



**Consortium on Children's Asthma Camps  
Parent Education Curriculum Summary Report  
November 2005**

During the spring 2005, Genentech, Inc. and Novartis provided a grant to the Consortium on Children's Asthma Camps to develop, pilot test, and evaluate a parent component for asthma camps. The following document describes the curriculum development and pilot testing process and the pilot test evaluation findings.

In April 2005, an email was sent to all children's asthma camps in the United States querying which camps had experience providing a parent education component in conjunction with their asthma camp. Eight camps responded. Additional email and/or telephone correspondence was made with each camp to gain in-depth information. Camps stated that they either used a modified version of the American Lung Association *Open Airways* curriculum, "bits and pieces" from various curriculum, or a local asthma specialist "was invited to speak and answer questions."

Key informant interviews were conducted with three asthma camp experts, including a nurse practitioner who also served as the camp director; a respiratory therapist who also served as a camp director; and a family-life psychologist who served as an asthma camp behavioral specialist. The interviewees were asked about what messages should be included in the curriculum, key concerns of parents of children with asthma, how to meet the parents where they are at culturally and developmentally, the best ways to deliver messages to parents, and ways to ensure parent attendance.

An email was sent to asthma camp directors inviting them to pilot test this parent education session. From these camps, eight were recruited for the pilot test, including: Minnesota, Illinois, North Carolina, Colorado, Utah, Arkansas, Pennsylvania, and Ohio.

On May 16, 2005, a focus group was conducted with six parents of children who had attended the Camp SuperKids in Minnesota at least one year. Parents were asked about key educational messages, the role of parents in their child's asthma management, and to react to potential handouts, demonstrations, and examples.

During the first conference call (June 1 and 2, 2005), participating asthma camp directors were provided with an overview of the project and the findings from the key informant interviews. Directors were then asked to provide feedback, advice, and direction on the parent curriculum.

The parent education curriculum was developed in June 2005 and included:

1. PowerPoint presentation
2. User's guide

3. Lung model of normal and airway with asthma
4. Posters of “normal” airway and airway with asthma
5. Straws
6. American Lung Association Asthma Action Plan
7. “Before” and “After” child’s bedroom handout
8. “Take the Asthma Control Test” handout
9. “Things a family can do to get ready for an asthma doctor visit” handout
10. Trigger kit (see attachment for list of kit contents)
11. MDI placebo and spacer

A second conference call was held on June 30, 2005 with the participating asthma camp directors to overview the parent education curriculum, discuss the necessary fidelity to the original curriculum, and answer questions.

The eight participating asthma camps pilot tested the parent education curriculum between July 7, 2005 and September 24, 2005. The curriculum was delivered in a variety of ways, including as a pre-camp session; at close of camp/camper pick-up; as a stand-alone session one month after camp; and during a family asthma camp weekend. In addition, the parent education curriculum was delivered to audiences ranging from two families to 66 individuals.

Within one week after delivering the parent education curriculum, participating asthma camp directors completed a two-page evaluation questionnaire (see attached) about their experience delivering the parent education curriculum.

Participating asthma camp directors (or the person who was most responsible for coordinating and delivering the parent education curriculum) were then interviewed via telephone. The telephone interview allowed for more in-depth questions and answers than the paper-pencil questionnaire allowed.

Based on the feedback from the eight participating asthma camp directors, the curriculum was well received. Camp directors felt it was user-friendly and approached the role of parents in managing their child’s asthma in a unique way. A list of opportunities to improve the curriculum were identified, including:

1. Enhance the section on asthma triggers and allergies by including information about what to do about pets, a stronger message about environmental tobacco smoke, relatively easy and low-cost environmental modifications that can be accomplished by parents, and when to see an allergist.
2. Clarify with parents to follow their asthma action plan to know when to call their physician, when to go to the emergency department, and when to call 911.
3. Assist the curriculum facilitator by suggesting they have a specialist available for parent questions, building in an additional 15 minutes for parent questions, and/or having a recorder write down the parent questions on a flip chart throughout the education session and then answering the questions at the end.
4. Allow one slide to be tailored locally about local school inhaler laws.

A final parent education curriculum and user’s guide are attached to this summary report.



## Trigger Kit

# Guide for Speakers



## Managing Your Child's Asthma

Your *Asthma Trigger Kit* contains objects which represent common asthma triggers. It is intended as a hands-on demonstration tool for discussing triggers during the *Managing Your Child's Asthma* presentation. The items below are listed in alphabetical order, not in order of importance. Be sure to mention to parents that every child has different triggers. It is important to identify what the triggers are for each child.

**Air Freshener** – Use this as an example of aerosol sprays and cleaning products in general. Because of their strong smell and the spray itself, these types of products may trigger an asthma flare-up for children. If these products are a trigger for their child, encourage parents to do cleaning when the child is not around. And they should avoid using unnecessary aerosol products.

**Chalk** – Similar to the markers, chalk can be a trigger for children. Using chalk can send a lot of dust into the air, which may trigger a flare-up. Encourage parents to use crayons with their kids instead.

**Cigarette Pack** – Exposure to second-hand smoke can be a powerful asthma trigger. Even the smell of smoke on clothes can trigger an asthma episode. Family should not smoke in the home or in the car if their child has asthma. Refer participants to the QuitPlan and American Lung Association Call Center for assistance with smoking cessation.

**Cockroach** – Roaches are an allergen for many children and may trigger an asthma flare-up. Keeping surfaces clean and food away will reduce the available food for roaches. Also, traps and exterminators can assist in eliminating the roaches from the home.

**Dog** – This serves two purposes. First, animal dander can be a trigger for some children. It is best not to have any type of pet with hair or fur if dander is a trigger. At the very least, pets should be kept out of child's bedroom, or out of the house completely. Secondly, stuffed toys (such as the one in the kit) can be a reservoir for dust mites. If children have stuffed animals or toys, they should be washed weekly in very hot water.

**Dust Mites** – Dust mites are small microscopic bugs that feed on dust and skin particles. They infest carpet, stuffed toys, pillows, bedding. Washing these items in hot water on a weekly basis and using mattress and pillow covers can reduce exposure to dust mites. Do not allow children to lie or sleep directly on carpet or upholstered furniture.

**Flowers/Pollen** – In the white envelope in your trigger kit, there are a few pieces of dried plant. Use this as an example of pollen and ragweed which are triggers for many children. Children should avoid playing outside during seasons when pollen and ragweed are high, if these are triggers for them. If possible, keep window and doors closed during this season as well.

**Football/Baseball/Soccer/Golf Ball** – Some children with asthma experience asthma flare-ups when exercising. Use this ball as an opportunity to explain that children can be active if their

asthma is controlled. If exercise is a trigger for a child, the parent should talk to the doctor about taking a dose of their reliever medication before exercising to prevent flare-ups. Warming-up well before exercising can also help.

**Marker** – Strong smelling markers like white-board or permanent markers may be an irritant for some children with asthma, triggering an asthma flare-up. Tell parents to avoid markers, especially those with strong smells, if these are a trigger for their child. Their children can use crayons instead of markers for coloring.

**Mouse** – The latest research is showing that mouse-droppings may be a trigger for some children. Keeping the house clean and food put away will reduce mouse infestation, as well as using traps to eliminate any mice in the home.



## **Consortium on Children's Asthma Camp Parent Curriculum Pilot Project Evaluation Survey**

The Consortium on Children's Asthma Camps is evaluating the development and implementation of a curriculum for parents of children to attend asthma camp. The following asks you several questions about your experience and perceptions of piloting this parent curriculum.

All information you provide to me is confidential and will only be shared in aggregate. No comments will be attributed to you or your organization.

**Person completing this survey:**

**Role in the development and implementation of parent curriculum:**

**Date completing this survey:**

1. How many children attended your asthma camp?
2. What was the date of your parent education session?
3. How many family units did you anticipate attending the parent education session?
4. How many individuals participated in the parent education session?
5. How many family units participated in the parent education session?
6. Was your parent education session at the:
  - Beginning of camp?

- In the middle of the camp week?
- At the end of camp/pick-up time?
- Separate from camp? Please explain.

7. What were the credentials of the individual(s) who delivered the parent education session (i.e. who presented and facilitated the parent curriculum)?

8. How long did you schedule for the parent education session to take?

9. How long did the parent education session actually take?

10. Please indicate which of the following hands-on materials were used in the parent education session:

- 12. Asthma Action Plan handout
- 13. "Before" and "After" child's bedroom handout
- 14. Lung Model
- 15. Posters of "normal" airway and airway with asthma
- 16. Straws
- 17. "Take the Asthma Control Test" handout
- 18. "Things a family can do to get ready for an asthma doctor visit" handout
- 19. Trigger kit

11. What additional resources were needed to implement this parent education session?

12. Other comments or suggestions?

**Please return completed evaluation survey to:**

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