## Problem Statement

Asthma is the most common chronic disease among children, with many potential risk factors including smoking, obesity, family history, and environmental triggers, or adverse childhood experiences.\(^1\) In Washington state nearly 120,000 children have been diagnosed with asthma, accounting for between 8 to 11 percent of children in middle and high school.\(^2\) As asthma cannot be cured but can be effectively managed, there is a need for strong treatment and mitigation plans to prevent burden of disease among youth in Washington.

## Aim

To increase evidence-informed prevention, screening, diagnosis, monitoring, and treatment for pediatric asthma to reduce the burden of disease in Washington state.

## Purpose

To propose practical and evidence-informed recommendations to the full Bree Collaborative on reducing the burden of pediatric asthma including:

- Preventing new asthma cases.
- Appropriately diagnosing asthma cases and defining medically high-risk asthma.
- Improving access to and implementation of treatment protocols.
- Understanding and adapting treatment plans based on social determinants of health.
- Developing metrics for medication compliance and treatment process.
- Partnering with patients to ensure medication compliance and educate families.
- Engaging community support and broader public health programs.
- Addressing home, school, and community environments.
- Developing sustainable funding for pediatric asthma interventions.
- Improving care coordination between providers, plans, and community health supports.
- Disseminating and informing clinicians of ongoing evidence-based guidelines.

## Duties & Functions

The workgroup will:

- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Maintain an equity lens while developing recommendations.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
• Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
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<td>Asthma and Community Health Worker Program Manager</td>
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<td>Doreen Kiss, MD</td>
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<td>Community Health Plan of Washington</td>
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<td>Kate Hastings</td>
<td>Senior Policy Expert</td>
<td>Scientific Consulting Group</td>
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<td>Katie Paul, MD, MPH</td>
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<td>Kaiser Permanente</td>
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<td>LuAnn Chen, MD, MHA, FAAFP</td>
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<td>Mark LaShell, MD</td>
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<tr>
<td>Michael Dudas, MD, FAAP</td>
<td>Pediatrician</td>
<td>Virginia Mason Medical Center</td>
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<tr>
<td>Sheryl Morelli, MD, MS</td>
<td>Chief Medical Officer</td>
<td>Seattle Children’s Care Network</td>
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