but not all of his usual activities. For example, he plays less than normal and has trouble doing school work.

Ask: How do you know when your child is in the Red Zone?

Give parents 1 minute to respond.

Add if not mentioned: When a child is in the Red Zone, asthma symptoms continue to get worse. The child may:

- Have trouble breathing, even after taking a quick-relief asthma medicine;
- Have a loud wheezing;
- Be unable to sleep or do usual activities because of trouble breathing;
- Have trouble speaking, walking, eating, or playing; and
- Feel drowsy or less alert than normal.

B. Follow the Asthma Treatment for Each Zone

Note

For the following discussion, you will refer to different parts of handout 3A: José's Asthma Action Plan.

1. The Green Zone: "I Feel Good"

Say: We have been talking about the Asthma Action Plan and what the different zones mean. Now we are going to look at the different parts of the Asthma Action Plan so that you can feel comfortable following it. As an example, we will look again at handout 3A: José's Asthma Action Plan. For the last few weeks, José has not had any asthma symptoms during the day or night, and he's been able to do all his normal activities.

Ask: What zone is José in?

Answer: Green Zone.

Say: That is correct: He's in the Green Zone. Think about a traffic light. Green means "Go!" If your child is in the Green Zone, this means that he can be active. He can do all the normal activities that a child without asthma can do, like play his favorite sport.

Say: Let's now look at some key asthma terms on this Asthma Action Plan.

Point to "Quick-Relief Asthma Medicines" (in the Yellow Zone) on the handout and say: José's quick-relief asthma medicine is listed here. In session 2, we learned that a quick-relief asthma medicine acts fast to stop the asthma symptoms before they get worse. It should be taken as soon as asthma symptoms show up. **All children** with asthma should have a quick-relief asthma medicine to take as soon as symptoms show up.

Say: You may remember that physical activity brings on José's asthma symptoms. He needs to take two puffs of his quick relief medicine 5 minutes before exercising. **Not all** children have asthma symptoms when playing and running hard. If your child does, talk to his doctor about whether he needs to take a quick-relief asthma medicine before participating in physical activities.

Say: When a child has asthma symptoms, he is not in the Green Zone. However, he may return to the Green Zone by taking the prescribed quick-relief asthma medicine as soon as symptoms start.

Point to “Long-Term Control Asthma Medicines” (in the Green Zone) on the handout and say: José’s long-term control asthma medicine is listed here.

Remember that not all children need to take a long-term control asthma medicine. If it is prescribed, such as in José’s case, it should be taken each day **even if** the child feels well and has no asthma symptoms. To stay in the Green Zone, José needs to take his long-term control medicine every day.

Say: Now let’s look at the Green Zone in José’s Asthma Action Plan.

Promotora Tip

Show picture card 3.1: Sample Asthma Action Plan. Be sure to redirect parents to the correct section of the Green Zone of the Asthma Action Plan. Since there is a lot of text on the Asthma Action Plan, it is easy for learners’ eyes to wander across the page because they are not sure where to focus. Help them know where to focus.

Ask: What are the things that José can do to prevent his asthma symptoms and stay in the Green Zone?

Give parents 2 minutes to respond.

Add if not mentioned: José can:

- Avoid his asthma triggers;
- Take long-term control asthma medicine every day as prescribed; and
- Take quick-relief asthma medicine before participating in physical activities as prescribed.

Say and ask: As we have seen, there are many things that you can do to keep your child in the Green Zone. It is important for you and your child to become familiar with his Asthma Action Plan and its instructions. There are many ways to do this at home. For example, one idea is to put the Asthma Action Plan on the refrigerator so that each day you and your child see it. This will remind you to read about what to do to keep your child in the Green Zone.

Say: I will give you a handout later in the session that has more ideas that you can use at home.

2. The Yellow Zone: “I Do Not Feel Good”

Say: Let’s continue with the Yellow Zone. A yellow traffic light means caution. Let’s look at the asthma Yellow Zone on handout 3A: José’s Asthma Action Plan.

Ask: When José is in the Yellow Zone, what should Esperanza and José do to get him back in the Green Zone?

Add if not mentioned: Esperanza needs to act right away to get José back to the Green Zone. She should

- Give José two puffs of his quick-relief asthma medicine;
- Help him avoid his asthma triggers; and
- Make sure that he continues taking his long-term control medicine.

Ask: What should Esperanza do if José’s asthma symptoms do not improve after taking the first dose of his quick-relief asthma medicine?

Give parents 1 minute to respond.

Add if not mentioned: José can take another dose—two puffs—of his quick-relief asthma medicine every 20 minutes for up to an hour after the first dose.

Say: When your child is in the Yellow Zone, you will need to watch how he responds to the quick-relief medicine. You can do this by checking his asthma symptoms and writing down his readings from the peak flow meter, if prescribed by your child’s doctor. We will talk about the peak flow meter later in the session.

Say: Now let’s think about ways that José might respond to treatment when he is in the Yellow Zone. Imagine that José is having asthma symptoms, so he takes his quick-relief asthma medicine as written in his Asthma Action Plan.

Point to the list and say: Three ways that José can respond to treatment in the Yellow Zone are as follows:

- Good Response—He goes back to the Green Zone.
- No Improvement—He stays in the Yellow Zone.
- Symptoms Get Worse—He moves to the Red Zone.

Activity: How Did José Respond to His Asthma Treatment?

Activity Note

For this activity, use the three ways that José can respond to treatment in the Yellow Zone that you wrote on the whiteboard or poster paper before the session.

Say: We are now going to do an activity called “How Did José Respond to His Asthma Treatment?” This activity will help you see three different ways your child may respond to his asthma treatment when he is in the Yellow Zone and what to do in each situation. We will do the activity like this:

1. You will get into groups of three. Do not start until I tell you.
2. I will give you a handout of three scenarios with blank spaces that you will fill in.
3. Here is the situation: José’s asthma symptoms have started, and he is in the Yellow Zone. He takes two puffs of his quick-relief asthma medicine, as prescribed. There are three ways he might respond to his asthma treatment, and those three scenarios are presented on the handout.
4. When discussing what to write in the blank spaces, think about how José feels in each scenario and what Esperanza should do to help him.
5. When you finish, I will give you the correct answers to compare with the work that you did in your group.

Distribute handout 3B: How Did José Respond to His Asthma Treatment? (page 153)



Give parents 10 minutes to do this activity.

Distribute handout 3C: How Did José Respond to His Asthma Treatment? Answer Sheet (page 154)



Say: Now compare your answers with those on this handout to see how you did.

Give parents 5 minutes to compare answers.

Say: Well done! Notice that when José's asthma symptoms got worse and he took his quick-relief medicine twice, he still moved to the Red Zone. We will talk about what you need to do when your child is in the Red Zone.

3. The Red Zone: "I Feel Awful"

Bring out handout 3A: José's Asthma Action Plan (page 152)



Say: Now let's look at the Red Zone on José's Asthma Action Plan. Just like in a traffic light, the asthma Red Zone means "Stop!" or danger. When José is in this zone, he feels awful, and his asthma symptoms are getting worse. If José does not get help for his asthma symptoms, he may have serious trouble breathing and difficulty walking and talking.

Let's consider what Esperanza should do when this happens.

Note

Probe the parents as a way to help them think about different things that Esperanza should do. Ask probing questions. Examples of probing questions with answers in parentheses are listed below.

Ask:

- When should Esperanza take action? (Immediately. She must act fast.)
- Should she take him to the hospital or call 911 immediately? (Call 911 immediately. This is an urgent situation, especially if she has not been able to reach the doctor.)
- What medicines should she give José? (She must give José the medicines that the doctor wrote on the Asthma Action Plan for the Red Zone.)
 - Should she give José quick-relief asthma medicine? (Yes.)
 - Should she give him an oral corticosteroid? (Yes, but only if the doctor prescribes this.)

Give parents 2 minutes to respond to each question you ask.

Say and ask: Imagine that Esperanza correctly followed José's Asthma Action Plan but José still had an asthma attack and went into the Red Zone. Do you think Esperanza did something wrong?

Give parents 2 minutes to respond.

Add if not mentioned: Esperanza did nothing wrong. Even when correctly following the Asthma Action Plan, José can still have an asthma attack. This crisis may indicate that some changes are needed in his asthma treatment. Let's look at some problems that can come up in controlling asthma.

Show picture card 3.3: Trouble With Asthma Control



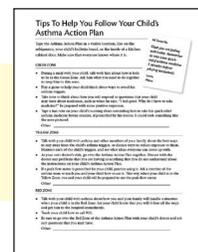
Point at each picture and say: Maybe something in José’s environment needs to be changed. For example, Esperanza and her family moved to a new apartment. Maybe it is something in the new apartment that is bringing on José’s asthma symptoms. Maybe there are dust mites in the carpeting or furniture. Maybe it is the uncle who likes to smoke in the living room. Either could be bringing on José’s asthma attacks.

Here we see José when his asthma symptoms first started. He thinks about taking his quick-relief asthma medicine, but he forgets to take it or decides to take it later. José needs to understand that he needs his quick-relief asthma medicine at the first sign of asthma symptoms.

José is having asthma symptoms more than twice a week. Here we see Esperanza and José in the doctor’s office. Esperanza is asking questions about José’s Asthma Action Plan. The doctor may need to increase or change José’s long-term control asthma medicine to prevent asthma symptoms from happening so often.

Say: Since things change, so might the Asthma Action Plan. It is important to have regular doctor visits in order to adjust your child’s treatment and create a new Asthma Action Plan.

Distribute handout 3D: Tips To Help You Follow Your Child’s Asthma Action Plan (page 155)



Say: This handout describes some practical tips to help you follow the Asthma Action Plan. Use these tips at home so that you and the whole family can become familiar with the Asthma Action Plan.

Note

This may be a good time for a short 10-minute break.

C. How To Know What Asthma Zone Your Child Is In

Say: The doctor can recommend using a peak flow meter to check how your child is breathing.

Ask: Does anyone here use a peak flow meter to check how your child's asthma is doing?

Ask, if yes: When do you use a peak flow meter?

Give parents 2 minutes to respond.

Show picture card 3.4: A Peak Flow Meter



Note

If you have a sample peak flow meter, pass it around so that everyone in the group can see it up close.

Point and say: A peak flow meter measures the amount of air that a person blows out of the lungs. It can detect if the airways are narrowing even before any asthma symptoms show up. It is generally used with children ages 5 years and older.

A peak flow meter works like a thermometer. When you feel your child's forehead and it feels hot, you suspect that he has a fever. When you take his temperature with a thermometer, you can find out if he has a fever. In a similar way, with a peak flow meter, you can see if your child's asthma is getting worse or under control.

Say: Let's look at the benefits of using a peak flow meter:

The peak flow meter can help the doctor:

- Know if your child's asthma medicine is working; and
- Decide if there is a need to increase or change the asthma medicine.

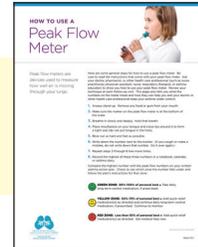
The peak flow meter can help you:

- Know if your child needs his quick-relief asthma medicine or urgent medical attention; and
- Keep a daily record of your child's measurements.

Ask: Has anyone in the clinic taught you how to use a peak flow meter?

Give parents 1 minute to respond.

Distribute handout 3E: How To Use a Peak Flow Meter (pages 156–157)



Note

Read and demonstrate each step listed on handout 3E while parents observe. Write on the whiteboard or poster paper the three numbers that you get from blowing into the peak flow meter.

Say: I will now demonstrate how to use a peak flow meter. I will follow the steps on this handout.

Say and demonstrate:

1. Always stand up. Remove any food or gum from your mouth.
2. Make sure that the marker on the peak flow meter is at the bottom of the scale.
3. Breathe in slowly and deeply. Hold that breath.
4. Place the mouthpiece on your tongue and your close lips around it to form a tight seal. Do not put your tongue in the hole.
5. Blow out as hard and fast as possible.
6. Write down the number next to the marker. If you cough or make a mistake, do not write down that number. Do it over again.
7. Repeat steps 3–6 two more times.

8. Record the highest of these three numbers in a notebook or calendar.

Point to your three numbers written on the whiteboard and say: Here are my three peak flow readings. The highest number is the one that counts as my peak flow reading for this time.

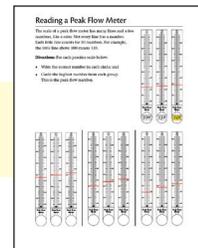
Optional Activity: Practice Using a Peak Flow Meter

Activity Note

The following activity is optional. Be sure to do it if the parents need additional practice using a peak flow meter. This activity will add an extra 15 minutes to the session.

If you do the activity, use the sample peak flow meters and disposable mouthpieces that you gathered before the session. If you do not have enough for parents to use, then demonstrate for the group with one peak flow meter. Ask them to follow the steps written on handout 3E to write down their three readings on a piece of paper, and to circle the highest number.

Distribute handout 3F: Reading a Peak Flow Meter (page 158)



Say: Now it's your turn. Take your peak flow meter and follow each of the directions on the handout.

Give parents 10 minutes to do this activity.

Optional Activity: Practice Reading a Peak Flow Meter

Say: Now let's do an activity to practice reading a peak flow meter. This handout has an example. On the scale are many lines and a few numbers, like a ruler. Not every line has a number. Each little line counts for 10 numbers. For example, the little line above 100 means 110.

Ask: What are the three readings marked on the scale in the example?

Answer: 220, 230, and 240.

Ask: What is the highest reading?

Answer: 240.

Say: The highest of three readings is the peak flow reading for that time. In this example, the highest number is 240.

Say: Work with the person next to you to fill in the blanks on the handout. Write the correct number in each circle. Circle the highest number from each group.

Give parents 7 minutes for this activity.

Ask: In the first sample peak flow scale, what are the three readings marked on the scale?

Answer: 330, 350, and 370.

Ask: Which number is the peak flow reading for that example?

Answer: 370.

Ask: In the second sample peak flow scale, what are the three readings marked on the scale?

Answer: 250, 290, and 310.

Ask: Which number is the peak flow reading for that example?

Answer: 310.

Ask: In the third sample peak flow scale, what are the three readings marked on the scale?

Answer: 200, 240, and 270.

Ask: Which number is the peak flow reading for that example?

Answer: 270.

Say: Great job reading these peak flow meter scales!

Now let's find out what you need to do when the doctor first decides that your child should use a peak flow meter. You will need to find your child's "personal best" peak flow number. To do this, the doctor will ask you to:

- Take your child's peak flow daily for 2–3 weeks when his asthma is under good control.
- Write down the highest number each day.
- Take the peak flow at the same time every day. Peak flows are lowest in the early morning and highest between noon and 5 p.m. Recording peak flows at the same time daily will give you the most consistent numbers.

The highest number from the entire 2- to 3-week period is your child's personal best peak flow number. The personal best peak flow number is different for each child. The doctor will use that personal best number to figure out your child's peak flow range for each asthma zone. The peak flow range helps you know what zone your child is in.

The peak flow meter helps the doctor know if your child's asthma is under control or if there is a need to increase or change his asthma medicine.

D. We Are a Team, and We Have a Plan!

1. The Asthma Care Team

Say: The Asthma Care Team includes several people. In addition to the doctor, you, your child, the nurse, and the promotora, your child's asthma team may include an asthma educator, a teacher, a coach, a family member, a babysitter, or others. Everyone can take a part in controlling your child's asthma.

Work with your Asthma Care Team to schedule regular follow-up visits. There are two types of follow-up visits:

- Routine follow-up—an "asthma checkup" every 1–6 months, depending on the level of asthma control; or
- A follow-up call or visit after an asthma attack that was hard to control or required an emergency department visit.

2. The Asthma Action Plan

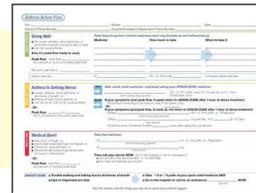
Say: We can see how important it is that your child has an Asthma Action Plan in order to control his asthma. The Asthma Action Plan is a tool that helps keep good communication between members of the Asthma Care Team. We have done several activities to help you understand how to follow the Asthma Action Plan.

Say and ask: Here's something to think about: A mother and child are at the clinic for a follow-up visit with the doctor. The child does not have an Asthma Action Plan. The nurse and the doctor are very busy. They have not talked to her about an Asthma Action Plan on other visits. How can this mother make sure that she leaves the doctor's office with an Asthma Action Plan?

Give parents 3 minutes to respond.

Say: If your doctor has not yet given you an Asthma Action Plan for your child, ask for one at the next visit. Here is a sample Asthma Action Plan that you can share with your child's doctor. It is in Spanish and English.

**Distribute handout 3G: Sample Asthma Action Plan
(pages 159–160)**



Note

Be sure to give each parent the handouts in Spanish and in English.

Say: If your doctor already gave you an Asthma Action Plan and there is something on it that you do not understand, be sure to ask the doctor, nurse, or asthma educator any questions that you have.

E. A Letter From Esperanza: “When in Doubt, Always Ask!”

Say: We will now read a letter from our friend Esperanza.

Distribute handout 3H: A Letter From Esperanza: “When in Doubt, Always Ask!” (page 161)



Note

Read the letter to the parents.

Ask: What does the saying “When in doubt, always ask” mean to you when taking care of your child with asthma?

Give parents 2 minutes to respond.

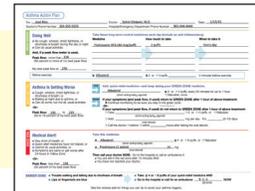
III. Review of Today's Key Points

Activity: Green, Yellow, or Red? What Zone Is José In?

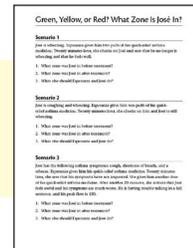
Activity Note

Before the activity, place parents into 3 groups.

Bring out handout 3A: José's Asthma Action Plan (page 152)



Distribute handout 3I: Green, Yellow, or Red? What Zone Is José In? (page 162)



Say: To review the zones in the Asthma Action Plan, we will now do an activity called “Green, Yellow, or Red? What Zone Is José In?”

In this activity, each group will get a different scenario about José. For each one, you have to figure out what zone he is in. If you are in group 1, answer the questions from scenario 1 on the handout. If you are in group 2, answer questions from scenario 2. If you are in group 3, answer questions from scenario 3.

Ask: Do you have any questions?

Say: Okay, great! Now read your scenario and discuss your answers in your group.

Give the groups 4 minutes to read and discuss.

Say: Okay, let's now start with group 1. **Scenario 1:** José is wheezing. Esperanza gives him two puffs of his quick-relief asthma medicine. Twenty minutes later, she checks on José and sees that he no longer is wheezing and that he feels good.

1. What zone was José in before treatment?

Answer: Yellow.

2. What zone was José in after treatment?

Answer: Green.

3. What else should Esperanza and José do?

Answer: José and Esperanza should continue following the Asthma Action Plan's instructions for the Green Zone.

Say: Great job! Now it is group 2's turn. **Scenario 2:** José is coughing and wheezing. Esperanza gives him two puffs of his quick-relief asthma medicine. Twenty minutes later, she checks on him and José is still wheezing.

1. What zone was José in before treatment?

Answer: Yellow.

2. What zone was José in after treatment?

Answer: Yellow.

3. What else should Esperanza and José do?

Answer: Esperanza and José should follow the Asthma Action Plan's instructions for the Yellow Zone:

- Give José a second dose of quick-relief asthma medicine and then check how he is doing in 20 minutes. If he is feeling better, he can return to the Green Zone.
- If José is not feeling better after the second dose, Esperanza should call the doctor to see what else she should do.
- If José feels much worse, Esperanza needs to follow the instructions on the Red Zone.

Say: Great job! Now it is group 3's turn. **Scenario 3:** José has the following asthma symptoms: cough, shortness of breath, and a wheeze. Esperanza gives him his quick-relief asthma medicine. Twenty minutes later, she sees that his symptoms have not improved. She gives him another dose of his quick-relief asthma medicine. After another 20 minutes, she notices that José feels awful and his

symptoms are much worse. He is having trouble talking in a full sentence, and his peak flow is 130.

1. What zone was José in before treatment?

Answer: Yellow.

2. What zone was José in after treatment?

Answer: Red.

3. What else should Esperanza and José do?

Answer: Esperanza and José should follow the Asthma Action Plan's instructions for the Red Zone. This means:

- José should take another dose of his quick-relief asthma medicine immediately;
- Esperanza should take José to the hospital or call 911 IMMEDIATELY; and
- José should take an oral corticosteroid pill if prescribed.

Say: Great job! Thank you.

IV. Closing

Say: Thank you for participating in this session. Do not forget to do something fun with your family this week.

In the next session, we will learn about children's asthma triggers. It is an important session, so I hope to see you. We are going to meet again on _____ (day) at _____ (time).

Note

If you have given each parent a notebook, be sure to remind them to bring it back to every session.

Promotora Tip

You may want to keep a journal to write down your reflections of how this session went. Think about today's session. What worked? What did not work? What questions do you have for your supervisor?

Asthma Action Plan

For: José Ríos Doctor: Sylvia Vásquez, M.D. Date: 1/15/15
 Doctor's Phone Number 301-555-5555 Hospital/Emergency Department Phone Number 301-444-4444

GREEN ZONE

Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than 216
(80 percent or more of my best peak flow)

My best peak flow is: 270

Before exercise

Albuterol 2 or 4 puffs _____ 5 minutes before exercise

Take these long-term-control medicines each day (include an anti-inflammatory).

Medicine

Fluticasone HFA (44 mcg/puff)

2 puffs

How much to take

When to take it

Every day

YELLOW ZONE

Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: 135 to 215
(50 to 79 percent of my best peak flow)



First
Add: quick-relief medicine — and keep taking your GREEN ZONE medicine.

Albuterol
(short-acting beta₂-agonist)

- 2 or 4 puffs, every 20 minutes for up to 1 hour
- Nebulizer, once



Second
If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

- Continue monitoring to be sure you stay in the green zone.

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

Take: _____ 2 or 4 puffs or Nebulizer

Add: _____ mg per day For _____ (3–10) days

Call the doctor before/ within _____ hours after taking the oral steroid.

RED ZONE

Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Peak flow: less than 134
(50 percent of my best peak flow)

Take this medicine:

Albuterol _____ 4 or 6 puffs or Nebulizer

Prednisone (1 tablet) _____ 25 mg
(oral steroid)

Then call your doctor NOW. Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

DANGER SIGNS ■ **Trouble walking and talking due to shortness of breath**

- **Lips or fingernails are blue**
- **Take 4 or 6 puffs of your quick-relief medicine AND**
- **Go to the hospital or call for an ambulance** 9-1-1 **NOW!** (phone)

See the reverse side for things you can do to avoid your asthma triggers.

How Did José Respond to His Asthma Treatment?

José's asthma symptoms have started, and he is in the Yellow Zone. He takes two puffs of his quick-relief asthma medicine. Here are three ways he might respond:



How does José feel?



What can Esperanza do?

GOOD RESPONSE

“My asthma symptoms stopped.
I feel _____.
I am back in the _____ Zone.”

“I gave José the peak flow meter to use,
and his reading is in the _____ Zone.
Regarding José's doctor,
_____.”

NO IMPROVEMENT

“My asthma symptoms are

I feel _____.
I am in the _____ Zone.”

“The two puffs of quick-relief medicine
did not work. Twenty minutes later, I
gave José _____.
Regarding José's doctor,
_____.”

SYMPTOMS GET WORSE

“My asthma symptoms are

I feel _____.
I am in the _____ Zone.”

“José can't even talk in a full sentence.
I gave him another two puffs of ____
_____ and an oral corticosteroid. I also
continued to check his peak flow. His
readings are in the _____ Zone.
I will take José to the _____ or call
_____.”

How Did José Respond to His Asthma Treatment? Answer Sheet



How does José feel?



What can Esperanza do?

GOOD RESPONSE

“My asthma symptoms stopped. I feel **good**. I am now back in the **Green** Zone.”

“I gave José the peak flow meter to use, and his reading is in the **Green** Zone. Regarding José’s doctor, **I do not need to call the doctor, because José is back in the Green Zone.**”

NO IMPROVEMENT

“My asthma symptoms are **still happening**. I feel **bad**. I am in the **Yellow** Zone.”

“The first two puffs of quick-relief asthma medicine did not work. Twenty minutes later, I gave José **two more puffs and waited another 20 minutes**. We also **continued to check his peak flow**. Regarding José’s doctor, **I should call her to see what else to do if his symptoms don’t improve or get worse.**”

SYMPTOMS GET WORSE

“My asthma symptoms are **getting worse**. I feel **awful**. I am in the **Red** Zone.”

“José can’t even talk in a full sentence. I gave him another four puffs of **his quick-relief asthma medicine** and an oral corticosteroid. I also continued to check his peak flow. His reading is in the Red Zone. I will take José to the **hospital** or call **911 NOW!**”

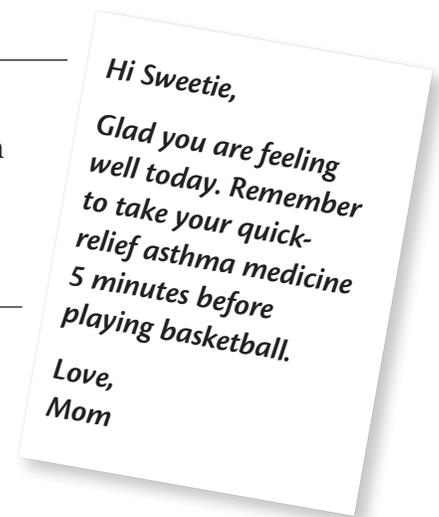
Tips To Help You Follow Your Child's Asthma Action Plan

Tape the Asthma Action Plan in a visible location, like on the refrigerator, your child's bulletin board, or the inside of a kitchen cabinet door. Make sure that everyone knows where it is.

GREEN ZONE

- During a meal with your child, talk with him about how it feels to be in the Green Zone. Ask him what you need to do together to keep him in this zone.
- Play a game to help your child think about ways to avoid his asthma triggers.
- Take time to think about how you will respond to questions that your child may have about medicines, such as when he says, "I feel good. Why do I have to take medicine?" Be prepared with some positive responses.
- Tape a fun note on your child's running shoes reminding him to take his quick-relief asthma medicine before exercise, if prescribed by his doctor. It could look something like the note pictured.

Other: _____



YELLOW ZONE

- Talk with your child with asthma and other members of your family about the best ways to stay away from the child's asthma triggers, or discuss ways to reduce exposure to them. Mention each of the child's triggers, and see what ideas everyone can come up with.
- At your next doctor's visit, go over the Asthma Action Plan together. Discuss with the doctor any problems that you are having or anything that you do not understand about the instructions on your child's Asthma Action Plan.
- If a peak flow meter is prescribed for your child, practice using it. Ask a member of the asthma team to teach you and your child how to use it. This way, when your child is in the Yellow Zone, you and your child will be prepared to use the peak flow meter.

Other: _____

RED ZONE

- Talk with your child with asthma about how you and your family will handle a situation when your child is in the Red Zone. Let your child know that you will follow all the steps and get him to the hospital immediately.
- Teach your child how to call 911.
- Be sure to go over the Red Zone of the Asthma Action Plan with your child's doctor and ask any questions that you may have.

Other: _____

HOW TO USE A Peak Flow Meter



Peak flow meters are devices used to measure how well air is moving through your lungs.

Here are some general steps for how to use a peak flow meter. Be sure to read the instructions that come with your peak flow meter. Ask your doctor, pharmacist, or other health care professional (such as nurse practitioner, physician assistant, nurse, respiratory therapist, or asthma educator) to show you how to use your peak flow meter. Review your technique at each follow-up visit. This page also tells you what the numbers on the meter mean and how they can help you and your doctor or other health care professional keep your asthma under control.

1. Always stand up. Remove any food or gum from your mouth.
2. Make sure the marker on the peak flow meter is at the bottom of the scale.
3. Breathe in slowly and deeply. Hold that breath.
4. Place mouthpiece on your tongue and close lips around it to form a tight seal (do not put tongue in the hole).
5. Blow out as hard and fast as possible.
6. Write down the number next to the marker. (If you cough or make a mistake, do not write down that number. Do it over again.)
7. Repeat steps 3 through 6 two more times.
8. Record the highest of these three numbers in a notebook, calendar, or asthma diary.

Compare the highest number with the peak flow numbers on your written asthma action plan. Check to see which zone the number falls under and follow the plan's instructions for that zone.



GREEN ZONE: 80%-100% of personal best → Take daily long-term control medication, if prescribed.



YELLOW ZONE: 50%-79% of personal best → Add quick-relief medication(s) as directed and continue daily long-term control medication, if prescribed. Continue to monitor.



RED ZONE: Less than 50% of personal best → Add quick-relief medication(s) as directed. Get medical help now.

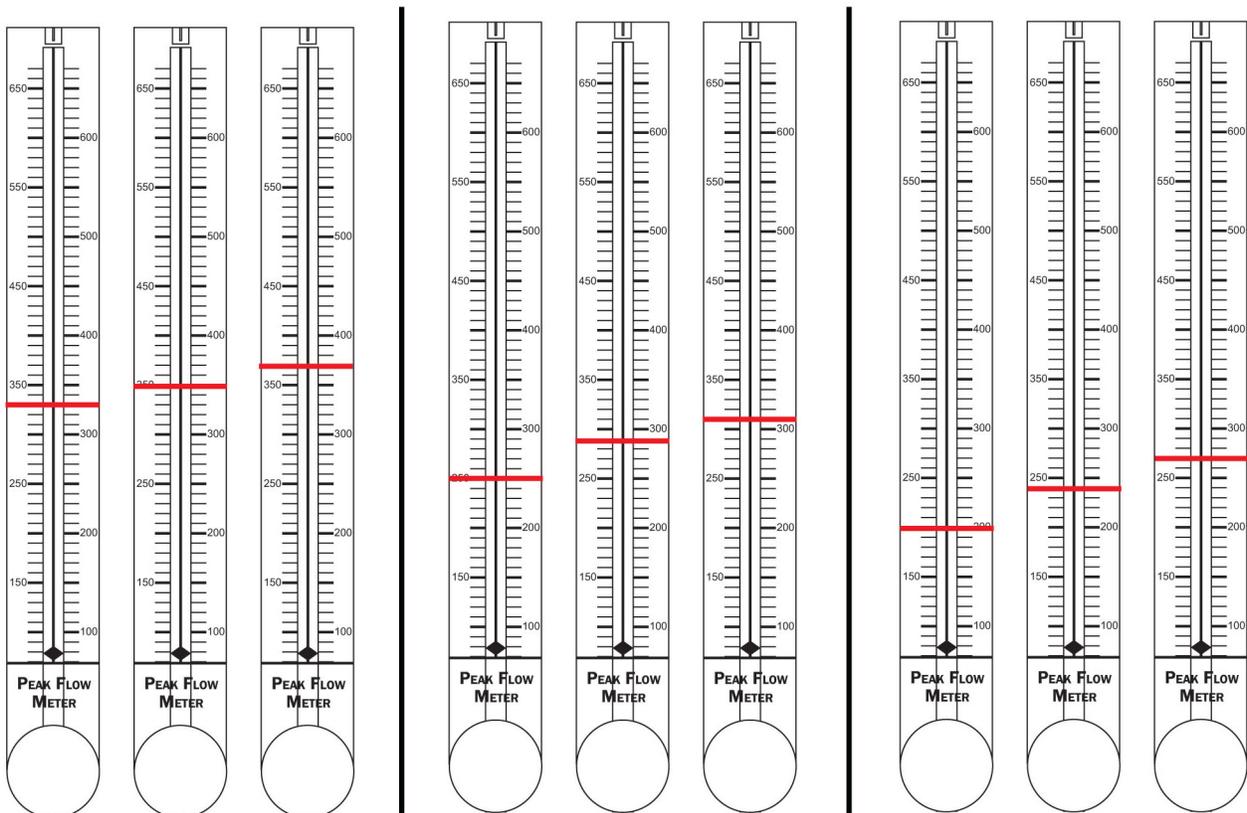
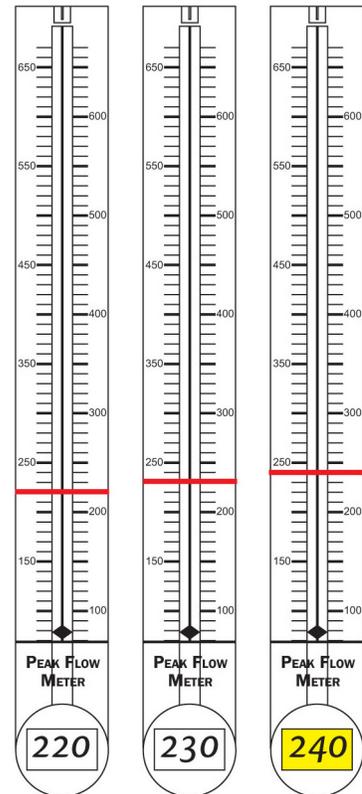
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Reading a Peak Flow Meter

The scale of a peak flow meter has many lines and a few numbers, like a ruler. Not every line has a number. Each little line counts for 10 numbers. For example, the little line above 100 means 110.

Directions: For each practice scale below:

- Write the correct number in each circle; and
- Circle the highest number from each group.
This is the peak flow number.



This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Then decide with your doctor what steps you will take.

Allergens

Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.

The best thing to do:

- Keep furred or feathered pets out of your home.
- If you can't keep the pet outdoors, then:
- Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door closed.
 - Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet away from fabric-covered furniture and carpets.

Dust Mites

Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home—in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items.

Things that can help:

- Encase your mattress in a special dust-proof cover.
- Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130° F to kill the mites. Cold or warm water used with detergent and bleach can also be effective.
- Wash the sheets and blankets on your bed each week in hot water.
- Reduce indoor humidity to below 60 percent (ideally between 30—50 percent). Dehumidifiers or central air conditioners can do this. Try not to sleep or lie on cloth-covered cushions.
- Remove carpets from your bedroom and those laid on concrete, if you can.
- Keep stuffed toys out of the bed or wash the toys weekly in hot water or cooler water with detergent and bleach.

Cockroaches

Many people with asthma are allergic to the dried droppings and remains of cockroaches.

The best thing to do:

- Keep food and garbage in closed containers. Never leave food out.
- Use poison baits, powders, gels, or paste (for example, boric acid). You can also use traps.
- If a spray is used to kill roaches, stay out of the room until the odor goes away.

Indoor Mold

- Fix leaky faucets, pipes, or other sources of water that have mold around them.
- Clean moldy surfaces with a cleaner that has bleach in it.

Pollen and Outdoor Mold

What to do during your allergy season (when pollen or mold spore counts are high):

- Try to keep your windows closed.
- Stay indoors with windows closed from late morning to afternoon, if you can. Pollen and some mold spore counts are highest at that time.
- Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

Irritants

Tobacco Smoke

- If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
- Do not allow smoking in your home or car.

Smoke, Strong Odors, and Sprays

- If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

Other things that bring on asthma symptoms in some people include:

Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you vacuum, use a dust mask (from a hardware store), a double-layered or microfilter vacuum cleaner bag, or a vacuum cleaner with a HEPA filter.

Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).



U.S. Department of Health and Human Services
National Institutes of Health



For More Information, go to: www.nhlbi.nih.gov

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A Letter From Esperanza: “When in Doubt, Always Ask!”

Dear Parents,

Today I am giving you the key messages of this session. I hope you put them into practice.

In the **Green Zone**, breathing is easy and my child feels good. To control asthma symptoms and prevent airway inflammation, we need to follow the Asthma Action Plan. Don't forget to stay away from asthma triggers. “An ounce of prevention is worth a pound of cure.”



In the **Yellow Zone**, breathing is not so easy and my child does not feel good. As soon as asthma symptoms appear, we use the quick-relief medicine and watch for relief. Check with your child's doctor if you have trouble understanding what to do when your child is in the yellow zone.

In the **Red Zone**, walking and talking is very hard. Asthma symptoms get worse, and my child feels awful. We must seek emergency help: Call 911 or rush to the hospital. Waiting can be dangerous.

Following the Asthma Action Plan and working together with the Asthma Care Team, I can help my child keep his asthma in the Green Zone. When our children have no asthma symptoms, they can enjoy life and be active like children who don't have asthma. Asthma can be controlled; let's have no doubts about that!

I encourage you to continue attending the program “A Breath of Life” and to work together with your child's Asthma Care Team. Do not hesitate to ask the team any questions you may have about asthma and your child's treatment plan.

A pearl of wisdom: “**When in Doubt, Always Ask!**”

Fondly,

Esperanza Ríos

Green, Yellow, or Red? What Zone Is José In?

Scenario 1

José is wheezing. Esperanza gives him two puffs of his quick-relief asthma medicine. Twenty minutes later, she checks on José and sees that he no longer is wheezing and that he feels well.

1. What zone was José in before treatment?
2. What zone was José in after treatment?
3. What else should Esperanza and José do?

Scenario 2

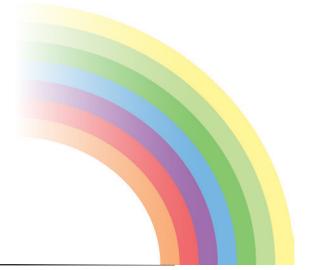
José is coughing and wheezing. Esperanza gives him two puffs of his quick-relief asthma medicine. Twenty minutes later, she checks on him and José is still wheezing.

1. What zone was José in before treatment?
2. What zone was José in after treatment?
3. What else should Esperanza and José do?

Scenario 3

José has the following asthma symptoms: cough, shortness of breath, and a wheeze. Esperanza gives him his quick-relief asthma medicine. Twenty minutes later, she sees that his symptoms have not improved. She gives him another dose of his quick-relief asthma medicine. After another 20 minutes, she notices that José feels awful and his symptoms are much worse. He is having trouble talking in a full sentence, and his peak flow is 130.

1. What zone was José in before treatment?
2. What zone was José in after treatment?
3. What else should Esperanza and José do?



Session 4: My Child's Asthma Triggers

Message to the Trainer

This session is for parents and promotores training. In this session, you will help parents identify their child's asthma triggers. You will also work with the parents to see what changes they can make at home to remove or reduce the child's exposure to these asthma triggers. Use your experience as a promotora, as well as the handouts and activities in this manual, to gain the parents' trust. Then you can show them how to become actively involved in identifying and controlling the things that bring on their child's asthma symptoms.

When using this session to train promotores, adapt it as needed. For example, the promotores can use the "adopted child" whom they chose in the Introduction to answer the different questions as if they were parents or caregivers of a child with asthma. In addition, give promotores an opportunity to teach back what they have learned.

Note

A list of suggested topics for teach-backs are found on handout 4H Practice Makes Perfect: Asthma Topics for Teach-Backs (page 198).

Objectives

By the end of this session, parents will:

- Identify the different types of asthma triggers;
- Know the things that bring on asthma symptoms in their child;
- Understand how to remove or reduce their child's exposure to asthma triggers; and
- Understand how exercise can bring on asthma symptoms and what they can do to keep their child active.

Materials

To teach this session, you will need:

- Nametags and a marker;
- Pencils and pens for each parent;
- The manual and flip chart of picture cards;
- Copies of session 4 handouts for each parent;
- A flip chart of poster paper with markers and tape or a whiteboard;
- Index cards;
- Real asthma triggers or photos of them (see handout 4F for ideas) such as:
 - An ashtray or a cigarette,
 - Hairspray,
 - Perfume,
 - Bleach,
 - A stuffed animal, or
 - Pictures of:
 - ♦ A hamster or other furry pet,
 - ♦ A moldy bathroom shower curtain,
 - ♦ A moldy kitchen counter, or
 - ♦ An old rug or a piece of carpet; and
- A pocket folder and a notebook for parents to keep handouts and take notes (optional).

Handouts

- Handout 4A: We Are a Smoke-Free Home. Thank You for Not Smoking! (page 189)
- Handout 4B: Green Cleaning Products (pages 190–191)
- Handout 4C: My Child With Asthma Can Be Active (page 192)
- Handout 4D: Tips for Working With the Landlord (page 193)
- Handout 4E: Chores That a Child With Asthma Can and Cannot Do (page 194)
- Handout 4F: Asthma Triggers (pages 195–196)
- Handout 4G: A Letter From Esperanza: “Many Hands Make Light Work” (page 197)
- Handout 4H: Practice Makes Perfect: Asthma Topics for Teach-Backs (for Promotores Training) (page 198)

Before the session, do the following:

1. Arrange chairs in a half-circle so that participants can see one another as well as the whiteboard.
2. Prepare a list of local agencies that help renters improve housing conditions. Make copies for all parents. You can find information at the local health department, department of housing, urban growth agency, or city office of planning and development.
3. Write the objectives on the whiteboard or poster paper:

By the end of the session, parents will:

- Identify the different types of asthma triggers;
- Know the things that bring on asthma symptoms in your child;
- Understand how to remove or reduce your child’s exposure to asthma triggers; and
- Understand how exercise can bring on asthma symptoms and what you can do to keep your child active.

4. Hide the asthma triggers and pictures of triggers around the room before the parents arrive:
 - An ashtray or cigarette;
 - Hairspray;
 - Perfume;
 - Bleach;
 - A stuffed animal;
 - Pictures of:
 - A hamster or other furry pet,
 - A moldy bathroom shower curtain,
 - A moldy kitchen counter, or
 - An old rug or carpet.

5. Write this list on the whiteboard or poster paper:

Common Housing Problems:

 - Leaky faucets that cause mold to build up;
 - Old dirty carpets;
 - Windows that do not open or close;
 - Cockroaches, mice, and rats; and
 - A landlord who does not want to make home repairs.

6. Write one of the following asthma triggers on each index card:
 - Mold;
 - Dust mites;
 - Exercise;
 - Tobacco smoke;
 - Cockroaches;
 - Animal dander;
 - Strong odors;
 - Respiratory infections;
 - Pollen, air pollution, fresh-cut grass, and flowers;

- Changes in weather and exposure to cold air; and
 - Sulfites in certain foods, such as shrimp, instant potatoes, and dried fruit.
7. Choose one of the two review activities at the end of the session (pages 185–187):
- Reduce Exposure to Asthma Triggers (13 minutes); or
 - Asthma Triggers Game (20–25 minutes).

Note

If you choose the Asthma Triggers Game, you will need to create the chart (pages 186–187) on poster paper before the session and get the prizes.

Session 4 Outline

Total time: 2 hours and 30 minutes

I. Introduction A. Welcome B. Review of Last Week's Session C. Session Objectives	12 minutes
II. Teaching the Session A. Major Asthma Triggers 1. Allergens 2. Irritants 3. Respiratory Infections 4. Exercise 5. Other Asthma Triggers Break B. We Are a Team, and We Have a Plan! 1. The Asthma Care Team 2. What Chores Can Your Child Do? C. Keep Your Home Free of Asthma Triggers D. A Letter From Esperanza: "Many Hands Make Light Work"	2 hours 1 hour, 5 minutes 10 minutes 35 minutes 5 minutes 5 minutes
III. Review of Today's Key Points	13 minutes
IV. Closing	5 minutes

I. Introduction

A. Welcome

Say: Welcome. I am happy you are here.

Ask: What did you share with your child or family member about last session's information? Did they have any questions?

Give parents 3 minutes to respond.

B. Review of Last Week's Session

Say: Let's do a brief review of what we learned in session 3 about the Asthma Action Plan.

Ask: What did you find most useful in the Asthma Action Plan?

Give parents 2 minutes to respond.

Ask: What would you tell another parent with a child with asthma about the Asthma Action Plan?

Give parents 2 minutes to respond.

Ask: Has anyone asked the doctor for an Asthma Action Plan for your child? Share your experience.

Give parents 2 minutes to respond.

Say: Thank you sharing your experience.

C. Session Objectives

Note

Point to the session objectives that you wrote on the whiteboard or poster paper before the session.

Point and say: Today's session is called "My Child's Asthma Triggers." The objectives of this session are to:

- Identify the different types of asthma triggers;
- Know the things that bring on asthma symptoms in your child;
- Understand how to remove or reduce your child's exposure to asthma triggers; and
- Understand how exercise can bring on asthma symptoms and what you can do to keep your child active.

II. Teaching the Session

A. Major Asthma Triggers

Activity: Asthma Trigger Hunt

Activity Note

Divide parents into two teams: the Detectives and the Explorers.

After searching and finding asthma triggers, each team should count the objects or drawings that they found. The winning team is the one that finds the most asthma triggers.

Say: We are now going to do an activity called “Asthma Trigger Hunt.” We’ll do it like this:

1. I have hidden objects or drawings of different asthma triggers around the room. Asthma triggers are things that bring on asthma symptoms.
2. You will divide into two teams: the Detectives and the Explorers.
3. Everyone will look around the room finding and collecting asthma triggers. When you finish finding the triggers, we will get together as a team and count all the asthma triggers that you found.
4. The team that finds the greatest number of asthma triggers is the winner.
5. Okay, go!

Give parents 5 minutes to search for asthma triggers.

Ask: How many asthma triggers did the Detectives find? What asthma triggers did you find?

How many asthma triggers did the Explorers find? What asthma triggers did you find?

Say: Well done! Let’s give our winners a round of applause!

Show picture card 4.1: Asthma Triggers



Show picture card 4.2: Some Other Asthma Triggers



Point and say: Asthma triggers are things that bring on asthma symptoms. The major types of asthma triggers are:

- Allergens;
- Irritants;
- Respiratory infections; and
- Exercise, in some children.

Point and say: Other asthma triggers for some children include:

- Extreme changes in weather or temperature and exposure to cold air, high humidity, and thunderstorms;
- Air pollution;
- Sulfites in some foods, such as shrimp, instant potatoes, and dried fruit; and
- Some medicines.

Ask: Would anyone like to share what your child's asthma triggers are?

Give parents 2–3 minutes to respond.

Note

On the whiteboard or poster paper, write down the asthma triggers that the parents mention.

Say: The good news is that if you reduce your child's exposure to his asthma triggers, his asthma can improve. He may not need as much asthma medicine. Let's look at these asthma triggers in more detail.

1. Allergens

Say: Allergens are things that can cause your child to have allergies. These allergens may also bring on your child's asthma symptoms. The doctor may suggest testing your child to find out what things he is allergic to. The doctor may also prescribe allergy medicine to take in addition to asthma medicine.

Some examples of allergens are as follows:

- Dust mites.
- Pollen from trees, grasses and weeds, flowers, and air pollution.
- Animal dander. Dander is the flakes of dried skin or saliva that come from furry pets such as dogs, cats, and hamsters.
- Cockroaches. Many people with asthma are allergic to the cockroaches' droppings as well as dead cockroaches.
- Mold inside the home.

Ask: What do you think can be done to remove or reduce your child's exposure to these allergens?

Give parents 2–3 minutes to respond

Say: Thank you for all your great ideas! In a moment, I will give you a handout with additional ideas.

2. Irritants

Say: Another type of asthma trigger is called an irritant. Irritants are things in the air that may bring on asthma symptoms. Doctors call these things irritants because they “irritate” the lungs.

Examples of some irritants are:

- Tobacco smoke;
- Other smoke, like from wood-burning fireplaces; and
- Strong odors, like from cleaners, perfumes, paints, or roasting chili peppers.

Ask: Do any of these irritants bring on your child’s asthma symptoms?

Give parents 2–3 minutes to respond.

Say and ask: There are many things that we can do to reduce irritants around your child. Let’s now look at each irritant. What do you think can be done to remove or reduce your child’s exposure to these irritants?

Give parents 2–3 minutes to respond.

Add if not mentioned:

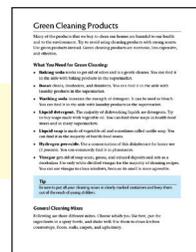
- Tobacco and other smoke:
 - Do not smoke in your home or car.
 - Do not use kerosene heaters in the home.
 - Do not use a wood-burning fireplace in the home.
 - Keep your child away from indoor and outdoor smoke.
- Strong odors:
 - Keep child away from strong odors like perfume, talcum powder, hair spray, paints, cleaners, and roasting chili peppers.
 - If you work around chemicals, wash and store work clothes separately from your child’s clothes. Also be sure to store dirty clothes in a room that your child does not enter.

Distribute handout 4A: We Are a Smoke-Free Home. Thank You for Not Smoking! (page 189)



Say: Here are two handouts that you can use at home. One is a smoke-free sign that you can hang up, and the other lists nontoxic natural cleaning products that you can try out.

Distribute handout 4B: Green Cleaning Products (pages 190–191)



3. Respiratory Infections

Say: Respiratory infections, like a cold, flu, or sinus infection, can bring on asthma symptoms in some children. The good news is that you can do things to try to keep your child free from respiratory infections, although you cannot always prevent them.

Ask: What things do you do to try to keep your child from getting a respiratory infection?

Give parents 2 minutes to respond.

Add if not mentioned: Your whole family should:

- Wash their hands frequently, especially before eating, before going to bed, after using the bathroom, or after sharing toys with a family member who already has a cold;
- Get enough sleep every night;
- Eat healthy foods;
- Get an annual flu shot; and

- Cover their mouth with a tissue or their sleeve when they cough or sneeze, especially if they have a cold.

Say: Teach your child to take these steps to help prevent respiratory infections. Remember, it's better to be safe than sorry.

There will be times when your child gets a respiratory infection. Here are some helpful tips to follow when that happens:

- If your doctor gave your child medicine for the respiratory infection, take it as directed.
- Follow the Asthma Action Plan.
- Make sure that your child keeps taking the daily long-term control asthma medicine if prescribed.
- Look for early signs of asthma symptoms. Check your child's peak flow reading if prescribed.
- Check what asthma zone he is in. If your child is in the Yellow or Red Zone, take action right away.
- Call your child's doctor if you have any questions.

4. Exercise

Say: Another trigger for some children with asthma is exercise. Running, playing sports, or doing other physical activities may bring on asthma symptoms in some children.

Ask: Do any of your children get asthma symptoms when doing physical exercise or playing hard?

Give parents 1 minute to respond.

Say: Thank you for sharing.

Some people believe that children with asthma cannot be physically active, because it will bring on their asthma symptoms. The truth is, with the right treatment, most children can do anything that their friends without asthma can do. And physical activities, like running, playing ball, riding a bike, or just jogging around, are very important for children to be healthy.

We will now look at three situations when being physically active brings on a child's asthma symptoms. I will read each situation. If you have been in this situation, please share your experience. Tell us what the doctor told you to do.

Here is **situation 1**. My child's asthma symptoms start during or after **normal** play that does not include running or playing hard.

Ask: Has anyone been in this situation? If so, please share your experience. Tell us what the doctor told you to do.

Give parents 2 minutes to respond.

Add if not mentioned:

- The child needs to take his quick-relief asthma medicine as soon as his asthma symptoms begin.
- If this happens more than 2 times a week, he may also need to take a long-term control asthma medicine every day.
- If he already takes a long-term control asthma medicine, it may need to be changed.

Say: Here is **situation 2**. My child's asthma symptoms start **only** when he is running or playing hard.

Ask: Has anyone been in this situation? If so, please share your experience. Tell us what the doctor told you to do.

Give parents 2 minutes to respond.

Add if not mentioned:

- The doctor may prescribe quick-relief asthma medicine for my child to take 5 minutes before he runs or plays hard.
- If he continues to have asthma symptoms when he plays hard, he may also need to take a long-term control medicine every day.
- If he already takes a long-term control asthma medicine, it may need to be changed.

Say: Here is **situation 3**. My child takes his quick-relief asthma medicine 5 minutes before soccer practice, like the doctor prescribed. He still has asthma symptoms during practice.

Say: The asthma triggers that we have talked about so far are:

- Allergens;
- Irritants;
- Respiratory infections; and
- Exercise.

Other asthma triggers for some children include:

- Extreme changes in weather or temperature and exposure to cold air, high humidity, and thunderstorms;
- Air pollution;
- Sulfites in some foods, such as shrimp, instant potatoes, and dried fruit; and
- Some medicines.

In a moment, I will give you a handout that includes things that you can do to reduce these other asthma triggers around your child.

B. We Are a Team, and We Have a Plan!

1. The Asthma Care Team

Say and ask: The Asthma Care Team is there to help you control your child's asthma. Members of the team can help you identify your child's asthma triggers. Together, you can remove or reduce your child's exposure to them—except for exercise! Remember, it is important to work with your team so that your child can be active! Can you name some of the team members who can help with your child's asthma triggers?

Give parents 1 minute to respond.

Add if not mentioned:

- A doctor;
- A nurse;

- An asthma educator;
- A promotora;
- Family members;
- A social worker; and
- Your landlord.

Say: In some asthma programs, an asthma educator or a promotora may visit the family and offer helpful tips to reduce or remove the child's exposure to his asthma triggers.

Promotora Tip

If your asthma clinic or program offers home visits to families, be prepared to provide information to parents about this service.

Say: Maybe you are surprised to hear that the landlord can be a team member. Some asthma triggers require the help of the landlord.

Now we are going to think about how you can work with the landlord to remove or reduce exposure to asthma triggers in your home.

Note

Show the list of common housing problems that you wrote on the whiteboard or poster paper before the session.

Point to one asthma trigger at a time and ask: Can anyone share an experience where you were able to work with the landlord to fix any of the common housing problems shown on this list?

- Leaky faucets that cause mold to build up;
- Old, dirty carpets;
- Windows that do not open or close;
- Cockroaches, mice, and rats; and
- The landlord refusing to make home repairs.

C. Keep Your Home Free of Asthma Triggers

Say: We are now going to compare two bedroom pictures of a child with asthma.

Show picture card 4.3: Trouble With Some Asthma Triggers



Say and ask: The family in this home needs to reduce the child's exposure to his asthma triggers. Name the triggers that you see and how the family can remove them.

Give parents 2 minutes to respond.

Say: Good job!

Show picture card 4.4: Asthma Trigger-Free Room



Point and say: Now let's look at the second picture of the same bedroom. This family worked as a team to get rid of the asthma triggers in the bedroom.

Distribute handout 4F: Asthma Triggers (pages 195–196)

Asthma Triggers	What you can do to reduce or remove your child's exposure to them	Who can help you
1. Dust	Use a vacuum cleaner with a HEPA filter to vacuum regularly. Use a damp cloth to dust surfaces.	
2. Mold	Check for mold in the bathroom, kitchen, and basement. Clean mold with a bleach solution.	
3. Pet dander	Keep pets out of the bedroom. Wash your hands after petting animals.	
4. Cockroaches	Use traps and bait stations to get rid of cockroaches. Clean up crumbs and food.	
5. Tobacco smoke	Do not smoke in the house. Ask others not to smoke in the house.	
6. Perfumes and scented candles	Do not use perfumes, scented candles, or incense in the house.	
7. Air pollution	Check the air quality index (AQI) and avoid outdoor activities on high pollution days.	
8. Cold and flu viruses	Get vaccinated for the flu. Wash your hands frequently.	
9. Dry air	Use a humidifier to add moisture to the air.	
10. High humidity	Use a dehumidifier to reduce humidity.	
11. Air conditioning	Change the air filter in your air conditioner regularly.	
12. Outdoor allergens	Check pollen counts and avoid outdoor activities on high pollen days.	
13. Airborne mold	Check for mold in the house and outdoors. Clean mold with a bleach solution.	
14. Airborne bacteria	Check for bacteria in the house and outdoors. Clean surfaces with a disinfectant.	
15. Airborne viruses	Check for viruses in the house and outdoors. Clean surfaces with a disinfectant.	

Say: On this handout is an activity that you can do at home with your family. It has a list of asthma triggers and things that you can do to remove or reduce your child's exposure to them. This is what you will do at home:

- In the first column, check off your child's asthma triggers.
- In the middle column, choose what you will do to reduce or remove your child's exposure to his asthma triggers.
- In the last column, write the names of the people who can help you.

D. A Letter From Esperanza: “Many Hands Make Light Work!”

Say: Now let’s hear from our friend Esperanza.

Distribute handout 4G: A Letter From Esperanza: “Many Hands Make Light Work!” (page 197)



Note

Read the letter to the parents.

Ask: What does the saying “Many hands make light work” mean to you when taking care of your child with asthma?

Give parents 2 minutes to respond.

Say: Thank you.

III. Review of Today's Key Points

Note

Choose one of the following activities for the session review. If you choose to do the review activity, Asthma Triggers Game, add another 20 minutes to your time.

Say: We are going to review what we learned today about asthma triggers.

Review Activity 1: Reduce Exposure to Asthma Triggers

Say: I will give each of you a card with the name of an asthma trigger. Think of one way you can remove this asthma trigger or reduce your child's exposure to it.

Activity Note

Distribute the index cards with the asthma triggers that you prepared before the session.

Ask: Who would like to share what you can do to remove or reduce exposure to the asthma trigger written on your card?

Give parents 10 minutes to respond.

Say: Wonderful! Thank you for your participation.

Review Activity 2: Asthma Triggers Game

Activity Note

For this activity, you will use the following chart, which you would have written on poster paper before the session, and the prizes. Be sure that the questions are covered up before you begin the activity. For answers, check handout 4F (pages 195–196).

Triggers	Prize 1: Carrot Sticks	Prize 2: Fruit	Prize 3: Pretzels
Mold	Where should you keep potted plants?	Where can you find this asthma trigger?	Name a way to remove or reduce exposure to this asthma trigger.
Dust mites	Name a way to reduce or remove this asthma trigger.	Where can you find this asthma trigger in your home?	How can you remove dust mites from stuffed animals?
Exercise	Who, at your child's school, should know that exercise or physical activity is an asthma trigger for your child?	What may the doctor recommend if exercise or activity brings on your child's asthma symptoms?	What should you do if you think that running or playing hard brings on your child's asthma?
Tobacco smoke and other types of smoke	Name another type of smoke that can bring on asthma symptoms.	What would you tell someone who wants to smoke in your home?	Name a way to remove or reduce exposure to this asthma trigger.
Cockroaches	If cockroaches in the home bring on a child's asthma symptoms, how might the asthma team members help?	Name a way to remove or reduce exposure to this asthma trigger.	How can you keep this asthma trigger out of the home?
Animal dander	Name a way to remove or reduce exposure to this asthma trigger.	What would you do if your child wishes to sleep with his pet?	What would you do if your child's babysitter had a pet?

Triggers	Prize 1: Carrot Sticks	Prize 2: Fruit	Prize 3: Pretzels
Pollen, air pollution, fresh-cut grass, and flowers	Name a way to reduce exposure to fresh-cut grass or weeds.	How can you find out the quality of the air outside?	What should you do when the air quality outside is bad?

Say: We are now going to play a game called “Asthma Triggers” in order to review what we have learned today. We will do it like this:

1. In the first column is a list of different asthma triggers.
2. You can see the prizes listed at the top of the next three columns. You will receive the prize if you correctly answer the secret questions that are covered up with sticky notes.
3. We will start by having one of you say the prize that you want to win and the name of a trigger.
4. I will uncover and read the secret question.
5. If your answer is correct, you win that prize.
6. If the answer is not correct, I will read the correct answer and we will move on.
7. We will continue until all the questions have been answered.

Okay, who would like to go first?

Allow 20 minutes for this activity.

Say: Great job! Thank you.

Note

Teach-Back Activity for Promotores Training

For training promotores, distribute topics found on handout 4H: Practice Makes Perfect: Asthma Topics for Teach-Backs (page 198).

Divide promotores into pairs and assign each pair a specific topic. **Give them 25 minutes now to prepare.** Each pair of promotores will give a 10- to 15-minute presentation at the end of session 5.

IV. Closing

Say: Thank you very much for your hard work. I hope that you now feel that you can remove or reduce your child's exposure to his asthma triggers.

Please bring your child's Asthma Action Plan to our next session.

Next week, we will talk about your child's asthma control at school, with caregivers, or wherever he goes. We will also review all that we have learned in this asthma program. We will finish with a graduation celebration!

Ask: The next session is our last one. Would you like to celebrate? If so, can we all bring some snacks or a meal to share? Let's make sure that what we bring is simple but healthy. What would you like to bring?

Give parents 3 minutes to decide on what to bring to the celebration.

Note

If you have given each parent a notebook, be sure to remind them to bring it back to every session.

Say: Remember that our final session is scheduled for _____ (time) on _____ (date) at _____ (location). Do not forget to enjoy a fun activity this week with your family. Thank you and bring your healthy snack or meal for the graduation (if applicable).

Promotora Tip

You may want to keep a journal to write down your reflections of how this session went. Think about today's session. What worked? What did not work? What questions do you have for your supervisor?

We Are a
Smoke-Free
Home.



Thank You for
Not Smoking!

Green Cleaning Products

Many of the products that we buy to clean our homes are harmful to our health and to the environment. Try to avoid using cleaning products with strong scents. Use green products instead. Green cleaning products are nontoxic, less expensive, and effective.

What You Need for Green Cleaning:

- **Baking soda** works to get rid of odors and is a gentle cleaner. You can find it in the aisle with baking products in the supermarket.
- **Borax** cleans, deodorizes, and disinfects. You can find it in the aisle with laundry products in the supermarket.
- **Washing soda** increases the strength of detergent. It can be used as bleach. You can find it in the aisle with laundry products in the supermarket.
- **Liquid detergent** is commonly used for dishwashing. Try to buy soaps made with vegetable oil instead. You can find these soaps in health food stores and in many supermarkets.
- **Liquid soap** is made of vegetable oil and sometimes called castile soap. You can find it in the majority of health food stores.
- **Hydrogen peroxide** is a good disinfectant. Use a 3 percent solution for home use. You can commonly find it in pharmacies.
- **Vinegar** gets rid of soap scum, grease, and mineral deposits and acts as a deodorizer. Use only white distilled vinegar for the majority of cleaning recipes. You can use vinegar to clean windows, because its smell is more agreeable.

Tip

Be sure to put all your cleaning mixes in clearly marked containers and keep them out of the reach of young children.

General Cleaning Mixes

Following are three different mixes. Choose which you like best, put the ingredients in a spray bottle, and shake well. Use them to clean kitchen countertops, floors, walls, carpets, and upholstery.

1. **Mix #1:** Combine $\frac{1}{4}$ cup of white distilled vinegar, $\frac{1}{2}$ teaspoon of liquid soap, and $\frac{3}{4}$ cup of warm water and shake to mix. For a big job, combine $\frac{1}{4}$ cup of liquid soap, $\frac{1}{2}$ cup of white distilled vinegar, and 2 gallons of warm water in a bucket and stir to mix.
2. **Mix #2:** Dissolve 4 tablespoons of baking soda in $\frac{1}{4}$ gallon of warm water.
3. **Mix #3:** Mix $\frac{1}{2}$ cup of vinegar and a quarter gallon of warm water.

Bleach

Use one of these suggestions instead of using bleach when doing laundry:

- $\frac{1}{2}$ cup of 3 percent hydrogen peroxide to the rinse cycle,
- $\frac{1}{2}$ cup of lemon juice to the rinse cycle,
- $\frac{1}{2}$ cup of washing soda to the wash cycle with warm or hot water, or
- $\frac{1}{2}$ cup of baking soda to the wash cycle with warm or hot water.

Grease Cleaners

Combine vinegar and salt to create a mix that works well to clean surfaces. It will get rid of grease if the vinegar is not diluted.

Disinfectants

To clean kitchen countertops and bathrooms, first spray with distilled white vinegar, and then spray 3 percent hydrogen peroxide. Clean with a rag.

Window Cleaners

Combine $\frac{1}{4}$ gallon of warm water, $\frac{1}{4}$ cup of white distilled vinegar, and 2 tablespoons of lemon juice (use equal amounts of vinegar and lemon juice if you want to have the cleaning strength of vinegar and the aroma of lemons). Mix the ingredients and store them in a spray bottle. Use it just as you would use any window cleaner.

Furniture Polish

Mix 1 teaspoon of olive oil and $\frac{1}{2}$ cup of lemon juice. Apply with a soft rag and buff. Polish with a clean rag.

My Child With Asthma Can Be Active!

Here are some things that you and your child can do if his asthma symptoms are brought on by exercise. Check off the suggestions below that you can practice.

I promise to help my child stay active. I will do the following:

- Tell the doctor if exercise brings on my child's asthma symptoms. Explain that his symptoms start only when he is running or playing hard or also during normal play.
- Ask the doctor the following questions:
 - Should my child take quick-relief asthma medicine before playing hard?
 - Should my child take long-term control asthma medicine?
 - Is it necessary to change my child's asthma medicine?
- Talk to my child's physical education teacher and coach about his asthma triggers and medicines.
- Check the local weather before my child does outdoor activities. Choose indoor activities when air pollution or pollen levels are high or when the weather is too hot or too cold.

My child will do the following:

- Take his quick-relief asthma medicine before exercise, if prescribed by the doctor.
- Warm up for about 10 minutes before doing intense exercise.
- Walk and do exercises as a warmup to stretch the muscles.
- Cover his nose and mouth with a scarf when outdoors on cold or windy days.
- Stay indoors to play if:
 - The weather outside is too cold or too hot;
 - Air pollution is high;
 - The grass was just mowed; or
 - Pollen counts are high.

Signature _____ Date _____

Tips for Working With the Landlord

Things That Need To Be Fixed To Keep a Healthy Home	What the Landlord Can Do To Help
Humidity	
<ul style="list-style-type: none"> • Leaky faucets, tub, or shower • Wet basement or walls 	<ul style="list-style-type: none"> • Fix or replace leaky plumbing • Fix wet basement or walls with water damage
Carpets or Broken Floors	
<ul style="list-style-type: none"> • Carpets are old and dirty • Floors are damaged 	<ul style="list-style-type: none"> • Clean carpets often • If possible, replace carpet with wood or linoleum flooring • Fix broken floors
Poor Ventilation	
<ul style="list-style-type: none"> • Windows do not open or close • Heating and air conditioning units do not work well 	<ul style="list-style-type: none"> • Fix or replace broken windows • Repair heating and air conditioning units • Change heating and A/C filters regularly
Pests and Pesticides	
<ul style="list-style-type: none"> • Pests and pesticides • Cockroaches, mice, or rats • Toxic pesticides (bug killers) 	<ul style="list-style-type: none"> • Check often for pests in all apartments in the building • Find and caulk holes that let pests into building • Use poison baits, traps or boric acid that are not toxic to get rid of pests
Other Barriers	
<p style="text-align: center;">Landlord Not Adequately Maintaining Our Housing</p>	<p style="text-align: center;">Solutions</p>
<ul style="list-style-type: none"> • Does not answer our requests for needed repairs where we live • Does not know what asthma triggers are present where we live 	<ul style="list-style-type: none"> • Ask a renter's association or community agency to help request repairs by the landlord • Provide a letter from your child's doctor that explains why it is important that repairs are made in order to control your child's asthma • Send information to landlord about how to reduce asthma triggers in housing

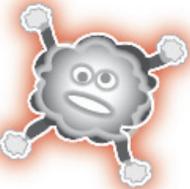
Chores That a Child With Asthma Can and Cannot Do

Your child is an important member of the family and the asthma team. Some parents worry that their child with asthma should **not** do ANY chores at home, because they think the work will bring on the child's asthma symptoms. There are many things that your child can do to help out at home. Chores can help give children a sense of responsibility and self-respect. Here are some examples of chores that your child with asthma can do and those that he should not do.

<p style="text-align: center;">A Child With Asthma Can</p>	<p style="text-align: center;">A Child With Asthma Should NOT</p>
<ul style="list-style-type: none"> • Help make (but not fry) food for dinner • Set table • Wash, dry, and put dishes away • Clean off table after meals • Put food away • Scrape off plates after a meal • Take out the trash • Sort and fold laundry • Put clothes away • Help take care of younger brothers or sisters • Help with food shopping • Help with sewing and mending • Pick up toys • Help take care of pet fish <p>• Other: _____ _____ _____ _____ _____ _____</p>	<ul style="list-style-type: none"> • Help in the kitchen when frying food (frying causes smoke or strong smells) • Use strong-smelling cleaners • Dust • Vacuum • Sweep • Brush or wash furry pets • Do work outside around dust, grass, and weeds <p>• Other: _____ _____ _____ _____ _____ _____</p>

Asthma Triggers

Check off your child's asthma triggers and what you will do to remove or reduce his exposure to them, and write the name of a person who can help.

My Child's Asthma Triggers	I Will	Person Who Can Help
<input type="checkbox"/> Animal dander (flakes of dry skin or saliva from furry pets such as dogs, cats, and hamsters)	<input type="checkbox"/> Remove the pet from the home <input type="checkbox"/> Keep the pet out of the bedroom <input type="checkbox"/> Keep the pet off carpets and rugs <input type="checkbox"/> Teach my child to avoid contact with furry pets	
<input type="checkbox"/> Dust mites 	<input type="checkbox"/> Take carpets out of the home, if possible <input type="checkbox"/> Take carpets out of my child's bedroom <input type="checkbox"/> Use special dust mite-proof pillow and mattress covers <input type="checkbox"/> Keep stuffed toys out of the bedroom, and wash them in hot water each week <input type="checkbox"/> Wash sheets, blankets, and stuffed toys in hot water with detergent and bleach each week <input type="checkbox"/> Try not to put carpet on concrete floors	
<input type="checkbox"/> Mold (inside the home)	<input type="checkbox"/> Fix leaky faucets and pipes <input type="checkbox"/> Clean moldy surfaces like walls, floors, and counters with a green cleaning product when my child is not around <input type="checkbox"/> Keep potted plants outdoors	
<input type="checkbox"/> Pollen, air pollution, fresh-cut grass, and flowers	<input type="checkbox"/> Keep windows closed when the pollen count or air pollution is high <input type="checkbox"/> Keep my child indoors when the pollen count or air pollution is high <input type="checkbox"/> Check with the doctor about my child's seasonal allergies, and ask if medicine is needed <input type="checkbox"/> Check the local Air Quality Index and, if it is unhealthy, keep my child indoors	
<input type="checkbox"/> Cockroaches (droppings and dead cockroaches) 	<input type="checkbox"/> Keep food and garbage containers tightly closed <input type="checkbox"/> Use roach traps or other means to kill cockroaches <input type="checkbox"/> Keep my child out of the room if a chemical spray is used, until the odor goes away <input type="checkbox"/> Talk to the landlord about getting rid of cockroaches and using nontoxic pesticide	
<input type="checkbox"/> Tobacco smoke and other types of smoke	<input type="checkbox"/> Insist that no one smoke in my home or car <input type="checkbox"/> Not use kerosene heaters in my home <input type="checkbox"/> Not use a wood-burning fireplace in my home <input type="checkbox"/> Keep my child away from indoor and outdoor smoke	

My Child's Asthma Triggers	I Will	Person Who Can Help
<input type="checkbox"/> Strong odors	<input type="checkbox"/> Keep my child away from strong odors, like perfume, talcum powder, hair spray, paints, cleaners, and roasting chili peppers <input type="checkbox"/> Wash and store my work clothes separately from my child's if I work around chemicals or cutting grass or weeds	
<input type="checkbox"/> Vacuuming 	<input type="checkbox"/> Vacuum the home once or twice a week <input type="checkbox"/> Keep my child out of rooms being vacuumed <input type="checkbox"/> Use a vacuum cleaner with a HEPA filter	
<input type="checkbox"/> Respiratory infections	<input type="checkbox"/> Work with my family to prevent respiratory infections, especially by washing hands often <input type="checkbox"/> Give my child his quick-relief asthma medicine at the first sign of asthma symptoms <input type="checkbox"/> Get an annual flu shot for my child <input type="checkbox"/> Follow the Asthma Action Plan	
<input type="checkbox"/> Exercise	<input type="checkbox"/> Talk to the doctor if exercise brings on my child's asthma symptoms <input type="checkbox"/> Make sure that my child takes his quick-relief asthma medicine before exercise if prescribed <input type="checkbox"/> Talk to my child's school teacher and coach if exercise brings on my child's asthma symptoms	
Other Asthma Triggers	I Will	Person Who Can Help
<input type="checkbox"/> Extreme change in weather or temperature	<input type="checkbox"/> Keep my child's nose and mouth covered with a scarf on cold or windy days	
<input type="checkbox"/> Air pollution	<input type="checkbox"/> Check the local weather report and keep my child indoors on days that have an unhealthy level of air pollution or an unhealthy Air Quality Index	
<input type="checkbox"/> Some foods (such as shrimp, instant potatoes, and dried fruit) 	<input type="checkbox"/> Teach my child to avoid any foods that bring on his asthma symptoms	
<input type="checkbox"/> Some medicines	<input type="checkbox"/> Check with the doctor or pharmacist if I think that my child is taking a medicine that brings on his asthma symptoms	

A Letter From Esperanza: “Many Hands Make Light Work!”

Dear Parents,

I am so happy that you continue to be part of this program. Today you learned about many asthma triggers. José’s asthma triggers are dust mites, strong smells, exercise, and tobacco smoke. For your child, they may be different things.



The doctor and nurse helped us find out what José’s triggers were. Then a promotora visited me at home. We found José’s asthma triggers around the house. She gave me advice on how to remove these triggers and reduce José’s exposure to them. For exercise, she gave us tips on how to keep him active, because that is so important.

Our family became a team. We started by cleaning José’s bedroom. We washed his sheets and blankets in hot water with detergent and baking soda. Now we do this every week to get rid of dust mites. Those tiny bugs love to hide in rugs, pillows, and even stuffed animals!

We stopped using cleaners with strong smells. Instead, I make my own green cleaners, and they really do a great job! My husband works in a factory with strong-smelling chemicals. He often comes home with those smells on him and his work clothes. Now he showers and changes into clean clothes when he gets home. We have a laundry basket just for his work clothes. We keep this away from José, so he does not get near the strong smells.

These are just some of the things we have done to help José. Our hard work has paid off! José is feeling much better now and does not have asthma symptoms so often.

You can reduce your child’s exposure to his asthma triggers, too. Ask for others to help do this at home, at school, or in the childcare setting.

My pearl of wisdom for you today is, **“Many Hands Make Light Work!”**

Fondly,

Esperanza Ríos

Practice Makes Perfect: Asthma Topics for Teach-Backs (for Promotores Training)

Opportunities to teach back an asthma topic covered during the “A Breath of Life: Asthma Control for My Child” training can help promotores gain confidence in teaching the session to a group of parents of children who have asthma in their community.

Divide promotores into pairs and assign each pair a specific topic.

Give promotores 25 minutes during session 4 to prepare.

Each pair of promotores will give a 10- to 15-minute presentation at the end of session 5.

Below is a list of asthma topics promotores can select to prepare their presentation. Be sure to tell them to feel free to use the manual, the picture cards, or the video or create their own activity to teach the topic they choose.

- What Is Asthma?
- What Are Common Symptoms of Asthma?
- The Goals of Asthma Treatment
- Quick Relief and Long-Term Control Asthma Medicines
- How To Use an Inhaler
- The Asthma Action Plan
- The Zones of Asthma Control
- What Are Asthma Triggers?
- How To Control Asthma Triggers
- Asthma and Physical Activity
- How To Seek Help from the Asthma Care Team
- How the Family Can Help Control Their Child’s Asthma



Session 5: Asthma Control for My Child at School and With Caregivers

Message to the Trainer

In this session, you will help ease parents' fears and concerns about those times when their child has asthma symptoms away from home, such as when the child is at school, at childcare, or with other caregivers.

Praise the parents for the things they are doing to control their child's asthma. Emphasize how they can share their child's Asthma Action Plan with the school, the childcare provider, and other caregivers to involve them in controlling their child's asthma.

The graduation ceremony at the end of the session will give parents a reward for completing the "A Breath of Life: Asthma Control for My Child" program.

When Training Promotores

If you are training promotores, adapt this session as needed. For example, the promotores can use the "adopted child" they chose in the Introduction to answer the different questions as if they were parents or caregivers of a child with asthma.

You also may finish the program with session 5 or do an additional session called "Home Visit Training." At the end of that session, the promotores will have their graduation. The Home Visit Training is a 5-hour training that includes two 10-minute breaks. It can be used to enhance an existing home visit asthma program or to create a new one. Depending on the needs of the promotores you are training, you can offer it right after session 5 or as a separate half-day training.

Objectives

By the end of this session, parents will:

- Learn why it is important to involve the school, the childcare provider, and other caregivers in controlling their child's asthma;
- Practice helpful ways to talk to the doctor and other Asthma Care Team members;
- Recognize their family's strengths; and
- Receive recognition for completing the program "A Breath of Life: Asthma Control for My Child."

Materials

To teach this session, you will need

- Nametags and a marker;
- Pencils and pens for each parent;
- The manual and flip chart of picture cards;
- Copies of session 5 handouts for each parent;
- A flip chart of poster paper with markers and tape or a whiteboard;
- One brown crayon and one blue crayon for each parent;
- Blank paper, magazines, scissors, glue, and colored pencils;
- Certificates of achievement for parents (page 230);
- Certificates of achievement for promotores (page 231) if you will not offer the Home Visit Training;
- A pocket folder and a notebook for parents to keep handouts and take notes (optional); and
- Supplies for a potluck meal (e.g., paper plates, napkins) if parents decide to have a graduation party (optional).

Handouts

- Handout 5A: My Pledge To Help My Child Control His Asthma at School or Childcare (pages 220–221)
- Handout 5B: How Asthma-Friendly Is Your School? (pages 222–223)
- Handout 5C: My Family Stars for Controlling Asthma (page 224)
- Handout 5D: My Heart’s Desires for My Child (page 225)
- Handout 5E: A Letter From Esperanza: “There Is Wealth in Health!” (page 226)
- Handout 5F: What Did You Think About the “A Breath of Life: Asthma Control for My Child” Program? (227–229)

Before the session, do the following:

1. Arrange chairs in a half-circle so that the participants can see one another as well as the whiteboard.
2. Determine what items will be needed for the graduation and, if needed, the potluck. This may include extra tables, tablecloths, decorations, and more.
3. Write the objectives on the whiteboard or poster paper:

By the end of this session, parents will:

- Learn why it is important to involve the school, the childcare provider, and other caregivers in controlling their child’s asthma;
 - Practice ways to talk to the doctor and other Asthma Care Team members;
 - Recognize their family’s strengths; and
 - Receive recognition for having completed the program “A Breath of Life: Asthma Control for My Child.”
4. Write on the whiteboard or poster paper:

The three most important things the school, childcare provider, or caregivers should know how to do are:

- Follow your child’s Asthma Action Plan;
- Give your child his asthma medicines correctly; and
- Keep your child away from his asthma triggers.

5. Write on the whiteboard or poster paper:

Difficult Situations:

- Your child's babysitter just got a kitten.
- The babysitter's husband smokes inside their home.
- At childcare they use strong-smelling cleaning products.
- There are a lot of stuffed animals in the caregiver's home.
- The aunt who watches your child takes him outside when the pollen count is high.
- Grandma does not allow your child to run or play hard with friends for fear of bringing on an asthma attack.

6. Make a copy of the table in the section, "Parents Are the Voice of Their Children" (page 211). Cut out each of the "You Are Thinking This" scenarios in the left column, and put them in a hat.

7. Create a certificate of achievement for each parent using the template (page 230).

8. Create a certificate of achievement for each promotoria using the template (page 231) if you will not offer the Home Visit Training.

Session 5 Outline

Total time: 2 hours and 30 minutes (Not including time for a potluck celebration)

I. Introduction A. Welcome B. Review of Last Week's Session C. Session Objectives	10 minutes
II. Teaching the Session A. The School, Childcare Provider and Other Caregivers Can Help Control My Child's Asthma 25 minutes Break 10 minutes B. We Are a Team, and We Have a Plan! 40 minutes 1. The Asthma Action Plan: Follow It and Share It! 2. The Asthma Care Team a. Talk With the Doctor b. Family Is Important in Controlling My Child's Asthma C. My Heart's Desires for My Child 15 minutes D. A Letter From Esperanza: "There Is Wealth in Health!" 15 minutes	1 hour, 45 minutes
III. Graduation for Parents (Not including time for a potluck celebration) A. Thank You 5 minutes B. Parent Feedback 15 minutes C. Presentation of Certificates 15 minutes D. Potluck Celebration (Optional)	35 minutes

I. Introduction

A. Welcome

Say: Welcome! I am happy to see you again.

B. Review of Last Week's Session

Say: At the last session, we learned about the main asthma triggers and the ways to remove or reduce them.

Ask: Who would like to share one of your child's triggers and what you did to remove or reduce your child's exposure to it?

Give parents 5 minutes to respond.

C. Session Objectives

Note

Point to the session objectives that you wrote on the whiteboard or poster paper before the session.

Point and say: Today's session is called "Asthma Control for My Child at School and With Caregivers." The session objectives are to:

- Learn why it is important for parents to involve the school, the childcare provider, and other caregivers in controlling your child's asthma;
- Practice ways to talk to the doctor and other Asthma Care Team members;
- Recognize your family's strengths; and
- Receive recognition for having completed the program "A Breath of Life: Asthma Control for My Child."

II. Teaching the Session

A. The School, Childcare Provider, and Other Caregivers Can Help Control My Child's Asthma

Say: Today we are going to talk about how the school, the childcare provider, and other caregivers can help control your child's asthma.

Ask: Besides you, who takes care of your child when he is not with you?

Give parents 2 minutes to respond.

Add if not mentioned:

- Staff at a preschool or childcare center;
- A relative or neighbor in their home;
- A childcare provider who watches children in her home;
- A babysitter who comes to the child's home; and
- Older siblings of the child with asthma.

Show picture card 5.1: The School and Caregivers Can Help



Point and say: Children spend a lot of time at school, at childcare, or with other caregivers. They take care of your children all day or before or after school.

Note

Show the list that you prepared before the session of the three important things that the school, childcare provider, or caregivers should know how to do.

Point to the list and say: Your child's asthma symptoms may happen when you are not with him. There are three important things that you want to make sure that the staff at your child's school or childcare center and other caregivers know how to do:

- Follow your child's Asthma Action Plan;
- Give your child his asthma medicines correctly; and
- Keep your child away from his asthma triggers.

Say and ask: Let's think about the first item on this list. What things can you do to help make sure the school and childcare staff or other caregivers know how to follow your child's Asthma Action Plan?

Give parents 2 minutes to respond.

Add if not mentioned:

- Be sure the school, childcare center, and caregivers have an up-to-date copy of your child's Asthma Action Plan.
- Explain the asthma zones (Green, Yellow, and Red) and what to do for your child when he is in each zone.
- Remind them how they can contact you if there is an emergency.

Say and ask: Very good. Now think about the next thing on the list. What can you do to help make sure that caregivers give your child his asthma medicines correctly?

Add if not mentioned:

- Explain when and how to give your child's asthma medicine.
- Point out the importance of giving your child quick-relief medicine as soon as his asthma symptoms start.
- Show how to observe your child after giving him his quick-relief asthma medicine.
- Explain when to call 911 when your child's asthma symptoms are in the Red Zone.
- Give the caregivers your current phone number so that they can call you in case your child does not respond to treatment or in case of an emergency.

Say and ask: Good job. Now let's think about the third item on the list. What can you do to make sure that your child's caregivers keep him away from his asthma triggers?

Add if not mentioned:

- Give caregivers a list of your child's asthma triggers.
- Discuss with the caregivers helpful ways to keep your child away from his asthma triggers.
- If exercise is a trigger to your child, explain how your caregiver can help your child be physically active.

Activity: Overcoming Difficulties (Role Play)

Activity Note

For this activity, you will use the list of six difficult situations that you wrote on the whiteboard or poster paper before the session.

Say: We are now going to do an activity called "Overcoming Difficulties" to help us practice how to ask caregivers to remove or reduce your child's exposure to asthma triggers.

Point to the list and say: Here are six difficult situations you may find when dealing with a caregiver. We will use role play to help understand how to deal with each situation.

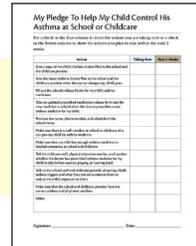
We will do the role play like this:

1. You will work in pairs. I will let you know when to choose your partner.
2. I will assign each pair one difficult situation from this list.
3. Each pair will prepare a short role play about how to address their difficult situation.
4. You will have 5 minutes to prepare a short role play and 2 minutes to present it.
5. You can stand up and get into pairs now.

Say: Great job! Thank you for participating. Caregivers are important members of your asthma team. Be sure to keep them involved in your child’s asthma control.

Now let’s look at some actions that you can take to help your child control his asthma at school or childcare.

Distribute handout 5A: My Pledge To Help My Child Control His Asthma at School or Childcare (pages 220–221)



Say: Here is a handout that you can use at home. It is a pledge to help control your child’s asthma at school or childcare. On the back of the handout, you can find ideas to handle different problems that may come up as you help your child control his asthma.

Children with asthma need support at school to keep their asthma under control. I am going to give you another handout that will help you to know how well your child’s school takes care of children with asthma. You can fill out this handout at home. Speak with your child’s teacher if you need the school to take action to help you keep your child’s asthma under control.

Distribute handout 5B: How Asthma-Friendly Is Your School? (pages 222–223)



Note

This may be a good time for a 10-minute break.

B. We Are a Team, and We Have a Plan!

1. The Asthma Action Plan: Follow It and Share It!

Say: The Asthma Action Plan is an important guide to help you keep your child's asthma under control. Be sure that all of your child's caregivers have a copy of your child's Asthma Action Plan and know how to follow it.

Show picture card 5.2: The Asthma Action Plan



Point and say: In order to put into practice your child's Asthma Action Plan, keep in mind these points:

- LEARN to follow your child's Asthma Action Plan.
If you have any questions about your child's Asthma Action Plan, ask the doctor or nurse. When in doubt, always ask questions.
- REMOVE asthma triggers.
 - Know your child's asthma triggers.
 - Ask the school, childcare, and other caregivers to avoid, remove, or reduce your child's exposure to his asthma triggers. If exercise is a trigger, explain how to help your child be active.
- SHARE the Asthma Action Plan with your child's caregivers.
 - Give a copy to the school, the childcare provider, and other caregivers.
 - Ask if they have any questions for you, the doctor, or the nurse.
 - If the Asthma Action Plan is changed, be sure that the caregivers always have the most updated plan and understand what has changed and what they need to do for your child.

2. The Asthma Care Team

a. Talk With the Doctor

Show picture card 5.3: My Child's Asthma Care Team



Point and say: As you know, your child has several people on his Asthma Care Team.

Ask: Who makes up the Asthma Care Team in this picture card?

Add if not mentioned:

- A doctor;
- A nurse;
- A community health worker;
- An asthma educator;
- A teacher;
- A school nurse;
- A coach;
- A babysitter;
- The family; and
- The child.

Ask: Can you think of others who can be members of a child's Asthma Care Team?

Add if not mentioned:

- A respiratory therapist;
- A pharmacist; and
- A social worker.

Say: One of the most important members of your child’s asthma team is his doctor. Some people have difficulty talking to the doctor about their child’s asthma.

Ask: Why do you think some parents have difficulty talking with the doctor?

Give parents 3 minutes to respond.

Note

Write responses on the whiteboard or on poster paper.

Add if not mentioned:

- They get nervous.
- They do not know what to ask.
- They do not understand what the doctor says. The doctor does not speak their language.
- They forget what they were going to say.
- They feel frustrated, because the doctor does not have much time.
- They think that the doctor might judge them for not having done something right.
- They think that the doctor will tell them everything they need to know, so they do not need to ask any questions.

Activity: Parents Are the Voice of Their Children

Activity Note

For this activity, you will use the “You Are Thinking This” scenarios that you cut out and placed in a hat before the session. Use the solutions in the “Solutions” column of the table to add ideas that are not mentioned by the parents.

Say: We are going to do an activity called “Parents Are the Voice of Their Children” to help us talk more easily with the doctor and other members of the Asthma Care Team. This is how we will do the activity:

1. In this hat are pieces of paper with some things that parents may be thinking or feeling when talking with the doctor.
2. Volunteers will take turns drawing pieces of paper from the hat.
3. Each volunteer will read the piece of paper.
4. The volunteers will share possible ideas or solutions with the group.
5. The rest of the group can add other solutions, but only after the volunteer has finished.

You Are Thinking This	Solutions (add if not mentioned)
I do not understand the doctor. She does not speak my language.	Ask the doctor if there is someone who can translate.
I forgot what I wanted to ask.	Write down your questions before the visit. Bring them with you.
It is hard to listen to the doctor, because my child is with me.	Bring your spouse, a friend, or a babysitter to watch your child while you speak to the doctor.
There is not enough time to ask questions.	Ask, "Do you have time for a few questions?" If not, ask, "When would be a better time?"
I cannot remember what the doctor tells me.	Take notes. Bring your child's Asthma Action Plan with you.
I am worried my child will die.	Tell the doctor about your fears.
I read about a new treatment for asthma. I want to know what the doctor thinks, but I am afraid to ask.	Bring the article with you and share it with the doctor. Ask for the doctor's opinion.

Ask: What will you do to put into practice what you learned from this activity?

Give parents 2 minutes to respond.

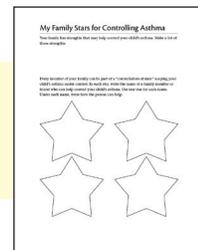
b. Family Is Important in Controlling My Child's Asthma

Say: You and your family are also important members of your child's asthma team. Let's look at ways in which your family can be involved in helping your child control his asthma.

Say: Every family has strengths, even while going through struggles. These strengths may include:

- Love and concern for one another;
- A desire to keep children safe and healthy;
- A desire to keep the whole family safe;
- Caring relatives and friends; and
- Close ties to neighbors and community.

Distribute handout 5C: My Family Stars for Controlling Asthma (page 224)



Say: Your spouse, your child's siblings, and other relatives can be part of a “constellation of stars” that keep your child's asthma under control. On this handout, first make a list of your family's strengths. Then, on each star, write the names of family members and friends who can help. Under each name, write how the person can help. Let me give you a few examples:

- Tía Rosa can help drive us to follow-up clinic appointments.
- Pedro, the older brother, can remind his little brother to take his quick-relief asthma medicine before playing soccer.
- Pablo and Ana can help keep the kitchen clean.

Give parents 3–5 minutes to fill out the handout.

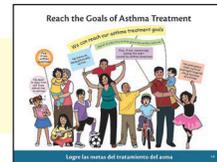
Ask: Would someone like to share your family stars that may help keep your child's asthma under control?

Say: There is no fear in love. Even though asthma cannot be cured, it can be controlled. A united family can help you reach the goals of asthma treatment for your child. Together, you can reach the goals of asthma treatment.

Ask: Does anyone remember the goals of asthma treatment?

Give parents 2 minutes to respond.

Show picture card 1.8: Reach the Goals of Asthma Treatment



Point and say:

- Few, if any, asthma symptoms;
- Few, if any, awakenings during the night caused by asthma symptoms;
- No limits on being physically active;
- No need to take time off from school due to asthma;
- No emergency room visits or overnight hospital stays because of asthma; and
- Few or no side effects from asthma medicines.

C. My Heart's Desires for My Child

Activity: My Heart's Desires for My Child

Activity Note

For this activity, you will need the blank paper, magazines, glue, scissors, and colored pencils that you prepared before the session.

Say: We are now going to do an activity called “My Heart’s Desires for My Child.” We will do the activity like this:

1. You will create a picture of your child living a healthy and active life with his asthma under control.
2. Do this by either drawing the picture yourself or cutting out images from a magazine. Make sure that your picture reflects your heart’s desires for your child.
3. Draw or paste your picture onto handout 5D.

Distribute handout 5D: My Heart’s Desires for My Child (page 225)



Activity Note

If parents need help getting started with this activity, you can give them the following examples:

1. A child with his asthma under control playing sports and having fun; or
2. A child with asthma who is a prizewinning swimmer.

Give parents 10 minutes to make their pictures.

Ask: Who would like to share their picture?

Give parents 3 minutes to share their pictures.

Say: Great job! I hope that when you look at this picture, you will be encouraged to continue helping your child keep his asthma under control.

D. A Letter From Esperanza: “There Is Wealth in Health!”

Say: Now let’s hear from our good friend, Esperanza.

Distribute handout 5E: A Letter From Esperanza: “There Is Wealth in Health!” (page 226)



Note

Read the letter to the parents.

Ask: What does the saying “There is wealth in health” mean to you when taking care of your child with asthma?

Give parents 2 minutes to respond.

Say: Thank you for sharing.

Ask: What do you think about writing a group letter to Esperanza to tell her all that you have learned in the program? I will give you 10 minutes to work as a large group to do this.

Who would like to write down the ideas that the group wants to include in the letter?

Say: Take turns sharing your thoughts so that the person writing the letter can be sure to include them all. I will leave you alone for 10 minutes while you are writing the letter. Go ahead and start.

Allow 10 minutes for this activity.

Say: Now that you have written your letter, let's have a volunteer read it.

Allow 3 minutes to read the letter.

Say: Thank you for sharing all the things you have learned. You are all an important voice in your family and community and can share with others what you have learned here. This concludes the program "A Breath of Life: Asthma Control for My Child."

Note for Promotores Training: Practice Teaching

Allow time here for the promotores to work in pairs to do their practice teaching on the topics they were assigned in session 4. If they are not already prepared, allow them 20 minutes now to prepare a 10- to 15-minute presentation on a specific topic. See handout 4H: Practice Makes Perfect: Asthma Topics for Teach-Backs (page 198).

Say: Please fill out handout 5F to tell us what you think about the “A Breath of Life: Asthma Control for My Child” program.

Give parents 10 minutes to answer the questions.

Ask: Would anyone like to share the most important thing you learned by participating in this program?

Give parents 5 minutes to respond.

C. Presentation of Certificates

Note

For this presentation, you will use the Certificates of Achievement that you prepared before the session from the template on page 230.

Call each parent up to the front of the room to receive a Certificate of Achievement. You may want to give each parent a small gift in addition to the Certificate of Achievement.

Say: Now I would like to give each of you a certificate to honor your efforts for completing this program.

D. Potluck Celebration (Optional)

Say: Now is the time for our potluck meal. Everything on the table looks wonderful! Let's begin our celebration.

Promotora Tip

You may want to keep a journal to write down your reflections of how this session went. Think about today's session. What worked? What did not work? What questions do you have for your supervisor?

My Pledge To Help My Child Control His Asthma at School or Childcare

Put a check in the Blue column to show the actions you are taking now or a check in the Brown column to show the actions you plan to take within the next 2 weeks.

Action	Taking Now	Next 2 Weeks
Give a copy of my child's Asthma Action Plan to the school and the childcare provider.		
Give the latest Asthma Action Plan to the school and the childcare provider when the doctor changes my child's plan.		
Fill out the school's release forms for my child's asthma medicines.		
Take an updated prescribed medication release form and the new medicine to school when the doctor prescribes a new asthma medicine for my child.		
Find out the name, phone number, and schedule of the school nurse.		
Make sure there is a staff member at school or childcare who can give my child his asthma medicine.		
Make sure that my child has enough asthma medicine, in labeled containers, at school and childcare.		
Tell the childcare staff, physical education teacher, and coaches whether the doctor has prescribed asthma medicine for my child to take before exercise, playing, or running hard.		
Talk to the school staff and childcare provider about my child's asthma triggers and what they can do to remove them or reduce my child's exposure to them.		
Make sure that the school and childcare provider have my correct address and all phone numbers.		
Other		

Signature: _____ Date: _____

Consider the following possible solutions to problems that may get in the way of taking the actions that you are planning to do to help your child to control his asthma.

Problem	Possible Solution
<p>You were planning to give your child's Asthma Action Plan and asthma medicines to the school nurse, but you found out that the school doesn't have a nurse. What can you do?</p>	<p>Give your child's Asthma Action Plan and asthma medicines to the school principal or your child's teacher.</p>
<p>Your child and other children with asthma in her class feel isolated from their friends at school. What can you do?</p>	<p>Give the teacher information about asthma that she can share in class with the children.</p>
<p>Your child has regularly missed school due to asthma. How can you get help from the teacher to get your child caught up with his schoolwork?</p>	<p>Make an appointment with the teacher to ask for help.</p>
<p>The school is not sensitive to the needs of children with asthma. What can you do?</p>	<p>Find other parents who have children with asthma and ask to meet with the school principal to request support.</p>

HOW ASTHMA-FRIENDLY IS YOUR SCHOOL?

NATIONAL HEART, LUNG AND BLOOD INSTITUTE
National Asthma Education and Prevention Program
NAEPP School Asthma Education Subcommittee

Students who have asthma need proper support at school to keep their asthma under control and be fully active. Use this checklist to find out how well your school serves students who have asthma:

YES	NO	Are the school buildings and grounds free of tobacco smoke at all times?
YES	NO	Are all school buses, vans, and trucks free of tobacco smoke?
YES	NO	Are all school events, like field trips and athletic events (both “at home” and “away”) free from tobacco smoke?
YES	NO	Does your school have a policy or rule that allows students to carry and use their own asthma medicines ?
YES	NO	If some students do not carry their asthma medicines, do they have quick and easy access to their medicines?
YES	NO	Does your school have a written emergency plan for teachers and other staff to follow to take care of a student who has an asthma attack?
YES	NO	In an emergency, such as a fire, weather event, or lockdown, or if a student forgets his or her medicine, does your school have standing orders and quick-relief medicines for students to use?
YES	NO	Do all students who have asthma have updated asthma action plans on file at the school? (An asthma action plan is a written plan from the student’s doctor to help manage asthma and prevent asthma attacks.)
YES	NO	Is there a school nurse or other school health staff in your school building during the school day?
YES	NO	Does a school nurse or other school health staff identify, assess, and monitor students who have asthma at your school?
YES	NO	Does a school nurse or other school health staff help students with their medicines and help them to participate fully in exercise and other physical activity, including physical education, sports, recess, and field trips?
YES	NO	If a school nurse or other school health staff is not full-time in your school, is a nurse readily and routinely available to write and review plans and give the school guidance?
YES	NO	Does an asthma education expert teach all school staff about asthma , asthma action plans, and asthma medicines?
YES	NO	Is asthma information incorporated into health, science, first aid, and other classes as appropriate?
YES	NO	Can students who have asthma participate fully and safely in a range of exercise and other physical activity , including physical education, sports, recess, and field trips?
YES	NO	Are students’ quick-relief medicines nearby before, during, and after exercise and other physical activity?
YES	NO	Can students who have asthma choose a physical activity that is different from others in the class when it is medically necessary?
YES	NO	Can students who have asthma choose another activity without fear of being ridiculed or receiving reduced grades?
YES	NO	Does the school help to reduce or prevent students’ contact with allergens or irritants—indoors and outdoors— that can make their asthma worse? Are any of the following are present? <input type="checkbox"/> Cockroach droppings <input type="checkbox"/> Excessive dust and/or carpets, pillows, cloth-covered or upholstered furniture, or stuffed toys that harbor dust mites (tiny bugs too small to see) <input type="checkbox"/> Mold or persistent moisture <input type="checkbox"/> Pets with fur or hair <input type="checkbox"/> Strong odors or sprays, such as paint, perfume, bug spray, and cleaning products
YES	NO	Does your school have a no-idling policy for vehicles on school grounds, such as school buses and carpools?
YES	NO	Does your school monitor daily local Air Quality Index (AQI) information to help reduce students’ exposure to unhealthy air quality?
YES	NO	Does your school partner with parents and health care providers to address students’ asthma needs?
YES	NO	Does your school work with an asthma specialist in the community?

If the answer to any question is “no,” then it may be harder for students to have good control of their asthma. Uncontrolled asthma can hinder a student’s attendance, participation, and progress in school. School staff, health care providers, and families should work together to make schools more asthma-friendly to promote student health and education.

Asthma cannot be cured, but it can be controlled.

Students who have asthma should be able to live healthy, active lives with few symptoms.



RESOURCES FOR FAMILIES AND SCHOOL STAFF

National Asthma Education and Prevention Program

National Heart, Lung, and Blood Institute
Information Center
301-251-1222

www.nhlbi.nih.gov

- NAEPP School Materials
www.nhlbi.nih.gov/health/prof/lung/

Allergy & Asthma Network Mothers of Asthmatics

800-878-4403

703-288-5271

www.aanma.org

American Academy of Allergy, Asthma & Immunology

414-272-6071

www.aaaai.org

American Academy of Pediatrics

800-433-9016

www.aap.org

American Association for Respiratory Care

972-243-2272

www.aarc.org

American Association of School Administrators

703-841-0700

www.aasa.org

American College of Allergy, Asthma & Immunology

847-427-1200

www.acaai.org

American Lung Association

800-586-4872 (800-LUNG-USA)

www.lungusa.org

American School Health Association

800-445-2742

www.ashaweb.org

Asthma and Allergy Foundation of America

800-727-8462

www.aafa.org

Centers for Disease Control and Prevention

800-232-4636 (800-CDC-INFO)

- Division of Adolescent and School Health
www.cdc.gov/HealthyYouth/asthma
- National Center for Environmental Health
www.cdc.gov/asthma

National Association of School Boards of Education

800-368-5023

www.nasbe.org

National Association of School Nurses

866-627-6767

www.nasn.org

U.S. Department of Education

Office for Civil Rights

800-421-3481

www.ed.gov/ocr

U.S. Environmental Protection Agency

- Indoor Environments Division
202-233-9370
www.epa.gov/iaq/schools
- Indoor Air Quality Information Clearinghouse
800-438-4318
www.epa.gov/iaq
- www.AsthmaCommunityNetwork.org



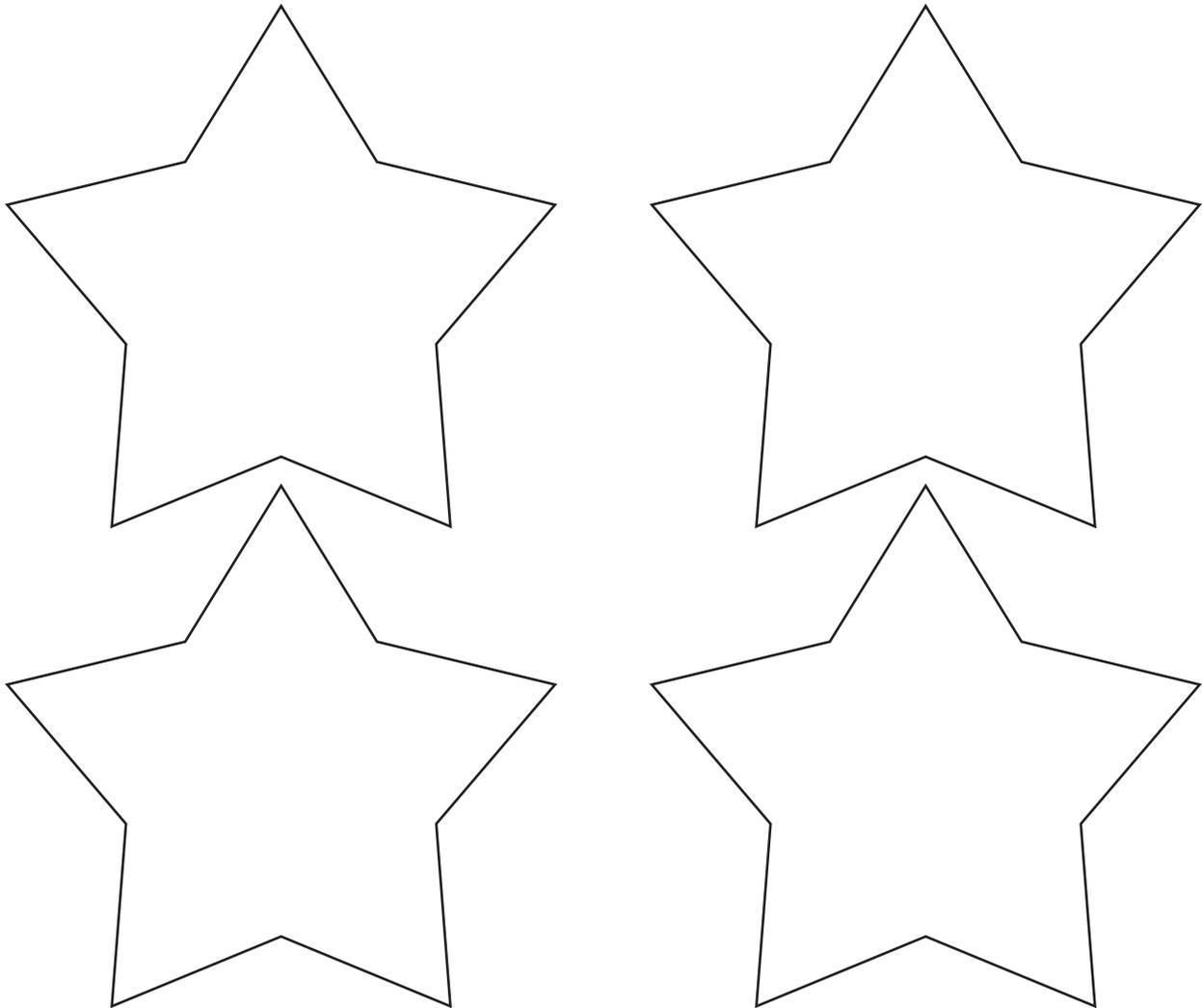
National Asthma Education
and Prevention Program (NAEPP)

Convened by the
National Institutes of Health

My Family Stars for Controlling Asthma

Your family has strengths that may help control your child's asthma. Make a list of these strengths:

Every member of your family can be part of a "constellation of stars" keeping your child's asthma under control. In each star, write the name of a family member or friend who can help control your child's asthma. Use one star for each name. Under each name, write how the person can help.



My Heart's Desires for My Child

Take a moment to create a picture that shows your child living a healthy and active life with his asthma under control. Make sure that the picture reflects your heart's desires for your child.

A Letter From Esperanza: “There Is Wealth in Health!”

Dear Parents,

You did it! You finished the program. This program helped me too. Like you, I now know that I am not alone. I have my Asthma Care Team. The support of the promotora is huge. I also have the help of the other parents like you. Sharing our struggles and victories is golden!

Now I think about asthma in a different way. I know it is a chronic disease that does not go away. It is not a bad cold. I now realize there are many things I can do to keep my child’s asthma under control.

I work with my child’s Asthma Care Team to keep José healthy and out of the emergency room. I take José to his follow-up doctor appointments to make sure that his treatment is working. That way, we always keep the action plan up to date.

José has learned a lot, too. He can take his quick-relief medicines on his own now. He knows how to use a peak flow meter. We use it to check what zone he is in. Now José can play soccer and misses less school.

My heart’s desire is that José grows up healthy and active. One day, I hope he will go to college, get married, and have a family.

You, too, can take steps to keep your child in the Green Zone. Ask your family to help. With the love of your family and friends and support from all members of your Asthma Care Team, your child with asthma can lead a normal, active life!

My pearl of wisdom for you today is, **“There is Wealth in Health!”**

Keep up the good work!

Sincerely,

Esperanza Ríos



What Do You Think About the “A Breath of Life: Asthma Control for My Child” Program?

1. Today's date (MM/DD/YYYY): ___/___/___

Child's Information

2. What is your child's age (in years)?

3. Is your child ₁ male or ₂ female?

4. How many days during the past month has your child missed school?

5. What best describes your child's race or ethnicity?

₁ American Indian/Alaska Native

₂ Asian

₃ Black or African-American

₄ Native Hawaiian or other Pacific Islander

₅ White

₆ Other

6. Do you consider your child Latino or Hispanic? ₁ Yes ₂ No

Parent or Guardian Information

7. What is your relationship to the child?

₁ Mother

₂ Father

₃ Grandmother

₄ Grandfather

₅ Other

8. Your place of birth: City _____ State _____ Country _____

9. Do you consider yourself Latino or Hispanic? ₁ Yes ₂ No

10. What race do you consider yourself to be?

- ₁ American Indian/Alaska Native
- ₂ Asian
- ₃ Black or African-American
- ₄ Native Hawaiian or other Pacific Islander
- ₅ White
- ₆ Other

11. Time living in the United States: _____years _____months

12. Preferred language: ₁ English ₂ Spanish ₃ Both

13. Have you been told by a health care professional that your child has asthma?
₁ Yes ₂ No ₃ Don't Know

14. Does your family have a history of asthma? ₁ Yes ₂ No ₃ Don't Know

15. Please rate the following about this training.

Circle only one number for each.	Poor	Fair	Good	Very Good	Excellent
15a. The training you attended was. . .	1	2	3	4	5
15b. The handouts were. . .	1	2	3	4	5
15c. The picture cards were. . .	1	2	3	4	5
15d. The video was. . .	1	2	3	4	5
15e. The activities you participated in (for example, role plays or group activities) were. . .	1	2	3	4	5
15f. The asthma topics presented were. . .	1	2	3	4	5
15g. The way the trainer taught the manual was. . .	1	2	3	4	5

Please write your answers to the following questions.

16. What did you like best about the “A Breath of Life: Asthma Control for My Child” program?

17. What did you like least about the “A Breath of Life: Asthma Control for My Child” program?

18. Were the sessions ₁ Too long? ₂ About right? ₃ Too short?

19. How confident are you that you will...

Circle only one number for each.	Not Confident	Somewhat Confident	Not Sure	Confident	Very Confident
19a. Share your child's Asthma Action Plan with school and caregivers?	1	2	3	4	5
19b. Take actions to control your child's asthma triggers in your home?	1	2	3	4	5
19c. Give your child the asthma medicine(s) as the doctor tells you?	1	2	3	4	5
19d. Express your concerns about asthma to your child's doctor?	1	2	3	4	5
19e. Know what to do when your child's asthma symptoms get worse?	1	2	3	4	5

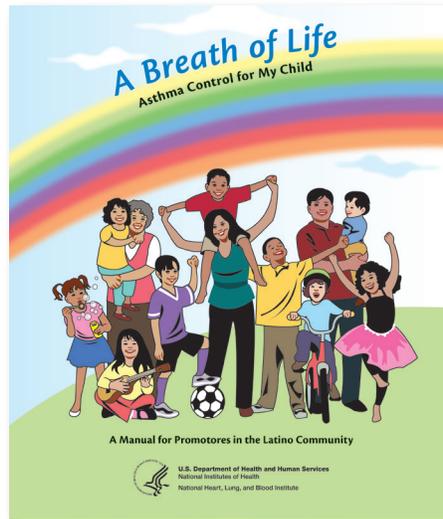
20. What things make it difficult for you to keep your child's asthma under control?

Circle only one number for each.	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Does Not Apply
20a. I do not understand the instructions from the doctor.	1	2	3	4	5	6
20b. I do not know how to use a peak flow meter, (if prescribed).	1	2	3	4	5	6
20c. I do not feel comfortable talking to my child's doctor.	1	2	3	4	5	6
20d. I do not know how to use the Asthma Action Plan.	1	2	3	4	5	6
20e. I do not have any family member or neighbor to help me control my child's asthma.	1	2	3	4	5	6
20f. I get confused with the different types of asthma medicine.	1	2	3	4	5	6

21. What changes will you make as a result of participating in the "A Breath of Life: Asthma Control for My Child" program?

22. Other comments:

Thank you for providing your feedback!



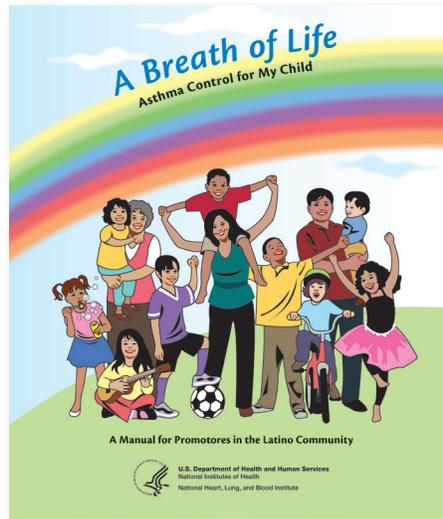
Certificate of Achievement

Awarded to

for Successfully Completing
A Breath of Life: Asthma Control for My Child
PARENTS' PROGRAM

Date

Trainer



Certificate of Achievement

Awarded to

for Successfully Completing
A Breath of Life: Asthma Control for My Child
PROMOTORES' TRAINING

Date

Trainer



Session 6: Home Visit Training

Message to the Trainer

Some asthma education programs use home visits as a way to help teach parents how to take care of their child with asthma. In this session, you will teach promotores how to prepare for and conduct home visits. Through home visits, a promotora can build trust with families, identify barriers to asthma control, and motivate parents to take action to control their child's asthma.

This is a 5-hour training that includes two 10-minute breaks. It can be used to enhance an existing home visit asthma program or to create a new one. Depending on the needs of the promotores whom you are training, you can offer it as two separate training sessions or as one half-day training.

Objectives

By the end of this session, promotores will:

- Be prepared for home visits;
- Be able to help families identify and prioritize their concerns about their child's asthma;
- Put communication techniques into practice and handle difficult situations that may arise during a home visit; and
- Practice conducting a home visit.

Materials

To teach this session, you will need:

- Nametags and a marker;
- Pencils and pens for each promotora;
- The manual and flip chart of picture cards;
- Copies of session 6 handouts for each promotora;
- A flip chart of poster paper with markers and tape or a whiteboard;
- Paper of different colors;
- Two envelopes;
- Certificates of achievement for promotores (page 299);
- A folder with home visit materials (optional); and
- Disposable party supplies such as paper plates, napkins, and other items (optional).

Handouts

- Handout 6A: Golden Communication Skills (pages 271–278)
- Handout 6B: Useful Techniques To Improve Communication (pages 279–281)
- Handout 6C: What To Do Before the Home Visit (pages 282–283)
- Handout 6D: Home Visit Topics (page 284)
- Handout 6E: Education Activities for the Home Visit (pages 285–286)
- Handout 6F: Stages of a Home Visit (page 287)
- Handout 6G: Together We Can Achieve Asthma Control (page 288)
- Handout 6H: What Are My Child’s Asthma Control Needs? (page 289)
- Handout 6I: Searching for Asthma Triggers in the Home (pages 290–291)
- Handout 6J: Create a Community Resource Guide (pages 292–293)
- Handout 6K: Family Pledge (page 294)
- Handout 6L: Home Visit Notes (page 295)
- Handout 6M: In-Depth Questions To Assess Family Needs (pages 296–297)
- Handout 6N: A Home Visit With the Gómez Family (page 298)

Before the session, do the following:

1. Arrange chairs in a half-circle so that the participants can see one another as well as the whiteboard.
2. Determine what items will be needed for the graduation and, if needed, the potluck. This may include extra tables, tablecloths, decorations, and more.
3. Write the session objectives on the whiteboard or poster paper:

By the end of this session, the promotores will:

- Be prepared for home visits;
 - Be able to help families identify and prioritize their concerns about their child's asthma;
 - Put communication techniques into practice and handle difficult situations that may arise during a home visit; and
 - Practice conducting a home visit.
4. Either draw a picture of a family, or cut one out of a magazine. Paste the picture in the center of the whiteboard or poster paper.
 5. Write the skills listed on handout 6A: Golden Communication Skills on the whiteboard or poster paper.
 6. Print an additional copy of handout 6A, cut out each skill definition, and place them in an envelope.
 7. On the whiteboard or poster paper, write the four useful techniques to improve communication:
 - Ask questions;
 - Listen actively;
 - Deliver information; and
 - Reinforce learning.
 8. Cut out each of the open- and closed-ended questions (page 248). Fold the questions and put them in an envelope.

9. Write the following active listening techniques on the whiteboard or poster paper:

- Using verbal and nonverbal signs;
- Paraphrasing; and
- Summarizing.

10. Write the following scenarios on the whiteboard or poster paper:

- Mom feels like she failed because her son had an asthma attack.
- Dad is telling you about barriers that the family faces to keep his daughter's asthma under control.
- The couple doesn't agree on the best way to manage their daughter's asthma.
- Other ideas?

11. Draw a house similar to the one on handout 6D: Home Visit Topics (do not write in the topics) on the whiteboard or poster paper. Write each topic on a differently colored piece of paper. Cut the pieces to be the same length as the base of the house.

12. For the activity "Stages of a Home Visit," write each stage of a home visit in large print on a separate piece of paper. Do not number the stages. The stages are as follows:

- Introduce yourself and give a warm greeting.
- Explain the purpose of the visit.
- Identify family concerns.
- Provide asthma education.
- Provide information on community resources.
- Do a family pledge.
- Wrap up the home visit.
- Write home visit notes.
- Report back to the Asthma Care Team.

Also, write the stages on poster paper to use after the activity.

13. Create a certificate of achievement for each promotora using the template (page 299).

Session 6 Outline

Total time: 5 hours (not including time for a potluck celebration)

<p>I. Introduction</p> <ul style="list-style-type: none"> A. Welcome B. Session Objectives 	<p>5 minutes</p>
<p>II. Teaching the Session—Part 1</p> <ul style="list-style-type: none"> A. Introduction <ul style="list-style-type: none"> 1. Benefits of Home Visits 2. Every Family Is Unique 3. Engage Families B. Communicate With Ease <ul style="list-style-type: none"> 1. Golden Communication Skills Break 2. Useful Techniques To Improve Communication <ul style="list-style-type: none"> a. Ask Questions b. Listen Actively c. Deliver Information d. Reinforce Learning C. Prepare for the Home Visit D. Providing Asthma Education in the Home 	<p>2 hours, 25 minutes</p> <p>17 minutes</p> <p>1 hour, 15 minutes</p> <p>10 minutes</p> <p>8 minutes</p> <p>35 minutes</p>
<p>III. Teaching the Session—Part 2</p> <ul style="list-style-type: none"> E. How To Do a Home Visit <ul style="list-style-type: none"> 1. How Do I Feel? 2. Stages of a Home Visit F. Follow-Up Visits Break 	<p>1 hour, 30 minutes</p> <p>1 hour, 10 minutes</p> <p>10 minutes</p> <p>10 minutes</p>
<p>IV. Review of Today’s Key Points</p>	<p>40 minutes</p>
<p>V. Promotores’ Graduation (not including time for a potluck celebration)</p> <ul style="list-style-type: none"> A. Thank You B. Presentation of Certificates C. Potluck Celebration (Optional) 	<p>20 minutes</p> <p>5 minutes</p> <p>15 minutes</p>

I. Introduction

A. Welcome

Say: Welcome! It is so good to see you!

Note

Before participants arrive, arrange chairs in a half-circle so that they can see one another as well as the whiteboard.

Say: We are going to do an icebreaker to get to know one another better. Please stand up when I say a statement that relates to you. After each one you can sit down again. Let's begin:

- Stand if you have a grandchild or grandchildren.
- Stand if you like to dance.
- Stand if you have experience doing home visits.
- Stand if you like to sing.
- Stand if you have a child with asthma.

Let's have a round of applause and start the next session.

B. Session Objectives

Note

Show the session objectives that you wrote on the whiteboard or poster paper before the session.

Say: Today's session is called "Home Visit Training." The objectives of this session are to:

- Be prepared for home visits;
- Be able to help families identify and prioritize their concerns about their child's asthma;

- Put communication techniques into practice and handle difficult situations that may arise during a home visit; and
- Practice conducting a home visit.

Say: You all have a lot of experience and many valuable opinions to share. I want to encourage each of you to share them so that we can learn from one another.

II. Teaching the Session—Part 1

A. Introduction

Say: Home visits are a very important part of the program “A Breath of Life: Asthma Control for My Child.” Some asthma education programs include home visits as a service to support families who have children with asthma. As promotores, you are key members of the Asthma Care Team, and you may be assigned to conduct home visits. Each of you has unique qualities to help families control their child’s asthma.

Ask: What qualities do you have that will help you be successful in conducting home visits?

Give promotores 2 minutes to respond.

Say: In home visits, these qualities give families social support and motivation to make changes needed to help keep their child’s asthma under control.

1. Benefits of Home Visits

Ask: What are the benefits of home visits?

Give 2 minutes to respond.

Add if not mentioned:

- Help create trust between you and the family.
- Help the family develop skills to manage their child’s asthma.
- Identify and build upon the strengths of the family.
- Help the family to identify and reduce asthma triggers.
- Empower the family to ask questions during doctor visits.
- Help the family use community resources.
- Motivate the family to make positive and lasting changes to control asthma.

Say: As you can see, there are many benefits to home visits. The child's Asthma Care Team will decide if a family should receive one or more home visits. Each visit usually takes about 1–1½ hours, not counting travel time. The number of home visits to conduct may depend on the policy of your clinic or agency and the needs of the child with asthma.

2. Every Family Is Unique

Ask: In your experience as a promotora, who makes up a family?

Give 2–3 minutes to respond.

Say: Only 25 percent of families will be a traditional family with a mother, a father, and children. No matter how the family is made up, our aim is to build trust from the beginning in order to keep the family involved in controlling their child's asthma.

3. Engage Families

Ask: What do you think are some reasons a family may turn down a home visit from a promotora?

Give 3 minutes to respond.

Note

Write responses on the whiteboard or poster paper.

Add if not mentioned:

- The house is not clean.
- Too many people live in the home (overcrowding).
- There is an issue with immigration status.
- The house smells like cigarette smoke.
- One parent is in jail.
- The parents fear being reported to child protective services.

Say: Fear and mistrust can lead to families turning down a home visit.

Ask: What are some things that you can do to make families feel more comfortable accepting a home visit?

Give promotores 3 minutes to respond.

Add if not mentioned:

- Provide a warm welcome during the family's first visit to the clinic.
- Make early contact with parents to establish trust and openness.
- When you call to set up the home visit, remind the family that you met them at the clinic.
- Be flexible when you set up a home visit.
- Reach out to parents without judgment. Show them respect and warmth, and be sensitive to their needs.
- Explain to the family that they are the greatest resource to help keep their child's asthma under control.
- Encourage them to share good news about their child as well as their concerns about their child's asthma.

Say: Home visits offer a wonderful opportunity to establish a closer bond with the family and to appreciate their special needs. In the home, you can get a realistic look at the family and the challenges that they face.

B. Communicate With Ease

1. Golden Communication Skills

Say: Let's now talk about how to communicate during a home visit. Good communication is at the heart of being an effective promotora.

Review Activity: Golden Communication Skills

Activity Note

For this activity, you will:

- Show the communication skills that you wrote on the whiteboard or poster paper before the session; and
- Use the envelope containing the skill definitions that you cut up before the session. The promotores will draw slips from the envelope to show definitions of golden communication skills.

Say: We are now going to do an activity called “Golden Communication Skills.” Here is how we will do it:

1. On the poster paper is a list of the skills that we will go over today.
2. I'm going to distribute nine pieces of paper. Each one has a definition of one of the skills that is on the list.
3. The volunteer who reads the skill definition will look for the skill name to match it on the list.
4. Feel free to help each other if needed.

Let's begin.

Skill Name	Skill Definition
1. Show compassion.	"Do not judge a person until you have walked a mile in her shoes."
2. Observe.	"Just the facts, please."
3. Affirm the other person.	Find opportunities to sincerely compliment and make supportive, reinforcing statements.
4. Say how you feel.	Choose words that describe how you feel, without blaming others.
5. Say what you need.	Be clear and positive in what you ask the other person to do or change.
6. Be attentive.	Focus on the person speaking. Pay attention to what is being said with your ears, your eyes, and your heart.
7. Handle criticism.	Listen to disapproval or attacks without taking them personally, and focus on the issue at the center of the storm.
8. Create a win-win situation.	Figure out a solution where everyone benefits.
9. Work with the Asthma Care Team.	Work with all the team members, even if you do not feel that you are on the same team.

Say: Well done! Many of you are already using these skills in your work as promotores.

Activity: Practicing Communication Skills

Say: In order to reinforce these skills, we will do another activity that is called "Practicing Communication Skills." Here is what we will do:

1. You will get into pairs with the person next to you. Don't stand up until I ask you.
2. I will give each pair a scenario where a promotora DID NOT use the golden communication skills that we just reviewed.
3. Read your scenario and then below it write the correct way to reply using the skill that I assigned you.

4. Each pair will read to the group the incorrect way and then the correct way of using the skill that you were assigned.
5. I will now give you your scenarios.
6. You can start working in pairs.

Distribute handout 6A: Golden Communication Skills (pages 271–278)



Give 5 minutes to work in pairs.

Say: Each pair will now read their inappropriate and appropriate ways of using the skill that was assigned to your group.

Give 10 minutes to read their scenarios.

Say: You shared many good ways to use communication skills. In addition to your responses, there are other useful communication techniques on handout 6A which I will give you now. Please use them as a guide.

2. Useful Techniques To Improve Communication

Note

Show the four useful techniques to improve communication that you wrote on the whiteboard or poster paper before the session.

Say: We will now talk about some useful techniques to improve communication. Just as a gardener uses different tools to take care of her garden, promotores can use different communication techniques to help families control their children's asthma.

Point and say: The four communication techniques that promotores can use are as follows:

1. Ask questions.
2. Listen actively.
3. Deliver information.
4. Reinforce learning.

We will now look at how you can use these techniques in your work as a promotora.

a. Ask Questions

Point and say: The first technique is to ask questions. Depending on how you ask the question, you can get an answer with a lot of, a little of, or no information. There are three ways to ask questions in order to get the type of information that you want: closed-ended questions, open-ended questions, and probes.

Ask: Who can share an example of a closed-ended question?

Give 1 minute to respond.

Say: Closed-ended questions may be answered with either “yes” or “no.” An example of a closed-ended question is, “Do you have your child’s medicine?”

Ask: Who can share an example of an open-ended question?

Give 1 minute to respond.

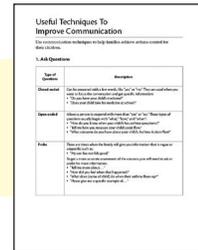
Say: An open-ended question invites a person to share more details in a conversation. An example is, “Can you show me how to use a peak flow meter?”

Ask: Who can share an example of a probe question?

Give 1 minute to respond.

Say: Probes are open-ended questions. You can use probes to clarify information or to seek specific details that you need to know.

Distribute handout 6B: Useful Techniques To Improve Communication (pages 279–281)



Say: See handout 6B: Useful Techniques To Improve Communication. Here you can see a more detailed explanation of what closed-ended questions, open-ended questions, and probes are. Take a moment to read the part called “Ask Questions” on this handout.

Activity: Open or Closed?

Activity Note

For this activity, you will use the open or closed questions that you cut out, folded, and placed in an envelope before the session.

Say: We are now going to do an activity called “Open or Closed?” where you will guess if a question is open- or closed-ended. This is how we will start:

1. You will form a circle. Don’t stand up until I ask you.
2. You will draw a question from an envelope. You will take turns and stand in the center of the circle to read the questions.
3. Everyone in the circle will take one step toward the person in the center of the circle if they think that the question that is read is closed-ended. If they think that the question is open-ended, they will take one step away from the person in the center.
4. The person in the center will have the answer on a slip of paper and will tell the group if the question is open- or closed-ended.

Q1. Is your child taking his asthma medicine?

A1. Closed-ended

Q2. How do you give your child his asthma medicine?

A2. Open-ended

Q3. Do you understand your child's Asthma Action Plan?

A3. Closed-ended

Q4. What doubts or concerns do you have about your child's Asthma Action Plan?

A4. Open-ended

Q5. Do you know how to measure your child's peak flow?

A5. Closed-ended

Q6. How do you measure your child's peak flow?

A6. Open-ended

Q7. Did you have a helpful home visit?

A7. Closed-ended

Q8. What was the best thing that happened during your home visit?

A8. Open-ended

Q9. Did you help the family identify asthma triggers in the home?

A9. Closed-ended

Q10. How did you work with the family to identify asthma triggers in the home?

A10. Open-ended

Say: Good job! You can sit down now. When you asked a closed-ended question, the group moved forward and the circle became smaller. Just like the circle got smaller, when you ask a person closed-ended questions, the information you get may be limited or incomplete. With open-ended questions, you can get more information.

b. Listen Actively

Say: During a conversation, it is important to understand what the other person is trying to tell you. Check if you are hearing the other person correctly by listening actively. There are three ways to listen actively:

1. Using verbal and nonverbal signs;
2. Paraphrasing; and
3. Summarizing.

Ask: Would anyone like to share an example of active listening that uses verbal and nonverbal signs?

Give 3 minutes to respond.

Note

Ask volunteers to read “Listen Actively” section on handout 6B (page 280).

Say: Now let’s use handout 6B to review three ways to listen actively. Let’s put what we have just learned into practice.

Activity: Practicing Active Listening Techniques

Activity Note

For this activity, you will show the active listening techniques that you wrote on the whiteboard or poster paper before the session. Show the four scenarios that you wrote on the whiteboard or poster paper before the session.

Say and point to what is written on the whiteboard or on poster paper: We will now do an activity called “Practicing Active Listening Techniques.” Here is how we will get started:

1. You will get into three groups to practice these techniques. Do not start until I tell you to.
2. Each group will act out a quick role play of a home visit scenario using the following active listening techniques:
 - Using verbal and nonverbal signs;
 - Paraphrasing; and
 - Summarizing.
3. Each group will choose one of these scenarios. If you prefer to come up with your own scenario, you can create your own as well.
4. You have 5 minutes to prepare your role play and 3 minutes to act it out.
5. You can now get into groups and begin.

Give groups 5 minutes to prepare and 3 minutes to act out role plays.

Say: Great job! Thank you for participating.

c. Deliver Information

Say: As promotores, you are constantly delivering information about different health topics. Let’s look at different ways to deliver asthma information to parents.

I need three volunteers to read the section called “Deliver Information” on handout 6B.

Ask: Would anyone like to share how you have used techniques like these in your work as a promotora?

Give about 3 minutes to respond.

Note

Write their responses on the whiteboard or poster paper.

Say: You can decide which techniques to use based on the needs of each family.

d. Reinforce Learning

Say: After sharing information, there are ways to reinforce learning. Reinforcing learning helps people remember what they have learned.

Ask: What are some techniques that you have used to reinforce learning?

Give promotores about 2 minutes to respond.

Add if not mentioned:

- **Family Pledge**
You can reinforce learning by having families make a pledge to do something specific to control their child's asthma. For example, "I promise to ask the doctor at our next visit for an Asthma Action Plan."
- **Homework**
Another good way to help families is encouraging them to choose things to do as homework in order to practice what they have learned. For example, "My family will keep the cat out of our child's bedroom."

Say: Practice makes perfect. Use these techniques as part of your toolkit to address different situations that may arise.

C. Prepare for the Home Visit

Say: We will now focus on how to get ready for a home visit.

Ask: What kinds of practical things would you do to get ready for a home visit?

Note

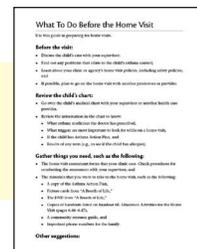
Write answers on the whiteboard or poster paper.

Add if not mentioned:

- Q.** What would you do before the visit?
- A.** Learn about your clinic or agency's safety policy for home visits and confirm the scheduled time of the visit and the address.
- Q.** What kind of information would you need to get from the child's medical record?
- A.** The child's Asthma Action Plan, names of the asthma medicines that the doctor has prescribed, the child's asthma triggers, and the results of any allergy tests.
- Q.** What should you take with you on the home visit?
- A.** Picture cards, a community resource guide, a home visitation form, and the DVD and handouts from the "A Breath of Life" program.

Give 4 minutes to respond.

Distribute handout 6C: What To Do Before the Home Visit (pages 282–283)



Say: Handout 6C: What To Do Before the Home Visit includes a list of ideas that you can use as a guide in preparing for home visits.

D. Providing Asthma Education in the Home

Say: An important part of the home visit is educating parents about asthma.

Ask: What do you imagine are some asthma topics that promotores can teach in the home?

Give 2 minutes to respond.

Note

Write answers on the whiteboard or poster paper.

Activity: The House of Asthma Teaching Topics

Activity Note

For this activity, you will use the house drawing and the cut-out topics that you prepared on different color paper before the session. This list of topics will be used to teach parents about asthma.

Say: We are now going to do an activity called “The House of Asthma Teaching Topics.” Just as a house needs a solid foundation, the families you visit also need a solid foundation of asthma information. This foundation is made of different topics. You can use these topics as teaching points on home visits. We will compare the topics that you just shared with the ones that you will cover with families when using “A Breath of Life.”

I will hand out the topics that you can use as teaching points on home visits. Each volunteer will:

- Read the topic;
- Tape it to the drawing of the house; and
- Explain how teaching that topic will help the family learn about asthma.

Distribute handout 6E: Education Activities for the Home Visit (pages 285–286)

Topic	Activities	Key Points	Additional Information
Health	• Assess the family's health status. • Discuss the importance of regular health check-ups. • Provide information on local health services.	• Understand the family's health needs. • Identify any health concerns or risks.	• Refer to the manual for more information on health services.
Safety	• Assess the home environment for safety hazards. • Discuss the importance of childproofing the home. • Provide information on local safety resources.	• Identify any safety hazards in the home. • Discuss the importance of childproofing the home.	• Refer to the manual for more information on home safety.
Nutrition	• Assess the family's nutrition status. • Discuss the importance of a healthy diet. • Provide information on local nutrition resources.	• Understand the family's nutrition needs. • Identify any nutrition concerns or risks.	• Refer to the manual for more information on nutrition resources.

Say: Take a look at handout 6E: Education Activities for the Home Visit. You can use this table as a guide to quickly find topics that we cover in the manual and educational activities for home visits. Take 3 minutes to look at the different columns in this table, and then we will discuss how to use it.

Give 3 minutes to look at the table.

Note

Use the following questions and probes to help the promotores understand how to use the table.

Ask: What is the purpose of this table?

Answer: It serves as a guide to remind you what to teach on home visits. It helps you to be sure to cover main topics, immediately identify materials for use, and know how to help families practice new skills.

Ask: Is the information in this table for the promotora or the family the promotora visits?

Answer: For the promotora. You will want to use this table to help you prepare before you go on the home visit. You do not have to review and study it while sitting with the family.

Say: Now we'll look at how you can use each of the columns of this table in order to share information with parents.

Ask: What ideas do you have of ways promotores can use the column titled "Key Points"?

Give about 2 minutes to respond.

Say and ask: Imagine that you are on your first home visit with a family and you find out that the family needs information about asthma medicines. How would you use the column “Key Points” to help the family?

Give 2 minutes to respond.

Add if not mentioned:

- “I would first look to see where the table has information about medicines and then look in the column ‘Key Points.’ Reading this, I’m reminded that there are seven important points to cover, but on this home visit, I may cover only two.”
- “I would make a calendar with the family that includes what medicine topics we will cover on each home visit.”

Say: The table also includes a column that tells you the materials that you can use to teach each objective.

Ask: How can you use this column to help you prepare to conduct home visits?

Give 2 minutes to respond.

Ask: What are the teaching materials listed for asthma triggers?

Answer: Session 4 Asthma Triggers picture cards and handouts, and handout 6I in particular.

Ask: How does seeing this list of materials help you?

Answer: It tells us where to find materials in the session. It helps us because we don’t have to look through the entire manual to find needed materials if we forget where they are.

Ask: What is the difference between the column “Key Points” and the column “Practical Applications”?

Give 2 minutes to respond.

Ask: Which column reminds you of what to cover on each visit?

Answer: “Key Points.”

Ask: Which column gives you ideas on ways to build the family’s skills in asthma control?

Answer: “Practical Applications.”

Say: Here is an example of a scenario: The Alvarez family just moved to this neighborhood. Rodrigo Alvarez is 6 years old and was diagnosed with asthma by Dr. Ramos at the clinic. Dr. Ramos just told you, “The Alvarez family is not yet connected with people or to community resources that can help them.”

Ask: Using this table to guide you, think about what you should do before and during a home visit with the Alvarez family. What are some possible answers?

Give 2 minutes to respond.

Add if not mentioned:

- Before going on the home visit, I will make a community resource guide by using handout 6J. I will use the guide to teach the family about what community resources are available in the area.
- Using the column “Practical Applications,” I will write down a list of things that the family can do with my support, such as the following:
 - Make a list of people who can be on their child’s Asthma Care Team.
 - Write down questions that the family can ask the doctor at the next appointment.
 - Look for an interpreter.
 - Take a copy of Rodrigo’s Asthma Action Plan to his school.

Say: Thank you for participating!

III. Teaching the Session—Part 2

A. How To Do a Home Visit

1. How Do I Feel?

Say: Doing home visits can bring up a lot of emotions.

Ask: For those of you who have conducted home visits, what kinds of emotions have you felt?

Give 3 minutes to respond.

Say: Visiting a home can be difficult, because families face many problems, such as poor housing conditions, poverty, and unemployment. You may wonder where to start to help the family. You may want to fix everything, and that may cause you to lose the focus of your visit. Remember that your primary task is to help the family get their child's asthma under control.

2. Stages of a Home Visit

Activity: Stages of a Home Visit

Say: We are now going to do an activity called “Stages of a Home Visit” in order to become familiar with the stages of a home visit. We will follow these steps:

1. I will need nine volunteers to come to the front of the room.
2. I will give each volunteer a piece of paper that has a stage of a home visit written on it. When I give you the piece of paper, hold it up so that everyone can see it.
3. The volunteers will line themselves up according to what stage comes first, second, third, and so on. The rest of you will help them line up in the correct order.

Give promotores 5–8 minutes to do the activity.

Distribute handout 6F: Stages of a Home Visit (page 287)

Stages of a Home Visit	
1. Introduce yourself and give a warm greeting.	1. Introduce yourself and give a warm greeting.
2. Explain the purpose of the visit.	2. Explain the purpose of the visit.
3. Identify family concerns.	3. Identify family concerns.
4. Provide asthma education.	4. Provide asthma education.
5. Provide information on community resources.	5. Provide information on community resources.
6. Do a family pledge.	6. Do a family pledge.
7. Wrap up the home visit.	7. Wrap up the home visit.
8. Write home visit notes.	8. Write home visit notes.
9. Report back to the Asthma Care Team.	9. Report back to the Asthma Care Team.

Note

Show the nine stages of the home visit that you wrote on the whiteboard or poster paper before the session.

Say: As we just discovered, a successful home visit has at least nine stages:

1. Introduce yourself and give a warm greeting.
2. Explain the purpose of the visit.
3. Identify family concerns.
4. Provide asthma education.
5. Provide information on community resources.
6. Do a family pledge.
7. Wrap up the home visit.
8. Write home visit notes.
9. Report back to the Asthma Care Team.

Thank you for participating in this activity. We will now go over each of these stages.

Ask: What is the first stage of the home visit?

Answer: Introduce Yourself and Give a Warm Greeting

Say: The first step in the home visit is to greet the family with a warm and friendly attitude. Be sure to share:

- Your name; and
- The name of the agency that is sending you to do the home visit.

Say: After introductions, have a friendly conversation. You do not need to start the asthma education session immediately. Take a few minutes to get to know the family. The family may trust you more if you are interested in talking about other things with them, such as:

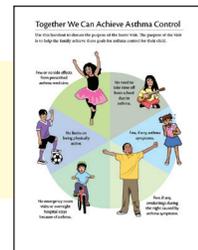
- Where they are from originally;
- How they ended up in this city;
- What sports their child plays; or
- How their child is doing in school.

Ask: While having a casual conversation with the family, what can you observe?

Allow 1 minute for responses.

Say: You can observe firsthand the home environment. It is very important for you to notice what needs to be done in the home to help control their child's asthma.

Distribute handout 6G: Together We Can Achieve Asthma Control (page 288)



Ask: What is the second stage of a home visit?

Answer: Explain the purpose of the home visit.

Say: The purpose of the second stage is to identify what the family needs to achieve their asthma goals for their child. As a promotora and member of the Asthma Care Team, you will also help the family find resources and support from the clinic and the community. We'll use handout 6G: Together We Can Achieve Asthma Control, in order to further discuss the purpose of the home visit.

Ask: What is the third stage of a home visit?

Answer: Identify family concerns.

Say: Start a conversation with the parents to know what concerns they have to keep their child's asthma under control. You can ask questions like the following:

- What concerns you the most about your child's asthma?
- What medicines is your child taking?
- How and when is your child taking medicines?
- What problems or concerns do you have about the asthma medicines your child takes?
- Does your child have an Asthma Action Plan?
- What are the things that make your child's asthma worse?
- Has your child had to miss school due to having asthma symptoms?
- When was the last time your child had an asthma attack?

Notice that many of the questions that I asked were open-ended. Use this type of question to motivate the parents to speak freely about their concerns. Pay close attention to any barriers that they experience in controlling their child's asthma.

Ask: What are some of the common barriers that families have in controlling their children's asthma?

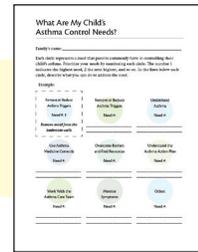
Give 2 minutes to respond.

Add if not mentioned:

- Poverty;
- No health insurance;
- Family issues;
- Difficulty keeping medical appointments;
- No transportation;
- Language barriers; and
- Inadequate housing.

Say: Some of the families you visit may have many needs. You will help families find out how they can start working on their most important needs or their priorities for controlling their child's asthma.

Distribute handout 6H: What Are My Child's Asthma Control Needs? (page 289)



Say: We will use handout 6H: What Are My Child's Asthma Control Needs? as a way to prioritize asthma control needs. On this handout, each circle represents a need that parents commonly have in controlling their child's asthma. Knowing these needs will help you identify what topics to cover with parents. To fill out this handout, parents should do the following:

- Prioritize family needs by numbering each circle. The number "1" indicates the highest need, the number "2" the next highest, and so on.
- Describe what the family can do to address each need. They should write this in the space provided below each circle.

Say: Let's look at an example from the handout:

**Remove or Reduce
Asthma Triggers
Need #: 1**

*Remove mold from
the bathroom walls*

As you can see, the family's highest need, as marked by a "1," is to remove or reduce the child's asthma triggers in the home. The family will address this need by removing mold from the bathroom walls.

Say: Take a moment to think about your top two needs for your fictitious child with asthma. You can begin.

Allow 3 minutes to do the exercise.

Ask: Who would like to share their top two needs for your fictitious child?

Allow 2 minutes for responses.

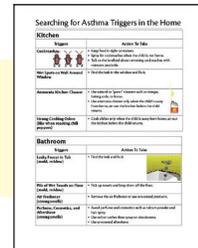
Say: Thank you for sharing.

Ask: What is the fourth stage of a home visit?

Answer: Provide asthma education.

Say: Teach asthma topics according to how the family has prioritized their needs. In the example that I provided earlier, the family identified that their top need was to remove or reduce asthma triggers in the home that makes the child's asthma worse.

Distribute handout 6I: Searching for Asthma Triggers in the Home (pages 290–291)



Say: This handout is an important tool to help families find asthma triggers in the kitchen, bathroom, and child's bedroom and learn the steps needed to reduce or remove the triggers.

I need two volunteers to come to the front of the room to demonstrate how they would use handout 6I: Searching Your Home for Your Child's Asthma Triggers.

Allow 3 minutes to complete the demonstration.

Say: Thank you for participating. When providing asthma education to families, you can use tools found in "A Breath of Life: Asthma Control for My Child," which include:

- The manual and its handouts;
- Picture cards; and
- The DVD and worksheets.

The more familiar that you are with these tools, the easier it will be to provide asthma education during home visits.

Ask and say: What is the fifth stage of a home visit?

Answer: Provide information on community resources.

Say: Many concerns faced by the families whom you visit cannot be addressed by this asthma program. However, you can still help families by giving them information about available community resources and services.

Ask: How can you find out about resources and services that are available in your community that may be helpful to families in need?

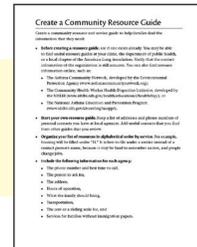
Give 2 minutes to respond.

Say: The amount and type of available resources and services for families in need varies for each community.

Ask: Who uses a community resource and service directory to help families?

Give 2 minutes to respond.

Distribute handout 6J: Create a Community Resource Guide (pages 292–293)



Say: Use handout 6J: Create a Community Resource Guide, as a tool to create your own directory of community organizations, nonprofit organizations, and churches that help with various issues, including:

- Immigration;
- Alcohol and drug addiction;
- Food and shelter;
- Hotlines;
- Support groups; and
- Prescription assistance programs.

Ask: What is the sixth stage?

Answer: Do a family pledge.

Say: In this stage of the home visit, you can help the family make a pledge that lists the things they will do to help control their child’s asthma. The pledge should be specific, including what will be done, how it will be done, when it will start, and who will do it.

Here’s an example: The child’s father says, “I promise to protect my child from his asthma triggers.”

Ask: What do you think about this pledge?

Allow 1 minute for responses.

Answer: This pledge is too general. We don’t know what the family is going to do or how the family will do it.

Say: Let’s look at another example: “I promise to ask Uncle Pedro not to smoke inside our house the next time he visits us.”

Ask: What do you think about this pledge?

Allow 1 minute for responses.

Answer: This pledge is specific and informs us what the family will do and when the family will do it.

Distribute handout 6K: Family Pledge (page 294)



The image shows a form titled "Family Pledge". It includes a header with the title and a brief instruction. Below the header, there are several sections for writing and signing. The first section is for the name of the family member making the pledge. The second section is for the pledge itself, with a list of bullet points providing examples of specific pledges. The third section is for the name of the family member who is being asked to do something. The fourth section is for the name of the family member who is making the pledge. The fifth section is for the date of the pledge.

Say: Use handout 6K: Family Pledge to share with the family and write down steps or tasks that the family will do.

Ask: What is the seventh stage?

Answer: Wrap up the home visit.

Say: Before you end the visit, make sure that you have answered all the family’s questions. They may have questions that you cannot answer, such as “Why did

the doctor change my child’s asthma medicine?” or “Where can I get free asthma medications?” If you do not have the answers, let them know that you will try to find out and call back with the information. Help the family write down questions to ask at their next doctor’s appointment. Be sure to find out how to reach the family, and let the family know how to contact you.

Ask: How would you end the home visit?

Allow 2 minutes to respond.

Say: Thank you for participating.

Ask: What is the eighth stage?

Answer: Write home visit notes.

Say: While on the home visit, you can take brief notes. After the visit, write detailed notes. Your notes should include family needs, observed changes, topics taught, doubts, questions, date of the next visit, and any other details you feel are important to record.

Distribute handout 6L: Home Visit Notes (page 295)

Say: Use handout 6L: Home Visit Notes, as a template to complete your home visit notes. **Ask your supervisor if your clinic has a home visit form.** If not, ask if you can use this form.

Note

If the promotores do not have experience writing home visit notes, take time to go over handout 6L: Home Visit Notes.

Ask: What is the last stage of a home visit?

Answer: Report back to the Asthma Care Team.

Ask: Where do you do this stage?

Answer: In the clinic.

Say: After the home visit is over, be sure to write down what happened during the visit and share your notes with the rest of the Asthma Care Team.

Ask: Why is it important to share what happened during a home visit with the rest of the Asthma Care Team?

Add if not mentioned:

- The team can learn from your experience. They can become aware of the types of things you do with the family. Your observations and work you did with the family can help health providers adjust medications or make other changes to the Asthma Action Plan.
- It provides an opportunity to share how “A Breath of Life” is working.
- It demonstrates how promotores are effective in helping families control their child’s asthma.
- It serves as a way to identify areas where you could benefit from additional support and training in your work.
- It helps the Asthma Care Team understand many of the specific needs of families with children with asthma.

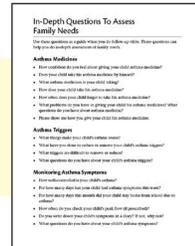
B. Follow-Up Visits

Say: After your first visit, you may do other visits to the same home. During each follow-up visit, you can:

- Continue to work on the priorities established with the family on the first visit;
- Revise priorities if any change has occurred;
- Make sure that the child Asthma Action Plan is up to date;
- Make sure that the child is using asthma medicines as prescribed by the doctor;
- Identify any side effects or problems related to taking asthma medicines;

- Help the family remove or reduce asthma triggers in the home;
- Check if the family experienced any difficulties doing what they said in their pledge; and
- Congratulate the family for their hard work in doing what they said on their pledge.

Distribute handout 6M: In-Depth Questions To Assess Family Needs (pages 296–297)



Say: Handout 6M is a guide with questions that you can ask on follow-up visits. Use these questions to do an in-depth assessment of family needs.

Say: A home visit is a complex activity with many stages. In order to feel confident conducting home visits, it is important to practice how to do them. Practice makes perfect.

Ask: What ideas do you have on ways to practice conducting a home visit?

Give 2 minutes to respond.

Add if not mentioned:

- Review the content in the manual “A Breath of Life.”
- Practice the stages of a home visit.
- Observe how an experienced promotora does a home visit.
- Bring an experienced promotora with you on your home visit so that she can observe and later give you tips on what went well and what can be improved.
- Talk with your supervisor about difficult situations that you were unable to resolve during the visit.

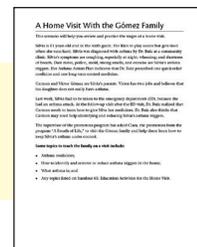
IV. Review of Today's Key Points

Activity: A Home Visit With the Gómez Family

Say: To review today's session, we will do a role play where you can apply everything that you have learned today. We will follow these steps to get started:

1. Divide up into groups of five. Don't stand up to do this until I ask you.
2. Each group will act out the Gómez family scenario. The scenario has the following characters:
 - Silvia, an 11-year-old daughter with asthma;
 - Carmen Gómez, Silvia's mother;
 - Víctor, Silvia's father;
 - Clara, a promotora; and
 - Dr. Ruiz, Silvia's doctor.
3. When I give you the Gómez family scenario, you will read it, and then your group will prepare a 5-minute role play based on the stages of a home visit.
4. Each group will choose a different asthma topic to teach the Gómez family. You can use handout 6E: Education Activities for the Home Visit (pages 285–286) to choose your topic.
5. Each group has 15 minutes to prepare and 5 minutes to present the role play.
6. You can begin now.

Distribute handout 6N: A Home Visit With the Gómez Family (page 298)



Say: Thank you. Let's have a round of applause for all your hard work.

V. Promotores' Graduation

A. Thank You

Say: Congratulations on completing the program “A Breath of Life”! I would like to thank you very much for all your hard work during these sessions. I wish you much success in your work helping families achieve asthma control for their children.

Note

Thank all those who made the sessions possible, such as the sponsoring organization and staff.

B. Presentation of Certificates

Say: I would like to give each of you a certificate to honor your efforts and your achievements.

Note

Call participants to the front of the room, and give each a certificate of achievement (page 299). You may want to give each promotora a small gift in addition to the certificate.

C. Potluck Celebration (Optional)

Say: Please place the dishes that you have brought on the table, and let's begin our celebration!

Golden Communication Skills

Good communication is at the heart of being effective promotores. Below are scenarios with inappropriate ways of using the skills. In the blank spaces in each box below, write the appropriate way of using the skill.

Skill 1: Show compassion.

Scenario: Ana has a busy schedule for home visits. The last visit is with Mrs. Paz. Ana has tried once before to visit her, with no success. Ana arrives on time, and no one answers the door. As she goes home, Ana feels frustrated and thinks to herself. . .

Inappropriate: “This is frustrating! This is the second time that Mrs. Paz has stood me up. Does she think that I have nothing else to do? She does not care about her daughter’s asthma. She is so irresponsible.”

An appropriate way to reply is:

Skill 2: Observe.

Scenario: Ana does a home visit with Mrs. Perez. In her written report, Ana includes her observation of the condition of the apartment.

Inappropriate: “Mrs. Perez does not care about keeping her apartment clean. The apartment is a mess. There are cockroaches crawling all over the place.”

An appropriate way to reply is:

Skill 3: Affirm the other person.

Scenario: Ana greets the Cano family as they come to the clinic. In the past, this family has struggled to keep their child’s asthma appointments. They say to Ana, “Well, here we are!” Ana responds. . .

Inappropriate: “Finally you decided to come! If you cared about Maria’s asthma, you would keep your appointments.”

An appropriate way to reply is:

Skill 4: Say how you feel.

Scenario: Ana is visiting the Solis family for a second time. During the previous visit, the family agreed to keep the cat away from the child’s room. During today’s visit, Ana sees the cat sleeping on the child’s bed. Ana responds. . .

Inappropriate: “I feel that you are being irresponsible when you allow the cat to go into Miguelito’s room even though I told you that it makes his asthma worse.”

An appropriate way to reply is:

Skill 5: Say what you need.

Scenario: During the home visit, Ana is in the child’s bedroom going through the asthma triggers checklist with the Mrs. Lopez. Mrs. Lopez is not paying attention to Ana’s suggestions. Ana needs to know if Mrs. Lopez will take action. Ana responds. . .

Inappropriate: “You really should start listening to my suggestions about how to remove or reduce your child’s asthma triggers.”

An appropriate way to reply is:

Skill 6: Be attentive.

Scenario: As Ms. Ruiz is leaving the clinic, she says to Ana, “My son did not have asthma until we moved to this country. I do not know what to do. It is so hard, and we live so far away from our family.” Ana responds. . .

Inappropriate: “Ms. Ruiz, I cannot talk to you right now; I am quite busy. I will call you later to discuss your problem.”

An appropriate way to reply is:

Skill 7: Handle criticism.

Scenario: Mrs. Garcia received a letter from the housing bureau telling her that she will have to leave her home because of the highway expansion. Ana discusses the situation with her and suggests that she call the tenants’ union to find out about a place to move. Mrs. Garcia begins to cry and says, “I do not need phone numbers. I need to stay in my house. You are like all the rest who do not do anything for anybody!” Ana responds. . .

Inappropriate: “I am just trying to help, and now you are YELLING at me!”

An appropriate way to reply is:

Skill 8: Create a win-win situation.

Scenario: Mrs. Ramirez tells Ana that she is embarrassed about the cockroaches that Ana saw in the Ramirez’s house. Ana responds. . .

Inappropriate: “You need to do a better job in cleaning your apartment. I hope I do not see any cockroaches next time I conduct a home visit.”

An appropriate way to reply is:

Skill 9: Work with the Asthma Care Team.

Scenario: Ms. Zelaya is upset that she cannot communicate with the Asthma Care Team at the clinic. She tells Ana, “Every time I go to that clinic, the doctor and the nurse do not want to take time to teach me anything, because I do not understand English well. It makes me not want to go back to the clinic.” Ana responds. . .

Inappropriate: “Ms. Zelaya, I think your child’s asthma will not get better unless you see the doctor for treatment.”

An appropriate way to reply is:

Golden Communication Skills: Answers

Good communication is at the heart of being an effective promotora. Below is a guide with scenarios and inappropriate and appropriate ways of using communication skills.

Skill 1: Show compassion.

“Do not judge a person until you have walked a mile in her shoes.” With compassion, you understand another person’s point of view, even if you do not agree with it. Think of the other person’s feelings. Do not use hurtful or harsh words. Take actions that are caring, not judgmental. Compassion builds trust and helps everyone feel heard and valued.

Scenario: Ana has a busy schedule for home visits. The last visit is with Mrs. Paz. Ana has tried once before to visit her, with no success. Ana arrives on time, and no one answers the door. As she goes home, Ana feels frustrated and thinks to herself:

Inappropriate: “This is frustrating! This is the second time that Mrs. Paz has stood me up. Does she think that I have nothing else to do? She does not care about her daughter’s asthma. She is so irresponsible.”

Appropriate: “This is frustrating! This is the second time Mrs. Paz has not been home for the home visit. I wonder if something has changed. I know that she works far away and takes public transportation, which is not always on schedule. Maybe I should call her and arrange a better time.”

Skill 2: Observe.

“Just the facts, please.” Observe the situation just as it is, without judgment. You can point out a problem without creating a new one. It is important to observe accurately and to write your observations clearly in your reports, because you are a vital link between the family and the clinic.

Scenario: Ana makes a home visit with Mrs. Perez. In her written report, Ana includes her observation of the condition of the apartment.

Inappropriate: “Mrs. Perez does not care about keeping her apartment clean. The apartment is a mess. There are cockroaches crawling all over the place.”

Appropriate: “The one-room apartment is very small, with a large sofa bed in the middle of the room. There are several boxes stacked in the corner. There is no storage, so there are piles of clothes and toys on the floor. The kitchen is very small, with a mini-refrigerator and a stove. Dishes are piled in the sink. I noticed some cockroaches crawling on the dishes.”

Skill 3: Affirm the other person.

Find opportunities to sincerely compliment and make supportive, reinforcing statements. By affirming the positive actions of the other person, you will encourage the person to get more involved and will increase her self-confidence in making positive changes.

Scenario: Ana greets the Cano family as they come to the clinic. In the past, this family has struggled to keep their child’s asthma appointments. They say to Ana, “Well, here we are!” Ana responds:

Inappropriate: “Finally you decided to come! If you cared about Maria’s asthma, you would keep your appointments.”

Appropriate: “It is great that you are here, Mr. and Mrs. Cano! Maria’s Asthma Care Team is here to work with you to help keep her asthma under control. Now let’s review the questions that you have for the doctor.”

Skill 4: Say how you feel.

Choose words that describe how you feel, without blaming others. This will help everyone focus on what can be done to fix the problem, rather than cause hurt feelings.

Scenario: Ana is visiting the Solis family a second time. During the previous visit, the family had agreed to keep the cat away from the child’s room. During today’s visit, Ana sees the cat sleeping on the child’s bed. Ana responds:

Inappropriate: “I feel that you are being irresponsible when you allow the cat to go into Miguelito’s room even though I told you that it makes his asthma worse.”

Appropriate: “I am concerned that the cat still sleeps in Miguelito’s room.”

Skill 5: Say what you need.

Be clear and positive in what you ask the other person to do or change. Make a suggestion, not a demand. Ask the other person how they feel about your suggestions.

Scenario: During the home visit, Ana is in the child's bedroom going through the asthma triggers checklist with the Mrs. Lopez. Mrs. Lopez is not paying attention to Ana's suggestions. Ana needs to know if Mrs. Lopez will take action. Ana responds:

Inappropriate: "You really should start listening to my suggestions about how to remove or reduce your child's asthma triggers."

Appropriate: "Mrs. Lopez, what suggestions are helpful to you? We can start little by little and work on them together. How does this sound to you?"

Skill 6: Be attentive.

Focus on the person speaking. Pay attention with your ears, eyes, and heart. Attention is key to your relationship with families. If they know and can feel your sincere interest in what they are saying, they are more likely to feel cared about and connected with you and the entire Asthma Care Team.

Scenario: As Ms. Ruiz is leaving the clinic, she says to Ana, "My son did not have asthma until we moved to this country. I do not know what to do. It is so hard and we are so far away from our family." Ana responds:

Inappropriate: "Ms. Ruiz, I cannot talk to you right now; I am quite busy. I will call you later to discuss your problem."

Appropriate: "You must feel pretty lonely around here. When you join the asthma classes, you will make new friends with parents who may have similar feelings as yours. They too may be struggling to keep their child healthy. The Asthma Care Team will work with you to help you control your child's asthma."

Skill 7: Handle criticism.

Listen to disapproval or attacks without taking them personally, and focus on the issue at the center of the storm. In this way, you can calm down explosive situations and work together toward solving problems.

Scenario: Mrs. Garcia received a letter from the housing bureau telling her that she

will have to leave her home because of the highway expansion. Ana discusses the situation with her and suggests that she call the tenants' union to find out about a place to move. Mrs. Garcia begins to cry and says, "I do not need phone numbers. I need to stay in my house. You are like all the rest who do not do anything for anybody!" Ana responds:

Inappropriate: "I am just trying to help, and now you are YELLING at me!"

Appropriate: "I can see that this is making you very upset. I promise that I will do what I can to make this situation better for you. Let's make a plan together. Tell me more about this issue."

Skill 8: Create a win-win situation.

Figure out a solution where everyone benefits.

Scenario: Mrs. Ramirez tells Ana that she is embarrassed about the cockroaches that Ana saw in the Ramirez's house. Ana responds:

Inappropriate: "You need to do a better job in cleaning your apartment. I hope I do not see any cockroaches next time I conduct a home visit."

Appropriate: "I really admire your efforts to keep the kitchen free of dirty dishes. Sometimes a cockroach problem is throughout the building, not only in one unit. Let's work on this problem together. We can start by talking with the landlord."

Skill 9: Work with the Asthma Care Team.

Work with all team members, even if you do not feel that you are on the same team. Help the other person see the value of working together on a team. Provide a helpful link between the family and the Asthma Care Team.

Scenario: Ms. Zelaya is upset that she cannot communicate with the Asthma Care Team at the clinic. She tells Ana, "Every time I go to that clinic, the doctor and the nurse do not want to take time to teach me anything, because I do not understand English well. It makes me not want to go back to the clinic." Ana responds:

Inappropriate: "Ms. Zelaya, I think your child's asthma will not get better unless you see the doctor for treatment."

Appropriate: "Ms. Zelaya, I do understand how you feel. You are doing the right thing by taking your child to the clinic. I will talk to the Asthma Care Team to make sure that a bilingual staff member or a translator is available for your next visit."

Useful Techniques To Improve Communication

Use communication techniques to help families achieve asthma control for their children.

1. Ask Questions

Type of Questions	Description
Closed-ended	Can be answered with a few words, like “yes” or “no.” They are used when you want to focus the conversation and get specific information: <ul style="list-style-type: none">• “Do you have your child’s medicine?”• “Does your child take his medicine at school?”
Open-ended	Allows a person to respond with more than “yes” or “no.” These types of questions usually begin with “what,” “how,” and “when”: <ul style="list-style-type: none">• “How do you know when your child’s has asthma symptoms?”• “Tell me how you measure your child’s peak flow.”• “What concerns do you have about your child’s Asthma Action Plan?”
Probe	There are times when the family will give you information that is vague or unspecific such as: <ul style="list-style-type: none">• “My son has not felt good.” To get a more accurate assessment of the concern, you will need to ask or probe for more information: <ul style="list-style-type: none">• “Tell me more about. . .”• “How did you feel when that happened?”• “What does (name of child) do when their asthma flares up?”• “Please give me a specific example of. . .”

2. Listen Actively

Ways To Listen Actively	Description
Nonverbal signs	Simple head nods, positive facial expressions, leaning forward, and eye contact are nonverbal signs that you are really listening to the other person.
Verbal signs	Adding “hum” and “uh-huh” can assure the person that you are listening and will encourage them to continue speaking.
Paraphrasing	Paraphrasing means repeating in your own words the important things that the other person said. “Mrs. Gómez, I want to make sure that I have this right. You said that when you give Juan the medicine, it makes his heart beat fast, and then he doesn’t want to take the medicine.”
Summarize	To summarize is to pull together the main points of the conversation. “Ms. Paz, I just wanted to quickly summarize what we did and talked about in today’s visit. First, we made a list of Andrea’s asthma triggers in your home. We decided to work together to help Andrea stay away from them to help her keep her asthma under control. Second, you said that this week, you plan to start using a ‘green’ cleaner to remove mold in the bathroom. Third, we decided that on the next visit we’ll make a list of the things you can ask the landlord to do. We also said we’d make a list of other things that you and your family can do to keep Andrea away from her asthma triggers.”

3. Deliver Information

Ways To Deliver Information	Description
Demonstration	Demonstrate a specific behavior for the parent. Encourage the parent to do the same behavior. Observe the parents' actions to see if they understand what you demonstrated. This gives you a chance to reinforce and encourage the parents. For example, show how to find and reduce asthma triggers in the home.
Role play	Act out a real-life role. Allow the parents to act out a role also. This will help them gain skills and confidence for dealing with difficult situations. For example, you may do a role play where the promotora plays the doctor and the mother practices what she would like to ask the doctor.
Stories and examples	Share successful stories from other parents. Ask participants if any of these stories are meaningful or apply to their family. Use examples to explain, describe, or teach a concept to the family or to show them how to solve a problem. "Doña Carmen helps remove dust mites by washing her son's sheets each week in hot water, using detergent and bleach. Could you try that, too?" Show the picture card of the normal airway and the airway of a person with asthma.

4. Reinforce Learning

Ways To Reinforce Learning	Description
Family pledge	You can reinforce learning by having families make a pledge to do a few specific things that would help control their child's asthma. "I promise to follow the instructions on the child's Asthma Action Plan. For example, if my child has symptoms when exercising or playing hard, I will make sure to give him his quick relief medicine before he starts exercising or playing hard."
Homework	Another good way to help families is to assign homework as a way for them to apply what they have just learned. "My family will keep the dog out of the child's bedroom."

What To Do Before the Home Visit

Use this guide in preparing for home visits.

Before the visit:

- Discuss the child’s case with your supervisor;
- Find out any problems that relate to the child’s asthma control;
- Learn about your clinic or agency’s home visit policies, including safety policies; and
- If possible, plan to go on the home visit with another promotora or provider.

Review the child’s chart:

- Go over the child’s medical chart with your supervisor or another health care provider.
- Review the information in the chart to know:
 - What asthma medicines the doctor has prescribed,
 - What triggers are most important to look for while on a home visit,
 - If the child has Asthma Action Plan, and
 - Results of any tests (e.g., to see if the child has allergies).

Gather things you need, such as the following:

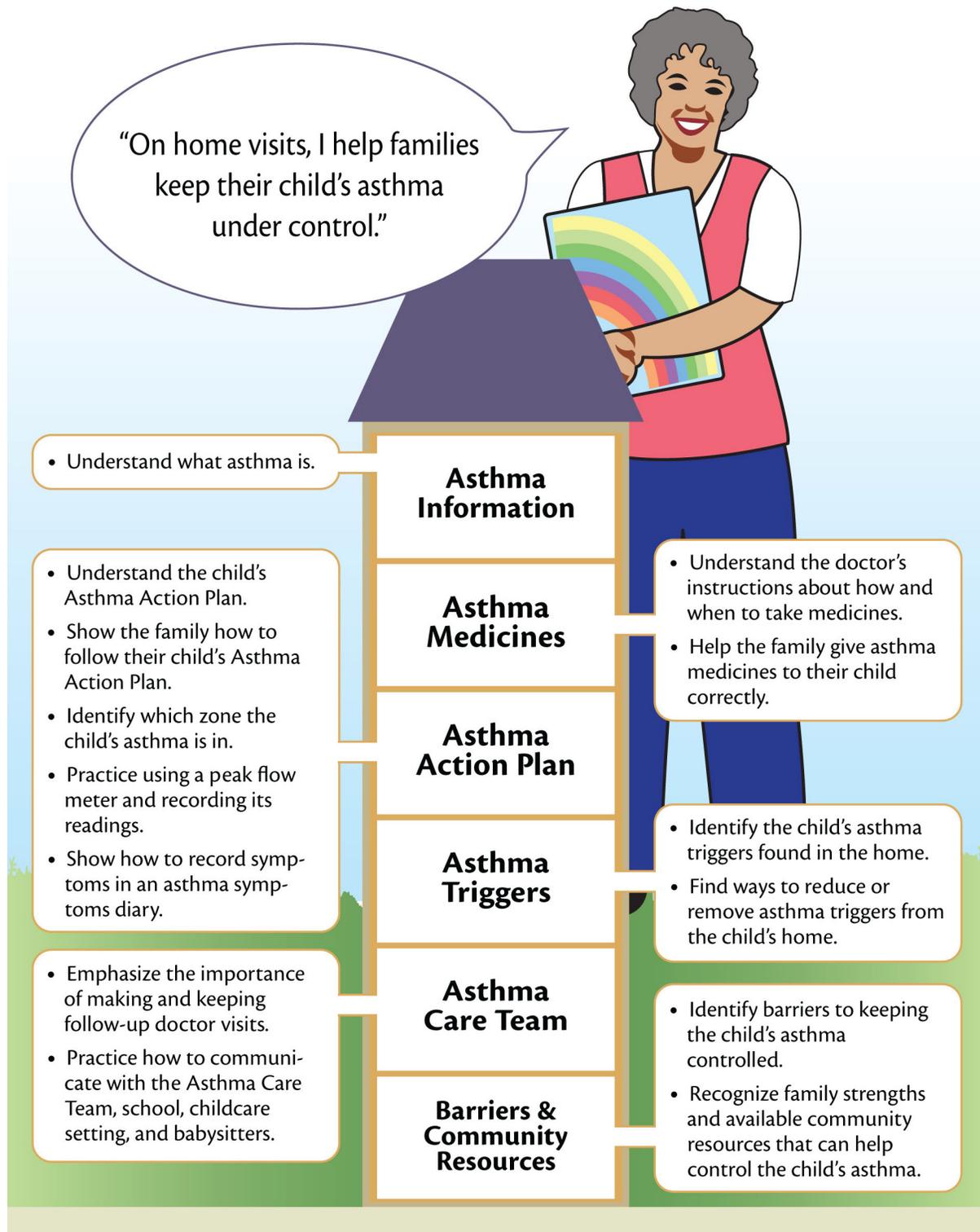
- The home visit assessment forms that your clinic uses. Check procedures for conducting the assessment with your supervisor; and
- The materials that you want to take to the home visit, such as the following:
 - A copy of the Asthma Action Plan,
 - Picture cards from “A Breath of Life,”
 - The DVD from “A Breath of Life,”
 - Copies of handouts listed on handout 6E: Education Activities for the Home Visit (pages 285–286),
 - A community resource guide, and
 - Important phone numbers for the family.

Other suggestions:

- Check the date of the visit and confirm it over the phone with the parent or other caregiver.
- Have the correct home address and details for parking or using public transportation.
- Ask if you need permission to park in the parking lot or need to take change with you to pay the meter.
- Ask if there is a gate or intercom to get in and what you need to do.
- Make sure that you have a phone number for the family to call in case you get lost.
- Make sure that your supervisor knows your home visit schedule.
- If you drive, be sure that you have enough gas in your tank.
- Safety first! Be aware of your surroundings.

Home Visit Topics

An important part of the home visit is teaching parents about asthma. Here is a list of topics and ways to help the family learn about asthma.



Education Activities for the Home Visit

Use this table as a guide to quickly find a topic that you can teach during the home visit. It helps you consider key points to cover, identify teaching materials to use, and know how to help families practice new skills.

Topics	Key Points	Teaching Material	Practical Applications
Asthma Information	<ul style="list-style-type: none"> • What is asthma? • Asthma symptoms (wheeze, cough, chest tightness, and shortness of breath) • Asthma treatment goals 	<ul style="list-style-type: none"> • Session 1: What Is Asthma? • Use session 1 picture cards and handouts • Show the “A Breath of Life” DVD 	<ul style="list-style-type: none"> • Explain to another family member why asthma is a chronic disease. • Talk with their family about asthma treatment goals, and set up a plan to reach them.
Asthma Medicines	<ul style="list-style-type: none"> • Quick relief medicine <ul style="list-style-type: none"> ▪ Used to treat asthma symptoms ▪ Take before running or playing hard ▪ When to use • Long-term control medicine <ul style="list-style-type: none"> ▪ Used to achieve and maintain asthma control ▪ Inhaled corticosteroids ▪ When to use • Proper use of inhalers • Children taking medicine on their own 	<ul style="list-style-type: none"> • Session 2: My Child’s Asthma Medicines • Use session 2 picture cards and handouts • Show the “A Breath of Life” DVD 	<ul style="list-style-type: none"> • Choose the time when the child will take his long-term control medicine daily. • Tell someone on their Asthma Care Team what the difference is between quick-relief and long-term control medicines. • Correctly use an inhaler, a spacer, and other devices. • Teach their child with asthma how to take medicine on his own. • Keep all asthma medicines and devices together, and tell the child and other family members where they are.

Topics	Key Points	Teaching Material	Practical Applications
Asthma Action Plan	<ul style="list-style-type: none"> • Doctor’s instructions <ul style="list-style-type: none"> ▪ Daily management ▪ Handling symptoms or attacks • Asthma zones • Peak flow meter • “Asthma checkups” with the doctor, not just when there is a problem • Updating the Asthma Action Plan 	<ul style="list-style-type: none"> • Session 3: The Asthma Action Plan • Use session 3 handouts 	<ul style="list-style-type: none"> • Describe the parts of an Asthma Action Plan. • Correctly use a peak flow meter, and record its readings. • Explain to another family member when it is important to seek medical advice.
Asthma Triggers	<ul style="list-style-type: none"> • Identifying the child’s asthma triggers • Involving child with asthma in family activities • Reducing exposure • Chores that the child with asthma can do and should not do • Physical activity 	<ul style="list-style-type: none"> • Session 4: My Child’s Asthma Triggers • Use session 4 picture cards and handouts, and handout 6I 	<ul style="list-style-type: none"> • Create a list of asthma triggers. • Take steps to reduce or remove contact with asthma triggers.
Asthma Care Team	<ul style="list-style-type: none"> • Role of the parents • Role of the Asthma Care Team • Questions to ask the doctor • Members of an Asthma Care Team • “Asthma checkups,” not just when having trouble 	<ul style="list-style-type: none"> • Session 5: Asthma Control for My Child at School and with Caregivers • Review “We Are a Team, and We Have a Plan!” section of sessions 1–4 	<ul style="list-style-type: none"> • List Asthma Care Team members and their contact information. • List questions to ask the doctor. • Practice asking the doctor questions. • Seek interpreter services if needed. • Take a copy of the Asthma Action Plan to the school or childcare. • Practice what you will say to the landlord.
Barriers & Community Resources	<ul style="list-style-type: none"> • Economic and social factors that may affect the child’s asthma control • Other issues and concerns 	<ul style="list-style-type: none"> • Review handouts 4D and 6J 	<ul style="list-style-type: none"> • List the top three barriers to controlling asthma. • Find community resources by using a resource or service guide.

Stages of a Home Visit

Use this handout to become familiar with the nine stages of a home visit.

1	Introduce yourself and give a warm greeting.	<ul style="list-style-type: none">• Share your name and the name of the agency that is sending you to do the home visit.• Have a friendly conversation. Get to know the family.• Observe the home environment.
2	Explain the purpose of the visit.	<ul style="list-style-type: none">• Identify what the family needs in order to achieve their asthma goals for their child.
3	Identify family concerns.	<ul style="list-style-type: none">• Find out what barriers the family experiences.• Think about ways that the family can start working on the most important needs first.
4	Provide asthma education.	<ul style="list-style-type: none">• Teach asthma topics according to how the family has prioritized their needs.• Use tools found in “A Breath of Life.”
5	Provide information on community resources.	<ul style="list-style-type: none">• Find out what resources and services exist in your community.• Use or create a community resource and service directory.
6	Do a family pledge.	<ul style="list-style-type: none">• Help the family think about the specific things that they will do to help control their child’s asthma.• Write these things down in the form of a pledge.
7	Wrap up the home visit.	<ul style="list-style-type: none">• Make sure that you have answered all the family’s questions.• Find out about questions that you are not sure how to answer and then get back to the family.• Help the family write down questions to ask at their next doctor’s appointment.• Find out how to reach the family.• Let the family know how to contact you.
8	Write home visit notes.	<ul style="list-style-type: none">• Take brief notes during the visit and detailed notes after the visit.• Include family needs, observed changes, topics taught, doubts, questions, the date of the next visit, and any other details that you feel are important to record.
9	Report back to the Asthma Care Team.	<ul style="list-style-type: none">• Share your notes with the rest of the Asthma Care Team.

Together We Can Achieve Asthma Control

Use this handout to discuss the purpose of the home visit. The purpose of the visit is to help the family achieve these goals for asthma control for their child.



What Are My Child's Asthma Control Needs?

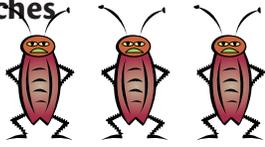
Family's name: _____

Each circle represents a need that parents commonly have in controlling their child's asthma. Prioritize your needs by numbering each circle. The number 1 indicates the highest need, 2 the next highest, and so on. In the lines below each circle, describe what you can do to address the need.

Example:

<div style="text-align: center;"> <p>Remove or Reduce Asthma Triggers</p> <p>Need #: 1</p> <p><i>Remove mold from the bathroom walls</i></p> </div>	<div style="text-align: center;"> <p>Remove or Reduce Asthma Triggers</p> <p>Need #:</p> </div>	<div style="text-align: center;"> <p>Understand Asthma</p> <p>Need #:</p> </div>
<div style="text-align: center;"> <p>Use Asthma Medicine Correctly</p> <p>Need #:</p> </div>	<div style="text-align: center;"> <p>Overcome Barriers and Find Resources</p> <p>Need #:</p> </div>	<div style="text-align: center;"> <p>Understand the Asthma Action Plan</p> <p>Need #:</p> </div>
<div style="text-align: center;"> <p>Work With the Asthma Care Team</p> <p>Need #:</p> </div>	<div style="text-align: center;"> <p>Monitor Symptoms</p> <p>Need #:</p> </div>	<div style="text-align: center;"> <p>Other:</p> <p>Need #:</p> </div>

Searching for Asthma Triggers in the Home

Kitchen	
Triggers	Action To Take
Cockroaches 	<ul style="list-style-type: none"> • Keep food in tight containers. • Spray for cockroaches when the child is not home. • Talk to the landlord about removing cockroaches with nontoxic pesticide.
Wet Spots on Wall Around Window	<ul style="list-style-type: none"> • Find the leak in the window and fix it.
Ammonia Kitchen Cleaner	<ul style="list-style-type: none"> • Use natural or “green” cleaners such as vinegar, baking soda, or borax. • Use ammonia cleaner only when the child is away from home; air out the kitchen before the child returns. 
Strong Cooking Odors (like when roasting chili peppers)	<ul style="list-style-type: none"> • Cook chilies only when the child is away from home; air out the kitchen before the child returns.

Bathroom	
Triggers	Action To Take
Leaky Faucet in Tub (mold, mildew)	<ul style="list-style-type: none"> • Find the leak and fix it. 
Pile of Wet Towels on Floor (mold, mildew)	<ul style="list-style-type: none"> • Pick up towels and keep them off the floor.
Air Freshener (strong smells)	<ul style="list-style-type: none"> • Remove the air freshener or use unscented products.
Perfume, Cosmetics, and Aftershave (strong smells)	<ul style="list-style-type: none"> • Avoid perfume and cosmetics such as talcum powder and hair spray. • Use roll-on rather than spray-on deodorants. • Use unscented aftershave.

Bedroom	
Triggers	Action To Take
Pile of Clothes on Floor and Under Bed	<ul style="list-style-type: none"> • Pick up clothes and keep them off the floor. • Do not keep things under the child's bed.
Pillow, Mattress, and Blankets	<ul style="list-style-type: none"> • Use special dust-mite-proof pillows and mattress covers. • Wash bed linens in hot water weekly, using detergent and bleach. Hot water kills dust mites. 
Stuffed Animals 	<ul style="list-style-type: none"> • If the child must have a stuffed animal, keep only his favorite, and wash it in hot water every week.
Carpeting	<ul style="list-style-type: none"> • If the carpet cannot be removed, vacuum once or twice a week when the child is out of the room. • The vacuum should have a HEPA filter or a double-layered bag.
Humidifier (mold, mildew)	<ul style="list-style-type: none"> • Do not use a vaporizer in the child's room. Steam can cause mold and mildew. • Use a dehumidifier.
Potted Plants (mold, mildew)	<ul style="list-style-type: none"> • Remove plants from the bedroom. Moist soil can cause mold and mildew.
Pet Dander	<ul style="list-style-type: none"> • Keep animals out of the bedroom. • Cover heating vents in the bedroom with a filter, like a piece of cheesecloth. • If possible, find a new home for any pets.
Windows, Blinds, and Curtains	<ul style="list-style-type: none"> • Dust window sills, blinds, and shades regularly with a damp cloth in warm, soapy water. • Vacuum and wash curtains regularly. If possible, replace the curtains with plastic, vinyl, wood, or aluminum blinds.

Create a Community Resource Guide

Create a community resource and service guide to help families find the information that they need:

- **Before creating a resource guide,** see if one exists already. You may be able to find useful resource guides at your clinic, the department of public health, or a local chapter of the American Lung Association. Verify that the contact information of the organization is still accurate. You can also find resource information online, such as:
 - The Asthma Community Network, developed by the Environmental Protection Agency (www.asthmacommunitynetwork.org);
 - The Community Health Worker Health Disparities Initiative, developed by the NHLBI (www.nhlbi.nih.gov/health/educational/healthdisp/); or
 - The National Asthma Education and Prevention Program (www.nhlbi.nih.gov/about/org/naepp/).
- **Start your own resource guide.** Keep a list of addresses and phone numbers of personal contacts you have at local agencies. Add useful contacts that you find from other guides that you review.
- **Organize your list of resources in alphabetical order by service.** For example, housing will be filed under “H.” It is best to file under a service instead of a contact person’s name, because it may be hard to remember names, and people change jobs.
- **Include the following information for each agency:**
 - The phone number and best time to call;
 - The person to ask for;
 - The address;
 - Hours of operation;
 - What the family should bring;
 - Transportation;
 - The cost or a sliding scale fee; and
 - Services for families without immigration papers.

- **Follow these steps to provide families with resources and referrals:**
 - Once you have identified the family's needs, make the referrals that they need.
 - Tell your supervisor about urgent situations right away.
 - Call the referral agency to let them know that you are sending someone to them.
 - Call the family to follow up and see how they are doing.

Family Pledge

Make a pledge to do something specific that you and your child can do to control their asthma.

Date: _____

Names of family members: _____

1. **Father/mother/guardian:** For each home visit, I agree to do the following:

- Be home for each scheduled visit with the promotora.
- Call the promotora if I cannot be home for the scheduled visit.
- Be ready and have my child ready for the home visit.
- Be actively involved during the home visit.
- Take actions to help my child control his asthma.

2. Between now and the next home visit, I will take these actions:

3. **Child:** I agree to:

4. Signed:

Father/mother/guardian

Child

Date

5. Date of next home visit: _____

Home Visit Notes

Use this form to help you write your home visit notes and share them with the rest of the Asthma Care Team.

Date: _____ Time: _____ Who was present? _____

Focus of the Visit		<input type="checkbox"/> Understand asthma	<input type="checkbox"/> Monitor asthma symptoms	<input type="checkbox"/> Learn about asthma medicines:
<input type="checkbox"/> Remove or reduce asthma triggers	<input type="checkbox"/> Follow the Asthma Action Plan	<input type="checkbox"/> Work with the Asthma Care Team	<input type="radio"/> How to use quick-relief medicine	
<input type="checkbox"/> Learn to monitor how the child's asthma is doing (use of peak flow and/or asthma diary)	<input type="checkbox"/> Identify barriers to and resources for asthma care	<input type="checkbox"/> Other	<input type="radio"/> How to use long-term control medicine	
Parent Priority				
Asthma Education		Observation		Program Materials
Questions for the Asthma Care Team				
Additional Notes				
Next Home Visit	Date:	Time:		
Topics To Cover Next Visit		Family Assignment/Pledge Between Now and Next Home Visit		

In-Depth Questions To Assess Family Needs

Use these questions as a guide when you do follow-up visits. These questions can help you do in-depth assessment of family needs.

Asthma Medicines

- How confident do you feel about giving your child asthma medicine?
- Does your child take his asthma medicine by himself?
- What asthma medicines is your child taking?
- How does your child take his asthma medicine?
- How often does your child forget to take his asthma medicine?
- What problems do you have in giving your child his asthma medicines? What questions do you have about asthma medicine?
- Please show me how you give your child his asthma medicine.

Asthma Triggers

- What things make your child's asthma worse?
- What have you done to reduce or remove your child's asthma triggers?
- What triggers are difficult to remove or reduce?
- What questions do you have about your child's asthma triggers?

Monitoring Asthma Symptoms

- How well-controlled is your child's asthma?
- For how many days has your child had asthma symptoms this week?
- For how many days this month did your child stay home from school due to asthma?
- How often do you check your child's peak flow (if prescribed)?
- Do you write down your child's symptoms in a diary? If not, why not?
- What questions do you have about your child's asthma symptoms?

- How often do you take your child to the doctor for an asthma checkup to make sure that his asthma is in good control and his Asthma Action Plan is up to date?

Asthma Action Plan

- Has your child's doctor given you an Asthma Action Plan?
- Do you know how to use an Asthma Action Plan?
- What problems do you have in following the Asthma Action Plan?
- How do you know when your child is in the Green, Yellow, or Red Zone?
- What do you do when your child is in the Green, Yellow, or Red Zone?

Working With the Asthma Care Team

- How comfortable do you feel about asking the doctor questions about your child's asthma?
- What questions or concerns do you have for your child's doctor?
- How is your doctor or nurse helping you follow the Asthma Action Plan?
- How can your family support you in keeping your child's asthma under control?

Identifying Barriers

- What makes it difficult to keep your child's asthma clinic appointment?
- Does your child have health insurance?
- What prevents you from getting the services that your child needs?
- Is paying for asthma medicines or devices a problem for you?
- Is language a barrier for you?
- What questions do you have about barriers to controlling your child's asthma?

Other Questions

A Home Visit With the Gómez Family

This scenario will help you review and practice the stages of a home visit.

Silvia is 11 years old and in the sixth grade. She likes to play soccer but gets tired when she runs hard. Silvia was diagnosed with asthma by Dr. Ruiz at a community clinic. Silvia's symptoms are coughing, especially at night; wheezing; and shortness of breath. Dust mites, pollen, mold, strong smells, and exercise are Silvia's asthma triggers. Her Asthma Action Plan indicates that Dr. Ruiz prescribed one quick-relief medicine and one long-term control medicine.

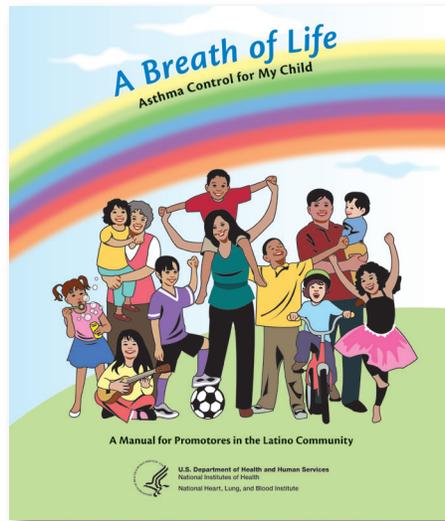
Carmen and Víctor Gómez are Silvia's parents. Víctor has two jobs and believes that his daughter does not really have asthma.

Last week, Silvia had to be taken to the emergency department (ED), because she had an asthma attack. At the follow-up visit after the ED visit, Dr. Ruiz realized that Carmen needs to learn how to give Silvia her medicines. Dr. Ruiz also thinks that Carmen may need help identifying and reducing Silvia's asthma triggers.

The supervisor of the promotora program has asked Clara, the promotora from the program "A Breath of Life," to visit the Gómez family and help them learn how to keep Silvia's asthma under control.

Some topics to teach the family on a visit include:

- Asthma medicines;
- How to identify and remove or reduce asthma triggers in the home;
- What asthma is; and
- Any topics listed on handout 6E: Education Activities for the Home Visit.



Certificate of Achievement

Awarded to

for Successfully Completing
A Breath of Life: Asthma Control for My Child
PROMOTORES' HOME VISIT TRAINING

Date

Trainer



U.S. Department of Health and Human Services
National Institutes of Health



National Heart, Lung,
and Blood Institute

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