

Behaviors like these during an office visit provide immediate teaching opportunities, he said. With feedback from the pediatrician, the parent can acknowledge her own behavior and learn how to correct it.

Teachable moments require a certain finesse on the pediatrician's part, according to Dr. Zuckerman. It's important to engage the parent—perhaps through humor or by enlisting the parent's help in getting to the root of a problem—and to provide positive feedback rather than blame or putting the parent on the defensive.

Indeed, thorough assessment of the child may reveal a neurologic deficit for which no one is to blame, he said. ■

Asthma Patients' Caregivers Crave Info

BY JOYCE FRIEDEN
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WASHINGTON — Caregivers of inner-city children with asthma want better information about managing the side effects of asthma medications and practical ways to reduce asthma triggers, Beverley Russell, Ph.D., said at a meeting sponsored by the Office of Minority Health and the Department of Health and Human Services.

Dr. Russell, who is director of health professions education at the Center for Community Health Education, Research and Service in Boston, conducted four focus groups, each with 12 participants.

One group included caregivers of children with asthma, another included caregivers of children without asthma, another included physicians, and another included allied health professionals.

"In 2003, the asthma hospitalization rates for Latino and black children in Boston were five times that for whites and three times that for Asians," said Dr. Russell.

"Our project wanted to know what experience folks in the community were having."

Three major themes emerged, she said.

One was that there was insufficient information given to caregivers to help them effectively manage children with asthma.

Dr. Russell quoted one caregiver as saying, "I wish my provider would have looked more at side effects. ... My child has a racing heart, hyperactivity, and [trouble sitting] still."

Focus group results also underlined that "providers need to know about the conditions people live in and the challenges they face," Dr. Russell said.

"That would help providers be more realistic in devising treatment plans and interventions."

'One parent boasted that she had someone who did home visits, so the person could see where they live and come up with something that makes sense.'

For instance, a provider suggested to one parent that she get a nonallergic mattress cover for her bed, and the woman replied, "The springs in my mattress keep popping out," Dr. Russell said. "Prescribing something like that just doesn't quite fit."

Another provider advised a caregiver to pull up the carpet in the home, but the person lived in a public housing project.

Participants also talked about the environment of the inner city. "We are surrounded by the gas, the smell, the smoke from cars, and the pollution," she said. "Those living in public housing talked about carpets, dust, mold, insects, pets, cleaning materials the housing people use, and also tobacco smoke."

One mother lived next to an auto body shop and complained that whenever the shop was painting cars, her daughter asked for a treatment, because even with the windows closed, the fumes penetrated the home and triggered an asthma attack.

Caregivers suggested that providers put more emphasis on the difference between treating acute symptoms and controlling asthma over time.

Caregivers would prefer a provider who offers asthma education and ongoing monitoring, Dr. Russell noted. "One parent boasted that she had someone who did home visits, so the person could see where they live and come up with something that makes sense and fits for them in their environment."

In the two focus groups for health professionals, providers were aware of many of the caregivers' frustrations but said that they often didn't have as much time as they would like to deal with these issues, Dr. Russell said in an interview. ■

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