

Asthma in Utah Schools

The Centers for Disease Control and Prevention (CDC) encourages schools to do their part to help children with asthma manage their disease by implementing measures to become more “asthma-friendly.” This means adopting policies and procedures and coordinating student services to better assist students with asthma. When school administrators, teachers, staff, students, and parents work together, the chance for successful management of children’s asthma is increased. Six specific strategies are recommended by the CDC for addressing asthma within the school system:

- 1) Establish management and support systems for asthma-friendly schools.
- 2) Provide appropriate school health and mental health services for students with asthma.
- 3) Provide asthma education and awareness programs for students and school staff.
- 4) Provide a safe and healthy school environment to reduce asthma triggers.
- 5) Provide safe, enjoyable physical education and activity opportunities for students with asthma.
- 6) Coordinate school, family, and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.⁹

Key Findings

- Only 24.2% of parents of children with current asthma reported that their children had an asthma action plan on file at school.
- Just over three-fourths (78.3%) of parents of children with current asthma reported that their children were allowed to carry their asthma medication at school.
- Significantly higher percentages of high school-age students with current asthma reported being allowed to carry their asthma medications at school (93.2%), compared to elementary age students with current asthma (64.6%).

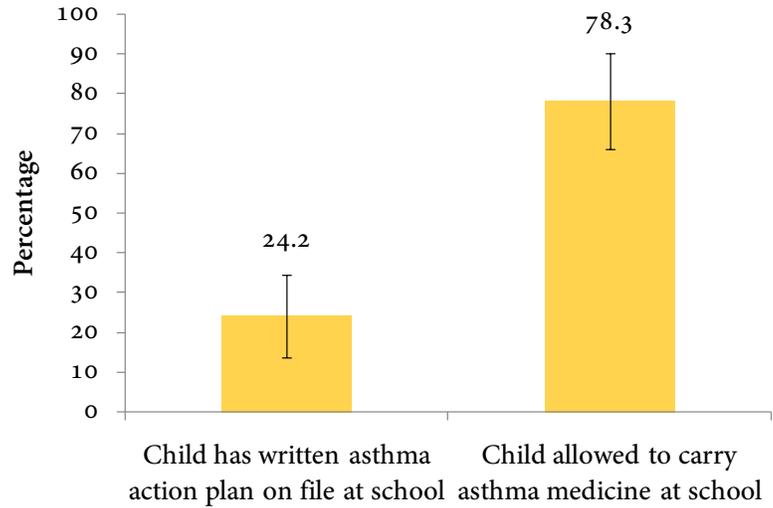


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Figure 34. Asthma Action Plan and Medication at School, Utah School-aged Children with Current Asthma, 2010

The Utah Asthma Program encourages schools to keep a written asthma action plan on file for all students with current asthma. In 2010, only about one-quarter (24.2%) of parents of children with current asthma reported that their children had an asthma action plan on file at their school.

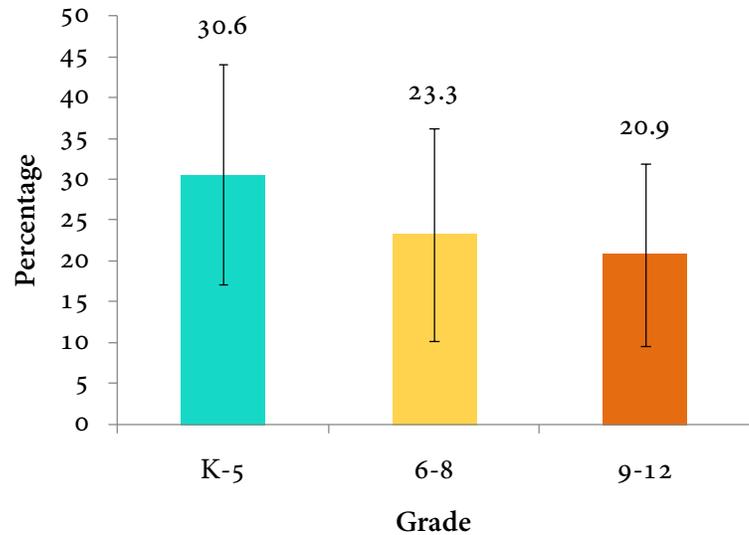
Utah law permits students with asthma to possess and self-administer inhaled asthma medications in the school setting. However, in 2010, only 78.3% of parents of children with asthma reported that their children were allowed to carry their asthma medications at school.



Source: Utah BRFSS Child Call-back Survey, 2010. Crude percentages are presented with 95% confidence intervals

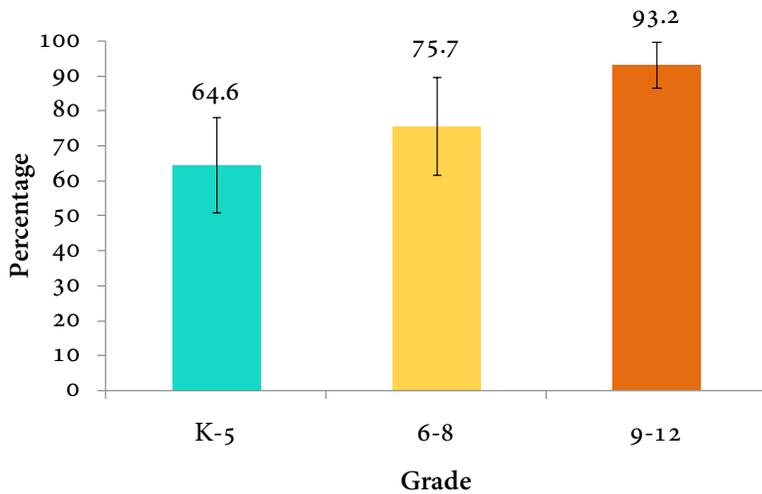
Figure 35. Children with Current Asthma Who have an Asthma Action Plan on File at School by School Grade, Utah, 2008-2010

The percentage of children who had an asthma action plan on file at school seemed to decrease with increasing grade level. However, differences were not statistically significant.



Source: Utah BRFSS Child Call-back Survey, 2008-2010 combined. Crude percentages are presented with 95% confidence intervals.

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Source: BRFSS Child Call-back Survey, 2008-2010 combined. Crude percentages are presented with 95% confidence intervals

Figure 36. Children with Current Asthma Whose School Allows Them to Carry Their Asthma Medication at School by School Grade, Utah, 2008-2010

The percentage of children whose school allowed them to carry their asthma medication appeared to increase with increasing grade level. Significantly higher percentages of children in grades 9-12 were allowed to carry their asthma medications, compared to children in grades K-5.

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Table 2. Asthma Management in Utah Public Schools, 2010

In 2010, school surveys were administered to determine what actions Utah public schools had implemented to help their schools be more asthma friendly.

Surveys found that 58.5% of elementary schools and 60.3% of secondary schools identify students with poorly controlled asthma by keeping track of them in at least three of the following ways:

- Frequent absences from school.
- Frequent visits to the school health office due to asthma.
- Frequent asthma symptoms at school.
- Frequent non-participation in physical education class due to asthma.
- Students sent home early due to asthma.
- Calls from school to 911 or other local emergency numbers due to asthma.

Additional results are included in Table 2.

School-Level Impact Measure	Elementary School Percentage (Grades K-5)	Secondary School Percentage (Grades 6-12)
Percentage of schools in which students' family and community members have helped develop or implement asthma management policies and programs.	11.1	9.9
Percentage of schools with an asthma action plan on file for all students with known asthma.	64.9	49.8
Percentage of schools that implement a policy permitting students to carry and self-administer asthma medications by designating an individual responsible for implementing the policy and communicating the policy to students, parents, and families.	51.5	45.3
The percentage of schools requiring that all school staff members receive training on recognizing and responding to severe asthma symptoms that require immediate action as a part of annual staff development.	50.2	28.5
The percentage of schools that have a full-time registered school nurse on-site during school hours.	2.1	4.9
The percentage of schools that provide intensive case management for students with poorly-controlled asthma at school.	11.5	10.0

Source: Utah School Health Profiles Survey, 2010.

Note: Elementary school data include responses from school principals, while secondary school data include combined responses from both principals and teachers. Thus, elementary and secondary school responses may not be directly comparable.