

In August 2015, Chicago Asthma Consortium hosted the *Asthma Policy Forum*; funded, in part, by the Illinois Department of Public Health. 44 participants from 25 different organizations attended, including physicians, researchers, policy experts, community health workers, asthma advocates, architects, tenants' rights experts, community development professionals, nurses and representatives from local and national patient advocacy organizations.



The purpose of the *Asthma Policy Forum* was to:

- Educate participants about policies recommended to support asthma control and management
- Inform participants about policies in place and current activities
- Provide the opportunity for participants to discuss ways in which policy change can be made
- Prioritize future policy and systems change approaches for asthma

Through the half-day program (See Appendix 1 – Agenda), experts discussed: ways policy change can be made and methods to impact policy; the National Public Policy Agenda and initiatives stemming from that consensus document; and existing policies, activities and opportunities for the future. Presentations are posted at: www.chicagoasthma.org/august-2015. The final session included small group conversations, where participants made recommendations and prioritized policy and systems change approaches.

The table below summarizes key themes, gaps, opportunities for the future, and applicable resources discussed during the course of the meeting:

Topic: Schools

Key theme	Gaps	Existing Opportunities	Resources
Access quick relief medication in the schools	Based on a recent ALA report, there are some issues that serve as barriers to the access of quick relief medication including, parental engagement, assessing readiness to self-carry and availability of back up medication, among others	ALA initiatives stemming from the National Public Policy Agenda: <ul style="list-style-type: none"> • Model policy for stock bronchodilators in school • Student Readiness Assessment Tool and online learning module 	American Lung Association Resources including <i>Improving Access to Asthma Medications in Schools, Student Readiness Assessment Tool and Model Policy for Schools: Stock Bronchodilators</i>
Illinois has been named to the <i>State Honor Roll of Asthma and Allergy Policies in Schools</i> but gaps remain.	Gaps in policy standards outlined in the <i>Honor Roll</i> report include: <ol style="list-style-type: none"> 1) State does not require schools to have emergency management protocols for asthma 2) State does not meet the recommended nurse to student ratio 3) State has not mandated that schools have Indoor Air Quality 	CAC has conducted research on emergency management protocols from throughout the country and CAC's School Work Group has begun to work on language for a possible emergency management protocol.	Asthma and Allergy Foundation of America's Honor Roll: http://www.aafa.org/display.cfm?id=5&sub=105&cont=649

	<p>management policies</p> <p>4) State has not adopted a policy requiring schools conduct periodic inspections of HVAC system & other items important in asthma management</p> <p>5) State does not have IAQ policies that include specific components important to asthma management</p>		
<p>Under reporting of students with asthma</p> <p>Illinois law requires that schools complete a Certificate of Child Health Examination (1) within a year of entering kindergarten or 1st grade and upon entering 6th and 9th ninth grade; (2) within a year of entering any school; and (3) within a year of enrolling in any new school (irrespective of grade).</p> <p>Chicago Public Schools also requests the Student Medical Information Form from parents each year.</p>	<p>In a 2014 publication, 3 main barriers to chronic disease reporting were identified: 1) lack of knowledge among parents; 2) limited communication from schools; and 3) insufficient availability of school nurses. Parents were significantly more likely to complete the reporting process if they knew about special accommodations for chronic diseases, understood the need for physician verification, and/or knew the school nurse.</p>	<p>Given the challenges that remain in the accurate reporting of asthma in the school setting, is there an opportunity to improve identification through the ICARE system?</p>	<p>105 ILCS 5/27-8.1 – Health Examinations and Immunizations</p> <p>http://cps.edu/OSHW/Pages/HealthPolicies.aspx - Chicago Public Schools Medical Information Form and other information</p>
<p>504 Plans to address the daily management of asthma</p>	<p>Percentage of students with asthma who have 504 Plans remain low.</p>	<p>CAC’s School Work Group explores strategies to improve 504 Plan development for students with asthma.</p>	<p>http://chicagoasthma.org/community-partners/schools/ - 504 Plan Request Form for Physicians and Parents</p>
<p>Charter School Report “School Health and Safety for All”</p>	<p>A report from the Chicago Medical-Legal Partnership for Children, highlights that under Illinois law, charter schools are exempt from the vast majority of public school health and safety laws – even though charter schools are publicly financed.</p>	<p>HB 1360 ensures that Illinois charter schools comply with the same non-curricular health and safety requirements applicable to all public schools.</p> <p>Since the date of this meeting, HB 1360 was signed by the Governor and has become law.</p>	<p>“School Health and Safety for All” Report</p> <p>Public Act 099-0325</p>

Topic: Early Child Care Settings

Key theme	Gaps	Existing Opportunities	Resources
Addressing asthma early	Most early child care and education programs must have written provisions for emergency medical care, treatment of illness and accidents. No specific requirements exist for chronic health conditions.	The health subcommittee of the Systems, Integration and Alignment Committee of the Governor's Office of Early Childhood Development Early Learning Council released health recommendations. This comprehensive document offers strategies for integrating health into early care and education systems.	Proposed Plan for Integrating Health into Early Care and Education Systems

Topic: Clinical Care

Key theme	Gaps	Existing Opportunities	Resources
Access to guidelines-based asthma care	Some barriers include prior authorization, quantity limits, co-pays and stepped care therapy	ALA tracking Medicaid coverage for asthma care in some states. Illinois is one of them. Information expected to be available Spring 2016.	
Affordable Care Act formally recognizes Community Health Workers (CHWs), offers opportunities to expand the work of CHWs through financing and the ability of CHWs to contribute to care teams Key provisions of the ACA: <ul style="list-style-type: none"> • Medicaid Health Homes (Section 2703) • Medicare's Hospital Readmission Reduction Program (Section 3025) • Hospital Community Benefits (Section 9007) • Innovation Model Awards offered by the Centers for Medicare & Medicaid Innovation (CMMI) (Section 3021) 	While ACA provisions provide important opportunities for integration of CHWs into care, these provisions of ACA are not self-implementing. In Illinois, we have inconsistent utilization of CHWs statewide and lack common standards and policies related to CHWs. <ul style="list-style-type: none"> • No standard definition of CHWs • Limited funding/reimbursement mechanisms • Uncoordinated statewide curriculum/certification • Unidentified career pathways and career ladder opportunities 	Illinois Community Health Workers Advisory Board Formed to advise the Governor and the legislature on matters that impact the effective work of CHWs including: core competencies, essential skills and areas of knowledge of a CHW; training and certification processes for CHWs; and recommendations for reimbursement and financing options for CHWs.	The New York State Community Health Worker Initiative NASHP: Integrating Community Health Worker Models into Evolving State Health Care System The New England Comparative Effectiveness Public Advisory Council : An Action Guide on Community Health Workers: Guidance for Health Insurers Sinai Urban Health Institute: <i>Best Practice Guidelines for Implementing and Evaluating Community Health Worker Programs in Healthcare Settings</i>

Topic: Housing

Key theme	Gaps	Existing Opportunities	Resources
Housing inspection systems that are complaint-based only do not meet the needs of the most vulnerable residents because of language barriers, fear of retribution, unfamiliarity with system, among other reasons.	Our current housing inspection system is complaint-based	The proposed Chicago Healthy Homes Inspection Program (CHHIP) - A proactive rental inspection program which aims to preserve Chicago's rental housing and protect residents from harm by ensuring that it is maintained and safe.	Los Angeles: Systematic Code Enforcement Program Seattle: Rental Registration & Inspection Ordinance Sacramento: Rental Housing Inspection Program
Smoke-free housing not only has health benefits, but is profitable, popular with renters, legal and property managers are interested in smoke-free policies	The number of smoke-free multi-unit housing properties have been increasing, but not all properties are smoke-free	U.S. Department of Housing and Urban Development proposed rule American Lung Association and Respiratory Health Association advocacy efforts	American Lung Association Smoke-free Housing Directory: www.lungil.org/housing Smoke-free Housing Information for Landlords: http://www.lung.org/our-initiatives/for-landlords.html Smoke-free Housing Information for Tenants: http://www.lung.org/local-content/illinois/our-initiatives/for-tenants.html RHA Smoke-free Housing Resources: http://www.lungchicago.org/smoke-free-housing/

Recommendations:

Schools

- Work at the state-level to require that school districts put emergency management protocols in place
- Examine stock bronchodilator policies for schools
- Explore processes for improved asthma reporting through I-CARE or other systems

Housing

- Support the Chicago Healthy Homes Inspection Program
- Improve the engagement of the asthma community in smoke-free multi-unit housing efforts
- Explore opportunities to improve the financing of housing projects that emphasize health

Clinical care

- Support the recommendations of the Illinois Community Health Worker Advisory Board
- Review information from American Lung Association's project designed to clarify Medicaid coverage for evidence-based asthma treatment – data expected to be available Spring 2016

Asthma Policy Forum - Agenda

Introduction to Policy

Matt Maloney, Director of Health Policy, Respiratory Health Association

National Asthma Public Policy Agenda (via web conference)

Erika Sward, Assistant Vice President National Advocacy, American Lung Association

Katherine Pruitt, Assistant Vice President Program Services, American Lung Association

Barbara Kaplan, Director, Asthma Education, American Lung Association

Where do we stand? Panel presentation to highlight existing policies, activities, and opportunities for the future

Introduction to the Panel Presentation

Sydney Parker, Chicago Asthma Consortium Board of Directors

Focus on Schools

Stacy Ignoffo, Executive Director, Chicago Asthma Consortium

Amy Zimmerman, Director, Chicago-Medical Legal Partnership for Children

Discussion

Focus on Clinical

Gwen Smith, CHIPRA Project Manager, Illinois Department of Healthcare and Family Services

Amy Sagen, Assistant Director, Health Policy and Strategy, University of Illinois Hospital and Health Sciences System

Juana Ballesteros, Manager for Community Public Health Outreach, Illinois Department of Public Health

Discussion

Focus on Housing

John Bartlett, Executive Director, Metropolitan Tenants Organization

Michael Burton, Asset Management Director, Bickerdike Redevelopment Corporation

Todd Fraley, Health Policy Analyst, Respiratory Health Association

Kristina Hamilton, Senior Manager, Tobacco Control & Lung Health, American Lung Association in Greater Chicago

Discussion

Roundtables – Schools and Housing

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