The Evolving Role of the School Nurse in Treating and Managing Childhood Asthma – At School and Home

Live Webinar
Thursday, March 29, 2012
Webinar Instructions and Statements

- **Audio**: Throughout the webinar, your phone line will be muted.

- **Questions**: If you have a question during the webinar, please click on the “Notes” tab at the top of your screen and send it to “All Moderators.” If you are directing your question to a specific presenter, please write their name before the question (e.g., Floyd, Susan, Yolanda, Kim). Due to the large number of participants, we will answer as many questions as possible within the timeframe allotted for this webinar. If your question was not answered, we encourage you to reach out to the individual presenter via e-mail following the webinar (email addresses will be provided).

- **Continuing Education**: This webinar has been approved for one (1) contact hour of continuing nursing education. You will be emailed an evaluation form on April 2 as the final step in receiving credit. You will have one week from the date you receive the evaluation form to complete for credit.

- **Disclosure Statement**: The planners and presenters of this educational activity disclose that this webinar is being presented with sponsorship from the Merck Childhood Asthma Network, an organization funded by The Merck Company Foundation.

- **Accreditation Statement**
  The National Association of School Nurses, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
At the end of this educational activity, the school nurse will be prepared to:

- Understand the high prevalence of asthma among children, as well as the opportunities, barriers and challenges facing school nurses charged with advancing the well-being, academic success and health of students.

- Implement best practices learned from the specialized childhood asthma management program being implemented in the Los Angeles Unified School District (LAUSD) into their own school programs/district.

- Better navigate administrative challenges, as identified from the LAUSD program, when working to implement asthma management programs or expand their role in helping children with asthma and their families.
Today’s Agenda and Speakers

The Challenges of Childhood Asthma
Dr. Floyd Malveaux, Merck Childhood Asthma Network, Inc.

Childhood Asthma: The Evolving Role of the School Nurse
Susan Hoffmann, National Association of School Nurses

Lessons Learned from the Nursing Services Asthma Program
Yolanda Cuevas, Los Angeles Unified School District

Addressing Administrative Challenges: Key Learnings from LAUSD
Dr. Kim Uyeda, Los Angeles Unified School District

Q&A
The Challenges of Childhood Asthma

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MCAN is a 501(c)(3) organization founded in 2005 and funded by The Merck Company Foundation.

<table>
<thead>
<tr>
<th><strong>Mission</strong></th>
<th>To enhance the quality of life for children with asthma and their families, and to reduce the burden of the disease on them and society.</th>
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| **Strategic Priorities** | 1. Fund implementation of evidence-based interventions in primary health care settings and communities  
2. Advocate for policies that are science-based and cost-effective  
3. Enhance awareness and knowledge of quality asthma care |
Childhood Asthma is Challenging on Many Levels

Widespread and Serious
- 1 in 7 ever diagnosed
- 9% currently have it
- 60% have had at least one attack in the past year

Costly
- $8-10 billion in medical expenditures
- Additional $10 billion in indirect costs
- 40% higher emergency department costs

Preventable and Avoidable
Asthma Highest Among Minority Children, Prevalence Largely Not Improving Over Time

Current Asthma Prevalence, Children Aged <18, by Race/Ethnicity

- All Children: 10.3% in 2001, 49.1% in 2009 (Percent Change: 38.8%)
- White Non-Hispanic: 8.5% in 2001, 7.3% in 2009 (Percent Change: -1.2%)
- Black Non-Hispanic: 49.1% in 2001, 29.4% in 2009 (Percent Change: -19.7%)
- Other Non-Hispanic: 18.5% in 2001, 21.0% in 2009 (Percent Change: 2.5%)
- Hispanic: 8.5% in 2001, 10.0% in 2009 (Percent Change: 1.5%)
- Puerto Rican: -13.3% in 2001, 29.4% in 2009 (Percent Change: 42.7%)
- Mex./Mex-Am.: 10.3% in 2001, 29.4% in 2009 (Percent Change: 19.1%)

Race / Ethnicity
Racial Disparities Exist in Children Treated for Asthma

<table>
<thead>
<tr>
<th>Group</th>
<th>Current prevalence percent (2004-05)</th>
<th>Ambulatory visits per 1,000 (2003-04)</th>
<th>Emergency dept visits per 10,000 (2003-04)</th>
<th>Hospital discharges per 10,000 (2003-04)</th>
<th>Deaths per 1,000,000 (2003-04)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>7.9</td>
<td>95</td>
<td>73</td>
<td>17</td>
<td>1.5</td>
</tr>
<tr>
<td>Black</td>
<td>12.8</td>
<td>76</td>
<td>265</td>
<td>59</td>
<td>9.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.8</td>
<td>83</td>
<td>108</td>
<td>*</td>
<td>1.8</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>19.2</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Mexican</td>
<td>6.4</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>1.7</td>
</tr>
<tr>
<td>NH white</td>
<td>8.0</td>
<td>100</td>
<td>66</td>
<td>*</td>
<td>1.3</td>
</tr>
<tr>
<td>NH black</td>
<td>12.7</td>
<td>72</td>
<td>253</td>
<td>*</td>
<td>9.2</td>
</tr>
<tr>
<td>Overall 0-17 years</td>
<td>8.7</td>
<td>90</td>
<td>99</td>
<td>29</td>
<td>2.6</td>
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</tbody>
</table>
Second Most Costly Condition in Children, with Highest Number of Children Treated in 2006

Medical Expenditures (in dollars, billions)

- Mental Disorders: $8.9
- Asthma/COPD: $8.0
- Trauma: $6.1
- Acute Bronchitis and URI: $3.1
- Infectious Diseases: $2.9

Number of Children (in millions)

- Mental Disorders: 4.6
- Asthma/COPD: 12.9
- Trauma: 12.8
- Acute Bronchitis and URI: 6.7
- Infectious Diseases: 4.5

Source: Soni, Anita, Statistical Brief # 242, April 2009, Rockville, MD: AHRQ
There is Help: Evidence-Based Interventions Proven to Improve Care and Lower Costs

- Improving clinical outcomes
- Closing gaps in asthma outcome disparities
- Reducing asthma morbidity and enhancing quality of life

Evidence-Based Interventions can:
- Potentially be “translated” and successfully integrated into healthcare systems and multiple communities
- Enhance empowerment to increase knowledge, change negative lifestyle behaviors
- Help family members participate in treatment decisions and successfully navigate complex health care system
MCAN-Funded Programs Combine EBI, Case Management and Trigger Removal to Improve Health

MCAN programs have been shown to improve asthma management and quality of life for children and families by:

• Decreasing missed school and work days
• Increasing number of families whose children have asthma action plans
• Empowering families to reduce asthma triggers at home
• Decreasing emergency room visits

La Red de Asma Infantil de Merck de Puerto Rico

Xavier University of Louisiana

LOS ANGELES UNIFIED SCHOOL DISTRICT
NURSING SERVICES

The Children's Hospital of Philadelphia®

ADDRESSING ASTHMA IN ENGLEWOOD PROJECT

Merck Childhood Asthma Network
Implementation Science Has Taught Us Important Lessons

**Interventions Often Multi-Level**

EBI deemed efficacious within clinical or community-based trials are often multi-level interventions and are not easily translated into routine practice.

**Variety and Adaptation Important**

Context is important and EBI are rarely transferable without adaptations to specific settings; partnerships and varied approaches are essential.

**Should Address Real World**

Implementation research should address the level to which health interventions can be integrated into real-world public health and clinical service delivery systems.

Stay tuned to www.mcanonline.org for new reports on MCAN program health outcomes, learnings and research results.
Asthma Management and Treatment: The Evolving Role of the School Nurse

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Asthma Affects 10 of Every 100 School Children

Health Conditions Per 100 U.S. Students
2011 Update

COLOR KEY
- Asthma
- Food Allergy
- Seizure
- Hearing Loss
- Vision Deficiencies
- Obesity
- Autism Spectrum Disorders
- Teen Pregnancy
- Tobacco Use
- Mental/Emotional Disorders
- Threatened by Weapon
- Access to Health Care

Asthma
State Laws Guide the Care Nurses Provide Children at School

- Nurse practice acts vary from state to state
- School nurses practice within these laws
- May or may not be able to delegate care to unlicensed assistive personnel depending on state regulation
The Evolving Role of the School Nurse

- Provider
- Advocate
- Leader
- Liaison
School Nurse Now Plays Diverse and Important Role in Asthma Management

<table>
<thead>
<tr>
<th>Provider</th>
<th>Advocate</th>
<th>Leader</th>
<th>Liaison</th>
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<tbody>
<tr>
<td>• Administer direct care to children</td>
<td>• Works w/ private healthcare provider, asthma specialist and school staff</td>
<td>• Promotes effective asthma policies in the school setting</td>
<td>• Establishes clear communication w/ stakeholders</td>
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<tr>
<td>• Develop Healthcare Plans, with input from the Asthma Action Plan</td>
<td>• Ensures that students have what they need to attend school safely</td>
<td>• Establishes a school climate that promotes health</td>
<td>• Removes barriers, recommends accommodations in educational programs, like PE and field trips</td>
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<td>• Implement school-based asthma education</td>
<td>• Raises awareness of asthma through staff education</td>
<td>• “How Asthma-Friendly is Your School?” checklist from the National Asthma Education and Prevention Program</td>
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School Nurses Bridge the Gap Between Asthma Management in School and Home

Nurses provide care coordination to parents and students, primary healthcare providers, asthma specialists and school staff.
Partnering with Parents Key to Successful Asthma Management

School nurses promote parents’ self-efficacy to manage their child’s chronic illness by teaching and reinforcing necessary skills.

- Parents move through three phases of coping:
  1. Emotional Crisis
  2. Facing Reality
  3. Reclaiming Life

- School nurses can facilitate this process by encouraging parents to discuss their feelings.

Asthma negatively impacts children’s functioning, including school attendance and performance.
Successful Asthma Management Includes Addressing Concerns

- Attendance
- Participation in Physical Education, sports and after-school activities
- Health Office Visits
  - Number of Visits
  - Treatment Needed
- Is there an Asthma Action Plan at school?
  - If yes, is it complete?
  - If no, work to get one from provider
  - If unable, school nurse should construct the plan from the provider’s orders
References


Lessons Learned from the LAUSD Nursing Services Asthma Program

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“You can’t educate children if they are not healthy, and you can’t keep children healthy if they are not educated.”

Dr. Joycelyn Elders
15th U.S. Surgeon General
Asthma Program Set in Diverse School District Aims to Improve Health, Education

LAUSD Nursing Services Asthma Program aims to:

• Improve the health and academic achievement of students with asthma by reducing exacerbations
• This is achieved through the education of students, parents and staff on the prevention and management of asthma

Program is set in one of the country’s most diverse school districts:

• LAUSD is second largest school district in the United States
• More than 77,000 students in the district have asthma
LAUSD Asthma Program Managed More Than 1,000 Students Over Four Years

Demographics of Participants
- 71% Hispanic/Latino
- 22% African American (11% of the District)

Outcomes of Participants
- Improvement in symptoms
- Decreased ER visits
- Increase in appropriate use of asthma medication
- Increased use of an asthma action plan
- Decline in missed days of school: 14 to 5 days/year
Unique LAUSD Program Combines Education at School and Home to Combat Asthma

- General education for students, parents and staff
- Group education for children with asthma
  - Open Airways for Schools
  - Kickin’ Asthma
  - Fight Asthma Now
- Individual education for children with asthma and their families during in-home and school visits
Properly Identifying Students for Asthma Program is Priority

• Engage school personnel to help identify students with asthma
  – School nurses
  – Attendance counselors
  – Administrators
  – Teachers
  – Coaches

• Tools for identifying students include:
  – Screening or control test (e.g., ACT)
  – LAUSD student health office record
  – Medication record
Fun, Interactive Educational Tools Help Students Better Manage Asthma

- Schools are ideal places to meet children and parents for education
- Classroom presentations, DVDs and story books developed
- Group asthma education classes held to create sense of community
- “Anansi’s Flare-Up” asthma educational DVD
Asthma Action Plan is Essential to Successful In-School Program

- Asthma Action Plans are key health care management plans for students with asthma
- You can obtain one by contacting local coalitions, health providers or accessing on CDC.gov
- The plan should be kept at school for medication and the child should carry one in backpack at all times
Environment Checklists, Other Tools for Schools Help Guide Care

- **Tools for School Nurses**
  - Asthma Home Environment Checklist (EPA)

- **Tools for School Staff**
  - Indoor Air Quality Tools for Schools Action Kit (EPA)
Addressing Administrative Challenges: Key Learnings from LAUSD Nursing Services Asthma Program

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Existing Resources, Collaboration and Parental Engagement Key to LAUSD Program Success

LAUSD program was successful for the following reasons:
• Used resources **within** the school, including key personnel and facilities
• Moved the needle on measures important to district (e.g., attendance, achievement, graduation)
• Extended built-in trust with parents to execute in-home component
• Met students and families where they are (e.g., home, school, community, PTA meetings)
• Program flexible and made tweaks throughout
• Took advantage of opportunities to collaborate with community orgs (e.g., physicians, ALA, AAFA)
Education, Academic Barriers Exist When Implementing In-School Asthma Programs

- Schools are different than healthcare settings
  - Majority of focus is on academics
  - Increasingly “high stakes testing”
  - Less time for health education and health care
At-Home Dynamics, Economic Pressures Make Focus on Children’s Health Difficult

- Families have more urgent, pressing needs
  - Time and finances
  - Joblessness
  - Uninsured/underinsured
  - Lower priority placed on health
- Results in missed appointments or loss to follow-up
Securing and Maintaining Appropriate Funding and Human Resources is Fundamental

- Securing Funding
  - Start up
  - Sustainability
  - Expansion
- Identifying the Right People for the Job
  - Finding professionals with the right skill set and experience
  - Using existing human resources
  - Low-cost training to expand the role of current staff
Overcoming Challenges Can Have Significant Impact on Children with Asthma

Better Attendance, Healthier Students

Reduction in Health Disparities

Cleaner, Safer Homes

Asthma-Friendly Schools
The Evolving Role of the School Nurse in Treating and Managing Childhood Asthma – At School and Home

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