

Engaging Regional Stakeholders to Identify Priority Outcomes of Success for a School-based Asthma Management Program

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Stop Asthma Attack

BACKGROUND

- Asthma is a common chronic disease for children that disproportionately impacts low-income families.
- Our school-based asthma management program focused in urban, low-income schools, has reduced health care utilization and school absences through active management of asthma and social determinants of health (SDOH).

STUDY OBJECTIVES

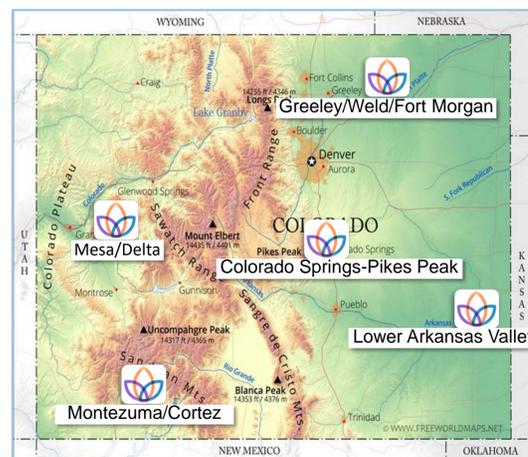
As part of scaling this school-based asthma management program to 5 underserved Colorado regions, we engaged regional Community Advisory Boards (CABs) to identify priority outcomes of success for this program in their region.

METHODS - Setting & Participants

- The CABs were formed with 39 members across 5 regions in Colorado with relatively high levels of SDOH needs:
 - Lower Arkansas Valley (LAV), Greeley/Weld/Fort Morgan, Mesa/Delta, Montezuma/Cortez and Colorado Springs-Pikes Peak)

Characteristics of CAB members

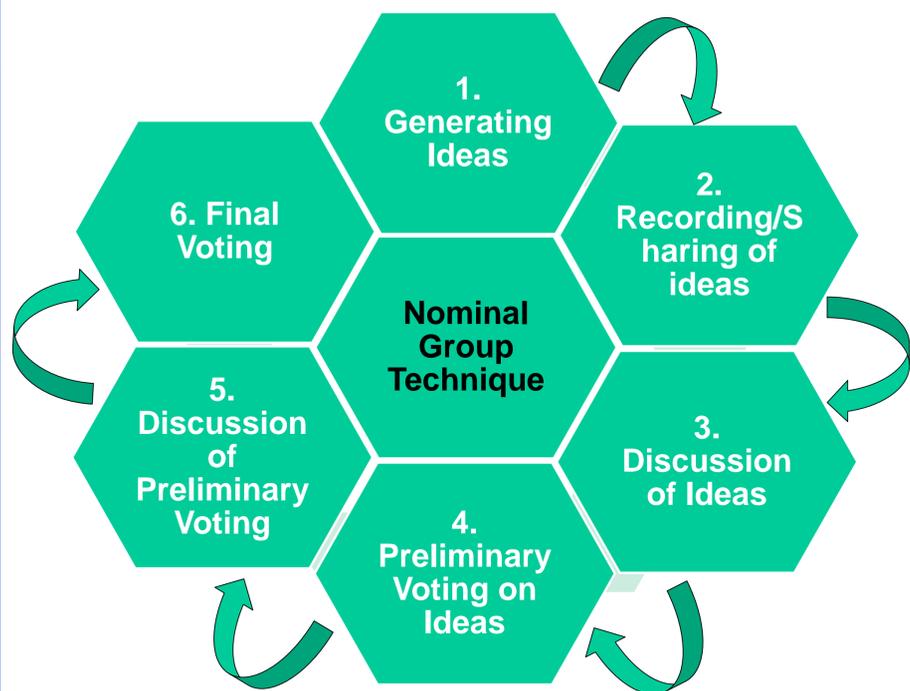
- 92% Female CAB members
- Stakeholder types:
 - Health provider - 49%
 - School nurse - 23%
 - Parent - 20%
 - Community organization/SDOH agency leaders - 8%



METHODS - Our Consensus Building Process

What is Nominal group technique (NGT) process?

- A method of brainstorming, making decisions, or organizing ideas in a group setting
- Structured 4-6 step approach best implemented in smaller groups
- NGT gathers information by asking individuals to respond to question posed by a facilitator
- Then asking participants to prioritize ideas the ideas and suggestions of ALL group members



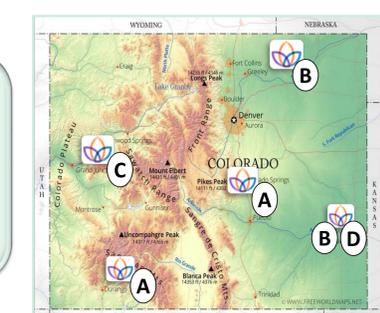
Why did we use it?

- Helps to eliminate biases and peer-pressure
- Encourages participation from all team members
- All opinions are heard and considered equally
- Relatively time efficient
- Generally provides a greater sense of closure than can be provided through group discussion

RESULTS

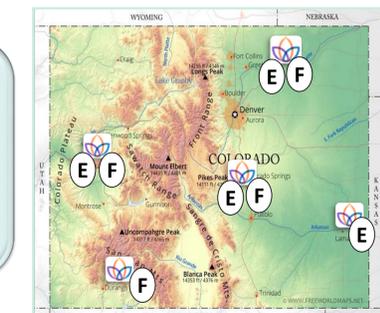
Child & Family

- A Well controlled asthma** (2 out of 5 regions) – see A on map
- B Accurate inhaler technique** (2 out of 5 regions) – see B on map
- C Reduced school absenteeism** — see C on map
- D Reduced ED visits** — see D on map



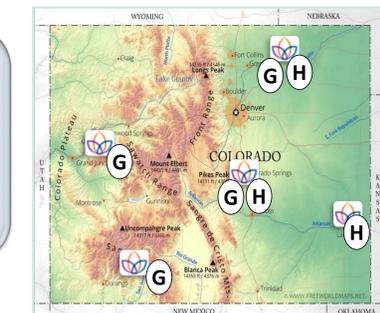
School

- E Increased school asthma care plan on-file early in school year** (4 out of 5 regions) – see E on map
- F Increased connection between schools and health care providers** (4 out of regions) – see F on map



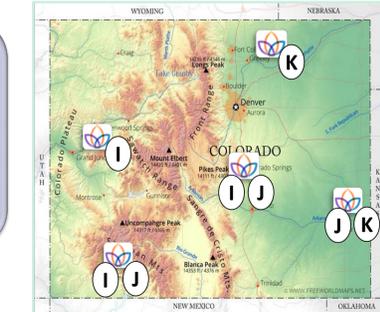
Health Providers

- G Improved use of asthma follow-up care** — shift from reactive episodic to preventive/routine follow-up (4 out of 5 regions) – see G on map
- H School asthma care plan completed by provider early in school year without school nurse prompting** (3 out of 5 regions) – see H on map



Community SDOH Agencies

- I Address health literacy needs for parents/family** (3 out of 5 regions) – see I on map
- J Transportation resources** (3 out of 5 regions) – see J on map
- K Availability of fun, low-literacy, educational resources** (e.g., how-to-use inhaler resources for children) (2 out of 5 regions) – see K on map



LESSONS LEARNED

- The NGT process engaged CAB members to prioritize the top outcomes of success based on highest needs from these regions.
- CAB members with diverse perspectives put themselves in the shoes of key stakeholder groups from their region to identify these priority outcomes of success across 4 categories (e.g. school, health providers).
 - Not all CAB members had **lived experience** related to each of the 4 categories

DISCUSSION

- Our Nominal Group Technique approach engaged CAB members to ensure diverse community perspectives on what constitutes “success” were heard.
- More regional consensus about school outcomes than SDOH outcomes – implications for tailoring to regions
- Using this process to prioritize outcomes of success has informed:
 - Implementation strategy selection
 - Study outcomes we will track/report back to CABs.
- This process may be replicated for other studies.

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* DECIPHeR=Disparities Elimination through Coordinated Interventions to Prevent and Control Heart and Lung Disease Risk