

# Indicators for School Health Programs

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## Asthma Management (AM) Local Education Agencies

Fiscal Year: March 1, 2011 – February 29, 2012  
Division of Adolescent and School Health

Funding Opportunity Number: CDC-RFA-DP08-801:  
Improving Health and Educational Outcomes of Young People

### Instructions

This set of indicators describes the performance in nine areas of your asthma management project: (1) introduction; (2) joint activities with health agencies; (3) policy; (4) health promotion and environmental approaches; (5) asthma-related education; (6) health services; (7) external collaboration; (8) reducing disparities among populations of youth at disproportionate risk for asthma episodes and absences; and (9) other information and activities.

A glossary of terms is included at the end of the *Indicators*.

Activities to be reported are those for which **any amount** of DASH funds were used, or in which staff time to develop, implement, or evaluate activities was funded in any amount by DASH. These questions apply only to priority health risk behaviors addressed in Funding Opportunity Announcement DP08-801, excluding supplementary funding.

Please answer each question carefully and accurately. **Not all items or activities may reflect the emphasis of your plan for the current fiscal year, and therefore you may report that you have not performed activities in those areas by entering zeros. Additionally, you may not currently collect information about some activities. If so, please leave the answer blank.** Please be sure to include materials for those items requesting attachments.

Public reporting burden of this collection of information is estimated to average 7 hours per response, including the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS-D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0672).

*For further questions or assistance with completing this report,  
please contact your CDC project officer.*



## I. INTRODUCTION

1. How many schools do you have in your district? \_\_\_\_\_ TOTAL
2. During FY 2011, did your asthma management project use the following strategies to address asthma within a coordinated school health program?

		YES	NO
A.	Establish management and support systems for asthma-friendly schools	<input type="radio"/>	<input type="radio"/>
B.	Provide appropriate school health and mental health services for students with asthma	<input type="radio"/>	<input type="radio"/>
C.	Provide asthma education and awareness programs for students and school staff	<input type="radio"/>	<input type="radio"/>
D.	Provide a safe and healthy school environment to reduce asthma triggers	<input type="radio"/>	<input type="radio"/>
E.	Provide safe, enjoyable physical education and activity opportunities for students with asthma	<input type="radio"/>	<input type="radio"/>
F.	Coordinate school, family, and community efforts to better manage asthma symptoms and reduce school absences among students with asthma	<input type="radio"/>	<input type="radio"/>

3. During FY 2011, did your project have any funding other than DASH funding for school asthma management programs? (May include federal, state, district, and/or private funding)

- YES
- NO → Skip to 4

If YES:

- a. What is the total dollar amount of the funding you received other than DASH funding for school asthma management programs? (Please include federal, state, district, and private funding): \$\_\_\_\_\_

## II. JOINT ACTIVITIES WITH HEALTH AGENCIES

4. Currently does your asthma management project employ one person at 100% time designated to carry out asthma management activities?

- YES
- NO

5. During FY 2011, did your asthma management project work with a local or state health agency?

- YES
- NO → Skip to 8

If YES, with which of the following did you work:

- Local Health Agency
- State Health Agency

6. During FY 2011, did the local education agency (LEA) have a formal agreement (e.g., a current memorandum of understanding) to collaboratively establish complementary roles and activities for asthma management in schools with the following partners?

		<b>YES</b>	<b>NO</b>
A.	Local Health Agency	<input type="radio"/>	<input type="radio"/>
B.	State Health Agency	<input type="radio"/>	<input type="radio"/>

If YES:

1. Did the LEA receive additional funds as a result of the collaboration with one or both agencies?

- YES
- NO

7. During FY 2011, on which of the following activities did your asthma management project collaborate with the State Health Agency (SHA) or Local Health Agency (LHA)?

		<b>SHA</b>	<b>LHA</b>
A.	Seek additional funding	<input type="radio"/>	<input type="radio"/>
B.	Conduct asthma management needs assessment	<input type="radio"/>	<input type="radio"/>
C.	Develop or implement asthma management activities	<input type="radio"/>	<input type="radio"/>
D.	Develop or revise asthma management policies	<input type="radio"/>	<input type="radio"/>
E.	Develop or revise protocols to provide asthma management nursing services for students	<input type="radio"/>	<input type="radio"/>
F.	Share asthma management resources	<input type="radio"/>	<input type="radio"/>
G.	Provide professional development on asthma management to district staff	<input type="radio"/>	<input type="radio"/>
H.	Evaluate asthma management activities	<input type="radio"/>	<input type="radio"/>
I.	None of the above	<input type="radio"/>	<input type="radio"/>

### III. POLICY

8. During FY 2011, did your asthma management project **DEVELOP** (or revise or assist in developing) model policies, policy guidance, or other policy materials on the following topics?

	YES	NO
A. Immediate access to quick-relief asthma medications	<input type="radio"/>	<input type="radio"/>
B. Student possession and self-administration of prescribed quick-relief asthma medications (with parent and health provider permission) (SLIM #4)	<input type="radio"/>	<input type="radio"/>
C. Appropriate provision of asthma-related school health services by qualified personnel	<input type="radio"/>	<input type="radio"/>
D. Keeping asthma action plans on file (SLIM #3)	<input type="radio"/>	<input type="radio"/>
E. Asthma awareness education for all students	<input type="radio"/>	<input type="radio"/>
F. Asthma management education for students with asthma	<input type="radio"/>	<input type="radio"/>
G. Required asthma basics and emergency response education for all school staff	<input type="radio"/>	<input type="radio"/>
H. Elimination of tobacco smoke from all school buildings, grounds, vehicles, and school-sponsored events at all times	<input type="radio"/>	<input type="radio"/>
I. Identification and reduction of other environmental asthma triggers	<input type="radio"/>	<input type="radio"/>
J. Development or implementation of an Environmental Management Plan	<input type="radio"/>	<input type="radio"/>
K. Full participation in physical activity when students are well	<input type="radio"/>	<input type="radio"/>
L. Elimination of all unnecessary idling by school buses	<input type="radio"/>	<input type="radio"/>
M. Other model policies, policy guidance, or other policy materials that contribute to improved asthma management	<input type="radio"/>	<input type="radio"/>

9. During FY 2011, did your asthma management project **DISTRIBUTE** established or model policies, policy guidance, or other policy materials on the following topics?

	<b>YES</b>	<b>NO</b>
A. Immediate access to quick-relief asthma medications	<input type="radio"/>	<input type="radio"/>
B. Student possession and self-administration of prescribed quick-relief asthma medications (with parent and health provider permission) (SLIM #4)	<input type="radio"/>	<input type="radio"/>
C. Appropriate provision of asthma-related school health services by qualified personnel	<input type="radio"/>	<input type="radio"/>
D. Keeping asthma action plans on file (SLIM #3)	<input type="radio"/>	<input type="radio"/>
E. Asthma awareness education for all students	<input type="radio"/>	<input type="radio"/>
F. Asthma management education for students with asthma	<input type="radio"/>	<input type="radio"/>
G. Required asthma basics and emergency response education for all school staff	<input type="radio"/>	<input type="radio"/>
H. Elimination of tobacco smoke from all school buildings, grounds, vehicles, and school-sponsored events at all times	<input type="radio"/>	<input type="radio"/>
I. Identification and reduction of other environmental asthma triggers	<input type="radio"/>	<input type="radio"/>
J. Development or implementation of an Environmental Management Plan	<input type="radio"/>	<input type="radio"/>
K. Full participation in physical activity when students are well	<input type="radio"/>	<input type="radio"/>
L. Elimination of all unnecessary idling by school buses	<input type="radio"/>	<input type="radio"/>
M. Other model policies, policy guidance, or other policy materials that contribute to improved asthma management	<input type="radio"/>	<input type="radio"/>

10. During FY 2011, did your asthma management project provide **PROFESSIONAL DEVELOPMENT** to school staff on established or model policies, policy guidance, or other policy materials related to asthma management?

- YES
- NO → Skip to 11

If YES, provide the total:

1. Number of professional development events on established or model policies, policy guidance, or other policy materials related to asthma management \_\_\_\_\_
2. Number of participants in professional development events on established or model policies, policy guidance, or other policy materials related to asthma management \_\_\_\_\_
3. Number of professional development events on established or model policies, policy guidance, or other policy materials related to asthma management for which you conducted follow-up support \_\_\_\_\_

11. During FY 2011, did your asthma management project provide **TECHNICAL ASSISTANCE** to school staff on established or model policies, policy guidance, or other policy materials related to asthma management?
- YES  
 NO
12. During FY 2011, if your asthma management project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to school staff on established or model policies, policy guidance, or other policy materials related to asthma management, provide the total number of schools reached directly. \_\_\_\_\_
13. During FY 2011, did your district have a comprehensive asthma management policy?
- YES  
 NO
14. During FY 2011, did your district's wellness policy include language on asthma management?
- YES  
 NO

#### IV. HEALTH PROMOTION AND ENVIRONMENTAL APPROACHES

15. During FY 2011, did your asthma management project **DISTRIBUTE** the *School Health Index* to help assess and plan asthma management activities? (SLIM #1)
- YES  
 NO
16. During FY 2011, did your asthma management project provide **PROFESSIONAL DEVELOPMENT** to school staff on the *School Health Index* tool to help assess and plan asthma management activities? (SLIM #1)
- YES  
 NO → Skip to 17
- If YES, provide the total:
- A. Number of professional development events \_\_\_\_\_
- B. Number of participants in professional development events \_\_\_\_\_
- C. Number of professional development events for which you conducted follow-up support \_\_\_\_\_

17. During FY 2011, did your asthma management project provide **TECHNICAL ASSISTANCE** to school staff on the *School Health Index* to help assess and plan asthma management activities? (SLIM #1)

- YES
- NO

18. During FY 2011, if your asthma management project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to school staff on the *School Health Index* to help assess and plan asthma management activities, indicate the total number of schools reached directly. \_\_\_\_\_

19. During FY 2011, did your asthma management project **DEVELOP** (or revise or assist in developing) model programs, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management through any of the following?

		<b>YES</b>	<b>NO</b>
A.	Writing or implementing an environmental management plan	<input type="radio"/>	<input type="radio"/>
B.	Preventing indoor air quality problems by reducing or eliminating allergens and irritants, including tobacco smoke; dust and debris from construction and remodeling; and dust mites, molds, furred and feathered animals, cockroaches, and other pests	<input type="radio"/>	<input type="radio"/>
C.	Using integrated pest management (IPM) techniques to control pests	<input type="radio"/>	<input type="radio"/>
D.	Promoting ongoing communication among students, parents, teachers, nurses, and health care providers to ensure that students' asthma is well-managed at school (SLIM #11)	<input type="radio"/>	<input type="radio"/>
E.	Having an emergency plan for assessing, managing, and referring students experiencing an asthma-related medical emergency to the appropriate level of care	<input type="radio"/>	<input type="radio"/>
F.	Obtaining administrative support for asthma management programs	<input type="radio"/>	<input type="radio"/>

20. During FY 2011, did your asthma management project **DISTRIBUTE** model programs, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management through any of the following?

	YES	NO
A. Writing or implementing an environmental management plan	<input type="radio"/>	<input type="radio"/>
B. Preventing indoor air quality problems by reducing or eliminating allergens and irritants, including tobacco smoke; dust and debris from construction and remodeling; and dust mites, molds, furred and feathered animals, cockroaches, and other pests	<input type="radio"/>	<input type="radio"/>
C. Using integrated pest management (IPM) techniques to control pests	<input type="radio"/>	<input type="radio"/>
D. Promoting ongoing communication among students, parents, teachers, nurses, and health care providers to ensure that students' asthma is well-managed at school (SLIM #11)	<input type="radio"/>	<input type="radio"/>
E. Having an emergency plan for assessing, managing, and referring students experiencing an asthma-related medical emergency to the appropriate level of care	<input type="radio"/>	<input type="radio"/>
F. Obtaining administrative support for asthma management programs	<input type="radio"/>	<input type="radio"/>

21. During FY 2011, did your asthma management project provide **PROFESSIONAL DEVELOPMENT** to school staff on model programs, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management through any of the following?

	YES	NO
A. Writing or implementing an environmental management plan	<input type="radio"/>	<input type="radio"/>
B. Preventing indoor air quality problems by reducing or eliminating allergens and irritants, including tobacco smoke; dust and debris from construction and remodeling; and dust mites, molds, furred and feathered animals, cockroaches, and other pests	<input type="radio"/>	<input type="radio"/>
C. Using integrated pest management (IPM) techniques to control pests	<input type="radio"/>	<input type="radio"/>
D. Promoting ongoing communication among students, parents, teachers, nurses, and health care providers to ensure that students' asthma is well-managed at school (SLIM #11)	<input type="radio"/>	<input type="radio"/>
E. Having an emergency plan for assessing, managing, and referring students experiencing an asthma-related medical emergency to the appropriate level of care	<input type="radio"/>	<input type="radio"/>
F. Obtaining administrative support for asthma management programs	<input type="radio"/>	<input type="radio"/>

If YES, provide the total across all the items for which you indicated "yes":

1. Number of professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
2. Number of participants in professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
3. Number of professional development events for which you conducted follow-up support \_\_\_\_\_



22. During FY 2011, did your asthma management project provide **TECHNICAL ASSISTANCE** to school staff on model programs, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management through any of the following?

	YES	NO
A. Writing or implementing an environmental management plan	<input type="radio"/>	<input type="radio"/>
B. Preventing indoor air quality problems by reducing or eliminating allergens and irritants, including tobacco smoke; dust and debris from construction and remodeling; and dust mites, molds, furred and feathered animals, cockroaches, and other pests	<input type="radio"/>	<input type="radio"/>
C. Using integrated pest management (IPM) techniques to control pests	<input type="radio"/>	<input type="radio"/>
D. Promoting ongoing communication among students, parents, teachers, nurses, and health care providers to ensure that students' asthma is well-managed at school (SLIM #11)	<input type="radio"/>	<input type="radio"/>
E. Having an emergency plan for assessing, managing, and referring students experiencing an asthma-related medical emergency to the appropriate level of care	<input type="radio"/>	<input type="radio"/>
F. Obtaining administrative support for asthma management programs	<input type="radio"/>	<input type="radio"/>

23. During FY 2011, if your asthma management project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to school staff on model programs, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management, indicate the total number of schools reached directly.

\_\_\_\_\_

24. During FY 2011, did your asthma management project work to obtain or maintain district- or school-level administrative support for asthma management activities?

- YES
- NO

## V. ASTHMA-RELATED EDUCATION

25. During FY 2011, did your asthma management project **DEVELOP** (or revise or assist in developing) model programs, curricula, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management education through any of the following?

		YES	NO
A.	Providing staff education on asthma basics and emergency response (SLIM #5)	<input type="radio"/>	<input type="radio"/>
B.	Integrating asthma awareness and lung health education lessons into health education curricula	<input type="radio"/>	<input type="radio"/>
C.	Delivering asthma management education for students with asthma (SLIM #10)	<input type="radio"/>	<input type="radio"/>
D.	Providing parents and families of students with asthma information to increase their knowledge about asthma management (SLIM #11)	<input type="radio"/>	<input type="radio"/>
E.	Providing asthma programs that are culturally and linguistically appropriate	<input type="radio"/>	<input type="radio"/>

26. During FY 2011, did your asthma management project **DISTRIBUTE** model programs, curricula, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management through any of the following?

		YES	NO
A.	Providing staff education on asthma basics and emergency response (SLIM #5)	<input type="radio"/>	<input type="radio"/>
B.	Integrating asthma awareness and lung health education lessons into health education curricula	<input type="radio"/>	<input type="radio"/>
C.	Delivering asthma management education for students with asthma (SLIM #10)	<input type="radio"/>	<input type="radio"/>
D.	Providing parents and families of students with asthma information to increase their knowledge about asthma management (SLIM #11)	<input type="radio"/>	<input type="radio"/>
E.	Providing asthma programs that are culturally and linguistically appropriate	<input type="radio"/>	<input type="radio"/>

27. During FY 2011, did your asthma management project provide **PROFESSIONAL DEVELOPMENT** to school staff model programs, curricula, guidance, implementation strategies, or other resource materials (**not** to include policy materials) to promote asthma management through any of the following?

		YES	NO
A.	Providing staff education on asthma basics and emergency response (SLIM #5)	<input type="radio"/>	<input type="radio"/>
B.	Integrating asthma awareness and lung health education lessons into health education curricula	<input type="radio"/>	<input type="radio"/>
C.	Delivering asthma management education for students with asthma (SLIM #10)	<input type="radio"/>	<input type="radio"/>
D.	Providing parents and families of students with asthma information to increase their knowledge about asthma management (SLIM #11)	<input type="radio"/>	<input type="radio"/>
E.	Providing asthma programs that are culturally and linguistically appropriate	<input type="radio"/>	<input type="radio"/>

If YES, provide the total across all the items for which you indicated “yes”:

1. Number of professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
2. Number of participants in professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
3. Number of professional development events for which you conducted follow-up support \_\_\_\_\_

28. During FY 2011, did your asthma management project provide **TECHNICAL ASSISTANCE** to school staff model programs, curricula, guidance, implementation strategies, or other resource materials (**not** to include policy materials) to promote asthma management through any of the following?

		YES	NO
A.	Providing staff education on asthma basics and emergency response (SLIM #5)	<input type="radio"/>	<input type="radio"/>
B.	Integrating asthma awareness and lung health education lessons into health education curricula	<input type="radio"/>	<input type="radio"/>
C.	Delivering asthma management education for students with asthma (SLIM #10)	<input type="radio"/>	<input type="radio"/>
D.	Providing parents and families of students with asthma information to increase their knowledge about asthma management (SLIM #11)	<input type="radio"/>	<input type="radio"/>
E.	Providing asthma programs that are culturally and linguistically appropriate	<input type="radio"/>	<input type="radio"/>

29. During FY 2011, if your asthma management project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to school staff model programs, curricula, guidance, implementation strategies, or other resource materials (**not** to include policy materials) to promote asthma management, provide the total number of schools reached.  
\_\_\_\_\_

30. During FY 2011, did your asthma management project provide information sessions **directly to district or school staff** on asthma basics and emergency response?

- YES
- NO → Skip to 32

31. During FY 2011, were the following programs or materials used in your district for asthma management education for staff?

	YES	NO
A. Asthma 101	<input type="radio"/>	<input type="radio"/>
B. Asthma and Allergy Foundation of America's (AAFA) Meeting in a Box	<input type="radio"/>	<input type="radio"/>
C. Coach's Clipboard	<input type="radio"/>	<input type="radio"/>
D. National Asthma Education and Prevention Program's (NAEPP) Asthma Basics for Schools PowerPoint Slide Sets	<input type="radio"/>	<input type="radio"/>
E. Other Specify _____	<input type="radio"/>	<input type="radio"/>

32. During FY 2011, did your asthma management project provide asthma-related professional development **directly to nurses**?

- YES
- NO → Skip to 34

33. During FY 2011, were the following programs or materials used in your district for asthma-related professional development for nurses?

	YES	NO
A. American Academy of Asthma Allergy and Immunology's (AAAAI) School Nurse Toolkit	<input type="radio"/>	<input type="radio"/>
B. National Association of School Nurses' (NASN) School Nurse Asthma Management Project	<input type="radio"/>	<input type="radio"/>
C. Other Specify _____	<input type="radio"/>	<input type="radio"/>

34. During FY 2011, did your asthma management project deliver asthma management education **directly to students with asthma** in schools or facilitate the delivery of asthma management education **directly to students with asthma** with other agencies?

- YES
- NO → Skip to 36

35. During FY 2011, were the following programs or materials used in your district for asthma management education for students with asthma?

	<b>YES</b>	<b>NO</b>
A. Open Airways for Schools, English version	<input type="radio"/>	<input type="radio"/>
B. Open Airways for Schools, Spanish version	<input type="radio"/>	<input type="radio"/>
C. PowerBreathing	<input type="radio"/>	<input type="radio"/>
D. Quest for the Code	<input type="radio"/>	<input type="radio"/>
E. Roaring Adventures of Puff	<input type="radio"/>	<input type="radio"/>
F. Other Specify _____	<input type="radio"/>	<input type="radio"/>

36. During FY 2011, did your asthma management project coordinate asthma management activities with tobacco use prevention programs or tobacco cessation programs?

- YES
- NO

## VI. HEALTH SERVICES

The following questions ask about district activities to support school staff to provide the following health services.

37. During FY 2011, did your asthma management project **DEVELOP** (or revise or assist in developing) protocols, model programs, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management through any of the following?
- |    |  | <b>YES</b>            | <b>NO</b>             |
|----|--|-----------------------|-----------------------|
| A. | Using or adapting school health records to identify all students with diagnosed asthma (SLIM #8)   | <input type="radio"/> | <input type="radio"/> |
| B. | Using health room and attendance records to track students with asthma (SLIM #9)   | <input type="radio"/> | <input type="radio"/> |
| C. | Obtaining written asthma action plans for all students with known asthma (SLIM #10)  | <input type="radio"/> | <input type="radio"/> |
| D. | Using 504 Plans or Individualized Education Plans (IEPs), as appropriate, especially for health services and physical activity modifications | <input type="radio"/> | <input type="radio"/> |
| E. | Ensuring students with asthma have immediate access to quick-relief medications during the school day  | <input type="radio"/> | <input type="radio"/> |
| F. | Ensuring access to quick-relief medications before physical activity to prevent an asthma episode  | <input type="radio"/> | <input type="radio"/> |
| G. | Using a standard emergency protocol for students in respiratory distress if they do not have their asthma action plan                        | <input type="radio"/> | <input type="radio"/> |
| H. | Having a full-time registered nurse all day, every day for each school (SLIM #6)   | <input type="radio"/> | <input type="radio"/> |
| I. | Referring students without a primary healthcare provider to child health insurance programs and providers                                    | <input type="radio"/> | <input type="radio"/> |
| J. | Providing intensive case management for students with poorly controlled asthma at school   | <input type="radio"/> | <input type="radio"/> |
| K. | Providing school-based counseling, psychological, or social services for students with asthma, as appropriate                                | <input type="radio"/> | <input type="radio"/> |

38. During FY 2011, did your asthma management project **DISTRIBUTE** protocols, model programs, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management through any of the following?

		YES	NO
A.	Using or adapting school health records to identify all students with diagnosed asthma (SLIM #8)	<input type="radio"/>	<input type="radio"/>
B.	Using health room and attendance records to track students with asthma (SLIM #9)	<input type="radio"/>	<input type="radio"/>
C.	Obtaining written asthma action plans for all students with known asthma (SLIM #10)	<input type="radio"/>	<input type="radio"/>
D.	Using 504 Plans or Individualized Education Plans (IEPs), as appropriate, especially for health services and physical activity modifications	<input type="radio"/>	<input type="radio"/>
E.	Ensuring students with asthma have immediate access to quick-relief medications during the school day	<input type="radio"/>	<input type="radio"/>
F.	Ensuring access to quick-relief medications before physical activity to prevent an asthma episode	<input type="radio"/>	<input type="radio"/>
G.	Using a standard emergency protocol for students in respiratory distress if they do not have their asthma action plan	<input type="radio"/>	<input type="radio"/>
H.	Having a full-time registered nurse all day, every day for each school (SLIM #6)	<input type="radio"/>	<input type="radio"/>
I.	Referring students without a primary healthcare provider to child health insurance programs and providers	<input type="radio"/>	<input type="radio"/>
J.	Providing intensive case management for students with poorly controlled asthma at school	<input type="radio"/>	<input type="radio"/>
K.	Providing school-based counseling, psychological, or social services for students with asthma, as appropriate	<input type="radio"/>	<input type="radio"/>

39. During FY 2011, did your asthma management project provide **PROFESSIONAL DEVELOPMENT** to school staff on protocols, model programs, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management through any of the following?

		YES	NO
A.	Using or adapting school health records to identify all students with diagnosed asthma (SLIM #8)	<input type="radio"/>	<input type="radio"/>
B.	Using health room and attendance records to track students with asthma (SLIM #9)	<input type="radio"/>	<input type="radio"/>
C.	Obtaining written asthma action plans for all students with known asthma (SLIM #10)	<input type="radio"/>	<input type="radio"/>
D.	Using 504 Plans or Individualized Education Plans (IEPs), as appropriate, especially for health services and physical activity modifications	<input type="radio"/>	<input type="radio"/>
E.	Ensuring students with asthma have immediate access to quick-relief medications during the school day	<input type="radio"/>	<input type="radio"/>
F.	Ensuring access to quick-relief medications before physical activity to prevent an asthma episode	<input type="radio"/>	<input type="radio"/>
G.	Using a standard emergency protocol for students in respiratory distress if they do not have their asthma action plan	<input type="radio"/>	<input type="radio"/>
H.	Having a full-time registered nurse all day, every day for each school (SLIM #6)	<input type="radio"/>	<input type="radio"/>
I.	Referring students without a primary healthcare provider to child health insurance programs and providers	<input type="radio"/>	<input type="radio"/>
J.	Providing intensive case management for students with poorly controlled asthma at school	<input type="radio"/>	<input type="radio"/>
K.	Providing school-based counseling, psychological, or social services for students with asthma, as appropriate	<input type="radio"/>	<input type="radio"/>

If YES, provide the total across all the items for which you indicated “yes”:

1. Number of professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
2. Number of participants in professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
3. Number of professional development events for which you conducted follow-up support \_\_\_\_\_



40. During FY 2011, did your asthma management project provide **TECHNICAL ASSISTANCE** to school staff on protocols, model programs, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management through any of the following?

	YES	NO
A. Using or adapting school health records to identify all students with diagnosed asthma (SLIM #8)	<input type="radio"/>	<input type="radio"/>
B. Using health room and attendance records to track students with asthma (SLIM #9)	<input type="radio"/>	<input type="radio"/>
C. Obtaining written asthma action plans for all students with known asthma (SLIM #10)	<input type="radio"/>	<input type="radio"/>
D. Using 504 Plans or Individualized Education Plans (IEPs), as appropriate, especially for health services and physical activity modifications	<input type="radio"/>	<input type="radio"/>
E. Ensuring students with asthma have immediate access to quick-relief medications during the school day	<input type="radio"/>	<input type="radio"/>
F. Ensuring access to quick-relief medications before physical activity to prevent an asthma episode	<input type="radio"/>	<input type="radio"/>
G. Using a standard emergency protocol for students in respiratory distress if they do not have their asthma action plan	<input type="radio"/>	<input type="radio"/>
H. Having a full-time registered nurse all day, every day for each school (SLIM #6)	<input type="radio"/>	<input type="radio"/>
I. Referring students without a primary healthcare provider to child health insurance programs and providers	<input type="radio"/>	<input type="radio"/>
J. Providing intensive case management for students with poorly controlled asthma at school	<input type="radio"/>	<input type="radio"/>
K. Providing school-based counseling, psychological, or social services for students with asthma, as appropriate	<input type="radio"/>	<input type="radio"/>

41. During FY 2011, if your asthma management project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to school staff on protocols, model programs, guidance, implementation strategies, or other resource materials (**not to include policy materials**) to promote asthma management, provide the total number of schools reached. \_\_\_\_\_

The following questions ask about direct health services provided by district-level staff. If district-level staff do not provide direct services, mark “No” to all the items.

42. During FY 2011, did district-level employees of your asthma management project:

	<b>YES</b>	<b>NO</b>
A. Use or adapt school health records to identify all students with diagnosed asthma (SLIM #8)	<input type="radio"/>	<input type="radio"/>
B. Use health room and attendance records to track students with asthma (SLIM #9)	<input type="radio"/>	<input type="radio"/>
C. Focus program efforts on students with poorly managed asthma as demonstrated by frequent school absences, school health office visits, emergency department visits, or hospitalizations (SLIM #10)	<input type="radio"/>	<input type="radio"/>
D. Obtain written asthma action plans for all students with known asthma (SLIM #10)	<input type="radio"/>	<input type="radio"/>
E. Use 504 Plans or Individualized Education Plans (IEPs), as appropriate, especially for health services and physical activity modifications	<input type="radio"/>	<input type="radio"/>
F. Ensure students with asthma have immediate access to quick-relief medications during the school day	<input type="radio"/>	<input type="radio"/>
G. Ensure access to quick-relief medications before physical activity to prevent an asthma episode	<input type="radio"/>	<input type="radio"/>
H. Use a standard emergency protocol for students in respiratory distress if they do not have their asthma action plan	<input type="radio"/>	<input type="radio"/>
I. Have a full-time registered nurse all day, every day for each school	<input type="radio"/>	<input type="radio"/>
J. Refer students without a primary healthcare provider to child health insurance programs and providers	<input type="radio"/>	<input type="radio"/>
K. Provide intensive case management for students with poorly controlled asthma at school	<input type="radio"/>	<input type="radio"/>
L. Provide school-based counseling, psychological, or social services for students with asthma, as appropriate	<input type="radio"/>	<input type="radio"/>

## VII. COLLABORATION

43. During FY 2011, did your asthma management project **COLLABORATE** with any external agency partners?

- YES
- NO → Skip to 44

If YES, in what type of activities did you engage external partners: (Mark all that apply.)

- Assessing policy
- Developing (or revising, adapting, or assisting in developing) policy, policy guidance, or other policy materials
- Developing (or revising, adapting, or assisting in developing) exemplary curricula, health education standards, frameworks, instructional strategies, or other guidance on curricula or instructional strategies
- Developing a professional development infrastructure or designing, marketing, delivering, providing follow-up support, or evaluating professional development
- Providing technical assistance
- Identifying schools with a higher prevalence of youth with severe persistent or poorly-controlled asthma
- Strategic planning
- Sharing data
- Evaluation
- None of the above

44. During FY 2011, did you **receive** technical assistance or professional development from any Non-Governmental Organization (NGO) partners funded by CDC?

- YES
- NO → Skip to 45

If YES, list the partner(s) who provided the technical assistance or professional development:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

45. During FY 2011, did you **provide** professional development or technical assistance to another education agency, health agency, or tribal government funded by DASH under the 0801 cooperative agreement?

- YES
- NO → Skip to 46

If YES, list the funded partner(s) who received the professional development or technical assistance:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

46. During FY 2011, did your asthma management project **COLLABORATE** with students' families or community members to help develop or implement asthma management policies and programs? (SLIM #2)

- YES
- NO

### VIII. REDUCING DISPARITIES AMONG POPULATIONS OF YOUTH AT DISPROPORTIONATE RISK FOR ASTHMA EPISODES AND ABSENCES

47. During FY 2011, did your project review the following kinds of data **to identify schools** with a higher prevalence of youth with severe persistent or poorly controlled asthma?

	<b>YES</b>	<b>NO</b>
A. School health office records	<input type="radio"/>	<input type="radio"/>
B. Absentee data among students with asthma	<input type="radio"/>	<input type="radio"/>
C. Hospitalization data among students with asthma	<input type="radio"/>	<input type="radio"/>
D. Emergency department data among students with asthma	<input type="radio"/>	<input type="radio"/>
E. Other	<input type="radio"/>	<input type="radio"/>
Specify _____		

**(If NO to all of the above, skip to 49.)**

48. During FY 2011, did your project focus asthma management activities on the schools you identified with a higher prevalence of youth with severe persistent or poorly controlled asthma?

- YES
- NO

**IX. OTHER INFORMATION AND ACTIVITIES**

49. Do you currently have a way to document the distribution of print materials and provision of professional development (PD) and technical assistance (TA)?

- Yes
- No
- Unsure

50. How confident are you that you accurately:

		<b>Completely confident</b>	<b>Somewhat confident</b>	<b>Not at all confident</b>
A.	Calculated schools reached	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.	Used data to identify populations at disproportionate risk for asthma episodes and absences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Please provide information about any additional activities not captured by the questions above. In particular, please report on any additional activities to improve asthma management policies, curricula, instruction, health services, or collaborations and any activities for which you could not collect information on participants or recipients of materials.

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52. Please provide any additional general comments or information in the space below.

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**THANK YOU FOR YOUR RESPONSES. PLEASE RETURN THE INDICATORS.**

## GLOSSARY

*Please refer to the following definitions when answering the questions.*

**504 PLANS** – A plan that describes the modifications to school activities or the school environment that must be made and the educational programs and related aids and services that must be provided to meet the individual education needs of students with disabilities. Section 504 plans are also called accommodation plans.

**ALLERGENS** – Substances including pollen, mold spores, dust mites, animal dander, and cockroaches and other pests that cause people with allergies or asthma to sneeze, cough, wheeze, or experience other symptoms of respiratory distress.

**ASTHMA ACTION PLANS** – A written, individual disease management plan prepared by a health care provider or school nurse for easy and convenient use by a patient, family, school personnel, and other caregivers. The plan typically provides clear instructions for routine asthma monitoring, lists prescribed medications including dosages and timing, notes specific triggers that can start an asthma episode, describes the signs and symptoms of an asthma attack, details emergency response steps for asthma episodes, and includes emergency contact information. Asthma Action Plans are also sometimes called Asthma Management Plans, Written Asthma Management Plans, and Medical Orders.

**ASTHMA AWARENESS** – General knowledge about asthma (basic facts), common asthma triggers and how to minimize exposure to them, and emergency procedures to follow if a person experiences a serious asthma episode.

**ASTHMA EPISODE** – The acute occurrence of asthma symptoms such as coughing, wheezing, chest tightness, or shortness of breath.

**ASTHMA MANAGEMENT EDUCATION** – The provision of knowledge and skills for students with asthma on topics such as basic facts about asthma; adhering to asthma action plans; identifying and avoiding triggers; signs and symptoms of an asthma episode; medication information; self-management skills (e.g., monitoring asthma, use of peak flow meter, proper use of inhalers); when and how to take emergency actions; maintaining physical activity.

**ASTHMA MANAGEMENT PROJECT** – Any activities of personnel that are funded, in part or whole, through DASH cooperative agreement funds for the asthma management project. It is the work of contract or other staff hired to provide services for DASH Funding Opportunity Announcement DP08-801, priority #4.

**CASE MANAGEMENT** – A comprehensive set of services provided by either an individual or a team of medical professionals, school staff, and/or social work staff. These services could include providing referrals to primary healthcare providers; ensuring an appropriate written asthma action plan is obtained; ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at home and at school; offering asthma education for the student and family; facilitating environmental modifications at home and at school; identifying and addressing psychosocial issues related to asthma; providing additional support services as needed.

**COLLABORATE** – Two or more partners actively engage in planning, implementing, and evaluating programs, practices, and policy activities with defined roles and responsibilities.

**COMPREHENSIVE ASTHMA MANAGEMENT POLICY** – A written policy that includes the following key elements: asthma awareness education for all students, specialized education sessions for students with asthma, procedures for identifying students with significant asthma morbidity, individualized asthma action plans, appropriate school health services, storage and administration of prescribed medications (including self-carry and self-administration, as appropriate), professional development for all school personnel in asthma awareness and emergency procedures, elimination of tobacco smoke everywhere on school grounds, and maintenance of clean indoor air and school grounds free of common asthma triggers.

**COORDINATED SCHOOL HEALTH PROGRAM (CSHP)** – A coordinated school health program is a planned and organized set of courses, services, policies, and interventions designed to meet the health and safety needs of K-12 students. Schools promote optimal physical, emotional, social, and educational development of students by providing health education; physical education; health services; nutrition services; counseling, psychological and social services; and a healthy and safe environment; and by promoting parent/community involvement and staff wellness. A successful and well-coordinated school health program is characterized by administrators, teachers, and school board members who view health protection and promotion as an essential part of the school’s mission; a school health council comprised of school, family, and community representatives to ensure a planning process for continuous improvement; a school health coordinator responsible for organizing and managing the school health program; and school staff who help plan and implement a full array of school health courses, services, policies, and interventions.

**CURRICULUM** – An educational plan incorporating a structured, developmentally appropriate series of intended learning outcomes and associated learning experiences for students; generally organized as a related combination or series of school-based materials, content, and events.

**DEVELOPMENT** – The process of bringing into being, making active, available, or effective, asthma-related materials, plans, policies, or activities.

**DIRECTLY TO** – The provision of training, asthma management education, or services to a specified audience (i.e., school nurses, district or school staff, or students). This excludes training of trainers or cadres.

**DISTRIBUTE** – Putting materials in the hands of appropriate personnel. Distribution may occur in response to requests for materials or through proactive sharing of information.

**ENVIRONMENTAL APPROACHES** – Those policies and programs that are intended to affect physical surroundings and the psychosocial climate and culture of the school. Environmental approaches include policies, programs, and services that reinforce school health education and physical education curricula as well as contribute to health outcomes for students and staff.

**ENVIRONMENTAL MANAGEMENT PLAN (EMP)** – A written strategy to optimize conditions for learning and minimize human exposure to indoor and outdoor hazardous chemicals, allergens, irritants, and pollutants.

**ENVIRONMENTAL TRIGGERS** – Substances that cause the body to respond with allergy or asthma symptoms.

**EVALUATION PLAN** – A written evaluation plan may include process evaluation, to determine if activities were as planned and how well they were conducted, as well as outcome evaluation, to determine the impact of an activity or program on program objectives.

**EXTERNAL AGENCY PARTNERS** – Agencies, organizations, and groups outside your own agency with which you collaborate or associate to further the goals of your asthma management project.

**FISCAL YEAR (FY)** – March 1, 2011 to February 29, 2012, the budget period for the cooperative agreement.

**FOLLOW-UP SUPPORT** – Assistance provided to enhance participants’ abilities to use skills, tools and techniques learned through professional development offerings. Follow-up support leads to a more sustained effect than training alone by addressing challenges and sharing successes through a variety of media (e.g., e-mail, conference calls, webcasts, site visits).

**FRAMEWORK** – An outline or plan that presents both the content (e.g., important concepts, skills, and generalizations) and the process for developing curricula, and instruction.

**GUIDANCE** – A set of strategies that apply frameworks to develop policies, curricula, and instruction.

**HEALTH EDUCATION** – Includes planned, sequential materials, instructions, and educational experiences delivered in the classroom setting that provide students with opportunities to acquire the knowledge and skills necessary for making health promoting decisions and achieving health literacy. Quality health education is based on sound theories of development and behavior change or empirically supportive practices that result in increased knowledge and positive behavior change.

**IMPLEMENTATION** – To put into effect or accomplish plans, policies, or activities related to asthma management projects.

**INDIVIDUALIZED EDUCATION PLANS** – A plan that describes special education and related services for students with learning disabilities. IEPs are developed under the Individuals with Disabilities Education Act (IDEA), a federal mandate that requires schools to provide specially designed instruction for students not meeting educational requirements due to a variety of factors, one of which is health issues, such as asthma, which significantly interfere with learning.

**INTEGRATED PEST MANAGEMENT** – A planned program to reduce sources of food, water, and shelter for pests in and around school buildings with procedural guidelines for pesticide application and for the notification of parents/guardians and building occupants prior to the application.

**IRRITANTS** – Substances that can cause airway irritation or inflammation and lead to asthma symptoms. These substances include inhaled and secondhand tobacco smoke; dust; chalk dust; perfumes and other scented and unscented personal care products; pesticides; unvented fumes; diesel exhaust, air pollution; cold, dry air; and volatile organic chemicals (VOCs) such as those found in school laboratories, marking pens, cleaning agents, disinfectants, air fresheners, paints, and solvents.

**LOCAL HEALTH AGENCY** – The local public health agency or local branch of the health department. (This does not include hospitals or other local health-care organizations.)

**LUNG HEALTH EDUCATION** – Provision of general knowledge about the lungs, how they work, and what can prevent them from working effectively.

**MATERIALS** – Resources including written materials (e.g., curricula, training materials, and pamphlets); audio visual materials (e.g., motion pictures and video tapes); pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings); and electronic resources (e.g., Web sites, PDF files, and PowerPoint files).



**MEMORANDUM OF UNDERSTANDING (MOU)** – An agreement between agencies specifying the process or procedures for collaborative development of infrastructure. May also be called a Memorandum of Agreement.

**MODEL POLICY** – Model policies provide a framework to assist school officials in developing their own state or local policies. They are written as statements of best practice which can be adapted to fit local circumstances. Model policies reflect state-of-the-art, scientifically reliable information on what constitutes effective school health programs and the expert opinions of many reviewers. Included in model policies are excerpts or references to actual national, state, and local policies; a purpose or goals; rationale; and definitions.

**MODEL PROGRAM** – A packaged, promising, evidence-based or science-based program that results in positive outcomes.

**NEEDS ASSESSMENT** – An evaluation of the health risk behaviors that a program should address and the need for the program.

**NUMBER OF SCHOOLS REACHED DIRECTLY** – A school is reached directly when one or more school staff receives materials, training, or assistance from personnel funded by your asthma management project. Each school reached is counted only once as being reached for a particular topic regardless of the number of school staff from that school are reached or the number of times school staff are reached.

**NUTRITION** – Relates to the foods and beverages people consume.

**PHYSICAL ACTIVITY** – Any bodily movement produced by skeletal muscles which results in caloric expenditure.

**PHYSICAL EDUCATION** – A planned and structured program of instruction and learning experiences that enables students to develop the knowledge, attitudes, skills, behaviors, and confidence needed to be physically active for life. Other health issues also may be included in physical education curricula, such as nutrition, physical activity, and tobacco-use prevention.

**POLICY** – Official mandates adopted by an authoritative governing body (e.g., school district boards of education, the state school board, state legislature, or other district or state agencies) that affects the environment in schools or throughout the state. These include policies developed by your agency or based on model policies developed elsewhere. Policies include legal codes, rules, standards, administrative orders, guidelines, mandates, or resolutions. Policies can be adopted at the school, state, or federal level but are implemented at the school level.

**PROCESS EVALUATION** – Collecting and analyzing data to determine who, what, when, where, and how much of program activities have been conducted. Process evaluation allows staff to assess how well the program has been implemented.

**PROFESSIONAL DEVELOPMENT** – The systematic process used to strengthen the professional knowledge, skills and attitudes of those who serve youth to improve the health, education, and well-being of youth. Professional development is consciously designed to actively engage learners and includes the planning, design, marketing, delivery, evaluation, and follow-up of professional development offerings (events, information sessions, and technical assistance).

**PROFESSIONAL DEVELOPMENT EVENT** – A set of skill-building processes and activities designed to assist targeted groups of participants in mastering specific learning objectives. Such events are delivered in an adequate time span (at least 3 hours) and may include curriculum and other training, workshops, conferences, and on-line or distance learning courses.

**PROGRAM** – A multi-faceted approach to decrease health risk behaviors that may include a combination of strategies such as one-on-one interventions, policy and climate changes, advocacy, peer interventions, mentoring programs, youth asset development, and outreach.

**PROTOCOLS** – Set of rules for medical treatment.

**QUICK-RELIEF MEDICATIONS** – Medications that act rapidly to open constricted airways.

**REGISTERED NURSE** – Direct health care provider who has graduated from a state-approved school of nursing (either a four-year university program, a two-year associate degree program, or a three-year diploma program) and has passed a state RN licensing examination called the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

**SCHOOL** – A division of the public school system consisting of students in one or more grades or other identifiable groups organized to give instruction of a defined type. One school may share a building with another school or one school may be housed in several buildings. Each school usually has an identification number assigned by the state department of education for tracking purposes. Public schools include charter schools, magnet schools, vocational schools, and alternative schools.

**SCHOOL DISTRICT STAFF** – Personnel hired by the school district or local health agency to provide asthma management services. These staff members may work at the school level.

**SCHOOL HEALTH INDEX** – The *School Health Index* is a self-assessment and planning tool that enables those who use it to identify the strengths and weaknesses of school health promotion policies and programs; develop an action plan for improving student health; and involve teachers, parents, students, and the community in improving school policies and programs. More information on the *School Health Index* is available at: <http://www.cdc.gov/healthyyouth/shi>.

**SCHOOL STAFF** – Personnel hired by the school.

**SLIM** – The purpose of the *School Level Impact Measures (SLIMs)* is to provide education agencies with a common set of measures for reporting progress on the implementation of CDC recommended practices and programs.

**STATE HEALTH AGENCY (SHA)** – The department of state or territorial government responsible for public health policy, funding, monitoring, and training within that state or territory.

**STRATEGIC PLAN** – A program planning tool that provides a blueprint to strengthen program activities, address areas for improvement, and move the program forward to new accomplishments.

**TECHNICAL ASSISTANCE** – Tailored guidance to meet the specific needs of a site or sites through collaborative communication between a specialist and the site(s). Assistance takes into account site-specific circumstances and culture and can be provided through phone, mail, e-mail, Internet, or in-person meetings.

**TOBACCO-USE PREVENTION** – Interventions that prevent or delay the initiation of tobacco use or reduce the prevalence of tobacco use, including tobacco-use cessation. Interventions may target individuals or groups of youth, in terms of policy and/or environmental changes and may occur in schools or in partnership with community organizations.

**WELLNESS POLICY** – The Child Nutrition and WIC Reauthorization Act of 2004, Section 204 of the Public Law 108-265 requires each school district participating in the National School Lunch Program and/or School Breakfast Program to develop a local wellness policy that promotes the health of students and addresses the growing problem of childhood obesity. The policy is required to contain goals for both nutrition education and physical activity; provide nutrition guidelines for all foods available on school campuses; and include a plan for measuring the implementation of the policy.

**YOUTH AT DISPROPORTIONATE RISK FOR ASTHMA EPISODES AND ABSENCES** – Young people aged pre-K through 12 with severe persistent or poorly controlled asthma.