

Asthma PD Coordinators Job-Alike Session
PDP Institute
May 28, 2009

Attending: Nancy Langenfeld (facilitator), Lee Ann Corning, Kathy Patrick, Glenna Walke, LaToya Welch, Gail Williams, Anne Milliken (RMC recorder)

Participants used stickers to “vote” for which PD practices to discuss:

- Building Infrastructure - 4
- Marketing PD - 2
- Designing PD - 3
- Delivering PD - 0
- Follow-up Support - 5
- Evaluation - 7

Evaluation is a big topic for people!

As five of the participants are new and/or in their first cooperative agreement, the group discussed “successes” in terms of “growth so far.”

Factors contributing to success:

- Collaboration, collaboration, collaboration!
 - Partners have included Asthma Allergy Foundation of America, local physicians, a children’s hospital, and air quality experts.
 - Partners may be able to provide materials, peak flow meters, meals, etc.
 - Being active in coalitions brings opportunities.
- Becoming known and trusted by district personnel.
- “Thinking out of our nurse box.”
- Doing what you can with where you are.
- Taking the first step, even if it’s hard and it doesn’t look exactly the way you want.
- Keeping in mind that your work plan is only a plan. If something doesn’t work in your setting or in that year, take it out and replace it with what’s working.
- Putting out consistent messages or talking points about the extent of asthma within the district and its impact on attendance, student social/emotional health, behavioral issues, and learning.

Barriers and frustrations identified:

- Learning how to do better follow-up (and finding time to do it!).
- Learning how to do better evaluation, including pre-assessments if possible and pre/post questions (and finding time to do it!).
- District may provide “generic” evaluation forms.
- Fighting to get on the schedule for district PD days and planning days.
- Paying teachers for training time, if this is required.
- School administrator turnover. Some schools are closing or having complete replacement of administrative staff.
- Difficulty getting full three hours required to meet the definition of a “PD Event”. Events more likely to fall under the definition of an information session. Concern that CDC expects to see more PD events on the *Indicators*. [Consider asking for help from RMC or CDC in order to address this barrier.]

- Asthma seen within district as less important than other issues (e.g., violence prevention).
- Lack of awareness about asthma's extent and impact. "What does this have to do with MY school?"
- Partners and organizations that provide trainings do not always cover the same core messages, so content varies even within the district.
- Some districts contract with several different school nurse organizations, and there is no shared asthma action plan.
- Children need education about how to use their medications, because doctors don't take the time, but teachers don't see this type of education as part of their job.

Ideas that some participants are working on in their districts:

- Try to get asthma education mandated for school personnel, as other topics (e.g., blood-borne pathogens) already are.
- Target teachers at the grade levels when the health curriculum lines up with asthma education. Provide them with curriculum and activities.
- Create a website for the district that includes policies and forms for parents. This might cover other health concerns such as diabetes as well.
- Create a sustainable asthma program within the district, in order to stop outsourcing trainings (reduce costs, make sure key messages are covered consistently).

Shared goals the group is interested in pursuing:

- Create a core curriculum for asthma education. Use a standard outline of what key points should be included in an asthma training. Target audiences may be different and training could be tailored using a needs assessment, but the key content will be covered in all trainings.
- Create a shared set of online modules covering this core curriculum.
- Create a shared tool kit of marketing and program materials.
- Talk to RMC about ways they may be able to help!

The group wants to keep working together to share news, solutions, and ideas:

- Suggest that the conference calls be used to continue these discussions.
- Request a mini-conference and/or a full day of specific asthma content at big conferences. Ask CDC for permission to meet for a full day before the next meeting.
- Create a blog to share information.

Ideas shared with other attendees on Chart:

- Online/module training (assist LEAs to develop core curriculum for all to use covering asthma health competencies)
- Develop key message with consistent content and deliver (Toolkit tailored to community /district)
- Website information: CD0roms; blog instead of hard copy resources and updatable frequently
- Work better together as funded partners; whole day for PD Asthma job-alike
- Incorporate all pieces into one program (Infrastructure, pd, parkingt, eval)
- Self-advocacy for asthma partners to have more time at CDC Conferences
- Program Evaluations