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New RRB Submission

Data Entry

- Submitted 06/15/2022 12:13 PM ET by Volerman, Anna MD

Submission Type

RRB Number	2021-1625
Study Title	Integrating Community Health Workers in Schools to Support Asthma Management
Event Type	Modification/Continuing Review defined 07/12/2022
Schools Participating	<i>No answer provided.</i>

Please read the following carefully:

-Select "New Submission" if this is a brand new RRB proposal OR you need to make requested revisions to an RRB submission that is NOT yet approved.

-Select "Entry of RRB project that was previously-approved outside of IRBManager" if you would like to enter a project into IRBManager that was reviewed and approved outside of IRBManager (i.e. before IRBManager was implemented at CPS). For this selection, there must be no changes in your study protocol from when your study was previously approved.

-Select "Modification/Continuing Review of RRB Project Previously approved outside of IRBManager" if you would like submit a modification for a study that was approved outside of IRBManager (i.e. before IRBManager was implemented at CPS).

Type of Submission

Modification/Continuing Review of a RRB project previously approved outside of IRBManager

Please enter your RRB Protocol number below. If you're unable to find your RRB Protocol number, please indicate this in the following question.

1625-CPS

If you're having problems looking up your RRB submission number, a "%" can be used in front of a sequence of numbers to find a RRB number containing that sequence. For example, inputting "%123" would bring up studies "2025-7123" and "2026-9123" (these numbers are examples and do not exist in the system.)

Were you able to find your RRB Protocol Number using the previous lookup function?

Yes

Amendment Summary

Description of Research Activities to Date

CHW program development, implementation, and evaluation are being done in partnership between the Chicago Public Schools (CPS), Sinai Urban Health Institute (SUHI), and University of Chicago (UC). This program integrates CHWs into schools to support a culture of health in schools, with a focus on chronic health conditions given their high prevalence and morbidity in Chicago. The overall goal of this CHW program is to improve identification of students with chronic health conditions and management in the school setting and among children/families. The CHWs' role will focus on six areas: outreach, navigation, education, advocacy, informal counseling, and social support. This CHW program will be implemented as a quality improvement program within two CPS schools and any child with asthma or chronic conditions will be eligible for the benefits provided through the CHW program. Some children with more severe asthma will be eligible for additional in-person or virtual home visits with the CHW. All children and their parents as well as school administrators, teachers, and other staff at the two schools will be able to participate in all parts of the program, regardless of their enrollment in the research. The CPS Office of Student Health and Wellness has selected Children and Family Benefits Unit (CFBU) coordinators to serve as CHWs for Parker Community Academy and for Chavez Multicultural Academic Center. CHW training has been completed and will be repeated as needed. No students, parents, or school staff have been recruited for the program yet due to pandemic related delays. We have engaged stakeholders in discussions about the program, including talking with staff at each of the two schools to understand needs and best paths to integration.

Preliminary Results to Date

No preliminary results are available about the program.

Type of Request

Modification

Please select continuing review if no changes have been made to your study protocol. If you plan on proposing a modification AND a continuing review, please select modification, as an approved modification will extend your approval period.

Indicate Proposed Modification Areas

Study Methodology and/or Research Activities
Study Population
Survey/Instrument(s)

After summarizing your proposed modifications on this page, please update the following pages as appropriate. Please update all aspects of your proposal to reflect your proposed modifications. Any changes made within your proposal will be displayed as tracked changes to your assigned reviewer.

Please provide an overview of the proposed modifications to your study population

We would like to include school nursing staff to our study population as they will work closely with CHWs.

Please provide an overview of the proposed modifications to your study methodology and/or research activities

To further support this work and assess insights from school nursing staff who will work closely with CHWs, we have included an additional activity to the program to survey CPS school nurses at the end of the 2021-2022 academic year to determine areas that CHWs can support for student health. We would like to add a questionnaire to our study for school nurses to complete. It will be disseminated to all school nursing staff via email. We have created a new email script for this distribution. The questionnaire asks about current roles in CPS school nursing, challenges they are experiencing in supporting student health and executing their tasks, experiences working with CHWs, and their perspectives on how CHW could support nurses and student health. This information will help us inform the development and implementation of the CHW program. The survey was developed in partnership with TaShunda Green-Shelton and the nurse managers; Brandon Major completed a final review of the survey prior to submission. This survey has also been submitted to the University of Chicago IRB concurrently with this RRB modification; as soon as we receive the IRB approval, we will provide it documentation to CPS.

Please provide an overview of the proposed modifications to your survey/instruments

We would like to add a survey of school nurses, asking questions regarding participants' current roles in CPS school nursing, challenges they are experiencing in supporting student health and executing their tasks, experiences working with CHWs, and their perspectives on how CHW could support nurses and student health.

Optional Attachments - please attach any reports/publications that have been created thus far here.

Reimagine school nurses survey Surveys

Pertinent CPS Documentation

Submitter

Volerman, Anna MD

Email: avbeaser@medicine.bsd.uchicago.edu **Business:** (773) 702-5905

Overview of Pertinent CPS Documentation

The RRB is composed of members representing various Central Office academic departments as well as the Law Department. The RRB meets quarterly to evaluate new proposals to conduct research. The RRB calendar and deadlines for submissions can be found on the CPS Research Website [here](#). Decisions resulting from the research review process will be communicated to the applicant of the request as well as appropriate CPS staff in accordance with the estimated timelines outlined in the respective RRB calendar. External researchers may not begin any research activities or obtain data for research purposes without first following the procedures outlined in this policy and securing the necessary approvals.

We expect all researchers to be familiar with the guidelines and policies guiding research within the district. Please verify that you have read and acknowledged the following:

External Research Study and Data Policy

✓ I have read and understood the External Research Study and Data Policy

CPS RRB Guidelines

✓ I have read and understood the CPS RRB Guidelines

CPS Equity Framework

✓ I have read and understood the CPS Equity Framework

CPS Vision

✓ I have read and understood the CPS Vision

CPS Volunteer Policy

✓ I have read and understood the CPS Volunteer Policy, including background check requirements

Study Personnel Details

Study Title

Integrating Community Health Workers in Schools to Support Asthma Management

Does your organization participate in a Research Practice Partnership (RPP) with Chicago Public Schools?

No

Primary Study Organization/University

University of Chicago

Principal Investigator

Volerman, Anna MD

Expirations:

**Background
Check
Level:**

PI Organization

University of Chicago

If the form indicates "not found" when you add the Principal Investigator, please use the link below to add the contact to the IRBManager system.

User had the option to start a different form here.

Are there any other study contacts?

No

If the person completing this form is not the Principal Investigator, it is suggested that the submitter be entered as a contact.

Is the Principal Investigator a Student?

No

Is the researcher a CPS Staff Member?

No

Funding and Intervention Information

Is this project contracted by the CPS Board of Education?

No

Is a funding source associated with the proposed research?

Yes

Who is the primary funding source?

Robert Wood Johnson Foundation

What is the amount of funding awarded?

\$525,000.00

Please list primary contact information of funder.

Rachel Berthiaume: rberthia@email.unc.edu

Select the option that applies to your study

My study will involve a selection of individual schools

Please select all potential school sites involved with this study

Cesar E Chavez Multicultural Academic Center ES
Francis W Parker Elementary Community Academy

Will this research require any in-person interaction or intervention activities?

Yes

Please check all of the following that apply to your research protocol:

Interviews
Questionnaire
Secondary Data Request

Please outline your protocol for individual interview activities, describing when, where, duration, frequency, and with whom.

Interviews will take place in a private location either in person or via a video-based platform that is in line with regulations of the three partner organizations.

For school stakeholders and CHWs, we will conduct interviews in a closed-door office or via a HIPAA-compliant video-based platform. For children and parents participating in home visits, interviews will occur in a private location within the home or via a HIPAA-compliant video-based platform. For any interviews that take place via video-based platform, it will be up to the participants where they feel comfortable sitting during the interview.

The two CHWs will be asked to participate in a semi-structured interview at the end of the academic year focused on understanding the program and their experiences with implementing the program. It will take approximately one hour to complete.

At the beginning and end of the school year, we will invite key stakeholders (a subset of all administrators, teachers, and staff at the schools) to participate in interviews to inform the program development (beginning of year) and to understand the program's impact and determine potential areas to be refined (end of the school year). These interviews will take approximately one hour to complete.

Parents/guardians of children with asthma at the two schools will be invited to complete interviews to provide feedback about the program at the end of the school year. These interviews will take approximately one hour to complete.

Does this involve video, audio, or photograph recording?

Yes

Please describe the protocol for audio/video recording

Interviews will be audio recorded and deleted when the study ends.

Please describe how data will be captured and stored securely

Recordings will be stored on secure/HIPAA-compliant servers on password-protected computers only available to the study team.

Please attach all study materials corresponding to interview procedures (i.e., consent forms, protocol, recruitment and incentive plans)

CHW interview guide	Interview Protocols
Parent interview guide	Interview Protocols
School Stakeholder Pre-Interview Guide	Interview Protocols

Please outline your protocol for survey activities, describing when, where, duration, frequency, and with whom.

Questionnaires will be utilized to examine changes in asthma knowledge, practices, and attitudes. The questionnaires may be conducted in person on paper or web-based via Redcap. If the questionnaire coincides with an in-person event (e.g. CHW training, education session, professional development), it will be distributed in person. If the questionnaire is distributed via web-based format, up to 5 reminders may be sent.

Questionnaire of CHWs: A questionnaire will be distributed to the CHWs before and after training to understand changes in knowledge, skills, attitudes, and self-efficacy. We will analyze de-identified questionnaires to understand changes due to the training.

Questionnaires of administrators, teachers, and staff: We will work in collaboration with the school principals to distribute a questionnaire to all school administrators, teachers, and other staff about asthma policy, focusing on knowledge and practices. The questionnaire will be distributed at the start and end of the school year.

Questionnaires of parents with education: A questionnaire will be distributed to the parents before and after asthma education to understand changes in knowledge, skills, attitudes, and self-efficacy. We will analyze de-identified questionnaires to understand changes due to asthma education.

Questionnaires of child/parent at home visits: The CHW will utilize validated questionnaires (e.g. asthma control, asthma impact, self-efficacy, quality of life, inhaler technique) and program-specific questionnaires (e.g. healthcare utilization, environmental assessment) during home visits to help guide education for the family. If the parent consents and (as appropriate) the child assents, the information provided on these questionnaires will be utilized for analysis. The results will be linked to child-level data provided by the school about the child's asthma and educational outcomes (as part of the secondary data below).

School-level surveys

The 5Essentials survey and Healthy CPS surveys will be utilized to understand the impact of the CHW program on the school environment, culture, and policy implementation.

Full list of questionnaires:

- Asthma Control Test (ACT)
- Brief Asthma Screen
- Childhood Asthma Control Test (C-ACT)
- Childhood Asthma Self-Management Scales
- CHW Basic Training Pre-Test
- CHW Asthma Knowledge Pre-Post Comprehensive
- Parent Asthma Knowledge Questionnaire
- Parent Questionnaire - Asthma Care and Utilization
- Pediatric Asthma Caregiver Quality of Life (PACQLQ)

- School Staff Asthma Policy Knowledge Survey
- Social Determinants of Health Screen

COVID-19 student and parent survey: At the beginning of this program, a paper copies of the questionnaire disseminated at a back-to-school event all families within our two CPS schools. This survey utilized components of the Epidemic – Pandemic Impacts Inventory (EPII), a tool designed to learn about the impact of the COVID-19 pandemic on domains of personal and family life as well as targeted questions about the pandemic’s impacts on proper chronic disease management. Using the results of this survey, we will enhance the support we are providing within the schools via trained CHWs embedded in the schools.

Questionnaire for school nurses: To further support this work and assess insights from school nursing staff who will work closely with CHWs, we have included an additional activity to the program to survey CPS school nurses at the end of the 2021-2022 academic year to determine areas CHWs can support for student health. The questionnaire will be disseminated to all school nursing staff via email as a REDCap link. The questionnaire asks questions regarding participants' current roles in CPS school nursing, challenges they are experiencing in supporting student health and executing their tasks, experiences working with CHWs, and their perspectives on how CHW could support nurses and student health. This information will help us inform the development and implementation of the CHW program.

Please describe how data will be captured and stored securely

We restrict access to data collected for our study to study personnel only (via use of password-protection and locked cabinets for study documents). All survey data will be stored on Redcap. Only the study team will have access to the key that links data to participant contact information. Identified and de-identified child data will be shared either via REDCap or via a password-protected excel sheet stored on an encrypted University of Chicago server.

For the COVID-19 questionnaire, these data was collected with paper surveys and is in locked cabinet. Additionally, the data is stored on REDCap only available to the study team. All answers are de-identified except for participants' email address if they chose to opt into compensation and contact information if they choose to opt into a CHW contacting them for further information about the program. These PHI elements is stored in a separate REDCap project not with the survey answers. There will be no way for research staff to link the PHI back to survey answers. Further, this information will be destroyed at the end of the project.

Please attach all study materials corresponding to interview procedures (i.e., consent forms, protocol, recruitment and incentive plans)

Brief Pediatric Asthma Screen	Surveys
Childhood Asthma Self-Management Scales	Surveys
CHW Basic Training pre-test	Surveys
COVID-19 Questionnaire	Surveys

Parent Asthma Knowledge Questionnaire	Surveys
Parent Questionnaire - Asthma Care and Utilization	Surveys
Parent Questionnaire - Asthma Care and Utilization	Surveys
Pediatric Asthma Caregiver Quality of Life	Surveys
Pre/Post CHW Asthma Knowledge	Surveys
School Staff Asthma Policy Knowledge Survey	Surveys

Detail the method of Survey Administration (e.g. paper, online, etc.)

CHWs were asked to complete online surveys after their initial training with SUHI.

At the beginning and end of the school year, we will ask school administrators, teachers, and other staff to complete the questionnaire about asthma policy online.

Among families who are receiving home visits (specifically for the subset of children who are most severely affected by asthma), we will ask each parent/child paper questionnaires.

At the beginning of the program, all families were asked to complete paper version of the COVID-19 questionnaire.

Will this research require the use or access of existing CPS data?

Yes

Detail all existing CPS data that will be analyzed in the research. If applicable, include links to the data in question and attach all applicable authorization agreements for private data

Secondary data analysis will be done for child-level health and academic records for children enrolled in the two CPS schools. In addition, secondary data analysis will be completed for aggregate data for the 5Essentials and Healthy CPS surveys at the school level, network level, and district level. CPS collects this information within their schools and district. De-identified data will be shared by CPS with UCM for analysis.

We will utilize child-level data from to evaluate the impact of the CHW program on student health and academic outcomes. Data will be utilized from the academic years of the program as well as the academic year prior and the academic year after the program. De-identified data is requested for all students at the two schools. For a subset of children who receive individualized support or home visit components of the program, we request identifiable data to evaluate program impact and changes over time.

Individual-level, de-identified data for all children who attend the schools

- Asthma diagnosis (Y/N)
- Student attendance and absences information (# of days missed, reasons for absence, specific dates missed)
- Has an asthma management plan? (Y/N)
- Has a 504 education plan?
 - o If yes, asthma discussed in 504 education plan (Y/N)
- Has an IEP? (Y/N)
 - o If yes, asthma discussed in 504? (Y/N)
- Has medication administration form for asthma on file in school? (Y/N)
 - o If yes, what medication?
- Has medication self-administration form for asthma on file in school? (Y/N)
 - o If yes, what medication?
- Student address for census block data to understand environmental factors and neighborhood-level social risk factors
- Medicaid Recipient Identification Number to link to Medicaid claims data about asthma diagnosis and healthcare utilization

Individual-level, identified data for families who consent

- Asthma diagnosis (Y/N)
- Student attendance and absences information (# of days missed, reasons for absence, specific dates missed)
- Has an asthma management plan? (Y/N)
- Has a 504 education plan? (Y/N)
 - o If yes, asthma discussed in 504 education plan (Y/N)
- Has an IEP? (Y/N)
 - o If yes, asthma discussed in 504? (Y/N)
- Has medication administration form for asthma on file in school? (Y/N)
 - o If yes, what medication?
- Has asthma medication self-administration form for asthma on file in

school?? (Y/N)

o If yes, what medication?

- Student address for census block data to understand environmental factors and neighborhood-level social risk factors
- Medicaid Recipient Identification Number to link to Medicaid claims data about asthma diagnosis and healthcare utilization

Attach all applicable authorization agreements for CPS data

DUA - Reimagine Data Use Agreement

Will this research require the use or access of existing non-CPS data?

No

Study Details

Please select all of the following that will be participating in the study?

Students
Parents
Teachers
Other Staff

Will any of these students be under the age of 18?

Yes

Has this project been reviewed by an Institutional Review Board (IRB)?

Yes, and it was approved

IRB of Record Name

REIMAGINE Evaluation

IRB Protocol Number

IRB20-1184

Please attach all of your IRB documentation here (include approval/exemptions letters, IRB study protocol, etc.).

IRB amendment 3 - approval IRB Letters
IRB Amendment 7 - approval IRB Letters
IRB amendment 9 - approval IRB Letters
IRB initial approval IRB Letters
IRB protocol IRB Protocol

IRB of Record Primary Contact Email Address

makel@medicine.bsd.uchicago.edu

Please select your primary area of research from the following:

Health

Secondary Study Subject(s)

Equity
Program Evaluation

Study Overview

Executive Summary or Abstract

Please provide a high-level overview of your study, including a summary of the motivation, design, and implications of the project.

Asthma affects one in 12 children and is linked to poor academic and health outcomes. Significant asthma disparities exist with Black and Puerto Rican youth disproportionately affected. Schools represent an important venue for providing critical resources to optimize asthma management and reduce disparities. Prior school-based asthma programs have demonstrated the potential to improve outcomes; however, they are often transient and rely on external groups. Tight budgets and competing priorities have contributed to insufficient nursing support in many schools. Therefore, we propose a program that fully integrates CHWs in schools represents an innovative approach to promote a culture of health in schools.

We have developed an academic-community partnership with the expertise, experience, and leadership to successfully carry this out. Our collaboration includes an academic medical center (University of Chicago), a community-based research institution in a safety-net health system (Sinai Urban Health Institute, SUHI), and a school system (Chicago Public Schools, CPS).

Our long-term vision is to apply the CHW in schools model to broadly support children. To optimize feasibility, we plan to first integrate CHWs into schools with a focus on asthma. Team members will first develop the model and identify two schools for this project. The CHW will be hired by CPS, trained by SUHI, and integrated in two elementary schools. The CHW will have two focus areas: improving identification of students with asthma and improving asthma management practices in school and among families.

Program evaluation will utilize the RE-AIM framework to understand reach and efficacy, along with the process of adoption, implementation, and maintenance. Primary data will include questionnaires, interviews, logs, and observation forms to evaluate the CHW in school program. Secondary data will include existing school-level surveys and de-identified student data to reduce the burden of school staff to complete additional assessments.

Our goal is to improve the health of children by developing, implementing, and evaluating a CHW program that is integrated in schools. We expect the CHW will reach 800 children, 50 families, and 100 teachers/staff across two schools each year. Results will be critical to more broadly integrate CHWs in schools locally and nationally, expand the work of CHWs into other areas, and align with state-wide collaborations exploring reimbursement.

Research Questions and Hypothesis

Please list all research questions and hypotheses associated with this project.

We seek to understand the impact of community health workers who are embedded into a school. Specific questions include: How can a CHW integrate into a school? What are their key responsibilities and activities? What is the impact of the CHW on students, families, and staff? We believe embedding CHWs in schools can lead to positive health and learning outcomes for children and has potential to positively impact disparities.

Purpose and Literature Review

Please provide an overview of the existing research and literature on this subject. What is the contextual history of this subject area and how does this research build upon the body of extant knowledge?

Asthma is the most common chronic childhood condition and has been linked to poor academic and health outcomes.¹ Among one in 12 affected United States (US) children, over half had an exacerbation in the past year, resulting in 13.4 million missed school days, 1 million emergency department (ED) visits, and 140,000 hospitalizations annually.¹⁻³ Children with asthma also suffer in school attendance, readiness, and achievement.⁴

Significant disparities exist in pediatric asthma. Black and Puerto Rican youth are 2-3 times more likely to have asthma than white children. Further, these children have 2-5 times higher rates of hospitalization and ED visits, compared to whites.¹ Studies suggest these disparities have changed little over the past decades, including in Chicago, due to numerous complex individual and systems-level factors, making asthma disparities a “wicked problem”.^{5,6}

Within communities, schools are traditionally viewed as places for learning. Because children spend a majority of their day in school, the school environment also represents an important venue for providing critical resources and programs to optimize children’s health and wellness. In light of the current health issues affecting children, such as asthma, schools represent a critical point for intervention. Although prior school-based asthma programs have been proven to improve knowledge, self-efficacy, and at times health outcomes, these programs are often transient and rely on external organizations to deliver education and programs.⁷⁻⁹ Therefore, more robust and sustainable systems of care are needed in schools to impact asthma disparities.

School nurses have traditionally had a critical role in delivering health programs and supporting systems of care in schools. Studies show school nurses have significant positive impact on health and educational outcomes and provide cost-effective resources.¹⁰ Despite this, US schools are reducing nursing services due to tight budgets and competing priorities. Currently, approximately half of US schools do not have a full-time school nurse, contrary to national recommendations.¹¹ This insufficient school nursing is an important barrier to chronic disease care.^{12,13} Traditionally, the Chicago Public School (CPS) district has assigned one nurse to 3-5 schools, they are present at each school one day per week. While the student-to-nurse ratio is changing in Chicago, the health needs of students remain high and opportunities exist to improve chronic disease care and address barriers to learning and health.

Due to limited school nurses and resources, schools must develop and implement systems of care to deliver needed health programs. Community health workers (CHWs) represent a potential solution. According to the American Public Health Association, a community health worker is “a frontline public health worker who is a trusted member of and/or has an

unusually close understanding of the community served. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.” In the US, CHWs have been involved in health promotion and disease prevention for decades. CHWs have been increasingly utilized in clinical and community settings to facilitate medical care and education, particularly for minority and low-income populations.¹⁴ Effective CHW approaches have been developed and studied in multiple health areas with studies demonstrating improved knowledge, behavior, and health outcomes as well as financial benefits.^{14,15}

Over the past 20 years, Sinai Urban Health Institute (SUHI) has implemented and meticulously evaluated a series of nine comprehensive CHW-led interventions to decrease asthma-related morbidity and improve the quality of life of inner-city children and adults. Across the board, these programs have demonstrated 70-80% reductions in ED visits and hospitalizations and also improved quality of life that are statistically and clinically significant.^{28,29} Cost savings have also been substantial, ranging from \$2.33 to \$7.79 per dollar spent.^{16–19} While some of these interventions have been completed in collaboration with schools, CHWs have never been embedded within a school. In light of the significant positive results with CHW-led asthma interventions in clinic and community settings as well as the challenges that schools face with managing chronic disease among their students, we believe embedding CHWs in schools can lead to positive health and learning outcomes for children and has potential to impact health disparities.

Research Activities and Student/Staff Involvement

Please provide an overview of all primary and secondary research activities associated with this study. Please use this space to describe, as thoroughly as possible, all that will be asked of your research subjects (e.g. surveys, focus groups, observations, etc.)

To improve asthma management in the school environment, CHWs will provide asthma education for staff, children, and parents as well as support adherence to school-based asthma policies (i.e. ensure medication availability and appropriate use in the schools). To improve identification of children with asthma in school, CHWs will utilize the Student Medical Information Form and conduct asthma screenings. A validated tool – Brief Pediatric Asthma Screen²² – will be utilized to identify students at the school with asthma and children with symptoms of asthma but no prior diagnosis.

For all children at the school identified to have asthma or asthma symptoms, CHWs will deliver targeted services based on the unique needs of each child and family. These services may involve individualized asthma education, screening for adverse social determinants of health, referrals to care and services, assistance with 504 plans/Individualized Education Plans, and follow-up.

For children most severely affected by asthma (e.g. poorly controlled asthma, high absenteeism, or other high-risk factors), CHWs will conduct home visits in-person or virtually. For interested families, CHWs will conduct 1-3 home visits with each family over the course of the year, with each visit lasting 1-2 hours.

Questionnaires will be utilized to examine changes in asthma knowledge, practices, and attitudes. Interviews will be utilized to understand the implementation of the CHW in school program to elicit the implementation process, adaptations made, resources needed, costs of the program as well as facilitators and barriers to the program. Select parents, children, administrators, teachers, and other staff will be asked to participate in questionnaires and interviews, which will be conducted either in-person or virtually.

See protocol for detailed description of all activities and involvement.

Research Methodology and Analytical Technique

Please provide an overview of your research methodology and specific analytical techniques that will be utilized as part of this study.

We will use a pre-post study design to evaluate the program where CHWs are integrated into 2 CPS elementary schools. One CHW will be assigned to each school and will focus on asthma. For each school year, assessments will be completed at baseline, during the school year, and at the end of the school year.

The CHW program will be evaluated utilizing the RE-AIM framework, often applied for public health interventions. The study will focus on the program's reach and efficacy, along with the process of adoption, implementation, and maintenance. For each step, necessary resources, facilitators, and barriers will be assessed. Data will be gathered about participation, processes, and adaptations made at each school during CHW integration in the schools and upon refinement. Data will be a combination of primary and secondary data sources.

This program will be evaluated based on a variety of outcomes based on 5 domains:

Process outcomes

- CHW activities and engagement – training, asthma screening, children receiving individualized asthma education, parents receiving asthma education, families with social determinants of health screening, home visits, meetings with families, phone calls, referrals, and follow-ups, social determinants of health screening, asthma home environment

Community health worker outcomes

- Workforce development – knowledge, skills and capacity, self-efficacy, engagement, organizational view

School-level outcomes

- Changes in asthma management
- Knowledge – asthma and policy

Child outcomes

- Health-related – asthma control, asthma quality of life, health care utilization, inhaler technique
- Asthma management in schools - medication availability in school, 504

& IEP, self-efficacy

- Academic – attendance

Implementation – using consolidated framework for implementation research

- Adaptability
- Fidelity
- Implementation climate
- Sustainability
- Costs

Benefits and Commitment to Equity

Benefit to CPS

Which (if any) CPS vision goals does your research support?

No answer provided.

[Click here to access more information on the CPS Vision Goals.](#)

Which (if any) of the CPS core values does your research support?

Academic Excellence

Equity

Whole Child

Please describe how your project supports each of the core values selected above.

Our overarching goal is to evaluate an innovative and scalable model where a community health worker is integrated within the school setting. With this project, we aim to improve the health of children with asthma by developing, implementing, and evaluating a community health worker program that is integrated within two elementary schools. We will accomplish this goal through a multi-level program that addresses both individual and system level factors to support optimal asthma care, including school-wide adherence to school asthma policies, addressing social determinants of health, and ongoing tailored support and follow-up. This project offers the opportunity for the selected schools to implement a model of asthma care to increase identification of students with asthma and improve asthma management practices in the school setting and among families. Each school may gain a greater understanding of asthma care, management, and policy. The intervention may improve school leadership and staff knowledge about asthma and CHW models. Data obtained will increase our understanding of current asthma care and management practices as well as best way to address these topics issues / topics in the elementary schools.

How does this project support the district broadly?

A program that fully integrates CHWs in schools represents an innovative approach to deliver much needed health education and programs to support optimal health and learning, thus promoting a culture of health. School nurses have a critical role in delivering health programs and supporting care in schools, however health needs among Chicago children are high, particularly in largely minority and underserved communities. This innovative model that integrates a CHW in schools represents an opportunity to reimagine how schools can impact health and well-being of students, family, and staff. By doing this, this model aims to decrease potential barriers to learning, helping students succeed in school and beyond. If successful, opportunities exist to disseminate this model in schools to broadly support children, particularly those with significant health needs or in impoverished neighborhoods.

Commitment to Equity

In what ways does this project reflect/challenge/progress the district's commitment to equity?

This project thinks holistically about students and families to consider what is needed for students to thrive. We are challenging the traditional perspective that schools focus on education alone and think about the factors that impact a child's ability to learn in school, including medical conditions. We aim to pilot whether community health workers can support a culture of health in schools. We seek to work with students, families, and staff as allies in the process.

Reflect on the district's equity framework as well as the following: As a researcher, what is my privilege / bias when it comes to this question? Am I assuming that Black and brown students will inherently perform poorly? Have I consulted those whose communities I want to research? Is the research designed with the holistic humanity of the people I am researching in mind? Do I perceive the communities I want to research as allies, or as research subjects? Am I interrogating / challenging policies and systems that may be contributing to inequities? Will this project create an undue burden on the communities I am seeking to research?

How are your research activities accessible to individuals with disabilities?

All activities are accessible to individuals with disabilities. We will adapt as needed based on individuals' needs.

Are your research activities translated into languages other than English as appropriate for the community?

Children/family facing information are available in English and have been translated into Spanish also based on the populations in the schools we are working with. School staff and nurse facing questionnaires are in English.

Please use the table below to list all District CPS Supporters and the role they will have in your study. Use the details box to describe your supporters' title and role in the district. List your primary supporter first.

Please click "save" after each line.

CPS Supporter Email Address	CPS Supporter Details
DeClemente, Tarrah Email: tkdeclemente@cps.edu Phone:	Ms. DeClemente has been a core member of the team working on this project since the start. She has been involved in development and implementation of the project.

Link to New Contact Form

User had the option to start a different form here.

How will you share your research findings with the population(s) you

are studying?

We will present our findings to each group through established avenues (e.g., nurse conference in August, LSC meeting, parent institute, etc) as well as prepare a brief/report of our findings.

Research Activities**Start Date of Recruitment**

06/13/2022

End Date of Recruitment

09/15/2022

Please provide the date that you will begin primary data collection

06/13/2022

Please provide the end date of primary data collection

09/15/2022

Please provide the date that you will begin analysis

07/15/2022

Please provide the end date of analysis

06/30/2023

Please provide the approximate date that you will finalize your research report.

Did they mean 6/20/2023, as noted above?

07/05/2022 • Corson, Adam • Internal

06/30/2022

Description of Deliverable/Final Product (i.e., academic/journal article, white paper, memo, report)

We expect to prepare a report as well as potentially an academic article. We expect an initial draft will be prepared by the end of 2022 however have allowed additional time to complete all analyses.

Will any portion of this research, including recruitment or consent, take place during or in any way interfere with standard activities?

No

With very few exceptions, research procedures cannot be carried out during or in any way interfere with standard activities, including instruction time or professional development sessions.

Will this study involve study subject randomization or a control group?

No

Will your research employ study-subject deception or non-disclosure?

No

Will this research involve Product Testing?

No

Will this research involve collection of biological samples or biometric data?

No

Does this research involve other research procedures not described previously?

No

Is this research tied to a standard or novel curriculum, teaching or other program, staff professional development training or program, or other non-research activity or activities?

No

Does this study involve the use of educational technology?

No

Study Population

Will you be submitting a secondary Data Request?

Yes

RRB Number

1625-CPS

This is your RRB Number. Please reference this in any data request associated with this study.

Please use the following link to begin the Data Request Form. The number listed above will be used to respond to the question regarding RRB submission protocol number

User had the option to start a different form here.

Study Subject Inclusion Criteria

School administrator, teacher, or other staff who works at one of the two selected elementary schools and who have worked closely with the CHWs.

If the research involves more than one study subject population (e.g. students, parents, teachers, staff), please individually detail the inclusion criteria for each.

Families will be included in the study if:

1. The child attends one of the two selected elementary schools.
2. The child has an asthma diagnosis or symptoms suggestive of asthma.

Study Subject Exclusion Criteria

School personnel does not attend one of the two schools selected for program.

School personnel does not speak English or Spanish.

School personnel decline to or unable to provide consent.

If the research involves more than one study subject population, please individually detail the inclusion criteria for each

Families will be excluded from the study if:

1. The child/parent decline or are unable to provide consent and assent.
2. The child/parent does not speak English or Spanish.

Please select all special populations that may be targeted for your study

Bilingual
Economically Disadvantaged
Recovering from Trauma
Undocumented
Other Vulnerable Populations

Describe the potential direct and/or indirect benefits for all detailed research procedures and populations

Potential benefits include: the opportunity for parents and children to receive education and support for asthma care, the opportunity for the selected schools to implement an innovative model of asthma care to improve identification of students with asthma and improve asthma management practices in the school setting and among families, and the ability increase our understanding of current asthma care and management practices and needs at elementary schools.

Describe the anticipated potential risks, however minimal, associated with the detailed research procedures and subject populations

Overall risk for study participants will be minimal.

There is a risk of a loss of confidentiality.

Participants may feel uncomfortable answering some survey or interview questions.

One of the selected schools will have a primarily Hispanic/Latinx student population. In this political and social climate, immigrants may be worried about their documentation status.

How will the identified risks for all research procedures and subject populations be minimized and/or mitigated to the greatest extent possible?

To help ensure that patients' health information remains private, we will restrict access to data collected for our study to study personnel only (via use of password-protected computers and locked cabinets for study documents). Interviews will be audio recorded and transcribed. Participants will be able to exit the interview at any time and they also can choose not to participate. All recordings will be destroyed after transcription. No transcribed interviews will contain any personal identifiers. Study ID numbers will be generated for all participants and will be used when discussing and/or reviewing data at study meetings. Also, study reports will report results in aggregate and not contain information that can be used to identify individual patients.

Individuals completing survey/interview can refuse to answer any questions. Children and parents may experience some momentary discomfort when answering questions pertaining to the child's health. However, this distress will be minimized by offering referrals and tailored asthma education and services. Children and parents also have the option not to answer any question that they do not want to answer.

As for those concerned about their documentation status, we will take steps to ameliorate any risk in this area. We have no reason to expect that any participants will not be citizens or have appropriate documentation, however, as this information is not pertinent to the project, we will not ask participants about their (or other family members') residence status at any point during their participation. We will tell them this upfront. We will not have any information in this area that might put them at risk.

What procedures will you use in the event that research questions/processes produce observable stress/distress in subjects?

We will stop the planned questions and seek to understand the cause of the stress/distress. We will respond accordingly based on what is causing the stress.

Will you compensate study subjects?

Yes

Detail the proposed compensation (monetary and/or non-monetary) for each research procedure and population

Schools that participate in the program will receive a total of \$1,000 per academic year.

Participants who complete interviews will be provided \$50 cash or gift card. Participants who complete questionnaires will receive \$10 cash or gift card (this includes any families who complete the COVID-19 questionnaire.)

Children/parents who participate in home visits will receive asthma education materials, spacers to use with their metered dose inhalers (two – one for home and one for school), and other supplies to mitigate potential triggers in the home (e.g. cleaning products, pillow cases).

Families who participate in home visits will receive \$25 per visit if they agree to participate in the study. They will also be eligible to participate in interviews at the end of the year.

Describe when and where study subjects will be compensated and detail the mechanisms that will be in place to ensure study subject privacy when distributing compensation.

Schools will receive their compensation during the academic year.

Participants who complete interviews and questionnaires will receive their compensation immediately after the interview or questionnaire.

Children/parents who participate in home visits will receive their materials during the home visit. Additionally, each \$25 compensation will be provided directly after each home visit.

Describe the compensation schedule for participants that withdraw from the research or that are withdrawn from the research by the study team.

Participants will receive compensation for all study components that they complete.

Student incentives must be appropriate, equitable, and reasonable in amount. All staff incentives are limited to \$50 or less in a given year. Any amount in excess will require the secondary employment form to be completed by staff participants, or otherwise have the amount allocated to the school.

Study Recruitment

Outline every aspect of the recruitment process for students.

All contact with students will happen through parents.

Outline every aspect of the recruitment process for parent participants.

All parents/guardians will be emailed a survey at the beginning of the program to assess the impact COVID-19 has had on their child and family, including any impact on chronic illness. This email will serve as the recruitment for this survey; no other recruitment efforts will be conducted. This part will include re-contacting parents/families who may also participate in the CHW program; thus, there will be some overlap in subjects for both the CHW program evaluation as a whole and the COVID-19 survey evaluation. However, the COVID-19 survey will be distributed to all families in these two schools, including those whose children don't have asthma and will not be enrolled in the CHW program; thus, these participants will be new subjects.

Outline every aspect of the recruitment process for teacher participants.

At the beginning and end of the school year, we will invite teachers to complete a questionnaire about asthma policy that is distributed via email or in-person. This invitation will happen via school listserv emails and at staff and administrative meetings.

Outline every aspect of the recruitment process for non-teacher staff participants.

We will work with the school administration to identify key stakeholders at each participating school. The principal and nurse at each school will be asked to participate as a key stakeholder. In addition, each school's principal, nurse, and CHW will be asked which other school personnel (e.g. administrators, teachers, other staff) may work or have worked closely with the CHW and/or would have important insights about the program. These individuals will be approached in person or virtually to describe the purpose of the interviews and invite them to participate.

At the beginning and end of the school year, we will also invite all school administrators, teachers, and other staff to complete a questionnaire about asthma policy that is distributed via email or in-person. This invitation will happen via school listserv emails and at staff and administrative meetings.

Please attach all recruitment materials not attached elsewhere (Optional).

COVID-19 email script	Recruitment Materials
Invitation to parents for home visits	Recruitment Materials
Post program invitation for interviews - parents	Recruitment Materials
Post program invitation for interviews - school staff	Recruitment Materials
Pre program invitation for interviews - school staff	Recruitment Materials

Please attach all consent/assent forms associated with this study not already attached elsewhere (Optional).

No answer provided.

Identify study team members who will recruit subjects.

Research staff will make initial contact with key stakeholders and school administration. Research staff will also make initial contact when recruiting home visit families for inclusion into the research evaluation.

Finally, for the COVID-19 impact survey, the recruitment email, including survey link and consent script, will be sent out by the principal at each of the two schools using already compiled list of family emails.

Will this research involve screening procedures

No

Compliance

FERPA

For more information on FERPA, click here.

Is any aspect of this research subject to FERPA?

No

ISSRA

For more information on ISSRA, click here.

Is any aspect of this research subject to ISSRA?

No

PPRA

For more information on PPRA, click here.

Is any aspect of this research subject to PPRA?

No

Permission, Confidentiality, and Security

Attach a draft of the permission letter that will be sent to school Principals

No answer provided.

Please note that Principals have final authority over what happens in their schools.

How will you protect the privacy of prospective research subjects? Please detail how study subject privacy will be protected during recruitment, screening, consent, and all research procedures. Provide an accounting for all applicable research procedures and study populations.

Privacy will be protected by in various mechanisms. We will collect the minimum information needed that may identify a person. All information will be stored on HIPAA approved & password protected programs and computers. All papers are stored in locked offices and cabinets. Identifying information will not be shared without consent from families to share the specific information.

Describe the data confidentiality or security provisions that will be in place for all research data.

We will restrict access to data collected for our study to study personnel only (via use of password-protection and locked cabinets for study documents). All survey data will be stored on Redcap. Only the study team will have access to the key that links data to participant contact information. Identified and de-identified child data and school data will be shared either via REDCap or via a password-protected excel sheet stored on an encrypted University of Chicago server.

For the COVID-19 questionnaire, these data will be stored on REDCap only available to the study team. All answers will be de-identified except for participants' email address if they choose to opt into compensation and contact information if they choose to opt into a CHW contacting them for further information about the program. These PHI elements will be stored in a separate REDCap project not with the survey answers. There will be no way for research staff to link the PHI back to survey answers. Further, this information will be destroyed at the end of the project.

How will you store participant data?

Without any identifiers or codes

These details must be included in all applicable consent forms

Explain how data will be de-identified. What information will be contained on the record such that re-identification is impossible?

Logs that CHWs will maintain and observation forms will be de-identified and used as part of the evaluation process. The logs will be linked to child-level data about children at the school to understand the effect of various doses of support. All identifying information will be removed prior to analysis.

For questionnaires, any PHI and identifiers will be removed from the dataset before being shared with the study team.

Any identifiable information from interviews that are transcribed will be removed prior to analysis.

Will you keep participants' contact information on file after the data have been collected?

No

Will you share individual-level data with other researchers or practitioners beyond the designated key research personnel?

No

What will you do with the data once the research has been completed (choose all that apply)?

Destroy the data immediately after study conclusion.

Please note that the district discourages storing study data for longer than three years after study completion.

Attachments

Please attach all miscellaneous attachments

No answer provided.

If you are resubmitting your protocol following initial review, please attach your response letter here.

Are there any additional finalized contracts or agreements associated with this research that have not been attached elsewhere as part of this application (e.g. CPS Data Authorization Agreements)?

No

Are there any pending (i.e. not yet signed by both parties) contracts or agreements associated with this research that have not been attached elsewhere as part of this application?

No

Acknowledgements

Acknowledgements

Please acknowledge the following:

✓ All parts of this submission are accurate, complete, consistent, and clear.

✓ I have accurately and completely described all intended human subjects research procedures and the populations with whom they will be carried out.

✓ I have attached all study materials, including, but not limited to, all materials that will be given to, sent to, read to, or otherwise used with all prospective study subject populations.

✓ This submission adhere to all CPS policies and guidance as outlined in the link below

<https://www.cps.edu/about/district-data/conduct-primary-research/>

✓ I have accurately identified all personnel who will be involved in this study.

✓ I acknowledge that any/all changes required by the CPS RRB in the course of its review of this submission will be reported to my IRB of record during the entire lifetime of this study.

✓ I attest that I will work with my IRB of record to address any concerns raised in the review of this submission.

✓ I attest that all of the research procedures detailed in this submission have been carried out with prospective IRB review and approval.

✓ I agree to comply with all background check and volunteer procedures required of my study, per the official CPS Volunteer Policy (link provided below):

<https://policy.cps.edu/download.aspx?ID=272>

Submission Date

05/23/2022

All RRB new submissions, modifications, continuing reviews require a \$50 processing fee. Please click on the following link to access our payment system. You will need to reference your assigned RRB number listed below:

CPS RRB/Data Request ePay System

If "RRB/Data Request Payment Option" shows an amount of \$0.00, please click on the blue bar and select the appropriate category for payment.

RRB #

1625-CPS

Payment Confirmation Number

20000054

Verification of Previously Approved RRB
- Submitted 07/12/2022 4:37 PM ET by Corson, Adam

Office Verification

Ready for processing?

Ready for processing

Verify RRB #

1625-CPS

Please indicate which of the following applies.

Project Currently Exists within IRBManager

Office RRB # Lookup

2021-1625-CPS

Load Initial Submission into IRBManager
- Submitted 07/12/2022 4:38 PM ET by System, The

Load CR/Mod into IRBManager
- Submitted 07/12/2022 4:38 PM ET by System, The

CR/Mod Processing**- Submitted 07/12/2022 4:41 PM ET by Corson, Adam****CR/Mod Processing****Ready for Review**

Approve

Approval Date

07/12/2022

Approval Period (in number of months)

12

Existing Background Check Level

N/A

Existing Background Check Justification

N/A

Does background check level need to be updated?

No

Notes for Letter

N/A

*If no background check is required, and you're not going to add any notes for the letter, please enter "N/A".***RRB Meeting Date for Notification**

09/16/2022

Current School Sites

610112 - Francis W Parker Elementary Community Academy

610148 - Cesar E Chavez Multicultural Academic Center ES

School Sites Chosen Within Data Entry

Cesar E Chavez Multicultural Academic Center ES

Francis W Parker Elementary Community Academy

School Contacts for Sites Chosen

Aubrey Dassinger, Barton

Email: BADassinger@cps.edu**Phone:**

Danielle Brown, Rufina

Email: rdbrown@cps.edu**Phone:****Are the Supplementary Sites the same?**

False

Administrative Reviewer

Corson, Adam

Email: ACorson1@cps.edu

Phone:

Load Approved Modifications

- Submitted 07/12/2022 4:42 PM ET by System, The

Determination Letter Finalization
- Submitted 07/12/2022 4:43 PM ET by Corson, Adam

Review Generated Letter and Confirm Before Sending

RRB #

2021-1625

Study Title

Integrating Community Health Workers in Schools to Support Asthma Management

Principal Investigator

Volerman Beaser, Anna

Email:

Phone:

Redisplayed Board Determination

Determination Letter

In some cases you may see other determination letters attached by the submitter. However, only the generated determination letter will be sent in the decision email.

Name	Type	Date	<i>This determination letter will be automatically attached to an email being sent to the principal investigator.</i>
RRB#2021-1625-Anna Volerman Beaser 2022-07-12.docx	Determination Letter	07/12/2022	

Please use the link below, click on the Attachments link on the left side of the page if you need to upload an edited version of the above letter.

Modification/Continuing Review defined 07/12/2022

Output Background Check Level

N/A

Additional Attachments to Decision Email

No answer provided.

Notes for Determination Email

N/A

Study Site Contact Background Check Expirations

Name	Role	Background Check Expiration
DeClemente, Tarrah	District Supporter	Missing
Volerman Beaser, Anna	Principal Investigator	Missing
Volerman, Anna PhD	Coordinator	Missing

Please use the text box above to indicate the background check level required or any other pertinent information.

N/A

Background Check Level Justification

N/A

Other Notes in Letter

N/A

RRB Meeting Date for Acknowledgment of Final Determination

09/16/2022

Please select the next meeting date of the RRB.

Please enter the date by which the coordinator should submit the Data Use Agreement. Automatic notifications will be sent out based upon this date.

07/12/2022

We are interested in learning about your role in school nursing at Chicago Public Schools (CPS) that will inform a program that aims to implement community health workers (CHWs) in Chicago schools to support a culture of health and school nurses.

As such, we are asking you to complete this brief survey. The survey asks you about your work at CPS, areas of support, and collaborations with CHWs. The survey will take about 15 minutes to complete. All information provided will be anonymous. Results will only be shared in aggregate. Your participation is optional. All individuals who complete the survey will have the option to receive a \$10 Target e-gift card. You will be re-directed to another form to input your email address for the gift card, and this information will be stored separately from your survey responses.

By clicking "Next Page", you are consenting to participate in the study.

Please direct any questions or comments to Anna Volerman at avolerman@uchicago.edu.

Click "Next Page" to proceed to the survey.

What is your current role at Chicago Public Schools (CPS)?

- ☐ Licensed practical nurse (LPN)
 - ☐ Health service nurse (HSN)
 - ☐ Certified school nurse (CSN)
 - ☐ Nurse manager
 - ☐ Other _____
-

How long have you worked in healthcare?

- ☐ Less than 1 year
 - ☐ 1 year or more, but less than 3 years
 - ☐ 3 years or more, but less than 5 years
 - ☐ 5 years or more, but less than 10 years
 - ☐ 10 years or more, but less than 20 years
 - ☐ 20 years or more
-

How long have you worked for CPS?

- ☐ Less than 1 year
 - ☐ 1 year or more, but less than 3 years
 - ☐ 3 years or more, but less than 5 years
 - ☐ 5 years or more, but less than 10 years
 - ☐ 10 years or more, but less than 20 years
 - ☐ 20 years or more
-

Do you currently work full time or part time in CPS?

- ☐ Full time
 - ☐ Part time
-

In which region of CPS do you provide nursing services?

- ☐ North
- ☐ Central
- ☐ South

What network(s) do you serve? Select all that apply.

- ☐ Network 1
- ☐ Network 2
- ☐ Network 3
- ☐ Network 4
- ☐ Network 5
- ☐ Network 6
- ☐ Network 7
- ☐ Network 8
- ☐ Network 9
- ☐ Network 10
- ☐ Network 11
- ☐ Network 12
- ☐ Network 13
- ☐ Network 14
- ☐ Network 15
- ☐ Network 16
- ☐ Network 17
- ☐ I'm not sure

In how many schools do you currently provide nursing services? _____

Do you typically travel between schools during the school day?

- ☐ Yes
- ☐ No

Approximately how many hours do you spend in each school per week? _____

Has your school assignment stayed the same over the past two years?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Please explain how your assignment changed.

During an average week, what percentage of your time do you devote to the following tasks? Use numbers 0-100. Total should add up to 100.

Providing care to students _____

Completing documentation and paperwork _____

Conducting quality improvement _____

Participating in staff meetings _____

Connecting with parents

Coordinating with staff

Participating in IEP meetings

Other tasks

Please specify task(s) and percentage(s).

What chronic health condition(s) do you support for students? Select all that apply.

- ☐ Asthma
- ☐ Attention deficit hyperactivity disorder
- ☐ Diabetes mellitus
- ☐ Epilepsy / seizures
- ☐ Food allergies
- ☐ Heart disease
- ☐ Mental health
- ☐ Sickle cell
- ☐ Other(s) _____

How do you support care for each chronic health condition? (Select all that apply)

- ☐ Provide direct care
- ☐ Store and administer medication
- ☐ Provide case management
- ☐ Other _____

What is challenge(s) you face in supporting care for chronic health conditions?

What do you need to better support care among students with these chronic health conditions? (Select all that apply)

- ☐ Internal/external partnerships
- ☐ Support in care coordination
- ☐ Training - please specify chronic health condition(s) or skill(s) _____
- ☐ Continued education (certifications)
- ☐ Guidelines - please specify chronic health condition(s) _____
- ☐ Policy changes - please specify _____
- ☐ Database changes
- ☐ Other - please specify _____

Please indicate your agreement with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
There is sufficient staffing to support student health in schools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have sufficient time to deliver medical care to students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools have sufficient health services to support student health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools have sufficient resources to help nursing staff support student health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School/district expectations of your role as a nurse are feasible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are two main challenges you face in your role?

What do you wish you had more time to do in your role?

What resources do you need to better support your work in schools?

In regard to your total effort, which activity(ies) do you need support for?

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. (APHA)

Have you worked with a community health worker before?

- ☐ Yes
☐ No

In what setting did you work in with a community health worker?

- ☐ Clinic or Federally Qualified Health Center (FQHC)
☐ Community-based organization
☐ School
☐ Other _____

What were the main responsibilities of the community health worker?

How did you work or partner with the community health worker?

Please indicate your agreement with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Schools would benefit from having a community health worker to support student health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses would benefit from partnering with a community health worker to support their work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In what areas can a community health worker can provide support for student health in Chicago schools?

Why may a community health worker not be beneficial for supporting student health in Chicago schools?

In what ways can a community health worker support your work? Consider specific ways to partner or responsibilities that they can take on to support your work.

Why may a community health worker not be beneficial for supporting your work?

What gender do you identify as?

- ☐ Male
 - ☐ Female
 - ☐ Non-binary
 - ☐ Other _____
 - ☐ Prefer not to respond
-

What is your race/ethnicity? Select all that apply.

- ☐ American Indian/Alaska Native
 - ☐ Asian
 - ☐ Black/African American
 - ☐ Hispanic/Latino
 - ☐ Native Hawaiian/Pacific Islander
 - ☐ White
 - ☐ Other _____
 - ☐ Prefer not to respond
-

Are you bilingual?

- ☐ Yes
 - ☐ No
-

What languages are you fluent in? Select all that apply.

- ☐ Arabic
 - ☐ Chinese (simplified)
 - ☐ English
 - ☐ Filipino
 - ☐ Polish
 - ☐ Spanish
 - ☐ Ukrainian
 - ☐ Urdu
 - ☐ Vietnamese
 - ☐ Other
-

What is your nursing license highest degree?

- ☐ LPN
- ☐ RN
- ☐ APN
- ☐ Other nursing license _____

What is your highest school nurse certification?

- ☐ No school nurse certification
- ☐ State certified as school nurse
- ☐ Nationally Certified School Nurse (NCSN)
- ☐ Other school nurse certification

We are interested in further understanding how a community health worker can support your work as a nurse in addressing the health needs of students. Would you like to further participate and be interviewed?

- ☐ Yes
- ☐ No

Integrating Community Health Workers in Schools to Support Asthma Management REIMAGINE - End of Year

Community Health Worker Interview Guide

Question Summary

Overall experience	Adaptability	Self-efficacy and engagement	Recommendations
Q1-4	Q5-9	Q10-14	Q15-16

Introduction

We are interested in hearing about your experience implementing REIMAGINE, a program designed to integrate a community health worker in schools to improve the disease management skills of children with asthma and to support optimal asthma care in the school and the home. I am interested in your perspective generally on school-based health services and asthma management as well as learning more about your specific experience with REIMAGINE. It is important for you to know that there are NO right or wrong answers. I am really interested in your honest opinion.

This interview will be recorded so that we have an accurate record of your thoughts. The recording and the transcript will be used for research purposes only and will be kept confidential. Once the recording and transcripts are verified, any identifying information linking the recording to you will be removed. If at any point you feel like the questions are too sensitive, I can turn off the recorder during that portion of the question. You may also skip any questions you wish during the interview.

Overall Experience

Q1: To ensure we are on the same page, please tell me about your understanding of what REIMAGINE involves.

Thank you for sharing that. To clarify:

- *When I say REIMAGINE, I am referring to...*
 - *A program to integrate a community health worker in schools to improve asthma self-management skills in children and to support optimal asthma care in the school and the home. This includes...*
 - *Asthma and social determinants of health screenings,*
 - *Asthma education for students, parents, and school staff,*
 - *Home visits and assessment of home environment,*
 - *Phone calls, referrals, and follow-ups with the participants.*

Q2: Please tell me about your experience working within the school.

- What kind of support did you receive to help integrate in the school (e.g. orientation with staff, connecting you with parents and students, directions to existing resources)?

Italicized text=suggested script

Bullet points=follow-up questions or probes

- Who helped you to get oriented and integrated into the school (e.g. study staff, school leadership, school nurse)?
- How were you trained in regard to implementing REIMAGINE in the school? What additional training would you have liked to help you better integrate into the school and implement REIMAGINE?

Q3: Please tell me about your experience providing asthma education to students.

- How often did you interact with students? Where and when did you meet? With whom?
- How well did the program mirror that which was planned?
- Did you have to adapt any aspects of the curriculum? If so, why and how did you adapt them?
- How well did the students engage with the asthma education material?

Q4: Next, I'd like to hear about your experience with home visits (in person and virtual). What did that entail and what was the experience like?

- Who did you communicate with to set up the visits?
- How were virtual home visits different than in-person home visits?
 - i. Did you prefer one over the other? Why?
 - ii. Did you find that parents preferred one or the other?
- In general, were the homes asthma-friendly or not? If not, were there common triggers across different homes? If so, what were they?

Q5: Finally, I would like to hear about your experience providing asthma education to parents and school staff. What did that entail and what was that experience like?

Intervention Characteristics

I would like to ask you about your experience getting REIMAGINE implemented and the type and level of support you had.

Q6: Can you describe what a typical day looked like for you in your CHW role?

- Who supported you on a regular basis (e.g. study staff, school leadership, school nurse)?
- What activities did you spend the most time on?
- What do you wish you had more time for?

Q7: I'd like to hear any thoughts you have about barriers to implementing REIMAGINE that you have encountered. By barriers, we mean anything that gets in the way of launching, implementing, or sustaining it in your school.

- Probe for barriers regarding the intervention, personnel, school, and district.

Q8: Next, I'd like to hear your thoughts about any potential facilitators to implementing REIMAGINE. By facilitators, we mean anything that might make it easier to launch, implement, or maintain the intervention at your school.

- Probe for facilitators regarding the intervention, personnel, school, and district

Italicized text=suggested script

Bullet points=follow-up questions or probes

Q9: Did you feel like you had enough flexibility (ability to change aspects of REIMAGINE to make it work) to implement REIMAGINE in a way that would work best at your site? Why or why not?

- How could REIMAGINE be more flexible?
- How could REIMAGINE better accommodate your school's unique community?

Q10: Once REIMAGINE was fully implemented and you started providing asthma education and conducting home visits, how much effort and time was required to deliver the REIMAGINE program on a daily basis?

- Was additional or unforeseen time and effort required to get everything implemented?
- What resources are needed to get REIMAGINE going on a long-term basis?

Characteristics of Individuals

Q11: How has your training and work as a CHW impacted your skills and career?

- Are you more confident in your ability to help and serve families?
- Can you describe some specific skills you have acquired through this role?

Q12: To what extent did you buy-in to the REIMAGINE program prior to the program's start? Why?

- What about during the program and after the program?

Q13: For you personally, did you find your job as a community health worker interesting? Do you think your work made an impact in the school community?

- If not, how can REIMAGINE be modified to make the work more engaging and impactful for you?

Recommendations

Q14: If you had the option, would you recommend continuing REIMAGINE at your school? Why or why not?

- Would you recommend REIMAGINE to other schools?

Q15: How would you improve REIMAGINE? Why?

Conclusion

Is there anything that we have not asked about that you feel is important to understanding your experience working to implement REIMAGINE?

Thank you for taking part in this interview. We greatly appreciate the opportunity to learn about your perspectives.

Italicized text=suggested script

Bullet points=follow-up questions or probes

Integrating Community Health Workers in Schools to Support Asthma Management REIMAGINE - End of Year

Parent Interview Guide

Introduction

We are interested in hearing about your experience with REIMAGINE, a program designed to integrate a community health worker in schools to improve the disease management skills of children with asthma and to support optimal asthma care in the school and the home. I am interested in your perspective on past experiences with school-based asthma support and education as well as your experience with REIMAGINE. It is important for you to know that there are NO right or wrong answers. I am really interested in your honest opinion.

This interview will be recorded so that we have an accurate record of your thoughts. The recording and the transcript will be used for research purposes only and will be kept confidential. Once the recording and transcripts are verified, any identifying information linking the recording to you will be removed. If, at any point you feel like the questions are too sensitive, I can turn off the recorder during that portion of the question. You may also skip any questions you wish during the interview.

Overall

Q1: To ensure we are on the same page, please tell me about your understanding of what REIMAGINE involves.

Thank you for sharing that. To clarify:

- *When I say REIMAGINE, I am referring to...*
 - *A program designed to integrate a community health worker to improve asthma self-management skills in children and to support optimal asthma care in the school and the home. This includes...*
 - *Asthma and social determinants of health screenings,*
 - *Asthma education for students, parents, and school staff,*
 - *Home visits and assessment of home environment,*
 - *Phone calls, referrals, and follow-ups with families.*

Past experience with child asthma management

Q2: Prior to this school year/the REIMAGINE program, has anyone at your child's school spoken to you about your child's asthma? Has anyone *provided support* to your child around his/her asthma (e.g. provided exemptions from PE class)? Has anyone *educated* you or your child about asthma? If so, please tell me about those experiences.

- Who, if anyone, contacts you about managing your child's asthma (e.g. homeroom teacher, nurse, other staff)?
- What did the meeting/education look like (e.g. one-on-one meeting, meeting with you and your child, meeting with parents of children with asthma)?
- When did this meeting take place (e.g. health or PE class, school nurse office, homeroom, afterschool hours)?
- How often did this interaction occur (e.g. twice per school year, once per school year, one time meeting)?

Experience with CHW in school

We would like to learn more about your experience interacting with the community health worker.

Q3: Please tell us about your experience speaking with the community health worker.

- How did you interact with the CHW? How did your child interact with the CHW?
- How did you feel about the conversations with the CHW?
- What has your reaction been to the things the CHW has done (asthma education for child, for parents, home visits, phone calls)?

Q4: Did you receive asthma education from the community health worker?

If yes, please tell us about your experience with the asthma education that was taught by the community health worker.

- Did you learn something new or useful about asthma management that you did not know before? If yes, what? If not, what is something you wish could have been covered?

Q5: Did the community health worker conduct a home visit (in-person or virtual) with you and your child?

If yes, please tell us about your experience when the community health worker conducted a home visit.

- What did you think about the frequency of the home visits (in person or virtual)?
- What are your thoughts about the content covered during the home visits?
- Did the community health worker better prepare you and your child to manage his/her asthma during these visits?

Q6: How does REIMAGINE's asthma education, home visits, phone calls, etc. compare to other ways the school has spoken to you about asthma related matters in the past?

- What are the advantages of the REIMAGINE program compared to other ways the school has attempted to educate you or your child?
- What are the disadvantages of the REIMAGINE program compared to other ways the school has attempted to educate you or your child?

Q7: How do the community health workers compare to other people who have spoken to you about asthma related matters in the past?

- Was the CHW more or less easy to get in contact with than other people who have spoken to you about asthma related matter in the past?
- Were the number of interactions (phone calls, home visits in-person, home visits virtual, parent education) that you had with the CHW not enough, just right, or too much?
- What were things that made it easier for you to communicate and interact with the CHW?
- What were challenges that you faced when communicating and interacting with the CHW?
- Who would you like your child to interact with about their asthma at school? Why?
- With whom at your child's school would you feel most comfortable discussing your child's asthma? Why?
- What qualities do community health workers at the school need to have in order to make you feel more comfortable having them help your child manage his/her asthma?

Suggestions and Feedback on CHW Program

Q8: Was the REIMAGINE program effective? Why or why not?

- How can the REIMAGINE program be improved?
- Is there anything you would change about the REIMAGINE program at your child's school for you to feel more comfortable with it?

Q9: How can your and your child's interactions with the community health worker be improved?

- How would you like community health workers to discuss asthma management with your child (e.g. conversation with kids with asthma, handouts and pamphlets, school-wide education)?
- How would you like community health workers to discuss asthma management with you (e.g. conversation via phone, in person meetings at school, home visits, virtual visits, group education for parents of children with asthma)?
- What additional content would you like the CHW to cover with your child? With you?

Q10: What are some ways, other than asthma care, that you would like to see the community health worker support families at your child's school?

- Tell us about how this would look at your child's school.

Q11: If you had the option, would you recommend continuing community health worker facilitated asthma support at your child's school? Why or why not?

- Would you recommend the CHW program to other schools?

Q12: Is there anything else you would like to discuss or suggest before we wrap up?

Integrating Community Health Workers in Schools to Support Asthma Management REIMAGINE - Start of Year

School Stakeholder Interview Guide

Introduction

Thank you for speaking with me today. I am interested in learning more about your school and medical care in your school. I would like to hear your perspective on experiences with school-based asthma care and on how to integrate a community health worker in schools. It is important for you to know that there are NO right or wrong answers. I am really interested in your honest opinion.

This interview will be recorded so that we have an accurate record of your thoughts. The recording and the transcript will be used for research purposes only and will be kept confidential. Once the recording and transcripts are verified, any identifying information linking the recording to you will be removed. If at any point you feel like the questions are too sensitive, I can turn off the recorder during that portion of the question. You may also skip any questions you wish during the interview.

School Context

To begin, I would like to understand a bit more about your school.

1. Vision/mission
 - What is the vision or mission of your school?
 - What are the main priorities?
2. School culture
 - How would you describe the culture of your school?
 - By culture, I am referring to general beliefs, values, assumptions that people embrace.
3. New ideas
 - To what extent are new ideas embraced and used to make improvements at your school?
 - Can you describe a recent example?
4. Relationship between school and community
 - What is the school's relationship with the greater community?
 - How does the school interact with the community?
 - Can you describe a recent example?
 - What partnerships does the school have with local organizations?
 - How have these changed due to Covid-19?
5. Relationship between school and parents
 - What is the school's relationship with parents?
 - How does the school interact with parents to keep them informed?
 - Can you describe a recent example?
 - How have relationships with parents changed due to Covid-19?

Health and Wellness in School

Next I would like to learn more about health and wellness in your school.

1. Current programs
 - How does your school currently support student health?
 - Which school staff are responsible for supporting health and wellness in your school?
 - Potential staff to ask about: school nurse, social worker, counselor, office clerk.
 - Does your school currently have any programs or initiatives to support student health?
 - Tell me more about these programs/initiatives.
 - When do they occur? School day, after school, weekends.

- Who leads these programs? Are there external organizations / partners?
- What has been the impact of these programs
- What makes these programs/initiatives successful?
- What are the challenges faced by these programs/initiatives?
- How did these programs adapt to serve the students and school community during remote learning in the spring?

2. Challenges/needs

- What are the health issues that students at this school experience?
 - What do you see as the main issues related to student health?
 - What do you see as the main issues related to student mental health?
 - What do you see as the main issues related to student social-emotional well-being?
- What are the challenges to supporting student health?
- How might these challenges be addressed?
- How might these challenges change or what new challenges might arise regarding student health and well-being during remote learning this fall?

Although there are many health and wellness programs that may be important for students at your school, we will be focusing primarily on asthma care this year. We are interested in learning more about asthma care in the school. We are looking for your honest insights. There are no right or wrong answers.

Asthma in School

1. Asthma impact

- How does asthma impact your school community?
 - How does asthma impact affected students in your school community?
 - How does students' asthma impact their attendance in school?
 - How does students' asthma impact their engagement in school?
 - How does students' asthma impact their participation in recess or gym/physical education?
 - How does students' asthma impact their social interactions? (bullying, teasing, ostracization, etc.)
 - How does asthma impact the work of teachers at your school?
 - How does asthma impact the classroom environment?
 - How does asthma impact the work of different staff at your school? (principal, school nurses, social worker/case managers, office clerks, counselors, physical education teachers, coaches, after school program staff, etc.)
 - How does asthma impact your school's overall educational goals or priorities?
 - How does asthma care fit into the main priorities or goals of your school?

2. Asthma management

- Tell me about what asthma care currently looks like at your school.
- Who is involved in asthma care? What is their role/how are they involved in asthma care?
 - Tell me about the role of school nurses in asthma care.
 - How are teachers involved in asthma care at your school?
 - Tell me about the role of office clerks in asthma care at your school.
 - How are social workers/case managers involved in asthma care at your school?
 - Tell me about others (e.g. security guards, teacher assistants) who are involved in asthma care and their role.

To understand more about what asthma care looks like at your school, I am going to ask specifically about different elements of comprehensive asthma care. We recognize that many schools may not have all of these components and we would like to hear about specific ways your school may support these aspects of asthma care.

(parentheses indicate that specific stakeholders who will be asked these questions)

- How does your school identify students with asthma?
 - (Principals, School Nurses, Case Managers)
 - Who is involved with asthma screening?
 - Are there currently or has there been asthma screening in the school?
 - If yes, tell me more about the asthma screening.
- What kinds of education does your school provide for students, parents, or staff related to asthma symptoms and asthma care?
 - (Principals, School Nurses, Teachers, Other Staff)
 - Who is involved with providing asthma education at your school?
- What kinds of policies and procedures does your school have related to asthma?
 - (All stakeholders)
 - Who is involved in reviewing and upholding these policies and procedures?
 - How are these policies enacted in your school?
- Tell me about how your school manages medications (e.g. inhalers, nebulizers) for students with asthma.
 - (School Nurses, Office Clerks, Teachers)
 - Who is involved in medication management at school?
 - Who administers the medications to students?
 - When are medications administered to students? (e.g. designated times, anytime, in emergencies)
 - Are students able to independently carry and administer their medications?
 - If yes, tell me about self-carry and administration at your school.
- How do your school health providers communicate with parents/guardians regarding a child's asthma?
 - (Teachers, Case Managers, Social Workers, Office Clerks, School Nurses)
 - Who is involved in communicating with parents/guardians about a child's asthma care?
 - What information is communicated to parents/guardians about a child's asthma care?
 - How often and in what situations are parents/guardians contacted or informed about a child's asthma care?
- Tell me about any communication between school health providers and other medical providers related to asthma care.
 - (School Nurses)
 - Who is involved in communicating with other medical providers regarding a child's asthma care?
 - For which children is this communication done?
 - What information is communicated?
- Are there any special initiatives related to asthma care at your school (programs run by outside organizations, home visits, etc.) at your school?
 - (Principals, School Nurses, Case Managers, Social Workers)

- Who is involved – specific programs and people (e.g. children, parents, staff) in these initiatives?
 - How long have they been in existence?
 - What services are provided and to whom?
 - What has been the impact of these programs in your school?
- Are there other specific aspects of asthma care that your school supports?
 - (All stakeholders)
- Asthma successes
 - What has your school done well in caring for students with asthma?
 - How and why have these activities been successful?
- Asthma challenges
 - What are the challenges associated with asthma care at your school? How do they impact asthma management?
 - What do you think is necessary to overcome these challenges?
- Asthma improvements
 - In an ideal world, what would you like asthma care at your school to look like?
 - What specific improvements would you like to see related to asthma care at your school?
 - Are there any potential barriers to implementing these specific improvements?
 - What would be the number one improvement needed to better care for students with asthma?
 - Why?

CHW Introduction

We are currently developing a program to integrate a community health worker in schools.

To ensure we are on the same page, the term community health workers is defined as a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

While community health workers can help support overall health, the pilot program will focus on asthma.

CHW and Asthma

1. CHW and asthma management

- How might a CHW be integrated into your school to support asthma care?
 - What would this support look like with school in-person? What would this support look like during remote learning?
- How might they support (list each activity):
 - identification of students with asthma / screening
 - parent education
 - teacher education
 - communication with parents
 - communications between health providers
 - social services referrals
 - medication management
 - allergen management
 - other

- Of the different ways CHWs can help support asthma management, which do you think is the most important in your school?
 - Why do you think that?
- 2. *CHW and school partners*
 - Who will the CHW work with most closely in your school?
 - Who will the CHW need to partner with outside of your school?
- 3. *CHW and school/community knowledge*
 - What does the CHW need to know about your school to support asthma care at your school?
 - What does the CHW need to know about the local community to support asthma care at your school?

CHW and Health and Wellness in School Integration

Though this pilot program is focused on asthma, we are hoping to develop a model of a school based CHW program that can be expanded and modified based on each school's specific needs. Therefore, the last portion of this interview has questions focusing on integrating a community health worker into schools to support student health in general.

1. *CHW and general health*
 - *In the beginning of this interview, we talked briefly about the overall health and wellness in your school.*
 - How might a school based CHW support the health and wellness of students?
 - What areas/topics/issues should they focus on? Why these topics?
 - What specific tasks would you like to see the CHW undertake?
 - How might the activities change at different times of a year?
 - How might the activities change with remote learning?
2. *CHW and school characteristics*
 - What would a successful school-CHW relationship look like?
 - What would this relationship look like during remote learning?
 - Who should the CHW work with within your school?
 - What type of relationship would you like a CHW to have with each of the following individuals at your school? *List each role separately.*
 - administrators
 - teachers
 - students
 - school nurses
 - other school staff (office clerk, security, etc)
 - parents
 - What qualities should a CHW have to be successful in forming and nurturing those relationships?
3. *CHW integration challenges.*
 - What challenges might arise when embedding a CHW into your school?
 - Why do you think this will be a challenge?
 - How might the CHW overcome this challenge?

Conclusion

- We have talked about a lot of things. Is there anything you would like to add?

Thank you for taking the time to talk today! We appreciate your honest feedback. This will help us better understand student health and school based asthma care programs as we continue to develop our CHW program.

Please take a moment to complete this form about your child--whether or not they have asthma. Thank you!

Your school is working with the University of Chicago, Sinai Urban Health Institute, and Chicago Public Schools to increase asthma awareness among everyone and improve care for those affected. As part of this effort, we are screening students for signs or symptoms of asthma.

Name _____

Date of Birth _____ Gender _____

School _____ Grade _____

Please circle yes or no for each question.

- | | | |
|--|-----|----|
| 1. Has your child ever been diagnosed by a doctor as having asthma? | Yes | No |
| 2. Has your child ever had wheezing (whistling in the chest) in the last 12 months? | Yes | No |
| 3. In the last 12 months, have you heard your child wheeze or cough during or after active play or movement? | Yes | No |
| 4. Other than a cold, in the last 12 months, has your child had a dry cough at night? | Yes | No |
| 5. In the last 12 months, has your child been to a clinic, a hospital, or an emergency room for wheezing? | Yes | No |

If your child has asthma or if we are concerned that they may have asthma, can a community health worker contact you to give additional resources and referrals as needed?

Please print your contact information.

Parent or Guardian(s) Name _____

Phone number(s) _____

Email address _____



Participant ID: _____

CHW Initials: _____

Date: _____

Childhood Asthma Self-Management Scales – Parent

Circle the answer for each question/statement.

A. Barriers to Managing Asthma

How much do the following make it hard for you to help your child manage his/her asthma?

1. Getting my child to take the medications	Not hard at all	Slightly hard	Moderately hard	Quite hard	Extremely hard
2. Reaching clinic staff here to ask questions	Not hard at all	Slightly hard	Moderately hard	Quite hard	Extremely hard
3. Waiting a long time before getting an appointment with the asthma doctor	Not hard at all	Slightly hard	Moderately hard	Quite hard	Extremely hard
4. The staff are too busy to answer my questions	Not hard at all	Slightly hard	Moderately hard	Quite hard	Extremely hard
5. Not having a way to get to appointments	Not hard at all	Slightly hard	Moderately hard	Quite hard	Extremely hard
6. Clinic hours don't fit my work schedule	Not hard at all	Slightly hard	Moderately hard	Quite hard	Extremely hard
7. Bad effects of medications	Not hard at all	Slightly hard	Moderately hard	Quite hard	Extremely hard
8. Waiting for a long time in the waiting room before seeing the doctor	Not hard at all	Slightly hard	Moderately hard	Quite hard	Extremely hard
9. Long term effects of medications	Not hard at all	Slightly hard	Moderately hard	Quite hard	Extremely hard

B. Parent Asthma Management Self-Efficacy

1. How sure are you that you can get your child to take his/her medications?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply
2. How sure are you that you can use the medication correctly?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply
3. How sure are you that you can get your child to a doctor's appointment?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply
4. How sure are you that you can follow the directions for giving medication to your child?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply
5. How sure are you that you can help your child avoid things he/she is allergic to?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply
6. How sure are you that you can help your child prevent a serious breathing problem?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply
7. How sure are you that you can have inhalers with you if your child has a serious problem?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply

8. How sure are you that you can control a serious breathing problem at home rather than take your child to the ER?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply
9. How sure are you that you can keep the asthma from getting worse if your child starts to wheeze or cough?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply
10. How sure are you that you can help your child stay calm during a breathing problem?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply
11. How sure are you that you would know which medications to use when your child is having a serious breathing problem?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply
12. How sure are you that you know when your child's breathing problem can be controlled at home?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply
13. How sure are you that you know when to take your child to the emergency room during a serious breathing problem?	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	Does not apply

C. Parent Belief in Treatment Efficacy

1. How helpful is avoiding things that cause allergic reactions in preventing asthma attacks?	Not helpful	Slightly helpful	Moderately helpful	Quite helpful	Extremely helpful	Does not apply
2. How helpful is seeing a doctor regularly in helping control asthma?	Not helpful	Slightly helpful	Moderately helpful	Quite helpful	Extremely helpful	Does not apply
3. How helpful are inhalers in controlling a serious breathing problem?	Not helpful	Slightly helpful	Moderately helpful	Quite helpful	Extremely helpful	Does not apply
4. How helpful is keeping a child calm in stopping a serious breathing problem?	Not helpful	Slightly helpful	Moderately helpful	Quite helpful	Extremely helpful	Does not apply
5. How helpful is calling the clinic for advice for a serious breathing problem?	Not helpful	Slightly helpful	Moderately helpful	Quite helpful	Extremely helpful	Does not apply

Childhood Asthma Self-Management Scales - Child

The questions on this page are about how sure you are that you can do things to help your asthma. There are no right or wrong answers. This is not a test. Please circle the answer that is most true to you. If the answer doesn't make sense for you, please circle "8".

	Not at all sure	A little bit sure	Fairly sure	Quite sure	Completely sure	NA
1. How sure are you that you can have inhalers with you the next time you have a serious breathing problem?	1	2	3	4	5	8
2. How sure are you that you can use your inhaler correctly?	1	2	3	4	5	8
3. How sure are you that you can prevent a serious breathing problem?	1	2	3	4	5	8
4. How sure are you that you can get to your next doctor's appointment?	1	2	3	4	5	8
5. How sure are you that you can slow yourself down to prevent serious breathing problems?	1	2	3	4	5	8
6. How sure are you that you can avoid things you are allergic to?	1	2	3	4	5	8
7. How sure are you that you can learn the skills you need to control your asthma?	1	2	3	4	5	8
8. If someone near you was smoking, how sure are you that you could ask them to stop?	1	2	3	4	5	8
9. How sure are you that you can control a serious breathing problem yourself rather than go to the emergency room?	1	2	3	4	5	8
10. How sure are you that you can keep your asthma from getting worse if you start to have symptoms such as wheezing or coughing?	1	2	3	4	5	8
11. How sure are you that you can stay calm during a serious breathing problem?	1	2	3	4	5	8
12. How sure are you that you know which medications to use during a serious breathing problem?	1	2	3	4	5	8
13. How sure are you that you can tell when a serious breathing problem can be controlled at home?	1	2	3	4	5	8
14. How sure are you that you know when to go to the emergency room during a serious breathing problem?	1	2	3	4	5	8

Sinai Community Health Worker Training

Pre-Test

Name _____ Date _____

Please answer the following questions to the best of your knowledge.

- 1) Which statement describes a community health worker (CHW)?
 - a. Anyone who provides health education.
 - b. A person who teaches a community health class at a college.
 - c. Frontline public health worker.
 - d. A person who inspects and evaluates health clinics in the community.

- 2) List three roles of a community health worker
 - a. _____
 - b. _____
 - c. _____

- 3) What is an example of how you can help a client through system navigation?
 - a. Driving your client to his/her doctor's appointment.
 - b. Writing a prescription for your client to get medication.
 - c. Providing information and guidance on food assistance program.
 - d. All the above

- 4) What is health outreach?
 - a. When a doctor's clinic calls a patient to remind him/her about an upcoming appointment
 - b. When nurses in the emergency department (ED) reaches out to their patients to follow up on recent ED visit
 - c. When a CHW calls a physician to talk to him/her about the patient's involvement in a health program
 - d. When a CHW identifies and contacts people in the community who are at risk for specific health conditions in order to improve health outcomes

- 5) What are two ways a CHW can conduct health outreach?
 - a. _____
 - b. _____

- 6) What are the three types of healthcare?
- a. Primary care, secondary care, tertiary care
 - b. Nurse, primary care physician, specialist
 - c. Primary care, urgent care, emergency care
 - d. Clinic, emergency room, hospital

- 7) Match the symptoms to the right care:

Minor cuts and burns

Primary Care

Sore throat

Urgent Care

Coughing or vomiting blood

Emergency Care

COVID-19 Questionnaire

We are interested in learning about how the COVID-19 pandemic has affected children and families at "insert school name". This information will help us understand how to best support individuals and the school community. Please fill out the questions below about your child who attends *insert school name*. All questions are optional. If you have more than one child attending, please fill out a separate questionnaire for each child.

1. Are you the parent/guardian of a child at <insert school name>?
 - a. Mother
 - b. Father
 - c. Other
 - a. If Other, please explain: _____
2. What grade level is your child in?
 - a. Pre-Kindergarten
 - b. Kindergarten
 - c. First
 - d. Second
 - e. Third
 - f. Fourth
 - g. Fifth
 - h. Sixth
 - i. Seventh
 - j. Eighth
3. What is your child's gender?
 - a. Male
 - b. Female
 - c. Nonbinary
4. Does your child have a chronic medical condition? (select all that apply)
 - a. Yes
 - b. No
5. If Yes, What chronic medical condition(s) does your child have?
 - a. None
 - b. Asthma
 - c. Food allergy
 - d. Diabetes mellitus
 - e. Epilepsy
 - f. Sickle cell
 - g. Heart disease
 - h. Other
 - i. If Other, please explain: _____
6. If Yes, Please rate how the COVID-19 pandemic has impacted each of the below items related to your child's chronic disease.
Options: much worse - somewhat worse - about the same - somewhat better - much better
 - a. Your child's disease symptoms
 - b. Access to your child's doctor or appointments

- c. Access to the hospital in case of emergency
 - d. Access to health information
 - e. Access to health insurance
 - f. Interferes with your child's school or ability to learn
 - g. Interferes with your job/school or work around the house
 - h. Your concern for your child's disease
7. If Yes, Please rate how the COVID-19 pandemic has impacted each of the below items related to your child's chronic disease medications:
Options: decreased a lot – decreased a little – no change – increased a little – increased a lot
- a. Your child's use of their medication
 - b. Your ability to obtain your child's medication / prescriptions
 - c. Your ability to pay for your child's medication
8. Please rate how the COVID-19 pandemic has impacted each of the below items for your child.
(Options: much worse - somewhat worse - about the same - somewhat better - much better)
- a. Your child's mood
 - b. Your child's sleep quality
 - c. Your child's ability to learn
 - d. Your child's ability to play
 - e. Your child's ability to be independent
 - f. Your child's eating
 - g. Your child's physical activity
 - h. Your child's overall health
9. Prior to COVID-19 (before March 2020), has your child had a healthcare visit:
Options: Yes / No / Unsure
- a. over the phone
 - b. using video (MyChart, Zoom, Doximity, Facetime, etc)
 - c. in person
10. Since COVID-19 (after March 2020), has your child had a healthcare visit:
Options: Yes / No / Unsure
- a. over the phone
 - b. using video (MyChart, Zoom, Doximity, Facetime, etc)
 - c. in person
11. What reasons have kept you from using the phone or video technology for a virtual healthcare visit during the pandemic? (select all that apply)
- a. No access to a phone
 - b. No phone data plan
 - c. No access to a tablet or computer
 - d. No access to wireless internet
 - e. Difficulty of using technology
 - f. Lack of confidence using technology
 - g. Language (English is not main language)
 - h. Other
- If Other, please explain _____

12. Since the COVID-19 pandemic began, what has changed for you or your family?

WORK AND EMPLOYMENT			
1. Laid off from job or had to close own business.	YES (Me) YES (Person in Home)	NO	N/A
2. Reduced work hours or furloughed.	YES (Me) YES (Person in Home)	NO	N/A
4. Had to continue to work even though in close contact with people who might be infected (e.g., customers, patients, co-workers).	YES (Me) YES (Person in Home)	NO	N/A
7. Hard time doing job well because of needing to take care of people in the home.	YES (Me) YES (Person in Home)	NO	N/A
EDUCATION AND TRAINING			
12. Had a child in home who could not go to school.	YES (Me) YES (Person in Home)	NO	N/A

HOME LIFE			
14. Childcare or babysitting unavailable when needed.	YES (Me) YES (Person in Home)	NO	N/A
15. Difficulty taking care of children in the home.	YES (Me) YES (Person in Home)	NO	N/A
16. More conflict with child or harsher in disciplining child or children.	YES (Me) YES (Person in Home)	NO	N/A
17. Had to take over teaching or instructing a child.	YES (Me) YES (Person in Home)	NO	N/A
19. Had to spend a lot more time taking care of a family member.	YES (Me) YES (Person in Home)	NO	N/A
20. Had to move or relocate.	YES (Me) YES (Person in Home)	NO	N/A
21. Became homeless	YES (Me) YES (Person in Home)	NO	N/A
22. Increase in verbal arguments or conflict with a partner or spouse.	YES (Me) YES (Person in Home)	NO	N/A
23. Increase in physical conflict with a partner or spouse.	YES (Me) YES (Person in Home)	NO	N/A
24. Increase in verbal arguments or conflict with other adult(s) in home.	YES (Me) YES (Person in Home)	NO	N/A
25. Increase in physical conflict with other adult(s) in home.	YES (Me) YES (Person in Home)	NO	N/A
26. Increase in physical conflict among children in home.	YES (Me) YES (Person in Home)	NO	N/A

SOCIAL ACTIVITIES			
27. Separated from family or close friends.	YES (Me) YES (Person in Home)	N O	N/ A
28. Did not have the ability or resources to talk to family or friends while separated.	YES (Me) YES (Person in Home)	N O	N/ A
29. Unable to visit loved one in a care facility (e.g., nursing home, group home).	YES (Me) YES (Person in Home)	N O	N/ A
32. Religious or spiritual activities cancelled or restricted.	YES (Me) YES (Person in Home)	N O	N/ A
35. Unable to participate in social clubs, sports teams, or usual volunteer activities.	YES (Me) YES (Person in Home)	N O	N/ A
36. Unable to do enjoyable activities or hobbies.	YES (Me) YES (Person in Home)	N O	N/ A

ECONOMIC			
37. Unable to get enough food or healthy food.	YES (Me) YES (Person in Home)	N O	N/ A
39. Unable to pay important bills like rent or utilities.	YES (Me) YES (Person in Home)	N O	N/ A
40. Difficulty getting places due to less access to public transportation or concerns about safety.	YES (Me) YES (Person in Home)	N O	N/ A
41. Unable to get needed medications (e.g., prescriptions or over-the-counter).	YES (Me) YES (Person in Home)	N O	N/ A

EMOTIONAL HEALTH AND WELL-BEING			
42. Increase in child's behavioral or emotional problems.	YES	NO	N/A
43. Increase in child's sleep difficulties or nightmares.	YES	NO	N/A
44. Increase in mental health problems or symptoms (e.g., mood, anxiety, stress).	YES (Me) YES (Person in Home)	NO	N/A
45. Increase in sleep problems or poor sleep quality.	YES (Me) YES (Person in Home)	NO	N/A
46. Increase in use of alcohol or substances.	YES (Me) YES (Person in Home)	NO	N/A

47. Unable to access mental health treatment or therapy.	YES (Me) YES (Person in Home)	NO	N/A
49. Spent more time on screens and devices (e.g., looking at phone, playing video games, watching TV).	YES (Me) YES (Person in Home)	NO	N/A

PHYSICAL HEALTH PROBLEMS			
50. Increase in health problems not related to this disease.	YES (Me) YES (Person in Home)	NO	N/A
51. Less physical activity or exercise.	YES (Me) YES (Person in Home)	NO	N/A
52. Overeating or eating more unhealthy foods (e.g., junk food).	YES (Me) YES (Person in Home)	NO	N/A
53. More time sitting down or being sedentary.	YES (Me) YES (Person in Home)	NO	N/A
54. Important medical procedure cancelled (e.g., surgery).	YES (Me) YES (Person in Home)	NO	N/A
55. Unable to access medical care for a serious condition (e.g., dialysis, chemotherapy).	YES (Me) YES (Person in Home)	NO	N/A
56. Got less medical care than usual (e.g., routine or preventive care appointments).	YES (Me) YES (Person in Home)	NO	N/A

PHYSICAL DISTANCING AND QUARANTINE			
58. Isolated or quarantined due to possible exposure or symptoms of this disease. (adapted)	YES (Me) YES (Person in Home)	NO	N/A
60. Isolated due to existing health conditions that increase risk of infection or disease.	YES (Me) YES (Person in Home)	NO	N/A
61. Limited physical closeness with child or loved one due to concerns of infection.	YES (Me) YES (Person in Home)	NO	N/A
62. Moved out or lived away from family due to a high-risk job (e.g., health care worker, first responder).	YES (Me) YES (Person in Home)	NO	N/A

INFECTION HISTORY			
66. Have had symptoms of this disease. (adapted)	YES (Me) YES (Person in Home)	NO	N/A

67. Have tested positive for this disease. (adapted)	YES (Me) YES (Person in Home)	NO	N/ A
71. Hospital stay due to this disease.	YES (Me) YES (Person in Home)	NO	N/ A
73. Death of close friend or family member from this disease.	YES (Me) YES (Person in Home)	NO	N/ A

POSITIVE CHANGE			
74. More quality time with family or friends in person or from a distance (e.g., on the phone, Email, social media, video conferencing, online gaming).	YES (Me) YES (Person in Home)	N O	N/ A
76. More quality time with children.	YES (Me) YES (Person in Home)	N O	N/ A
77. Improved relationships with family (including children) or friends. (adapted)	YES (Me) YES (Person in Home)	N O	N/ A

78. New connections made with supportive people.	YES (Me) YES (Person in Home)	NO	N/ A
79. Increase in exercise or physical activity.	YES (Me) YES (Person in Home)	NO	N/ A
80. More time in nature or being outdoors.	YES (Me) YES (Person in Home)	NO	N/ A
81. More time doing enjoyable indoor activities (e.g., reading books, puzzles).	YES (Me) YES (Person in Home)	NO	N/ A
82. Developed new hobbies or activities.	YES (Me) YES (Person in Home)	NO	N/ A
83. More appreciative of things usually taken for granted.	YES (Me) YES (Person in Home)	NO	N/ A
84. Paid more attention to personal health.	YES (Me) YES (Person in Home)	NO	N/ A
86. Ate healthier foods.	YES (Me) YES (Person in Home)	NO	N/ A
87. Less use of alcohol or substances.	YES (Me) YES (Person in Home)	NO	N/ A

88. Spent less time on screens or devices outside of work hours (e.g., looking at phone, playing video games, watching TV).	YES (Me) YES (Person in Home)	NO	N/A
89. Volunteered time to help people in need.	YES (Me) YES (Person in Home)	NO	N/A
90. Donated time or goods to a cause related to this disease (e.g., made masks, donated blood, volunteered).	YES (Me) YES (Person in Home)	NO	N/A
91. Found greater meaning in work, employment, or school.	YES (Me) YES (Person in Home)	NO	N/A
92. More efficient or productive in work, employment, or school.	YES (Me) YES (Person in Home)	NO	N/A

13. Please elaborate on any of your responses above. (comments box)

separate page

<insert school name> has a community health worker in the school. They are available as a resource to families and can help with forms for your child at school, questions about managing chronic conditions, make referrals to community-based organizations or healthcare, among other things. If you would like the community health worker to reach out to you, please provide your information here. Your answers above will not be shared with them.

Child's name:

Your name:

Your phone number:

Best day/time to call:

Thank you!

separate page

<separate link>

If you would like a gift card, please provide your name and email here. A gift card link will be sent to you via email in the next 1-2 weeks.

Name:

Email:

SUHI Asthma Knowledge Questionnaire for Parents

(1-11 are **TRUE / FALSE**)

1. Even on days when my child has no symptoms of asthma, his/her breathing tubes may still be swollen.
2. Children with asthma should decrease their physical activity even when they are not having asthma symptoms.
3. Quick relief medicine is a rescue medicine for asthma. It should be given only when the child has symptoms of asthma.
4. Avoiding asthma triggers can help avoid an asthma attack or reduce its severity.
5. Indirect exposure to cigarette smoke, such as on a person's clothing or a person smoking in the other room, can worsen asthma symptoms.
6. Although asthma causes breathing problems, asthma attacks are not really dangerous or harmful.
7. Coughing at night can be a symptom of asthma.
8. There is a cure for asthma.
9. Controller asthma medications are a steroid inhaler medicine. Regular daily use of steroid inhaler medicine for asthma is harmful and should be avoided.
10. A trigger is anything that can lead to an asthma attack
11. Which of the following is the most important to use when your child is having an asthma attack for the immediate relief of symptoms? **[CIRCLE ONLY ONE]**
 - a) Cold glass of water
 - b) Quick relief asthma medication (ProAir, Proventil, Ventolin, Albuterol, etc.)
 - c) Controller asthma medication (Flovent, Advair, Singulair, Pulmicort, etc.)
12. Daily controller asthma medications can be skipped when... **[CIRCLE ONLY ONE]**
 - a) It's not too hot or too cold outside.
 - b) My child is taking other medicines for his/her allergies, asthma or a cold.
 - c) My child is not coughing or wheezing.
 - d) None of the above. Controller asthma medications should never be skipped.
13. Which of the following items found in a home can trigger a person's asthma? You may select more than one response. **[READ EACH RESPONSE AND PAUSE AFTER EACH QUESTION TO WAIT FOR RESPONSE]**
 - ____scented candles
 - ____roaches
 - ____rodents
 - ____household chemicals
 - ____mold/ mildew

Participant ID: _____

CHW Initials: _____

Date: _____

Parent Questionnaire: Demographics, Asthma Care, Healthcare Utilization

Demographics

Please tell us about your child.

1. What is your child's gender?

- ☐ Male
- ☐ Female

2. How old is your child? _____ years old

3. What grade does your child currently attend? _____

4. What is your child's race/ethnicity? *Check all that apply.*

- ☐ Black or African American
- ☐ Hispanic/Latino
- ☐ White
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Asian
- ☐ Other - *Please specify* _____

Please tell us about yourself.

5. Please tell us about your relationship to the child with asthma.

- ☐ Mother
- ☐ Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Other – *Please specify* _____

6. Please circle your race/ethnicity.

- ☐ Black or African American
- ☐ Hispanic/Latino
- ☐ White
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Asian
- ☐ Other - *Please specify* _____

Asthma Care at Home

Next I would like to talk about how your child takes care of his/her asthma at home.

7. Does your child currently have a controller medicine for asthma at home?

- ☐ Yes
- ☐ No

If yes, what medicine? _____

8. Does your child currently have quick-relief medication for asthma at home?

- ☐ Yes
- ☐ No

If yes, continue to question 9. If no, skip to question 12.

9. How is quick-relief medication administered to your child at home? *Check all that apply.*

- ☐ Nebulizer
- ☐ Inhaler only
- ☐ Inhaler with spacer with mouthpiece
- ☐ Inhaler with spacer and mask
- ☐ My child does not have quick-relief asthma medication at home

10. At home, where is your child's quick-relief medication stored?

Write down child's answer: _____

CHW categorizes into these options. *Check all that apply.*

- ☐ Bedroom
- ☐ Bathroom
- ☐ Kitchen
- ☐ Living room
- ☐ Other, please specify _____
- ☐ I don't know

11. At home, who helps your child use their quick-relief medication at home?

Write down child's answer: _____

CHW categorizes into these options. *Check all that apply.*

- ☐ I do it on my own
- ☐ Parent or Guardian
- ☐ Brother or sister
- ☐ Other adult in the home, please specify _____
- ☐ Other youth in the home, please specify _____
- ☐ I don't know

12. What can be done to support your child's asthma care at home? _____

Asthma Care at School:

These questions are specific to how your child takes care of his/her asthma at school.

13. Does your child currently have quick-relief medication for asthma at school?

- ☐ Yes
- ☐ No

If yes, continue to question 14. If no, skip to question 17.

14. How is quick-relief medication administered to your child at school? *Check all that apply.*

- ☐ Nebulizer
- ☐ Inhaler only
- ☐ Inhaler with spacer with mouthpiece
- ☐ Inhaler with spacer and mask
- ☐ My child does not have quick-relief asthma medication at home

15. At school, where is your child's quick-relief medication stored?

Write down child's answer: _____

CHW categorizes into these options. *Check all that apply.*

- ☐ School nurse / nurse's office
- ☐ School main office
- ☐ Locker
- ☐ Desk
- ☐ Bookbag
- ☐ Purse
- ☐ With teacher
- ☐ With another school staff
- ☐ Other, please specify _____
- ☐ I don't know

16. At school, who helps your child use their quick-relief medication at home?

Write down child's answer: _____

CHW categorizes into these options. *Check all that apply.*

- ☐ I do it on my own
- ☐ School nurse
- ☐ School social worker
- ☐ Principal / assistant principal
- ☐ Teacher
- ☐ Other school staff, please specify _____
- ☐ Other, please specify _____
- ☐ I don't know

17. How did you decide whether your child has medicine at school and where it is stored at school?

18. How does your child's asthma affect their attendance at school, if at all? _____

19. How does your child's asthma affect their ability to take part in recess or physical education, if at all?

20. Does your child have an asthma action plan on file at school for this school year?

- ☐ Yes
- ☐ No
- ☐ Unsure

21. Does your child have a medication administration form on file at school for this school year?

- ☐ Yes, for administration by school
- ☐ Yes, for self-carry and self-administration
- ☐ No

21. Does your child have a 504 plan at school for this school year? *A 504 plan is a document that helps addresses management of asthma while at school. It protects a child's rights and health at school.*

- ☐ Yes
- ☐ No
- ☐ Unsure

22. Are you aware of the asthma management policy at the Chicago Public Schools?

- ☐ Yes
- ☐ No

23. Have you talked to anyone at the school about your child's asthma during this school year?

- ☐ Yes
- ☐ No

If yes: Who did you talk to? How many times? What did you discuss? _____

24. Have you received support or education at your child's asthma at school?

- ☐ Yes
- ☐ No

If yes: From whom? What topics? _____

25. If you have questions about your child's asthma care at school, who do you talk to at the school?

26. What else can be done to support your child's asthma care at school? _____

Healthcare utilization

The next group of questions asks about the medical care that your child has received for asthma.

27. Does your child have a doctor or other healthcare professional that he/she sees regularly? also known as a Primary Care Physician?

- ☐ Yes
☐ No

If yes: When did your child last see his/her regular doctor? If you don't know the exact date, please give me your best approximation. _____ [MM/DD/YYYY]

[PROMPT:IF CAN RECALL A PARTICULAR MONTH,ASK WHETHER VISIT OCCURRED TOWARDS THE BEGINNING,MIDDLE OR END OF THEMOUTH.IF BEGINNING,ENTER MM/01/YYYY;IF MIDDLE,ENTER MM/15/YYYY;IF END,ENTER MM/30/YYYY.IF CAN'T ESTIMATE BEGINNING,MIDDLE OR END OF MONTH,ENTER MM/01/YYYY.IF CAN'T ESTIMATE MONTH,ENTER 01/01/YYYY.]

28. Has your child seen an asthma specialist in the last 12 months? ? If you don't know the exact date, please give me your best approximation. _____ [MM/DD/YYYY]

- ☐ Yes
☐ No

If yes: What type of specialist? Pulmonologist Allergist Other _____

If yes: When did your child last see the asthma specialist?

29. During the past 12 months, how many times has your child seen a doctor, nurse, or other health professional at a physician's office for worsening asthma symptoms? Do not count the emergency department visits or visits to an urgent care center. ____ times

30. During the past 12 months, how many times did your child receive care at an emergency department or urgent care center for asthma symptoms? ____ times

31. During the past 12 months, how many times was your child hospitalized for asthma or wheezing? ____ times

If yes: How many total days did your child spend in a hospital for asthma or wheezing? ____ days

32. How many times has your child been given a prescription of oral steroids for asthma? ____ times
(examples are: prednisone, prednisolone, dexamethasone)

33. Is there anything else I should know about your child's asthma? _____

Participant ID: _____

CHW Initials: _____

Date: _____

Parent Questionnaire: Demographics, Asthma Care, Healthcare Utilization

Demographics

Please tell us about your child.

1. What is your child's gender?

- ☐ Male
- ☐ Female

2. How old is your child? _____ years old

3. What grade does your child currently attend? _____

4. What is your child's race/ethnicity? *Check all that apply.*

- ☐ Black or African American
- ☐ Hispanic/Latino
- ☐ White
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Asian
- ☐ Other - *Please specify* _____

Please tell us about yourself.

5. Please tell us about your relationship to the child with asthma.

- ☐ Mother
- ☐ Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Other – *Please specify* _____

6. Please circle your race/ethnicity.

- ☐ Black or African American
- ☐ Hispanic/Latino
- ☐ White
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Asian
- ☐ Other - *Please specify* _____

Asthma Care at Home

Next I would like to talk about how your child takes care of his/her asthma at home.

7. Does your child currently have a controller medicine for asthma at home?

- ☐ Yes
- ☐ No

If yes, what medicine? _____

8. Does your child currently have quick-relief medication for asthma at home?

- ☐ Yes
- ☐ No

If yes, continue to question 9. If no, skip to question 12.

9. How is quick-relief medication administered to your child at home? *Check all that apply.*

- ☐ Nebulizer
- ☐ Inhaler only
- ☐ Inhaler with spacer with mouthpiece
- ☐ Inhaler with spacer and mask
- ☐ My child does not have quick-relief asthma medication at home

10. At home, where is your child's quick-relief medication stored?

Write down child's answer: _____

CHW categorizes into these options. *Check all that apply.*

- ☐ Bedroom
- ☐ Bathroom
- ☐ Kitchen
- ☐ Living room
- ☐ Other, please specify _____
- ☐ I don't know

11. At home, who helps your child use their quick-relief medication at home?

Write down child's answer: _____

CHW categorizes into these options. *Check all that apply.*

- ☐ I do it on my own
- ☐ Parent or Guardian
- ☐ Brother or sister
- ☐ Other adult in the home, please specify _____
- ☐ Other youth in the home, please specify _____
- ☐ I don't know

12. What can be done to support your child's asthma care at home? _____

Asthma Care at School:

These questions are specific to how your child takes care of his/her asthma at school.

13. Does your child currently have quick-relief medication for asthma at school?

- ☐ Yes
- ☐ No

If yes, continue to question 14. If no, skip to question 17.

14. How is quick-relief medication administered to your child at school? *Check all that apply.*

- ☐ Nebulizer
- ☐ Inhaler only
- ☐ Inhaler with spacer with mouthpiece
- ☐ Inhaler with spacer and mask
- ☐ My child does not have quick-relief asthma medication at home

15. At school, where is your child's quick-relief medication stored?

Write down child's answer: _____

CHW categorizes into these options. *Check all that apply.*

- ☐ School nurse / nurse's office
- ☐ School main office
- ☐ Locker
- ☐ Desk
- ☐ Bookbag
- ☐ Purse
- ☐ With teacher
- ☐ With another school staff
- ☐ Other, please specify _____
- ☐ I don't know

16. At school, who helps your child use their quick-relief medication at home?

Write down child's answer: _____

CHW categorizes into these options. *Check all that apply.*

- ☐ I do it on my own
- ☐ School nurse
- ☐ School social worker
- ☐ Principal / assistant principal
- ☐ Teacher
- ☐ Other school staff, please specify _____
- ☐ Other, please specify _____
- ☐ I don't know

17. How did you decide whether your child has medicine at school and where it is stored at school?

18. How does your child's asthma affect their attendance at school, if at all? _____

19. How does your child's asthma affect their ability to take part in recess or physical education, if at all?

20. Does your child have an asthma action plan on file at school for this school year?

- ☐ Yes
- ☐ No
- ☐ Unsure

21. Does your child have a medication administration form on file at school for this school year?

- ☐ Yes, for administration by school
- ☐ Yes, for self-carry and self-administration
- ☐ No

21. Does your child have a 504 plan at school for this school year? *A 504 plan is a document that helps addresses management of asthma while at school. It protects a child's rights and health at school.*

- ☐ Yes
- ☐ No
- ☐ Unsure

22. Are you aware of the asthma management policy at the Chicago Public Schools?

- ☐ Yes
- ☐ No

23. Have you talked to anyone at the school about your child's asthma during this school year?

- ☐ Yes
- ☐ No

If yes: Who did you talk to? How many times? What did you discuss? _____

24. Have you received support or education at your child's asthma at school?

- ☐ Yes
- ☐ No

If yes: From whom? What topics? _____

25. If you have questions about your child's asthma care at school, who do you talk to at the school?

26. What else can be done to support your child's asthma care at school? _____

Healthcare utilization

The next group of questions asks about the medical care that your child has received for asthma.

27. Does your child have a doctor or other healthcare professional that he/she sees regularly? also known as a Primary Care Physician?

- ☐ Yes
☐ No

If yes: When did your child last see his/her regular doctor? If you don't know the exact date, please give me your best approximation. _____ [MM/DD/YYYY]

[PROMPT:IF CAN RECALL A PARTICULAR MONTH,ASK WHETHER VISIT OCCURRED TOWARDS THE BEGINNING,MIDDLE OR END OF THEMOUTH.IF BEGINNING,ENTER MM/01/YYYY;IF MIDDLE,ENTER MM/15/YYYY;IF END,ENTER MM/30/YYYY.IF CAN'T ESTIMATE BEGINNING,MIDDLE OR END OF MONTH,ENTER MM/01/YYYY.IF CAN'T ESTIMATE MONTH,ENTER 01/01/YYYY.]

28. Has your child seen an asthma specialist in the last 12 months? ? If you don't know the exact date, please give me your best approximation. _____ [MM/DD/YYYY]

- ☐ Yes
☐ No

If yes: What type of specialist? Pulmonologist Allergist Other _____

If yes: When did your child last see the asthma specialist?

29. During the past 12 months, how many times has your child seen a doctor, nurse, or other health professional at a physician's office for worsening asthma symptoms? Do not count the emergency department visits or visits to an urgent care center. ____ times

30. During the past 12 months, how many times did your child receive care at an emergency department or urgent care center for asthma symptoms? ____ times

31. During the past 12 months, how many times was your child hospitalized for asthma or wheezing? ____ times

If yes: How many total days did your child spend in a hospital for asthma or wheezing? ____ days

32. How many times has your child been given a prescription of oral steroids for asthma? ____ times
(examples are: prednisone, prednisolone, dexamethasone)

33. Is there anything else I should know about your child's asthma? _____

Participant ID: _____

CHW Initials: _____

Date: _____

Time: _____

Pediatric Asthma Caregiver's Quality of Life Questionnaire

FOR USE WITH CHILDREN (17 YRS OR YOUNGER) – TO BE ANSWERED BY PRIMARY CAREGIVER

This questionnaire is designed to find out how you have been during the last week. We want to know about the ways in which your child's asthma has interfered with your normal daily activities and how this has made you feel.

1. During the past week, how often did you feel helpless or frightened when your child experienced cough, wheeze, or breathlessness? Would you say: **[CHECK ONLY ONE RESPONSE]**
 - ☐ All of the time [1]
 - ☐ Most of the time [2]
 - ☐ Quite often [3]
 - ☐ Some of the time [4]
 - ☐ Once in a while [5]
 - ☐ Hardly any of the time [6]; or,
 - ☐ None of the time [7]

2. During the past week, how often did your family need to change plans because of your child's asthma? Would you say: **[CHECK ONLY ONE RESPONSE]**
 - ☐ All of the time [1]
 - ☐ Most of the time [2]
 - ☐ Quite often [3]
 - ☐ Some of the time [4]
 - ☐ Once in a while [5]
 - ☐ Hardly any of the time [6]; or,
 - ☐ None of the time [7]

3. During the past week, how often did you feel frustrated or impatient because your child was irritable due to asthma? Would you say: **[CHECK ONLY ONE RESPONSE]**
 - ☐ All of the time [1]
 - ☐ Most of the time [2]
 - ☐ Quite often [3]
 - ☐ Some of the time [4]
 - ☐ Once in a while [5]
 - ☐ Hardly any of the time [6]; or,
 - ☐ None of the time [7]

4. During the past week, how often did your child's asthma interfere with your job or work around the house? Would you say: **[CHECK ONLY ONE RESPONSE]**
 - ☐ All of the time [1]
 - ☐ Most of the time [2]
 - ☐ Quite often [3]
 - ☐ Some of the time [4]
 - ☐ Once in a while [5]
 - ☐ Hardly any of the time [6]; or,
 - ☐ None of the time [7]

5. During the past week, how often did you feel upset because of your child's cough, wheeze, or breathlessness? Would you say: **[CHECK ONLY ONE RESPONSE]**
- ☐ All of the time [1]
 - ☐ Most of the time [2]
 - ☐ Quite often [3]
 - ☐ Some of the time [4]
 - ☐ Once in a while [5]
 - ☐ Hardly any of the time [6]; or,
 - ☐ None of the time [7]
6. During the past week, how often did you have sleepless nights because of your child's asthma? Would you say: **[CHECK ONLY ONE RESPONSE]**
- ☐ All of the time [1]
 - ☐ Most of the time [2]
 - ☐ Quite often [3]
 - ☐ Some of the time [4]
 - ☐ Once in a while [5]
 - ☐ Hardly any of the time [6]; or,
 - ☐ None of the time [7]
7. During the past week, how often were you bothered because your child's asthma interfered with family relationships? Would you say: **[CHECK ONLY ONE RESPONSE]**
- ☐ All of the time [1]
 - ☐ Most of the time [2]
 - ☐ Quite often [3]
 - ☐ Some of the time [4]
 - ☐ Once in a while [5]
 - ☐ Hardly any of the time [6]; or,
 - ☐ None of the time [7]
8. During the past week, how often were you awakened during the night because of your child's asthma? Would you say: **[CHECK ONLY ONE RESPONSE]**
- ☐ All of the time [1]
 - ☐ Most of the time [2]
 - ☐ Quite often [3]
 - ☐ Some of the time [4]
 - ☐ Once in a while [5]
 - ☐ Hardly any of the time [6]; or,
 - ☐ None of the time [7]
9. During the past week, how often did you feel angry that your child has asthma? Would you say: **[CHECK ONLY ONE RESPONSE]**
- ☐ All of the time [1]
 - ☐ Most of the time [2]
 - ☐ Quite often [3]
 - ☐ Some of the time [4]
 - ☐ Once in a while [5]
 - ☐ Hardly any of the time [6]; or,
 - ☐ None of the time [7]

S[TURN OVER FLASH CARD HERE – NEW RESPONSE CATEGORIES]

10. During the past week, how worried or concerned were you about your child's performance of normal daily activities? Would you say: **[CHECK ONLY ONE RESPONSE]**

- ☐ Very, very worried or concerned [1]
- ☐ Very worried or concerned [2]
- ☐ Fairly worried or concerned [3]
- ☐ Somewhat worried or concerned [4]
- ☐ A little worried or concerned [5]
- ☐ Hardly worried or concerned [6]; or,
- ☐ Not worried or concerned [7]

11. During the past week, how worried or concerned were you about your child's asthma medications and side effects? Would you say: **[CHECK ONLY ONE RESPONSE]**

- ☐ Very, very worried or concerned [1]
- ☐ Very worried or concerned [2]
- ☐ Fairly worried or concerned [3]
- ☐ Somewhat worried or concerned [4]
- ☐ A little worried or concerned [5]
- ☐ Hardly worried or concerned [6]; or,
- ☐ Not worried or concerned [7]

12. During the past week, how worried or concerned were you about being overprotective of your child? Would you say: **[CHECK ONLY ONE RESPONSE]**

- ☐ Very, very worried or concerned [1]
- ☐ Very worried or concerned [2]
- ☐ Fairly worried or concerned [3]
- ☐ Somewhat worried or concerned [4]
- ☐ A little worried or concerned [5]
- ☐ Hardly worried or concerned [6]; or,
- ☐ Not worried or concerned [7]

13. During the past week, how worried or concerned were you about your child being able to lead a normal life? Would you say: **[CHECK ONLY ONE RESPONSE]**

- ☐ Very, very worried or concerned [1]
- ☐ Very worried or concerned [2]
- ☐ Fairly worried or concerned [3]
- ☐ Somewhat worried or concerned [4]
- ☐ A little worried or concerned [5]
- ☐ Hardly worried or concerned [6]; or,
- ☐ Not worried or concerned [7]

Child was present during completion of this form (LEAVE BLANK IF No)? _____

DOMAIN CODE - Activity Limitation: 2, 4, 6, 8

For office use only:
ID # _____

Sinai Asthma Program CHW Training

Review of Asthma Knowledge Questionnaire

Name _____ **Date** _____

Please answer the following multiple choice and true/false questions about asthma. Select one answer for each question.

1. Asthma is
 - a. an acute condition of the lungs
 - b. a chronic disease affecting the airways, or bronchial tubes
 - c. the same thing as bronchitis
 - d. an acute respiratory disease

2. If a person with asthma does not have symptoms for a while, that means they have grown out of their asthma.
 - a. True
 - b. False

3. Washing sheets in hot water, removing stuffed animals from beds and using allergy proof mattress covers are all effective ways to reduce dust mites in one's home.
 - a. True
 - b. False

4. Inhaled corticosteroids are addicting for children and should be avoided if possible.
 - a. True
 - b. False

5. The four most common signs/symptoms of asthma are
 - a. Coughing, wheezing, fatigue, chest tightness
 - b. Coughing, wheezing, chest tightness, shortness of breath
 - c. Shortness of breath, chest pain, wheezing, sore throat
 - d. Shortness of breath, sore throat, coughing, wheezing

6. Asthma attacks always occur suddenly, without warning.
 - a. True
 - b. False

7. Even when a person with asthma has no symptoms, their airways may still be swollen.
 - a. True
 - b. False
8. Asthma Action Plans (AAPs) are common tools for helping patients manage asthma. Two ways in which AAPs help patients measure their asthma control are:
 - a. Spirometry readings and symptoms
 - b. Symptoms and peak flow meter readings
 - c. Puffs of medication taken and peak flow meter readings
9. A peak flow meter can help determine the severity of a person's asthma at any point in time.
 - a. True
 - b. False
10. Asthma medications should be used only when absolutely necessary and even then, only with extreme caution.
 - a. True
 - b. False
11. Asthma cannot be cured, but it can be controlled
 - a. True
 - b. False
12. An asthma diary is a tool used to keep track of peak flow measurements.
 - a. True
 - b. False
13. Which of the following is the most important to use when a person is having an asthma attack for the immediate relief of symptoms? **[CIRCLE ONLY ONE]**
 - a. Allergy medication (Singulair, Zyrtec, Loratadine, etc.)
 - b. Quick relief asthma medication (Proventil, Ventolin, Albuterol, etc)
 - c. Controller asthma medication (Flovent, Advair, Singulair, Pulmicort, etc.)
 - d. None of the above.
14. Which of the following is considered an asthma trigger:
 - a. Tobacco smoke
 - b. Candles
 - c. Mold
 - d. All of the above

15. A device that helps people with asthma get the maximum amount of medication to their lungs is called a
- Diskus
 - Peak flow meter
 - Spacer/Aerochamber
 - Metered Dose Inhaler (MDI)
16. What are the three main things going on inside the airways in a person with asthma?
- Tightening of muscles around airways, mucus, swelling/inflammation
 - Swelling/inflammation, redness, mucus
 - Airway remodeling, tightening of muscles around airways, mucus
 - Swelling/inflammation, infection, increased heart rate
17. A 504 plan allows a child to legally have his/her asthma medications in school
- only if the child has been diagnosed with persistent asthma
 - during the weeks when the child has had frequent symptoms of asthma
 - at all times
 - only when a nurse is available
18. Flovent, Advair, and Pulmicort are all controller asthma medications.
- True
 - False
19. Even when a person with asthma has no symptoms, their airways may still be swollen.
- True
 - False
20. The “Rule of 2” is a rule that helps determine
- The classification of asthma severity
 - Whether or not a controller or quick relief medication is needed
 - How many puffs of medication should be taken
 - How many symptoms a person with asthma should have before calling 911
21. In the case of an asthma emergency, the best position for the patient to be in is
- Laying flat on his/her back.
 - Sitting upright in a chair.
 - Standing up.
 - However it is most comfortable for the patient.

22. Which of the following is a main goal of asthma management
- Control chronic and night time symptoms
 - Minimize visits to the ED and hospitalizations
 - Maintain normal activity levels and exercise
 - All of the above
23. Daily controller asthma medications can be skipped when...
- It's not too hot or too cold outside.
 - You are taking other medicines for your allergies, asthma or a cold.
 - You are not coughing or wheezing.
 - None of the above. Controller asthma medications should never be skipped.
24. The same version of the Asthma Control Test (ACT) is used for both children and adults.
- True
 - False
25. All of the following medications are quick-relief asthma medications EXCEPT
- Proventil
 - Ventolin
 - QVAR
 - ProAir
26. Which of the following is NOT a common tool for the management of asthma
- Family communication
 - Doctor-patient relationship
 - Asthma symptom diary
 - Spirometry testing
27. In regards to the impact asthma has on society, all of the following are true EXCEPT:
- African Americans are three times more likely to end up in the ED for asthma
 - More males die of asthma than females
 - One-third of all people with asthma in the U.S. are children
 - Puerto Ricans have higher rates of asthma than all other subgroups
28. Nebulizer machines can be particularly useful for
- Infants, small children, and the elderly
 - Teenagers
 - Adults
 - People active in sports

29. Children with asthma should limit the amount of time they spend exercising, playing, or participating in sports.

- a. True
- b. False

30. Shaking the medication canister inside of an asthma inhaler is one way to check if there is any medication left.

- a. True
- b. False

Asthma Policy Knowledge Survey for School Staff and Administration

The [school name] is working with the University of Chicago, Sinai Urban Health Institute, and the Chicago Public Schools on a program to improve asthma care in schools. We value your input as you interact with the children daily and regularly see the impact of asthma in school. This survey focuses on asthma policy. We hope you will take 5-10 minutes to answer the questions.

All information you provide is confidential and will be reported in aggregate; your name will not be shared. Your participation is optional and will not impact your work. Each teacher and staff member who completes the survey will receive a \$10 gift card.

We hope you will share your perspectives and experiences. Should you have any questions or comments, contact Anna Volerman at University of Chicago Medicine at avolerman@uchicago.edu.

Thank you!

For each question, choose one answer.

Administration of Asthma Medications

Q1: Documentation is needed for a student to self-administer asthma medications (e.g. inhalers, nebulizers) at school.

☐ True ☐ False

Q2: Verbal permission by the parent/guardian of the child is sufficient for a student to carry and self-administer his/her asthma medication during the school day.

☐ True ☐ False

Q3: School personnel may supervise self-administration of asthma medication with written consent of the parent/guardian of a student.

☐ True ☐ False

Answers: 1. True, 2. False, 3. True

Identifying Students with Asthma

Q4: Parents/guardians are required to notify the school when their child is diagnosed with asthma.

☐ True ☐ False

Q5: Principals should request that parents/guardians report information about their child's asthma diagnosis at least annually at the beginning of each school year.

☐ True ☐ False

Q6: Once a parent/guardian reports their child's asthma diagnosis, the school should request the parent provide recommendations in implementing the child's 504 Plan.

☐ True ☐ False

Q7: The school is required to notify the parent/guardian of a child of the implementation of an Emergency Action Plan if they decline or refuse to cooperate for the implementation of a 504 Plan.

☐ True ☐ False

Q8: Abby's mother shares with you that Abby has been diagnosed with asthma over the summer. You wish to share information about the diagnosis with Abby's physical education teacher. What kind of documentation is required to share diagnosis and other information with school personnel?

- A. Written consent from the medical provider
- B. Written consent from parents/guardians
- C. Verbal consent from parents/guardians
- D. No documentation is required to share diagnosis and other information with school personnel

Q9: Sam's parents declined a 504 Plan to manage his asthma at school. On a field trip, Sam begins to have symptoms of coughing and wheezing. You remember to implement the Emergency Action Plan (EAP). What does this involve?

- A. Call student's parent/guardian to inform them of the asthma symptoms.
- B. Call school nurse for guidance on administering the student's inhaler.
- C. Call 911 upon recognition of symptoms and contact the student's parent/guardian.
- D. Call 911 upon recognition of symptoms and call to inform the principal of the asthma symptoms.

Answer: 4. True, 5. True, 6. True, 7. True, 8. B. written consent from parents/guardians, 9. C. Call 911 upon recognition of symptoms and contact the student's parent/guardian.

Documentation

Q10: A 504 Plan addresses the prevention of asthma symptoms and daily management of asthma while in school and at school events.

☐ True ☐ False

Q11: The 504 Plan is offered only if the parents/guardians of a child with physician-documented asthma requests it.

☐ True ☐ False

Q12: The 504 Plan can be updated if the parent/guardian requests that their child's asthma be managed differently.

☐ True ☐ False

Q13: A student's Emergency Action Plan should be distributed to the student's teachers and other staff who supervise the student during the day.

☐ True ☐ False

Answers: 10. True, 11. False, 12. False, 13. True

Emergency Response

Q14: If the emergency response measures outlined in a student's Emergency Action Plan are undertaken but not effective, what should be done?

- A. School personnel should drive the student to the emergency department.
- B. School personnel should call the student's parent/guardian for help.
- C. School personnel should take the student to an urgent care center.
- D. School personnel should call 911 and remain with student at all times.

Q15: If a student is transported to a hospital, a full-time school staff should accompany the student to the hospital only until they are in the care of doctors and nurses.

☐ True ☐ False

Q16: The school should complete an incident report in all instances when emergency response measures are activated.

☐ True ☐ False

Answers: 14. D. School personnel should call 911 and remain with student at all times during a medical emergency. 15. False, 16. True

Training:

Q17: School personnel who work with students only need to complete a training program on asthma management, prevention, and response when they are hired and onboarded.

☐ True ☐ False

Q18: Several students in your class have moderate to severe asthma. You think you might need an in-service training program to refresh your knowledge about asthma management. How often should school personnel who work with students complete training on asthma?

- A. Only when the school personnel start at a school.
- B. Only when the teacher has a student with asthma.
- C. Every year.
- D. Every five years.

Answers: 17. False, 18. C. Every year.



Board of Education of the City of Chicago
Law Department
Joseph Moriarty, General Counsel

MEMORANDUM

Privileged & Confidential / Attorney Work Product

To: LaTanya McDade, Chief Education Officer

From: Ghanshyam Patel,
Outside Counsel with The Law Office of Patel & Associates,
On behalf of the Board of Education of the City of Chicago

CC: Lisa Butler, Deputy General Counsel
Joselynn Gardner, Assistant Deputy General Counsel

Date: June 15, 2021

Re: Signature Required--Agreement with University of Chicago

Enclosed for signature is an Agreement with University of Chicago the Research Services Agreement in Support of Asthma Management Support.

If you have any questions, please email me at Gpatel1@cps.edu.

Thank you.

Attachments

NO-COST RESEARCH SERVICES AGREEMENT

(UChicago)

This NO-COST RESEARCH SERVICES AGREEMENT ("**Agreement**") is entered into as of the 1st day of September, 2020 ("**Effective Date**") by and between the Board of Education of the City of Chicago, a body politic and corporate commonly known as the Chicago Public Schools, with offices located at 42 West Madison Street, Chicago, Illinois 60602 (the "**Board**" or "**CPS**") and The University of Chicago, with offices located at 5801 S. Ellis Avenue, Chicago IL 60637 ("**Researcher**") on behalf of its Dr. Anna Volerman. Board and Researcher may hereinafter be referred to individually as a "**Party**" and collectively as the "**Parties**".

RECITALS

A. WHEREAS, the Board desires that Researcher conduct research projects in support of asthma management support as more fully described herein and in the Statements of Services entered subsequent to and pursuant to the terms of this Agreement; and

B. WHEREAS, Researcher has demonstrated expertise in providing such services, has represented that it has the requisite knowledge, skill, experience and other resources necessary to perform such services and is desirous of providing such services for the benefit of the Board.

NOW, THEREFORE, in consideration of the foregoing, which are incorporated into and made a part of this Agreement, and the mutual covenants contained herein, the parties hereby agree as follows:

1. **Term of Agreement:** This Agreement is for a term commencing on the Effective Date September 1, 2020 and terminating on October 31, 2023 ("**Term**"), unless terminated sooner as provided herein. The Board shall have two (2) options to renew the Agreement for periods of one (1) year (each a "**Renewal Term**") by entering into a written renewal agreement with Researcher.

2. **Research Services:** From time to time, and as agreed upon by the Parties hereto, Researcher shall provide research services to or for the benefit of the Board ("**Research Services**"), in accordance with the terms and conditions of this Agreement. "Research Services" means, collectively, the services, duties, and responsibilities described in this Agreement and any and all work necessary to complete them or carry them out fully to the standard of performance required in this Agreement.

A. **Scope of Services:** A general description of the types of services ("**Services**") that Researcher shall perform under this Agreement is set forth in the "**Scope of Services**" attached hereto and incorporated herein by reference as Exhibit A. Any and all Services to be conducted under this Agreement shall fall within the approved parameters set forth in the attached Scope of Services. Either party may request changes to the Scope of Services. Any such changes shall be documented by a written amendment to this Agreement as described in Section 21 below. Any and all Services performed pursuant to this Agreement shall be subject to the Board's External Research Study and Data Policy (hereinafter referred to as the "**Research Policy**") approved December 11, 2019 (authorized by Board Report #19-1211-PO3), as may be amended. Board policies and any updates thereto can be accessed through the following website: <https://policy.cps.edu/Policies.aspx>. The Board retains final authority with respect to any and all Services physically occurring on any property owned or controlled by the Board, any activity that negatively affects the safety or welfare of CPS students or Board staff, and any dissemination of Confidential Information including any personally-identifiable student or staff-level data. As set forth below, the Board retains final authority with respect to any and all dissemination of Confidential Information.

B. **Consent Forms:** Prior to conducting research activities or collecting information from students or staff, the Researcher must obtain the prior written informed consent of participants or of a parent on behalf of a student. For students who are 18 or over, the Researcher must

receive written informed consent from the student. Students under 18 years old cannot participate in research without the informed consent of a parent. Prior to obtaining personally-identifiable student level data, the Researcher must obtain written consent from the parent on behalf of a student or from the student who is 18 or over. All consent form(s) must comply with state and federal laws and regulations regarding confidentiality of student records and the protection of study participants.

3. **Compensation**: Researcher agrees to provide the Services at no cost to the Board. Further, the Board shall not reimburse Researcher for any expenses. The Board may charge Researcher for CPS costs associated with Approved Research to be conducted.

4. **Standards of Performance**: Researcher shall devote, and shall cause all of its staff and subcontractors, if any, to devote, such of their time, attention, best skill and judgment, knowledge and professional ability as is necessary to supply all Services effectively, and consistent with this Agreement. Researcher acknowledges that, if in the course of providing Services hereunder, it is entrusted with or has access to valuable or confidential information or records of the Board, that with respect to that information, Researcher agrees to be held to the standard of care established by this Agreement and applicable law. Any review, approval, acceptance of Services or deliverables by the Board does not relieve Researcher of its responsibility for the professional skill, care, and technical accuracy of its Services and deliverables. Researcher shall remain responsible for the professional and technical accuracy of all Services, including any deliverables furnished, whether by Researcher or its subcontractors or others on its behalf.

5. **Events of Default**: Events of default ("**Events of Default**") include, but are not limited to, any of the following:

- A. Any material misrepresentation by Researcher in the Inducement of the Agreement or the provision of Services;
- B. Failure to perform in accordance with the terms, conditions, and specification of this Agreement, representation or warranty made by Researcher in the Agreement;
- C. Action or failure to act which affects the safety or welfare of students or Board staff; or
- D. Failure to supply any portion of the Services herein at the time fixed for performance and in the manner specified herein or discontinuance of the supply of the Services for reasons within Researcher's reasonable control.

6. **Remedies**: The Board may give Researcher an opportunity to cure an Event of Default within a certain period of time ("**Cure Period**") which shall not be less than thirty (30) days. In such an event, the Chief Education Officer shall give Researcher a written notice of the default in the form of a cure notice ("**Cure Notice**"). In the case of material defaults, including but not limited to instances where the safety or welfare of students or Board staff are at issue, the Chief Education Officer may determine that no opportunity to cure will be granted; in such a case, the Chief Education Officer shall provide Researcher a default notice ("**Default Notice**") stating that the Agreement is terminated, in whole or in part

Upon the occurrence of any Event of Default, the Board may invoke any or all of the following remedies:

- A. The right to terminate this Agreement, in whole or in part, as to any or all of the Services yet to be supplied effective at a time specified by the Board;
- B. The right to suspend the supply of Services during the Cure Period if the default results from Researcher's action or failure to act which affects the safety or welfare of students or Board staff;

- C. The right to receive from Researcher any and all damages incurred as a result or in consequence of an Event of Default;

The Board may elect not to declare Researcher in default or to terminate this Agreement. The parties acknowledge that this provision is solely for the benefit of the Board and that if the Board permits Researcher to continue to supply the Services despite one or more Events of Default, Researcher shall in no way be relieved of any responsibilities, duties or obligations under this Agreement nor shall the Board waive or relinquish any of its rights under this Agreement, at law, equity or statute. Whether to declare Researcher in default is within the sole discretion of the Chief Education Officer. Written Default Notice shall be final and effective upon Researcher's receipt of such notice.

The remedies under the terms of this Agreement are not intended to be exclusive of any other remedies provided, but each and every such remedy shall be cumulative and shall be in addition to any other remedies, existing now or hereafter, at law, in equity or by statute. No delay or omission to exercise any right or power accruing upon any Event of Default shall be construed as a waiver of any Event of Default or acquiescence thereto, and every such right and power may be exercised from time to time and as often as may be deemed expedient.

7. **Early Termination:** Either Party may terminate this Agreement in whole or in part, without cause upon thirty (30) days written notice.

After notice is received, Researcher must restrict its activities and those of its subcontractors, to winding down any reports, analyses, or other activities previously begun. No costs incurred after the effective date of the termination are allowed.

Researcher must include in its contracts with subcontractors an early termination provision in form and substance equivalent to this early termination provision to prevent claims against the Board arising from termination of subcontracts after the early termination of this Agreement.

Researcher shall not be entitled to make any early termination claims against the Board resulting from any subcontractor's claims against Researcher or the Board to the extent inconsistent with this provision.

8. **Suspension of Services:** The Board may, upon fifteen (15) calendar day's written notice, request that Researcher suspend supplying Services in whole or part. Researcher shall promptly resume supplying Services upon written notice from the Board and upon such equitable extension of time as may be mutually agreed upon, in writing, by the Board and Researcher. Responsibility for any additional costs or expenses actually incurred by Researcher as a result of remobilization shall be determined by mutual agreement of the parties.

9. **Assignment:** This Agreement shall be binding on the parties and their respective successors and assigns, provided however, that Researcher may not assign this Agreement or any obligations imposed hereunder without the prior written consent of the Board.

10. **Confidential Information, Dissemination of Information, Ownership, Survival:**

A. **Confidential Information:** In performance of this Agreement, Researcher may have access to or receive certain information that is not generally known to others ("**Confidential Information**"). Such Confidential Information may include but is not limited to proprietary information, Student Data as further described below, employee data, contractor data, unpublished school information, CPS financial information, and CPS plans. It is understood and agreed that Confidential Information may include information that Researcher obtains from CPS's third party vendors through performance of the Services. It is understood and agreed that Confidential Information will not include information that is: (i) or becomes part of the public domain through no breach of this Agreement by Researcher; (ii) made available to

Researcher by an independent third party having the legal right to make such disclosure; (iii) known, as supported by records to be provided to the Board contemporaneously, to Researcher prior to disclosure by the Board under this Agreement; (iv) information that can be established and documented by Researcher to have been independently developed or obtained without reliance on the Board's Confidential Information; (v) contained in a publication in accordance with Section 10.G. of this Agreement; or (vi) required to be disclosed by a court of competent jurisdiction, law, or government rule or regulation.

B. Student Data: "**Student Data**" means any data, metadata, information, or other materials of any nature recorded in any form whatsoever, that is generated, disclosed, transmitted, created, or provided by the Board, either directly or through its students, employees, agents, and subcontractors. It is understood that protection of Student Data shall be subject to the special requirements of the Family Educational Rights and Privacy Act ("**FERPA**") and the Illinois School Student Records Act ("**ISSRA**"). For purposes of this Agreement, Student Data shall be considered and treated as Confidential Information for which additional requirements may be required as described below.

C. Data Collected by Researcher: In the course of performing Services in accordance with the terms of this Agreement, Researcher may be permitted to collect certain information concerning CPS students, CPS Staff, and individual Chicago Public Schools. This includes all information that is created or generated through the Services and that is directly related to a CPS student. Researcher shall strictly adhere to the procedures specified in this Agreement and the applicable Approved Research Services Proposal when collecting any and all such data and shall obtain all necessary written consents to collect such data. Data collected by Researcher pursuant to this Section 10.C. shall be collectively referred to as "Researcher-Collected Data".

D. Parental Consent: The Parties acknowledge that in the course of performing specific Services under this Agreement, the Board may deem it necessary for Researcher and/or CPS to obtain the informed written consent of the student if the student is over the age of majority and consent of students' parents or legal guardians when the student is under the age of majority in order to collect and analyze Student Data. In some circumstances, when the student is under the age of majority, the student's assent may also be required. Researcher shall abide by the Board's direction in each such instance and shall obtain the Board's prior written approval for the use of any consent form in each instance.

E. Use of Confidential Information: Researcher shall use at least the same standard of care in the protection of Confidential Information of the Board as Researcher uses to protect its own confidential information, but in any event such Confidential Information shall be protected in at least a commercially reasonable manner. Researcher shall only use Confidential Information for the sole purpose of performing the Services specifically set forth in accordance with the terms of this Agreement. Researcher shall not disclose Confidential Information except to those of its officers, agents, employees, and subcontractors who have a need to access the Confidential Information to complete the Services as described herein. Other than as specified in this Agreement, Researcher shall not use or disclose any Confidential Information without the prior written consent of the Board, other than as specified in this Agreement, including the properly executed Statements of Work.

F. Handling of Confidential Information: Researcher shall protect against the unauthorized access, use or disclosure of Confidential Information by employing security measures that are no less protective as those used to protect Researcher's own confidential information. When handling Confidential Information which may include, but is not limited to Student Data, Researcher shall:

- i. When mailing physical copies of Confidential Information, send the Confidential Information in a tamper-proof, labeled container, with a tracking number and a delivery confirmation receipt;

- ii. Encrypt any and all Confidential Information stored on portable or removable electronic media, such as CDs, DVDs, electronic tape, flash drives, etc. Further, such electronic media shall be kept locked, or otherwise have sufficient physical access control measures to prevent unauthorized access;
- iii. Not leave Confidential Information in any medium unsecured and unattended at any time;
- iv. Keep all physical copies (paper, portable or removable electronic media, or other physical representations) of Confidential Information under lock and key, or otherwise have sufficient physical access control measures to prevent unauthorized access;
- v. Password protect any laptop or other electronic device that contains Confidential Information. Additionally, any laptop or other electronic device that contains Confidential Information shall have its full hard drive encrypted with an encryption key of no less than 256 bits. Researcher shall not leave any laptop or other electronic device unattended without enabling a screen-lock or otherwise blocking access to the laptop or other electronic device. Researcher certifies that it has policies in place regarding the proper use and storage of electronic devices and passwords securing such devices, and that all employees providing Services under this Agreement shall be informed of and trained on such policies.
- vi. Secure the Confidential Information stored on its systems, including but not limited to any servers, by employing adequate security measures to prevent unauthorized access to, disclosure and use of that information. These measures include appropriate administrative, physical, and technical safeguards, policies, procedures, and technical elements relating to data access controls. All Confidential Information must be secured in transit using secure FTP services or https/TLS 1.0+. Researcher must maintain industry recognized security practices to establish secure application(s), network, and infrastructure architectures.
- vii. Ensure that the manner in which Confidential Information is collected, accessed, used, stored, processed, disposed of and disclosed within Researcher's Services and supporting enterprise complies with applicable data protection and privacy laws, as well as the terms and conditions of the Agreement.
- viii. Conduct periodic risk assessments and remediate any identified security vulnerabilities in a timely manner. Researcher will also have a written incident response plan, to include prompt notification of the Board in the event of a security or privacy incident, as well as best practices for responding to a breach of Confidential Information security practices. Researcher agrees to share its incident response plan upon request.
- ix. Assure that its systems and Services include at least the following safeguards, where applicable:
 - A. Include component and system level fault tolerance and redundancy in system design;
 - B. Encrypt user passwords in any data storage location and obfuscate password entry fields in any entry interface controlled by Researcher;
 - C. Encrypt Confidential Information at rest and in transit;
 - D. Authentication of users at logins with a 256-bit or higher encryption algorithm;

- E. Secure transmissions of login credentials;
 - F. Automatic password change routine;
 - G. Trace user system access via a combination of system logs and an analytical tool with capabilities and metrics equivalent or superior to Google Analytics;
 - H. Secure (encrypt) the audit trails and system generated logs and ensure that they are stored in locations that are inaccessible to automated content discovery software;
 - I. Conduct system level testing whenever new functionalities are added to the system to reconfirm system security measures are retained and functional, and that interaction with the Board systems is not degraded or compromised;
 - J. Employ an in-line intrusion prevention system that inspects incoming data transmissions;
 - K. Prevention of hostile and unauthorized intrusion; and
 - L. Backup of all Confidential Information at least once every twenty-four (24) hours. Perform content snapshots at least daily and retain for at least thirty (30) days.
- x. Confidential Information shall be stored, backed up, and served only on servers located in the continental United States. Researcher's network where Confidential Information may be stored shall have an in-line intrusion prevention system that inspects incoming data transmissions. Researcher shall have a documented disaster covered plan for the electronic systems where Confidential Information may be stored. Data stored in cloud-based systems must be protected in the same manner as local data as described throughout the Agreement. Also, the prior approval of the Board's ITS Program Manager or designee for any hosting solution may be required.

G. Dissemination of Information: Researcher shall not disseminate any Confidential Information to a third party without the prior written consent of the Board. If Researcher is presented with a request for documents by any administrative agency or with a *subpoena duces tecum* regarding any Confidential Information which may be in Researcher's possession, Researcher shall promptly give notice to the Board and its General Counsel with the understanding that the Board shall have the opportunity to contest such process by any means available to it prior to submission of any documents to a court or other third party. Researcher shall not be obligated to withhold delivery of documents beyond the time ordered by a court of law or administrative agency, unless the request for production or subpoena is quashed or withdrawn, or the time to produce is otherwise extended.

H. Publication of Research Results: The Board acknowledges that Researcher's provision of Services under this Agreement is intended to result in the publication of research results, and agrees that such publications may include aggregated data provided, collected, or generated under one or more executed Statements of Work, provided that no such publication shall include any individually identifiable data. Researcher shall provide the Board a copy of any proposed publication no less than thirty (30) days prior to its publication or public dissemination (the "**Review Period**"). During such Review Period, the Board shall have the right to comment on such proposed publication and the Researcher agrees to consider any such comments in good faith, and the Board shall have the right to review such proposed publication and notify Researcher in writing of any inadvertent disclosures of individually identifiable information or Confidential Information, which Researcher will remove or redact. Any redactions requested in writing by the Board shall be final and Researcher agrees that the publication of any material requested in writing by the Board to be redacted, shall be considered a material breach of this Agreement. Following the conclusion of the Review Period, Researcher shall be free to publish the proposed publication, even in the absence of any acknowledgement or other communication from the Board.

I. Press Release; Publicity: No less than ten (10) business days prior to issuing any publicity news release or granting any press interviews related to any Services provided pursuant to this Agreement, Researcher shall provide a copy of such news release or summary of such interview talking points to the Board's Office of Communications for written approval, and such approval will not be unreasonably delayed or withheld. Researcher shall not use any of the Board's intellectual property, including but not limited to the CPS logo or the logos of any schools, during or after the performance of Services without the prior express written consent of the authorized representative of the Board. Furthermore, Researcher may not photograph or film or cause others to photograph or film any CPS student without obtaining the prior written consent of the Board's Chief Communications Officer or his/her designee and that of the student's parent or legal guardian as described in Section 10.C of this Agreement.

J. Ownership: All Confidential Information is and remains the property of the Board. Student Data and intellectual property developed by the Board or developed by a third party who transferred rights therein to the Board, including but not limited to the CPS logos and those logos of individual schools, shall at all times be and remain the property of the Board. Researcher Collected Data, as defined in Section 10.C. is and remains the sole property of Researcher.

K. Destruction of Confidential Information: Upon the later of either (i) Researcher's completion of any required reports as part of the Services, or (ii) the termination or expiration of this Agreement ("**Ending Event**"), Researcher shall cease using and destroy all Confidential Information furnished by the Board in performance under this Agreement unless otherwise directed by the Board. Researcher shall destroy all Confidential Information within thirty (30) business days of an Ending Event and provide a written affidavit to the Board that Researcher has complied with the requirement of this provision to destroy such items. In the event that Researcher needs to retain the Confidential Information past an Ending Event, Researcher shall communicate to the Board's Director of School Quality and Management ("**SQM Director**") in advance of the Ending Event the reason for such retention and obtain his/her written agreement. Researcher shall protect such retained Confidential Information in accordance with the terms of this Agreement, even after termination or expiration of the Agreement, and shall not use Confidential Information for any purpose not expressly agreed upon by the SQM Director.

L. Unauthorized Access, Disclosure or Use of Confidential Information. If Researcher has knowledge of any unauthorized access, disclosure and/or use of shared Confidential Information, it shall: (i) notify the Board immediately, which in no event shall be longer than twenty four (24) hours from the Researcher receiving notice of the unauthorized access and use; (ii) take prompt and appropriate action to prevent further unauthorized access or use; (iii) cooperate with the Board and any government authorities with respect to the investigation and mitigation of any such unauthorized access and use, including the discharge of the Board's duties under the law; and (iv) take such other actions as the Board may reasonably direct to remedy such unauthorized access and use, including, if required under any federal or state law, providing notification to the affected persons. Researcher shall bear the losses and expenses (including attorneys' fees) associated with a breach of Confidential Information including, without limitation, any costs: (1) of providing notices of a data breach to affected persons, and to regulatory bodies; and (2) of remedying and otherwise mitigating any potential damage or harm of the data breach, including, without limitation, establishing call centers and providing credit monitoring or credit restoration services, as requested by the Board. Researcher shall include this provision in any and all agreements they execute with subcontractors under this Agreement.

M. Employees, Agents, and Subcontractors: Researcher agrees to cause its employees, agents, and subcontractors, if any, to undertake the same obligations of confidentiality and ownership agreed to herein by Researcher.

N. Additional Obligations Regarding Treatment of Student Data: In addition to the above stated obligations for the treatment and handling of Confidential Information, Researcher shall abide by the following obligations when treating and handling Student Data:

- i. Student Data Use. Researcher shall not use Student Data, including persistent unique identifiers, data created or gathered by Researcher's Services, and technology, to amass a profile about a student or otherwise identify a student except in furtherance of specific Services. Researcher will use Student Data only for the purpose of fulfilling its duties and delivering Services under this Agreement.
- ii. Student Data Collection. Researcher will collect only Student Data necessary to fulfill its duties as outlined in this Agreement.
- iii. Marketing and Advertising. Researcher shall not engage in any commercial advertising or marketing to schools, students or their parents/legal guardians when the advertising is based upon any Student Data that Researcher has acquired because of the use of that Researcher's Services, or technology. Notwithstanding the foregoing, the Board acknowledges and agrees that Researcher may use Student Data to identify and recruit participants, including but not limited to CPS student, parents, and CPS staff, for research activities conducted in performance of the Services. Any such recruitment activities shall be described herein.
- iv. Student Data Mining. Researcher is prohibited from mining Student Data for any purpose. Student Data mining or scanning of user content for the purpose of advertising or marketing to students or their parents is prohibited.
- v. Student Data Transfer or Destruction. Researcher will ensure that all Student Data in its possession and in the possession of any subcontractors, or agents to whom Researcher may have transferred Student Data, are destroyed or transferred to the Board when Student Data is no longer needed for its specified purpose.
- vi. Rights in and to Student Data. Parties agree that all rights, including all intellectual property rights, associated with such Student Data shall remain the exclusive property of the Board. Nothing in this Agreement is meant and nothing shall be interpreted to mean that the Board releases any ownership or control of Student Data during the performance of the Services under this Agreement. Student Data shall remain under the control of the Board throughout the Term of this Agreement, including any Renewal Terms. The Board grants Researcher a limited, nonexclusive license to Student Data solely for the purpose of performing its obligations as outlined under the Agreement. This Agreement does not give Researcher any rights, implied or otherwise, to Student Data, content, or intellectual property, except as expressly stated in the Agreement. Researcher does not have the right to sell or trade Student Data.
- vii. Sale of Student Data. Researcher is prohibited from selling, or trading Student Data.
- viii. Access. Any Student Data held by Researcher will be made available to the Board upon request of the Board. The identity of all persons having access to Student Data through Researcher will be documented and access will be logged.

O. Data Security Manager: Researcher shall provide the Board with the name and contact information for an individual who shall serve as the Board's primary security contact and who shall be available to assist the Board as a contact in resolving obligations associated with a Student Data-related security breach. The designated contact shall respond to any

Board inquiries within twenty-four (24) hours, or such other reasonable time as agreed upon by the Parties.

P. Survival: The provisions of this Section shall survive the termination or expiration of this Agreement.

11. **Representations and Warranties of Researcher**: Researcher represents and warrants that the following shall be true and correct as of the effective date of this Agreement and shall continue to be true and correct during the Term of this Agreement

A. Compliance with Laws: Researcher is and shall remain in compliance with all applicable federal, state, county, and municipal, statutes, laws, ordinances, and regulations relating to this Agreement, as amended from time to time, including but not limited to the Prevailing Wage Act, 820 ILCS 130/1 *et seq.*, the Drug-Free Workplace, the Illinois School Student Records Act ("ISSRA"), the Family Educational Rights and Privacy Act ("FERPA"), the Protection of Pupil Rights Amendment and any others relating to non-discrimination. Further, Researcher is and shall remain in compliance with all applicable Board policies and rules, as may be amended from time to time. Board policies and rules are available at <https://policy.cps.edu/Policies.aspx>;

B. Good Standing: Researcher, each of its members, if a joint venture or limited liability company, and each of its subcontractors, if any, have not been deemed by the Board's Chief Procurement Officer to be in default under any other agreement with the Board during the five (5) year period immediately preceding the effective date of this Agreement, and have not been debarred under the Board's Debarment Policy during the three (3) year period immediately preceding the effective date of this Agreement;

C. Authorization: In the event Researcher is an entity other than a sole proprietorship, Researcher represents that it has taken all action necessary for the approval and execution of this Agreement, and execution by the person signing on behalf of Researcher is duly authorized by Researcher and has been made with complete and full authority to commit Researcher to all terms and conditions of this Agreement which shall constitute valid, binding obligations of Researcher;

D. Financially Solvent: Researcher warrants that it is financially solvent, is able to pay all debts as they mature, and is possessed of sufficient working capital to supply all Services and perform all obligations under this Agreement;

E. Gratuities: No payment, gratuity, or offer of employment was made to or by Researcher, any of its members of a limited liability company or joint venture or, to the best of Researcher's knowledge, to any subcontractors, in relation to this Agreement or as an inducement for award of this Agreement. Researcher is and shall remain in compliance with all applicable anti-kickback laws and regulations.

F. Research Activities and Data Requests: Except as specifically set forth in this Agreement, Researcher shall not conduct research in the Chicago Public Schools or use Confidential Information for research purposes. In the event that Researcher seeks to conduct research in the Chicago Public Schools or use Confidential Information for research purposes outside of those set forth in this Agreement, Researcher shall comply with the Board's External Research Study and Data Policy adopted on December 11, 2019, as may be amended from time to time. Researcher acknowledges and agrees that it may not begin any research activities or obtain data for research purposes, other than as specifically set forth in this Agreement, without the prior written consent of the Director of School Quality and Management or his/her designee.

G. No Legal Action Preventing Performance: As of the Effective Date, Researcher has no knowledge of any action, suit, proceeding, or material claim or investigation pending or to

its knowledge threatened against it in any court, or by or before any federal, state, municipal, or other governmental department, commission, board, bureau, agency, or instrumentality, domestic or foreign, or before any arbitrator of any kind, that, if adversely determined, would materially affect Researcher's ability to perform its obligations under this Agreement.

H. Intellectual Property: In performing and delivering the Services under this Agreement, Researcher shall not knowingly or intentionally, after due inquiry, violate or infringe upon any patent, copyright, trademark, trade secret or other proprietary or intellectual property rights of any third party and will not improperly use any third party's confidential information. Researcher shall grant, without encumbrance, all ownership, licensing, marketing and other rights required to furnish all materials and products that it furnishes to the Board under this Agreement and can grant or assign all rights granted or assigned to the Board pursuant to this Agreement.

I. Prohibited Acts: Within the three (3) years prior to the effective date of this Agreement, Researcher or any of its members if a joint venture or a limited liability company, or any of its or their respective officers, directors, shareholders, members, managers, other officials, agents or employees (i) have not been convicted of bribery or attempting to bribe a public officer or employee of any public entity and (ii) have not been convicted of agreeing or colluding among contractors or prospective contractors in restraint of trade, including bid rigging or bid-rotating, as those terms are defined under the Illinois Criminal Code.

J. Free of Computer Viruses: Researcher shall use commercially reasonable best efforts designed to ensure that the Services, and any software used in Researcher's performance of the Services, are free of malicious code, malware, Trojan horses, ransomware, worms, and other computer viruses.

K. Debarment and Suspension: Researcher certifies to the best of its knowledge and belief, after due inquiry, that:

1. it, its principals, and its subcontractors providing Services under this Agreement are not barred from contracting with any unit of state or local government as a result of violation of either Section 33E-3 (bid-rigging) or Section 33E-4 (bid rotating) of the Illinois Criminal Code (720 ILCS 5/33A et seq.);

2. it, its principals, and its subcontractors providing Services under this Agreement are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency or any unit of State or local government; and

3. it, its principals, and its subcontractors providing Services under this Agreement have not violated the rules, regulations, or laws of any federal, state, or local government unit or agency.

"Principals" for the purposes of this certification means officers, directors, owners, partners, persons having primary management or supervisory responsibilities within a business entity; and, if a joint venture is involved, each joint venture member and the principals of each such member.

L. Continued Disclosure Requirement: If at any time during the Term of the Agreement Researcher becomes aware of any change in the circumstances that makes the representations and warranties stated above no longer true, Researcher must immediately disclose such change to the Board in accordance with the Notice provision of this Agreement.

12. Background Check. Researcher shall comply with the following requirements and such other procedures as may be determined necessary by the Board from time to time for each employee, agent, volunteer or subcontractor who may have contact with a CPS student as a result of this Agreement (individually and collectively **"Staff"**) (**"Background Check"**). For purposes of this Section,

contact via text messages, live chats, emails, any other digital or online media, telephone, in person, or through any other means shall be considered "contact". Researcher shall not allow any Staff to have contact with students until Researcher has confirmed with the Board that each respective Staff has successfully completed the Background Check in accordance with the following requirements:

A. Do Not Hire List. The Board will perform a check of eligibility of each Staff who may have contact with a CPS student pursuant to this Agreement by checking the Board's "Do Not Hire" ("**DNH**") records ("**DNH Check**"). The Board will utilize the same DNH Check process that the Board uses for its own prospective staff. Staff with a DNH designation shall not provide Services hereunder.

B. Criminal History Records Check. Researcher shall, at its own cost and expense, have a complete fingerprint-based criminal history records check conducted on each Staff who may have contact with a CPS student pursuant to this Agreement through the process established by the Board, including using the Board's contracted vendor for conducting such checks, and otherwise in accordance with the Illinois School Code (105 ILCS 5/34-18.5), which refers to and incorporates the Sex Offender and Child Murderer Community Notification Law (730 ILCS 152/101 *et seq.*), and the Murderer and Violent Offender Against Youth Registration Act (730 ILCS 154/1 *et seq.*) (collectively "**Criminal History Records Check**"). A complete Criminal History Records Check includes the following:

1. Fingerprint-based checks through the Illinois State Police and the Federal Bureau of Investigation;
2. A check of the Illinois Sex Offender Registry and the Nationwide Sex Offender Registry; and
3. A check of the Illinois State Police Murderer and Violent Offender Against Youth Registry.

The results of each Criminal History Records Check shall be adjudicated by the Board. Staff shall not have contact with CPS students prior to successfully completing the Criminal History Records Check. When the Board determines that any Staff has not passed a Criminal History Records Check, such Staff shall not access any Board facility and shall not have contact with any CPS student hereunder.

C. Department of Children and Family Services Check. At Researcher's cost and expense, the Board shall have the right to check Staff who may have contact with a CPS student pursuant to this Agreement for indicated reports of child abuse and/or neglect with the Illinois Department of Children and Family Services ("**DCFS**") State Automated Child Welfare Information System (or a comparable determination of child abuse or neglect by a government agency in another jurisdiction) for each Staff ("**DCFS Check**"). Researcher shall follow the directives and processes of the Board for initiating any DCFS Check, and the results of each DCFS Check shall be adjudicated by the Board. Staff determined by the Board not to have passed a DCFS Check shall not access any Board facility and shall not have contact with any CPS student hereunder.

D. Background Check Representations and Warranties. With respect to each Background Check, Researcher further represents and warrants that Researcher shall:

1. Utilize the process established by the Board for completing each Background Check and immediately initiate all action, as directed by the Board, to have such Background Check performed;
2. Obtain from each of its prospective and current Staff and provide to the Board a signed copy of any release and consent required to conduct the Background Check in the form determined by, and as directed by the Board;

3. Confirm with the Board's Chief of Safety and Security that each respective Staff has successfully completed the Background Check through the process established by the Board and complied with the Board's directives regarding the results of each Background Check before any contact with a CPS student may occur;
4. When contact with a CPS student may occur, not allow any Staff to provide Services until a DNH Check, Criminal History Records Check, and DCFS Check have been completed by the Board and the results of the Background Check satisfy for the Board, at a minimum, the requirements of 105 ILCS 5/34-18.5 and the requirements of all other Acts and Laws referenced in this Section, as may be amended;
5. Comply with and require compliance of all Staff with directives from the Board relating to any updates to any Background Check (which updates shall be received and adjudicated by the Board) and provide any other information requested by the Board necessary for the performance of the Background Check and its update process; and
6. Immediately remove from any contact with any CPS student pursuant to this Agreement and otherwise terminate access for any Staff determined by the Board not to have passed a Background Check or update for any matters arising after an initial Background Check.

E. Allocation of Costs and Liquidated Damages. Researcher is obligated to cause the Background Check to be performed for all Staff who may have contact with any CPS student pursuant to this Agreement, and Researcher shall be responsible for the costs of such Background Check. Whether or not Researcher allocates the costs to its subcontractors shall not affect Researcher's obligations in this Section.

If Researcher fails to comply with this Section, in whole or in part, then, in addition to the Remedies set forth in this Agreement, the Board may exercise additional remedies, including but not limited to: (i) withholding payments due under this Agreement, and any other agreement Researcher may have or enter into with the Board until Researcher remedies such non-compliance to the Board's reasonable satisfaction; (ii) immediately terminating this Agreement without any further obligation by the Board of any kind (other than payment for Services previously rendered pursuant to the terms herein); (iii) seeking liquidated damages; (iv) or taking any other action or remedy available under this Agreement or by law.

Liquidated damages shall be calculated as \$5,000.00 per breach of this Section, which, for purposes of clarity, for the aggregate calculation of liquidated damages, will include each instance of contact with CPS students by Staff as a separate breach. It is understood and agreed that Researcher's non-compliance with this Section shall constitute a material breach of this Agreement.

13. **Independent Contractor:** It is understood and agreed that the relationship of Researcher to the Board is and shall continue to be that of an independent contractor and neither Researcher nor any of Researcher's employees, agents, or subcontractors shall be entitled to receive Board employee benefits. It is further understood and agreed that the Board shall not be responsible for, nor incur any liability for, any State or Federal withholding or other taxes or for FICA or State unemployment insurance for Researcher, its agents, employees or subcontractors, and the payment of any such taxes incurred or due by Researcher shall be the sole responsibility of Researcher. To the extent that the Researcher is subject to taxes under Section 4980H of the Internal Revenue Code, the Researcher shall be solely responsible for paying such taxes. Researcher agrees that neither Researcher, nor any of its employees, agents, or subcontractors shall represent themselves as employees or agents of the Board. Researcher shall provide the Board with a valid taxpayer identification number as defined by the United States Internal Revenue Code, including, but not limited

to, a Social Security Number or a Federal Employer Identification Number.

14. **Indemnification:** Researcher agrees to indemnify and hold harmless the Board, its members, employees, agents, officers and officials, from and against any and all liabilities, taxes, tax penalties, interest, losses, penalties, damages and expenses of every kind, nature and character, including without limitation, costs and attorney fees (collectively "**Claims**"), arising or alleged to arise out of breach of the obligations regarding the protection of Confidential Information set forth in this Agreement and the negligent or willful acts or omissions of Researcher, its officials, employees, agents, and subcontractors related to this Agreement ("**Indemnified Event**"). The foregoing obligation extends to and is intended to encompass any and all Claims that the Services knowingly infringe, misappropriate, or otherwise violate any confidentiality, proprietary, or intellectual property rights of a third party.

Furthermore, in the event that the Board is determined to be liable for taxes under Section 4980H of the Internal Revenue Code as a result of its use of the Researcher's employees under this Agreement, the Researcher shall indemnify the Board for any such liability. And, in the event of unauthorized access, use, or disclosure of Confidential Information arising or alleged to arise from the negligent or willful acts or omissions of Researcher, its employees, agents, and subcontractors, in addition to the obligations provided for in this Section, Researcher shall cover any costs or fees associated with (i) providing notices of a data breach to affected persons and to regulatory bodies and (ii) remedying and otherwise mitigating any potential damages or harm from the data breach, including but not limited to call centers and providing credit monitoring or credit restoration services as may be requested by the Board.

Researcher shall, at its own cost and expense, appear, defend and pay all attorney fees and other costs and expenses arising from an Indemnified Event. In addition, if any judgment shall be rendered against the Board in any such action, Researcher shall, at its own expense, satisfy and discharge such obligation of the Board. The Board shall have the right, at its own expense, to participate in the defense of any suit, without relieving Researcher of any of its obligations hereunder. The Board retains final approval of any and all settlements or legal strategies which involve the interest of the Board.

However, if Researcher, after receiving notice of any such proceeding, fails to promptly begin the defense of such claim or action, the Board may (without further notice to Researcher) retain counsel and undertake the defense, compromise or settlement of such claim or action at the expense of Researcher, subject to the right of Researcher to assume the defense of such claim or action at any time prior to settlement, compromise or final determination thereof. The cost and expense of counsel retained by the Board in these circumstances shall be borne by Researcher and Researcher shall be bound by, and shall pay the amount of any settlement, compromise, final determination or judgment reached while the Board was represented by counsel retained by the Board pursuant to this paragraph, or while Researcher was conducting the defense provided that Board shall not enter into any compromise or settlement without Researcher's prior written approval. Researcher shall not unreasonably withhold approval of any Board settlement agreements covered by their insurance policy limits as set forth in Section 16 below.

To the extent permissible by law, Researcher waives any limits to the amount of its obligations to defend, indemnify, hold harmless, or contribute to any sums due under any losses, including any claim by any employee of Researcher that may be subject to the Workers Compensation Act, 820 ILCS 305/1 et seq. or any other related law or judicial decision (such as *Kotecki v. Cyclops Welding Corporation*, 146 Ill. 2d 155 (1991)). The Board, however, does not waive any limitations it may have on its liability under the Illinois Workers Compensation Act, the Illinois Pension Code, any other statute or judicial decision.

The indemnities set forth herein shall survive the expiration or termination of this Agreement.

15. **Non-Liability of Board Officials:** Researcher agrees that no Board member, employee, agent, officer or official shall be personally charged by Researcher, its members if a joint venture or any subcontractors with any liability or expense under the Agreement or be held personally liable

under the Agreement to Researcher, its members if a joint venture or any subcontractors.

16. **Insurance Requirements:** Researcher, at its own expense, shall procure and maintain insurance covering all operations under this Agreement, whether performed by Researcher or by subcontractors. All insurers shall be licensed by the State of Illinois and rated A-VII or better by A.M. Best or a comparable rating service. Researcher shall submit to the Board satisfactory evidence of insurance coverage prior to the supply of any Services. Minimum insurance requirements are:

A. **Workers' Compensation and Employers' Liability Insurance:** Workers' Compensation Insurance affording workers' compensation benefits for all employees as required by law and Employers' Liability Insurance covering all Researcher's employees, with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence. The workers' compensation policy shall contain a waiver of subrogation clause;

B. Researcher hereby warrants and represents that it is insured or self-insured, and that it has and shall maintain during the term of this Agreement and any renewal thereof adequate coverage for all services being performed by Researcher employees or its subcontractors under this Agreement. If Researcher is self-insured, coverage under such self-insurance shall be at least as broad as would ordinarily be maintained in a commercial insurance policy.

C. **Commercial General Liability Insurance:** Commercial General Liability Insurance or equivalent with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, combined single limit for bodily injury, personal injury and property damage liability coverage, which shall include the following: all premises and operations; Services/completed operations (for a minimum of two (2) years following completion); explosion; collapse; independent contractors; separation of insureds; defense; and contractual liability. The Board shall be named as an additional insured, on a primary noncontributory basis, for any liability arising directly or indirectly from the supply of the Services, and said coverage shall not exclude claims for sexual molestation and/or abuse;

D. **Professional Errors and Omissions:** Professional errors and omissions insurance coverage in the amount of at least One Million Dollars (\$1,000,000.00) covering contractor and its employees. If insurance is on a claims-made basis, coverage must be in place for a minimum of three (3) years beyond the termination of this Agreement;

E. **Umbrella/Excess Liability Insurance:** Umbrella or Excess Liability Insurance with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, which will provide additional limits for Commercial General Liability Insurance and Automobile Liability Insurance;

F. **Cyber Liability:** If the Board's Confidential Information is kept on any computers or other electronic devices, Researcher shall carry coverage for damages arising from a failure of computer security, or wrongful release of private information including expenses for notification as required by local, state or federal guidelines. Limit of liability should be at least Two Million Dollars (\$2,000,000.00) per claim and Two Million Dollars (\$2,000,000.00) in the aggregate. Any retroactive date or prior acts exclusion must predate both the date of this agreement and any earlier commencement of any services. If coverage is on a "claims made basis", a five (5) year extended reporting provision must be included. Cyber liability coverage may be included in the technology errors and omissions.

G. **Automobile Liability Insurance:** Automobile Liability Insurance when any motor vehicle (whether owned, non-owned or hired) is used in connection with any Agreement, with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence for bodily injury and property damage; and

H. **Additional Insured:** Researcher shall have its Commercial General Liability Insurance and Automobile Liability Insurance policies endorsed to provide that the Board of Education of

the City of Chicago, a body politic and corporate, and its members, employees and agents, and any other entity as may be designated by the Board are named as additional insured on a primary basis without recourse or right of contribution from the Board.

The insurance company, or its representative, shall submit an insurance certificate evidencing all coverage as required hereunder and indicating the Additional Insured status as required above. to:

Risk Management
Board of Education of the City of Chicago
42 W. Madison
Chicago, IL 60602
riskmanagement@cps.edu

Any failure of the Board to demand or receive proof of insurance coverage shall not constitute a waiver of Researcher's obligation to obtain the required insurance. The receipt of any certificate does not constitute agreement by the Board that the insurance requirements in this Agreement have been fully met or that the insurance policies indicated on the certificate are in compliance with all Agreement requirements. In the event Researcher fails to fulfill the insurance requirements of this Agreement, the Board reserves the right to stop the Services until proper evidence of insurance is provided, or this Agreement may be terminated.

Any deductibles or self-insured retentions on referenced insurance coverage must be borne by Researcher. Any insurance or self-insurance programs maintained by the Board of Education do not contribute with insurance provided by the Researcher under this Agreement.

For the purposes of this Section, "Subcontractor" shall only apply to a third-party entity engaged by Researcher to conduct activities required as part of the Services under this Agreement, and when that entity requires access to Confidential Information to perform those activities. Further, Subcontractors shall not include individuals working as employees or agents of Researcher, regardless of their access to Confidential Information, with the understanding that Researcher shall ensure such individuals shall abide by the terms of this Agreement with respect to obligations of confidentiality and data security. All Subcontractors are subject to the same insurance requirements of Researcher unless otherwise specified in this Agreement. The Researcher shall require any Subcontractors under this Agreement to maintain comparable insurance naming the Researcher, the Board inclusive of its members, employees and agents, and any other entity designated by the Board, as Additional Insureds. The Researcher will maintain a file of subcontractor's insurance certificates evidencing compliance with these requirements.

The coverages and limits furnished by Researcher in no way limit the Researcher's liabilities and responsibilities specified within this Agreement or by law. The required insurance is not limited by any limitations expressed in the indemnification language in this Agreement, if any, or any limitation that might be placed on the indemnity in this Agreement given as a matter of law.

Researcher agrees that insurers waive their rights of subrogation against the Board.

Researcher must register with the insurance certificate monitoring company designated by the Board and must maintain a current insurance certificate on file during the entire time of providing services to the Board. The initial certificate monitoring company designated by Board is identified below. Researcher must register and pay the annual monitoring fee to the insurance certificate monitoring company prior to performing services for the Board. The Initial annual monitoring fee is currently Twelve 00/100 Dollars (\$12.00) per year, but is subject to change.

Each year, Researcher will be notified 30 to 45 days prior to the expiration date of their required insurance coverage (highlighted on their latest submitted insurance certificate on file)

that they must submit an updated insurance certificate with the insurance certificate monitoring company. Insurance certificate submissions and related annual fees are required to be made online at the dedicated website established by the certificate monitoring company identified below. Questions on submissions and payment options should be directed to the certificate monitoring company.

Certificate Monitoring Company:

Topiary Communications, Inc.
211 W. Wacker, Ste 220
Chicago, IL 60606
Phone: (312) 494-5709
Email: dans@topiarycomm.net
URL: <https://www.cpsvendorcert.com>

Website for online registration, Insurance certificate submissions and annual fee payments:
URL -<http://www.cpsvendorcert.com>.

17. **Audit and Records Retention:**

A. **Audit:** Researcher shall furnish the Board with such information as may be requested relative to the progress, execution and supply of the Services. Researcher shall permit and reasonably cooperate in a periodic audit by Board staff or Board-appointed auditors for compliance by Researcher with this Agreement. Failure of Researcher to comply in full and cooperate with the requests of the Board or its agents shall give the Board, in addition to all other rights and remedies hereunder, the right to charge Researcher for the cost of such audit.

B. **Document Retention:** Researcher shall retain all records relating to Researcher's Services under this Agreement for the longer of (a) the period required by applicable law, or (b) ten (10) years after the termination or expiration of this Agreement and such records shall be subject to inspection and audit by the Board. If any audit, litigation or other action involving the records is being conducted or has not been resolved, all applicable records must be retained until the proceeding is closed. As used in this clause "records" includes correspondence (including emails), receipts, vouchers, memoranda and other data, regardless of type and regardless of whether such items are in written form, electronic, digital, or in any other form. Researcher shall require all of its subcontractors to maintain the above-described records and allow the Board the same right to inspect and audit said records as set forth herein.

18. **Notices:** All notices required under this Agreement shall be in writing and sent to the addresses and persons set forth below, or to such other addresses as may be designated by a party in writing. Any notice involving non-performance or termination shall be sent by hand delivery or recognized overnight courier. All other notices may also be sent by mail. All notices shall be deemed to have been given when received, if hand delivered; upon confirmation of delivery, if sent by recognized overnight courier; and three (3) business days after mailed if no confirmation of receipt is available. Refusal to accept delivery has the same effect as receipt.

IF TO THE BOARD: Department of School Quality Measurement and Research
Director of School Quality Measurement and Research
Board of Education
42 West Madison Street
Chicago, IL 60602

Copy to: General Counsel
Board of Education of City of Chicago
One North Dearborn, Suite 900
Chicago, IL 60602
Fax: (773) 553-1701

IF TO RESEARCHER: The University of Chicago
Attention: Michael R. Ludwig
6054 South Drexel Avenue, Suite 300
Chicago, IL 60637
Fax: (773) 702-2142
Email: io-ura@lists.uchicago.edu

Copy to: The University of Chicago
Vice President and General Counsel
5801 South Ellis Avenue, Suite 619
Chicago, IL 60637
Fax: (773) 702-0934

19. **Right of Entry:** Researcher, and any of its employees, agents, and subcontractors supplying Services shall be permitted to enter upon a school site in connection with the supply of the Services hereunder, subject to the terms and conditions contained herein and those rules established by the Board. Researcher shall provide advance notice to the Board and subject school principal whenever applicable, of any such intended entry. Consent to enter upon a school site given by the Board shall not create, nor be deemed to imply, the creation of any additional responsibilities on the part of the Board. Researcher shall use, and shall cause each of its employees, agents, and subcontractors to use, the highest degree of care when entering upon any property owned by the Board in connection with the supply of the Services. In the case of any property owned by the Board, or property owned by and leased from the Board, Researcher shall comply and shall cause each of its employees, agents, and subcontractors, to comply with any and all instructions and requirements of Board or authorized Board representative for the use of such property. Any and all claims, suits or judgments, costs, or expenses, including, but not limited to, reasonable attorneys' fees, arising from, by reason of, or in connection with any such entries shall be treated in accordance with the applicable terms and conditions of this Agreement including without limitation the indemnification provisions contained in this Agreement.

20. **Non-Discrimination:** It shall be an unlawful employment practice for Researcher or any of its subcontractors to fail or refuse to hire or to discharge any individual, or otherwise to discriminate against any individual with respect to compensation, or other terms, conditions, or privileges of employment, because of such individual's race, color, ancestry, religion, sex, sexual orientation, age, disability, marital status, parental status, military discharge status or national origin; or to limit, segregate, or classify employees or applicants for employment in any way that would deprive or tend to deprive any individual from equal employment opportunities or otherwise adversely affect an individual's status as an employee because of such individual's race, color, ancestry, religion, sex, sexual orientation, age, disability, marital status, parental status, military discharge status or national origin. At all times, Researcher shall remain in compliance with, but not limited to: the Civil Rights Act of 1964, 42 U.S.C.A. §2000a, *et seq.*, as amended; the Age Discrimination in Employment Act, 29 U.S.C.A. §621, *et seq.*; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. §701, *et seq.*; as amended; the Americans with Disabilities Act, 42 U.S.C.A. §12101, *et seq.*; the Individuals with Disabilities Education Act, 20 U.S.C.A. §1400 *et seq.*, as amended; the Illinois Human Rights Act, 775 ILCS 5/1-101, *et seq.* as amended; the Illinois School Code, 105 ILCS 5/1-1 *et seq.*; the Illinois Public Works Employment Discrimination Act, 775 ILCS 10/0.01 *et seq.*; and the Chicago Human Rights Ordinance, ch. 2-160 of the Municipal Code of Chicago, and all other applicable federal, state, county, and municipal statutes, regulations, ordinances, and other laws.

21. **Entire Agreement and Amendment:** This Agreement, including all exhibits attached to it and incorporated into it, constitutes the entire agreement of the Parties with respect to the matters contained herein. All attached exhibits are incorporated into and made a part of this Agreement. No modification of or amendment to this Agreement shall be effective unless such modification or amendment is in writing and signed by both Parties hereto. Any prior agreements or representations, either written or oral, relating to the subject matter of this Agreement are of no force or effect.

22. **Governing Law:** This Agreement shall be governed as to performance and interpretation in accordance with the laws of the State of Illinois. Researcher irrevocably submits itself to the original jurisdiction of those courts located in the County of Cook, State of Illinois, with regard to any controversy arising out, or relating to, or in any way concerning the execution or performance of this Agreement. Researcher agrees that service of process on Researcher may be made, at the option of the Board, by either registered or certified mail to the address and to the person set forth in the Notice Section of this Agreement or to such other address or person as may be designated by Researcher in writing. If any action is brought by Researcher against the Board concerning this Agreement, the action shall only be brought in those courts located within the County of Cook, State of Illinois.

23. **Continuing Obligation to Perform:** In the event of any dispute between Researcher and the Board, Researcher may proceed with the performance of all of its obligations under this Agreement with a reservation of all rights and remedies it may have under or pursuant to this Agreement at law or in equity.

24. **Conflict of Interest:** This Agreement is not legally binding on the Board if entered into in violation of the provisions of 105 ILCS 5/34-21.3, which restricts the employment of, or the letting of contracts to, former Board members within a one year period following expiration or other termination of their office.

25. **Ethics:** No officer, agent or employee of the Board is or shall be employed by Researcher or has or shall have a financial interest, directly, or indirectly, in this Agreement or the compensation to be paid hereunder except as may be permitted in writing by the Board's Code of Ethics adopted May 25, 2011 (11-0525-PO2), as amended from time to time, which policy is hereby incorporated by reference into and made a part of this Agreement as if fully set forth herein.

26. **Inspector General:** Each party to this Agreement hereby acknowledges that in accordance with 105 ILCS 5/34-13.1, the Inspector General of the Chicago Board of Education has the authority to conduct certain investigations and that the Inspector General shall have access to all information and personnel necessary to conduct those investigations.

27. **Waiver:** No delay or omission by the Board to exercise any right hereunder shall be construed as a waiver of any such right and the Board reserves the right to exercise any such right from time to time and as often as may be deemed expedient.

28. **Survival/Severability:** All express warranties, representations and indemnifications made or given in this Agreement shall survive the completion of Services by Researcher or the expiration or termination of this Agreement for any reason. In the event that any one or more of the provisions contained herein will for any reason be held to be unenforceable or illegal, such provision will be severed; and the entire Agreement will not fail, but the balance of this Agreement will continue in full force and effect. In such event, the Parties agree to negotiate in good faith a substitute enforceable and legal provision that most nearly effects the intent of the Parties in entering into this Agreement.

29. **Freedom of Information Act:** Researcher acknowledges that this Agreement and all documents submitted to the Board related to this contract award are a matter of public record and are subject to the Illinois Freedom of Information Act (5 ILCS 140/1) and any other comparable state and federal laws and that this Agreement is subject to reporting requirements under 105 ILCS 5/10-20.44.

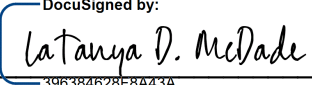
30. **Joint and Several Liability:** If Researcher, or its successors or assigns, if any, is comprised of more than one individual or other legal entity (or a combination thereof; then, and in that event, each and every obligation or undertaking herein stated to be fulfilled or performed by Researcher shall be the joint and several obligation or undertaking of each such individual or other legal entity.

31. **Counterparts and Electronic Signatures:** This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, but all of which together shall constitute but one instrument. A signature delivered by electronic means shall be considered binding for both Parties.

Remainder of Page Intentionally Left Blank

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed by their duly authorized representatives as of the Effective Date above.

**THE BOARD OF EDUCATION OF THE
CITY OF CHICAGO**

By: 
LaTanya McDade
Chief Education Officer

Date: June 18, 2021

THE UNIVERSITY OF CHICAGO

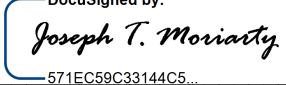
By: 
Stefan Jellicoe

Title: Signing on behalf of Michael R. Ludwig

Date: June 16, 2021

Board Rule: 7-13 (c)(ii)

Approved as to Legal Form:   

By: 
Joseph T. Moriarty
General Counsel

Attachments:

Exhibit A - Scope of Services

Exhibit A

Scope of Services

Name of Project: Integrating Community Health Workers in Schools

CPS Project Manager: Tarrah DeClemente

Phone: 773-553-2839

Email: tkdeclemente@cps.edu

University of Chicago Project Manager: Anna Volerman

Phone: 773-702-5905

Email: avolerman@uchicago.edu

Period of Performance: September 1, 2020 – October 31, 2023

IRB Number: IRB20-1184

RRB Number: 1625

This Scope of Services will be conducted pursuant to the terms and conditions of that No-Cost Research Services Agreement ("**Agreement**") dated _____, 2021 by and between the Board of Education of the City of Chicago, commonly known as Chicago Public Schools ("**Board**" or "**CPS**") The University of Chicago, with offices located at 5801 S. Ellis Avenue, Chicago IL 60637 ("**Researcher**" also know as "**UC**") on behalf of its Dr. Anna Volerman. Defined terms used in this Scope of Services will have the same meanings as those set forth in the Agreement unless specifically stated otherwise herein.

1. General Description of Program

The research and evaluation services are part of a program that aims to improve the health of children with asthma by developing, implementing, and evaluating a community health worker ("**CHW**") program that is integrated in two CPS elementary schools. We will accomplish this goal through a multi-level program that addresses both individual and system-level factors to support optimal asthma care, including school-wide adherence to school asthma policies, addressing social determinants of health, and ongoing tailored support and follow-up. This program will integrate CHWs into two elementary schools to support health, with a planned focus on asthma given its high prevalence and morbidity in Chicago.

UC will conduct evaluation of this program. The role of UC's evaluation team is to work in collaboration with the CPS team to examine process and outcome measures to understand the impact of community health workers who are embedded into a school. UC will answer program evaluation questions to assess the program's quality and effectiveness as well as stakeholder perceptions of the program. This evaluation will inform future initiatives.

2. Evaluation

UC will lead the data collection, management, analysis, and dissemination for the duration in the program and work in collaboration with CPS throughout. The evaluation will include several components:

- 1) Data collection and management – Mixed methods will be applied to collect accurate and complete information.
- 2) Data analysis – The data collected from each source will be analyzed and the multiple sources of data will be synthesized.
- 3) Dissemination – The findings from the program and the lessons learned will be shared within the CPS schools and the district as well as externally locally and

nationally within the community, at conferences, and in reports and papers.

3. Research/Analytic Questions

UC will collect data necessary to understand the impact of community health workers embedded into schools. The research questions have been jointly developed by all team members, including those in the Office of Student Health and Wellness (“**OSHW**”) at CPS. The evaluation will address the following overarching questions:

- 1) What are the changes at the school and child level that result from the integration of a CHW program in two elementary schools, in terms of asthma care and also in terms of health, academics, and climate within the school?
- 2) What are key stakeholders’ perspectives about a CHW program and workforce in schools, including feasibility, acceptability, sustainability, and cost?
- 3) What are the barriers and facilitators to implementing and sustaining a CHW intervention in an elementary school setting?

To answer these questions, data will focus on collecting information such as outlined with these more specific topics:

- What are the responsibilities and activities of the CHW embedded in a school?
- What relationships are built by the CHW?
- What are the facilitators and barriers to implementation?
- What resources are used, shared, developed by the CHW?
- How is the CHW involved with and perceived by students and parents/caregivers?
- How is the CHW involved with and perceived by school teachers, staff, and administrators?
- What are the strengths and challenges of this model?
- What is the school level impact of the program?
- What is the student level impact of the program?
- What are the benefits and the costs of the program?

4. Methodology

UC will use a pre-post study design to evaluate the program where CHWs are integrated into 2 CPS elementary schools. One CHW will be assigned to each school and will focus on asthma. For each school year, assessments will be completed at baseline, during the school year, and at the end of the school year.

The CHW program will be evaluated utilizing the RE-AIM framework, often applied for public health interventions. The study will focus on the program’s reach and efficacy, along with the process of adoption, implementation, and maintenance. For each step, necessary resources, facilitators, and barriers will be assessed. Data will be gathered about participation, processes, and adaptations made at each school during CHW integration in the schools and upon refinement. This program will be evaluated based on a variety of outcomes based on 5 domains:

- 1) Process outcomes
 - CHW activities and engagement – training, asthma screening, children receiving individualized asthma education, parents receiving asthma education, families with social determinants of health screening, home visits, meetings with families, phone calls, referrals, and follow-ups, social determinants of health screening, asthma home environment
- 2) Community health worker outcomes
 - Workforce development – knowledge, skills and capacity, self-efficacy, engagement, organizational view
- 3) School-level outcomes
 - Changes in asthma management as well as chronic conditions and other health topics
 - Knowledge – asthma and policy

4) Child outcomes

- Health-related – asthma control, asthma quality of life, health care utilization, inhaler technique
- Asthma management in schools - medication availability in school, 504 & IEP, self-efficacy
- Academic – attendance

5) Implementation – using consolidated framework for implementation research

- Adaptability
- Fidelity
- Implementation climate
- Sustainability
- Costs

Primary Data

Primary data will be collected with questionnaires, interviews, logs, and observation/feedback forms to evaluate the CHW in schools program. Data will be collected from: CHWs and CHW supervisor; school administrators, teachers, and staff; parents/guardians; students; and forms/documents. Data from the questionnaires and interviews will be shared at the school level and in terms of groups. All identifying information from questionnaires and interviews will be removed prior to sharing or analysis. Overall, documents will be distributed and maintained on paper and/or in the REDCap platform.

Per CPS policy, all primary data collection procedures are subject to RRB review and approval. We will abide by this policy.

Secondary Data

Existing CPS surveys and data will be utilized to evaluate the CHW program. This data will be shared by CPS to UC for the purpose of reducing the burden of school staff and administration to complete additional assessments.

CHW logs: The Bluemark MAPS data will be utilized to understand the responsibilities and activities of the CHW and the children/families reached. A complete, de-identified dataset will be provided from the Bluemark MAPS system will be shared by CPS for the CHWs and for the 2 selected elementary schools that serve as sites for the CHW program. Data will be provided with unique identifiers by child and CHW to allow an understanding of the activities, engagement, and dose provided. Specific data will include will include:

- calls received to hotline
- type of outreach by community health worker
- education or services provided
- referral provided & follow-up with social services organization
- time spent for each outreach, by person and by day
- additional information as appropriate about CHW activities/responsibilities overall and at CHW and child-level

School-level surveys: The 5Essentials survey and Healthy CPS surveys will be utilized to understand the impact of the CHW program on the school environment, culture, and policy implementation. A complete, de-identified dataset from the 5Essentials and Healthy CPS surveys will be shared by CPS for the 2 selected elementary schools that serve as the sites for the CHW program. In addition, to compare our results to other schools, aggregate data will be shared for the two networks where the schools are located (network 8 and 11) and for the district. Data will be shared for the academic years when the CHW program is in the schools as well as the academic year prior and the academic year after the program. Data from these surveys will help the research team understand the school context and environment as well as adapt the CHW model.

Child / Student data: Child-level data from the 2 elementary schools will be shared to evaluate the impact of the CHW program on student health and academic outcomes. Data will be utilized from the academic years of the program as well as the academic year prior and the academic year after the CHW program.

De-identified data will be shared from CPS to UC for all students at the two schools. Individual level, de-identified data for all children who attend the schools includes and is limited to the following:

- Age (as of 1st day of school)
- Grade
- Gender
- Race/ethnicity
- Qualify for free/reduced lunch (Y/N)
- English Language learner (Y/N)
- Language spoken at home
- Asthma diagnosis (Y/N)
- Student attendance and absences information (# of days missed, reasons for absence, specific dates missed)
- Has an asthma management plan? (Y/N)
- Has a 504 education plan?
 - If yes, asthma discussed in 504 education plan (Y/N)
- Has an IEP? (Y/N)
 - If yes, asthma discussed in IEP? (Y/N)
- Has medication administration form for asthma on file in school? (Y/N)
 - If yes, what medication?
- Has medication self-administration form for asthma on file in school? (Y/N)
 - If yes, what medication?
- Student address for census block data to understand environmental factors and neighborhood-level social risk factors
- Insurance status (Medicaid/Private/Other)

For a subset of children who receive individualized support or home visit components of the program and provide consent, identifiable data will be shared to evaluate program impact and changes over time. Individual level, identified data for families who consent includes and is limited to the following:

- Date of birth (for matching)
- Grade
- Gender
- Race/ethnicity
- Qualify for free/reduced lunch (Y/N)
- English Language learner (Y/N)
- Language spoken at home
- Asthma diagnosis (Y/N)
- Student attendance and absences information (# of days missed, reasons for absence, specific dates missed)
- Has an asthma management plan? (Y/N)
- Has a 504 education plan? (Y/N)
 - If yes, asthma discussed in 504 education plan (Y/N)
- Has an IEP? (Y/N)
 - If yes, asthma discussed in IEP? (Y/N)
- Has medication administration form for asthma on file in school? (Y/N)
 - If yes, what medication?
- Has asthma medication self-administration form for asthma on file in school?? (Y/N)
 - If yes, what medication?
- Student address for census block data to understand environmental factors and neighborhood-level social risk factors

- Insurance status (Medicaid/Private/Other)
- Medicaid insurance (Y/N)

5. Data Required to Address Research Questions

UC will directly collect primary data from children and parents/caregivers as well as school teachers, staff, and administrators through the interview and focus group component of this program. CPS will also directly collect primary data from children and families. CPS will share de-identified data for all children and identifiable data for children/families who provide consent. CPS will also distribute surveys and share survey data from existing school-level surveys. Without a written amendment to this Agreement signed by authorized representatives of both parties, no additional student information will be provided to UC under this Agreement.

Under this Agreement, CPS will provide UC with staff members' contact information for purposes of conducting questionnaires, interviews, and/or focus groups. CPS will also provide UC with CPS parent contact information if they provide consent to the CHW for conducting questionnaires, interviews, and/or focus groups.

6. Meetings & Deliverables

Meetings between CPS and UC will be held regularly during this project. The following meetings will occur:

- Weekly to biweekly project meetings;
- Quarterly to twice yearly meetings with Robert Wood Johnson Foundation program staff; and
- Additional meetings with key stakeholders, as needed, including but not limited to other project partners such as Child Family Benefits Unit Manager, CHW supervisor, steering committee, internal CPS partners, etc.

Deliverables (and the planned timeline) will include:

Deliverable	Description	Timeline
Evaluation plan	Evaluation plan for project	09/30/2020
Data collection	CPS will share secondary data with UC for 2019-2020	05/30/2021
Data collection	UC will collect primary data for 2020-2021	11/2020-2021
Data collection	CPS will share secondary data with UC for 2020-2021	06/30/2021
Findings for 2020-2021	Draft preliminary findings report and share with CPS CPS review and provide feedback Finalize report	07/30/2021 08/30/2021 10/31/2021
Evaluation plan updates for 2021-2022 (if needed)	Updated evaluation plan for 2021-2022 academic year	08/30/2021 (if needed)
Data collection	UC will collect primary data for 2021-2022	2021-2022
Data collection	CPS will share secondary data with UC for 2021-2022	06/30/2022
Findings for 2021-2022	Draft preliminary findings report and share with CPS CPS review and provide feedback Finalize report	07/30/2022 08/30/2022 10/31/2022
Evaluation plan updates for 2022-2023 (if needed)	Updated evaluation plan for 2022-2023 academic year	08/30/2022 (if needed)

Data collection	UC will collect primary data for 2022-2023	2022-2023
Data collection	CPS will share secondary data with UC for 2022-2023	06/30/2023
Findings for 2022-2023	Draft preliminary findings report and share with CPS CPS review and provide feedback Finalize report	07/30/2023 08/30/2023 10/31/2023
Data collection, management, and analysis for the program	Ongoing communication between the CPS Office of Student Health and Wellness and UC evaluation team will ensure resources are used with maximum efficiency and effectiveness Data collection progress and preliminary findings will be discussed at regular team meetings to guide programmatic decisions. The partnership between the CPS and UC teams will provide a foundation for sharing and interpreting findings. Any decisions or follow-up will occur in an iterative fashion through this partnership. Findings will also be shared with other key personnel at CPS, project steering committee, and funding program to make programmatic decisions.	2020-2023
Dissemination	Findings will be shared with key CPS personnel and the schools participating in the program at least yearly through presentations and/or reports. Relevant findings and lessons learned of this program will be shared within the CPS schools and the district as well as externally locally and nationally within the community, at conferences, and in reports/manuscripts.	2020-2023

7. Budget

This project is funded through the Robert Wood Johnson Foundation Clinical Scholars Program. UC is the recipient of the grant and CPS is a sub-awardee.



BSD IRB Committee B
The University of Chicago Biological Sciences Division/University of Chicago Medical
Center
5841 S. Maryland Ave., MC7132, I-625, Chicago, IL 60637
FWA00005565

Notification of Expedited Amendment Approval

Date of Letter: 5/14/2021

Protocol [IRB20-1184-AM003](#)

Number/Submission

Link:

Type of Submission: Amendment

Status: **Approved**

Principal Investigator: [Anna Volerman Beaser](#)

Protocol Title: Integrating Community Health Workers in Schools to Support Asthma Management

Risk Level: Minimal Risk

Consent Type: Informed Consent

Alteration of Informed Consent

Written Consent Form: Signed consent will be sought from the subject or the subject's legally authorized representative

Verbal/Oral Consent (Request to Waive Signed Consent)

Authorization Type: Signed HIPAA authorization (combined with consent form)

Vulnerable Children - Disease/Disorder/Condition

Populations: Healthy Children

Funding: Externally Funded/Supported

Robert Wood Johnson Fdn

Protocol Version: REIMAGINE_Protocol 2021.3.2 clean.docx

REIMAGINE_Protocol 2021.3.2 tracked

Stamped Documents: [Consent_Parent_Home_Visit 2020.12.3_Clean \(1\).docx.pdf](#)
[REIMAGINE_Assent_Child_Home_Visit 2020.08.16.docx.pdf](#)
[REIMAGINE_Consent_Interview 2020.07.21.docx.pdf](#)
[REIMAGINE_Consent_Questionnaire 2020.07.21.docx.pdf](#)

Approval Date: 5/14/2021

Amendment Details: Addition of COVID Funding and several components

The above-referenced amendment was approved by the IRB.

Stamped approved documents associated with this study can be found in the study workspace, by following the Submission Link above. If you need assistance, please contact the IRB from the submission workspace by clicking the "Send Email to IRB Team" activity. Please refer to your IRB's current policy and procedure manual available at: <http://bsdirm.bsd.uchicago.edu>.

BSD IRB Committee B
The University of Chicago Biological Sciences Division/University of Chicago Medical
Center
5841 S. Maryland Ave., MC7132, I-625, Chicago, IL 60637
FWA00005565

Notification of Expedited Amendment Approval

Date of Letter: 8/31/2021

Protocol [IRB20-1184-AM007](#)

Number/Submission

Link:

Type of Submission: Amendment

Status: **Approved**

Principal Investigator: [Anna Volerman Beaser](#)

Protocol Title: Integrating Community Health Workers in Schools to Support Asthma Management

Risk Level: Minimal Risk

Consent Type: Informed Consent

Alteration of Informed Consent

Written Consent Form: Signed consent will be sought from the subject or the subject's legally
authorized representative

Verbal/Oral Consent (Request to Waive Signed Consent)

Authorization Type: Signed HIPAA authorization (combined with consent form)

Vulnerable Children - Disease/Disorder/Condition

Populations: Healthy Children

Funding: Externally Funded/Supported

Robert Wood Johnson Fndn

Protocol Version: REIMAGINE_Protocol 2021.8.4 clean

REIMAGINE_Protocol 2021.8.4 clean
REIMAGINE_Protocol 2021.8.4 tracked

Stamped Documents: [Consent_Parent_Home_Visit 2021.08.04_Clean \(1\).docx.pdf](#)
[COVID consent.docx.pdf](#)
[REIMAGINE_Assent_Child_Home_Visit 2020.08.16.docx.pdf](#)
[REIMAGINE_Consent_Interview 2020.07.21.docx.pdf](#)
[REIMAGINE_Consent_Questionnaire 2020.07.21.docx.pdf](#)

Approval Date: 8/31/2021

Amendment Details: Changes to home visit consent

The above-referenced amendment was approved by the IRB.

Stamped approved documents associated with this study can be found in the study workspace, by following the Submission Link above. If you need assistance, please contact the IRB from the submission workspace by clicking the "Send Email to IRB Team" activity. Please refer to your IRB's current policy and procedure manual available at: <http://bsdirm.bsd.uchicago.edu>.



BSD IRB Committee B
The University of Chicago Biological Sciences Division/University of Chicago Medical
Center
5841 S. Maryland Ave., MC7132, I-625, Chicago, IL 60637
FWA00005565

Notification of Expedited Amendment Approval

Date of Letter: 6/15/2022

Protocol [IRB20-1184-AM009](#)

Number/Submission

Link:

Type of Submission: Amendment

Status: **Approved**

Principal Investigator: [Anna Volerman Beaser](#)

Protocol Title: Integrating Community Health Workers in Schools to Support Asthma Management

Risk Level: Minimal Risk

Consent Type: Informed Consent

Alteration of Informed Consent

Written Consent Form: Signed consent will be sought from the subject or the subject's legally authorized representative

Verbal/Oral Consent (Request to Waive Signed Consent)

Request to Alter Documentation of Consent (Some Elements Waived)

Authorization Type: Signed HIPAA authorization (combined with consent form)

Vulnerable Children - Disease/Disorder/Condition

Populations: Healthy Children

Funding: Externally Funded/Supported

Robert Wood Johnson Fndn

Protocol Version: REIMAGINE_Protocol 2021.8.4 clean
REIMAGINE_Protocol 2021.8.4 tracked
REIMAGINE_Protocol 2022.6.2 (clean).docx
REIMAGINE_Protocol 2022.6.2 (tracked changes).docx

Stamped Documents: [Consent script school nurse survey 2022.6.2.pdf](#)
[Consent Parent Home Visit 2021.08.04_Clean \(1\).docx.pdf](#)
[COVID consent.docx.pdf](#)
[REIMAGINE Assent Child Home Visit 2020.08.16.docx.pdf](#)
[REIMAGINE Consent Interview 2020.07.21.docx.pdf](#)
[REIMAGINE Consent Questionnaire 2020.07.21.docx.pdf](#)

Approval Date: 6/15/2022

Amendment Details: Additional component: CPS nursing staff survey

The above-referenced amendment was approved by the IRB.

Stamped approved documents associated with this study can be found in the study workspace, by following the Submission Link above. If you need assistance, please contact the IRB from the submission workspace by clicking the “Send Email to IRB Team” activity. Please refer to your IRB’s current policy and procedure manual available at: <http://bsdirm.bsd.uchicago.edu>.

Template ID > _Amendment > Letter v2: AM NC Approved

AURA IRB: IRB20-1184 Notification of Expedited Approval - REIMAGINE Evaluation

_aura-irb@uchicago.edu

Sent: Wednesday, August 26, 2020 8:41 AM

To: Volerman Beaser, Anna [MED]

BSD IRB Committee B

The University of Chicago Biological Sciences Division/University of Chicago Medical Center

5841 S. Maryland Ave., MC7132, I-625, Chicago, IL 60637

FWA00005565

Notification of Initial Study Approval

Date of Letter: 8/26/2020

Protocol

Number/Submission [IRB20-1184](#)

Link:

Type of Submission: New Study

Status: Approved with Stipulation(s)

Principal Investigator: Anna Volerman Beaser

Protocol Title: Integrating Community Health Workers in Schools to Support Asthma Management

Risk Level: Minimal Risk

Informed Consent

Consent Type: Written Consent Form: Signed consent will be sought from the subject or the subject's legally authorized representative

Verbal/Oral Consent (Request to Waive Signed Consent)

Authorization Type: Signed HIPAA authorization (combined with consent form)

Vulnerable Populations: Children - Disease/Disorder/Condition

Funding: Externally Funded/Supported

Robert Wood Johnson Fndn

Protocol version: REIMAGINE_Protocol 2020.07.21 clean.docx

There are no items to display

Investigator

Brochure(s):

There are no items to display

Stamped Documents:

[REIMAGINE_Assent_Child_Home_Visit 2020.08.16.docx.pdf](#)

[REIMAGINE_Consent_Interview 2020.07.21.docx.pdf](#)

[REIMAGINE_Consent_Parent_Home_Visit 2020.08.17.docx.pdf](#)

[REIMAGINE_Consent_Questionnaire 2020.07.21.docx.pdf](#)

Approval Date: 8/26/2020

The above-referenced new study was approved by the IRB with the following stipulation(s):

APPROVAL WITH STIPULATION

This study has been approved with the following stipulations:

I. Chicago Public Schools Research Review Board (CPS RRB) approval will be required prior to commencing this study. Upon receiving approval from the CPS RRB, please submit an amendment to provide this documentation within the AURA-IRB submission section 8.1 question 2.

II. Enrollment of non-English speakers may not occur until an amendment is submitted and approved by the IRB to include relevant documentation associated with this study population (e.g. recruitment documents, survey and interview materials, consent form).

Stamped approved documents associated with this study can be found in the study workspace, by following the Submission Link above.

If you need assistance, please contact the IRB office.

Please refer to your IRB's current policy and procedure manual available at: <http://bsdirb.bsd.uchicago.edu>.

Integrating Community Health Workers in Schools to Support Asthma Management

Protocol Number: IRB20-1184

Principal Investigator: Anna Volerman, MD

Co-Investigators:

Kenneth Fox, MD, Chicago Public Schools

Tarrah DeClemente, RDN, Chicago Public Schools

Stacy Ignoffo, MSW, Sinai Urban Health Institute

Jeannine Cheatham, APRN, University of Chicago

BACKGROUND

Asthma is the most common chronic childhood condition and has been linked to poor academic and health outcomes.¹ Among one in 12 affected United States (US) children, over half had an exacerbation in the past year, resulting in 13.4 million missed school days, 1 million emergency department (ED) visits, and 140,000 hospitalizations annually.¹⁻³ Children with asthma also suffer in school attendance, readiness, and achievement.⁴

Significant disparities exist in pediatric asthma. Black and Puerto Rican youth are 2-3 times more likely to have asthma than white children. Further, these children have 2-5 times higher rates of hospitalization and ED visits, compared to whites.¹ Studies suggest these disparities have changed little over the past decades, including in Chicago, due to numerous complex individual and systems-level factors, making asthma disparities a “wicked problem”.^{5,6}

Within communities, schools are traditionally viewed as places for learning. Because children spend a majority of their day in school, the school environment also represents an important venue for providing critical resources and programs to optimize children’s health and wellness. In light of the current health issues affecting children, such as asthma, schools represent a critical point for intervention. Although prior school-based asthma programs have been proven to improve knowledge, self-efficacy, and at times health outcomes, these programs are often transient and rely on external organizations to deliver education and programs.⁷⁻⁹ Therefore, more robust and sustainable systems of care are needed in schools to impact asthma disparities.

School nurses have traditionally had a critical role in delivering health programs and supporting systems of care in schools. Studies show school nurses have significant positive impact on health and educational outcomes and provide cost-effective resources.¹⁰ Despite this, US schools are reducing nursing services due to tight budgets and competing priorities. Currently, approximately half of US schools do not have a full-time school nurse, contrary to national recommendations.¹¹ In Chicago, the large and diverse Chicago Public School (CPS) district has ~300 nurses for over 361,000 students in 640 schools across 800 buildings. The result is that each CPS nurse is assigned to 3-5 schools and present at each school less than one day per week. This insufficient school nursing is an important barrier to chronic disease care.^{12,13}

Due to limited school nurses and resources, schools must develop and implement systems of care to deliver needed health care education and programs. Community health workers (CHWs) have been increasingly utilized in clinical and community settings to facilitate medical care and education, particularly for minority and low-income populations.¹⁴ Studies of CHWs have demonstrated improved knowledge, behavior, and health outcomes;^{14,15} however, the use of CHWs has been under-studied in schools. A program that fully integrates CHWs in schools represents an innovative approach to deliver

much needed health education and programs to support optimal health and learning, thus promoting a culture of health.

To address asthma disparities, combined with the significant challenges arising from the school nurse shortage, we propose to create an innovative and scalable model that integrates community health workers in the school setting. The American Public Health Association defines a community health worker as “a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.” In the US, CHWs have been involved in health promotion and disease prevention for decades. Effective CHW approaches have been developed and tested in many areas, including asthma management, breast cancer screening and navigation through treatment, and diabetes management. Studies show CHWs produce positive health outcomes and financial benefits with demonstrated success in multiple arenas, such as increasing health insurance enrollment, helping individuals manage chronic conditions, increasing knowledge about cancer screening, improving maternal and child health, and reducing mortality.^{14,15}

Sinai Urban Health Institute (SUHI) has vast experience and expertise with CHW interventions. Since 2000, SUHI has implemented and meticulously evaluated a series of nine comprehensive CHW-led interventions to decrease asthma-related morbidity and improve the quality of life of inner-city children and adults. Across the board, these programs have demonstrated 70-80% reductions in ED visits and hospitalizations and also improved quality of life that are statistically and clinically significant.^{28,29} Cost savings have also been substantial, ranging from \$2.33 to \$7.79 per dollar spent.^{16–19} While some of these interventions have been completed in collaboration with schools, CHWs have never been embedded within a school. In light of the significant positive results with CHW-led asthma interventions in clinic and community settings as well as the challenges that schools face with managing chronic disease among their students, we believe embedding CHWs in schools can lead to positive health and learning outcomes for children and has potential to impact health disparities.

PURPOSE

Our overarching goal is to improve the health of children with asthma by developing, implementing, and evaluating a community health worker program that is integrated within two elementary schools. We will accomplish this goal through a multi-level program that addresses both individual and system level factors to support optimal asthma care, including school-wide adherence to school asthma policies, addressing social determinants of health, and ongoing tailored support and follow-up.

Specific aims include:

Aim 1: To evaluate changes in asthma care at the school and child level that result from the integration of a CHW program in two elementary schools.

Aim 2: To examine key stakeholders’ perspectives about a CHW program and workforce in schools, including feasibility, acceptability, sustainability, and cost.

Aim 3: To identify barriers and facilitators to implementing and sustaining a CHW intervention in an elementary school setting.

PROGRAM OVERVIEW

Program development, implementation, and evaluation are done in partnership between the Chicago Public Schools (CPS), Sinai Urban Health Institute (SUHI), and the University of Chicago (UCM). This program will integrate CHWs into schools to support health, with a focus on asthma given its high prevalence and morbidity in Chicago.

The program will take place in two Chicago Public elementary schools in neighborhoods with a high burden of asthma, namely African-American and Hispanic/Latinx communities based on known prevalence.^{20,21} Community-level data from community health needs assessments and published health reports was used to determine Chicago communities with a greater need for a school-based asthma intervention.^{11,12} Two CPS networks were selected to serve as the focus areas of the program. Network 8 and 11, located in the south and southwest communities of Chicago, were selected based upon the high burden of childhood asthma, social determinants of health outcomes, and high percentage of African-American and Hispanic students at the schools within the networks. CPS is leading the selection of the two elementary schools (one in each network) to serve as sites for the program, based on existing data and contact with the principals to understand interest in the program. Key selection factors include the burden of asthma, engagement of the school principal, and support of school nursing.

The CPS Office of Student Health and Wellness will hire two CHWs and assign one to each of the selected elementary schools. The CHWs will be recruited from the staff at the CPS Children and Family Benefits Unit (CBFU). The CBFU connects CPS families to public benefits, such as SNAP (food stamps) and free and low-cost health insurance (Medicaid). As a result, the CHWs will already have experience working within and providing service to CPS families targeted by the program.

SUHI will train the CHWs in its in-person or virtual Core Skills and Asthma Trainings. SUHI's Core Skills Training is a universal curriculum appropriate for a variety of CHW interventions. Topics include: an overview of the CHW model, introduction to community health and principles of community health work, health outreach and system navigation, adverse childhood experiences (ACEs), collaborating with medical professionals, data collection and documentation, and motivational interviewing. In addition, the CHWs will receive extensive asthma training by participating in SUHI's formal asthma training geared toward CHWs. This curriculum includes information on asthma pathophysiology, symptoms, triggers and environmental control, management and medications. Significant training is also devoted to the best ways to approach families and keys to successful home visits. Both trainings are interactive in nature, with participants engaging in a great deal of discussion and numerous role-playing activities. Finally, the CHWs will be trained in key processes and protocols in order to integrate into the schools and work in collaboration with school nurses and other key staff responsible for health-related policies and programming in the schools.

The overall goal of this CHW program is to improve asthma identification and management in the school setting and among children/families. The CHWs' role will focus on six areas: outreach, navigation, education, advocacy, informal counseling, and social support. Specific areas are outlined in this table with key responsibilities by area:

Outreach	Navigation	Education	Advocacy
-Asthma screenings -Social determinant of health screenings	-Connection to primary care -Linkages to community-based supports	-Education for school staff -Education for children -Education for parents -Home visits with self-management education for children with high absentee rates due to asthma	-Ensuring appropriate paperwork filed with school -Asthma action plan (AAP) documentation – collect & make sure information processed at school, meetings with student to walk through AAP with teacher -Availability for participation in Individualized Education Program (IEP), 504 plan meetings
Informal counseling and social support <u>School-based support:</u> policy implementation support: medication availability, spacers, asthma action plans in place; asthma awareness throughout school setting <u>Individual level support:</u> liaison between family/school and broader community			

CHW School-wide Services: Each CHW will focus on improving the climate of asthma management throughout their school by working in collaboration with the school administrators, school nurse, and other staff responsible for health-related policies and programs. CHWs will use a wide range of strategies to help schools, school personnel, and families to facilitate the delivery of optimal asthma care in the school setting. The program seeks to enhance the asthma management of students with asthma to support their health and educational success.

To support the broader school climate for asthma, CHWs will focus on increasing asthma awareness, disseminating asthma knowledge, fostering clear systems of care, and supporting asthma policy implementation within the school. In addition, CHWs will serve as a liaison between families, school, and the broader community.

To improve asthma management in the school environment, CHWs will provide asthma education for staff, children, and parents and support adherence to school-based asthma policies (i.e. CHWs will help ensure medication availability and appropriate use in the schools). CHWs will utilize a combination of large group programs, small group meetings, one-on-one discussions, and other mechanisms to support asthma knowledge and systems, as appropriate for the school and circumstances.

To improve identification of children with asthma in school, CHWs will conduct asthma screenings. A validated tool – Brief Pediatric Asthma Screen²² – will be utilized to identify students at the school with asthma and children with symptoms of asthma but no prior diagnosis. This five-question tool was developed in Chicago and can be completed by parents in English or Spanish. It was utilized within a school-based program at four Chicago schools to assess asthma prevalence, showing actual asthma prevalence was 2-4 higher than documented in the school database and suggesting identification is a critical first step in asthma care.²³ Additional questions may include permission to contact the child's parent or guardian and contact information. Screenings will be distributed in alignment with existing school infrastructure and activities and in collaboration with the school administrators and school nurse.

CHW Targeted Services: CHWs will use diverse and comprehensive strategies to help families of students attending the selected schools better manage their children's asthma. The program seeks to

empower families to make the changes necessary to improve their child's asthma management, and thereby, the family's quality of life.

For all children at the school identified to have asthma or asthma symptoms, CHWs will deliver targeted services based on the unique needs of each child and family. Identification of children with asthma or asthma symptoms will be done in two ways: (1) school nurses and other staff will identify children with an asthma diagnosis or symptoms suggestive of asthma, and providing the CHWs with a list of these children; and (2) children with an asthma diagnosis or symptoms suggestive of asthma will be identified using the asthma screening described above. For each child/family, CHWs will reach out to the family and offer program services. Program services include: individualized asthma education, screening for adverse social determinants of health (e.g. access to primary care, health insurance, housing, utilities, transportation), referrals to care and services, assistance with 504 plans / Individualized Education Plans (IEPs), and follow-up. CHWs will disseminate asthma information using print materials, one-on-one discussions, group meetings, and other approaches as appropriate. Communication between the CHWs and families may be done in-person or via phone call, letters sent via mail or sent home with the student, email, text via phone, or video-based platform in line with regulations of the partners. During each communication between the CHWs and families, efforts will be made to include social discussion, review of previously covered topics (if appropriate), education about key asthma management topics, behavior change plans (small goals for a specific change over a short period of time), and questions/clarifications.

For children most severely affected by asthma (e.g. poorly controlled asthma, high absenteeism, or other high-risk factors), CHWs will conduct home visits. CHWs will contact families identified by school nurses, teachers, or other staff to describe the home visits and assess interest. For interested families, a mutually convenient date and time will be determined. Once a time is agreed upon, CHWs will contact the parent/guardian in advance of the home visit to confirm the appointment. Communication to arrange and confirm home visits may occur via phone call, email, text, or in-person. CHWs will conduct 1-3 home visits with each family over the course of the year. Each visit will last 1-2 hours. Ideally, these visits will be conducted in person, however if that is not possible then they will be conducted virtually. During the home visits, CHWs will comprehensively evaluate asthma severity, control, utilization, impact, self-efficacy, knowledge, and care. This information will be collected using validated questionnaires (e.g. asthma control, asthma impact, self-efficacy, quality of life, inhaler technique) and program-specific questionnaires (e.g. healthcare utilization) completed by the child and/or parents. The information will be obtained by CHWs during the visit and will be utilized by the CHW to guide education that is delivered to the family. Education for the family will focus on asthma and its proper management, focusing heavily on both improving medical management (e.g., recognizing asthma symptoms, reacting appropriately to symptoms, medication techniques, etc.) and reducing trigger exposure (e.g. identifying triggers, cleaning techniques that effectively decrease trigger exposure in the home, other behaviors that may be undertaken). A structured home environmental assessment will be conducted, and an Asthma Home Environment Improvement Plan will be created and implemented as part of the intervention. Supplies may be provided to help reduce exposure to asthma triggers and support optimal asthma management. If in-person home visits are not possible, procedures will be adapted to allow the CHW to conduct virtual visits using phone or video-based platforms (e.g. Google Platform or other platforms that meet regulations for the partners).

In total, we expect CHWs will reach up to 1,500 children as well as up to 200 teachers and staff across the two schools each year. CHWs will log information about the programs, meetings, and communication at a school-level and child-level to understand their reach and impact. The CHW will work closely with school personnel as described and also report to a CHW supervisor.

Further, we would like to poll families at both schools at the beginning of this program in order to assess the impact of COVID-19. This information will both help us inform the development and implementation

of the CHW program and also help us distribute information about the CHW program to families who are interested.

To gain more insight from school nursing staff at CPS and how CHWs can work alongside school nurses to support their work and facilitate aculture of health within schools, we will distribute a survey among school nurses employed by CPS. We plan to distribute the survey in June 2022.

STUDY PARTICIPANTS

All study participants will be associated with the two participating schools. All children and their parents as well as school administrators, teachers, and other staff at the two schools will be able to participate in the program, regardless of their enrollment in the research. Further all families will be contacted about potential participation in the COVID-19 survey. This study will focus on evaluating the impact of the program.

Community Health Workers

Recruitment and selection

The two CHWs for this program will be asked to participate in various components of the program evaluation. During the hiring process (described above), CHWs will be notified that this position is funded by a grant focused on developing, implementing, and evaluating this program. They will be informed that logs that they maintain and observation forms will be de-identified and used as part of the evaluation process. In addition, CHWs will be asked to complete surveys before and after the training described above. Finally, at the end of the academic year, the research assistant will approach each CHW to seek their involvement in one-on-one semi-structured interviews focused on understanding the program and their experiences with implementing the program.

School administrators, teachers, and staff

Recruitment and Selection

We will identify key stakeholders at each participating school to complete baseline and end of school year questionnaires and interviews to evaluate the program. Key stakeholders are school personnel who have significant interactions with the CHWs and/or are involved in health in general or asthma management specifically at the school. Examples of key stakeholders include, but are not limited to, school nurses, principals, teachers, non-teacher staff, and CHW supervisor. Additionally, CPS staff will invite all school nurses at CPS via email to complete a survey on their current work experiences and work with CHWs to support students with chronic health conditions and a culture of health in schools.

At the beginning and end of the school year, we will invite all school administrators, teachers, and other staff to complete a questionnaire about asthma policy that is distributed via email or in-person. We expect up to 200 stakeholders will complete the survey each time.

At the beginning and end of the school year, we will also invite key stakeholders (a subset of all administrators, teachers, and staff at the schools), to participate in interviews to inform the program development (beginning of year) and to understand the program's impact and determine potential areas to be refined (end of the school year). The principal and nurse at each school will be asked to participate each time. In addition, each school's principal, nurse, and CHW will be asked which other school personnel (e.g. administrators, teachers, other staff) may work or have worked closely with the CHW and/or would have important insights about the program. These individuals will be approached to describe the purpose of the interviews and invite them to participate. We expect to conduct interviews with up to 20 personnel per school at baseline and at the end of the year.

Inclusion Criteria:

1. School administrator, teacher, or other staff who works at one of the two selected elementary schools and who have worked closely with the CHWs

Exclusion Criteria:

1. School personnel does not attend one of the two schools selected for program
2. School personnel does not speak English or Spanish
3. School personnel declines to or unable to provide consent

Children and Parents

Recruitment and selection

The CHWs will support asthma management and education efforts at each school and their efforts are intended to reach all children and families, regardless of their enrollment in the study.

Our target population consists of children who attend the selected elementary schools and have asthma as well as their parents.

Parents/guardians of children with asthma at the two schools will be invited to complete interviews to provide feedback about the program at the end of the school year. Recruitment procedures may include phone calls, emails, and letters to parents by the research assistant. They will describe the purpose of the study and invite the parent/guardian to participate. For non-English Spanish speakers, the research assistant will use Spanish recruitment materials that are professionally translated. Families will not be denied services because they decline to enroll in the study. We expect to engage up to 40 parents/guardians for interviews.

Among families who are receiving home visits (specifically for the subset of children who are most severely affected by asthma), we will ask each parent/child if the information provided in questionnaires and procedures can be used as data for the program evaluation. In addition, we will seek permission to link the child's information to identified data about health and academic outcomes at the school. We expect to engage up to 200 children and their parents/guardians across the two schools.

Inclusion and Exclusion Criteria

Families will be included in the study if:

1. The child attends one of the two selected elementary schools.
2. The child has an asthma diagnosis or symptoms suggestive of asthma.

Families will be excluded from the study if:

1. The child/parent decline or are unable to provide consent and assent.
2. The child/parent does not speak English or Spanish.

All families will be included for distribution of the COVID-19 questionnaire. They have the potential to participate but can opt out.

METHODS

Study Design

We will use a pre-post study design to evaluate the program where CHWs are integrated into 2 CPS elementary schools. One CHW will be assigned to each school and will focus on asthma. For each school year, assessments will be completed at baseline, during the school year, and at the end of the school year.

Evaluation and Outcomes

The CHW program will be evaluated utilizing the RE-AIM framework, often applied for public health interventions.^{24,25} The study will focus on the program's reach and efficacy, along with the process of adoption, implementation, and maintenance. For each step, necessary resources, facilitators, and barriers will be assessed. Data will be gathered about participation, processes, and adaptations made at each school during CHW integration in the schools and upon refinement. Data will be a combination of primary and secondary data sources.

This program will be evaluated based on a variety of outcomes based on 5 domains:

Process outcomes

- CHW activities and engagement – training, asthma screening, children receiving individualized asthma education, parents receiving asthma education, families with social determinants of health screening, home visits, meetings with families, phone calls, referrals, and follow-ups, social determinants of health screening, asthma home environment

Community health worker outcomes

- Workforce development – knowledge, skills and capacity, self-efficacy, engagement, organizational view

School-level outcomes

- Changes in asthma management
- Knowledge – asthma and policy

Child outcomes

- Health-related – asthma control, asthma quality of life, health care utilization, inhaler technique
- Asthma management in schools - medication availability in school, 504 & IEP, self-efficacy
- Academic – attendance

Implementation – using consolidated framework for implementation research

- Adaptability
- Fidelity
- Implementation climate
- Sustainability
- Costs

Primary Data Collection

Primary data collection in this study will include questionnaires, interviews, logs, and observation/feedback forms to evaluate the CHW in school program.

Questionnaires will be utilized to examine changes in asthma knowledge, practices, and attitudes. The questionnaires may be conducted in person on paper or web-based via Redcap. If the questionnaire coincides with an in-person event (e.g. CHW training, education session, professional development), it will be distributed in person. If the questionnaire is distributed via web-based format, up to 5 reminders may be sent. The COVID-19 questionnaire will be sent via email and only once. Incentives will be provided with \$10 as cash or e-gift card.

Interviews will be utilized to understand the implementation of the CHW in school program to elicit the implementation process, adaptations made, resources needed, costs of the program as well as facilitators and barriers to the program. All interviews will be semi-structured and conducted one-on-one by a research assistant. Interviews may be done in-person, virtually (e.g. video-based platform), or telephone. Interviews will last 30-60 minutes. Incentives will be provided to participants with \$50 as cash or gift

card. The interviews will be audio recorded and transcribed. The transcription will be de-identified prior to analysis.

<u>Method of data collection</u>	<u>When data collected</u>	<u>Who collects data?</u>
CHW logs	Ongoing	CHW
Records of program implementation	Ongoing	Project team
Questionnaire of CHWs	At CHW training (pre/post)	Project team/ Self-administered
Observation/Feedback for CHWs	Throughout	CHW Supervisor
Interviews of CHWs and CHW supervisor	End of the school year	Research assistant
Questionnaires of administrators, teachers, and other staff	Baseline and end of school year	Project team
Interviews of school administrators, teachers, and other staff	Baseline and end of school year	Research assistant
Questionnaires of parents with education	At training (pre/post)	Project team/ Self-administered
Questionnaires of child/parent at home visits	At each home visit	CHW
Interviews of parents of children with asthma	End of school year	Research assistant
COVID-19 Questionnaire	Beginning of school year/program	Project team
Questionnaire of school nurses	End of 2021-2022 school year	Project team

CHW logs: The CHWs will maintain logs of their activities. We will use de-identified logs to understand the activities of the CHW and their reach among various groups within the school (children, parents, school administrators, teachers, and other staff). We will also examine the dose of support provided by the CHW to children/families at part of the program. The logs will be linked to child-level data about children at the school (as part of the secondary data below) to understand the effect of various doses of support. All identifying information will be removed prior to analysis.

Records of program implementation: The program team will maintain records of the program implementation including time and resources required. We will use this information to estimate the resources and costs of the program.

Questionnaire of CHWs: A questionnaire will be distributed to the CHWs before and after training to understand changes in knowledge, skills, attitudes, and self-efficacy. We will analyze de-identified questionnaires to understand changes due to the training.

Observation of CHWs/Feedback for CHWs: The CHW supervisor will observe the CHWs and provide feedback. We will use de-identified observation forms and feedback to extract information about knowledge, skills, and capacity of the CHWs.

Interviews of CHWs and CHW Supervisor: We will conduct one-on-one semi-structured interviews with the CHWs and the CHW supervisor at the end of the academic year to better understand the program in action and their experiences with implementing the program.

Questionnaires of administrators, teachers, and staff: We will work in collaboration with the school principal to distribute a questionnaire to all school administrators, teachers, and other staff about asthma

policy, focusing on knowledge and practices. The questionnaire will be distributed at the start and end of the school year.

Interviews with school administrators, teachers, and other staff: We will conduct one-on-one semi-structured interviews with key stakeholders at the schools. Stakeholders will include school principals, school nurses, and other administrators/teachers/staff who may work or have worked closely with CHW and/or would have important insights about the program. At the start of the school year, questions will focus on understanding the current climate about health and asthma as well as how a CHW could best integrate within the school in order to inform program development and implementation. At the end of the school year, questions will focus on evaluating the program's impact and determining potential areas for program refinement.

Questionnaires of parents with education: A questionnaire will be distributed to the CHWs before and after asthma education to understand changes in knowledge, skills, attitudes, and self-efficacy. We will analyze de-identified questionnaires to understand changes due to asthma education.

Questionnaires of child/parent at home visits: The CHW will utilize validated questionnaires (e.g. asthma control, asthma impact, self-efficacy, quality of life, inhaler technique) and program-specific questionnaires (e.g. healthcare utilization, environmental assessment) during home visits to help guide education for the family. If the parent consents and (as appropriate) the child consents, the information provided on these questionnaires will be utilized for analysis. The results will be linked to child-level data provided by the school about the child's asthma and educational outcomes (as part of the secondary data below).

Interviews of parents of children with asthma: We will conduct one-on-one semi-structured interviews with parents of children with asthma to understand the impact of the program at the school level (e.g. the school climate about health in general and asthma specifically) and individual level (e.g. child's and family's knowledge and practices for asthma care at home and school).

COVID-19 student and parent survey: At the beginning of this program, a questionnaire will be shared via email utilizing a REDCap link to all families within our two CPS schools. This survey utilizes components of the Epidemic – Pandemic Impacts Inventory (EPII), a tool designed to learn about the impact of the COVID-19 pandemic on domains of personal and family life as well as targeted questions about the pandemic's impacts on proper chronic disease management. Using the results of this survey, we will enhance the support we are providing within the schools via trained CHWs embedded in the schools.

Questionnaire of school nurses: A questionnaire will be distributed to school nurses at CPS through the Office of Student Health and Wellness in June 2022. Survey questions will include current practices and experiences of school nurses and questions related to perspectives of integrating CHW to support the works of nurses and a culture of health in schools. The survey will not collect identifiable information. Results of this survey will be used to further refine the CHW model. We will collect contact information in a separate form for participants interested in receiving a \$10 e-gift card, thus will not be linked to survey responses.

Secondary Data

In addition to primary data collection, existing surveys and data will be utilized to evaluate the CHW program.

School-level surveys

The 5Essentials survey and Healthy CPS surveys will be utilized to understand the impact of the CHW program on the school environment, culture, and policy implementation.

The 5Essentials survey is implemented annually by CPS. Teachers, parents, and students complete the survey that covers the following topics: 1) effective leaders, 2) collaborative teachers, 3) supportive environment, 4) involved families, 5) ambitious environment. The survey is used as an assessment of a school's culture and climate designed to identify organizational strengths and areas of opportunity on the five essential factors that drive school improvement. It measures changes in the organizational conditions that are necessary for school improvement and predicts a schools' success in improving student outcomes.

The Healthy CPS survey gives schools the opportunity to report on their current health and wellness initiatives. This survey is part data collection and accountability system of CPS that helps to ensure that student health and wellness are priorities and that school stakeholders understand the connection between health and learning. This survey captures information on how a school is implementing a set of district policies that promote student health. The Healthy CPS initiative focuses on assessing chronic disease management, instruction, LearnWell (access to healthy foods and physical activity for students throughout the school day), and health services at each school.

We will use a complete, de-identified dataset from the 5Essentials and Healthy CPS surveys for the 2 selected elementary schools that will serve as the sites for the CHW program. In addition, to compare our results to other schools, we will obtain aggregate data for the two networks (network 8 and 11) and aggregate data for the district. Data will be obtained for the academic years when the CHW program is in the schools (2019-2020 and 2020-2021) as well as the academic year prior and the academic year after the program. Data from these surveys will help the research team understand the school context and environment as well as adapt the CHW model. The use of secondary data will reduce the burden of school staff and administration to complete additional assessments.

Child / Student data

We will utilize child-level data from the 2 elementary schools to evaluate the impact of the CHW program on student health and academic outcomes. Data will be utilized from the academic years of the program as well as the academic year prior and the academic year after the program. De-identified data is requested for all students at the two schools. For a subset of children who receive individualized support or home visit components of the program, we request identifiable data to evaluate program impact and changes over time.

Individual level, de-identified data for all children who attend the schools

- Asthma diagnosis (Y/N)
- Student attendance and absences information (# of days missed, reasons for absence, specific dates missed)
- Has an asthma management plan? (Y/N)
- Has a 504 education plan?
 - If yes, asthma discussed in 504 education plan (Y/N)
- Has an IEP? (Y/N)
 - If yes, asthma discussed in 504? (Y/N)
- Has medication administration form for asthma on file in school? (Y/N)
 - If yes, what medication?
- Has medication self-administration form for asthma on file in school? (Y/N)
 - If yes, what medication?
- Student address for census block data to understand environmental factors and neighborhood-level social risk factors
- Medicaid insurance (Y/N)

Individual level, identified data for families who consent

- Asthma diagnosis (Y/N)
- Student attendance and absences information (# of days missed, reasons for absence, specific dates missed)
- Has an asthma management plan? (Y/N)
- Has a 504 education plan? (Y/N)
 - If yes, asthma discussed in 504 education plan (Y/N)
- Has an IEP? (Y/N)
 - If yes, asthma discussed in 504? (Y/N)
- Has medication administration form for asthma on file in school? (Y/N)
 - If yes, what medication?
- Has asthma medication self-administration form for asthma on file in school?? (Y/N)
 - If yes, what medication?
- Student address for census block data to understand environmental factors and neighborhood-level social risk factors
- Medicaid insurance (Y/N)

ANALYSIS

Quantitative analysis: Descriptive statistics will employ means (standard deviation), medians (interquartile range), and proportions, where appropriate. To compare primary and secondary outcomes, paired t-tests, Wilcoxon signed-rank tests, and McNemar's tests will be utilized for continuous and binary outcomes. Multilevel models will be conducted to consider the potential within-school association, compare students with and without asthma, and to test time trend, including adjusting for potential confounders. All computations will be performed using STATA (StataCorp) or SAS 9.4 (SAS Institute, Cary NC).

Qualitative analysis: We will use the constant comparative method for theme identification within interviews and open-ended questions on the questionnaires. Thematic analysis of transcripts will be performed using a deductive approach.^{26–28} Qualitative content analysis will be completed using a deductive approach with subsequent sub-themes developed. Open-ended questions will be inductively coded using the constant comparative method to generate new themes within each domain. Multiple team members will code the questionnaires after developing the coding scheme using the first 10% of questionnaires. Research assistants will then independently code the remaining questionnaires using that coding scheme, with quality assurance obtained by the PI coding a further 20%. Discrepancies between team members will be resolved via consensus. Coding will continue until theme saturation is reached. All qualitative analysis of the data, including retrieving, coding, and sorting the data will be completed using Atlas.ti or NVivo.

DURATION OF PROTOCOL

The program will take place over the course of the 2020-2021 and 2021-2022 academic years. We expect to complete data analysis within 3 years after the end of the last academic year.

LOCATION

The study will take place at two CPS elementary schools. One school will be selected from Network 8, located in Chicago's southwest side. The second school will be selected from Network 11, located in the south side of the city.

CHWs will conduct home visits for a subset of children who are identified to benefit from this intervention. If home visits are not deemed to be safe based on CPS policies and guidelines, then there will be an option to conduct virtual meetings with children and parents. A video-based platform (e.g. Google platform) will be used for virtual meetings, in accordance with the policies of the partners.

CONSENT

All

In all procedures, parents, children, school personnel and CHWs will be reassured that participation is voluntary and their decision about whether to participate will not affect their relationship with the school or with CPS, SUHL, or UCM. We will assure participants that the school will not know if the individual chooses to participate or not. All staff will be trained in consent/assent procedures and will be available to read the consent/assent forms to individuals with low literacy levels.

For all questionnaires, individuals will be invited to complete the questionnaire via email and/or on paper. The introduction of the questionnaire will describe the purpose of the project at the school and explain that the survey will inform the program and serve as research. It will clearly state that participation is voluntary. We will explain that the results from the questionnaire will be used in aggregate to inform the development and revision of the CHW program. In addition, contact information for the principal investigator will be included.

For all interviews, individuals will be invited to participate via letter, email, phone, and/or in person. Verbal consent will be obtained. The consent information will be reviewed and discussed with the participant prior to the start of the interview by the research assistant. The participants will be given the opportunity to ask questions. Copies of the verbal consent with the PI's contact information will be provided to participants.

CHWs

Both CHWs will be asked to participate in the study. Verbal consent will be obtained for the enrollment of CHWs and the collection of data from logs and observation/feedback forms.

Parents and Children

For parents and children who are not participating in the home visit component, we are requesting a waiver of consent. The research team will only receive de-identified data about them that the CHW will collect as part of their regular job functions and report to the research team in a limited data set.

For parents and students who have had home visits through the CHW program, we will obtain written consent and as appropriate assent to access students' information that will be de-identified and used for evaluating the program. Information will be obtained from questionnaire responses, health-related information collected by the CHW during the home visit, as well as school and medical records. Informed consent and assent will be obtained from the parent and child in a private location by the CHW or research assistant, who are trained in proper procedures. The consent/assent will be done in person for in-person home visits and using e-consent for remote home visits. Redcap will be utilized for the e-consent. Authentication information (e.g. child's date of birth, parent phone number, home zip code) will be utilized for e-consent. In both in-person and remote situations, the consent will be reviewed and discussed with the parent. The parent will be given the opportunity to ask questions. For children 12 to 17 years old (per CPS policies), assent procedures will be completed in line with CPS regulations; for children less than 12 years old, assent will not be obtained. The assent form will be reviewed and discussed with the child. The child will be given the opportunity to ask questions. A copy of the consent/assent with the PI's contact information will be provided to the child and parents. The CHW and RA will assure them that participation is voluntary and their decision about whether to participate will not affect their relationship with their child's school, medical providers, medical care, or our overall project.

VULNERABLE POPULATIONS

Elementary aged children will be enrolled in this study. CPS employees will also be enrolled in the study. Assent will be obtained from any participating children and oral consent will be obtained from CPS employee participants. This study presents no greater than minimal risk to the subject (45 CFR 46.404). There is a risk of a loss of confidentiality. To help ensure that participants' information remains private, we will restrict access to data collected for our study to study personnel only (via use of password-protection and locked cabinets for study documents). Study ID numbers will be generated and will be used when discussing and/or reviewing data at study meetings. Also, study reports will report results in aggregate and not contain information that can be used to identify individual participants. Subjects will not be excluded from this research on the basis of discriminatory criteria, such as sex or racial or ethnic group.

POTENTIAL RISKS AND BENEFITS

Overall risk for study participants will be minimal. There is a risk of a loss of confidentiality. To help ensure that patients' health information remains private, we will restrict access to data collected for our study to study personnel only (via use of password-protected computers and locked cabinets for study documents). Interviews will be audio recorded and transcribed. Participants will be able to exit the interview at any time and they also can choose not to participate. All recordings will be destroyed after transcription. No transcribed interviews will contain any personal identifiers. Study ID numbers will be generated for all participants and will be used when discussing and/or reviewing data at study meetings. Also, study reports will report results in aggregate and not contain information that can be used to identify individual patients.

Participants may feel uncomfortable answering some survey or interview questions. They can refuse to answer any questions. Children and parents may experience some momentary discomfort when answering questions pertaining to the child's health. However, this distress will be minimized by offering referrals and tailored asthma education and services. Children and parents also have the option not to answer any question that they do not want to answer.

One of the selected schools will have a primarily Hispanic/Latinx student population. In a political and social climate where immigrants may be worried about their documentation status, we will take steps to ameliorate any risk in this area. We have no reason to expect that any participants will not be citizens or have appropriate documentation, however, as this information is not pertinent to the project, we will not ask participants about their (or other family members') residence status at any point during their participation. We will tell them this up front. We will not have any information in this area that might put them at risk.

All inhaler technique demonstrations will be done using a dummy (placebo) inhaler without any medicine in the inhaler. So there are no risks related to medication side effects.

Parents and children who participate in the CHW intervention will have the opportunity to receive education and support for asthma care. We cannot guarantee any direct benefit as a result of the program; however, we hope that patients may experience fewer asthma complications, improved their asthma-related quality of life, and ultimately improved health.

This project offers the opportunity for the selected schools to implement an innovative model of asthma care to improve identification of students with asthma and improving asthma management practices in the school setting and among families. Each school may gain a greater understanding of asthma care, management, and policy. The intervention may improve school leadership and staff knowledge of the benefits of the CHW model.

Data obtained will increase our understanding of current asthma care and management practices and needs at elementary schools. We will use knowledge gained to revise and disseminate the CHW model in schools to broadly support children.

Payment

Schools that participate in the program will receive a total of \$1,000 per academic year.

Participants who complete interviews will be provided \$50 cash or gift card. Participants who complete questionnaires will receive \$10 cash or gift card.

Children/parents who participate in home visits will receive asthma education materials, spacers to use with their metered dose inhalers (two – one for home and one for school), and other supplies to mitigate potential triggers in the home (e.g. cleaning products, pillow cases).

Families who participate in the home visits will receive \$25 per visit if they agree to participate in the study. They will also be eligible to participate in interviews at the end of the year.

Confidentiality

Participation in this study is voluntary and potential participants can discontinue their participation at any time. Participants will all be assigned an ID number. Only the study team and CHWs will have access to the identifying information of families enrolled in the study. Also, only the study team and CHW will have access to the key that links data to participant contact information. A linking list will be created for the CHW to contact the families for follow-up appointments. All data collected will be kept confidential. All audio recordings, electronic, and paper records will be kept in locked offices, locked cabinets, and password-protected computers by the study staff. Only the study team will have access to any of these files and records. When results are presented, no names or personal identifiers will be included in the presentation.

Child secondary data (listed above) will be shared with the study team by the school nurse and/or the appropriate school personnel from each school for data analysis. The data will contain PHI (e.g. child names) for the children and parents who have provided assent and consent, respectively, to link secondary data with primary data collected by the study team. For all other students, PHI and identifiers will be removed from the dataset before being shared with the study team.

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**Reimagining Schools as a Place for Improving the Health of Chicago's Children:
COVID-19 Rapid Response Project**

Email invitation for parent to participate in questionnaire

[DATE]

Dear [NAME OF PARENT],

You are invited to participate in a brief questionnaire about the impact of COVID-19 on your family. We are extending the offer to participate to all families at [SCHOOL NAME]. If you choose to participate, please follow the link below. This link will take you directly to the questionnaire for completion. At the end of the study, you can opt to receive a \$10 e-Giftcard for your time. Further, at the end of the survey you will see additional information about a program at [SCHOOL NAME] led by Community Health Workers to support students with chronic illnesses and their families. If you would like to be contacted by a Community Health Worker about this program, you can leave your contact information.

We are interested in hearing your experiences with and perspectives on the impact of COVID-19. The information you share with us will help us improve school-based resources and programs and inform future programs to assist families in schools.

This research is led by the University of Chicago, Chicago Public Schools, and Sinai Urban Health Institute. Your choice to participate will not affect your or your child's relationship at this school or the Chicago Public Schools, Sinai Urban Health Institute, and University of Chicago Medicine.

If you are interested, please click the following link: [INSERT LINK]

If you have any questions, please do not hesitate to ask.

Sincerely,

[NAME OF PRINCIPAL INVESTIGATOR]

On behalf of the entire team

Integrating Community Health Workers in Schools to Support Asthma Management

Invitation for parent to participate in the study

[DATE]

Dear [NAME OF PARENT],

You are invited to participate in a research study about asthma management at your child's school, [INSERT SCHOOL NAME]. A community health worker (CHW) [will be / has been] integrated into your child's school to focus on improving asthma management.

The purpose of this study is to understand how the community health worker can best help the school and students. You and your child have been selected to participate in the study because you [are / will be] receiving tailored services and support from the community health worker. During the visits with the community health worker, they will ask you questions about you, your child, and their asthma.

If you agree to participate in the study, we will use the information you provide to the community health worker to understand how well the this program works. The community health worker will ask you to complete several surveys and forms during your visits with the CHW. Additionally, with your permission, we will ask the school to share information about your child, including academic and health records. If your child is enrolled in Medicaid, we will also obtain records about medical care.

The community health worker program and research study are being led by the University of Chicago, Chicago Public Schools, and Sinai Urban Health Institute. Your decision to participate in the study will not affect any of the services and resources you receive at your child's school or through the Chicago Public Schools, Sinai Urban Health Institute, and University of Chicago Medicine.

If you are interested, **please contact [RA] at [CONTACT INFORMATION] before [DATE] to discuss participation in the study.** If you have any questions, please do not hesitate to ask.

Sincerely,

[NAME OF PRINCIPAL INVESTIGATOR]

On behalf of the entire team

Integrating Community Health Workers in Schools to Support Asthma Management

Invitation for parent to participate in interview at end of year

[DATE]

Dear [NAME OF PARENT],

You are invited to participate in an interview about asthma management at your child's school, [SCHOOL NAME]. A community health worker has been integrated into your child's school with a focus on improving asthma care.

You have been selected to participate in an interview because you have interacted with the community health worker at the school. The purpose of this study is to understand the impact of this program during the year. Understanding your perspective is important to the success of this program. We are interested in hearing your experiences with and perspectives about the community health worker program and asthma care at the school. The information you share with us will help us improve this program and inform other asthma and student health programs in schools.

The community health worker program and the research study are led by the University of Chicago, Chicago Public Schools, and Sinai Urban Health Institute. Your choice to participate will not affect your or your child's relationship at this school or the Chicago Public Schools, Sinai Urban Health Institute, and University of Chicago Medicine.

If you are interested, **please contact [RA] at [CONTACT INFORMATION] before [DATE] to discuss your participation in an interview.** If you have any questions, please do not hesitate to ask.

Sincerely,

[NAME OF PRINCIPAL INVESTIGATOR]

On behalf of the entire team

Integrating Community Health Workers in Schools to Support Asthma Management

Invitation for school staff to participate in interview at end of year

[DATE]

Dear [NAME OF SCHOOL STAFF],

You are invited to participate in an interview about asthma management at your school, [SCHOOL NAME]. A community health worker has been integrated into your school with a focus on improving asthma care.

You have been selected to participate in an interview because you are involved with asthma care and / or have interacted with the community health worker at the school. The purpose of this study is to understand the impact of this program during the year. Understanding your perspective is important to the success of this program. We are interested in hearing your experiences with and perspectives about the community health worker program and asthma care at the school. The information you share with us will help us improve this program and inform other asthma and student health programs in schools.

The community health worker program and the research study are led by the University of Chicago, Chicago Public Schools, and Sinai Urban Health Institute. Your choice to participate will not affect your relationship at this school or the Chicago Public Schools, Sinai Urban Health Institute, and University of Chicago Medicine.

If you are interested, **please contact [RA] at [CONTACT INFORMATION] before [DATE] to discuss your participation in an interview.** If you have any questions, please do not hesitate to ask.

Sincerely,

[NAME OF PRINCIPAL INVESTIGATOR]

On behalf of the entire team

Integrating Community Health Workers in Schools to Support Asthma Management

Invitation for parent or school staff to participate in interview at start of year

[DATE]

Dear [NAME OF SCHOOL STAFF],

You are invited to participate in an interview about asthma management at your school, [SCHOOL NAME]. This school year, a community health worker will be integrated into your school with a focus on improving asthma care.

You have been selected to participate in an interview because you are involved with asthma care and/or may interact with the community health worker at the school. The purpose of this study is to understand how the CHW can best help the school and students. Understanding your perspective is important to the success of this program. We are interested in hearing your experiences with and perspectives about the community health worker program and asthma care at the school. The information you share with us will help us shape this program and inform other asthma and student health programs in schools.

The community health worker program and the research study are led by the University of Chicago, Chicago Public Schools, and Sinai Urban Health Institute. Your choice to participate will not affect your relationship at this school or the Chicago Public Schools, Sinai Urban Health Institute, and University of Chicago Medicine.

If you are interested, **please contact [RA] at [CONTACT INFORMATION] before [DATE] to discuss your participation in an interview.** If you have any questions, please do not hesitate to ask.

Sincerely,

[NAME OF PRINCIPAL INVESTIGATOR]

On behalf of the entire team



42 W. Madison | 2nd Floor | Chicago, IL 60602
Telephone: (773) 553-4444
Fax: (773) 553-2421

07/12/2022

Anna Volerman Beaser

Dear Volerman Beaser,

Thank you for your interest in conducting research in The Chicago Public Schools. The Research Review Board has reviewed your Modification proposal 07/12/2022 for research, titled: Integrating Community Health Workers in Schools to Support Asthma Management.

The Research Review Board has completed the review of your Modification proposal and has approved your request to conduct this research. Although your study is approved, school principals have final authority over activities that are allowed to take place in the school. If data collection continues beyond a year from this approval, please complete the Modification & Continuing Review Process Form through IRBManager.

Please note the following--

Background Check Level Required:

Other Notes:

Upon completion of the research study, a copy of the final report or summary of the results must be provided to the Research Review Board. The Board reserves the right to use the information in the research report or summary for planning, solicitation or grants, and staff development.

Please note that your study has been assigned Project ID #2021-1625. If you have any questions, please contact our office by email at research@cps.edu.

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Dickson".

Sarah Dickson
Co-Chair, Research Review Board