

Health Services in Schools Policy Brief

Stanford Health Services in Schools Project

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Creating Asthma Friendly Schools to Achieve Equity

Introduction:

Asthma is one of the most common chronic childhood conditions and can lead to health and educational disparities. Schools often represent the first setting requiring children to manage their condition without a family member or caregiver close by and are thus in need of support to successfully managing their asthma and master this important life skill.

Background and Research Findings:

Every school day, approximately 36,000 students miss school due to asthma, which is not evenly distributed.¹ Students attending schools with the highest proportion of low-income students are more likely to miss school because of asthma.² Students with asthma miss three times more school and are at 1.7 times greater risk of having a learning disability compared to well children.³ Asthma directly and indirectly affects academic achievement of school-aged youth and can lead to educational disparities.⁴

Schools represent an ideal setting for reaching children/youth with asthma but are not without challenges and limitations. The most common challenges faced in schools include: limited, and often, inadequate staffing; poor communication and coordination among students, families, school staff and health care providers; a lack of written school asthma care plans detailing the needs of the individual student; the absence of and inadequate access to a reliever inhaler during school activities (> 40% of students have a quick relief inhaler at school); and overall, an ill-prepared school community to handle asthma related issues.⁵⁻⁸

Despite the numerous challenges to be overcome in school systems, school-centered asthma management programs have been evaluated demonstrating significant benefits. The ultimate goal of these strategies is to reduce the burden associated with having asthma to children/youth. Not surprisingly, because of the existing challenges in school systems, typically the programs are

multi-faceted and involve partnerships among school personnel, community health providers and students/families. Effective strategies tend to fall into four main categories: 1) increasing the size of the onsite school health team; 2) expanding onsite school asthma care services to include directly observed therapy for asthma medicines, case management and care coordination; 3) improving the asthma self-management skills of students with asthma by providing asthma education; and 4) creating asthma friendly school communities that address gaps and challenges related to asthma through the implementation of consistent and unifying policies, procedures and support tools.⁹⁻¹² Benefits of these strategies include improvements in asthma knowledge and skills, quality of life, frequency of asthma exacerbations, use of emergency and hospital care, school absenteeism and academic performance.⁹⁻¹²

Implications and Policy Recommendations:

Federal laws exist and many states and school districts have legislation and policies to permit students to possess quick relief inhalers and/or to receive support from school personnel in the storage and administration of rescue medication.¹³ Recently, the province of Ontario in Canada passed Ryan's Law establishing legislation regarding asthma in schools.¹⁴ Similarly, Asthma Management Plans in Schools, a house bill has been submitted to Congress to address asthma in schools.¹⁵ This house bill includes several elements supported by evidence as best practices. (Please refer to Table 1.) The bill ties the receipt of funds to schools for asthma medications and necessary equipment to the development and implementation of a school asthma management plan. Ontario's legislation and the proposed house bill in the USA highlight the importance of having established research and resources to propel policy to

state/provincial and federal levels. However, from the Ontario experience, the existence of research and the necessary supports were insufficient on their own. Unfortunately, it took the death of a student to serve as the tipping point.

In summary, second to their home, children/youth spend the largest portion of their wakeful hours at school. Numerous studies demonstrate that students with asthma when supported through school-centered asthma care programs experience benefits and reduced burden. Currently, legislative efforts are occurring to codify managing asthma in schools.

Table 1: Elements of Asthma Management Plan for Schools

Method to identify all students with asthma
An individualized care plan /action plan developed in collaboration with health professional and family
Annual education of school staff
Quick and easy access to meds and devices necessary for student
Asthma medication and emergency management protocols specific to school
Protocols and training to support clinical management of acute symptoms of asthma and ongoing management
A system to support coordination of care among school, family and health care provider
Method to monitor the quality and outcomes of care provided to each student (including how often treatment needed and what treatment the student receives)

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