

## Section 7 – Promoting Asthma Control Policies

*This is a collaborative report coauthored by the Evaluation Team at Group Health Community Foundation, with others involved in the process, including: the AAA Project Director, Co-Director, and Project Manager/KCAF Coordinator.*

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### Summary

Since its inception, KCAF has viewed the promotion of effective asthma control policies as a key component of making long-term improvements in asthma outcomes. However, during the timeframe of AAA, policy development was a lower priority than providing direct service interventions. Now that AAA funding for some of the more direct service components is ending, policy advocacy is emerging as a priority area and the KCAF members are devoting much of their time and energy to promoting policy change.

Priority areas for KCAF policy advocacy include:

- Promoting reimbursement of asthma education and institutionalizing Community Health Worker services.
- Adopting and enforcing healthy indoor air standards.
- Reducing exposure to secondhand smoke (increasing the number of smoke-free workplaces, banning smoking in all public places).

KCAF supported partners' policy efforts by gathering signatures, writing letters, and creating a forum to exchange information. KCAF partners made some progress in several of the priority areas noted above, including:

- At the last legislative session a law passed (Senate Bill 59) requiring that landlords notify tenants of mold in rental housing. Two active KCAF members helped make this happen by meeting with the Chair of the Housing Committee.
- HB 1904/ SSB 5841 was passed, providing for the prevention, diagnosis and treatment of asthma. The law requires public elementary and secondary schools to allow students to self-administer medication to treat asthma. KCAF assisted by providing asthma legislative updates and providing a forum to help a Seattle Public Schools employee who is an active participant in the Schools Committee implement this policy.
- ALA, in partnership with Breathe Easy Washington, American Cancer Society, and others obtained enough signatures to get a Healthy Indoor Air Initiative I-901 (secondhand smoke bill) on the ballot for Fall, 2005.

## Description of Policy Promotion Activities

KCAF has always viewed the promotion of effective asthma control policies as a key component of making long-term improvements in asthma outcomes. However, during the timeframe of AAA, policy development was a lower priority than providing direct service interventions: Community Health Workers, improvements in clinical systems, care coordination and school/child care management. There were several reasons for this, including a lack of concrete plans about which policies would be pursued and how, the need for KCAF to build credibility as an organization, to understand the gaps that could be filled by policy action, and to build relationships with policy stakeholders.

Now that AAA funding for some of the more direct service components is ending, policy advocacy is emerging as a priority area and the KCAF members are devoting much of their time and energy to promoting policy change.

### **The initial policy goals of KCAF/AAA were:**

- Promoting coordination of care and services through creating access to common client-specific asthma-related health data (e.g. on-line asthma registries).
- Promoting cultural competence in asthma care.
- Developing funding mechanisms to support care coordination, self-management education/support and other system components.
- Promoting school policies that support students with asthma.
- Promoting policies in the housing sector, which supports healthy home environments for children with asthma.
- Expanding asthma surveillance activities and launching media campaigns as a mechanism to increase community awareness and monitor trends.
- Participating in asthma policy groups.

Some initial steps were taken in several of these policy areas. In terms of general policy advocacy by KCAF, a public relations package was developed to serve as foundation from which to pursue policy work and a story and photo bank was developed for media and advocacy. KCAF members began to work with the Washington state Medicaid agency and Community Health Plan of Washington to include coverage for allergy control bedding encasements. KCAF members also sent letters to the Washington state legislative Committee on Transportation to support a bill to change vehicle emission standard provisions.

### **Current policy goals of KCAF**

As part of a strategic planning exercise towards the end of AAA funding, criteria were developed for areas to focus KCAF activities. Three primary criteria were identified:

- Activity is consistent with KCAF functions.
- There is evidence that it will be effective in meeting KCAF asthma goals and 3-year objectives.

- There is a high level of confidence that it can be implemented because it: 1) does not require funding; 2) the KCAF coordinator can do it; 3) another organization can absorb it, or is already doing it and the KCAF can link to that organization; 4) funding is available and the KCAF can identify a potential grantee; or 5) the KCAF will seek funding directly.

Applying these criteria, seven priority areas were identified (see Table 1). Of the seven, three were directly related to policy:

- Reimbursement of asthma education (and also institutionalizing CHW services).
- Healthy indoor air standards adopted and enforced.
- Reduce exposure to secondhand smoke (increase number of smoke-free workplaces, ban smoking in all public places).

Another priority area is to lay the ground work for policy and systems change:

- Political and institutional awareness (combined with raising awareness of KCAF through networking with organizations, coalitions and elected officials).

### Measuring Progress in Policy Promotion Activities

Measuring progress in policy development and advocacy is difficult since it often involves working in partnership with other organizations and changes occur slowly for reasons that are difficult to attribute to a single organization or effort. KCAF supported partners' efforts by gathering signatures, writing letters, and providing a forum for exchanging information to raise awareness about policy goals. KCAF partners made progress in several KCAF priority areas already (see Table 1 for more details), including:

- At the last legislative session a law passed (Senate Bill 59) requiring that landlords notify tenants of mold in rental housing. Two active KCAF members helped make this happen by meeting with the Chair of the Housing Committee.
- HB 1904/ SSB 5841 was passed, providing for the prevention, diagnosis and treatment of asthma. The law requires public elementary and secondary schools to allow students to self-administer medication to treat asthma. KCAF provided asthma legislative updates and a forum to help the Seattle Public Schools employee who is also a participant in the Schools Committee implement this policy.
- ALA, in partnership with Breathe Easy Washington, American Cancer Society, and others obtained enough signatures to get a Healthy Indoor Air Initiative I-901 (secondhand smoke bill) on the November 2005 ballot.

### Lessons Learned

There have been a few lessons learned already in the policy area:

- Develop concrete plans for policy work, and incorporate opportunities for short-term accomplishments to sustain momentum and track progress.
- Policy work may be a more effective role for coalitions than service delivery because it requires fewer resources and produces more institutionalized systems changes.

- It is important to be clear about which level of policy activity may be most productive in which to engage; one level is policy work with legislators, another level is policy and procedures work within an organization.
- Policy development and advocacy is time intensive work where cultivating relationships is important, but relationships are not necessarily sustained because individuals can be elected in and out of office.
- Policy advocacy activities must be tailored to what people and organizations are allowed to do: some cannot lobby but can inform and educate while other coalition members can lobby.

**Table 1. KCAF Priorities for 2005: Status as of July 25, 2005<sup>1</sup>**

<b>Priorities</b>	<b>Current Activity / Considerations</b>	<b>July 25 Update</b>
<b>1. Reimbursement of asthma education (also institutionalizing CHW services)</b>	<ul style="list-style-type: none"> <li>• Consider reimbursement for CHWs working under direction of certified asthma educator (1/05)</li> <li>• Texas and Arizona have reimbursement for CHWs. (1/05)</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• No updates.</li> </ul>
<b>2. Improve emergency department communication (24-hr notification to clinics, referrals for asthma pts, etc)</b>	<ul style="list-style-type: none"> <li>• Steps is piloting this with Harborview utilizing the syndromic surveillance system to track asthma ED visits.</li> <li>• This effort will involve 2 phases: (1) establishing a surveillance system and (2) setting up a case management system.</li> </ul>	<ul style="list-style-type: none"> <li>• Using the syndromic surveillance system, EPE is now getting de-identified data from nearly all emergency departments (Valley is not yet included). They are working on improving the quality of the data before it can be useful.</li> </ul>
<b>3. Healthy indoor air standards adopted and enforced</b>	<ul style="list-style-type: none"> <li>• Jim K and Kris E met with Mark Miloscia, Chair of the House Housing Committee. If we could organize 10 people to advocate for this in Olympia we would have high likelihood of passing new standards.</li> </ul>	<ul style="list-style-type: none"> <li>• At the last legislative session, Senate Bill 59 passed. This law requires that landlords notify tenants of mold in rental housing. It is only general and informational. It does not require that landlords inform tenants of any mold hazards on their property or that they mitigate them. DOH developed the fact sheet.</li> <li>• David Williams has had discussions with the City of Seattle about their interest in developing an initiative on indoor air quality and health.</li> </ul>
<b>4. Improve linkages between schools and clinics (increase use of action plans)</b>	<ul style="list-style-type: none"> <li>• Jill Lewis is reviewing the “beginning of the year” forms. Carolyn and Jill will revise existing asthma questions with input from the KCAF Schools Committee. One of the revisions will request that parents request asthma action Plans from their provider. Note: schools are not in the position to require action plans, this would require legislation or a mandate from OPSI.</li> <li>• Carolyn will discuss with Jill if there is a possibility that the schools could require an action plan with self-carry review.</li> <li>• Suggestions for providers: (1) have name of school and fax number on</li> </ul>	<ul style="list-style-type: none"> <li>• Carolyn reported that she and Jill edited the Beginning of the Year form that encourages parents to provide action plans to the school. She emphasized that the school can’t mandate that parents provide them because they need to be developed by providers.</li> <li>• They have also drafted a letter for parents regarding the self-carry law.</li> <li>• Carolyn and Jill would like assistance with standardizing asthma definitions across school districts. KCAF will help with this.</li> </ul>

Priorities	Current Activity / Considerations	July 25 Update
	action plan so it is easy to fax to schools, (2) don't require one specific action plan, (3) include the HIPAA release with the forms. •	
<b>5. Political and institutional awareness (combined with raising awareness of KCAF through networking with organizations, coalitions and elected officials).</b>	<ul style="list-style-type: none"> <li>Public Relations committee is developing materials for on outreach/PR plan.</li> <li>SC needs to identify a plan for reaching out to policy makers.</li> </ul>	<ul style="list-style-type: none"> <li>No update.</li> </ul>
<b>6. Reduce exposure to 2<sup>nd</sup>-hand smoke (increase number of smoke-free workplaces, ban smoking in all public places)</b>	<ul style="list-style-type: none"> <li>American Lung Association is the lead for this. ALA in partnership with Breath Easy Washington, American Cancer Society, and others is launching the Healthy Indoor Air Initiative I-901 (2nd hand smoke bill) on 2/17. Volunteers will collect signatures.</li> <li>We could link with the tobacco coalition (working with unions).</li> </ul>	<ul style="list-style-type: none"> <li>Aileen reported that ALAW got enough signatures for I-901 to get on the ballot</li> </ul>
7. Expand use of the Planned Care Model (PCM)	<ul style="list-style-type: none"> <li>We will build on lessons learned from the Learning Collaborative. We will look into ways to support clinics in implementing elements of the PCM, such as developing or promoting a manual with limited tech assistance.</li> </ul>	<ul style="list-style-type: none"> <li>Our Merck proposal addresses this through Creating a Medical Home for Asthma.</li> </ul>

Notes:

1 - Priority areas directly related to policy highlighted in bold