

*Care for Their Air:
Asthma Pilot Project for Head Start and Child Care Learning Settings
Webinar Questions and Answers*

What is the difference between the checklist provided to parents vs. Head Start or child care staff?

The pilot project used the Asthma Home Environment Checklist for the parents, available through the EPA Asthma Program website: http://www.epa.gov/asthma/pdfs/home_environment_checklist.pdf. This is a 7-page document that is generally used by asthma home visit personnel that provides a list of questions, answers and action steps to assist in the identification of environmental asthma triggers commonly found in and around the home. The checklist is organized into three sections – building information, home interior and room interior. The Asthma Friendly Environment Checklist was used during the Head Start Center walkthroughs. This 2-sided document, organized by triggers, where triggers might be found, possible solutions and action steps that can be taken to reduce the triggers, is available on the Asthma Community Network at <http://www.asthmacommunitynetwork.org/node/6457>

What did you decide to remove from the checklist after learning parents thought it was too long?

One of the recommendations was to reduce the number of pages for the parent checklist, which may increase the number of questions asked. We are in the process of reviewing the checklist to determine what will be eliminated. However, the checklist will continue to have categories related to potential sources of asthma triggers, possible solutions and action steps that can be used as a guide for parents.

We are having trouble getting parents to attend the training sessions. Do you have any suggestions for us to gain parental participation?

For the pilot project, we included the training during a scheduled monthly Head Start Parent Training. The Head Start programs encourage parents to attend the monthly trainings throughout the year. One suggestion could be to provide the training more than once, create a flyer a week before the training as a reminder of the topic; or if funds exist, offer an incentive (allergen pillow cover, netti pot, etc.) to attract interested parents.

How did you decide what to guide the family with regarding the home environmental modifications?

Our main focus was to present the most common environmental asthma triggers and simple solutions. We mentioned options such as cleaning your sheets weekly to reduce the dust mites, cleaning up immediately after meals to avoid pests in the homes, avoid sleeping with pets and to vacuum and dust more often. It is true that

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not all individuals are allergic to dust mites, but after showing the dust mite in the workshop presentations and explaining to the audience that they eat skin flakes, participants wanted to take action and clean their sheets.

During the pilot project, was there a focus on household cleaning as a way to reduce asthma triggers?

Through the pilot project, we highlighted the importance of cleaning after meals to reduce pests. Other suggestions included establishing a cleaning schedule for stuffed animals, dusting artificial plants, cleaning vents, and reviewing the maintenance schedules for duct cleaning services in the centers.

How can staff make better decisions in selecting green cleaning products, since many of the labels or advertising can be confusing?

There is a need for a more concerted effort to educate staff about green cleaning products and the significance of understanding labels. This was not a part of the pilot project, but is an issue to consider for next steps. We will explore, in concert with ACF and EPA headquarters, how more educational materials and publications can be made available to assist staff with making better decisions around green cleaning products. There may also be an opportunity to include these topics as workshop presentations for conferences.

Do you have a list of the 'green product cleaning supplies' that you can share?

The State of Georgia Asthma Program has identified information and lists of green cleaning supplies from a number of other state asthma programs and other sources. An adapted list is currently being compiled, but the resources that have already been identified can be shared by contacting the GACP Evaluator at sphall@dhr.state.ga.us.

Many of the recommendations for asthma friendly schools are relevant to all children. How have you used this point in implementing the program?

Many recommendations from EPA's Indoor Air Quality *Tools for Schools* Kit were incorporated into the pilot project, including focusing on raising awareness of asthma triggers and managing asthma triggers in homes and schools. For example, the facility and home checklists utilized for the pilot were based on the Kit.

How does this program reflect the Head Start performance measures?

The Head Start Health and Safety Standards/Requirements (1304.53) does state that the grantee and delegate agencies must provide a center-based environment free of toxins, such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants as well as soil and water contaminants. Also, the pilot program does reflect

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the intent of the National Memorandum of Understanding between EPA and ACF/Office of Head Start (in 2007) that addresses the need for combined efforts to conduct outreach and deliver health risk reduction messages related to secondhand smoke and other environmental asthma triggers.

What were the demographic variables of the kids that were studied (socioeconomic, race, language spoken)?

Macon –Bibb County Head Start

Below 100% federal poverty line	Ethnicity Hispanic or Latino	Ethnicity Non Hispanic or Latino	Race Asian	Race Black or African American	Race White	Race Biracial or Multi Racial	Race Other	Language English	Language Spanish
82%	4%	96%		95%	3%		2%	96%	4%

Valdosta–Coastal Plain Area Head Start

Below 100% federal poverty line	Ethnicity Hispanic or Latino	Ethnicity Non Hispanic or Latino	Race Asian	Race Black or African American	Race White	Race Biracial or Multi Racial	Race Other	Language English	Language Spanish
96%	8%	92%		77%	14%	1%	8%	93%	6%

Do you have any asthma home visitation programs in your areas?

There are some organizations that provide home visitation programs within the Metro Atlanta area but not in the counties that were identified in the pilot. Efforts are currently being conducted to identify organizations and partners who will be able to extend home visitation services to these areas.

Who determines if the AAP is written correctly and what do you do when the plans are not written correctly?

The Head Start programs in the pilot did have Asthma Action Plans for the children with asthma. The local asthma educators assisting with the pilot were available to provide guidance and recommendations regarding the written plans, as well as to provide training for staff, upon request.

Was there a change in school absences for the children diagnosed with asthma? Or did you notice a reduction in symptoms?

We went into the pilot project in the following counties knowing the percentage of kids with asthma, but did not capture the school absences during the short timeframe. It was noted that no kid displayed symptoms in class from our initial visit in January to our follow up in May. The Georgia Asthma Control Program will look

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at this area for an additional year and capture information such as school absences and hospitalization rates in detail.

Are you expanding to a more comprehensive healthy child care approach?

The Georgia Asthma Control Program will add additional elements to the program as evaluation continues and partnerships are established that help support a more comprehensive approach. A partnership has been developed with the state healthy homes initiative but the full scope of work has not yet been identified. Additional program elements that are also being considered include adding a healthcare provider partnership to ensure that all children with asthma are equipped with the necessary asthma action plans and supported with ongoing and regular treatment.

Are there any plans of expanding the study to other counties, or other places in the US?

Duval County Health Department is doing a similar project in the Jacksonville, Florida area. EPA Region 4 Office, in partnership with the regional office of ACF, will conduct this project in the North Birmingham area and will incorporate the recommendations from the pilot. We hope by telling our story, that other agencies and organizations will be encouraged to create partnerships and maximize resources in their efforts to conduct outreach and education around environmental health risk factors in communities.

Could you share what is in your transition package for children moving onto public school?

All of the pilot project materials could be used in the public school. The Poster and Coloring Book used in the pilot project may be used for children in kindergarten to third grade. EPA has the Dusty the Asthma Triggers Funbook http://www.epa.gov/asthma/pdfs/dustythegoldfish_en.pdf that is appropriate for kids in 4-5th grade. The training modules designed for the parents can be used in any schools, as well as for youth in middle and high school.

What do you hope will be the outcome of the evaluation of the training in the next phase?

Through the evaluation of the training, we hope to see the centers put in place policies or solid, written procedures to maintain any kind of positive change. If we're only able to go into these centers once, we hope that the centers are capable of maintaining changes and are actively improving their conditions and trying to reduce the presence of asthma triggers. We also hope to see what can really be done with this toolkit and training if we add a few additional components and make it more comprehensive.

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We see the next phase as a starting point to really address the problem that we have in terms of asthma among the zero to four population. We would also like to gauge possible impact across the state and the possibility of incorporating or pairing the program with additional services as we continue to try to address asthma statewide.

Also, with the limited time that we had in the pilot, we did see that there were some changes made. For example, one program decided to include steps to reduce asthma triggers in their facility checklist. So we thought that that was very positive. Secondly, through the training, several parents shared that they had provided the information to their neighbors who have children with asthma.

Did you target just children with asthma or all the children that participated in the Head Start programs?

The pilot project targeted all the children who attended the Head Start programs in the pilot - not just the kids who had asthma. All the children who were in these Head Start programs received the coloring book and the training as it related to the poster. And all of their parents received information about the project. They were given some flyer information, as well as the checklist and publications.

Was there any sort of policy language presented to the centers around ensuring each child with asthma had a written asthma action plan on file?

In Bibb County, even though we did the assessment and the education component, unless there was an action plan put in place, there was still nothing there to continue to (add some) management component. I'll be making suggestions that each one of the students have an action plan and that each parent sign a form that will also include HIPPA information. Basically, it will state that the information that's provided is confidential and we will not disclose this information without your permission. And then the action plan would go to the parent with a letter to the physician. The physician in turn signs the form stating the severity of the child's asthma, whether they have moderate, severe or totally controlled asthma. And then that form will be brought back to the school. It will be given to the health advocate, as well as every teacher that comes in contact with that child. This is the suggested process and though we have not pursued the next steps yet to see if that can be adopted, we definitely have some things in place where they can adapt that particular format from us.

In Lowndes County, the Head Start program did have actual asthma action plans on file for each child with asthma and the staff now feels more comfortable with using those plans after the training.

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As the Georgia State Department of Community Health continues the project, we will also address asthma action plans and make any necessary changes to the information included in the action plan.

Do you work with the local asthma coalitions?

This is Heidi, the Asthma Program Manager for EPA Region 4 and our program actively works with local asthma coalitions – including the Georgia Advisory Council, a collaborative group of medical and public health professionals, business and government agency leaders, community activists and others dedicated to improving the quality of life for people with asthma through information-sharing, networking, and advocacy. A robust and active organization, the coalition currently has over 45 organizations from all corners of the state.

I (Heidi LeSane) have a relationship with the state coalitions in our region but have worked especially closely with Georgia and Alabama the past couple of years due to travel restrictions on visiting our other states. I do get the opportunity to network through emails and conference calls and the annual National Asthma Forum.

Who paid for the remediation that Head Start programs did (duct cleaning, etc)?

No additional resources were needed to pay for remediation. With respect to what they were doing in terms of the cleaning: if one of the things that a center noticed was that the carpet should be cleaned more regularly, it wasn't that they were not cleaning it, but they realized that they should implement a more routine schedule of cleaning. With the carpet that was actually removed – I believe it was in the cafeteria – they just removed that carpet and there was the flooring that they could use so it didn't require additional funds to install a new floor.

For all of the things that the centers did in terms of cleaning, they already had supplies that they could use – they just were not using them on a routine basis. Then, say, for example, I think another area of concern was they have a lot of stuffed animals and so, that was just a matter of washing the stuffed animals. So there wasn't any need to have additional dollars for these particular projects.

How did you identify the child care centers and how did you initially determine your sample of Head Start programs? Additionally how did you initially reach out to them? Were they amenable to participating in the program?

Initially, we used some measuring tools to identify programs. For example, we looked at areas where we had great concern about asthma and whether or not these communities had access to this type of knowledge. We also considered places within our immediate region since travel was an issue and these two counties were easily

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accessible to our regional office and there was a great need. With respect to the Head Start programs we identified two counties, Bibb and Lowndes in Georgia. It just so happens in each of these two counties, there was only one Head Start grantee. For Bibb County, it was Macon-Bibb County Head Start and for Lowndes County, it was Coastal Plain. So we didn't have to choose – we just went to them and shared information about the program and they were excited to participate.

With respect to child care programs, we worked with Georgia Bright from the start. They provided us with some information about child care centers that were located in those pilot sites. We also worked with our regional and state child care offices to obtain more information. From there, we randomly contacted individual sites to see whether or not they would be interested in participating in the pilot. We explained the pilot and the ones that we contacted said that they wanted to volunteer to participate in the program. Also, with the programs that we contacted, each expressed that they had children in their programs that had asthma, as well as some of their staff, so they were very interested in participating in the project.

How did you get the parents to participate and what was the parental participation rate?

Well, with Head Start, we have a parent training program and that's how we were able to get the parents to participate. The centers are required to hold a parent training monthly. And of course we couldn't get all 880 parents to come because most of them are working. So, for the parents that we didn't personally train, we provided publications for them. Also, in Macon, they have a health fair for the parents and a lot of the parents come out because it is combined with an appreciation luncheon.

In terms of the percentage rate, I think there were 120+ parents that received the form, but only 50 returned the form to the center - so a little less than half. We acknowledge that return rate will be lower for those parents that did not attend the training, since many would not know what to do with the form when it was brought home. So I'll say 50 percent of the ones that we had face-to-face opportunities to explain the home checklist actually went home and brought it back.

Is there a plan to look at data for childhood asthma ER visits to see if the program made an impact?

With the pilot project it was only a short timeframe – we started in January with the initial visit and then we did the walkthrough and follow-up in May. In that short timeframe, we just wanted to see if this project may sit and then see where we could go from there. By working with the State of Georgia, we hope that they will get

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more information since they are going to carry this project out for another year. As we continue to work with the program, that's actually one of our long-term outcomes and we would be checking with that in terms of our surveillance as we continue forward.

Was IPM included in the site and home training?

We mentioned pests as an asthma trigger and identified steps that parents can take to reduce pest-based asthma triggers. In the communications that went to parents, we did talk about kids and chemical sensitivity to pesticides but we didn't go too much into the actual pest management and what you can do with facilities and maintenance.

Didn't the state child care regulations and/or state laws ban smoking in and around child care settings in the pilot?

This wasn't directly required in the pilot project, but local policies were introduced in Bibb and Macon Counties. With our Head Start and child care programs that were in the pilot, no one was smoking in the centers. Staff that did smoke did so outside of the center.

What approach is being used by Head Start in the pilot to complete the checklist in the home? (i.e. through home visits, parent-teacher conferences)

At the Head Start centers, there are parent trainings and generally this is done on a monthly basis. During that monthly parent training, the home checklist information was presented and it was explained and then the parents were sent home with the checklist. There were not actually any home visits – rather, the parent would bring the checklist back if they had any significant questions and they spoke to our local asthma educators.