MEMBERS PRESENT
Annie Hetzel, MSN, RN, Office of the Superintendent of Public Instruction
Brad Kramer, MPA, Public Health, Seattle & King County
Edith Shreckengast, MS, Community Health Plan of Washington
David Ricker, MD, Mary Bridge Children’s
Doreen Kiss, MD, University of Washington
James Stout, MD, University of Washington
Julee Christianson, Office of the Superintendent of Public Instruction
Kate Hastings, Scientific Consulting Group
Katie Paul, MD, MPH, Kaiser Permanente
LuAnn Chen, MD, MHA, Community Health Plan of Washington
Mark LaShell, MD, Kaiser Permanente
Vickie Kolios, MSHSA, CPHQ, Foundation for Health Care Quality

STAFF AND MEMBERS OF THE PUBLIC
Nick Locke, MPH, Bree Collaborative

WELCOME
Nick Locke, Bree Collaborative, welcomed everyone to the Pediatric Asthma workgroup. Those present briefly introduced themselves and approved the June minutes


REVIEW: SCHOOL ENVIRONMENT
Mr. Locke reviewed the workgroup’s previous conversation on school environment recommendations, as well as pointed out a few new recommendations for school-based health centers (SBHCs), based on conversations with SBHC representatives. Workgroup members provided feedback on additional areas for guidance related to schools.

- Recommendations for school nurses/provider communication:
  - Many current “recommendations” are existing best practices. Is there a way to rephrase these “recommendations” to instead affirm existing practices?
  - The burden of communicate the care plan with patients/caregivers and request that a release of information be signed should be shared by school nurses and providers. Both groups are often busy and find it difficult to add new responsibilities to the workflow.
  - Workgroup members suggested release of information forms can be integrated with other patient/caregiver forms, or to try to develop standard forms across the region.
  - To improve communication across providers and nurses, workgroup members recommended providing resources to clarify information sharing allowed under HIPAA/FERPA to inform providers about what is possible (while acknowledging that site-specific policies may be more restrictive.

- Recommendations for albuterol inhalers and spacers:
  - Workgroup members discussed having a second inhaler and spacer available for school use. This recommendation could be made toward plans to encourage coverage instead of needing to wait to fill a second prescription.
Workgroup members discussed stocking albuterol inhalers and spacers at schools, similar to existing medication stores like epi-pens, and following in line with other states that allow schools to stock albuterol inhalers. This recommendation would need to be a policy recommendation.

- Recommendations for public health and environment/pollution
  - We should be clear what we mean by developing/adopting recommendations for air quality, whether that is indoor or outdoor, and who will take the lead on this task.
  - Many federal organizations currently recommend air quality standards for schools and clinics.

**DISCUSS: ENVIRONMENTAL EXPOSURES AND CLIMATE**

Based on the discussion on schools and air quality, Mr. Locke transitioned to a new conversation on how to address climate, environmental exposures, and asthma. Workgroup members were invited to share their work on climate and health and brainstorm potential ways to address and mitigate environmental exposures.

- We should be very clear that climate solutions improve respiratory diseases (including asthma) and encourage climate interventions to study the impact on illness.
- Workgroup members began by talking about high level resources for climate mitigation and health
  - ASHRAE has indoor air quality guides for schools at the federal level
  - IAQTSS Asthma (includes a quick start guide for climate mitigation strategies)
  - The National Center for Healthy Housing has recommendations for air quality codes for personal homes and facilities, as well as recommendations to improve air quality
  - Weatherization programs – run out of the Department of Commerce in Washington state
- Broad solutions to mitigate environmental exposures and reduce emissions include:
  - Integrated pest management
  - Green cleaning (using environmentally-friendly disinfectants)
  - Improving options for transportation (bikes, carpooling, zero-emission buses)
  - Financing health environments using grants/initiatives from the funding sector
  - Addressing co-occurring environmental exposures of heat and wildfire smoke.
  - Decreasing pollen count
  - Public health adopts preparedness and mitigation plans for extreme weather events – including smoke, extreme heat/cold, or flooding.
- More specific interventions to address climate and asthma include:
  - Monitoring and posting air quality in clinics or schools, and providing single use masks for smoke if needed.
  - Enrolling clients in home-based/community health worker programs that involve some funding for reducing environmental exposures at home (ex. Lower cost box fan filter kits)
  - Encouraging plans to cover HEPA filters or other air quality mitigation equipment for patients/caregivers.
  - Patients/caregivers should ensure a smoke-free environment at home and in the car (including tobacco, marijuana, and vaping smoke). Patients/caregivers should also consider their cleaning products and house material for environmental triggers.
• Workgroup members also discussed how to incorporate recommendations on climate change into a guideline about pediatric asthma. Is it out of scope? Should we focus climate recommendations to public health?
  o Members consider climate to be important and want to include resources for individual sites to address their climate footprint. This includes recognizing that climate interventions take time and investment but pointing to exemplar organizations undergoing innovative climate processes.

PUBLIC COMMENT AND GOOD OF THE ORDER
Mr. Locke invited final comments or public comments, then thanked all for attending. The next meeting will review changes to the environmental exposure/climate section, as well as review all consolidated recommendations for organization and clarity. The workgroup’s next meeting will be on Tuesday, August 16th, 2022.