

## ACTION STEPS

### ***AFSI Planning Action Steps***

1. Organize stakeholders
2. Conduct needs assessment
3. Create 5-year plan
4. Develop Year 1 workplan

As you begin, keep these rules of thumb in mind:

- Do not skip steps! This community-planning system is based on real-life experiences and is structured specifically to guide your planning to maximize resources by following an efficient roadmap.
- The basic information that guides you through each step is presented as text, with resources and sample materials compiled after each step. Take advantage of existing reference materials whenever feasible; this will save you time and possibly money!

### ◆ **Action Step 1: Organize Stakeholders**

#### ***To Organize Stakeholders:***

- Establish an AFSI coalition
- Review AFSI purpose and establish planning process
- Identify existing programs and resources
- Develop list of additional participants & plan recruitment
- Determine preliminary scope of AFSI project
- Determine organizational structure

#### **LESSONS LEARNED**

##### **Before you begin, ask yourself: “Where are the schools?”**

AFSI is a collaborative process between the community and the schools. The schools must be equal partners in the process. Pilot sites found that AFSI planning and implementation cannot be successful without school full participation in all aspects of the project. Stop and strategize bringing both “ground level” staff (nurses, teachers) and high-level administrators (superintendent, school board) into the project at the beginning of the process. Including individuals with fiduciary responsibility in the school district is particularly important!

Bringing schools to the planning and implementation process as full partners is recommended by pilot sites. Based on their experiences, your program will not be successful without the schools’ participation—from conducting a needs assessment, to recruiting program champions, and implementing long-term activities, and evaluation.

Take time to learn about schools, network among existing contacts to meet with high-level administrators, and systematically apply everything you learn from them as you move forward. Find the school/district that is willing to be a full partner in the process and is willing and able to change.

## Establish and convene an AFSI coalition

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AFSI is designed to be planned and implemented by a community coalition—either through an existing asthma coalition or another structured community group. One organization, such as the American Lung Association, usually will act as the “sponsoring organization” that convenes the group and provides initial leadership. As an organization, your AFSI coalition will need to determine a specific structure, which may include many options—such as whether you are forming a formal coalition or a limited-time task force. Most AFSI pilot sites implemented the project under a coalition effort.

[Note: Within this AFSI Toolkit, the larger group is referred to as a coalition, while smaller task-oriented groups within the larger coalition are referred to as “work groups.”]

As with any coalition effort, leaders will emerge, individual strengths and resources should be maximized, responsibilities should be specifically assigned, and organizations should be accountable for their share of work.

Coalition-building is a dynamic process that changes as needs are identified and analyzed, membership grows, and programs are implemented. Local groups can tap into a range of existing resources for guidance on coalition-building. (See the Resources section of this Toolkit.)

If you are establishing a new asthma coalition to initiate your AFSI project, consider inviting known health agencies, business, community, and education leaders to serve as your core planning group. The core group’s first responsibilities will be to identify and recruit additional members to fortify your efforts and provide knowledgeable direction for your AFSI project.

Remember: Coalition start-up and coalition efforts will require time and resources among all participants; a lead agency, in particular, should be committed to the long-term coalition effort!

## Make schools a part of the process

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Schools must be part of the AFSI planning process and coalition-building is paramount to ensuring a successful working relationship with schools. This way, coalition members can define and create opportunities for schools to tap into community resources, and schools can define and create opportunities for the coalition and/or individual members to tap into school resources. AFSI requires this collaborative effort to be successful. Take advantage of the Centers for Disease Control and Prevention’s (CDC) Coordinated School Health Program materials (see CDC Coordinated School Health Program Fact Sheet in Reference Materials at the end of this section).

Consider hosting a meeting of all willing participants (schools and coalition members) before moving forward with planning. Be sure that everyone is ready and willing to take on the project and to work collaboratively.

Keep three key points in mind as you move forward with schools:

- AFSI is a collaborative process between the schools and the community. The project cannot move forward without that collaboration. Schools and the coalition are equal partners.
- Involve student and parent leaders in your community asthma coalition.
- Work to identify an “asthma champion” within each school, who will help you navigate through the school/district system. Keep in mind that this individual may not be a teacher or nurse; it may be an administrator, parent leader, coach, or a facilities manager.

## LESSONS LEARNED!

### *Tips for developing a relationship with schools*

1. Learn about districts: Know key players, budget issues, bureaucracy.
2. Network: Talk to anyone you know, professionally or personally, who is involved in the district.
3. Take a customer-friendly approach: Take time to understand different groups who could become involved in asthma-friendly schools efforts. Approach each group by focusing on “selling points.” (See reference materials at the end of this section.) Understand “what’s in it” for them.
4. Get to “the issues”: Understand policies, state legislation and federal statutes that affect health programs and services in schools. Use that knowledge to your advantage and don’t let policies catch you off guard.
5. Be persistent yet patient: Relationship-building takes time.

## SELF-CHECK!

Are you on the right track? Ask yourself:

- Does the purpose of the AFSI process fit with your organization’s goals?
- Do you have the time and resources to start a planning process?
- Have you formed a partnership with a school district that is ready and willing to do the work needed?

## Review AFSI’s purpose and establish your planning process

Bring the initial group together and educate them about AFSI’s purpose, its design as a coalition-based initiative, and the overall planning and implementation process recommended. Focus on the AFSI purpose to keep kids with asthma healthy and ready to learn!

Highlight the proven effective planning process and implementation activities presented in this Toolkit. Define the group’s goals in planning and implementing an AFSI project over several years. This will be a pivotal time in the process to analyze your schools’ schedules and other high-level issues your partner school brings to the discussion; remember, AFSI is a collaborative process with your school(s). Together, review the planning process and document any modifications that your coalition strongly recommends and determine a timeline for completing the planning process. Consider creating a planning work group from the larger coalition membership. The planning process may be up to one year.

*A note of caution: The tendency of community collaboratives is to want to start activities right away and members may not want to consider long-term planning. But one of the critical tasks of this first meeting is to sell the importance of the planning process itself. Work hard not to trim the process unless absolutely necessary. Keep in mind that the process was pilot-tested and is based on real-life experience by coalitions throughout the U.S.*

## Identify existing asthma-related programs and resources

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Work group members should document existing programs and resources, including key individual contacts. This will provide the backdrop for your AFSI work and needs assessment (Action Step 2) and will document:

- member organizations' involvement in asthma and current programs and resources dedicated to asthma
- detailed list of state/local programs and services (asthma, school health)
- state/county/municipality departments and staff involved in asthma and school health
- hospital/HMO and group practices' programs
- existing asthma and school program funders and contact individuals
- asthma researchers
- contact person for a CDC-funded coordinated school health program (located at state departments of health or education for funded states)
- state asthma coordinator, within the state department of health
- other community asthma lead persons who may already be tapped into an informal network of decision makers

To minimize your assessment time and to initiate contact with some important individuals, tap into existing resources and contacts. Community asthma resources can help you identify existing data, add a depth of knowledge about existing programs, and provide technical assistance for planning and implementation. Remember, involving healthcare providers and other health-related organizations and professionals can result in outcomes that will bolster your asthma-friendly schools efforts.

Several existing resources can help get you started. One specific Web site (<http://ctb.ku.edu/>) is an extensive "Community Toolbox" with a range of materials, such as a section on assessing community needs. Many customized tools are available to assess community and/or state needs and services. Network through coalition members and contacts within municipal and state health departments to identify resources.

### SELF-CHECK!

Are you on the right track? Ask yourself:

- Have you identified asthma programs in the community?
- What asthma resources are currently available to schools?

## Develop a list of additional participants and plan recruitment

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Coalition membership should be truly representative of your community. Stakeholders from all populations and geographic neighborhoods should be involved. A diverse membership will ensure that all needs are being examined and that programs and resources developed are culturally appropriate and culturally competent. Plan recruitment based on your local project needs; membership does not have to include representation from all potential sources presented in this AFSI toolkit. Of course, membership can and should grow as you learn more about key individuals and/or organizations who can make things happen in your local community, such as:

- community-based organizations
- potential funders

- parent and student leaders
- health/medical professionals (primary healthcare providers, pharmacists, respiratory therapists, etc.)
- community elected officials
- business and community opinion leaders
- school personnel and school board members with access to resources
- health plan representatives
- urgent care, emergency department, and hospital representatives
- public health representatives

(See the American Lung Association Tip Sheet—Recruiting an AFSI Coalition: Know Your Audiences & Benefits at the end of this section.)

### **LESSONS LEARNED!**

AFSI pilot sites recommend a diverse membership! Individuals will be provide a wide range of perspectives and experience, and can connect the coalition with varied networks for funding and other resources.

Your work group’s list of existing asthma programs and resources should be the foundation for recruiting additional members into the AFSI planning process. Be sure to look beyond the existing programs list to recruit representatives from other community organizations who bring diversity to the group—both in populations served and in function (health, business, youth services, etc.).

Delegate responsibilities for recruiting specific individuals to your members. Everyone should work toward a relatively quick deadline to keep the process moving forward!

### **SELF-CHECK!**

Are you on the right track? Ask yourself:

- What school representatives are participating in the planning process? Do you have access to decision-makers? Is an asthma champion on board?
- What skills will your group need that are currently missing from your participants? Who from the community could provide those skills?
- Are the participating schools ready for the process and the changes that will be required to implement AFSI?

## **Determine target of the AFSI project**

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Although the final decision about which and how many schools or districts with whom you’ll work will be made after your needs assessment, the coalition should identify a preliminary concept of the target of your AFSI project. Will you focus on one school, one district, or a geographic region?

AFSI pilot sites reported that their coalitions needed a general definition of their work early in the planning process, with the understanding that it may be refined after the needs assessment is complete.

## SELF-CHECK!

Are you on the right track? Ask yourself:

- What level of school representation is working on the project? Can they make changes at one school, one district, or the whole state?
- Considering your scope, how large a needs assessment should you undertake? For example, if you are focusing the program on the entire district, do you need information on the entire district or a representative sample?

## Determine organizational structure

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If your AFSI project is not being planned under the auspices of an existing organizational structure, you will need some understanding of how the group will function. The group should define staff lead(s), a chairperson, subcommittee or work group leads, and its overall goals.

A community asthma coalition should work under the philosophy that individual members/groups are working cooperatively, specifically to increase options for funding and policy change related to creating asthma-friendly schools. To facilitate that cooperative work, a coalition should consider the following issues for effective coalition management, and implement decisions and direction of the group as agreed upon by members:

- All organizations should share agendas, strategic plans, program information, audiences, and roles, so that resources are clarified.
- The group should identify and formally define its goals and objectives, roles, strengths, and weaknesses.
- Members should agree on a written purpose and clarify basic organizational systems, whether they are formal or informal. These include processes for decision-making and conflict resolution, as well as a communications system.
- Members should determine and agree how finances are managed and which organization(s) are willing to serve as fiduciary agents.
- Members should determine whether all community voices are at the table and continuously recruit others who are identified as filling gaps.
- Members should seek out other coalitions to learn/share information locally; these resources could include information about health/medical systems, municipal/state information, etc.

## SELF-CHECK!

Are you on the right track? Ask yourself:

- Who is sitting at the table and why?
- Are coalition members willing to work together and share resources even as the project impacts individual organizations?
- Have coalition members agreed on specific, written goals?
- What are the procedures for AFSI?
- Who is charged with ensuring AFSI work continues on schedule?
- What are the mechanisms of conflict resolution that are in place?

## REFERENCE MATERIALS

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- ❖ Centers for Disease Control & Prevention Coordinated School Health Program Fact Sheet
- ❖ American Lung Association Tip Sheet—Recruiting an AFSI Coalition: Know Your Audiences & Benefits





## Centers for Disease Control & Prevention (CDC) Coordinated School Health Program Fact Sheet

CDC has established a national framework to support coordinated school health programs (CSHP). More than 60 national non-governmental education and health organizations work with CDC to develop model policies, guidelines, and training to assist states in implementing high-quality school health programs.

### What is a CSHP?

A coordinated school health program (CSHP) model consists of eight interactive components. Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people.

### Eight Component Model

The following are working descriptions of the eight components of a coordinated school health program.

1. *Health Education:* A planned, sequential, K-12 curriculum that addresses the physical, mental, emotional, and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The comprehensive health education curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Qualified, trained teachers provide health education.
2. *Physical Education:* A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical activity.
3. *Health Services:* Services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.
4. *Nutrition Services:* Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.
5. *Counseling and Psychological Services:* Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.
6. *Healthy School Environment:* The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.

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7. *Health Promotion for Staff:* Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.
8. *Family/Community Involvement:* An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.



## **American Lung Association Tip Sheet Recruiting an AFSI Coalition: Know Your Audiences and Benefits**

Recruiting and building relationships with key individuals and organizations are critical to successful planning and subsequent project implementation. Consider any potential members of your AFSI coalition and other collaborators “customers.”

Your customer groups are anyone with whom you need to work to implement AFSI locally. You may be considering individuals from any of these groups as potential coalition members, and some will become partners in the actual implementation of the project.

AFSI customer groups include:

- administrators/school boards
- school nurses
- teachers/coaches/physical education teachers
- bus drivers
- building/facilities personnel
- parents
- state, county, and local health and education departments
- community health professionals
- students with asthma
- classmates of students with asthma
- civic/business leaders
- additional community partners

Understanding how each audience or customer group will benefit from the asthma-friendly schools initiative will be a key to success. Just as few people would buy a product without believing they will benefit from it personally, individuals within the school and civic community will not “buy into” the asthma-friendly schools initiative without understanding how the program (and/or specific activities) will benefit them directly.

When working with each customer group or audience, focus your communication on key benefits or “selling points” for that particular audience. Incorporate these in specific written materials, as well as group presentations and small meetings. The following are lists of baseline benefits per audience. As you work with different groups and learn more about them and their perspectives, add specific benefits to these lists.

### ***Administrators/School Boards***

Superintendents, principals and school boards or board of education members should support elements of asthma-friendly schools activities—not only in setting policy, but also in supporting the concept, providing staff direction and budget support. Asthma-friendly schools activities benefit school administrators because these activities:

- are evidence-based
- may greatly reduce or eliminate asthma crises in schools
- may reduce student absenteeism and improve the student learning environment
- may increase school income as absenteeism rates decline
- may enhance the well-being of members of the school community and increase teacher productivity
- include strategies for low-cost and no-cost indoor air quality management
- provide resource and potential partnership links within the community, including funders
- include education for faculty and staff to improve the school’s asthma management, responses to asthma emergencies and facilities management
- can help minimize potential liability issues

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## American Lung Association Tip Sheet— Recruiting an AFSI Coalition: Know Your Audiences & Benefits (cont.)

- can increase the school's medical/health resources, which can help with management of other chronic illness
- can improve faculty/staff productivity and performance

### **School Nurses**

School nurses are the core of the school health services, pivotal in responding to health issues and emergencies. Asthma-friendly schools activities benefit school nurses because these activities:

- may decrease the number of acute care visits to the school nurse or clinic
- may improve indoor air quality, thereby decreasing the potential for asthma episodes and other building-related illnesses by students and staff
- include specific asthma training for all school staff
- support strengthened roles and expanded resources for school nurses
- support expanded school health structures, such as creation of a school health council and introduction of a consulting physician or other health care professional into the school
- include more coordinated use of Asthma Action Plans by school staff
- may reduce student absenteeism, enhance well-being of members of the school community and improve student learning environment
- clarify communications among school nurses and all other school staff about the needs of students with and without asthma, as well as those students with other chronic health conditions

### **Teachers/Coaches/Physical Education Teachers**

These individuals are the first line of response during a student's asthma episode. Their involvement is critical, as is their understanding of both the broad and specific issues of asthma management.

Asthma-friendly schools activities benefit teachers and coaches because these activities:

- include specific asthma training for all faculty and staff, including effective and appropriate responses to asthma episodes and other respiratory emergencies
- may improve IAQ, thereby decreasing the potential for related student and staff asthma episodes, and improving work environment, which potentially reduces teacher absenteeism, enhances well being and increases teacher productivity
- include more coordinated use of Asthma Action Plans by school staff
- may reduce student absenteeism and improve the student learning environment
- clarify communication among school staff about the needs of students with asthma
- include strategies to coordinate efforts between administration and school employees

### **Bus Drivers/Transportation Company Staff**

Without bus driver training in asthma response skills, students who ride buses to and from school may be left with a void during the time—up to two hours per day—between their homes and school.

Asthma-friendly schools activities benefit bus drivers/transportation company staff because these activities:

- include asthma training for bus drivers, including effective and appropriate responses to asthma emergencies
- include strategies to improve communication between school and transportation staff
- may improve air quality inside buses, thereby improving drivers' work environment and the well-being of drivers and student passengers

### **Building/Facilities Staff**

Because environment plays such a critical role in asthma management, building/facilities staff must understand their vital part in asthma-friendly schools activities. Asthma-friendly schools activities benefit building/facilities staff because these activities:

- can help save money through indoor air quality (IAQ) management, including integrated pest management (IPM)
- include strategies for involving faculty and staff in IAQ management
- include IAQ training for staff and focus on IAQ management, which can reduce physical plant and equipment deterioration
- include activities that rely on facilities staff, who are recognized as valuable participants in the school's work to ensure students' health and well-being
- can improve facilities staff working environment and enhance their well-being

## American Lung Association Tip Sheet— Recruiting an AFSI Coalition: Know Your Audiences & Benefits (cont.)

### **Parents**

Involving parents will be critical to supporting specific student education, educating parents themselves, and assisting parents in accessing additional community resources. Asthma-friendly schools activities benefit parents because these activities:

- include education about asthma for all students, and specific asthma management education for students with asthma
- may reduce student absenteeism and improve the student learning environment
- may greatly reduce or eliminate asthma crises in schools
- prepare school personnel to respond to asthma episodes and other respiratory emergencies by providing specific asthma training for all school staff
- may improve IAQ, thereby decreasing the potential for related asthma episodes by students
- include strategies for better communication between nurses and other school staff, including a coordinated use of Asthma Action Plans
- include strategies for improving communication among home, school, and health care providers
- may improve air quality, increasing teacher well being and increasing productivity, thereby minimizing disruptions to student learning
- are based on programs, documents, and research conducted by medical and public health experts and members of professional organizations

### **State Education & Health Departments**

Asthma issues should and must be on these departments' agendas, whether or not they are currently focused on asthma. These organizations' employees can provide resources and information and benefit from direct involvement in asthma-friendly schools efforts. Asthma-friendly schools activities benefit state education and health departments because these activities:

- are based on programs, documents and research conducted by education, medical and public health organizations, including American Lung Association, CDC, American Academy of Pediatrics (AAP), National Association of School Nurses (NASN), National Education Association (NEA), National Heart, Lung and Blood Institute (NHLB) and the Environmental Protection Agency (EPA)
- may greatly reduce or eliminate asthma crises in schools
- may reduce student and teacher absenteeism and improve student's learning and teacher's working environments
- incorporate community-wide collaboration among the school community, healthcare providers, community-based organizations, civic/business leaders, and insurance providers
- help minimize potential liability issues
- increase the school's medical/health resources which can help with management of other chronic illnesses
- maximize resources

### **Healthcare Providers and Clinicians**

Local health departments, hospitals/clinics, and individual primary health care providers can and should play important advisory and hands-on roles in asthma-friendly schools activities. Asthma-friendly schools activities benefit community health professionals because these activities:

- improve compliance with prescribed asthma management
- improve the quality of adults' observation and the validity of history that doctors receive regarding a child's symptoms
- address two significant health issues—asthma and air quality
- focus on a holistic, community-wide approach
- include opportunities for professional development, such as consulting services, volunteer medical services, and advisory activities (school health council, etc.)
- may result in decreased asthma episodes and emergencies by students and school faculty and staff
- provide positive community relations/public relations opportunities for organizations and individuals
- are based on programs, documents, and research conducted by education, medical and public health organizations, including American Lung Association, Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), National Association of School Nurses (NASN), National Education Association (NEA), and Environmental Protection Agency (EPA)

## American Lung Association Tip Sheet— Recruiting an AFSI Coalition: Know Your Audiences & Benefits (cont.)

### **Students with Asthma**

Benefits to children with asthma will reflect the benefits and results of specific asthma and healthy indoor environmental education, such as Open Airways For Schools and IAQ Tools for Schools, from which students may receive the following:

- specific asthma self-management skills
- fewer symptoms
- improved self-esteem
- opportunity to participate more fully in activities they enjoy
- opportunity to relate feelings about asthma and interact with others with asthma
- positive reinforcement
- focused attention from teacher or asthma education instructor
- improved school performance

Additional benefits of improved/expanded school health services as a result of asthma-friendly schools activities include:

- more asthma management support by teachers and other school staff
- better access to asthma medications
- greater referral to and use of medical and other community resources
- better IAQ management

### **Classmates of Students with Asthma**

Classmates of students with asthma may include individuals who have not yet been diagnosed with asthma. Those individuals will benefit from asthma-friendly schools activities by:

- increased faculty and staff awareness of signs and symptoms of asthma and appropriate responses to the student
- improved IAQ at the school
- their awareness of other students' asthma in general and the warning signs of an asthma episode
- having increased empathy for those with asthma
- learning to assist peers with asthma management
- possibly earning service-learning credit for their involvement in school-based or community-focused asthma awareness activities

### **Civic/Business Leaders**

These include individuals and organizations who may become involved in an asthma coalition, fund specific activities, or become involved in awareness campaigns and programs. Asthma-friendly schools activities benefit civic and business leaders because these activities:

- address two significant health issues that affect the entire community—asthma and air quality
- focus on a holistic, community-wide approach, which provides networking opportunities
- provide positive community/public relations opportunities for organizations and individuals
- involve a range of prominent local professionals and organizations
- can save public funds and maximize resources
- positively affect students' and school staff's health and well-being

### **Additional Community Partners**

These include community-based organizations that may or may not be related to general health issues or asthma, specifically, or individual professionals who contribute needed skills and/or resources to your initiative. Examples may include: community foundations, community development associations, youth organizations, minority business organizations, community housing advocates, environmental justice advocates, attorneys, epidemiologists, university professors, and public relations professionals.

While these organizations and individuals may not at first be priority partners, keep in mind that they offer a variety of resources, including education and leadership training and social and support services. These additional partners will be valuable in both planning and implementing your initiative and their experiences may tap into existing resources. They are another link to parents and are often trusted by community members. They provide the home and community component of a community-based strategy, as well as professional skills/services that will strengthen implementation and program outreach. Asthma-friendly schools activities benefit these organizations and individuals because these

**American Lung Association Tip Sheet—  
Recruiting an AFSI Coalition: Know Your Audiences & Benefits (cont.)**

activities:

- provide individual referrals between programs
- promote community programs/resources
- ensure a continuum of community services to a target population (including and beyond asthma services)
- support resource networking and may minimize duplication of effort
- create joint/increased funding opportunities
- provide opportunities for individual contributions to a community health issue

