

Helping Children with
Asthma Reach Their Full
Potential



Twenty First Century RAP: Nationally Informed Refinement, Translation and Implementation of Asthma Education Training for Healthcare Professionals

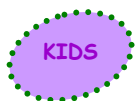
Executive Summary of Final Report

Project Objectives:

This project was conceived to address persistent educational gaps (and barriers) for children with asthma and the lack of related training and resources for healthcare professionals. These shortcomings occur on a national level and are attributable to a number of factors. The Roaring Adventures of Puff (“RAP”) is a comprehensive solution for health system shortcomings; it is a pro-active, proven and cost-effective measure which enables children to manage their chronic disease and equips health care professionals to skilfully engage children. This project ensured that RAP is relevant, linked with groups like Creating Asthma Friendly Schools and accessible in all communities including First Nations and Inuit, remote, immigrant and French speaking communities.

Background: RAP Course Conception

The Alberta Asthma Centre developed the RAP childhood asthma education program. This program contains two curricula:



1. For 6-12 year olds: to be delivered in schools by trained health professionals, in a small group setting, in a series of 6 activity-and-game-filled sessions; designed to enable child to self-manage asthma;



2. For Healthcare Professionals: Initially delivered as instructor-led 1-to-2 day format; adapted to facilitated, interactive on-line course (at www.raponline.ca); strategies and templates to plan, prepare, implement and evaluate RAP are included¹.

RAP On-line Modules

- ✓ Overview
- ✓ Experience of Child with Asthma
- ✓ Asthma 101
- ✓ Leading Small Groups
- ✓ Fun & Engaging Teaching Skills
- ✓ Changing Behaviours
- ✓ Asthma Friendly Schools
- ✓ Supporting Parents
- ✓ Diversity in Healthcare
- ✓ Social Support & Peer Mentoring
- ✓ Implementing RAP
- ✓ RAP It Up

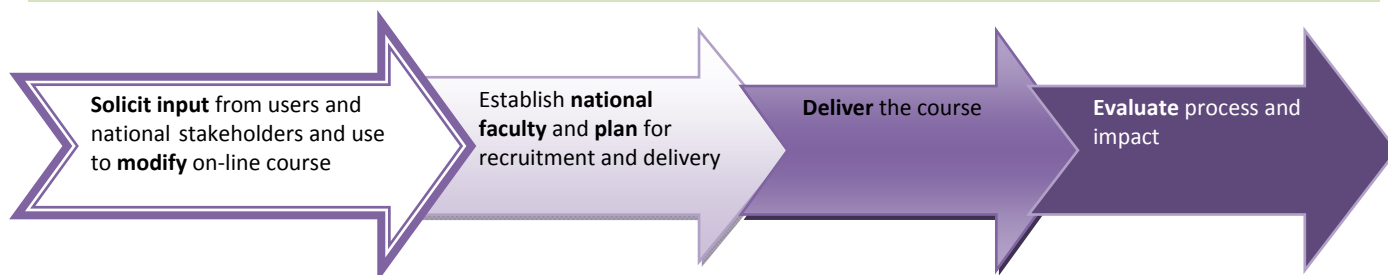
RAP’s Claim of “Best Practice”

RAP is based on practice guidelines, cognitive theory and child pedagogy. RAP’s effectiveness was evaluated in a randomized controlled trial involving 256 students in 26 suburban Toronto elementary schools. By every measurement except two, the students who had completed the RAP program reported significant gains: improved asthma quality of life, better self-efficacy, fewer absences, fewer days of interrupted activity and fewer urgent health-care visits.

Subsequent academic studies of RAP outcomes, integration of the program into Ontario’s Public Health School Asthma Project (Ministry of Health and Long Terms Care) (“PHSAP”) and Children’s Asthma Education Centre and continued promulgation by educators and lung associations support its standing as “best practice”.

¹ 2010 revised Roaring Adventures of Puff Instructor’s Guide and Toolkit is found at www.educationforasthma.com.

Project Activities

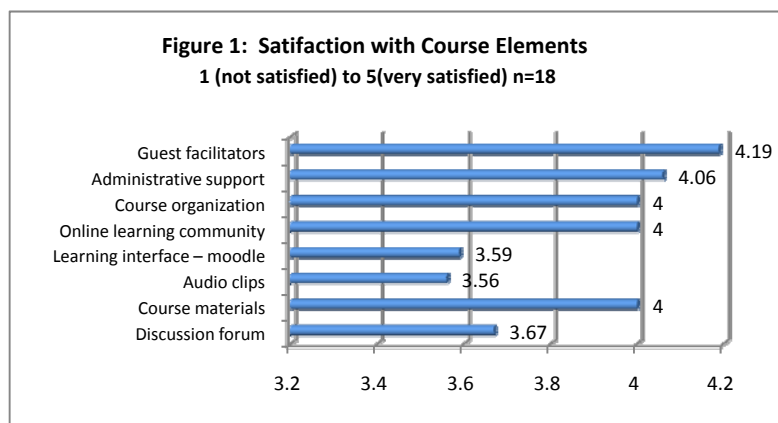


Results

1. RAP On-Line Instructor's Course: Comprehensive, Relevant, Accessible, Sustainable and In Demand

- ✓ review process completed by 20 experts with diverse representation;
- ✓ new diversity module, new content and links, new "Advice from Experts";
- ✓ translated into French (called "Rémi l'Asthmasaure et ses aventures Périlleuses");
- ✓ 23 trained and experienced facilitators for future courses;
- ✓ substantial waiting list;
- ✓ quality of materials, learning community, organization and guest facilitators rated between 4.00 and 4.19 on a 5 point scale (see figure 1).

"I think it was the best online program I have been a part of to date."
2010 participant



2. RAP On-line Instructor's Course: Increasing Capacity of Health Professionals

- ✓ 36 enrolled in pilot; 18 completed exam, exercises, and 12 interactive discussion forums;
- ✓ average exam grade of 80.8%.
- ✓ 100% reported increased confidence in their ability to serve the needs of children with asthma.

3. Expanded Potential Reach and Impact

- ✓ Broad multi-jurisdictional and multi-sectoral reach: Committee, dissemination partners, and faculty came from all jurisdictions and demographics.

4. Impact on Students, Families and Schools

- ✓ 75% of graduates report plans to implement RAP in their community. Two graduates (AB and Ontario) have already been approved and scheduled RAP sessions for this (2010-2011) school year.

5. Compared and Catalogued Barriers to Child Asthma Education across Provinces, Regions and in High-Risk Populations

"It is difficult to get parents to attend with their children, and difficult to host regular sessions at asthma clinic involving families; RAP would capture families who otherwise don't get information about asthma."

Advisory Committee member

"Patients come to the urban centre for doctor/emergency visits but then go back to remote areas without support. In jurisdictions with no asthma centres, RAP may be only means to get information about asthma to kids."

Advisory Committee member

"... small city. ALOT of diversity, busy busy immigrant and working families . . ."

2010 course participant

"RAP may be the only means to identify children with asthma to health care professionals (and the school) in jurisdictions with no other system. Also, RAP provides the critical link between health professionals and the home."

Advisory Committee member

Recommendations

1. Promote and facilitate a **community based approach** for children with asthma and their families to receive consistent and accurate messages and support from the health and school sectors.
2. Provide a clear **mandate and financial support** in health system to address needs of children with asthma in a school setting.
3. **Provide training**, ongoing professional **mentoring, tools and resources, and online community of practice** for health care professionals to facilitate implementation of asthma education in a school.
4. **Involve school and school boards** in raising awareness and facilitating asthma education in school.
5. Facilitate having an **asthma management plan** in place for every child.
6. Develop strategies to ensure school based asthma education particularly **where access to primary care is poor**.
7. Promote effectiveness and **cost effectiveness** of group, interactive school-centric program to build self-management skills, support systems and self efficacy, to supplement the model of one-time instruction
8. Promote the adoption and utilization of the numerous **high quality resources** relating to asthma-friendly schools which have been developed and implemented successfully in some provinces.

The Asthma Centre proposes to coordinate and equip interdisciplinary teams to implement a comprehensive school-based asthma approach ("the PRESS model"), as a cost effective model to help elementary children with asthma establish healthy, enduring behaviors. This model incorporates roles for national and regional partners and has the support of groups committed to students with asthma and knowledge transfer and exchange activities.

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