



Asthma and Allergy
Foundation of America

December 24, 2019

Amanda Borsky
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857

Subject: Characteristics of Existing Asthma Self-Management Education Packages

Dear Ms. Borsky,

Thank you for the opportunity to review the draft technical brief “Characteristics of Existing Asthma Self-Management Education Packages.”

We are pleased that AHRQ conducted this systematic review of the asthma self-management education (AS-ME) packages currently available. This review will certainly help identify how AS-ME programs are funded, developed, implemented and evaluated.

Our feedback is attached. We would welcome the opportunity to discuss the findings in the brief and next steps.

Sincerely,

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Characteristics of Existing Asthma Self-Management Education (AS-ME) Packages: Technical Brief Review

The Asthma and Allergy Foundation of America (AAFA) is pleased to have the opportunity to review the technical brief, *Characteristics of Existing Asthma Self-Management Education Packages*. Having several packages outlined and reviewed in this report is extremely helpful to identify the current gaps, overlap and opportunities in current AS-ME programs.

AAFA's comments below include our feedback on the content of the report, as well as corrections to the assessment of our programs.

Characteristics of AS-ME Packages (Guiding Question 1)

Recommendations for AS-ME program components

AAFA recommends that all AS-ME programs include the following components:

- Pre- and post-questionnaires to gauge an increase in knowledge
 - Questionnaires should incorporate health literacy concepts and can be illustration based
- Quality of life questionnaires administered at the start and completion of the intervention, such as the Asthma Control Test
- Review of medications and inhalation technique
- Checklist to identify indoor and outdoor allergens and triggers, and strategies to address them
- The importance of an asthma action plan
- An introduction to motivational interviewing techniques to help improve adherence
- Follow-up 30, 60 or 90 days after the intervention to determine if lifestyle or behavioral changes were made to improve asthma

Patient Population Section Feedback

In this section, AAFA programs *ASTHMA Care for Adults*, *Wee Breathers* and *You Can Control Your Asthma* were included. AAFA has an additional program, [Severe ASTHMA Care for Adults](#), a free, self-paced online course geared to patients living with severe or poorly controlled asthma. This course covers:

- Types of severe asthma
- Severe asthma medicines and treatments
- Reducing the use of oral corticosteroids
- Controlling triggers
- Importance of control
- Partnering with your doctor



- Managing the financial, emotional and social impact of severe asthma

Language and Literacy

All materials should be culturally respectful and geared toward the intended audience. Inviting members of the community to be part of the development and dissemination of the package will help ensure materials are culturally appropriate.

It is not enough for AS-ME packages to be written in plain language, or at a sixth-grade reading level or below. It is critical to use health literacy principles. At a minimum, all packages should go through readability formulas such as Flesch Kincaid or the Gunning Fog Index. Use of illustrations, pictures and icons should be used whenever possible. Using the CDC and National Institutes of Health *Clear Communication* resources are recommended.

Table 3. Asthma Self-Management Education Packages: Audience, Patient Population, Setting and Language

AAFA's *Severe ASTHMA Care for Adults* should be reviewed and added to the Tables as an AS-ME package.

In Table 3 there is some incorrect information for *ASTHMA Care for Adults*. The program has three versions; the first is a self-paced, online course for patients and caregivers, the second version is a printed package facilitated in-person by a nurse, respiratory therapist or asthma educator, and the third version offers the facilitated package in a downloadable format available on AAFA's website. The printed and downloadable packages offer facilitators the resources and training they need to deliver this out-of-the-box training. Although the program is not geared toward children under 18, it does address accommodations for higher education settings and can be implemented at a college and university level for adult students. Also, *ASTHMA Care for Adults* is listed as being available in Spanish, but AAFA does not offer a Spanish version yet.

You Can Control Asthma has been implemented in many diverse settings, including daycare centers and asthma camp. The curriculum is appropriate for and should be included in the "Preschool Age Setting" column.

Accessibility

This section reads:

Access to You Can Control Asthma is restricted to AAFA members who can purchase materials that range from \$8 for an individual patient workbook to \$50 for a full set of materials (including child and family workbooks and the implementation guide); the AAFA's Asthma Care for Adults package can be downloaded for free, or printed and bound editions can be purchased for \$90.



An AAFA membership is not required to purchase its materials.

The *ASTHMA Care for Adults* printed version is provided at no cost for those who qualify, such as Federally Qualified Health Centers (FQHCs).

Table 4. Asthma Self-Management Education Packages: Delivery and Accessibility

ASTHMA Care for Adults is listed as a “fee for some components.” There is no fee for patients or caregivers to take the online course, and there is no fee for facilitators to access the downloadable package online. The printed facilitators guide and handouts can be purchased for \$90 but are offered at no cost for those who qualify, such as FQHCs.

Table 5. Asthma Self-Management Education Packages: Curriculum

ASTHMA Care for Adults does address the use of spacers, peak flow meters and the psychosocial elements of having asthma. Peak flow meters are also addressed in *Wee Breathers*.

Table 6. Asthma Self-Management Education Packages: Content Features

ASTHMA Care for Adults includes a symptom tracking sheet for patients to use and give to their doctor. The program also offers a certificate of completion. *Wee Breathers* does include handouts and is a evidence-based program. Validation for the program can be found here: <https://www.aafa.org/media/2175/wee-breathers-full-program-english.pdf>.

Development and Dissemination

The methodology of how the AS-ME packages were funded, developed, pilot tested, disseminated and evaluated are most likely not needed in patient-facing materials and curricula. However, this information would be helpful if accessible upon request to inform other organizations who are looking to develop their own AS-ME packages.

The Centers for Disease Control and Prevention (CDC) have been the main funder of most of the AS-ME packages reviewed. A development and dissemination report produced by CDC could be useful.

You Can Control Asthma does not require a membership to access the program.

Costs and Resources

Before a new asthma package is developed, organizations should consider:

- Conducting a needs assessment to ensure the package fills a current gap in AS-ME education
- Review current packages to reduce duplication of efforts
- Convene stakeholders from the community the package will serve



- Develop a sustainability plan for implementation once the grant funding ends. AS-ME programs take time to develop, test, implement and evaluate, which can take an entire three- to five-year grant cycle. Having a plan to fund the program beyond the initial grant cycle is critical to build upon initial momentum
- Develop a plan for how minor and major content edits will be made, for instance, how to incorporate the new National Heart, Lung, and Blood Institute EPR-4 guidelines
- Develop a plan for continued support and technical assistance to those who implement the program

AAFA has a variety of AS-ME packages that can be delivered in different ways. *ASTHMA Care for Adults* online is self-paced, free course for those living with asthma and their caretakers. The in-person version of *ASTHMA Care for Adults* is designed for asthma educators to deliver direct AS-ME education to those living with asthma in a group or one-on-one clinical or community setting, or during a home visit.

ASTHMA Care should not be confused with the AAFA's professional development courses for respiratory therapists and nurses, *Asthma Management Education*.

AS-ME packages geared toward facilitation for non-licensed educators, such as promotoras and community health workers (CHW), should include a train-the-trainer training conducted by a clinician, certified asthma educator or subject matter expert. CHW organizations are often grassroot non-profits without the means to provide comprehensive disease management and program implementation education.

Additional Barriers to Implementation

All comprehensive AS-ME education should include motivational interviewing techniques to improve adherence.

- If the package is delivered directly to people living with asthma, include open-ended questions and questions to motivate participants to make behavior change
- If the package is to teach educators how to facilitate the program, the script should include open ended questions, and preferably a separate section on motivational interviewing concepts and techniques

Regarding alternative treatments and navigating different environments, packages should include harm reduction strategies. Not all environments can be made asthma-friendly, so harm reduction is a key component to AS-ME.

Guiding Question 4: Next Steps

Next steps should include evaluation planning of these packages, and dissemination of the evaluation data.

Sustained funding of AS-ME programs is essential to the success of these programs. AAFA's *Power Breathing* program geared towards teens was discontinued due to lack of financial support to maintain the program.