



Better Together:

Collaborating to Improve Student
Success and Well-Being

A Report on Lessons Learned from the Leadership Forum for
Healthy Students and Healthy Schools
May 2011





American Association of School Administrators



National School Boards Association

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May 12, 2011

Dear Colleague:

We are pleased to share with you a new resource for school system leaders from the American Association of School Administrators (AASA) and the National School Boards Association (NSBA) on strategies to improve the lives of children with asthma. The enclosed report, "Better Together: Collaborating to Improve Student Success and Well-Being," tells the story of how state administrators and state school boards associations leveraged their leadership on behalf of students by working with other key state partners to support change at the local district level.

Data from the National Center for Health Statistics indicate that students with asthma account for roughly 10.5 million missed school days each year. To address this issue, in 2006, AASA and NSBA invited the executive directors from the state administrators associations and the state school boards associations across the country to work together in state teams to address school-based asthma management. The associations' leadership from five states – Indiana, Kentucky, Michigan, Montana and Wisconsin – accepted the challenge and the Leadership Forum for Healthy Students and Healthy Schools was born. The goal of the Leadership Forum was to build the capacity of school system leaders by strengthening their commitment and ability to improve the delivery, effectiveness and sustainability of policies and practices that engage families, schools and communities to keep all students with asthma in school and learning.

We hope this document provides you with food for thought on ways collaborative efforts can facilitate policy and practice improvement at the district and school levels. Thank you for the great work you do on behalf of this nation's children.

Sincerely,



Daniel A. Domenech
Executive Director, AASA



Anne L. Bryant
Executive Director, NSBA



May 12, 2011

Dear Colleague:

Produced as part of a cooperative agreement with the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC/DASH), “Better Together” will be of interest to anyone desiring to develop, manage and sustain a statewide collaboration: how to start it, whom to involve, what to expect, what to avoid. This guide also chronicles the development, nurturing and sustenance of the AASA/NSBA Leadership Forum for Healthy Students and Healthy Schools and charts its convenings, momentum, commitment and resources. While this particular collaborative effort supported asthma management in local school districts, the strategies and outcomes outlined here can be replicated or adapted to address almost any issue. As you will read, the benefits transcend the specific topic of asthma management to create a community of organizations invested in working together to improve the lives of children.

The staff that lived and breathed this work has done an amazing job. Our special thanks to: Kelly Beckwith and Nausheen Saeed from AASA, who both managed this initiative, and to Linda Sheriff from NSBA, who facilitated the coordination of the work between the two organizations. Our evaluator, Teresa Shattuck guided our steps and helped us share our successes.

There would be no story to tell without the tremendous work of the five state teams. Throughout this guide, you will hear their voices and be privy to their reflections as they become an effective community of practice and policy. We honor and acknowledge them all here:

Indiana: Thomas Little – Indiana Association of Public School Superintendents; Julie Slavens – Indiana School Boards Association; Julie Wood, Superintendent – Monroe-Gregg School District; Marcie Memmer – Indiana State Department of Health; and Phyllis J. Lewis – Indiana Department of Education.

Kentucky: Wayne Young – Kentucky Association of School Administrators; David Baird – Kentucky School Boards Association; Barbara Donica and Karen Erwin – Kentucky Department of Education; Connie Buckley – Kentucky Department for Public Health; and Jennifer Shilling – Kentucky Asthma Program.

Michigan: Mandy Diroff and William Mayes – Michigan Association of School Administrators; Erin (Kinch) Katz – Michigan Association of School Boards; Kim Kovalchick – Michigan Department of Education; Shawn Cannarile – Michigan Department of Community Health; and Thomas M. Langdon, Superintendent – Big Rapids Public Schools.

Montana: Julie Sykes and Darrell Rud – School Administrators of Montana; Bob Vogel – Montana School Boards Association; Anne Kessler – Helena Physician; Brian Patrick, Superintendent – Townsend Public Schools; Dewey Hahlbohm – Medical Consultant, Montana Asthma Control Program; Dick Paulsen – American Lung Association; Julie Chaffee – Helena School District; Karin Billings, Cheri Seed, Steve Meloy and Cathy Kendall – Montana Office of Public Instruction; Kathy Aragon, Billings School Board Trustee; Katie Loveland and Matthew Herington – Montana Department of Health and Human Services; Sue Buswell – Montana Association of School Nurses; and Valerie Chase, Nolan Bauer and Kirsten Aasen – Helena High School Student.

Wisconsin: Miles Turner – Wisconsin Association of School District Administrators; Nancy Dorman – Wisconsin Association of School Boards; Cristine Rameker and Claude Gilmore – Wisconsin Department of Health Services; Joe Heinzelman – Oakfield School District; Michelle Mercure – American Lung Association; and Rachel Gallagher – Wisconsin Department of Public Instruction.

We are pleased to share the story of the Leadership Forum for Healthy Students and Healthy Schools with you. We hope that this document will serve as a framework for success now and in the future to keep children with asthma in school and learning.

With gratitude,



Sharon Adams-Taylor
Associate Executive Director
Children’s Initiatives and Program Development
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Brenda Z. Greene
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PROJECT HISTORY

Introduction and Overview

Asthma is a leading chronic illness and cause of school absenteeism among school-age youth in the United States. In 2007, roughly one in 10 or 5.6 million children and youth (5-17 years old) were reported to have asthma (CDC, 2007). Relative to the general population, asthma strikes disproportionately among low-income populations, minorities and children living in inner cities. These populations experience more emergency room visits, hospitalizations and deaths due to asthma. Asthma-related illnesses result in roughly 10.5 million missed school days each year. Because these absences have a direct impact on academic performance, it is critical for school leaders to be pro-active in implementing policies and practices that keep children with asthma in school and learning (CDC, 2004).

While a serious and sometimes frightening disease, asthma can be controlled by taking asthma medications and by removing triggers in the school environment that can make asthma worse. Triggers include tobacco smoke, dust mites, furred and feathered animals, certain molds, chemicals and strong odors. With a deeper understanding of asthma symptoms, treatment and triggers, school leaders as well as teachers, coaches, school nurses, staff and parents can play an important role in helping students to manage their asthma (CDC, 2011).

About the Asthma Leadership Project

Since May 2006, the **American Association of School Administrators** (AASA) has been funded under a five-year cooperative agreement with the Centers for Disease Control

and Prevention/Division of Adolescent and School Health. The aim of the project was to build the capacity of school leaders to reduce the burden of asthma in schools. Together, AASA and its partner, the **National School Boards Association** (NSBA), have built the capacity of school system leaders by:

- Providing opportunities for state-level collaboration through the Leadership Forum for Health Students and Healthy Schools;
- Highlighting success stories from school districts across the country whose leadership on asthma management is already established;
- Providing professional development to superintendents and other school leaders to reduce the burden of asthma in school districts; and
- Providing opportunities for school districts and their leaders to participate via presentations at state and national conferences.

The primary activity of the Asthma Leadership Project and the focus of this report is the Leadership Forum for Healthy Students and Healthy Schools. This report provides an overview of the Leadership Forum, the major activities of the State Teams and the AASA/NSBA Planning Team, the highlights of State Team outcomes, and a summary of lessons learned. The appendix contains tables for each of the six meetings. The tables outline the meeting objectives, key Planning Team and State Team activities, a pie chart illustrating how meeting time was spent, and a list of State Team outcomes that ensued from each meeting. The tables illustrate the link between meeting content and the outcomes that the meetings, in part, made possible.

The Leadership Forum Overview

Purpose of the Leadership Forum

The purpose of the Leadership Forum is to support state-based collaborative efforts to formulate, adopt, implement and evaluate effective strategies, policies and programs to reduce the burden of asthma in schools. Specifically, the Leadership Forum goal is:

To build the capacity of school systems leaders by strengthening their core competencies to improve the delivery, effectiveness, and sustainability of policies and programs that engage families, schools and communities to reduce the burden of asthma among youth.

AASA/NSBA National Level Collaboration

The national offices of AASA and NSBA are natural partners with the power and potential to impact meaningful changes in states, districts and schools on a range of issues including school-based asthma management. Beginning in May 2006, the AASA/NSBA Leadership Forum Planning Team (“Planning Team”) began its work together to convene five states to address school-based asthma management.

To that end, in September 2006 an invitation letter to apply to participate in the Leadership Forum was sent to the executive directors of state administrators associations and state school boards associations. In order to apply, respondents had to agree that AASA and NSBA state affiliates would work together. Five states applied and all were accepted. Thus began a five-year, five-state collaboration between leadership of the school administrators association and the school boards association.

State-Level Collaboration

The five selected states were Indiana, Kentucky, Michigan, Montana and Wisconsin. Teams from each state convened all together once or twice each year in Leadership Forum

meetings planned and facilitated by the Planning Team. In those meetings, State Teams developed action plans based on their capacity to reach out to the school leaders they serve using key strategies identified later in this report. In addition, teams met individually in the intervening time between the Leadership Forum meetings.

With the exception of each team having a representative from the state school boards association and the state school administrators association, team membership varied by state. Typically, the team consisted of members of the state associations, asthma content experts, and those who work at the state level in education and health. One person on each team acted as Team Leader and was the primary liaison between the team and the AASA/NSBA Planning Team.

The establishment of a State Team to collaborate on asthma management in schools created new and improved relationships between agencies and organizations (e.g., Department of Education and Department of Health). It also enabled the use of existing state-based resources and expertise in more systematic and effective ways. Fortunately, these new and improved relationships have made possible collaborative work in other health areas including indoor air quality and comprehensive tobacco-free schools.



Major Capacity-Building Activities

Both in its support of State Teams and a desire to share lessons learned, the Planning Team took on four primary activities: (1) providing ongoing technical assistance, (2) planning and facilitating Leadership Forum meetings, (3) undertaking communication and education efforts, and (4) distributing and monitoring mini-grants.

1. Technical Assistance

To build the State Teams' capacity, the Planning Team engaged in a wide range of technical assistance activities throughout the project. Technical assistance included telephone consultations, webinars, updates, resource dissemination, and even scholarships. Specific activities in each area are shown below:

- Held Telephone Consultations
 - Answered calls from State Teams requesting help or information on an as-needed basis (individual consultations and questions)
 - Scheduled check-in calls with State Team leaders on a quarterly basis
 - Hosted all-team conference calls with occasional guest speakers, including the American Lung Association-N.Y. Chapter (on asthma-friendly schools), and the University of Missouri-Columbia (on health disparities in rural communities).
- Developed Webinars on the following topics
 - "Data Collection and Evaluation"
 - "Indoor Air Quality and Academic Performance: Facilities and Maintenance as the Cornerstone"
 - "Rural School Leaders: Using Healthy SEAT and Innovative Collaborations to Enhance Indoor Air Quality"
- Produced Communication Vehicles
 - Produced and disseminated regular newsletters
 - Created an online success story submission portal
 - Created and updated NSBA and AASA asthma web pages on a quarterly basis
- Disseminated Resources
 - CDC School Health Index
 - AASA/NSBA Asthma Communication Toolkit
 - CDC's "Resources for Addressing Asthma in Schools" published in the *Journal of School Health*
 - AASA Asthma FAQ List
 - Asthma Toolkits
 - NSBA's Asthma 101
 - NSBA's Policy Checklist
 - AASA's Powerful Practices: A Checklist for School Districts Addressing the Needs of Students with Asthma

- AASA's *School Governance & Leadership* issue on Asthma Wellness
- CDC's Strategies for Addressing Asthma within a Coordinated School Health Program
- Asthma Fact Sheets
- Select articles from MMWR (Morbidity and Mortality Weekly Report)

- Offered Scholarships
 - Offered Scholarships for State Teams and Local Education Agencies to attend national EPA Symposium (Scholarships were NOT paid for with DASH funds.)

2. Leadership Forum Meetings

In addition to providing State Teams with technical assistance, State Teams had the opportunity to come together for six one-and-a-half day Leadership Forum meetings over the course of the project. There was also one meeting specifically for Team Leaders. The dates and locations of the meetings were as follows:

1. January 2007, Alexandria, Va. (at NSBA)
2. August 2007, Indianapolis, Ind. (Team Leader Meeting)
3. December 2007, Arlington, Va. (at AASA)
4. September 2008, Louisville, Ky.
5. May 2009, Milwaukee, Wis.
6. November 2009, Detroit, Mich.
7. September 2010, Missoula, Mont.

A great deal of planning went into developing the scripted agendas for the Leadership Forum Meetings. Given that the State Teams had the opportunity to work together over a period of years, the Planning Team was intent on creating agendas that had a logical scope and sequence and that incorporated the current needs of the State Teams. The key elements of the Leadership Forum meetings were:

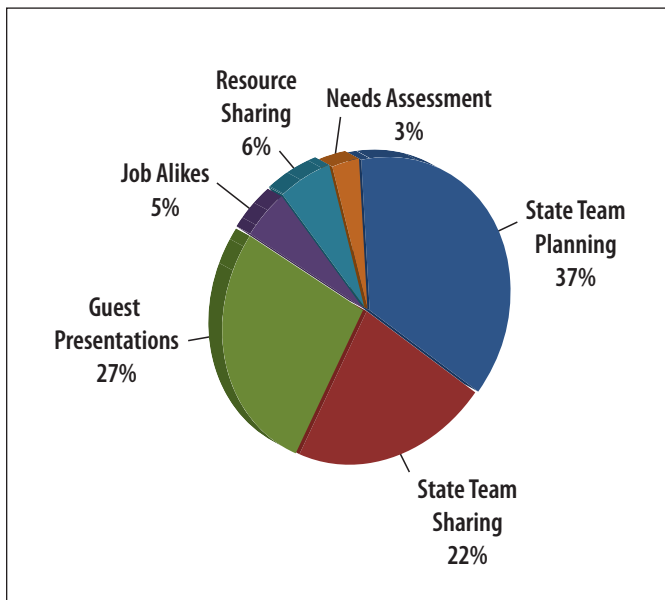
- *Information Dissemination*: Raise awareness of school-based asthma management issues and implications through presentations and panels;
- *State Team Sharing*: Exchange ideas, resources, challenges and solutions through cross-team sharing;
- *State Team Planning*: Develop and refine detailed action plans during team planning sessions;
- *Job Alikes*: Pursue cross-state sharing from the same or similar professional perspective (e.g., superintendents);
- *Resource Sharing*: Inform team members about school-based asthma updates and resources from CDC, AASA, NSBA and other groups;

- **Needs Assessment:** Ensure the Planning Team had a current understanding of the State Teams’ information, resource and technical assistance needs; and
- **Community Building:** Build relationships within and between teams as well as with the Planning Team; each meeting had between 4-6 hours of relationship building over meals and during energizing activities and introductory greetings/discussions.

Meeting time was allocated based on the needs of State Teams. For instance, from the first meeting, the Planning Team heard from many State Team members that the State Teams wanted ample time both to plan amongst themselves and to share ideas and exchange experiences with other State Teams. Thus, the Planning Team responded by designing interactive, engaging, productive and inspiring Leadership Forum meeting agendas.

As indicated in the pie chart below, the Planning Team created agendas that afforded ample opportunities, nearly 60 percent of meeting time overall, for teams to plan (37 percent) and share (22 percent). Another important element of the meetings was information sharing, typically through guest presentations. Overall, just over a quarter of the agenda was allocated to presenters who shared data, resources and updates on current issues relevant to school-based asthma management. Finally, about 15 percent of the time was given to resource sharing, job-alikes and needs assessment. The latter provided an opportunity for the Planning Team to consistently check-in with the State Teams at the end of each meeting to determine their upcoming technical assistance needs and interests.

Leadership Forum Meetings: Time Allocation Chart



One area crucial to the overall success of the project is not reflected in the pie chart. That aspect was the enormous amount of time spent on community building. Within teams, participants were given time to get know each other and to build their team in a process that fostered relationship and trust building. As a result, most teams hit the ground running after the first meeting and were successful in retaining team members throughout the project. Through State Team sharing and job-alikes, relationships were built, ideas were exchanged, and, as a result, teams willingly shared their asthma-related materials and resources with one another.

3. Communication and Education

The Planning Team went to great lengths to communicate effectively with stakeholders including the State Teams, CDC/DASH, constituents, and partners about Leadership Forum activities, resources and accomplishments, as well as updates in the asthma field relevant to schools. Information was shared at conferences, through newsletters, and on AASA’s and NSBA’s websites. For example, visibility of the Leadership Forum has been expanded through presentations at state administrator, school board, health and advocacy conferences, as well as at AASA and NSBA national conferences. In addition, the Planning Team and State Teams published articles in statewide administrators’ and school boards’ magazines and newsletters.

One significant communication and education accomplishment of the overall Asthma Project is the development of the *Asthma Communications Toolkit for School District Leaders*. Created jointly by the AASA/NSBA Planning Team, this toolkit is a one-stop resource to guide leaders in responding to rising concern about asthma. The toolkit contains asthma facts and data; forms for students, staff and families; informative posters; talking points to drive home the impact of asthma on children; staff educational materials; and a policy assessment tool to help ensure that a comprehensive approach to asthma is supported. In addition, there are letter templates to communicate with students, health professionals, staff, parents and the community in the event of an asthma emergency.

The Planning Team envisions that this toolkit will be used and shared widely in school districts and communities involved and invested in the health and wellness of students. Available in its entirety on the AASA and NSBA websites, the Planning Team encourages school leaders to use the materials to fit the specific needs and characteristics of their school districts.

4. Mini-Grants

AASA and NSBA jointly developed criteria and guidelines for the use and disbursement of mini-grants to the State Teams. Mini-grant checks were mailed to each executive director of the state administrators association with information about the responsibility of being the fiscal agent to the Leadership Forum teams.

State Teams used mini-grants for a wide range of activities including:

- Communication and education activities (e.g., speakers at state conferences, staff time to provide information for the state newsletters, and a new website);
- Looking at asthma-related health disparities
- An examination of comprehensive tobacco-free schools
- Continued exploration of school-based asthma issue in states (e.g., convening meetings with superintendents and/or school board members, covering costs of team representatives participating in state-level coalitions);
- Data collection
- Work with local school superintendents and school board members;
- Advocacy for related public policy.

Each State Team received five mini grants totaling \$7,600 during the course of the project. The time frame, amount of grant and purpose are shown below:

- August 2007: \$2,500 to support work outlined in State Team Action Plans
- April 2008: \$500 to look at health disparities
- October 2008: \$2,000 to address comprehensive tobacco-free schools policies
- December 2009: \$2,000 to work on a related challenge they identified
- March 2010: \$600 to put towards data collection (e.g., Survey Monkey)
- September 2010: \$1,000 to support work outlined in State Team Action Plans

This concludes the major Planning Team Activities. The next section focuses on the primary goals and Key Strategies of the State Teams.

Primary Goals and Key Strategies of State Teams

Goals

After conducting comprehensive content analyses of State Team Action Plans, quarterly reports and presentations, a pattern of goals and key strategies emerged. Throughout the course of the project, each State Team proposed to work in one or two of the following goal areas:

1. Expand Partnerships
2. Collect Data
3. Educate Stakeholders
4. Examine and Refine or Develop Policy
5. Explore Treatment Practices
6. Understand Environmental Factors
7. Develop Plan for Sustainability

The content analyses of the State Team Action Plans revealed that, as the project evolved, teams placed greater emphasis on some goal areas than others. For instance, in the early years, teams focused on Goals 1-3. This focus enabled teams to reach out to potential partners, build team infrastructure, learn about school-based asthma issues in their state, and raise awareness among select groups. Teams became most involved in Goals 4-6 in the middle years of the project as they learned more about asthma-related policy issues, challenges associated with school nurse shortages, and comprehensive tobacco-free schools. Goal 7, sustainability,

has been a focus of the last two Leadership Forum meetings, and the State Teams are committed to maintaining their collaborations to address asthma as well as a range of other school-based health issues. The table below indicates the goal areas worked on by the five State Teams over the course of the project.

The evolution of the State Teams' goals was not coincidental; it directly mirrored the content of the Leadership Forum meetings. For example, in the first two meetings, agenda topics correlated with Goals 1-3, covering areas such as strategies for successful collaboration, national and state asthma data and trends (e.g., what data are available and what teams may need to collect), relevance of data and trends to school policies and programs, school-based asthma management issues, resources, and available assistance. The latter two topics provided a foundation of knowledge for teams to begin to address Goal 3: Educate Stakeholders. Likewise, Goals 4-6, correlated with meetings 2, 3 and 4, where topics such as liability, comprehensive tobacco-free schools policy, creative health services solutions (treatment issues, school nurses), and environmental triggers (e.g., idling vehicles and tobacco smoke) were covered. Finally, Goal 7, Develop Plan for Sustainability, was initiated in meeting four and followed up on extensively in meetings 5 and 6.

Team Goals

Goal Themes	State Teams				
	IN	KY	MI	MT	WI
1. Expand Partnerships	X	X	X	X	X
2. Collect Data	X	X	X	X	X
3. Educate Stakeholders	X	X	X	X	X
4. Examine and Refine or Develop Policy	X	X	X		X
5. Explore Treatment Practices		X	X	X	
6. Understand Environmental Factors	X		X	X	X
7. Develop Plan for Sustainability	X	X	X	X	X

Key Strategies for Each Goal

Each goal area was accompanied by a set of key strategies, or actions, State Teams undertook to meet their goals. The following section highlights the key strategies for each of the seven goals.

Key Strategies for Goal 1: Expand Partnerships

In expanding partnerships, the State Teams reached out to 13 types of agencies and organizations, including existing asthma and tobacco coalitions. The table below indicates

the partners each State Team reached out to or worked with during the project. While expanding partnerships was an important goal throughout the life of the project, it was critical in the first two years as the teams were forming. A clear benefit of having a period of years to work together is that teams had sufficient time to identify potential partners, reach out to them, and forge meaningful partnerships that gradually built team infrastructure and strengthened team capacity.

Key Strategies for Goal 1 – Expand Partnerships

Key Strategy: Expand Partnerships with...	State Teams				
	IN	KY	MI	MT	WI
1. State School Boards Association	X	X	X	X	X
2. State School Administrators Association	X	X	X	X	X
3. Department of Education	X	X	X	X	X
4. Department of Health	X	X	X	X	X
5. School Nurses Association	X	X	X	X	X
6. Existing Asthma Coalitions	X	X	X	X	X
7. Existing Tobacco Coalitions	X	X	X	X	X
8. National Nonprofits (e.g., American Lung Association)	X	X	X	X	
9. State and Local Nonprofits	X	X		X	X
10. Environmental Agencies (e.g., EPA-Tools For Schools)		X	X		X
11. Higher Education		X	X		
12. Business				X	
13. State and Local Policymakers		X			

Key Strategies for Goal 2: Collect Data

As with expanding partnerships, data collection occurred throughout the project. Data collection focused on needs assessments that enabled teams to understand what was happening in their states and to develop Action Plans to address areas of need. Some teams collected data on their

own, while others partnered with another organization, coalition or a university. The area in which the most data were collected was Comprehensive Tobacco-Free Schools. This is not surprising given that the largest mini-grant focused on school-based tobacco prevention.

Key Strategies for Goal 2 – Collect Data

Key Strategy: Collect Data to Assess...	State Teams				
	IN	KY	MI	MT	WI
• Samples of comprehensive Tobacco-Free Schools Policies	X	X	X	X	X
• Progress of Where State Is with Respect to Asthma Management in Schools		X	X	X	X
• Statistics on Attendance and Absenteeism Rates, Financial Burden and/or Academic Achievement	X	X	X		X
• Number of Hospitalizations and Emergency Room Visits Related to Asthma		X	X		X
• Ways Schools Are Handling Quality of Care of Students with Asthma	X	X	X		
• Health of the School Environment	X	X	X		

Key Strategies for Goal 3: Educate Stakeholders

Throughout the course of the project, but particularly early on, State Teams used a wide range of key strategies to educate stakeholders. The table on the following page shows the education and outreach strategies used by each state. It is worth noting that many strategies and resources shown below were shared freely between the teams. For example, Montana’s team developed an excellent Asthma Resource manual that the Kentucky team thought would be useful in its state. Montana’s team shared its electronic files,

and the Kentucky team adapted Montana’s manual for use in their state.

Similarly, the Wisconsin team created a six-part asthma Video Library for school personnel that have been extremely well-received. One video featured a Wisconsin superintendent named Miles. When sharing progress about its Asthma School Initiative in Leadership Meeting 4, the Michigan team said this about the “Miles Video”:

We are in the “Miles” fan club. We take “Miles” everywhere we go; his message speaks volumes as a personal story. We shared it with 500 superintendents in the Upper Peninsula of Michigan last week. Michigan has a tremendous school nurse shortage, thus, it’s very important to reach school administrators.
—Michigan State Team

This willing exchange of information and resources increased with each year as more states developed their own asthma-related materials. This sharing is yet more evidence of the value of providing a small group of state teams intensive support over a period of years. Time affords the development

of genuine, trusting relationships within and between teams. Such relationships are collaborative, not competitive, and focused on doing whatever it takes to reduce the burden of asthma in schools.

Key Strategies for Goal 3 – Educate Stakeholders

Key Strategy: Educate Stakeholders Through...	State Teams				
	IN	KY	MI	MT	WI
• Conference Presentations/Workshops	X	X	X	X	X
• Training Materials/Events (e.g., Asthma 1-2-3)	X	X	X	X	X
• Educational Materials (e.g., magnets, pens)	X	X	X	X	X
• Asthma Resource Guides/Info Packets	X	X	X	X	X
• Public Service Announcements	X		X	X	X
• Posters/Signage (e.g., Tobacco-Free Signs)	X		X	X	X
• Articles		X	X	X	X
• Summits (e.g., Asthma Mortality Summit)		X	X	X	
• Outreach to Policymakers			X	X	X
• Videos or Video Library		X		X	X
• Asthma Websites or Hyperlinks			X	X	
• Outreach to Students				X	X
• Asthma Data Collection Manual		X			

Key Strategies for Goal 4: Examine and Refine or Develop Policy

Each state addressed policy in some capacity beginning in the second meeting and one state or another was working on policy throughout the duration of the project. The

primary effort focused on promoting the development and implementation of asthma-friendly policies in schools. The table below highlights policy-related strategies undertaken by the State Teams.

Key Strategies for Goal 4 – Examine and Refine or Develop Policies

Key Strategy: Examine and Refine/Develop Policies Through...	State Teams				
	IN	KY	MI	MT	WI
• Promote development and implementation of asthma-friendly policies in schools	X	X	X	X	
• Meet with policymakers regarding asthma and other student health issues			X	X	X
• Integrate asthma prevention and control policies into intervention strategies in schools		X	X	X	
• Teamed with state senator to present on asthma, environmental issues at School Boards Conference	X				

Key Strategies for Goal 5: Explore Treatment Practices

Through their work in this goal area, State Team members took steps to increase the availability of school nurses in schools, examined current asthma treatment practices and fostered links between parents, schools and medical

professionals (e.g., Asthma Action Plans). The table below highlights work in this goal area. Most of these efforts gained momentum in the middle of the project cycle following a discussion about school nurses in the second Leadership Forum meeting in December 2007.

Key Strategies for Goal 5 – Explore Treatment Practices

Key Strategy: Explore Treatment Practice	State Teams				
	IN	KY	MI	MT	WI
<ul style="list-style-type: none"> • Increase availability of school nurses in schools/districts 		X	X	X	X
<ul style="list-style-type: none"> • Ensure school-age youth receive the best treatment practices, information and resources available for the successful management of their asthma within the school environment 		X		X	

Key Strategies for Goal 6: Understand Environmental Factors

Because asthma is often made worse by environmental triggers, it was essential for states and districts to examine and, where necessary, take actions to improve indoor air quality (IAQ) in schools. Each of the five State Teams indicated that it took steps toward addressing IAQ issues, primarily by working to improve air quality policies and practices. State Teams were directed to the Environmental Protection Agency’s *IAQ Tools For Schools*, to enhance their understanding of environmental factors.

Environmental factors tie in with health disparities as IAQ issues are often correlated with disproportionate rates of asthma among school-age youth (e.g., older urban school buildings having poorer IAQ). Thus, State Teams were asked to examine IAQ issues in the context of health disparities. Much of this work began after the third Leadership Forum meeting in September 2008 following distribution of mini-grants to address health disparities (\$500) and Comprehensive Tobacco-Free Schools Policies (\$2,000).

Key Strategies for Goal 6 – Understand Environmental Factors

Key Strategy: Understanding Environmental Factors	State Teams				
	IN	KY	MI	MT	WI
<ul style="list-style-type: none"> • Reduce exposure to environmental factors that cause and/or exacerbate asthma in schools 		X	X	X	X
<ul style="list-style-type: none"> • Improve school air quality policies and practices 	X		X	X	X
<ul style="list-style-type: none"> • Contact the director of environmental quality about indoor school environments and issues 				X	
<ul style="list-style-type: none"> • Hold an Environmental Health Summit - “Greening Your Schools” focused on reducing asthma triggers 				X	

Key Strategies for Goal 7: Develop Plan for Sustainability

At the beginning of the project, prior to the first Leadership Forum meeting, teams were surveyed about their needs. When asked why they decided to participate, the main reason was to strengthen and expand technical assistance to schools to address not only asthma, but also broader health issues to optimize learning and growth. This project laid a foundation

for individuals and organizations to work together, not only around the issue of asthma, but on a range of topics including IAQ, tobacco-free schools, diabetes and emergency response training. It is those relationships that most lend themselves to the sustainability of the project.

Just to be able to say we are working with the Michigan Department of Education, the Michigan Association of School Administrators and the Michigan School Boards Association is huge. We are collectively working together. We are on the same page, sending the same message and not duplicating efforts. If someone wants to start something new, we collaborate.
—Michigan State Team

Key Strategies for Goal 7 – Develop Plan for Sustainability

Key Strategy: Develop Plan for Sustainability	State Teams				
	IN	KY	MI	MT	WI
• Make plans for sustainability beyond the life of the grant	X	X	X	X	X

Asthma Project Outcomes

The overarching goal of this project was to increase the State Teams' capacity to reduce the burden of asthma in schools. That goal was achieved. The opportunity to have multiple in-person meetings and ongoing technical assistance over a period of five years enabled teams to build infrastructure, make plans and undertake key strategies that reduced the burden of asthma in schools. This extended period, coupled with support from the Planning Team, allowed time for teams to experiment, make improvements and get back on course when missteps occurred. Missteps and mid-course corrections are a natural part of any coalition-building process. However, too often teams aren't given sufficient time to make needed corrections. As a result, missteps can cause an otherwise healthy, developing coalition to come undone.

So what did the State Teams do to reduce the burden of asthma in schools? To varying degrees, each team addressed the seven goal areas to build capacity to ensure meaningful change in its state. As with any collaborative project of this nature, some states did better than others. Nonetheless, all teams made substantial progress in attaining the overarching goal — increasing capacity to reduce the burden of asthma in schools. This section presents the greatest successes in each of the seven goal areas.

Goal 1: Expand Partnerships

Unlike the other Leadership Forum states, in the early stages of the project, Kentucky and Montana had no prior asthma funding from CDC/DASH. For over a decade, CDC/DASH has supported state and local programs to reduce asthma episodes and asthma-related absences through the Coordinated Schools Health Program. This funding has:

- Provided technical assistance and financial support to help states implement effective policies, environmental changes and educational strategies to prevent asthma episodes and absences;

- Supported the implementation of strategies to reduce disparities among populations disproportionately impacted by asthma;
- Provided a forum to communicate effective interventions for adoption by other education and health agencies, school districts, schools and communities.

Of the three teams representing states that had prior or current CDC asthma funding at the start of the Leadership Forum project (Kentucky, Michigan, Wisconsin), all three partnered with the existing state-based coalitions. These partnerships enabled the State Teams to focus their work and not duplicate asthma efforts, and they helped the existing coalitions to improve access to school leaders and increase the coalition's school presence.

Needless to say, relative to Kentucky and Montana, the other states had a jumpstart on addressing asthma in schools. But Kentucky and Montana did make tremendous progress that was, to a large degree, made possible by strategically expanding their partnerships.

In January 2007, the teams that arrived from Montana and Kentucky to the first Leadership Forum meeting had a limited understanding of asthma in schools – what the issues were, what the data said, who was doing work in the state on the issue, and what gaps the State Team could fill. Four years later, Montana Team Asthma consists of 14 dedicated individuals including representatives from the School Administrators of Montana, Montana School Boards Administration, School Nurses Association, Montana Board of Public Education, Office of Public Instruction, local school boards and Local Department of Health, as well as student representatives.

Putting Montana Team Asthma together serves as a model, certainly for Comprehensive Tobacco Prevention efforts, but for other school health issues as well. We have seen how much more effective and efficient a coordinated and cooperative model can be.

—Montana State Team

Likewise, the Kentucky State Team now has a small, stable and active core group comprised of stakeholders from the Kentucky Association of School Administrators and the Kentucky School Boards Association, as well as the Kentucky Departments of Education and Public Health. That the team's

capacity has been built is evidenced in that, prior to this project, the state education association was unaware of asthma issues in Kentucky and has since become a major player in addressing asthma in schools.

Before this project we had no way of really talking to each other. We didn't have any money from CDC. Kentucky did not get funded because we did not meet eligibility requirements to apply. The past year and a half we worked on eligibility; so now we are eligible... We have completed our application to CDC. We used our Action Plan from the Leadership Forum Project to write the school work group piece.

Our team is a great support to the Kentucky Department of Public Health in addressing asthma ... it is an example of TRUE capacity building. It's the first time the Kentucky Department of Education worked with both administrators and school boards associations. This sets a foundation for working together on other health issues.
—Kentucky State Team

Goal 2: Collect Data

All five teams collected data to inform their work. Data were collected on a range of topics including comprehensive tobacco-free schools policies; asthma management in schools; attendance and absenteeism rates, financial burden and academic achievement levels; hospitalizations and emergency room visits related to asthma; and oversight of the quality of care of students with asthma. Indiana, Michigan, Wisconsin and Kentucky are highlighted below.

The Indiana Team's first main activity was to survey 10 school districts regarding asthma in their schools. From that, they created school profiles and provided technical assistance and resources to the districts with the highest need. To build on this success, the team chose an additional 50 school districts to survey.

The Michigan Team partnered with the Michigan Department of Community Health to develop a survey for all school districts regarding comprehensive tobacco-free schools policies. The survey provided valuable data indicating whether schools had adopted tobacco-free policies and whether such policies were being enforced. Close to 200 school districts responded, and tobacco-free educational materials were sent to 30 districts requesting additional information.

The findings were presented to the Asthma in Schools sub-committee, which brings together more than 15 state agencies and stakeholders related to asthma management in schools.

Finally, an article about the survey was written for the Michigan Association of School Administrators and published in its May 2009 newsletter. It was distributed to more than 1,500 superintendents and school board members, as well as to all asthma program affiliates and state agencies.

The Wisconsin Team combined its interest in disparities with its data collection efforts and initiated an absentee tracking system for students with asthma – with Native American students (Menominee Tribe) in Keshena, Wis., and with African-American students in urban Racine, Wis.

Kentucky reported three data collection successes. The first project was similar to Michigan's and involved working in partnership with Coordinated School Health Programs, the Small Business Association and the Public Health Tobacco-Cessation Program to develop a survey looking at tobacco-free schools policies.

In its determination to use data to educate core school system leaders about asthma, the Kentucky Team identified the data school leaders need to make decisions: average daily attendance, absenteeism rates and academic achievement. This information allowed school leaders to see the dollars lost overall in state funding for the "typical" asthmatic that misses three additional school days per year.

We are selling the issue of asthma to school system leaders. Every state has a formula to calculate the amount of money needed to educate each student. We had one school calculate how much money was needed to educate a student who missed school (e.g., need for tutors). They used Youth Risk Behavior Surveillance data for middle school and high school students. It was estimated that one day of missed school = over \$1 million across the state. We are putting the dots together.

—Kentucky State Team

Knowledge of the cost of absenteeism due to asthma has not only increased interest in helping students with asthma, it has also made school administrators and school board members more aware of the connections between student health and academic achievement. Energized by the value of the findings, the state departments of health and education are now working together to obtain statewide absenteeism data for students with asthma. To support this effort, the Kentucky State Team created an asthma data collection manual with step-by-step protocols for school districts to collect data specific to their schools. The data are analyzed through a partnership with the University of Louisville.

Finally, the Kentucky Team partnered with the Data and Surveillance subcommittee of the Kentucky Asthma Partnership and the Kentucky Respiratory Disease Program to develop a data collection tool that includes statistics on hospitalizations and emergency room visits. The team's interest in state-level data caught the attention of Kentucky's Lieutenant Governor, who is also a physician.

Goal 3: Educate Stakeholders

Not surprisingly, educating stakeholders has been the major focus of most of the State Teams. Wisconsin and Montana led the charge. Highlights of their education and outreach efforts are discussed below.

Wisconsin initiated a multipronged effort to jumpstart change. The two strategies that made the greatest impact were creating a video library and education efforts to address asthma-related health disparities in the Kenosha Unified School District.

As previously mentioned, Wisconsin developed a video library comprised of six videos to educate school personnel about asthma-related topics. This video library is accessible online (www.wasda.org), and it has generated thousands of visits to the website. The video titles are:

- “Asthma: What You Need to Know and What You Need to Do”
- “Asthma and the Law”
- “Asthma in Schools”
- “Counting on You: Responding to Kids with Asthma”

- “Asthma 101: The Basics – ES Staff/Personnel”
- “Exercise and Asthma: Helping Students and Athletes Stay Active”

The Wisconsin Team has received glowing reviews on the videos, citing their usefulness. Links to the videos have been widely disseminated.

The Wisconsin Team furthered its asthma awareness efforts by reaching out to high-need elementary schools in the Kenosha Unified School District. Why the Kenosha district? Nearly 2,000 students, or 9 percent of the student body population, live with asthma. This figure represents a 27 percent increase since 2004-05. Since 2001, five students in the district have died from asthma attacks. Lastly, out of Wisconsin's 72 counties, Kenosha County ranks last for indoor air quality. The team also reached Native American students from the Menominee Tribe and African-American students in urban Racine in an effort to assist the school districts in tracking absenteeism due to asthma.

The Wisconsin Team gave Kenosha District a \$500 mini-grant to provide educational materials to five elementary schools with the highest rates of asthma among 3rd graders. The district used the mini-grant to purchase copies of an “Arthur” DVD that portrayed Arthur's friend as having asthma. The nurses made packets of Arthur characters to color and developed an activity where children breathed through a straw for one minute. The feedback from students and the teachers attending the activity was positive and demonstrated an increased knowledge and awareness of asthma. The nurses were encouraged by the reception of their audiences and asked to do this event in their other schools. The district will continue this as an annual curriculum event in all of its elementary schools.

When it comes to outreach and education, not only has the Montana Team consistently created excellent asthma resources, it also generously shared them with other State Teams. It is noteworthy that many of the team's accomplishments have been guided and accelerated by a highly efficient, innovative, and motivated part-time state employee whose time is exclusively dedicated to the project. Such a position would surely have been an asset

to all the State Teams. Here are the highlights of Team Montana's creations:

- Resource Guide: "Creating Asthma-Friendly Schools in Montana"
 - o Used the resource guide to provide hands-on training to more than 600 school staff
 - o Distributed 2,000 copies of the resource guide
 - o Redesigned and printed 6,000 copies of the school resource guide
 - o Allowed other State Teams to borrow and adapt resource guide for their use
- Training
 - o Organized eight regional and three school-based trainings
 - o Provided online training available to more than 800 school administrators and 200 trustees statewide
 - o Expanded Montana's ability to provide training and resources on asthma-friendly schools so that training capacity now exceeds demand
- Publications
 - o Reached more than 800 school administrators with monthly asthma news articles in *Asthma Bulletin*
 - o Delivered information including web links via the School Administrators Website/Asthma Awareness page and e-mails
- Presentations
 - o Exhibited at eight conferences including School Administrators of Montana and Montana School Boards Association
- Materials for Athletic Directors/Coaches
 - o Distributed 300 "Responding to an Exercise-Induced Asthma Attack" clipboards
- Media Outreach
 - o Created professional videos: depicting school and coaches' trainings; personal testimonies of two teens and one adult with asthma
 - o Created radio public service announcements in local market
 - o Developing new website to feature school asthma content
- Partnership with Comprehensive Tobacco-Free Schools
 - o Partnered with the Montana Office of Public Instruction Tobacco Prevention program to provide incentives to schools that adopt Asthma Management and Comprehensive Tobacco-Free Policies
 - o Increased financial support to launch a statewide coalition that would coordinate efforts to adopt policies for Tobacco-Free Schools
- Analysis of Pre/Post Training Evaluations
 - o Revealed more than 80 percent increase in ability to respond to asthma in schools
 - o Indicated a 50 percent increase in willingness to change policies and procedures related to asthma in schools
 - o Provided evidenced-based resources and training on asthma to school staff (even bus drivers!)

Montana made tremendous strides in its outreach and education efforts in a short time. The following comment of a Montana Team member was made during the Detroit meeting in November 2009:

An unexpected outcome of the Leadership Forum was the ability to raise awareness about asthma to the extent that it has become part of the larger issue of student health. For example, we have integrated asthma into comprehensive tobacco-free schools policies that school districts are implementing. We've created such strong, high-level partnerships across organizations and they are likely to be sustained beyond the project period.

— Wisconsin State Team

Goal 4: Examine and Develop or Refine Policies

Because teams focused a great deal of energy on the first three goal areas described above, they did less work in the last three goal areas. Nonetheless, all teams did some work on asthma-related policies. Much of that work was done in the context of Tobacco-Free Schools Policies and was made possible by the mini-grant provided to teams by the Planning Team to address tobacco prevention. This section provides a brief overview of Michigan and Wisconsin's policy-related efforts.

The Michigan Team has done the most policy-related work. Indeed, one of its key strategies is "Partnerships + Resources = Policy Awareness." They promoted a model asthma policy by distributing more than 300 policy packets to superintendents and school board members. In addition, they administered a comprehensive online tobacco survey to assess policies and the needs schools have to implement policies.

With the survey results tabulated, the Michigan Team began an awareness campaign by participating in statewide advocacy and events. The team leader joined forces with the Michigan Department of Education to participate in School Health Legislation Day. School health coordinators and school health promotion groups also attended, meeting with legislators to advocate for improved asthma management in schools and enforcement of tobacco-free school policies. A team member has been invited to join the IAQ Tools For Schools workgroup, which is an Environmental Protection Agency initiative; the workgroup will continue to support these initiatives.

The Wisconsin Team indicated that its districts have policies that prohibit tobacco, so the team felt the bigger problem was enforcement. As a result, team members leveraged the team's mini-grant dollars with tobacco money to buy 270 signs and to develop a tobacco prevention information packet, to which they added asthma materials. The packets were distributed to seven Regional Services Agencies with an active asthma coalition. In addition, packets and signage were sent to the school districts and schools that need them the most.

Goal 5: Explore Treatment Practices

Three teams explored treatment practices. Work in this goal area was largely related to the school nurses or the use of American Lung Association's Asthma 1-2-3 treatment program. The work of Montana and Michigan is highlighted below.

Team Montana developed relationships with the state association of school nurses and managed a large statewide School Nurse Mini-Grant Program. Through the program, the team funded 33 school nurses who serve 40,387 students, of which 2,181 are known to have asthma. The nurses are funded to provide asthma education, training and/or policy advocacy. This effort has mobilized school nurses to work on asthma management. Team Montana partners with school nurses, county health departments and Indian Health Services to coordinate efforts.

The Michigan Team created a customized, two-hour Asthma 1-2-3 Training for school leaders to stress the importance of comprehensive tobacco-free schools policies. The team partnered with a certified asthma educator as well as a nurse practitioner of the Asthma Network of West Michigan, who donated time and expertise to speak at the annual Michigan Association of School Administrators Support Staff Conference. The Michigan Team sought to raise awareness that asthma is a more serious condition than most people think. Exit surveys were administered following the conclusion of the training sessions. Results indicated that over 90 percent of participants "would feel confident in their ability to implement an Asthma 1-2-3 training" and 80 percent stated that "they would be willing to deliver an in-service in a culturally diverse area."

Goal 6: Understand Environmental Factors

The environmental connection in this project had primarily to do with comprehensive tobacco-free schools. Though some teams did work on bus idling and green school issues (e.g., cleaning chemicals), the strongest link to environmental issues was related to tobacco. Because second-hand smoke is a leading asthma trigger, State Teams focused their efforts on advancing tobacco-free policies and practices. Indiana and Kentucky's efforts are described below.

Indiana set forth the goal that every Indiana school will implement and embrace a smoke-free campus policy. At present, of its 92 counties, 53 have tobacco-free campus policies in place in all school districts, providing 73 percent of Indiana youth with protection from second-hand smoke exposure at school. Thirty counties have a portion of their districts with tobacco-free policies in place and nine counties do not have tobacco policies at any of their school districts.

The Kentucky State Team set out to ensure that all 295 school districts will implement a comprehensive tobacco-free schools policy. Kentucky has a great deal of work to do in this area. According to the 2008 CDC Profiles Survey, 94.5 percent of Kentucky secondary schools have a policy prohibiting tobacco use, but only 17.8 percent prohibit all tobacco use at all times in all locations (CDC, 2008). Recent efforts include increased dissemination of resources for school staff concerning asthma including *Creating Asthma-Friendly Schools in Kentucky Resource Guide*, *Physical Activity, Nutrition, Tobacco and Asthma Guide*, and comprehensive tobacco-free schools information.

Goal 7: Develop Plan for Sustainability

The most critical component of sustainability is creating a successful collaboration in the first place. This project did that on multiple levels. The partnership between AASA and NSBA at the national level was strengthened and expanded. On the whole, State Teams forged highly effective working relationships between the association of school administrators and the school boards association, as well as numerous other partners. In the process, teams achieved a great deal in a relatively short time. Finally, relationships between the states were nurtured and sustained and, as a result, states freely shared ideas, lessons learned and asthma-related materials with one another.

The following are comments from various State Team members that speak to both collaborative success and sustainability.

Team Montana enabled us to provide services to our respective members that we could not have otherwise done. It's made us more effective and made possible broader outreach.

If I retired, whoever would replace me would do this work as part of their job.

The Leadership Forum has been good – it's good to have timelines, set up meetings, blend our work with the state asthma plans. We joined their world and they joined ours. This led to better cooperation and thinking ahead. We're integrating across to other groups in our school health network. Plus our work is having an impact, especially with regard to data, it is so helpful.

The Department of Public Health wanted the new connections that I had through this project. The districts do not feel comfortable with relationships between the local school board and local administrators. You learn more about what's going on at the district level when relationships are good; it facilitates sustainability. We are well-established and that happened as a result of this work together.

—Montana State Team

CDC's *Essential Tips for Successful Collaboration* provides 10 recommendations for building strong partnerships. This project's success and the promise of sustainability have a

good deal to do with the fact that the AASA/NSBA Planning Team addressed each and every tip.

10 ESSENTIAL TIPS FOR SUCCESSFUL COLLABORATION	
1. Involve a Diverse Group of Stakeholders	✓
2. Allow for Sufficient Front-End Time to Build a Strong Foundation/ Prepare to Face Challenges	✓
3. Establish a Shared Vision	✓
4. Conduct a Needs Assessment	✓
5. Articulate a Data-Driven Plan of Action	✓
6. Develop a Shared Approach to Meeting Responsibilities	✓
7. Maintain Consistent and Effective Channels of Communication	✓
8. Monitor Progress Frequently: Reassess, Revise and Recommit	✓
9. Assess the Collaborative's Efforts	✓
10. Share Lessons Learned	✓

Summary of Outcomes

When it comes to short-term and intermediate outcomes, the State Teams made considerable progress toward the Project Goal, which is re-stated below.

To build the capacity of school systems leaders by strengthening their core competencies to improve their delivery, effectiveness, and sustainability of policies and programs that engage families, schools and communities to reduce the burden of asthma among youth.

As for long-term outcomes, time will tell. In the future, it would be beneficial to the Planning Team and State Teams to review CDC's School Health Profiles, Youth Risk Behavior Surveillance, and School Health Policies and Programs Study data to determine how their states are progressing on

asthma-related measures. While it is impossible to attribute the work of the State Teams to changes in statewide asthma data, tracking CDC's data sources does allow the teams to see where their state made progress, where it still needs work, and where the team's work might have made an impact.



CDC's Asthma SLIMs (School-Level Impact Measures)

In addition to the accomplishments already outlined, there is another Leadership Forum Project success that bears mentioning: The alignment of State Team activities to CDC's School-Level Impact Measures or SLIMs. SLIMs look at the percentage of secondary schools in an area (e.g., state or jurisdiction) that are implementing policies and practices recommended by CDC to address critical health problems faced by children and adolescents. They help jurisdictions demonstrate short-term outcomes, such as the implementation of new or revised school policies, programs and/or practices. CDC has 11 Asthma SLIMs and recommends that its funded partners focus on at least three.

SLIMs were not originally a focus of or even intended as a focus of the Leadership Forum Project. Nonetheless, the State Teams activities naturally began to align with the Asthma SLIMs. When asked in the last Leadership Forum Meeting in September 2010 to review the Asthma SLIMs and to reflect on their team's alignment with them, State Teams provided feedback about which SLIMs (1) they had addressed in their work; (2) made a positive impact or clear progress on; and, (3) had documentation or evidence of progress. The table below shows the number of teams that answered affirmatively to those questions.

In development at CDC at the beginning of the Leadership Forum Project and finalized midway through, the Asthma

ASTHMA SCHOOL-LEVEL IMPACT MEASURES (SLIMs)				
Column 1		Column 2	Column 3	Column 4
The Percentage of Schools:		1) Please check which SLIMs your team has addressed.	2) For the SLIMs checked in Col 2, for which do you think your team has made a positive impact or clear progress?	3) For the SLIMs checked in Col 3, do you have documentation or evidence of that positive impact or clear progress?
AS 1	That have ever assessed their asthma policies, activities and programs by using the School Health Index or similar self-assessment tool.	2	2	2
AS 2	In which students' family or community members have helped develop or implement asthma management policies and programs.	3	2	1
AS 3	That have on file an asthma action plan for all students with known asthma.	5	2	2

ASTHMA SCHOOL-LEVEL IMPACT MEASURES (SLIMs)			
Column 1	Column 2	Column 3	Column 4
The Percentage of Schools:	1) Please check which SLIMs your team has addressed.	For the SLIMs checked in Col 2, for which do you think your team has made a positive impact or clear progress?	For the SLIMs checked in Col 3, do you have documentation or evidence of that positive impact or clear progress?
AS 4	That implement a policy permitting students to carry and self administer asthma medications.	5	1
AS 5	Requiring that all school staff members receive training on recognizing and responding to severe asthma symptoms that require immediate action, as a part of annual staff development.	4	3
AS 6	That have a full-time registered school nurse on-site during school hours.	1	
AS 7	That have a designated and secure storage location for quick relief asthma medications that is accessible at all times by the school nurse or his/her designee.	3	1
AS 8	That identify students diagnosed with asthma using two or more sources of school health information (e.g., student emergency cards, medication records, health room visit information, emergency care plans, physical exam forms, parent notes).	4	1
AS 9	That identify students with poorly controlled asthma.	5	2
AS 10	That provide intensive case management for students with poorly controlled asthma at school.	5	2
AS 11	That provide parents and families of students with asthma information to increase their knowledge about asthma management.	4	2

All five State Teams reported efforts related to four of the 11 Asthma SLIMs (3, 4, 9, 10) and four reported work on three (5, 8, 11). Thus, nearly all State Teams reported efforts on the majority of the SLIMs and all 11 SLIMs areas were addressed in some capacity. The two SLIMs least likely to be addressed by the states were No.1 – “assessed asthma policies, activities and programs using the School Health Index or similar self-assessment tool,” and No. 6 “have full-time registered school nurse on-site during school hours.” Overall, of those teams that reported addressing a particular SLIMs area, roughly half indicated that they had made a positive impact or clear progress. Likewise, about half of those

reported having documentation or evidence of that positive impact or clear progress.

The benefit of SLIMs as a measurement tool is that they enable states and districts to document short-term outcomes, allowing sites to show “success in progress,” rather than the usual emphasis on long-term outcomes. The Planning Team saw value in teams understanding the measures CDC uses to assess asthma management in schools, as well as having a context for which they can interpret their state-based asthma data. The pleasant surprise to the Planning Team was the extent to which the State Teams were clearly addressing SLIMs.

Lessons Learned

There are different lessons for different groups. The lessons learned are broken down by CDC, AASA/NSBA and State Teams.

CDC

- **Process:** Coalitions are the key to success, but effective coalition and capacity building is an evolution that requires a continual re-evaluation of the “big picture” to assess where you are in the course of the project
- **Time:** Meaningful collaboration takes time – years
- **In-Person:** Multiple meetings over several years provide teams invaluable, uninterrupted sharing and planning time; it also provides an incentive for the teams to produce as they want to look good in front of their peers from other states
- **Community Building:** In-person meetings facilitate within and between team trust and relationships building
- **Funding:** Providing a wealth of support to a manageable number of state teams, rather than minimal support to a larger number of state teams, fosters meaningful progress and change
- **Credibility:** AASA and NSBA have a national reach that brings legitimacy and leverage to local and state efforts; their presence also provides a national perspective and resources

AASA/NSBA

- **Modeling:** The AASA/NSBA national-level collaboration serves as a model for state and district collaboration
- **Communication:** Ongoing strategic communication with teams between meetings is essential to maintaining momentum and providing meaningful support; moreover, good communication and respect between partners are essential
- **State Action Plans:** Thoughtful, well-written action plans enable the Planning Team to monitor teams’ progress and provide ongoing tailored technical assistance and resources
- **Needs Assessment:** Periodic needs assessments prior to, during and between Leadership Forum meetings helps to ensure that teams’ technical assistance needs are continually being met and that in-person meetings are developed with specific and current team needs in mind
- **Meeting Planning:** Ensure the agendas for meetings are well-planned and thoughtful to address the teams’ needs
- **Follow Up:** Follow-up and expectations of accountability are important to the success of the project

State Teams

- **Action Planning**
 - Select one or two realistic goals
 - Develop key strategies to meet those goals
 - Complete and continually update a detailed Action Plan to keep team members on the same page and to monitor team’s progress

- Set deadlines and indicate who will be responsible for what
- Schedule regular meetings or calls to update progress
- Develop meeting objectives and agenda and jot down meeting minutes
- Use meeting time to update the Action Plan and monitor team progress
- Share updated Action Plans with the Planning Team
- Use the Action Plan to identify technical assistance needs
- **Partnering**
 - Find out what other groups, coalitions, organizations or agencies are already doing around asthma in your state
 - Don’t duplicate efforts
 - Work within already established systems
 - Recognize that its often better to partner with versus join existing groups as joining may result in your team’s efforts being inadvertently co-opted or stymied
- **Working with Schools**
 - Integrate asthma into coordinated school health, indoor air quality or existing issues
 - Demonstrate the link between health and academic achievement
 - Use the term “self-assessment” when recommending an indoor air quality or tobacco evaluation/needs assessment to schools; administrators and school board members are put off by the many needs assessment that speak to unfunded mandates
 - Provide services to ALL children regardless of eligibility
- **Staffing**
 - If possible, hire a dedicated staff person part-time to coordinate project efforts
- **Research/Evaluation**
 - Determine which asthma-related data are available for your state and when that data are updated
 - Once teams know which data are available, they can determine data gaps
 - Prioritize data collection needs
 - If you need to collect data, elicit support of the Planning Team to assist with tool development/adaptation and a data collection plan
 - Where possible, develop assessments to monitor progress (e.g., exit surveys for training events)

The lessons learned above are those which the Planning Team has drawn thus far. Over time, as the State Teams finalize work on this grant through May 2011 and develop plans to sustain efforts beyond the grant cycle, more lessons will emerge. That said, for now the most important lesson that CDC, AASA, NSBA and the State Teams can feel confident about is this: The Leadership Forum model worked extremely well.

Conclusion

This project has been a true success. Key to that success were support and vision from CDC/DASH, sustained commitment of team members, sustained collaboration over time with seven well-planned in-person meetings (including the Team Leaders Meeting), action planning extensively during Leadership Forum meetings, willingness of State

Teams to share resources with one another, ongoing technical assistance and mini-grants from the AASA/NSBA Planning Teams. In short, the Leadership Forum model was extremely successful and should be replicated in future CDC/DASH-funded projects. In closing, here is a quote from Wisconsin Team that sums up the project's outcomes.

The collaborative effort on asthma validates what we are trying to do on the local level, moves us away from “us and them.” It creates a united front versus opposition. We are continually pushing the use of school health advisory councils in decision making. This is how you build collaborations to all work toward the same things. Superintendents would like a coordinated school health council to help them institutionalize and sustain a focus on health. It would be helpful to have one council versus the fragmented groups in which many of the same people serve. This group has brought us together. We have to set up a continuity plan so that we can keep it going.

— Wisconsin State Team

Appendix – Leadership Forum Meeting Tables

Year 1 - Meeting 1 – Alexandria, Va. – January 2007

Objectives

By the conclusion of the meeting, state team members will have:

An increased awareness of:

- National and state asthma data and trends and relate their relevance to school policies and programs.
- Strategies for successful collaboration.
- The views of asthma advocacy organizations, teachers and medical professionals on school-based asthma management.
- Available resources and assistance.

State Team Action Plans will:

- Articulate at least two overall goals and several key activities their teams will undertake to achieve their goals.
- Demonstrate an increased commitment to sustaining the team and collaborating to achieve goals.
- Identify next steps.

Actions During Meeting

AASA / NSBA Planning Team

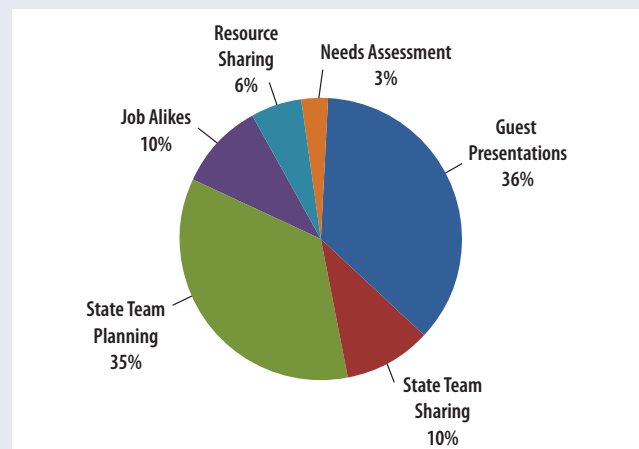
- Information/Resource Sharing
 - o State of asthma in the United States
 - o Perspectives on school-based asthma management
 - o State policies
 - o Lessons learned from AASA’s “Powerful Practices”
- Needs Assessment – What states said they need
 - o Asthma data to share with schools
 - o Awareness of what other states are doing

State Teams

- Team Sharing
 - o How to Prepare For and Overcome Challenges
 - o Job Alikes – introductions, strengths, opportunities
- Action Planning – develop goals and key strategies
 - o Expand Partnerships (5/5)
 - o Collect Data (3/5)
 - o Educate district leaders and school staff (5/5)

Meeting 1 – Format

Time Breakdown



Key Focus

- o Guest Presentations
- o State Team Planning
- o State Team Sharing

Percent of Time

- 36%
- 35%
- 10%

Outcomes of Meeting 1

Expanded Partnerships (N=5)

- Reorganized or restructured team
- Learned about and partnered with other state collaborations

Educated Stakeholders (N=5)

- Shared asthma articles in publications for district leaders

Collect Data (N=3)

- Collected data (e.g., asthma-attendance, school nurses)
- Improved access to data
- Looked into existing asthma data

Developed Plan for Sustainability (N=1)

- Helped to create sustainable structure to address health issues

Year 2 - Meeting 2 – Arlington, Va. – December 2007

Objectives

By the conclusion of the meeting, state team members will:

- Have an increased understanding of:
 - o The successes of the other state teams.
 - o The national data trends on asthma as illustrated by the School Health Policies and Programs Study (SHPPS).
 - o A variety of asthma management issues facing schools (e.g., link between asthma and exhaust from idling vehicles, link between asthma and physical activity, obesity and tobacco use).
 - o Creative health services solutions to address asthma management in schools.
- Have completed their State Team's Year 2 action plans including updated goals, key strategies and action steps.
- Feel increased motivation to continue the work of their state team.

Actions During Meeting

AASA / NSBA Planning Team – Resources and Presentations

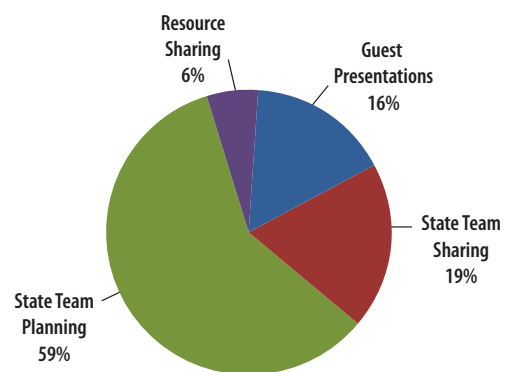
- State-Level School Health Policies and Programs Study Data
- Resource Sheets on Asthma Management Issues
- When Schools Lack Adequate Nursing Resources

State Teams

- Team Sharing/Networking
 - o Successes, Barriers and Lessons Learned
- Team Planning
 - o Action Planning Guide – Year 1 in Review – Looking at Team Structure and Function
 - o Action Planning – develop goals and key strategies
 - o Expand Partnerships (5/5)
 - o Educate district leaders and school staff (4/5)
 - o Resources (4/5)
 - o Conferences/Presentations/Symposia (3/5)
 - o Collect Data (3/5)
 - o Educate Community (2/5)
 - o Examine Policies (1/5)
 - o Understand Environmental Factors (1/5)

Meeting 2 – Format

Time Breakdown



Key Focus

- o State Team Planning
- o State Team Sharing
- o Guest Presentations

Percent of Time

- 59%
- 19%
- 16%

Outcomes of Meeting 2

Specific to Goal Areas:

- Expanded Partnerships (N=5)
- Education (N=5)
 - District Leader
 - School Faculty and Staff
 - Team
- Collect Data (N=3)
 - Collected Existing Data (N=1)
- Environmental Factors (N=3)
- Policies (N=1)

Other:

- Funding/Mini-Grants (N=2)
- Expanded Population Reach (N=1)
- Resources (N=4)
 - Published Articles
 - Resource Guide
 - Updated Website
 - Posters
 - Videos
 - Manuals for Schools to Administrators
 - Surveys
- Conferences/Presentations (N=4)

Year 3 - Meeting 3 – Louisville, Ky. – September 2008

Objectives

By the conclusion of the meeting, state team members will have:

- An increased understanding of:
 - The successes of the other state teams.
 - Health disparities associated with asthma.
 - School-based strategies to overcome health disparities associated with asthma.
 - Strategies to enhance parental involvement in school-based asthma management efforts.
 - Comprehensive tobacco-free schools policies.
- Begun to identify priority goals and objectives for their Year 3 action plans.
- Increased commitment to continue the work of their state team.

Actions During Meeting

AASA / NSBA Planning Team - Presentations

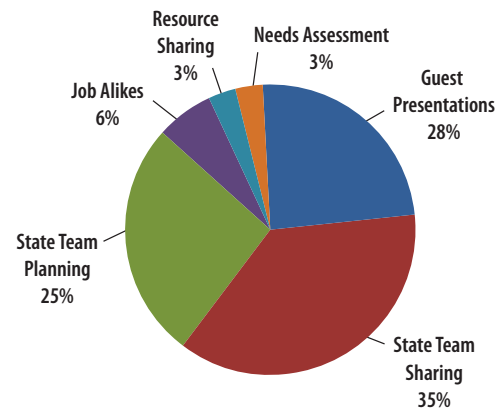
- Addressing Health Disparities
- Parent Involvement in Kentucky
- A Kentucky Success Story – Lassiter Middle School
- Comprehensive Tobacco-Free Schools
- State Team Needs Assessment and Resource Sharing

State Teams

- Team Sharing: Celebrating Success
 - Efforts, successes, factors contributing to success, challenges, overcoming challenges, interaction with other state teams, support from AASA/NSBA
 - Strategies to address health disparities
 - Job Alikes – key actions and challenges
- Action Planning – develop goals and key strategies
 - Expand Partnerships (5/5)
 - Collect Data (5/5)
 - Resources (5/5)
 - Educate district leaders and school staff (5/5)
 - Conferences (3/5)
 - Examine Policies (2/5)
 - Funding/Mini-Grant (2/5)
 - Understand Environmental Factors (1/5)
 - Educate Community (1/5)

Meeting 3 – Format

Time Breakdown



Key Focus

- State Team Sharing
- Guest Presentations
- State Team Planning

Percent of Time

- 35%
- 28%
- 25%

Outcomes of Meeting 3

Specific to Goal Areas:

Education/Training (N=5)

- District Leader
- School Faculty and Staff
- Team
- Community

Expanded Partnerships (N=3)

Environmental Factors (N=3)

Collect Data (N=3)

Policies (N=1)

Other:

Funding/Mini-Grants (N=2)

Resources (N=5)

- Videos
- Newsletters
- PowerPoints
- Magnets
- Toolkits
- Websites
- Spanish-language Supplement

Conferences/Presentations (N=3)

Year 3 - Meeting 4 – Milwaukee, Wis. – May 2009

Objectives

By the conclusion of the meeting, state team members will have:

- An increased understanding of:
 - o The successes of the other state teams.
 - o Liability issues related to asthma management in schools.
- Begun to identify priority goals and objectives for their Year 4 action plans.
- Increased commitment to continue the work of their state team.
- Begun to address team sustainability.

Actions During Meeting

AASA / NSBA Planning Team - Presentations

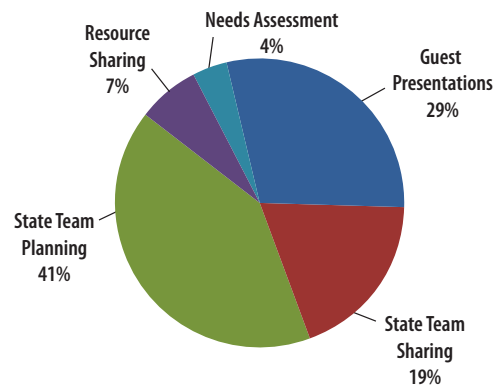
- Words from WI: Update from Milwaukee Public Schools – DASH Asthma Funding
- News to Use: National Asthma Education and Prevention Program Ideas for Actions Relevant to Schools
- Liability in Asthma Management in Schools
- Establishing a Vision for Sustainability
- State Team Needs Assessment and Resource Sharing

State Teams

- Team Sharing: Reconnection and Sharing – Efforts, successes, factors contributing to success, challenges, overcoming challenges, interaction with other state teams, support from AASA/NSBA
- Action Planning – develop goals and key strategies
 - o Expand Partnerships (3/5)
 - o Collect Data (1/5)
 - o Educate district leaders, school staff and youth (3/5)
 - o Resources (3/5)
 - o Understand Environmental Factors (2/5)
 - o Conferences (1/5)
 - o Funding (1/5)
 - o Examine Policies (1/5)

Meeting 4 – Format

Time Breakdown



Key Focus

- o State Team Planning
- o Guest Presentations
- o State Team Sharing

Percent of Time

- 41%
- 29%
- 19%

Outcomes of Meeting 4

Specific to Goal Areas:

- Expanded Partnerships (N=5)
- Education (N=5)
 - District Leaders
 - School Faculty and Staff
 - Team
 - Community
- Environmental Factors (N=1)
- Collect Data (N=1)
- Policies (N=1)

Other:

- Conferences/Presentations (N=4)
- Resources (N=3)
 - Websites
 - Asthma Videos
 - Resource Guides
 - Coaches' Clipboard
- Funding (N=1)

Year 4 - Meeting 5 – Detroit, Mich. – November 2009

Objectives

By the conclusion of the meeting, state team members will have:

- Demonstrated concrete successes.
- Increased understanding of the successes of other state teams.
- Refined Action Plans for Year 4 and objectives for mini-grant funding.
- Developed a plan for sustainability.

Actions During Meeting

AASA / NSBA Planning Team - Presentations

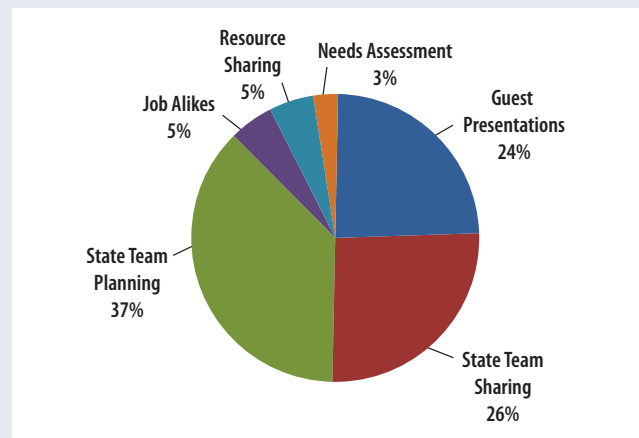
- CDC Update
- H1N1 and Students with Asthma
- Detroit's Experience
- The Leadership Forum: Collective Strategies, Successes and Challenges
- Job Alikes: Completing the Lessons-Learned Puzzle
- Needs Assessment and Resource Sharing

State Teams

- State Team Sharing: Key Strategies, Reasons for Choosing Key Strategies, Factors that Enable Success, Accomplishments, Challenges, Steps to Overcome Challenges, Benefit of Leadership Forum in Guiding Team's Work
- Action Planning – develop goals and key strategies
 - o Expand Partnerships (2/5)
 - o Collect Data (2/5)
 - o Educate district leaders and school staff (2/5)
 - o Resources (2/5)
 - o Understand Environmental Factors (1/5)
 - o Conferences (1/5)

Meeting 5 – Format

Time Breakdown



Key Focus

- o State Team Planning
- o State Team Sharing
- o Guest Presentations

Percent of Time

- 37%
- 26%
- 24%

Outcomes of Meeting 5

Specific to Goal Areas:

- Expanded Partnerships (N=3)
- Education (N=3)
 - District Leaders
 - School Faculty and Staff
 - Community
- Collect Data (N=2)
 - Survey to Nurses
 - Asthma Absenteeism
 - School Asthma Needs Assessment
- Policies (N=1)
- Environmental Factors (N=1)
 - Tobacco Sign Incentive

Other:

- Conferences/Presentations (N=5)
- Resources (N=3)
 - Overview for Manual
 - PowerPoints
 - Videos
 - Websites
 - Publications/Newsletters
- Funding (N=2)
 - Nurses
 - Asthma 1-2-3

Year 5 - Meeting 6 – Missoula, Mont. – September 2010

Objectives

By the conclusion of the meeting, state team members will have:

- Demonstrated progress made on their action plans in the last year.
- An enhanced appreciation of the progress Leadership Forum teams have made over the course of the project.
- A greater sensitivity to the impact of asthma on student's lives.
- An increased motivation to continue their asthma management work.
- Identified communications strategies and messages to enhance their asthma management work.
- Refined Action Plans for the remainder of Year 5, including a plan for sustainability.

Actions During Meeting

AASA / NSBA Planning Team - Presentations

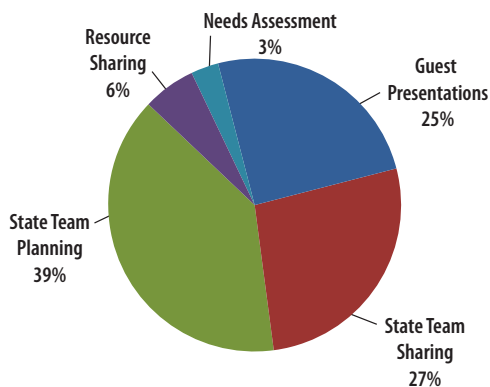
- Using Data to Plan Your Work: Aligning with SLIMs
- Reality Check: Panel Presentation
- Building Capacity Through Communications and Marketing
- Keeping a Good Thing Going Through Collaboration
- Needs Assessment and Resource Sharing

State Teams

- State Team Sharing
 - o Recent Achievements
 - o Showcase Story – “Putting a Face on Asthma”
 - o Montana’s Story – Panel Discussion
- Action Planning – develop goals and key strategies
 - o Collect Data (1/5)
 - o Educate district leaders and school staff (1/5)
 - o Understand Environmental Factors (1/5)

Meeting 6 – Format

Time Breakdown



Key Focus

- o State Team Planning
- o State Team Sharing
- o Guest Presentations

Percent of Time

39%
27%
25%

Outcomes of Meeting 6

Specific to Goal Areas:

Expanded Partnerships (N=5)
Education (N=2)

- District Leaders
- School Faculty and Staff
- Community

Policies (N=1)

Other:

Conferences/Presentations (N=2)
Resources (N=4)



NSBA

American Association of School Administrators
and National School Boards Association

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