

◆ Action Step 2: Conduct a Needs Assessment

To Conduct a Needs Assessment

- List information needed
- Identify existing data, data gaps, and sources of that information
- Review existing asthma needs assessment tools
- Assign responsibilities & timeline
- Collect new data
- Analyze data and prioritize needs
- Summarize needs assessment results

Your needs assessment will walk you through the following elements:

What school and community information do you need to plan your AFSI project?

What information and resources already exist?

What information is missing?

How can you capture that information?

A needs assessment may be more easily accomplished by a small work group focused on this defined task. A thorough needs assessment will inform the overall direction of your AFSI project and serve many other roles as you move forward, including:

- document a detailed picture of your school needs and community resources
- serve as baseline data for interim and long-term assessment
- increase the level of data to build evidence of asthma as a major health issue
- document needs of school staff, which will bolster efforts to initiate the project within schools

The needs assessment process also will serve as entrée to influential individuals by educating them about asthma issues and the initiative before planning is underway. Be sure to involve high-level school administrators and/or school board members, as well as other important community stakeholders. Consider the needs assessment the first step in your project promotion.

This process may help you identify “program champions” within individual schools and/or school systems, as well as community leaders who are interested in getting involved in your AFSI project. Be aware that you also may need to incorporate expert guidance and/or involvement to efficiently and effectively document your community’s data and to subsequently prioritize needs.

Work systematically through the following tasks to build a meaningful needs assessment.

List information needed

Local AFSI projects should tailor the information needed to their specific AFSI project. Typically, coalitions examine the following categories of information:

- asthma-friendly school policies and practices—examine policies and programs related to school health services, asthma education, physical activity, and environment
- state/local programs and services
- asthma data (estimated prevalence per population per service area, hospitalization data,

disparities among ethnic/racial populations); be sure to hone in on statistics specific to your targeted school(s) or school district(s).

- legislation and policies affecting asthma in schools (see the American Lung Association Tip Sheet: Policies & Legislative Issues Affecting Asthma in Schools, included in Reference Materials at end of this section)
- Individuals on your coalition may already have or have access to the school and community data you need.

SELF-CHECK!

Are you on the right track? Ask yourself:

- Where is the school now?
- What are the questions we want answered?
- How much information do we need?

Identify existing data, gaps in data, and sources of that information

Coalition members will have some of the data required. Identify who has which data, document that information and sources of the data.

SELF-CHECK!

Are you on the right track? Ask yourself:

- What data can members of the coalition provide?
- What data can government agencies provide?
- What additional data is available locally?

Tap into existing data sources, which will save time and resources. Types of existing data may include mortality data, hospitalizations and emergency department visits for asthma from a specific area. In many states, data is available by zip code, which may support customized regional approaches.

Partner with coalition members to pool resources and work with contacts who may already have compiled the specific data you may need. Other community sources of data may include:

- state health and education departments
- municipal health departments
- school districts
- HMOs, health insurers
- state medical associations
- state Medicaid agency
- local hospitals

Also gather absentee data and other asthma-related student data from the state education department and/or school districts. These data may be collected via:

- absentee records
- school-health intake cards

- medication forms
- case-management reports
- nurse-visit tracking forms

As you identify data gaps, consider possible sources of that information, and take time to decide if information is critical to moving your AFSI project forward or secondary to your planning. Research information through:

- web searches
- school administrators
- teachers or teachers' organizations
- parent organizations
- school nurses
- local or state department of health
- local or state department of education
- health insurance companies
- hospitals (ER visits, hospitalizations, etc.)
- local and state chapters of education-related organizations (for boards of education, teachers, administrators, school nurses)
- local and state chapters of medical organizations such as American Academy of Pediatrics, American Association of Family Physicians, etc.

SELF-CHECK!

Are you on the right track? Ask yourself:

- What questions have we answered?
- What questions remain?

Review existing asthma needs assessments tools

Three key tools are available to assess schools: *How Asthma-Friendly Is Your School?* Questionnaire, CDC's School Health Index, and the American Association of School Administrators' *Powerful Practices: A Checklist for School Districts Addressing the Needs of Students With Asthma*. All are detailed in the reference materials that follow this section, and the complete *Powerful Practices* document is included. Review each to determine if either or both are appropriate for your local needs assessment and/or can be modified to gather the desired information.

Additionally, examples of needs assessment tools from AFSI pilot sites are included in the Reference Materials at the end of this section; see Eastern Shore Asthma Coalition/Wicomico County School Nurse Survey, Asthma Treatment Services Community Assessment, and Greater Cleveland Asthma Coalition Needs Assessment components (School Asthma Needs Assessment Details, School Survey, and Report of School Asthma Needs Assessment). These may be appropriate to use and/or modify for your local initiative.

SELF-CHECK!

Are you on the right track? Ask yourself:

- What tools do we have access to?
- How well do they address our remaining questions?
- Can we live with getting most of our answers with a validated, existing form, or do we really need to create something new?

If your work group decides that neither is sufficient, develop custom needs assessment tools. Developing new tools will require expert guidance or direct involvement of a professional researcher. Recruit help from college or university faculty, or staff within a municipal or state health department to develop a new tool and help direct your efforts. You will need professional expertise analyzing data and prioritizing results later in the process as well.

LESSONS LEARNED!

Pilot sites who created their own tools ran into many challenges! Try to use an existing, validated survey or other tools whenever possible. Consider a custom tool a last resort.

SELF-CHECK!

Are you on the right track? Ask yourself:

- If we create something new, do we have the expertise on the coalition to complete the process?
- Do we have the resources (time and money) to create a custom tool?
- Is the school willing to use a new tool vs. an existing validated instrument?

Assign data collection, analysis and report-writing responsibilities with timelines

Organize the balance of the needs assessment process by assigning specific responsibilities and tasks to work group members. Tasks could be detailed with specific deadlines so that the entire group can move forward together and keep the project's momentum going. Consider assigning these tasks:

- Recruit research expert
- Gather and document existing school-based data
- Gather and document existing community-based data
- Define data collection tool
- Collect new data
- Analyze all data
- Prioritize needs
- Write data report for presentation to full coalition

Caution! Needs Assessment Challenges!

Pilot sites found that quantifying asthma's impact in specific schools can be a challenge!

Be prepared to talk about asthma's impact nationally and understand that you might have to extrapolate to the local level. If you want to be able to quantify the true impact of asthma at the individual school level, consider using a database tool (such as the AIR database; see page 101) to gather the data and provide a time-delineated sample. (Keep in mind that only school nurses and other school staff have access to student records; most likely, volunteers would not be able to assist data entry or analysis.)

Remember that getting a good data sample might mean taking a year just to collect the school impact data. But don't let that stop your planning process. Think about how much information you need to begin your AFSI project and how you will use that specific data, versus information that would be "good to know." Perhaps some of the new data collection can take place within the first year of your AFSI project in a particular school or district.

Using an existing needs assessment tool (such as the School Health Index) will greatly simplify your needs assessment process but will not give you individual school asthma impact information.

Again, remember that the needs assessment is the first point of promotion for the AFSI project. Include high-level stakeholders and parents in your data collection so that they are learning about the project at the earliest stages of development. You are also searching for program champions during each step of the planning process!

LESSONS LEARNED!

Pilot sites advise: Involve as many audiences as possible, especially teachers, high-level administrators and school board members, and parents.

Define your data collection tool, keeping in mind cost, training that may be required (for interviews, etc.), completion time, and response rates. If you conduct any surveys or questionnaires in schools, you will need to obtain permission to do so and make specific arrangements for logistics. This may require a few weeks' lead time, so consider budgeting that time into your overall needs assessment plans.

Methods of data collection include: review of records, self-administered participant questionnaires, interviews, and rating by a trained, independent observer. Using or modifying an existing data collection instrument is the most cost-effective route. Developing a new instrument may be necessary, but be sure to budget for time and cost. Review the American Lung Association Tip Sheet: Data Collection Instruments (included in the reference materials at the end of this section) for more information.

Several reference materials are included at the end of this section that local coalitions can modify as they gather school and community data.

LESSONS LEARNED!

Pilot sites advise: *Use Incentives!* People are busy but you need as much data as possible! Use incentives to move nurses, teachers, parents, and others to complete questionnaires, interviews, or other data collection tools. Incentives can be anything that is acceptable to the school district; make sure you have approval for incentives. Examples used by pilot sites included gift certificates, free movie tickets, a free shopping trip to the teacher supply store, and even posters for the classroom.

Analyze data and prioritize needs

If possible, work with your data expert to analyze your results. Data results should be analyzed by topic area and by response per audience segment within each topic.

Based on your needs assessment findings, prioritize school and community needs. While the larger coalition may shift priorities somewhat, the needs assessment work group should offer specific priorities from their work of analyzing the data.

Prioritizing needs must be an objective process to ensure that your long-term AFSI plan is addressing new and/or improved policies, programs, resources, and services your schools and/or community need. Prioritizing needs should not be based on a subjective group consensus or brainstorming of coalition members.

Consider using a numerical ranking system to remove individual member bias so that your planning and implementation work is based on objective data.

If you use the School Health Index (SHI), the index will automatically give you a numerical system by comparing schools' individual module scorecards and the overall scorecard. These are generated through the online SHI, or you can tabulate scores manually if using the paper version.

If you do not use the SHI, your school assessment tools must incorporate a numerical ranking score to eliminate subjective analysis of the raw data. A scorecard should be developed and used to tally all responses to your assessment tool(s), based on what programs and systems schools have in place and to what degree. Cumulative scores can then be compared with one another. A worksheet (*Using a Numerical Ranking System to Prioritize Needs*) is included in the Reference Materials at the end of this section, as well as Sonoma County (California) Prioritization Matrix.

As coalition members review results of your needs assessment, focus attention and discussion on the objective numerical ranking and “table” subjective comments and ideas. Your objective here is to document priorities based on the numerical ranking without individuals' opinions.

Analyze contributing factors

Once you have documented priority areas by numerical ranking, you must consider contributing factors. Analyzing some of these factors will be objective, but some will involve subjective input of coalition members' experience, expertise, and estimates of time required and complexity of implementation, for example.

Contributing factors that should be discussed and documented may include:

- Ease of implementation
- Odds of success
- Potential long-term impact

- Resources available
- Time required
- Potential expense

Set priority areas

Weight your priority areas given their numerical rankings and contributing factors that may impact implementation. Document all items clearly, as this data will become the basis for building your detailed plans with goals, objectives, and strategies.

SELF-CHECK!

Are you on the right track? Ask yourself:

- Did all stakeholders participate in the prioritization process?
- Was the prioritization process fair and balanced?
- Did the group feel comfortable with the determined priority areas?

Summarize needs assessment results

The results of your school and community needs assessment will be the basis for planning session(s) to develop an AFSI Five-Year Plan. Your long-term decision-making about the program will rely on the data gathered through a solid needs assessment. Subsequent goals, objectives, and activities must be set against the detailed backdrop of your schools' and community's asthma situations.

Presenting the needs assessment to your coalition in an organized manner will set your decision-making on a clear path. Summary text must prioritize needs, and statistics presented should quantify those priorities. A user-friendly needs assessment report should organize data as follows:

- Asthma data
- School data (policies, education, staffing, health services, etc.)
- Community data (services, stakeholder groups, etc.)

Two samples from AFSI pilot sites illustrate options for written summaries. The results from Cleveland detail responses between school nurse and principals, while the Wicomico County (Maryland) results present data from a school nurse survey. See Eastern Shore Asthma Coalition/Wicomico County School Nurse Survey, and Greater Cleveland Asthma Coalition Needs Assessment components (School Asthma Needs Assessment Details, School Survey, and Report of School Asthma Needs Assessment).

If you use the School Health Index, the eight module scorecards and overall scorecard generated through the process will simplify your work organizing school data. Organizing the results of your community needs assessment may be more complex. Determine what will work best for your coalition. Be sure to include all references for statistics presented (published document name, organization, date, etc.).

LESSONS LEARNED!

Remember to share the results of your needs assessment with individuals who participated in collecting information. Consider this good promotion for your AFSI project, and it helps lay the foundation when you go back to these same people to ask for help with the project's next phases.

Remember: Needs assessment results present objective data that will be reviewed as you set goals, objectives and activities related to asthma education; health & mental health services; healthy school environment; and physical education & activity. Present information that is clear and as simple as possible to read and reference.

SELF-CHECK!

Are you on the right track? Ask yourself:

- Are the needs assessment results easy to understand?
- Did we provide the results to the appropriate people?
- Where there any surprise results?
- Are the results summarized in a way that will make planning easier?

REFERENCE MATERIALS

- ❖ American Lung Association Tip Sheet: Policies & Legislative Issues Affecting Asthma in Schools
- ❖ *How Asthma-Friendly Is Your School?* Questionnaire
- ❖ CDC's School Health Index Fact Sheet
- ❖ *Powerful Practices: A Checklist for School Districts Addressing the Needs of Students With Asthma* (American Association of School Administrators)
- ❖ Eastern Shore Asthma Coalition/Wicomico County School Nurse Survey
- ❖ Greater Cleveland Asthma Coalition Needs Assessment components
 - School Asthma Needs Assessment Details
 - School Survey
 - Report of School Asthma Needs Assessment
- ❖ Asthma Treatment Services Community Assessment
- ❖ American Lung Association Tip Sheet: Data Collection Instruments
- ❖ American Lung Association Worksheet: Using a Numerical Ranking System to Prioritize Needs
- ❖ Sonoma County (California) Prioritization Matrix



American Lung Association Tip Sheet: Policies & Legislative Issues Affecting Asthma in Schools

When working with schools, the coalition must research and understand federal, state, and local legislative and policy issues that shape their administration and directly affect asthma management and education issues, including facilities and air quality management. Being aware of the range of issues administrators and teachers face will help you present program activities that reflect their work environments.

Establishing specific policies and legislation can create long-term, institutionalized change focused on supporting asthma-friendly schools activities. This backgrounder presents information about federal and state policies and legislative issues, as well as ideas for approaching local and state issues.

Federal Statutes

Several federal laws affect asthma management within schools. These include:

- *The No Child Left Behind (NCLB) Act*, signed into law in 2002, has had a profound impact on schools as each state is required to provide an implementation plan and statewide testing. This work impacts curriculum schedules, time availability for outside programs, and school health. Contact your state department of education to determine how NCLB is impacting schools in your state. Providing solutions to a school that fit within the schools' commitment to NCLB mandates will be important. For specific information about NCLB, visit <http://www.ed.gov/nclb/landing.jhtml?src=pb>.
- *Health Insurance Portability and Accountability Act of 1996 ("HIPAA")*: HIPAA's Privacy Rule addresses the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule—called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used.¹ The Privacy Rule is not school-focused but it does affect the ability of schools and physicians to communicate with each other about patients. If schools do bill for medical services, they would fall under HIPAA.
- *The Family Educational Rights and Privacy Act (FERPA)* is designed to protect the privacy of a student's education records. FERPA also gives parents certain rights with respect to their children's education records.² This encompasses health inquiry forms, Asthma Action Plans and other health records. Generally, schools must have written permission from the parent before releasing any information from a student's record to all teachers, coaches, a community program, a private physician, etc. The law does allow schools to disclose records without consent to limited parties including school employees who have a need to know, such as the student's teachers or coaches.³
- *"Section 504"*—Section 504, Rehabilitation Act of 1973, prohibits discrimination against individuals with a disability under any program receiving Federal financial assistance.⁴ This applies to public schools. Children covered under Section 504 must have a disability that substantially limits a major life activity. Depending on the level to which the disability limits a student's learning, a school district must determine if a student is also eligible under the Individuals with Disabilities Education Act (see below).⁵
- *Individuals with Disabilities Education Act of 1997 (IDEA)*—The IDEA "guarantees that eligible children with disabilities have the right to receive a free appropriate public education in the least restrictive setting."⁶ Implementation of this law includes schools' creation of Individualized Health Plans and Individualized Education Plans for students with disabilities, including some students with asthma, to ensure their individual education. If a student with asthma is eligible for IDEA due to another disability (e.g., learning disability), the student's asthma needs are also covered by IDEA.
- *Pro-Children Act of 1994*: This prohibits smoking within any indoor facility (in some cases, portions of facilities) in which certain federally funded children's services are provided on a routine or

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American Lung Association Tip Sheet: Policies & Legislative Issues Affecting Asthma in Schools (cont.)

regular basis. The provisions apply if funds are being provided through an applicable federal grant, loan, loan guarantee, or contract.⁷ This applies to practically all public elementary and secondary education and library facilities.

- *Americans with Disabilities Act (ADA)*: The basic requirements of ADA relevant to schools is that they not discriminate against persons with disabilities on the basis of disability; that is, that they provide children and parents with disabilities with an equal opportunity to participate in programs and services. This is particularly relevant for private schools, who must accept children with chronic conditions. The ADA requires that private schools accept students with asthma and allergies, with the exception of a facility that is part of a religious institution (which would be exempt from the law).⁸ Reasonable modifications and services should be provided for students with disabilities.

State and Local Issues

State and local laws and policies will impact asthma management within schools. You may also want to research these issues on CDC's web site (www.cdc.gov/healthyyouth) or the National Conference of State Legislatures' web site (www.ncsl.org). Types of issues that will affect your AFSI planning and implementation include:

- *Healthy School Environments/Air Quality*—State laws will vary and would have been established as either education or health bills, depending on each piece of legislation. These issues may include requirements of a coordinated, reported IAQ management system, which could be fulfilled by EPA's IAQ Tools for Schools. They also may include managing students' and staff's exposure to particle pollution and ozone on Orange and Red days per the Air Quality Index. The Environmental Law Institute's report *Healthier Schools: A Review of State Policies for Improving Indoor Air Quality* can be used as a guide when IAQ legislation is being researched/drafted. (See the Resources section for ordering information.)
- *Smoke-Free/Tobacco-Free Schools*—Are schools legally required to develop policies such as CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, cessation programs to support policies such as the American Lung Association's Not On Tobacco (N-O-T), or programs to respond to policy violations, such as American Lung Association's Alternative to Suspension? (See the Resources section for ordering information.)
- *School Accreditation Requirements*—These state-by-state requirements include curricular and facilities/buildings requirements. For example, the video *Asthma 101, Open Airways For Schools or Quest for the Code* may meet curricular requirements; IAQ Tools for Schools may meet facilities management requirements. (See the Resources section for ordering information.)
- *Self-Carry/Self-Administration of Asthma Medications*—Provide resources and expertise to help schools communicate with parents and primary health care providers, educate school faculty and staff, and track students' self-administration.

1. Summary of the HIPPA Privacy Rule, U.S. Department of Health & Human Services Web site (April 20, 2006), <http://www.hhs.gov/ocr/privacysummary.pdf>

2. U.S. Department of Education Web site (November 28, 2005), <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

3. U.S. Department of Education Web site (January 29, 2002), <http://www.ed.gov/offices/OM/ferpa.html>

4. U.S. Department of Education Web site (November 28, 2005), <http://www.ed.gov/about/offices/list/ocr/504faq.html>

5. National Association of School Nurses Issue Brief. *School Health Nursing Services Role in Health Care: Section 504 of the Rehabilitation Act of 1973*.

6. National Association of School Nurses Issue Brief. *School Health Nursing Services Role in Health Care: School Nurses and the Individuals with Disabilities Education Act (IDEA)*

7. Pro-Children Act of 1994. United States Code Title 20. Education, Chapter 68.

8. U.S. Department of Justice Web site (August 8, 2002), <http://www.usdoj.gov/crt/ada/childq%26a.htm>



How Asthma-Friendly Is Your School?

School Asthma Needs Assessment

1. Is your school free of tobacco smoke at all times, including during school-sponsored events?	YES	NO	
2. Does your school have a written IAQ management plan? <i>(If no, continue with Question 3.)</i>	YES	NO	
a. If yes, does it reduce or eliminate allergens and irritants that can make asthma worse, including:			
i. cockroaches	YES	NO	
ii. dust mites	YES	NO	
iii. mold	YES	NO	
iv. pets with fur or feathers	YES	NO	
v. strong odors or fumes (such as dry erase boards, copy machines, art and craft supplies, pesticides, paint, perfumes, chemicals)	YES	NO	
3. How often is a school nurse in your school?			
Specify number of hours per day and/or number of days per week: ____ hours/day ____ days/week			
4. If a nurse is not in your school all day, every day, is a nurse regularly available to help the school write asthma plans and give the school guidance on asthma issues?	YES	NO	
a. Is someone assigned and trained to give medications?	YES	NO	
b. Does the school nurse supervise and monitor that person at least monthly?	YES	NO	
5. Is there a written policy that allows children to take asthma medications at school as prescribed by their doctor and permitted by parent?	YES	NO	
a. If yes: Does the written policy specify if children may carry and administer their own medications?	YES	NO	
b. If no: Is the medication where the child can access it all day, every day?	YES	NO	
c. If no: where is it located? ____ teacher ____ classroom ____ nurse's office ____ main office other: _____			
d. Is there a functional plan for asthma medications on field trips?	YES	NO	

–continued–

How Asthma-Friendly Is Your School?

School Asthma Needs Assessment

6. Does your school have a written Asthma Action Plan for each child with asthma in case of a severe asthma episode? (If Yes, continue below. If No, proceed to Question 7.)	YES	NO	
a. Does the plan include what action to take?	YES	NO	
b. Does the plan include whom to notify and when?	YES	NO	
c. Is there a procedure established to discuss the asthma management measures together with the student, teachers, and parent?	YES	NO	
7. Is there an established asthma education program that includes general asthma information, asthma management plans, asthma emergency procedures, and asthma medications for each of the following:			
a. All school staff (incl. PE teachers and bus drivers)?	YES	NO	
b. Students with asthma?	YES	NO	
c. Classmates of students with asthma?	YES	NO	
d. Parents?	YES	NO	
8. Regarding physical education:			
a. Do students have options for fully and safely participating in physical education class and recess activities?	YES	NO	NOT ALWAYS
b. Is premedication available, if needed?	YES	NO	NOT ALWAYS
c. Are modified activities available, if needed?	YES	NO	NOT ALWAYS
d. Are PE instructors and activity monitors aware of individual needs?	YES	NO	NOT ALWAYS

This form was modified from the NATIONAL HEART, LUNG AND BLOOD INSTITUTE/NATIONAL ASTHMA EDUCATION AND PREVENTION PROGRAM *How Asthma Friendly Is Your School?* form.



American Lung Association Fact Sheet: Using CDC's School Health Index for AFSI

The Centers for Disease Control and Prevention's (CDC) School Health Index (SHI) provides an easy-to-use self-assessment and planning tool that will simplify school needs assessments for AFSI planning. Although it is designed for use by and in schools the SHI can be used with organizations, such as the AFSI coalition, to assess schools. Using the SHI ensures that you gather all pertinent school data on which to build your AFSI plan.

Note: The SHI is designed to be used on a school-by-school basis. When working throughout a district, or with several schools within a region, complete the SHI for each school and compile the data to identify and prioritize needs.

The SHI helps schools identify strengths and weaknesses of their health and safety policies and programs and has been used successfully by schools in nearly every state. It provides tools for both collecting and analyzing data. It addresses factors in eight modules, reflecting a coordinated school health program; four modules should be completed for AFSI (health education, physical education, health services, and healthy school environment).

The 2005 edition of the SHI addresses five issues, including asthma. The SHI incorporates discussion questions and self-assessment questionnaires ("score cards") focused on strengths and weaknesses of a school's asthma programs and policies in the eight coordinated school health program modules. You can use either an interactive online format (www.cdc.gov/healthyYouth/shi) or a paper version (available at same URL) as you conduct a school needs assessment for your AFSI efforts.

School Health Index, Step-by-Step

1. Assemble team
2. Identify coordinator
3. Meet with team
4. Review and assign modules
5. Create an Account (for online SHI)
6. Answer discussion questions
7. Review score cards and plan for improvement

Schools using the SHI involve individuals from different parts of the school community who share information and plan together, resulting in connections among individuals and departments that are among the most important outcomes of the process.

Schools follow a step-by-step process:

1. *Assemble the SHI Team:* Create a new team; use an existing team, such as the school health council; or create a new subcommittee of the school management council. Broad and diverse participation is important for meaningful assessment and successful planning and implementation. You may want to include people from the school community and from the local community. Possible members from the school community include: principal, assistant principal; physical education teacher; health education teacher; classroom teacher; student; school psychologist or social worker; school nurse; bus driver; custodial and maintenance staff. Possible members from the local community include: parent or other family member; community-based health care and social services provider; asthma coalition representatives; local health department staff member.
2. *Identify a SHI Coordinator:* Many schools have found that it is best to have someone from outside the school facilitate the SHI process. A SHI coordinator should be a skilled group facilitator; an excellent listener who does not attempt to impose his or her own opinions on the group; and highly respected by all participants and by the school administration. A member of the AFSI coalition can function as the SHI coordinator if they are acceptable to the school team.
3. *Meet with All Members of the SHI Team:* Explain the SHI and its purposes to the team. Make sure they understand that results will not be used for punishing schools or comparing schools to one another. Team members should understand that their work on the SHI can make a great

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in the lives of your school's students. Emphasize that the purpose of the SHI is not to find out if the school is "passing" or "failing"; rather, the purpose of the SHI is to help the school identify the strengths and weaknesses of its policies and programs for creating an asthma-friendly school.

4. *Review and Assign the Modules.* Assign at least two people to each module, because having more than one person involved will increase accuracy and elicit a variety of creative insights for improving school policies and programs.
5. *Create an Online Account and SHI.* Create an account on the SHI home page (www.cdc.gov/HealthyYouth/shi) and distribute the login information to the team members. Members of your team can log into the system at any time by using the account information to answer the discussion questions assigned to them or to perform other tasks.
6. *Answer the Discussion Questions:* The discussion questions are displayed in eight modules according to the topic(s) (asthma) selected. The modules correspond to the CSHP's eight components; focus only on the four pertinent to AFSI. Cross-cutting questions will always appear, regardless of the topic(s) you have selected. If a question does not apply to your school, you can designate it as not applicable. If you are not sure or need more information before you can answer the question, you can skip the question and return to it at another time. You do not have to answer all the questions in a module. The online SHI will calculate your total points and a module score (percentage). SHI also will create an overall scorecard that can be used to identify strengths and weaknesses.
7. *Review the scorecards with team:* Meet again with the team and review scorecards for each module; discuss the identified strengths, weaknesses and recommended actions in each module; review the overall scorecard.

POWERFUL PRACTICES:

A Checklist for School Districts Addressing the Needs of Students With Asthma

Read the following *Powerful Practices*, and check the column that best describes the status of each practice in your district:

- **NOT YET** – This practice has not yet been addressed in our district.
- **IN PROCESS** – This practice is in development or just beginning in our district.
- **YES** – This practice has been implemented in our district.

This checklist is intended primarily for school administrators, although you may need input from other school district personnel such as nurses, teachers, and coaches in order to complete it. It should help your district identify areas in which it is currently doing well, as well as areas in which it may want to focus more energy. Regardless of where your school district is in instituting its asthma management programs, we encourage you and your team to use this checklist periodically to gauge your progress and to identify areas that could use more attention.

Once you have identified program areas in need of more attention within your district's asthma management program, school district leaders may wish to use the Centers for Disease Control and Prevention's "School Health Index: A Self-Assessment and Planning Tool" to help develop an action plan to improve asthma programs and policies. The index can be found at www.cdc.gov/healthyyouth.



AMERICAN ASSOCIATION OF SCHOOL ADMINISTRATORS

Powerful Practices: A Checklist for School Districts Addressing the Needs of Students With Asthma (American Association of School Administrators) (cont.)

	CHECK THE APPROPRIATE COLUMN		
	NOT YET	IN PROCESS	YES
A. Providing School District Leadership			
1. The superintendent is an advocate for asthma management.			
2. Asthma management is recognized by school district leaders as a possible way to improve attendance.			
3. School administrators ensure that asthma education services are culturally, linguistically, and in other ways appropriate to the district population.			
4. The board of education has adopted policies to address asthma and other chronic diseases among students, which may include: <input type="checkbox"/> Permitting students with a doctor's note and appropriate training to carry inhalers. <input type="checkbox"/> Designating a district staff member to coordinate asthma wellness activities. <input type="checkbox"/> Assigning asthma wellness roles for school district health-care staff that are consistent with best practices and relevant national standards. <input type="checkbox"/> Ensuring that qualified staff members are available to implement asthma action plans and to provide asthma-related health-care services, including quick-relief medication, to children in school or at school-related activities.			
5. District leaders ensure that systems and procedures are in place to collect data about students with asthma, including data about: <input type="checkbox"/> Absenteeism. <input type="checkbox"/> Visits to the health office <input type="checkbox"/> Non-participation in physical education. <input type="checkbox"/> Asthma attacks on campus or at a school activity. <input type="checkbox"/> 911 or other emergency calls related to asthma attacks. <input type="checkbox"/> Students sent home early because of asthma symptoms.			
B. Identifying and Monitoring Students With Asthma			
1. Designated staff members are trained to identify students with asthma.			
2. At the beginning of each school year, parents or guardians are asked to complete (and regularly update) a form used to identify their child's: <input type="checkbox"/> Chronic health problems. <input type="checkbox"/> Emergency care needs and history. <input type="checkbox"/> Medications. <input type="checkbox"/> Health-care providers.			
3. All staff members with direct student contact are informed about the health needs of all students with whom they have regular contact.			
4. Students with asthma have access to pre-exercise preventive medications.			
5. The school nurse provides peak flow monitoring to measure air flow out of the lungs, as well as periodic instruction in and review of inhaler use.			
6. All teachers, coaches and other personnel monitor students with asthma, especially during physical activities.			
7. The school nurse or designee monitors information about absences of children with asthma and refers concerns to attendance personnel or counselors.			



Powerful Practices: A Checklist for School Districts Addressing the Needs of Students With Asthma (American Association of School Administrators) (cont.)

	CHECK THE APPROPRIATE COLUMN		
	NOT YET	IN PROCESS	YES
C. Ensuring that Students With Asthma Receive Appropriate Care			
1. The district’s asthma management practices are consistent with recognized standards, such as the National Asthma Education and Prevention Program (NAEPP) guidelines.			
2. School personnel ensure that every child with asthma has an asthma action plan that considers the context of the school and is written by a health-care provider.			
3. School personnel ensure that students’ school health records are up-to-date and accurate.			
4. After every asthma attack on campus or at a school activity, school personnel review what action was taken and determine whether proper procedures were followed.			
5. Students with symptoms are referred to their primary care providers, or families are helped to locate care and payment sources such as the State Child Health Insurance Program (SCHIP).			
6. Health fairs, school open houses, and parent-teacher conferences are used to inform families about SCHIP and other providers and payment sources.			
7. The district seeks reimbursement for services provided at school, such as by obtaining a Medicaid reimbursement code for asthma education and asthma-related services.			
8. The district collaborates with community agencies to help families pay for back-up medications such as inhalers, which are kept by the school nurse or other qualified staff member.			
D. Reducing Environmental Contributors			
1. The district uses the Environmental Protection Agency’s “Tools for Schools” toolkit to improve indoor air quality (available at www.epa.gov/iaq/schools/).			
2. The district focuses on eliminating mold, mildew, and leaks, and reduces indoor humidity and dust as much as possible.			
3. The district ensures that bus exhaust fumes do not enter schools or outdoor areas used by students.			
4. The district prohibits furred and feathered animals from classrooms and monitors plants for mold.			
5. The district reduces the amount of carpeting in schools and requires the use of special vacuuming procedures/equipment where carpeting remains.			
6. The district reviews building maintenance procedures periodically, updates them as necessary, and ensures that all maintenance staff is properly trained in these procedures.			
7. School personnel review all requirements in the materials safety data sheets concerning the handling of caustic and other dangerous substances and ensure that the requirements are met.			
8. School personnel regulate the use of potentially dangerous supplies and chemicals, including science and art supplies.			
9. The district ensures that integrated pest management techniques are used on school property.			
10. The district enforces a tobacco-free environment for all students, staff, and visitors on all school properties, in all school vehicles, and at all school-sponsored events – on and off campus.			
E. Educating School Staff			
1. All staff with student contact are trained to identify asthma symptoms, asthma emergencies (including the signs and symptoms of anaphylaxis) and learn the appropriate steps to take in such emergencies.			
2. School nurses or other staff members are trained to implement asthma education programs for children and/or parents and in how to use community volunteers to help carry out these programs.			
3. The district promotes staff awareness of health and wellness through presentations by health professionals, health fairs, or other in-service activities.			
4. The district provides and supports smoking cessation programs for school staff.			

Powerful Practices: A Checklist for School Districts Addressing the Needs of Students With Asthma (American Association of School Administrators) (cont.)

	CHECK THE APPROPRIATE COLUMN		
	NOT YET	IN PROCESS	YES
F. Educating Students			
1. Students with asthma are educated about asthma management, including the proper use of medications and the emergency response procedures.			
2. The district collaborates with local or state organizations to offer asthma education programs such as the American Lung Association's "Open Airways."			
3. Support groups are offered to children with asthma through the school district or cooperation with community volunteers.			
4. School personnel or community volunteers promote schoolwide asthma awareness through activities such as: <input type="checkbox"/> Sponsoring a health and wellness day with asthma education. <input type="checkbox"/> Integrating asthma education into the health education curriculum. <input type="checkbox"/> Distributing asthma educational materials that are culturally and linguistically appropriate to the district population.			
5. Student smoking cessation programs are provided and supported in the school district.			
G. Educating Families and Caregivers			
1. The school district provides families with information about identifying asthma symptoms and triggers (including home environmental factors), as well as about asthma management and actions to take during an asthma emergency.			
2. The district reaches out to those who care for children with asthma before and after school, including parents, guardians, babysitters, and siblings.			
3. The district collaborates with community organizations to provide asthma-related education for families and caregivers.			
4. The district regularly holds family health fairs.			
5. The district provides students' families with information about smoking cessation programs.			
H. Communicating With Healthcare Providers			
1. The district develops and provides easy-to-use form letters to help communicate with healthcare providers.			
2. The district relays important information about students' health directly to doctors and other healthcare providers (with parental permission).			
3. The district fosters open lines of communication between school officials and hospitals, clinics and other care providers.			
4. The district encourages partnerships and collaborations between schools and healthcare providers.			
I. Collaborating With the Community			
1. The district encourages school personnel to participate in community asthma coalitions that: <input type="checkbox"/> Conduct needs assessments to identify barriers, resources, and opportunities to address asthma in the community. <input type="checkbox"/> Set a common agenda to address asthma in the community. <input type="checkbox"/> Collect data and conduct community research. <input type="checkbox"/> Involve the media in increasing the awareness of asthma management. <input type="checkbox"/> Support asthma-related legislative initiatives, including the funding of school nurse positions.			



This document was developed by AASA and partners under a cooperative agreement with the Division of Adolescent and School Health of the U.S. Centers for Disease Control and Prevention; grant number U58/CCU820135-01. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Center for Disease Control and Prevention.

For more information or additional copies of the Powerful Practices, please visit www.aasa.org and click on Focus on Children. October 2005

WICOMICO COUNTY SCHOOL ASTHMA SURVEY SCHOOL NURSES ONLY

How knowledgeable are you about asthma (choose one)?	Response Percent	Response Total
Very	42.9 %	9
Somewhat likely	57.1 %	12
Not at all	0 %	0

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

What classification best describes your job (choose one)?	Response Percent	Response Total
PE Teacher	0 %	0
Other Teacher	0 %	0
School Nurse	100 %	21

How familiar are you with the NAEPP (National Asthma Education and Prevention Program) Guidelines and the "Rules of Two" (choose one)?	Response Percent	Response Total
Very	0 %	0
Somewhat	28.6 %	6
Not at all	71.4 %	15

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

Do you administer a long-term controller during the school day (choose one)?	Response Percent	Response Total
Yes	19 %	4
No	81 %	17

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

What percentage of your students with asthma use a Beta2Agonist (bronchodilator) more than twice a week (choose one)?	Response Percent	Response Total
0 - 24%	57.1 %	12
25 - 49%	14.3 %	3
50 - 74%	23.8 %	5
75 - 99%	4.8 %	1
100%	0 %	0

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

How many times a day do asthma-related symptoms usually required you to administer rescue medication—inhaler or nebulizer (choose one)?							Response Total
0	1-2	3-4	5-6	7-8	more than 8		
23.8 %	23.8 %	14.3 %	19 %	4.8 %	14.3 %		21
(5)	(5)	(3)	(4)	(1)	(3)		

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

How many times per month do you (answer all three):							Response Total
0	1-2	3-4	5-6	7-8	more than 8		
<i>Send a student out via 911 due to asthma?</i>							
95.2 %	4.8 %	0 %	0 %	0 %	0 %		21
(20)	(1)	(0)	(0)	(0)	(0)		21
<i>Remind parents to bring refill inhalers or nebulizer supplies/equipment?</i>							
47.6 %	47.6 %	4.8 %	0 %	0 %	0 %		21
(10)	(10)	(1)	(0)	(0)	(0)		21
<i>Learn a student cannot afford inhaler/nebulizer supplies or equipment?</i>							
85.7 %	14.3 %	0 %	0 %	0 %	0 %		21
(18)	(3)	(0)	(0)	(0)	(0)		21

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

If you had a peak flow meter for each student with asthma, how likely would you be to use an asthma action plan to help you manage these students more effectively (choose one)?	Response Percent	Response Total
Very likely	61.9 %	13
Somewhat likely	28.6 %	6
Not at all likely	9.5 %	2

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

Please mark the answer that best reflects the percentage of your students with asthma who use a spacer with their inhaler (choose one):	Response Percent	Response Total
0 - 24%	71.4 %	15
25 - 49%	19 %	4
50 - 74%	4.8 %	1
75 - 99%	4.8 %	1
100%	0 %	0

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

Please rate your students' overall level of knowledge in managing their asthma—for example, how often they use their rescue inhaler/use it correctly (choose one).	Response Percent	Response Total
Excellent	0 %	0
Very good	9.5 %	2
Good	47.6 %	10
Fair	28.6 %	6
Poor	14.3 %	3
Very poor	0 %	0

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

Please rate your perception of the overall parental knowledge of asthma (choose one).	Response Percent	Response Total
Excellent	0 %	0
Very good	14.3 %	3
Good	33.3 %	7
Fair	28.6 %	6
Poor	23.8 %	5
Very poor	0 %	0

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

**WICOMICO COUNTY SCHOOL ASTHMA SURVEY
SCHOOL NURSES ONLY**

What barriers do you think exist to the proper management of asthma in the school setting (check all that apply)?	Response Percent	Response Total
Time	76.2 %	16
Availability of educational materials for students and parents	52.4 %	11
Student compliance	71.4 %	15
Parental compliance	71.4 %	15
Lack of knowledge/understanding on the part of administration/staff	57.1 %	12
Other not listed	23.8 %	5

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

What type(s) of presentations/programs would you like to see used in schools to educate students/parents/school staff/faculty about asthma (check all that apply)?	Response Percent	Response Total
Presentations at PTA meetings	57.1 %	12
Presentations at faculty meetings	76.2 %	16
Presentations to all students (not just those with asthma)	57.1 %	12
Curriculum-based programs just for students with asthma	47.6 %	10
Videos that students with asthma can watch in the nurse's office	52.4 %	11
Yearly Lunch & Learns or other special time for students with asthma to spend educational time with School Nurse	52.4 %	11
Informational brochures that can be sent home to parents	85.7 %	18
Other not listed	4.8 %	1

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

What other groups within the school system do you think would benefit from training about how to handle early warning signs of an asthma attack or how to handle an asthma emergency (check all that apply)?	Response Percent	Response Total
Teachers	100 %	21
PE teachers	100 %	21
Administration	90.5 %	19
Bus drivers	85.7 %	18
Custodians	33.3 %	7
Cafeteria workers	42.9 %	9

Total # of respondents 21. Statistics based on 21 respondents 0 filtered; 0 skipped.

Asthma-Friendly Schools Initiative School Asthma Needs Assessment Details

I. Purpose

The Asthma-Friendly Schools Initiative will help the Cleveland Municipal School District (CMSD):

- a. Identify the strengths and weaknesses of school asthma-related policies, procedures, and programs;
- b. Develop an action plan for improving asthma education and management.

The overall goal is to develop and implement a comprehensive asthma management plan (CAMP) for the CMSD. In 2004, the CAMP will be developed and in 2005, pieces of the CAMP will be implemented. Funding is provided by the American Lung Association and Kaiser Permanente to the Greater Cleveland Asthma Coalition. The Coalition will look for and secure additional funds to implement the CAMP in 2005.

II. Population

- a. Cleveland Municipal School District, beginning in The Cleveland EcoVillage
- b. Schools to Approach:
 1. Barbara Booker Montessori Center Elementary (preK-8), definitely in EcoVillage (EV)
 2. Joseph M. Gallagher (Magnet Schools), (6-8, will be K-8 in 2005), probably in EV
 3. Waverly Elementary (K-5), majority of elementary go here
 4. Watterson-Lake Elementary (K-5), some elementary may go here
 5. John Marshall High (9-12), some high school go here
 6. Lincoln-West High (9-12), majority high school go here
 7. Max S. Hayes Vocational High (9-12), some may go, draws from all of Cleveland
 8. Urban Community School, private (preK-8), moving to just outside EV, new building
 9. Metro Catholic Parish School? (preK-8), definitely in EV
 10. Our Lady of Mt. Carmel (preK-8), definitely outside EV, but some may go here
- c. Needs Assessment to be completed by (see sample letter):
 1. Principals
 2. Nurses
 3. Physical Education Teachers
 4. Building Maintenance Staff?
 5. Classroom Teachers?
 6. Others?
 - Need enough returned surveys for a legitimate, representative sample size

III. Needs Assessment Instrument

- a. Refer to attached School Asthma Needs Assessment form.
- b. This form was modified from: The American Lung Association and National Heart, Lung and Blood Institute's *How Asthma-Friendly Is Your School?*; and Oregon's *Asthma-Friendly Schools Needs Assessment* based upon the Centers for Disease Control and Prevention's *Strategies for Addressing Asthma Within a Coordinated School Health Program*.
- c. Simple nine-question survey that should take less than 10 minutes to complete.

Greater Cleveland Asthma Coalition Needs Assessment School Asthma Needs Assessment Details (cont.)

IV. Methods

- a. Needs Assessment can be:
 1. Delivered to schools and completed in person – any upcoming staff meetings?
 2. Faxed
 3. Mailed – Coalition can pay for postage
 4. Completed over the phone
 5. Emailed
- b. Must code forms for particular schools and individual categories (principal, nurse, etc.) since strengths and weaknesses may vary from school to school and individual to individual
 1. Schools can be numbered beginning with 1
 2. Individual categories can be lettered beginning with A
 - Principal = A; Nurse = B etc.
 - Refer to needs assessment form, pg. 2, right bottom corner
- c. Form includes an *optional* completed by section: Name, title, and school
- d. The Coalition can provide incentives for completing the needs assessment (~\$2,800)
 1. Goals: To receive as many surveys back as possible
To thank people for their time
 2. What kind of incentives are permitted:
 - Money to individuals?
 - Money to schools?
 - Gift certificates to individuals: Grocery, Office Max, movies, restaurant etc.?
 - Gift certificates to schools
- e. System to follow-up with non-respondents
 1. Phone call, in person visit?

V. Data Analysis

- a. Identify strengths, weaknesses, and priorities
- b. Select a priority strategy
 1. Use Oregon's *Priority Setting Worksheet*
 - 5 point scale to rank each Strategy for Addressing Asthma by 3 dimensions: Satisfaction, Importance, and Responsiveness to Change
 - 5 = Greatest dissatisfaction with results, worst problem
 - 1 = Very satisfied, not a problem
 - 5 = Very important, need immediate attention
 - 1 = Not important, not essential to effective asthma management
 - 5 = Most amendable to change, within power of school
 - 1 = Not amendable to change, outside the scope of influence of school

VI. Results and Recommendations

- a. Use the prioritized results from the needs assessment to develop the CAMP
- b. Share the results with the schools and seek feedback
- c. Develop a plan to implement the CAMP in 2005
- d. Secure funding for implementation in 2005

**Greater Cleveland Asthma Coalition Needs Assessment
School Survey**

Greater Cleveland Asthma Coalition: School Asthma Needs Assessment

Directions: Since healthy kids learn better, this tool is designed to help schools address the needs of students with asthma by identifying and improving asthma-friendly school policies. Please answer the following questions as accurately as possible and feel free to add additional comments. Questions, call 216-524-5864 x16. Thank you!

1. Is your school free of tobacco smoke at all times, including during school-sponsored events?	YES	NO	
a. Are smoking prevention classes for students provided?	YES	NO	
b. Are quit smoking classes for students provided?	YES	NO	
c. Are quit smoking classes for staff provided?	YES	NO	
2. Does your school have a written Indoor Air Quality (IAQ) management plan? (If no, continue with Question 3.)	YES	NO	
a. If yes, does it reduce or eliminate allergens and irritants that can make asthma worse, including:			
i. cockroaches	YES	NO	
ii. dust mites	YES	NO	
iii. mold	YES	NO	
iv. pets with fur or feathers	YES	NO	
v. strong odors or fumes (such as dry erase boards, copy machines, art and craft supplies, pesticides, paint, perfumes, chemicals)	YES	NO	
b. If yes, are integrated pest management techniques (IPM) used to control pests?	YES	NO	
3. How often is a school nurse in your school?			
a. Specify number of hours per day and/or number of days per week: _____hours/day and/or _____days/week			
b. What is the student/nurse ratio? _____students/nurse			
c. How many students are enrolled in your school? _____			
d. Do you know how many students have diagnosed asthma?	YES	NO	
e. If yes, indicate how many: _____			
f. If no, what percentage of students in your school do you estimate to have diagnosed asthma? _____%			
g. What percentage of students in your school do you estimate to have undiagnosed asthma? _____%			
4. If a nurse is not in your school all day, every day, is a nurse regularly available to help the school write asthma plans and give the school guidance on asthma issues?	YES	NO	
a. Is someone, other than the nurse, assigned and trained to give medications?	YES	NO	
b. If yes, does the school nurse supervise and monitor that person at least monthly?	YES	NO	
c. Is a person designated to coordinate asthma activities at:	YES	NO	
i. the school level?	YES	NO	
ii. the district level?	YES	NO	
iii. If yes, who? _____	YES	NO	
d. Are existing school health records used to identify all students with asthma?	YES	NO	
e. Are existing school health and/or attendance records used to track students' absences due to asthma?	YES	NO	

-Continued-

**Greater Cleveland Asthma Coalition Needs Assessment
School Survey (cont.)**

**Greater Cleveland Asthma Coalition (GCAC)
School Asthma Needs Assessment continued**

5. Is there a written policy that allows children to take asthma medications at school as prescribed by their doctor and permitted by parent?	YES	NO	
a. If yes, does the written policy specify if children may carry and administer their own medications?	YES	NO	
b. If no, is the medication where the child can access it all day, every day?	YES	NO	
c. If no, where is it located? __teacher __classroom __nurse's office __main office __other: _____			
d. Is an extra quick relief inhaler available at school?	YES	NO	
e. Is there a functional plan for asthma medications on field trips?	YES	NO	
6. Does your school have a written Asthma Action Plan for each child with asthma in case of a severe asthma episode?	YES	NO	
If Yes:	YES	NO	
a. Does the plan include what action to take during a severe asthma episode?	YES	NO	
b. Does the plan include whom to notify and when?	YES	NO	
c. Is there a procedure established to discuss the asthma management measures together with the student, teacher, and parent?	YES	NO	
If No:	YES	NO	
aa. Does the school have a standard emergency protocol for students in respiratory distress if they do not have their own asthma action plan?	YES	NO	
7. Is there an established asthma education program that includes general asthma information, asthma management plans, asthma emergency procedures, and asthma medication for each of the following:			
a. All school staff, including physical education teachers and bus drivers?	YES	NO	
b. Students with asthma?	YES	NO	
c. Classmates of students with asthma?	YES	NO	
d. Parents?	YES	NO	
8. Regarding physical education and asthma: Are modified activities available, if needed?	YES	NO	NOT ALWAYS
a. Do students with asthma have options for fully and safely participating in physical education classes and recess activities?	YES	NO	NOT ALWAYS
b. Do students with asthma have access to premedication, if needed?	YES	NO	NOT ALWAYS
c. Do students with asthma have immediate access to emergency medications during activity, if needed?	YES	NO	NOT ALWAYS
d. Are physical education instructors and activity monitors aware of individual needs of children with asthma?	YES	NO	NOT ALWAYS
9. Are there systems to promote ongoing communication among students, parents, teachers, school nurses, and health care providers to ensure that students' asthma is well-managed at school?	YES	NO	
a. Is case management provided for students with frequent school absences, school health office visits, emergency department visits, or hospitalizations due to asthma?	YES	NO	
b. Does your school have access to a consulting physician?	YES	NO	
c. Are students without primary care providers referred to child health insurance programs and providers?	YES	NO	

Thank you for completing this needs assessment. Questions, please call 216-524-5864 x16.

Completed by (optional – include name, title, and school): _____

Fax to the GCAC at 216-524-7647 or mail to 6100 Rockside Woods Boulevard, #260 Independence, Ohio 44131.

This form was modified from: The American Lung Association and National Heart, Lung and Blood Institute's *How Asthma-Friendly Is Your School?* and Oregon's *Asthma-Friendly Schools Needs Assessment* based upon the Centers for Disease Control and Prevention's *Strategies for Addressing Asthma Within a Coordinated School Health Program*.

**Greater Cleveland Asthma Coalition Needs Assessment
Report of School Asthma Needs Assessment**

**Greater Cleveland Asthma Coalition (GCAC)
Report of School Asthma Needs Assessment Project**

Q1:- Comparison of responses between Principals & Nurses

			Respondent		Total
			Nurses	Principals	
Is your school free of tobacco smoke at all times, including during school-sponsored events?	N	Count	2	0	2
		% within Respondent	16.7%	.0%	13.3%
	Y	Count	10	3	13
		% within Respondent	83.3%	100.0%	86.7%
Total	Count	12	3	15	
	% within Respondent	100.0%	100.0%	100.0%	

			Respondent		Total
			Nurses	Principals	
Are smoking prevention classes for students provided?	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	N	Count	6	0	6
		% within Respondent	50.0%	.0%	40.0%
	Y	Count	5	3	8
		% within Respondent	41.7%	100.0%	53.3%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Are quit smoking classes for students provided?	N	Count	11	3	14
		% within Respondent	91.7%	100.0%	93.3%
	Y	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Are quit smoking classes for staff provided?	N	Count	11	3	14
		% within Respondent	91.7%	100.0%	93.3%
	Y	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Does your school have a written Indoor Air Quality (IAQ) management plan?	B	Count	1	1	2
		% within Respondent	8.3%	33.3%	13.3%
	N	Count	9	2	11
		% within Respondent	75.0%	66.7%	73.3%
	Y	Count	2	0	2
		% within Respondent	16.7%	.0%	13.3%
Total	Count	12	3	15	

**Greater Cleveland Asthma Coalition Needs Assessment
Report of School Asthma Needs Assessment (cont.)**

			Respondent		Total
			Nurses	Principals	
If Yes, does it reduce or eliminate allergens that can make asthma worse, including cockroaches?	B	Count	1	1	2
		% within Respondent	8.3%	33.3%	13.3%
	N	Count	9	2	11
		% within Respondent	75.0%	66.7%	73.3%
	Y	Count	2	0	2
		% within Respondent	16.7%	.0%	13.3%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Dust mites?	B	Count	1	1	2
		% within Respondent	8.3%	33.3%	13.3%
	N	Count	10	2	12
		% within Respondent	83.3%	66.7%	80.0%
	Y	Count	1	0	1
		% within Respondent	8.3%	0%	6.7%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Mold?	B	Count	1	1	2
		% within Respondent	8.3%	33.3%	13.3%
	N	Count	9	2	11
		% within Respondent	75.0%	66.7%	73.3%
	Y	Count	2	0	2
		% within Respondent	16.7%	.0%	13.3%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Pets with fur or feathers?	B	Count	1	1	2
		% within Respondent	8.3%	33.3%	13.3%
	N	Count	10	2	12
		% within Respondent	83.3%	66.7%	80.0%
	Y	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Strong odors or fumes (such as dry erase boards, copy machines, art and craft supplies, pesticides, paint, perfumes, chemicals)?	B	Count	1	1	2
		% within Respondent	8.3%	33.3%	13.3%
	N	Count	9	2	11
		% within Respondent	75.0%	66.7%	73.3%
	Y	Count	2	0	2
		% within Respondent	16.7%	.0%	13.3%
Total	Count	12	3	15	

**Greater Cleveland Asthma Coalition Needs Assessment
Report of School Asthma Needs Assessment (cont.)**

			Respondent		Total
			Nurses	Principals	
If Yes, are integrated pest management techniques (IPM) used to control pests?	B	Count	0	1	1
		% within Respondent	.0%	33.3%	6.7%
	N	Count	9	2	11
		% within Respondent	75.0%	66.7%	73.3%
	Y	Count	3	0	3
		% within Respondent	25.0%	0%	20.0%
Total	Count	12	3	15	

	N	Minimum	Maximum	Mean	Std. Deviation
How often is a school nurse in your school, number of days/week	14	1.0	5.0	2.536	1.0089
Valid N (listwise)	14				

The average number of days/week that a school nurse is in a school is 2.5, the minimum is 1 day/week and the maximum is 5 days/ week with standard deviation of ±1 day

	N	Minimum	Maximum	Mean	Std. Deviation
Student:Nurse ratio What is the student/nurse ratio?	14	200	2200	828.36	576.827
Valid N (listwise)	14				

The average student/nurse ratio is 828.36/1. The minimum is 200/1 and the maximum is 2200/1 with a SD± 576.8 students.

		Frequency	Percent	Valid Percent	Cumulative Percent
Do you know how many students have diagnosed asthma?	Valid	N	5	33.3	33.3
		Y	10	66.7	100.0
	Total		15	100.0	100.0

66.7% reported that they know how many students have diagnosed asthma

	N	Minimum	Maximum	Mean	Std. Deviation
If Yes, indicate how many: _____	10	9	74	41.70	22.745
Valid N (listwise)	10				

The reported average number of students diagnosed with asthma is 41.7 with a SD±22.7; the minimum is 9 and maximum is 74 students.

	N	Minimum	Maximum	Mean	Std. Deviation
If No, what percentage of students in your school do you estimate to have diagnosed asthma?	3	5 %	10 %	6.67 %	2.89 %
Valid N (listwise)	3				

The estimated average number of students diagnosed with asthma is 6.7% with SD± 2.9%. The minimum is 5% and the maximum is 10%

	N	Minimum	Maximum	Mean	Std. Deviation
What percentage of students in your school do you estimate have undiagnosed asthma?	5	1 %	27.5 %	10.7 %	10.12 %
Valid N (listwise)	5				

The estimated percent of students undiagnosed with asthma is 10.7% with SD± 10.1%. The minimum is 1% and the maximum is 27.5%

**Greater Cleveland Asthma Coalition Needs Assessment
Report of School Asthma Needs Assessment (cont.)**

			Respondent		Total
			Nurses	Principals	
If a nurse is not in your school all day, every day, is a nurse regularly available to help the school write asthma plans and give the school guidance on asthma issues?	N	Count	4	2	6
		% within Respondent	33.3%	66.7%	40.0%
	NA	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	Y	Count	7	1	8
		% within Respondent	58.3%	33.3%	53.3%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Is someone, other the nurse, assigned and trained to give medications?	NA	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	Y	Count	11	3	14
		% within Respondent	91.7%	100.0%	93.3%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
If Yes, does the nurse supervise and monitor that person at least monthly?	N	Count	2	0	2
		% within Respondent	16.7%	.0%	13.3%
	Y	Count	10	3	13
		% within Respondent	83.3%	100.0%	86.7%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Is a person designated to coordinate asthma activities at the School level?	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	N	Count	6	2	8
		% within Respondent	50.0%	66.7%	53.3%
	Y	Count	5	1	6
		% within Respondent	41.7%	33.3%	40.0%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Is a person designated to coordinate asthma activities at the District level?	B	Count	1	1	2
		% within Respondent	8.3%	33.3%	13.3%
	N	Count	9	2	11
		% within Respondent	75.0%	66.7%	73.3%
	Y	Count	2	0	2
		% within Respondent	16.7%	.0%	13.3%
Total	Count	12	3	15	

If YES,WHO? Seven were n/a; five were blank; two said nurse and one said "George."

**Greater Cleveland Asthma Coalition Needs Assessment
Report of School Asthma Needs Assessment (cont.)**

			Respondent		Total
			Nurses	Principals	
Are existing school health records used to identify all students with asthma?	N	Count	1	1	2
		% within Respondent	8.3%	33.3%	13.3%
	Y	Count	11	2	13
		% within Respondent	91.7%	66.7%	86.7%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Are existing School health and/or attendance records used to track students' absences due to asthma?	N	Count	10	2	12
		% within Respondent	83.3%	66.7%	80.0%
	Y	Count	2	1	3
		% within Respondent	16.7%	33.3%	20.0%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Is there a written policy that allows children to take asthma medications at school as prescribed by their doctor and permitted by parent?	Y	Count	12	3	15
		% within Respondent	100.0%	100.0%	100.0%
	Total	Count	12	3	15

			Respondent		Total
			Nurses	Principals	
If Yes, does the written policy specify if children may carry and administer their own medications?	N	Count	0	1	1
		% within Respondent	.0%	33.3%	6.7%
	Y	Count	12	2	14
		% within Respondent	100.0%	66.7%	93.3%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
If No, is the medication where the child can access it all day, every day?	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	NA	Count	3	0	3
		% within Respondent	25.0%	.0%	20.0%
	Y	Count	8	3	11
		% within Respondent	66.7%	100.0%	73.3%
Total	Count	12	3	15	

If No, where is it located? One blank, six n/a, 3 nurses office, 4 main office and one in classroom.

			Respondent		Total
			Nurses	Principals	
Is an extra quick relief inhaler available at school?	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	N	Count	9	1	10
		% within Respondent	75.0%	33.3%	66.7%
	Y	Count	2	2	4
		% within Respondent	16.7%	66.7%	26.7%
Total	Count	12	3	15	

**Greater Cleveland Asthma Coalition Needs Assessment
Report of School Asthma Needs Assessment (cont.)**

			Respondent		Total
			Nurses	Principals	
Is there a functional plan for asthma medications on field trips?	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	N	Count	5	2	7
		% within Respondent	41.7%	66.7%	46.7%
	Y	Count	6	1	7
		% within Respondent	50.0%	33.3%	46.7%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Does your school have a written Asthma Action plan for each with asthma in case of a severe asthma episode?	N	Count	8	1	9
		% within Respondent	66.7%	33.3%	60.0%
	Y	Count	4	2	6
		% within Respondent	33.3%	66.7%	40.0%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
If Yes, does the plan include what action to take during a severe asthma episode?	N	Count	8	1	9
		% within Respondent	66.7%	33.3%	60.0%
	Y	Count	4	2	6
		% within Respondent	33.3%	66.7%	40.0%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Does the plan include whom to notify and when?	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	N	Count	8	1	9
		% within Respondent	66.7%	33.3%	60.0%
	Y	Count	3	2	5
		% within Respondent	25.0%	66.7%	33.3%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Is there a procedure established to discuss the asthma management measures together with the student, teacher and parent?	N	Count	9	1	10
		% within Respondent	75.0%	33.3%	66.7%
	Y	Count	3	2	5
		% within Respondent	25.0%	66.7%	33.3%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
If No, does the school have a standard emergency protocol for students in respiratory distress if they do not have their own asthma action plan?	B	Count	3	0	3
		% within Respondent	25.0%	.0%	20.0%
	N	Count	1	2	3
		% within Respondent	8.3%	66.7%	20.0%
	Y	Count	8	1	9
		% within Respondent	66.7%	33.3%	60.0%
Total	Count	12	3	15	

**Greater Cleveland Asthma Coalition Needs Assessment
Report of School Asthma Needs Assessment (cont.)**

			Respondent		Total
			Nurses	Principals	
Is there an established asthma education program that includes general asthma information, asthma management plans, asthma emergency procedures, and asthma medication for all school staff, including physical education teachers and bus drivers?	N	Count	11	3	14
		% within Respondent	91.7%	100.0%	93.3%
	Y	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Students with asthma?	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	N	Count	8	3	11
		% within Respondent	66.7%	100.0%	73.3%
	Y	Count	3	0	3
		% within Respondent	25.0%	.0%	20.0%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Classmates of students with asthma	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	N	Count	10	3	13
		% within Respondent	83.3%	100.0%	86.7%
	Y	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Parents?	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	N	Count	8	3	11
		% within Respondent	66.7%	100.0%	73.3%
	Y	Count	3	0	3
		% within Respondent	25.0%	.0%	20.0%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Regarding physical education and asthma: Are modified activities available, if needed?	Not Always	Count	3	0	3
		% within Respondent	25.0%	.0%	20.0%
	Y	Count	9	3	12
		% within Respondent	75.0%	100.0%	80.0%
Total	Count	12	3	15	

**Greater Cleveland Asthma Coalition Needs Assessment
Report of School Asthma Needs Assessment (cont.)**

			Respondent		Total
			Nurses	Principals	
Do students with asthma have options for fully and safely participation in physical education classes and recess activities?	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	NAL	Count	3	0	3
		% within Respondent	25.0%	.0%	20.0%
	Y	Count	8	3	11
		% within Respondent	66.7%	100.0%	73.3%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Do students with asthma have access to premeditation, if needed?	N	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	Not Always	Count	3	0	3
		% within Respondent	25.0%	.0%	20.0%
	Y	Count	8	3	11
		% within Respondent	66.7%	100.0%	73.3%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Do students with asthma have immediate access to emergency medications during activity, if needed?	Not Always	Count	4	0	4
		% within Respondent	33.3%	.0%	26.7%
	Y	Count	8	3	11
		% within Respondent	66.7%	100.0%	73.3%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Are physical education instructors and activity monitors aware of individual needs of children with asthma?	Not Always	Count	6	2	8
		% within Respondent	50.0%	66.7%	53.3%
	Y	Count	6	1	7
		% within Respondent	50.0%	33.3%	46.7%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Are there systems to promote ongoing communication among students, parents, teachers, school nurses, and healthcare providers to ensure that students' asthma is well-managed at school?	N	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	N	Count	4	0	4
		% within Respondent	33.3%	.0%	26.7%
	Y	Count	6	3	9
		% within Respondent	50.0%	100.0%	60.0%
	Total	Count	12	3	15

**Greater Cleveland Asthma Coalition Needs Assessment
Report of School Asthma Needs Assessment (cont.)**

			Respondent		Total
			Nurses	Principals	
Is case management provided for students with frequent school absences, school, health office visits, emergency department visits, or hospitalizations due to asthma?	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	N	Count	8	2	10
		% within Respondent	66.7%	66.7%	66.7%
	Y	Count	3	1	4
		% within Respondent	25.0%	33.3%	26.7%
Total	Count	12	3	15	

			Respondent		Total
			Nurses	Principals	
Does your school have access to a consulting physician?	N	Count	12	3	15
		% within Respondent	100.0%	100.0%	100.0%
	Total	Count	12	3	15

			Respondent		Total
			Nurses	Principals	
Are students without primary care providers referred to child health insurance programs and providers?	B	Count	1	0	1
		% within Respondent	8.3%	.0%	6.7%
	Y	Count	11	3	14
		% within Respondent	91.7%	100.0%	93.3%
	Total	Count	12	3	15

Potential Preliminary Recommendations:

- 1: Develop an established asthma education program that includes general asthma information, asthma management plans, asthma emergency procedures, and asthma medication for staff, teachers, and drivers.
 - 2: Develop an individualized asthma management plan for every student with asthma.
 - 3: Develop a written Asthma Action plan for each school.
 - 4: Develop an established procedure to discuss the asthma management measures together with students, teachers, and parents for every school.
 - 5: Develop an established asthma education plan for parents.
 - 6: Develop a plan for access to a consulting physician at every school.
 - 7: Clarify areas where principal and nurse replies differed.
 - 8: Repeat survey, including staff or staff supervisor and teachers, as well as principals and nurses.
- Other??



Asthma Treatment and Services Community Assessment

Please fill out one Section A. Agency Information for your agency and copy and complete one Section B. Asthma Services Provided for EACH asthma service your agency provides.

Please return the completed assessment.

A. Agency Information		
1. Agency Name:		
2. Address:		
City:	State:	Zip:
3. Phone:	4. FAX:	5. Hours/Days of Operation:
6. Contact Person:		7. Email:

Please fill out one Section B. Asthma Services Provided for EACH asthma service your agency provides.

B. Asthma Services Provided	
1. Name of Service:	
2. Short Description of Service:	
3. Available to Age Groups (Select all that apply): <input type="checkbox"/> Senior (65+) <input type="checkbox"/> Adult (18-64) <input type="checkbox"/> Teen (13-17) <input type="checkbox"/> Child (6-12) <input type="checkbox"/> Young Child (0-6)	4. Primary ethnic group(s) served (select all that apply): <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian, Eskimo, Aleut <input type="checkbox"/> Other <input type="checkbox"/> All
5. Cost of the service provided?	6. Date(s)/Time(s) service provided:
7. Location service is provided: <input type="checkbox"/> Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Agency office <input type="checkbox"/> Community <input type="checkbox"/> Other: _____	



American Lung Association Tip Sheet: Data Collection Instruments

Instrument	Pros	Cons
<p>Mail Survey <i>Purpose:</i></p> <ul style="list-style-type: none"> to obtain individual, written information within several days or weeks of program activity to obtain primarily closed-ended responses on a range of issues 	<ul style="list-style-type: none"> time-efficient lower unit cost easy to implement less staff intensive good for sensitive topics 	<ul style="list-style-type: none"> generally low response rates slow data collection few open-ended questions may require additional incentives literacy issues need to be addressed
<p>In-Person Written Survey <i>Purpose:</i></p> <ul style="list-style-type: none"> to obtain immediate written, individual information to obtain primarily closed-ended responses on a range of issues 	<ul style="list-style-type: none"> immediate responses less staff intensive good for sensitive topics specific written responses 	<ul style="list-style-type: none"> people may rush to complete it at the end of a training, etc. literacy issues
<p>E-mail Survey <i>Purpose:</i></p> <ul style="list-style-type: none"> to obtain individual, written information electronically almost immediately after program activity to obtain primarily closed-ended responses on a range of issues 	<ul style="list-style-type: none"> time-efficient lower unit cost easy to implement less staff intensive electronic responses for easier data entry 	<ul style="list-style-type: none"> may not be option for all being surveyed possible low response rate few open-ended questions may require additional incentives literacy issues need to be addressed possible concerns about anonymity
<p>Face-to-Face Interview <i>Purpose:</i></p> <ul style="list-style-type: none"> to have individual, open-ended discussion on a range of issues to obtain in-depth information on an individual basis about perceptions and concerns 	<ul style="list-style-type: none"> immediate responses high flexibility reach diverse populations high response rate 	<ul style="list-style-type: none"> not anonymous interviewee may alter responses to “please interviewer” relies on accuracy of interviewers’ recording of answers
<p>Telephone Survey <i>Purpose:</i></p> <ul style="list-style-type: none"> to have individual conversations on a range of issues to obtain information on individual basis on both open- and closed-ended topics 	<ul style="list-style-type: none"> speed of data collection potential for high responses rates good for long or detailed answers 	<ul style="list-style-type: none"> role of interviewer in eliciting responses cost
<p>Focus Groups <i>Purpose:</i></p> <ul style="list-style-type: none"> to have an open-ended group discussion on a range of issues to obtain in-depth information about perceptions and concerns from a group 	<ul style="list-style-type: none"> gather information from several people at once individual responses can stimulate additional ideas from others 	<ul style="list-style-type: none"> individual responses influenced by group transcription can be expensive participants choose to attend and may not be representative of target population participants may give “politically correct” answers, due to group pressure harder to coordinate than individual interviews



American Lung Association Worksheet: Using a Numerical Ranking System to Prioritize Needs¹

Use this worksheet as a scorecard for coalition members to prioritize needs identified in your needs assessment. Use the 5-point scale defined in each column to rank each Strategy for Addressing Asthma on 3 dimensions of satisfaction, importance, and responsiveness to change. Add the ranking points for each strategy to get total points. Use Total Points to help you choose priority areas to be addressed in your 5-Year AFSI Plan.

Strategy for Addressing Asthma Within a Coordinated School Health Program	How Satisfied am I? 5 = greatest dissatisfaction with results – worst problem 1 = very satisfied – not a problem	How Important is this? 5 = very important, needing most immediate attention, most essential to effective management of asthma 1 = not important, not essential to effective management of asthma	How Responsive to Change is it? 5 = most amenable to change, within power of school 1 = not amenable to change, outside the scope of influence of the school	Total Points	Overall Score	Priority Strategy for Addressing Asthma
Management and Support Systems for Asthma Friendly Schools						
School Health and Mental Health Services for Students with Asthma						
Asthma Education and Awareness Programs for Students and School Staff						
Healthy School Environment						
Physical Education and Activity Opportunities for Students with Asthma						

¹ Based on State of Oregon Asthma-Friendly Schools Demonstration Project materials



AFSI Roseland School District, Sonoma County
Based in part on the six strategies for addressing asthma within a coordinated School Health Program (CDC)

Elements for each module	Needs Assessment finding	Priority 0 – 5 (20 points total)		
		support	impact	cost time
Module 1: Mgmt. & Support for AFSI				
a. Asthma mgmt and ed recognized by admin staff as high priority	Admin recognize as serious, but not a high priority			
b. School staff designated to coordinate and organize asthma program and activities	School Dist has identified staff to participate in AFSI project, but no further commitment beyond planning			
c. Written policies developed and written for asthma ed and mgmt.	None exist on school or district levels Nurses follow state mandated policy for asthma (document and follow meds) Nurses recommend policy on requiring all student w/asthma to have inhaler at school.			
d. Asthma programs are culturally and linguistically appropriate	No programs exist at this time			
e. All students w/asthma are identified and tracked	Reliance on self-report, parent report (via Student Health Hx form completed upon initial registration and/or Emergency Form completed annually) and nurse identification of asthma during health screening for vision, hearing or scoliosis. Medication use is supposed to be tracked by office staff, but no system of informing parents or physician/clinic of usage is in place.			
f. Funds exist for school asthma programs	Asthma Coalition looking to pilot Open Airways in at least 6 school in Sonoma County			
g. Systems that support ongoing communication among students, parents, teachers, school nurses, and health care providers are in place and effective	Informal communication system at back to school night, and through a "teacher help" system that allows for a broad range of issues to be addressed (Coordinated Services Team). Letters sent home to parents of identified students w/asthma to fill out more detailed info on child's asthma are rarely sent back to school			
h. Asthma policies and program strategies are assessed annually	No policies or programs to assess			



AFSI Roseland School District, Sonoma County Based in part on the six strategies for addressing asthma within a coordinated School Health Program (CDC)				
Elements for each module	Needs Assessment finding	Priority 0 – 5 (20 points total)		
		support	impact	cost time
Module 2: School Health and Mental Health Services for Students w/Asthma				
a. Use of written Asthma Action Plans (AAP)	No, Nurse completes "Health Inventory" form for each child. Also, "Student Health Hx" form that parents fill out (if they do), emergency cards filed.			
b. AAP are shared w/ appropriate staff	Lists of students w/ asthma are generated for teachers each school year			
c. Immediate access to medications Meds kept locked office. Focus group reports meds not always locked, often very unorganized due to the number of inhalers, spacers etc.	Meds that are hard for office staff to find add to their frustration which is displaced onto students....resulting in students not wanting to go to office for their meds. Nurses report concern over access to meds for kids in p.e. due to proximity of field to office.			
d. Students permitted to self-carry and administer	No, Admin generally against, teachers mixed, parents mostly want. Pending legislation will guide this element in the future.			
e. Standard emergency protocol in place (for students w/o a plan)	Nothing formal... send to office for meds, or call 911 if real trouble			
f. Case mgmt for students w/ severe asthma	None. Parent focus group reveal parents very stressed and concerned about child well being			
g. Provide and coordinate school-based counseling, psychological and social services as appropriate	No Children who have issues can be referred to the Coordinated Services Team, but is used for crisis situations.			
h. Staff will be trained and supervised to administer meds Staff are not trained	Focus group revealed that office staff unorganized w/meds and appear bothered and even mad about having to find/get out meds. Report of staff telling kids they should have taken meds before p.e., but not in a nice way.			
i. Refer students w/asthma who don't have a medical provider	Parent focus group: good care critical to getting control of asthma, meds paid for and support and education. No referral loop has been systematized.			
j. Provide access to a consulting physician for each school.	Roseland has the clinic			



AFSI Roseland School District, Sonoma County Based in part on the six strategies for addressing asthma within a coordinated School Health Program (CDC)				
Elements for each module	Needs Assessment finding	Priority 0 – 5 (20 points total)		
		support	impact	cost time
Module 3: Asthma Education and Awareness for Students and Staff				
a. Students w/asthma will be educated on asthma basics, mgmt, and emergency response	No ed provided Parents, teachers and student report need for this <i>Possible Open Airways program starting at Roseland in the fall/04.</i>			
b. Asthma awareness and lung health ed to all students	Teachers and admin feel unnecessary			
c. Ed staff on asthma basics, mgmt., and emergency response annually	Admin suggest addition of protocol in teacher manual, posting small poster, and adding to teacher emergency boxes			
Module 4: Healthy School Environment				
d. Ensure good indoor air quality by reducing or eliminating asthma triggers	Admin will likely only support simple, expense-free interventions			
e. Integrated pest mgmt. techniques are used to control pests	Teachers express concern over pesticide use			
Module 5: Physical Education and Activity Opportunities for Students w/Asthma				
a. Full participation in physical activities for students w/asthma who are well is encouraged	Incident at another school (not Roseland Dist.) reported where p.e. teacher forced child to participate, child had asthma attack and 911 was called.			
b. Students w/asthma have access to medications before, during and after activity	Access to meds kept at the office. Students report embarrassment and office staff being “troubled” and difficulty finding meds. see 2 c. above			
c. Health information on physical activity for students w/asthma is collected annually	No			
d. Modified activities are provided, as indicated by AAAA (or other), are provided	Focus group report students are allowed to walk or take it easy when they report having asthma Teachers/admin report kids using asthma as an excuse not to participate in p.e.			



AFSI Roseland School District, Sonoma County
Based in part on the six strategies for addressing asthma within a coordinated School Health Program (CDC)

Elements for each module	Needs Assessment finding	Priority 0 – 5 (20 points total)			
		support	impact	cost	time
Module 6: Family and Community Efforts to Better Manage Asthma Symptoms and Reduce School Absences among Students w/asthma					
a. Written parental permission for school health staff and primary care providers to share student health information through the use of medical release form	Medication forms are a priority but release forms are not typically signed				
b. Family members are provided education on asthma	No Families report that this would be very useful, especially for Hispanic community				
c. Local community programs are worked with to coordinate school and community asthma mgmt and ed services	AFSI project is an example Open Airways may begin as well				