

## Future Opportunities for Children's Asthma Camps:

This study provides a number of opportunities for the Consortium and individual asthma camps to consider, including:

- Standardizing evaluation methods and tools for use by asthma camps, including participant satisfaction tools, process evaluation, and impact evaluation. This would allow evaluation results from multiple camps to be aggregated and for broader themes and generalizations to be made.
- Encouraging verification of financial need prior to providing financial assistance to a child. The Consortium may want to recommend requiring that parents need to provide a federal tax form 1040, line 36 for evidence of household income.<sup>2</sup> A sliding scale fee and/or family circumstances (recent unemployment, single family household, etc.) may be appropriate after proof of household income.<sup>3</sup>
- Encouraging all asthma camps to have a registration fee. Through the online survey, many camp directors indicated that they do not set a camp registration fee. This may reduce these camps' opportunity for revenue. Without a registration fee, it would be difficult to request a health plan to cover the costs associated with their members who attend camp or a family with the ability to pay to pay for their child's camp.
- Providing guidance (other camp's experiences on who to contact, information to provide to the health plan, etc.) to camps on how to seek registration coverage from health plans for their members who attend camp.
- Stressing the importance of reaching new campers and targeting children with persistent asthma. Through the online survey and stakeholder interviews, several camp directors reported that in the last year(s), their camp had no new campers and that they did not limit the number of years a child could attend camp. Similarly, many camp directors reported that their campers only needed a diagnosis of asthma, regardless of severity or level of asthma control, to attend camp. By simply filling a camp with any child with asthma, camps are reducing their opportunity to impact children and families in most need of asthma education and management.
- Addressing returning campers by recommending a limited number of years that campers can return and suggesting on how to best utilize returning campers as peer educators and mentors. The Diabetes Camping Association has a successful model – a continuum of involvement – where children with diabetes are first campers, then peer educators, then junior counselors, then counselors. This provides more role models and therefore more impact.

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<sup>2</sup> Form 1040, line 36 is the proof required by the American Diabetes Association. Personal communication with American Diabetes Association Camp Program Director March 2005.

<sup>3</sup> Recommendation by the American Camping Association. Personal communication March 2005.

- Continuing to stress a minimum number of asthma education hours provided to children with asthma. While the Consortium recommends a minimum of one hour of asthma education per day, it is unclear from responses by camp directors that this minimum is provided.
- Developing a recommendation requiring a written asthma action plan prior to attending asthma camp and as one component of the asthma education curriculum. The asthma action plan is the only component of asthma education that is not being consistently taught, based on responses to the online survey by camp directors. In addition, only 46.6% of camps reported that they do not require an asthma action plan prior to attending camp.
- Conducting a multi-site, long-term impact study starting prior to camp and up to one-year post camp. Measures should include children's knowledge, asthma management skills, pulmonary function, school attendance, health care utilization, and cost-benefit.
- Developing, piloting, and evaluating the impact of a mid-year asthma education refresher/booster for children who attend asthma camps. Both stakeholders and parents indicated that children with asthma would benefit from a "mid-year refresher/booster". Suggestions for this refresher included a winter "camp" where summer campers could be reunited for one day of asthma education and peer support.