

SCHOOLED IN ASTHMA – EXECUTIVE SUMMARY

American Academy of Pediatrics

ENHANCE STATE AND LOCAL COLLABORATION EFFORTS IN ASTHMA MANAGEMENT

IN SCHOOLS AMONG CHILDREN AND YOUTH

COOPERATIVE AGREEMENT

U58/CCU520142

August 15, 2001 to March 31, 2007

Overall Impact:

In August 2001, the American Academy of Pediatrics (AAP) received funding through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH). The project was entitled *Schooled in Asthma – Pediatricians and Schools Managing Asthma Together*. There were four long-term goals of the agreement:

1. Health Care Providers will routinely assess and manage school-age children with asthma by taking a school-relevant clinical history and by coordinating and collaborating with local school based personnel.
2. Pediatricians will be active participants and promoters of Coordinated School Health Programs at the local level (including school districts and local and state departments of health and education), with a focus on asthma.
3. The AAP, as an organization, will integrate Coordinated School Health Programs into educational programs for members, patients, and parents about healthcare for school-age patients (including but not limited to asthma).
4. At the federal level, the AAP will contribute efforts in supporting policies to strengthen coordinated school health, with a focus on asthma.

In order to accomplish these goals educational and programmatic activities were developed, implemented, and evaluated. Project activities and overall project impact are highlighted below:

1. *Schooled in Asthma (SIA) Seminars* – Three 1.5-day long educational seminars were implemented throughout the duration of the project period. Forty-three participants, comprised of primary care pediatricians, pediatric nurse practitioners, and executive directors from six AAP chapters partook in the seminars and in subsequent project activities. At the educational seminars, clinicians (pediatricians and pediatric nurse practitioners) were provided with educational lectures, reading materials, practice-modification tools, and other resources to help them achieve the goals of the project. The seminar had two major objectives: (a) promotion of practice changes at the level of each

participating practitioner, and (b) promotion of an AAP chapter-level project that would improve policy or practice related to management of asthma at school.

a. Participant/Practice Change – To prepare for practice changes, participants were updated on current asthma treatment guidelines, introduced to the concept of Coordinated School Health Programs, and asked to explore their role as a pediatrician in these programs at the seminar. Participants were given tools to take back to their clinics and offices that would help them successfully adopt desired pediatric office practice changes. The tools were designed to help participants make changes to achieve the following four goals within their practice:

- 1) History-taking with school-age children with asthma will include school-specific questions for determining severity (e.g., days absent from school, symptoms at school, participation in physical education classes).
- 2) Discussing asthma management during the school day during office visits (e.g., availability of asthma medications and related equipment at school, use of rescue medication at school and non-participation in physical activities).
- 3) Arranging for schools to receive an Asthma Action Plan (consistent with National Asthma Education and Prevention Program [NAEPP] guidelines) for school-age patients with asthma.
- 4) Practices will communicate with schools - (e.g., asking patients/parents for name of current school, contact person at school, signed consent to allow school and doctor to communicate directly).

Evaluation data showed that communication between participant offices and schools improved. Participants reported communicating with schools through a variety of mechanisms throughout the project. Adapted *SIA* forms to facilitate communication were reported to be helpful. Some reported that schools of their patients with asthma became more aware of issues associated with asthma such as medication self carry policies and overuse concerns with inhalers. As expected, communicating with schools had its challenges. Most commonly, it was not always easy for participants to speak with school nurses directly (due to their varying schedules) and participants did not always know who was capable of relaying a message appropriately in their absence. Participants also noted that having to rely on parents presented a challenge since there is no foolproof way of knowing if the information had reached the right person at the school. However, participants reported that being more aware of asthma related school absences, missed physical education classes, and failure to participate in physical activities during recesses helped them to:

- Improve management of the child's asthma and

- Educate parents that properly managed asthma prevents school absenteeism and increases participation in vigorous physical activity.

b. Chapter Activities – To prepare for chapter level activities that promote “coordinated school health” programs and focus on asthma, participants met together as a chapter with their executive director during a designated time at the seminar. During this time, they brainstormed on how their chapter could participate in coordinated school health activities in their state or region. The six participating chapters (Alabama, Idaho, Maine, New York #3, Oregon, and Washington) were given the autonomy to take the themes learned in the *SIA* seminar and apply them to the needs of the chapter. All of the participating chapters were quite successful in their programs. Highlights include: Development of local continuing medical education programs, participation in local and statewide asthma coalitions, development of a statewide school nurse directory, sponsorship of collaborative meetings for physicians and school nurses, development of statewide asthma management office tools, and new partnerships with other organizations and state leaders.

2. Development of Resources and Tools – Project staff developed a package called: *Participant Resources and Tools*. This is a compilation of materials that participants received at the seminar and utilized throughout the remainder of the project. Resources included the CDC cleared *SIA* seminar lectures, handouts, practice change tools, and resources from other partnering organizations. These materials are also available, by request, on the *Schooled in Asthma* Web site www.aap.org/schooledinasthma and a CD-ROM. Participants reported using the *SIA* Tools in numerous ways. Some participants used the forms verbatim while others adapted the forms to meet the needs of their practice such as incorporating them into an electronic medical record. Other participants used the tools and seminar materials to develop lectures to residents and school nurses.

3. Web site Development – www.aap.org/schooledinasthma - The Web site was launched in early February 2006. The most useful tools, resources, and updates on chapter projects are available for download at the *SIA* Web site. This on-line resource was promoted to all *SIA* participants, including chapters. To reach a broader audience, the Web site was also promoted on the List serves of the AAP Council on School Health, the AAP Section on Allergy and Immunology, the AAP Council on Community Pediatrics, the AAP Section on Pulmonology, CHEN, other CDC-DASH funded partners, and the National Initiative for Children’s Healthcare Quality (NICHQ). Since the launch of the Web site and until the time of writing this report, there have been more than 3,530 visitors to the *SIA* Web site. Project staff members have also noticed an increase in material requests and project inquiries. For example, school nurses raised concerns regarding the use of the word “huffing” on our ASTHMA form (our form has been revised to read “having equipment handy”). We have also had other inquiries from physicians around the country to get more information on how to

implement *SIA* in their practice or school district. One nurse is planning to adapt our slides to meet the needs of an upcoming staff meeting within her clinic.

4. Addition of *SIA* chapter to *eQIPP Asthma Module* – The Education in Quality Improvement for Pediatric Practice or *eQIPP* program is an innovative Web-based continuing medical education (CME) activity housed in the Department of Education at the AAP. *eQIPP* educational modules allow participants to identify gaps in their practice while providing them with resources to narrow the gaps and improve the care they provide to their patients. *eQIPP* helps the clinician break the changes down into small pieces and evaluate their success over time. Through the use of a message board and scheduled chat sessions, participants benefit from their colleagues and topic experts from across the country. The first module developed was Asthma. In order to reach more pediatricians with the *SIA* message, project staff worked with the AAP Department of Education staff to enhance the current asthma module of the *eQIPP* on-line learning program to include school specific information. There are currently over 700 subscribers to the module. The major goal of the *SIA* chapter in the asthma module is to introduce participants to issues related to managing a child with asthma who also attends school. By the end of the *SIA* chapter, participants will be able to: a) quickly elicit a school-relevant asthma history, b) identify tools that enhance communication with schools, c) identify aspects of a “school-friendly” practice, and d) describe a coordinated school health program. All of the *SIA* tools and many of the coordinated school health resources are available for download as part of the module. *eQIPP* will continue to be one of the premier pediatric online quality improvement CME program for years to come.

5. Partnerships – The launch of the *SIA* Web site: www.aap.org/schooledinasthma also helped build partnerships. This makes our materials available to all AAP members. Serendipitously, it has inspired two new partnerships: (1) with the AAP Special Interest Group: Early Education and Childcare steering committee and (2) with the Pennsylvania Chapter Early Childhood committee. These two groups are both reviewing the *SIA* materials to determine how the materials can be adapted to the early childhood setting. The *SIA* staff is looking forward to their feedback and potentially reaching another group of pediatricians and child health advocates with the *SIA* message. School health has become more prominent within the Academy, at both the national and chapter level, as a result of this project.

6. Evaluation – The final year of the project was dedicated to the evaluation of the overall project activities in order to determine if the four project goals were accomplished. Project staff and advisors worked with the Professional Development Partnership grantee, Rocky Mountain Center for Health Education and Promotion, to develop an overall evaluation plan (see Appendix A). Using the four project goals as a guide, evaluation questions were identified. Using the evaluation plan, project staff and advisors developed evaluation tools to be implemented in Year 5 of the project period. The participant evaluation was divided into two parts:

- An on-line survey (see Appendix B) and

- Telephone interview (see Appendix C).

Chapter project information was collected during the *SLA* Chapter Leadership meeting in November 2005 in addition to written chapter reports. All of the evaluation data was collected and summarized in the “Evaluation Data Analysis Grid” (see Appendix D).