



Environmental Improvements for Children with Asthma



Is your child's asthma waking them at night? Is their medication just not taking care of their symptoms? A home assessment may be helpful.



The American Lung Association in Oklahoma is now offering them free of charge.

What is a home assessment?

An American Lung Association staff member will walk through a patient's home with their family to learn more about the child's environment and offer suggestions of how to reduce the exposure to asthma triggers.

A virtual option has been added to protect families. The walkthrough can now be conducted by video chat.

These changes may include less asthma medicine, fewer symptoms, fewer emergency room visits/hospitalizations, and better indoor air quality.

The family is contacted in 3 and 12 months to complete a survey to see if there has been any changes to the child's health.

What happens after the home assessment?

- The American Lung Association will provide FREE materials to help reduce exposure to asthma triggers.
- We will also provide education about creating an asthma safe healthy home and the importance of environmental trigger avoidance in a child's home.

How do I sign up?

Contact Patrick Hattaway at 918-747-3442 or Patrick.Hattaway@Lung.org to schedule a visit.



Parent Consent Form

You are being asked to be part of this project because you have a child with asthma. Before agreeing that your child will take part in this project, it is important that you read and understand this form. It lists the purpose, benefits, and risks of the project. It also includes your right to withdraw from the project at any time.

Purpose We hope to learn if removing asthma triggers in your home will reduce your child’s asthma symptoms. These changes may include less asthma medicine, fewer symptoms, fewer emergency room visits/hospitalizations, and better indoor air quality.

Process You have been contacted by the American Lung Association to participate in this virtual project. If you agree to participate, you will be asked questions about your child’s asthma. After the home assessment and changes have been made to your home, you will be contacted in 3 and 12 months and asked the same questions.

Risks You will be asked questions about your child’s asthma. We will never share you/your child’s personal information. Only the person who conducts your virtual home visit will have your name, and your child’s name and date of birth. No personal information will be entered into a computer or database. Additionally, you will receive supplies to reduce asthma triggers in your home. These products arrive by commercial shippers who will have your name and address for the delivery.

Virtual Meeting Risks We will be conducting this home assessment using a Zoom (internet) link. We will always maintain your privacy, but there is some risk when using internet services. Only the person providing the assessment will have your name and your child’s name and date of birth. No personal information will be entered into the internet platform.

Benefits Changes to reduce asthma triggers and improve indoor air quality will be made to your home.

Alternatives You may choose not to participate in this project.

How to Get Answers to your Questions You can ask questions about this project. Please contact the American Lung Association, Patrick Hattaway, at 918-747-3442.

Financial Issues There is no charge for this project.

Other Information You have been told about the project and about the risks (internet service/shipping) and benefits. Taking part in this project is voluntary. By signing this Consent Form, you agree to take part in this project. You are free to withdraw from this project at any time. If you have any questions, they will be answered.

What are you/your child’s rights after signing this authorization? You/your child can withdraw from this project at any time. You have the right to choose not to sign this form. However, if you decide not to sign, you cannot be in the project. Not signing this form will not affect the current or future services you/your child receive from the American Lung Association. Your signature means that you have read this form and that you want to take part in the project.

Signature of Parent or Guardian

Date

Printed name of Parent or Guardian

Relationship to individual