

Application for Organizations



The California Department of Public Health (CDPH) is proud to host the Asthma Management Academy (AsMA). AsMA is one of CDPH's strategies to reduce the burden of asthma in California's most highly impacted communities. The curriculum meets the unique needs of non-licensed members of the asthma care team, such as community health workers (CHW) and promotores. Evidence demonstrates that asthma self-management education and home environmental asthma-trigger assessment and reduction can lead to fewer emergency department visits, hospitalizations; and lead to fewer missed work and school days. These services have a return-on-investment of \$3-14 for every dollar spent depending on the intensity of the intervention.

We are currently accepting applications for our [Asthma 101 Series](#) in English and Spanish, consisting of five two-and-one-half hour sessions over the course of five weeks. Modules include: the basics of asthma, trigger identification and reduction, medications, medication delivery devices, and assessment and monitoring. Attendees will also receive an asthma educator training kit with demonstration inhalers, spacer, peak flow meter, sample cleaning bucket with asthma-friendly cleaning supplies, and more. Upon completion participants will receive certificates from the Association of Asthma Educators and CDPH. Space is limited for this training. It will be offered at no cost for those who are admitted.

In order to evaluate the effectiveness of this program, CDPH requires that your organization share de-identified and aggregate data about patients/clients who benefit from your staff who have been trained through AsMA. Sharing de-identified health information and aggregate data is compliant under the HIPAA Privacy Rule because it will NOT include Protected Health Information. This application includes a variety of options for the types of data that can be shared with us.

Sessions are currently planned for Summer 2017 in southern California. Applications will be considered for other California areas once future sessions are planned.

Please tell us about your organization on the next page.



Thank you for your interest in the Asthma Management Academy.

Please tell us about your organization.

* 1. Contact information for person completing this application.

Name

Title

Email Address

Phone Number

* 2. Will you be the primary contact from your organization for the Asthma Management Academy?

☐ Yes

☐ No

☐ Not Sure

3. Please provide the primary contact from your organization for the Asthma Management Academy. (Only if you answered "no" or "not sure" to the question above. Otherwise, please skip to Question 4.)

Name

Title

Email Address

Phone Number

* 4. How many staff or volunteers would your organization like to send to AsMA?

5. Please describe asthma services currently provided by your organization. (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> In-Clinic One-on-One Self-Management Education |
| <input type="checkbox"/> Specialty Care | <input type="checkbox"/> In-Home Self-Management Education |
| <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> In-Home Environmental Asthma Trigger Assessment |
| <input type="checkbox"/> Group Self-Management Education | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | |

* 6. What is the age range of people served by your organization? (check all that apply)

- ☐ 0-17 years
- ☐ 18-65 years
- ☐ 65+ years

* 7. What are the most common languages spoken by people served by your organization?
(Please list the top three)

Main language:

Second language:

Third language:

Additional languages:

* 8. Please tell us what your organization would like to gain from this training opportunity?
(i.e. prepare staff for a new home visiting program, give staff a refresher on asthma basics, etc.)

* 9. Which of the organizational types applies to your organization? (check all the apply)

- ☐ Clinic
- ☐ Federally Qualified Health Center
- ☐ School-based Health Center
- ☐ Hospital
- ☐ Non-profit
- ☐ Community-based Organization (CBO)
- ☐ Health Plan
- ☐ Managed Care Organization
- ☐ Non-governmental Organization (NGO)
- ☐ Other (please specify)

* 10. AsMA trainings will be held throughout the state, however, during its first year, the focus will be in southern California. In which California areas would your staff be able to attend a training? (check all the apply)

- | | |
|---|--|
| <input type="checkbox"/> Los Angeles area | <input type="checkbox"/> Inland Empire |
| <input type="checkbox"/> Imperial County | <input type="checkbox"/> Fresno/Bakersfield |
| <input type="checkbox"/> San Diego County | <input type="checkbox"/> Santa Rosa |
| <input type="checkbox"/> Riverside County | <input type="checkbox"/> Santa Barbara/San Luis Obispo |
| <input type="checkbox"/> Central Valley | <input type="checkbox"/> Redding |
| <input type="checkbox"/> Bay Area | <input type="checkbox"/> Nevada County |
| <input type="checkbox"/> Sacramento area | |
| <input type="checkbox"/> Other (please specify) | |

Thank you for your interest in the Asthma Management Academy.

Data Sharing

Why share data?

The goal of AsMA is to reduce the burden of asthma in the most vulnerable communities in California. To ensure we are meeting this goal, we will continually evaluate the impact our program has on helping you improve patient/client outcomes.

Our funders also require data to be collected, evaluated, and reported to ensure their funding is making an impact. Additionally, collected, de-identified data will be used to show a positive return on investment to show asthma education provided by CHWs not only improves patient outcomes, but is also cost effective.

This is why we are asking organizations attending the AsMA share data from their asthma interventions and educational programs with CDPH. CDPH understands that data collection and evaluation can be challenging, however, we will be available to provide technical assistance as needed.

Please tell us what data your organization can provide on the next page.

* 11. Person at your organization authorized to share de-identified asthma data

Name

Title

Email Address

Phone Number

Thank you for your interest in the Asthma Management Academy.

Data Sharing

Which of the following data components can your organization commit to providing to CDPH? Only aggregate summaries of data will be documented in our year-end summaries, and we will not identify organizations by name.

* 12. Demographics for clients, members, or patients served by your organizations in programs that will be informed by this training:

Zip code

Age

Race/ethnicity

Gender

Language

We cannot provide any demographic data

Other demographic data

* 13. Encounter Data:

☐ Date of visit

☐ Type of encounter (ED, hospitalization, urgent care, etc.)

☐ Primary diagnosis (ICD-10 code)

☐ We cannot provide any encounter data

Other encounter data:

* 14. Asthma-related Medication:

- ☐ Long-term control medication data (prescribed, refilled)
- ☐ Dates medications dispensed or number of units dispensed
- ☐ We cannot provide any medication-related data
- ☐ Other medication-related data

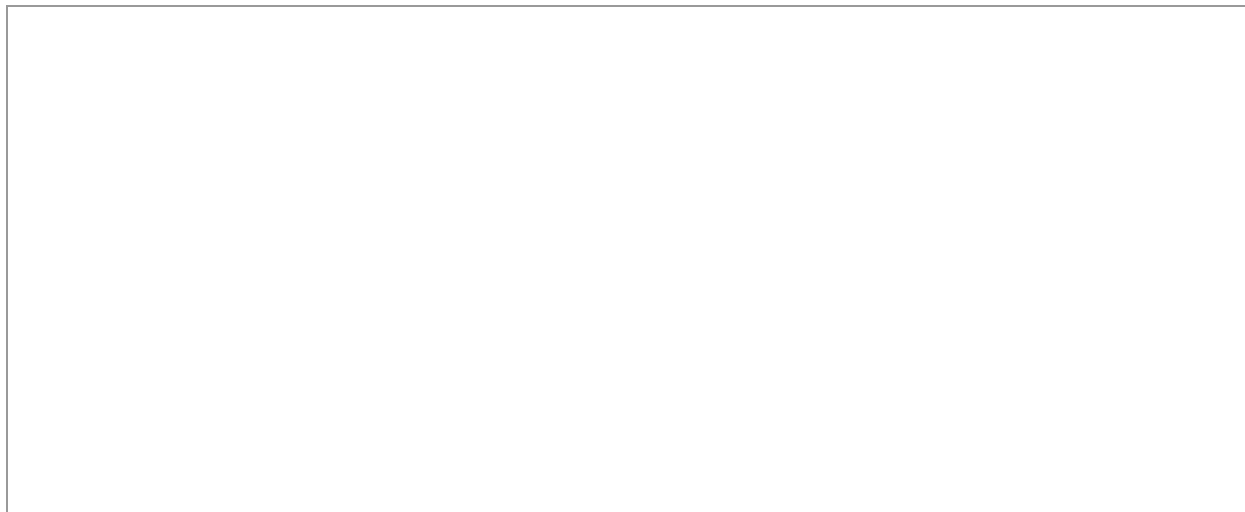
* 15. Other Patient or Process Outcomes:

- ☐ Asthma Control Test (ACT) scores at different points of intervention
- ☐ Whether participant has an Asthma Action Plan
- ☐ Number of completed educational sessions
- ☐ Link made to primary care, specialty care, or outside services (i.e. legal aid, code enforcement, social services, etc.)
- ☐ Participant ability to demonstrate basic asthma self-management knowledge and skills
- ☐ Missed school or work days
- ☐ Trigger reduction activities
- ☐ Symptom-free days
- ☐ Increased physical activities
- ☐ We cannot provide any patient or process outcome data
- ☐ Other patient or process outcome data

16. Please list other data you'd like to share but haven't seen listed above

Thank you for your interest in the Asthma Management Academy.

17. Please share with us any questions or concerns you have about the Asthma Management Academy (AsMA) or this application.

A large, empty rectangular box with a thin black border, intended for the respondent to write their questions or concerns. It occupies the majority of the lower half of the page.

Thank you for completing the application. Please email the completed application and any questions to Lorene.Alba@cdph.ca.gov. We will confirm receipt and contact you to further discuss this opportunity. For more information visit our website at www.californiabreathing.org. AsMA was developed and implemented by CDPH with funding from the U.S. Centers for Disease Control and Prevention (CDC-RFA-EH14-140407CONT15) and the California Proposition 99 Tobacco Tax.