Asthma and Allergy Foundation of America

STATE HONOR ROLL METHODOLOGY

Policy Standards

AAFA began this project by developing standards to assess each state's performance in promoting asthma and allergy health in schools. We researched and evaluated criteria for assessing states regarding their asthma and allergy policies and efforts. Then, AAFA examined criteria used by other expert bodies. For clinical criteria, AAFA reviewed strategies for addressing asthma used in the CDC's *Coordinated School Health Program* model, the American School Health Association's *School-Based Asthma Management* resolution, the National Association of State Boards of Education's *Fit, Healthy, and Ready to Learn*, the *Guidelines for the Diagnosis and Management of Asthma*[1] and selected successful state models. AAFA's selected environmental parameters largely paralleled the strategies recommended in programs such as the Environmental Protection Agency's (EPA) *Tools for Schools*[2] and *Clean School Bus USA*.

Initial Validation and Selection of Policy Indicators

In 2007, the Foundation engaged independent consultants to test and validate its preliminary findings using a three-step process:

1. Review available documentation related to the study including methodology, state-by state matrices of data, scoring, and data sources;
2. Conduct telephone interviews and a pilot survey with a core group of Key Opinion Leaders (KOLs) representing the following stakeholder groups: Public Health/Environmental Health/School Health; School Nurse/Nurse Coordinator; School Administration; Advocates and Parents; and
3. Administer a web-based survey fielded to individuals representing the stakeholder groups listed. Of the 60 invited to participate, 52 (87%) responded.

After evaluating the findings from the validation study, AAFA revised the methodology to address concerns raised by the KOLs:

- Simplified the assessment to eliminate weighting of indicators
- Significantly reduced the number of indicators to focus the research
- Structured a set of core indicators based on strong consensus by the KOLs – 68% or better
- Clarified that policies being assessed were state level rather than school or district level
- Focused on state-level policies that mandate or require school practices statewide

Relying on the KOL's feedback, AAFA refined the criteria to articulate a list of core policy standards to track states' progress. AAFA also noted those indicators on which there was not a consensus that met the threshold of 68% of the KOLs who responded to the survey.

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[1] The Expert Panel Report 3 (EPR–3) Full Report 2007: Guidelines for the Diagnosis and Management of Asthma, developed by an expert panel commissioned by the National Asthma Education and Prevention Program (NAEPP) Coordinating Committee (CC), coordinated by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm)

[2] http://www.epa.gov/iaq/schools/

AAFA recognized the importance of state's efforts on many of those indicators by creating a list of "extra credit indicators" if a substantial minority of KOLs identified the indicator as worthy of consideration with no significant resistance from KOLs.

Core Policy Standards

Core policy standards for the Honor Roll are those for which there was at least 68% consensus among the respondents to AAFA's validation survey. AAFA does not assign specific weighting to categories or indicators. A state's policy counts for a specific standard if it fully meets the standard. For all indicators except #12, #13 and #14, states must have a law requiring a school to comply with the standard expressed by the indicator. Thus, a state policy that recommends or advises schools to adopt smoke-free campus environments does not meet AAFA's core standard. AAFA's core policy standards are listed in Table of AAFA's Policy Standards. States may use this set of core policy standards as a starting point for enhancing their school asthma and allergy policies.

Extra Credit Indicators

This study also explores a variety of indicators of enhanced efforts by states to protect the health of students with asthma and allergies. While these criteria do not meet the consensus level for core policy standards, they did receive a balance of 25% or more agreement of AAFA's KOLs for inclusion. AAFA weighs these important criteria in tracking states progress overall, but considered the feedback of KOLs in its decision to exclude them from the focused list of core standards. For example, some KOLs felt that a state's performance in meeting these extra credit indicators reflects a state's capacity and resources, preference for local or district level decision-making regarding school policies, and interpretation.

AAFA's Extra Credit Indicators are listed in Table of AAFA's Policy Standards. States that have substantially implemented our core standards might use extra credit indicators to inform future policy efforts.

Other Indicators

AAFA does not assess states using indicators that either failed to gain a minimal consensus for extra credit status, or generated significant negative votes from KOLs. Because AAFA does not assess states on those indicators, they are not included in this report.

2013 Validation Study, Implemented in 2014

In 2013, AAFA undertook a study to validate the current State Honor Roll methodology, core policy standards and "extra credit" indicators. The process began with a web-based survey of individuals conducted by the same independent consultants used for the 2008 methodology development process. The consultants invited individuals selected by AAFA from the following stakeholder groups to participate: Public Health/Environmental Health/School Health; School Nurse/Nurse Coordinator; School Administration; and Advocates and Parents.

After the consultants compiled the surveys, they presented the results to a small group of experts convened by AAFA to discuss the findings and recommendations. Based on this process, AAFA selected new core standards, some of which had been "extra credit" indicators. These recommendations have been implemented in the revised in the core policy standards.

Selection of States

2019 State Honor Roll Selection

AAFA selected states for its 2019 State Honor Roll based on their performance on the list of core policy standards. AAFA assessed each state's laws to determine if it has passed specific legislation or implemented public policies that have statewide applicability and meet each of 23 AAFA policy standards. The fourteen states named to the 2015 State Honor Roll meet at least 18 of the 23 standards and exhibit strong performance consistently across the policy categories and domains. AAFA set 18 as the minimum for selection in part because 80% of the 23 core policy standards is just over 18; a "B" or better seems a fitting threshold for an Honor Roll. As important, the 18 to 23 core policy standards required for State Honor Roll recognition reflect solid performance across all domains.

Study Challenges and Limitations

For this study, AAFA identified and reviewed laws and policies that existed and/or were enacted as of June 15, 2019. States may have enacted relevant laws and policies after the cut-off date for this assessment (June 15, 2019). A state is not counted as having met a core standard if it had a relevant policy that was pending, advised or recommended.

In assessing policies for recognition, AAFA seeks to identify laws that place definite requirements on schools and districts statewide. Moreover, AAFA does not count policies that are present or even those that are widely practiced at the sub-state level (meaning by local schools, local or regional school districts) unless the policy is universally required in schools across a state. In the 2008 methodology development process, some KOLs questioned whether this focus reflected a role that states do not play – mandating policies for schools and school districts. Understandably, some states might implement certain preferred policies at the school or district level rather than the state level. However, school level policies and practices are not within the scope of this project.

Note that AAFA recognized exceptions: Policy standards #12, #13 and #14. Policy standard #12 recognizes states that promote school nurse to student ratios of at least 1:750, without regard to whether the state's policy is a requirement or a recommendation to schools. Nursing services in school are important but inconsistently supported. The ratio embraced in the standard is minimal, yet lofty, given budgetary constraints and conflicting priorities. Thus, AAFA concludes that a state level recommendation, even if it is short of a mandate, is worthy of recognition.

Policy standards #13 and #14 recognize efforts by states to create awareness of asthma and allergy in schools. These two standards lack the definition of the others. However, these are the only standards initially identified by AAFA in the important domain of "education and awareness" that emerged from the KOLs consensus process. Because AAFA recognizes awareness as an important first step toward developing and funding training and education programs, AAFA chooses to retain these standards rather than eliminate the entire domain.

State resources play an important role in the selection process. Some KOLs commented that states do not allocate funding for programs related to those certain initiatives, like providing staff education and smoking cessation programs.

They felt that AAFA's study should not penalize states whose funding is limited. AAFA recognizes that allocating resources is more difficult in states whose budgets are stretched thin by other education and health care priorities.

AAFA is pleased with the participation of over 50 experts in 2007-2008 and over 75 in 2013 to develop the standards used to assess state laws and policies for this report. Those experts have hands on experience working with children, parents, and school personnel, including physicians, public health, environmental health and school health professionals, certified asthma educators, school and other nurses, national and state school administrators, patient advocates, and parents.

Based on the methodology described above, AAFA also adopted a group of Core Policy Standards for use in identifying Honor Roll States. Following the list of Core Policy Standards is the list of Extra Credit Indicators which are not used in determing Honor Roll States but can be used to help promote policies above and beyond the core standards.

TABLE OF AAFA'S POLICY STANDARDS[3]

Core Policy Standards

Medication and Treatment	Medication	1. State requires physician's written instructions to be on file to dispense prescription medication to students. 2. State policy ensures students' right to self-carry and self-administer prescribed asthma medication. 3. State policy ensures students' right to self-carry and self-administer prescribed anaphylaxis medication. 4. State policies or procedures shield school personnel from liability for unintended injuries.[4] 5. State requires local school districts to create asthma and anaphylaxis medication policy and provide resources, guidelines and parameters.
	Identification and Reporting	6. State policy mandates schools to identify and maintain records for students with chronic conditions including asthma and anaphylaxis. 7. State requires a procedure updating health records periodically. 8. State requires that schools maintain asthma/allergy incident reports for reactions, attacks, and medications administered. 9. State requires a student health history form that includes asthma/allergy information to be maintained for each student.

[3] Note that the numbering of core policy standards and extra credit indicators has changed from 2008 – 2013 reports; new standards and indicators were added and some were replaced. Check carefully before attempting to compare individual standards to prior years. For more details, see the *Methodology* section.
[4] In order to meet the indicator, the state law must shield from liability in cases of self-administration or emergency administration by a school nurse or other school personnel; shield must apply to medication to treat both anaphylaxis and asthma. Note that these provisions are typically enacted as part of laws allowing schools to maintain a supply of epinephrine auto-injectors at schools or laws allowing students to carry and self-administer medications.

	Management Policy	10. State requires schools to have emergency protocols for asthma. 11. State requires schools to have emergency protocols for anaphylaxis.
	Health Services Capacity	12. Nurse-to-student ratio is 1:750 or better.
Awareness	Awareness in Schools	13. State recognizes problem of asthma in schools and has begun to address it. 14. State recognizes problem of allergy in schools and has begun to address it.
School Environment	Indoor Air Quality	15. State has mandated that all schools must have Indoor Air Quality (IAQ) management policies. 16. State has adopted a policy requiring that districts and schools conduct periodic inspections of heating, ventilation and air conditioning (HVAC) system and other items important in asthma/allergy management. 17. State has IAQ policies that include specific components important in asthma/allergy management - HVAC, HEPA (high efficiency particulate air) filters, carpeting, and pesticide use. 18. State recommends/requires that districts or schools use integrated pest management (IPM) techniques OR ban use of pesticides inside school.
	Outdoor Air Quality	19. State requires schools to notify parents of upcoming pesticide applications. 20. State limits school bus idling time and establishes proximity restrictions.
	Tobacco Policy	21. All smoking is prohibited in school buildings and on school grounds. 22. All smoking is prohibited on school buses and at school-related functions. 23. Tobacco use prevention is required in health education curriculum.

Extra Credit Indicators

Medication and Treatment	Medication	A. State requires anaphylaxis medicine – epinephrine – stocking and authority to administer in schools. B. State allows and/or requires asthma quick-relief medicine – albuterol – stocking and authority to administer in schools.
	Management Policy	C. State has or is preparing an explicit asthma program with policies, procedures and resources for schools to manage students with asthma. D. State has or is preparing an explicit anaphylaxis program with policies, procedures and resources for schools to manage students with allergies.
	Health Services Capacity	E. State has adopted policy that each school will have one full-time nurse. F. State has adopted policy stating that school districts provide case management for students with chronic health conditions such as asthma.

Awareness	Awareness in Schools	G. State sponsors or provides funding for staff training in asthma awareness covering school asthma program/policy and procedures. H. State sponsors or provides funding for staff training in food allergies.
School Environment	Indoor Air Quality	I. State makes funding or resources available for technical IAQ assistance to schools. J. State recommends standards and programs to promote environmentally preferable materials for school construction, maintenance and cleaning. K. State requires school facility design standards that include low emission construction materials, pollutant source controls, durable and easy to clean surfaces and floors, moisture/mold controls.
	Outdoor Air Quality	L. State has implemented or actively promotes diesel school bus engine retrofitting program.
	Tobacco Policy	M. State requires districts or schools to provide tobacco use cessation services to students.