

IMPLEMENTATION TOOL KIT

FARMINGDALE STATE COLLEGE - DEPARTMENT OF NURSING
MOLLOY COLLEGE - BARBARA H. HAGAN SCHOOL OF NURSING
ST. JOSEPH'S COLLEGE - DEPARTMENT OF NURSING
ASTHMA COALITION OF LONG ISLAND

PLAYERS

SELECTING PARTNERS

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PREPARING FOR YOUR FIRST MEETING

Date/Time of Meeting: September 2001

Place of Meeting: Asthma Coalition of Long Island corporate office's conference room

What do you and your partner need to know about you and your organization?

Academic Partners

1. In the very early years of this interprofessional, multi-site, cross-sector academic-practice partnership, nursing professors from two academic partners, St. Josephs College (Dr. Laurel Janssen Breen) and Molloy College (Dr. Geraldine Moore), – teaching community/public health nursing – met with the Asthma Coalition of Long Island (ACLI) to investigate how a partnership can fully immerse baccalaureate nursing students into interprofessional, population-focused clinical care. Early goals for the partnership included designing authentic, community-health clinical experiences for the two participating nursing programs.
2. The availability of quality and sustainable community nursing experiences had dwindled as a consequence of the reconfiguration of health care (American Association of Colleges of Nursing, 2016; Dickson, Morris & Cable, 2015). Shrinking resources allocated to maintain community/public health agencies added to diminishing opportunities in the community/public health sector (Schaffer, Schoon & Brueshoff, 2017; Simpson, 2012; Van Doren & Vander Werf, 2012).
3. The need for obtaining meaningful community-based clinical nursing experiences that addressed population health was motivated by changing programmatic outcomes that aligned with 21st century-Institute of Medicine-driven competencies (2011).
4. Nursing students often expressed minimal appreciation for the value of community/public health experiences population-based interventions. A lack of understanding of the intricacies of community/public health nursing on the part of faculty added to an often less-than-desirable perception of community-based settings for clinical experiences. Identifying meaningful and relevant community health experiences was important.

Community Practice Partner

1. In 2001, the ACLI (Anne Little, MPH, AE-C and Claudia Guglielmo, MPA, AE-C) was one of nine coalitions in New York State (NYS) funded by the NYS Department of Health (NYSDOH) to the American Lung Association (ALA). The mission of the coalition was to implement systems-wide interventions for those communities with high rates of asthma-related hospitalizations and emergency department (ED) visits (New York State Department of Health, 2019). Presently, the ACLI is one of five coalitions in NYS and its mission remains as stated.
2. The ACLI invited nursing faculty from St. Josephs College and Molloy College to join an existing Schools/Environment Committee. The overall goal of the committee was to bring cross-sector community health experts together to support local public schools, Head Start® agencies and child care programs with up-to-date clinical practice guidelines on effective asthma management. ACLI envisioned the achievement of asthma control for local school-aged children with asthma and their families through evidence-based education and mobilization of community resources to improve access to care.

3. In order to facilitate these population-focused goals, partnerships with colleges and universities were sought to implement asthma self-management education in school districts of highest need. Nursing students would serve as the workforce providing evidence-based education within the context of their community clinical placements.
4. The large number of high-needs school communities on Long Island (LI) with documented asthma burden afforded ample opportunities for clinical nursing education, while the scarcity of short-term community-based clinical placements, individually sourced by each college, provided a strong impetus for change in nursing education.

PARTNERSHIPS

Initial Meeting

What is the right partnership activity for you and your partner?

1. An academic-practice partnership model that collectively addresses the high asthma burden existing in local communities of poverty and diversity across LI, New York (NY) represented the shared vision. For LI, a densely populated suburban region, poor asthma control, patient nonadherence and significant asthma severity was reflected in some of the highest emergency department (ED) and hospitalization rates in NYS (excluding New York City). High asthma ED visits and hospitalization rates reflect ‘*asthma burden of disease*’ (New York State Department of Health, 2018). ED visits specifically imply lack of access to quality primary care. Hospitalizations infer asthma severity, lack of effective asthma control, patient nonadherence, exposure to asthma triggers, potential for subsequent hospitalizations, and increased risk for death.
2. Asthma self-management education, the cornerstone for treatment, is a strong mediator of asthma morbidity. A coordinated educational effort can promote adequate asthma control, improve outcomes, reduces exacerbations and control population driven asthma burden.
3. Schools are a logical setting to provide asthma self-management education with the potential of reaching large numbers of children. School nurses are a vital health education resource and are well positioned to coordinate the direct provision of evidence-based self-management education programs. However, with the increasing demands of a weighty K-12 curriculum coupled with the complex medical and social needs of students and their families, there is little uniformity in the access or provision of health education in schools.
4. In this partnership, nursing students would serve as the drivers of asthma school based self-management education attempting to close the educational gap that existed on LI. The key program to be taught was the evidence-based ALA program, *Open Airways for Schools*® (American Lung Association, 2008), steeped in rich significant historical research and geared to children ages 8 - 11. In addition, *Kickin’ Asthma*® (American Lung Association, 2020) geared to children 12 – 15 and *A is for Asthma*®, geared to children younger than 8 years was planned as supportive programs in the school setting.

5. It was expected that nursing students would benefit from being immersed in the academic-practice partnership model, learning first-hand foundational core competencies essential in public/community health nursing. Faculty would gain insight into additional public health concepts while working with a cross-sector community partner with expertise in population health.

What documents about your organization should you bring to the meeting?

1. **Academic partners** would provide conceptual and theoretical frameworks inherent in best-practice teaching-learning, and relevant community/public health nursing core concepts embedded in course and programmatic student learning outcomes.
2. **The community practice partner** would provide pertinent population focused knowledge on NYSDOH data tracking and surveillance, in-depth understanding of the process of tracking asthma burden, and expertise in public health systems thinking – a core skill that supports policymaking, measurable goals for improving health outcomes and addressing complex driving forces to population needs.
3. With all partners bringing their expertise ‘to the table,’ the potential for developing considerable knowledge-sharing and a common vernacular between these cross-sector fields was high.

What do you offer?

Academic Partners

1. Senior academic leadership and faculty support in addressing the community partner’s commitment to reducing the local asthma burden and engaging nursing students in this novel clinical opportunity.
2. The investment and commitment to this partnership included: (a) the provision of nursing students as the ‘workforce’ or the drivers of the school-based asthma self-management education; and (b) expertise in community/public health nursing from dedicated nursing faculty.
3. Nursing faculty negotiated entrée into local school districts. In order to provide a strong rationale for incorporating school-based asthma education within districts of need, faculty crafted formal reports detailing comparative population-level statistics that were shared with school administrators, nurses and school board members. These reports proved effective in creating what would become sustainable settings for the academic-practice partnership.

Community Practice Partner

1. Partnering with programs of nursing was a novel and innovative model in addressing the challenging high asthma burden existing within local high-needs public school districts. The ACLI recognized the benefit of having professional nursing students, along with their faculty, as committed partners.

2. The ACLI provided funding, technical support, materials and evidence-based programmatic curriculum resources from the ALA and the NYSDOH. In cooperation with the American Lung Association, formal training as OAS facilitators were provided to every nursing student and faculty member each semester. Facilitator certificates lasted three years.

What is your vision for this partnership and does your partner share this vision?

Academic Partners

Early on, Drs. Janssen Breen and Moore anticipated that the immersion experience for nursing students in school-based asthma education was a means to address the scarcity of meaningful community-based clinical placements. The large number of high-needs school communities on LI with documented high ED visits and hospitalizations afforded ample opportunity for this novel clinical nursing education.

Community Practice Partner

The ACLI, with their network of ALA and NYSDOH support, had the resources and limited grant monies to offer school-based asthma self-management to children in at-risk communities with high asthma burden. Looking for a sustainable workforce, their vision was to partner with colleges and universities to train nursing students to become OAS facilitators.

Who else needs to be involved in both organizations? Is top leadership involved?

In addition to interested senior leadership and senior faculty from the two academic college partners, additional clinical nursing instructors were added to the partnership (Michelle Wruck, MS, RN, PNP-BS, AE-C) to serve as real-time support during the clinical hours in the public school districts.

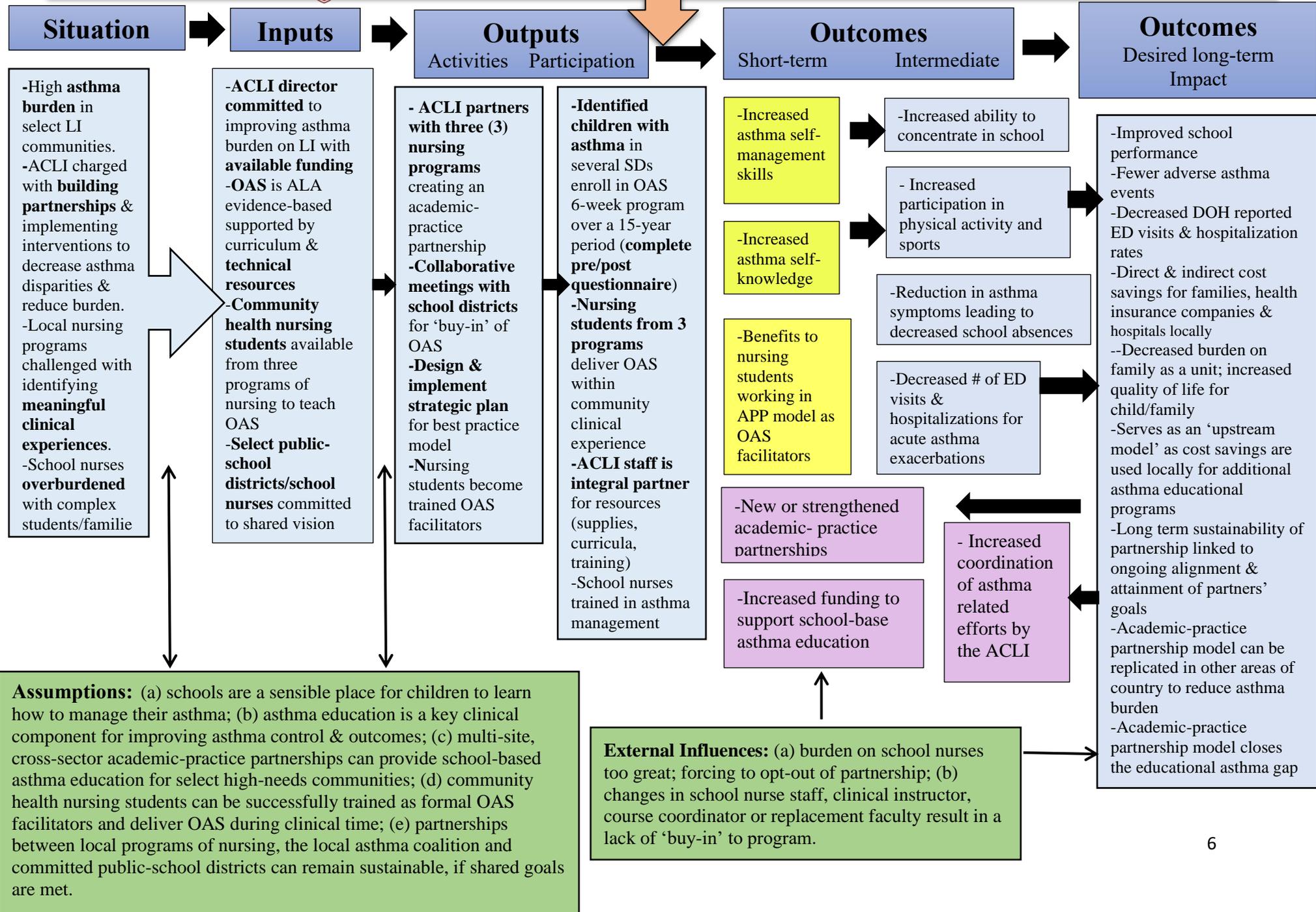
Obtaining permission from targeted high-needs public school districts' school board members, administrators and school nurses added an additional layer of key dedicated stakeholders that were required to ensure the success of the partnership. This broad base of local community public-school district administrators and school nurses demonstrated a commitment to improving asthma self-management skills for their at-risk students.

What is the business case for the partnership?

1. Program logic models are used by public health agencies to reflect systems thinking. The American Lung Association (ALA) uses a logic model in its *Open Airways for Schools®* Curriculum Guide (2008), as a planning and management tool. The ALA's Asthma-Friendly Schools Toolkit (2020) for use by school administrators supports the utility of a logic model for school-based asthma education. Through graphic representation, logic models offer a greater understanding of the sequence of events, timeline, multiple key players and stakeholders, activities, resources, assets and challenges inherent in a public health programmatic initiative.
2. The use of a program logic model supports the 'logic' and case behind this unique multi-site, cross-sector academic-practice partnership. It identifies meaningful benefit and value of outcomes to all partners involved, grounded in population/public health design and research. Logic models are recognizable across sectors and allow for use of a standardized vernacular to inform the outcomes of the partnership.

LOGIC MODEL

'DREAM TEAM' ACADEMIC-PRACTICE PARTNERSHIP



Subsequent Meetings

Do you have clarity on goals and vision?

In the fall 2010, Farmingdale State College (Dr. Monica Diamond-Caravella) joined the ACLI's Schools/Environment Committee. With three academic partners in place and three public school districts on board, the academic-practice partnership rapidly progressed to framing full semester clinical immersion experiences with ongoing commitments to school districts and the communities they serve. In the fall 2017, the ACLI solicited Stony Brook University – School of Nursing as a fourth academic partner to expand the collective reach on LI. In the same year, an additional community health professor from Farmingdale State College joined the growing group of committed academic partners.

Ownership of the LI based childhood asthma burden challenge became collectively shared by the partnership, as the scope of the problem was more fully understood. Nurse educators across partner colleges began to envision each other as true allies as they worked together, with their students. An increased vision for cross-sector professional presentations, research, and formal evaluation of the shared opportunities added mutual investment and a deeper commitment to the partnership.

Shared knowledge across disciplines further added strength, vigor and richness to the long-standing academic-practice partnership. Leveraging competencies in public health population data surveillance and community health/public health nursing core competencies motivated nursing faculty to pursue national certification in asthma education, supported by the ACLI.

What are the details and time line of the initiative?

Our rich historical perspective over 19 years has been outlined throughout this document. Having achieved shared goals and maintained sustainability, the time line below represents the comprehensive blueprint mapping of our shared responsibilities.

To support the increasing number of committed public school districts and academic partners, a more formal structure and process was created in the spring 2012, by the ACLI. The expanding scope of OAS each semester into several public school district buildings now required an organized design on which the ACLI, clinical nursing faculty and lead faculty could collaborate. In this manner, a shared vision, shared responsibility, shared decision making and engagement became increasingly transparent. Below is a sample of a semester long timeline.

FALL SEMESTER			
Approximate Date	Task	Responsible Party(ies)	Key Points
Prior to fall semester	Meeting with District (Pupil Personnel Services, Health Director., Asst. Superintendent)	ACLI/College	Planning Fall OAS, Identification of buildings
May	Meet with school nurses	ACLI/ senior professor	About OAS/Responsibilities
July/August	Orientation for new clinical instructors. Location: ACLI	ACLI/senior professor/clinical faculty	About OAS/Documentation
August	Contact professors	ACLI	Schedule live session/obtain class roster
September	Email ALA's Lung Smart® for Welcome guide to students	ACLI	For online learning modules
2-3 weeks prior to start	Send permission slips and incidence form to school nurses	ACLI	Send as many as possible
2-3 weeks prior to start	Contact building principal; send letter	Senior professor/clinical faculty with ACLI support	About Clinical/About OAS
2-3 weeks prior to start	Contact school nurses re: schedule/space/#s	Senior professor/clinical faculty	Identify any barriers to implementation
1-2 weeks prior to start	Live OAS facilitator training with ACLI	ACLI	Students to complete online training to attend
Same day as live training	OAS Materials and Facilitator kits distributed	ACLI	Designed for groups of 10 with add-ons possible
1 week before	Send teacher letters (optional)	Nursing students	About OAS
1 week before	Check supply count of OAS deliverables	Nursing students/ACLI	ACLI will provide additional supplies as needed
September-November	OAS runs 6 sessions over 6 weeks	Nursing students	ACLI available for support as needed
December	Student wrap-up and debrief	Nursing students/Senior professor/ clinical faculty /ACLI	Return unused supplies to ACLI
*December	Meetings for Spring OAS	ACLI, Senior professor	*See SPRING Task Calendar*

Whom can we call for expert consultation if needed?

Academic Partner

Lead academic faculty (see contacts, p.1) served and continue to serve as expert consultation, as part of the partnership. Leveraging resources on public health/community health competencies, theoretical frameworks related to public health concepts – such as social determinants of health – findings from the Institute of

Medicine's (2011) redesign of nursing education and AACN's Guiding Principles of APP (2012) are some examples of shared expert knowledge in nursing education.

Community Practice Partner (see contacts, p.1)

The ACLI's funding sources serve as key stakeholders and expert consultation. The NYSDOH provided and still provide fiscal support for OAS's deliverables and program resources. The push from the NYSDOH for identification of innovative models to offer asthma management in schools further provided impetus for the ever-growing APP.

Open Airways for Schools® has been copyrighted by the ALA since 1998 and subsequently supported by a grant from the Division of Lung Diseases of the National Heart, Lung and Blood Institutes for implementation first in NYS and then across the country. Hence, full oversight for the programmatic piece is from the ALA. The unique APP model itself was the creation of the ACLI in collaboration with the academic partners.

What are the expected outcomes of the activity?

The use of a logic model has supported formal identification of shared outcomes, both short-term, intermediate and long-term. Program logic models serve as an 'outcomes roadmap' if all activities depicted are undertaken. As highlighted in the aforementioned logic model, benefits to recipients of asthma self-management education, benefits to nursing students, benefits to faculty, and benefits to the ACLI are notable.

Short-term benefits include specific changes in awareness, attitudes, knowledge, and skills; *intermediate outcomes* imply changes in behavior, decision-making and actions; and *long-term outcomes* represent the highest-level of meaningful benefit and value to the public (Taylor-Powell & Henert, 2008).

1. The desired short-term outcomes inherent in this APP included: (a) improvement in asthma self-management skills and self-knowledge for the public school students (recipients of education); (b) acquisition of a sustainable 'workforce' (ACLI); and (c) consistent and meaningful community-based clinical experiences.
2. Desired intermediate benefits for the public school students are several and enunciated in the logic model: (a) increased ability to concentrate in school; (b) increased participation in physical activity and sports; (c) reduction in asthma symptoms leading to decreased school absences; and (d) decreased number of ED visits and hospitalizations for acute asthma exacerbations.
3. Intermediate benefits for the ACLI included acquisition of sustainable grant monies from the NYSDOH to continue the provision of school-based asthma education and a strengthened workforce.
4. Intermediate benefits to the academic partners included a deeper and increased knowledge of public health initiatives and the relevance of applied learning to higher education instruction.

5. Benefits to engaged nursing students working as OAS facilitators was the application of course content (knowledge and skills) to a hands-on, real-world clinical practice experience.

Long term impact implies broad organizational, community, and system level changes (Taylor-Powell & Henert, 2008). Ultimately, the improvement of health outcomes for this priority population would be a welcomed end result for this APP: (a) direct and indirect cost savings for families, insurance companies and local hospitals; (b) increased quality of life for child/family; (c) long term sustainability of APP linked to ongoing alignment and attainment of partners' goal; and (d) replication of APP model in other parts of NYS and other regions. Finally, long term impact of this APP would see collective sound research on the efficacy of the APP on the public school students, nursing students and academic partners.

ENVIRONMENT

Time

Is this the right time for this partnership?

Persistent higher than state averages for ED visits and hospitalizations on LI and disparate rates of asthma burden underscores the value of this APP. Increasing poverty in suburban and rural areas, and the movement of racial/ethnic minorities out of the inner cities have created new 'hot spots' of asthma risk on LI. This concept of 'reverse migration' provides justification for the persistently high asthma prevalence rates demonstrated on LI in its low-income suburban areas, categorically reaching numbers consistent with inner-city zones (Keet, C., McCormack, M., Pollack, C., Peng, R., McGowan, E., & Matsui, C. (2015).

Reduced state public health funding and a minimal workforce at the ACLI remains one of the key driving forces for this cross-sector APP. Over the years, the additional benefits outlined under Expected Outcomes have helped to ensure its sustainability close to two decades.

Addressing complex population and public health challenges is grounded in systems thinking. Bringing multiple key stakeholders and partners together from different sectors to establish effective linkages is what our APP represents. The past two decades have been the perfect time for establishing this successful APP. Partners working together to advocate for enhanced school-based legislation have added another level to our collective voice.

What are the issues that will facilitate or impede the development of the partnership?

Academic Partners

Facilitators for the continued development of the APP include: (a) dwindling meaningful community clinical sites, (b) barriers to school based asthma education by school nurses, (c) public school districts' motivation to partner with academic institutions to reduce school absenteeism and increase school performance; and (d) potential short term and intermediate benefits to all parties.

Barriers to the continued progress of the APP are replete and include: (a) procurement of affiliation agreements – fingerprinting requirements have added an additional barrier for successful contracts with school districts; (b) changes in curricula and faculty; (c) new faculty expectations; (d) time commitment for faculty; (e) time commitment for school nurses; (f) school nurse staffing;

(g) identification of adequate space for teaching OAS; (h) challenges in obtaining signed parental consent forms; and (i) social challenges inherent in communities associated with poverty and diversity - language barriers, time spent ensuring public school students attend program weekly, conflicts with academic testing. Momentum can be lost as some of the founding members begin to retire or move on to different academic positions.

Community Practice Partners

Facilitators for the sustainability of the APP include: (a) the need for a dependable, professional ‘work force’ that serve as the drivers of OAS; and (b) local, regional and national recognition of the effectiveness of our multi-site, cross-sector academic practice partnership in addressing the high asthma burden on LI.

Barriers include increasingly limited state grant money to fiscally support OAS’s program deliverables.

Despite substantial barriers over time, the extensive history inherent in our APP over the past 19 years has supported its growth, strength and commitment. That alone has ensured its accomplishments and sustainability over time in improving health outcomes for at-risk populations.

What is the time commitment for the partners?

See detailed timeline offered on page 8 that outlines explicit time obligations for both academic and community practice partners in procuring commitment from public school district partners each semester. As a long-standing APP, time commitment for most of the senior partners have ranged from 10 – 19 years. Thus far, the newest members have been committed for three years.

Whose time will be required?

All academic and community practice partners have a formal, structured time plan each semester. Leveraging the strengths from all partners with transparency in shared responsibilities and opportunities have enabled the APP to flourish.

End of semester debrief sessions with nursing students and faculty, facilitated by the ACLI, offered academic and community practice partners opportunity to analyze its workforce, organizational structure and processes, and mitigate challenges and barriers that pose a threat to sustainability in the public school districts.

When will the meetings be scheduled?

The Schools/Environment Committee of the ACLI have met quarterly over the past two decades to ensure the cooperative and collaborative commitment of all partners. This is where many of the academic-practice guiding principles are enforced, supported and encouraged. Rarely do faculty from different programs of nursing come together in such a cooperative environment to address local population health challenges with cross-sector professionals from a variety of disciplines. It is at these meetings where innovative projects and research associated with the APP have been created.

Space

What space is required for the activity? Where are we meeting?

Academic Partners

OAS requires a small classroom in the public school elementary/middle school building for effective provision of weekly lessons. Space has been, at times, a challenge for specific buildings. Flexibility and negotiation between academic partners and public school district partners have supported success in effectively teaching OAS.

Community Practice Partner

The ACLI offers their conference room for general Schools/Environment Committee meetings on a quarterly basis and for impromptu, informal meetings of the academic partners. This is where collaboration on shared opportunities, data analysis, research and professional presentations have taken place and have crystallized. In addition to end-semester debrief sessions, ACLI offered the conference room for post-conference clinical sessions. The ACLI corporate office became a welcoming environment for nursing students.

What equipment and supplies are needed? What money is needed?

OAS requires programmatic materials and equipment for successful weekly lessons to public school students. These include: (a) comprehensive curriculum; (b) colorful posters in English and Spanish; (c) take-home assignments for both children and their parents in both languages; and (d) giveaways (pillow protectors, asthma spacers, peak flow meters, school supplies).

Three percent of NYSDOH grant money from ACLI's budget is used to support the APP in its mission to achieve asthma control for local school-aged children and their families while providing meaningful community-based clinical immersion experiences.

Where will we present outcomes?

To date, academic and community practice partners have provided measurable outcomes within the following professional venues: (a) professional refereed local and national podium and roundtable presentations to ALA key stakeholders, Centers for Disease Control site visit, NYS DOH, Sigma Theta Tau, NYS Public Health Association, Association of Community Health Nurse Educators and the American Public Health Association; (b) invited local college and university presentations; (c) refereed local and national poster presentations; (d) media interviews for television, online and press releases; (e) multiple presentations to regional school nurse association conferences; (f) multiple legislative meetings discussing the high asthma burden in constituent communities; (g) peer-reviewed publication in the journal, *Public Health Nursing*; (h) pending submitted manuscript to peer-reviewed journal; and (i) doctoral dissertation.

Regulation

What are the policies or regulatory issues that will impede or facilitate development of the partnership on both sides?

Regulatory Facilitators

Our partnership continues to be well positioned for meaning and significance from both policy and regulatory levels.

1. Efforts to promote school-based asthma education to improve asthma outcomes and asthma self-management skills for children has echoed across national non-government and government agencies for decades. The *Guidelines from the National Asthma Education and Prevention Program Expert Panel Report 3 (EPR-3)* (National Heart, Blood and Lung Institute, 2007) explicitly address school-based asthma education as one of their pillars for asthma control.
2. The ‘*Asthma-Friendly Schools Initiative*’ was created in 2001 through a cooperative agreement with the Centers for Disease Control and Prevention Division of Adolescent and School Health and the American Lung Association to identify a comprehensive set of strategies to address asthma in schools (American Lung Association, 2016).
3. The Asthma-Friendly Schools Toolkit for use by schools informs a unique structured planning process for addressing asthma within a coordinated school health program based on particular community needs (American Lung Association, 2016).
4. The American Lung Association, the strongest proponent of school-based asthma education, identified school systems as key stakeholders that play a pivotal role in providing comprehensive asthma self-management education to both students and faculty.
5. Most recently, the U.S. Department of Education released non-regulatory guidance to assist school districts to use federal block grant funding under the Student Support and Academic Enrichment Grants (SSAE) program of the very Student Succeeds Act (ESSA) to develop, implement and evaluate well-coordinated school-based asthma management plans. This School Asthma Management Plan Act (U.S. Department of Education, 2016) represents a paradigm shift in how national and state departments of education will operationalize the development of effective and comprehensive asthma management plans through allocated federal and state funds.

Regulatory Barriers

On a local level, increasingly stringent regulations regarding affiliation agreements have challenged the partnership in acquiring additional local public school district partners and entering local high-needs public school districts for purposes of providing school-based asthma self-management education.

NYS level Regulations of the Commissioner of Education policy mandates fingerprinting for any and all ‘students’ and ‘interns.’ Negotiations between our academic partners’ legal departments and school district attorneys have taken on a much more rigorous role in procuring formal agreements. Although some of our academic partners do provide background checks for their nursing students, this is not unanimous - providing further challenges in entering our local high-needs public school districts.

As the ACLI relies on a grant money five-year cycle from the NYS DOH to the ALA, the potential for diminishing grant funds may impact backing OAS programmatic equipment and supplies. However, with the strength of our partnership’s ‘work force,’ grand historical perspective and formalized significant outcomes, our APP has an enduring collective local voice to procure needed funding from other sources, if the need arises.

Context

How will the partnership be funded?

Funding was expressed on page 12 – please refer to that page.

What are the constraints of both partners?

Apart from the logistical barriers expressed on pages 10 and 13 related to regulatory challenges, this multi-site, cross-sector academic-practice partnership, in existence for 19 years, does not have constraints. The partnership is a voluntary, autonomous one based on guiding principles inherent in academic-practice partnerships.

What history do the partners have with each other and each other's institutions?

Prior to the creation of this cross-sector academic-practice partnership, the academic and community practice partners had no history in working together. Yet, in 2017, after 16 years in existence, the academic and community practice partners dubbed themselves the 'Dream Team' because of their enduring historical strength, shared mutual goals, mutual respect and trust, and transparency – the cornerstones of the partnership.

We had a common mission and a common mantra – “*our reach exceeds our touch.*” With the identification of shared professional opportunities in formal local and national presentations, formal quantitative and qualitative research and media press releases and interviews, the original intent of the APP had expanded to a myriad of collective engagement opportunities.

Nurses must work collaboratively across sectors to effect sustainable change in the delivery of evidence-based asthma self-management education to maximize population-based health outcomes. Our partnership had effectively succeeded in maximizing and leveraging collective resources over time to address the asthma burden in high-needs communities across LI.

Our long-standing academic-practice partnership has been able to support dialogue for effective asthma policy as it relates to closing the educational gap for children with asthma through coordinated interprofessional and interagency efforts.

Advocating for optimal comprehensive school-based asthma management education informs the public and elected officials of nursing's role in maximizing the health of our local communities, capacity building in population health, and coordination and student engagement. Many local legislators on LI are knowledgeable and aware of the outcomes of our APP. We have worked collaboratively with them for continuation of state grant monies to the ACLI earmarked for school-based asthma education.

Curricula innovation incorporating school-based asthma management education into the prevailing nursing curriculum provided an effective bridge from academic learning to real-life experience within a community/public health practice framework.

Building and strengthening of partnerships with stakeholders outside of nursing is a pressing and overarching need for both academe and practice environments. Benefits from this type of collective population health effort have the potential to increase community engagement, allow for meaningful student learning opportunities and, are worthy of expansion to other high-needs regions outside of NYS.

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has” Margaret Mead (1978).

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