# Evaluating and Sustaining Structural Changes Advocated for by the San Francisco Asthma Task Force and Its Partners:
Using Information Technology to Monitor Children and Youth with Asthma in an Urban School District

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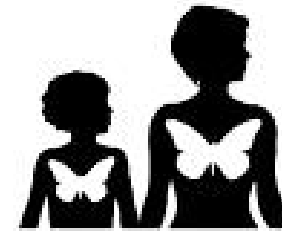
SAN FRANCISCO
Asthma Task Force

Background

June 2003

- At least 10% students in SFSUD schools (K-12) and Child Development Centers diagnosed with asthma

- 2002: Crisis prompted strategic action for structural change--two tragic deaths of SFUSD students due to asthma

- 2001: SF Board of Supervisors ordinance establishes advisory Asthma Task Force; School Health Programs manager an early partner and member

- 2003: SFATF Strategic Plan identified asthma education and improved facilities as School/Child Development priorities

- Superintendent creates District Asthma Team (DAT) to work with ATF

Strategic Plan on Asthma for the City and County of San Francisco
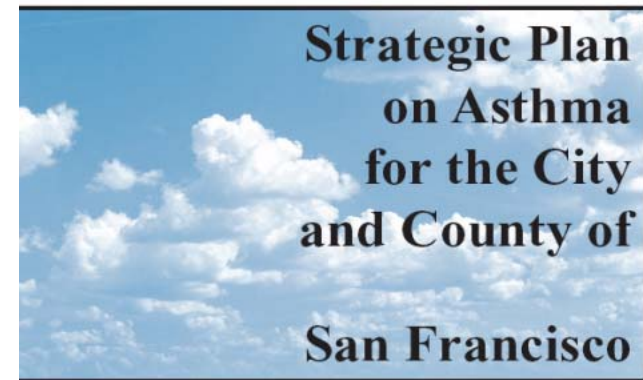
The San Francisco Asthma Task Force
A legislated task force under the San Francisco Board of Supervisors

Learning the Hard Way

A four-year-old child died from asthma while in the care of his SFUSD Child Development Center:

- Staff did not know the child had asthma
- The symptoms were not consistent with what lay persons would easily identify as "an asthma attack"
- The child was young and did not have a lot of expressive language to communicate the nature of his distress

Call to Action

It became clearer after this tragedy that it was absolutely necessary:

- To identify asthmatic children
- To educate staff about how to respond to an asthma crisis
- To have a treatment plan that could be initiated before the arrival of paramedics
- To use District Asthma Team (DAT) to spearhead action

Components of the Problem

- Lack of communication about chronic health problems between families and schools
- No formalized protocols for identification of students with asthma or provision of emergency treatment
- Lack of staff training on asthma emergency response
- Absence of linkages with medical providers in the community

Collaborative Partnership

**Asthma Task Force, School Health Programs
& District Asthma Team (DAT)**

- Policy Development: Board of Education Resolution for Emergency Care Plans
- DAT designs Asthma Emergency Care Plan and implementation strategy
- Site-level data entry required to use District-wide Student Info System (SIS)
- Site staff educated on role

Potential Uses of SIS as a Health Records Technology

- To identify which children have asthma, in case of a medical emergency

- To prioritize schools needing student asthma education, school nursing support and facilities improvement

Asthma Emergency Care Plan Implementation

- Education of District Administration

- Education of K-12 School Staff and CDC Staff

- Education of Parents and Guardians

- Education of Students

- Education of Community Medical Providers

- Need for Buy-in/ Ownership

- Acceptance of Value of Care Plans

Implementation Complexity

- Two Different Forms Required by Regulation
- Concerns about Violation of Privacy
- Concerns about Additional Paperwork
- Concerns about Value and Usefulness
- Concerns about Time for Data Entry
- Parents/Medical Providers had a difficult time following through

San Francisco Unified School District - School Health Programs Department

MEDICATION FORM (One Medication Per Form)

Dear Parent/Guardian/Caregiver:

California Education Code 49423 provides that students required to take medically prescribed or over-the-counter medications during the school day MAY be assisted by school personnel ONLY if the school district receives a specific written statement from the health care provider AND the parent/guardian/caregiver of the student. Please complete this entire form and return it to the Principal.

IF POSSIBLE, PLEASE SCHEDULE MEDICATION OUTSIDE OF SCHOOL HOURS.

Please print legibly in all sections

Opportunities

- **Development of Fliers and Posters to Educate and Increase Awareness of Parents, School/CDC Site Staff, Students and Community Medical Providers**

- **Increased Intensive Targeted Education**

- **Continual Ongoing Strategy Development with DAT and School Health Program Office Partners**

Challenges

Site Buy-in and Implementation Vary Widely:

– School secretaries find data entry a serious burden and continue to de-prioritize data entry

– The data component of the goal continues to be elusive; monitoring by District IT shows very little data entry and need to expand data fields for collection

Conclusion: Change is a multi-step process in a large system. Evidence of success is needed to sustain programmatic effort

Sustainability Strategy: Ownership & Perception of Value are Key

- Ownership at School Site:
  - ATF posters on the walls
  - Correct forms available to parents
  - Data entered into Student Info System database
  - Inclusion of school nurses in provider outreach
- Ownership at District Level:
  - Centralized data analysis
  - DAT strategy response to data analysis
  - Accountability through periodic reports to Board of Education

Evaluation of Effectiveness

- Examine assumptions and operational knowledge early on
- Set evaluation criteria early on
- Re-evaluate on a regular basis
- Ensure top down buy-in and have a back up plan for change in personnel
- Do the work to also get buy-in at the site level, from the ground up, and within community
- Be open to continued Learning from on-going challenges

Having Technology Available Does Not Guarantee Its Use

1. A policy and buy-in at top levels does not guarantee consistent implementation;
2. Implementation is influenced by ownership of process;
3. Implementation is effected by perceived value of intervention;
4. Need to be receptive to concerns and ideas of those essential to the success of the intervention;

5. We cannot use health records technology without data entry resources;

6. Additional data entry resources are crucial;

7. Continual on-going education of all essential partners/audiences is necessary;

8. What seemed like a small intervention is actually a much larger enterprise involving a large multi-component system and several community groups (parents and medical providers) not officially a part of that system;

9. **Change comes slowly and alters the culture of the system and those who interface with it.**

Our Goal Remains Within Reach