

Overview of the Inventory of Key Federal Activities for Reducing Asthma Disparities

This document serves as a quick reference to activities in the ADWG inventory compilation. Page numbers refer to the inventory submission in the compilation.

Goal	Area of Focus	Activity	Contact	Summary	Key Lessons	Obstacles	Opportunities/Notes for Cross-Agency Collaboration	Page #
Targeting Public Health Interventions	Public awareness & education	PSA media campaign	EPA/ORIA	National Childhood Asthma Public Service Media Campaign designed and implemented by the Ad Council. Target: parents & kids in African American and Spanish speaking families.	• 1.9M web hits/yr		<ul style="list-style-type: none"> • New partners to contribute funding and share in the design • New media-target specific audiences 	p53
		AQI, EnviroFlash	EPA/OAQPS	Air Quality Index. Increase number of people receiving electronic AQI alerts, develop a system for surveillance of health impact of air quality regulations.	Research shows people with asthma respond to AQI media alerts		Collaborate with HHS/NIH to educate health care providers about AQI	p53
	Data Collection	Asthma Call-Back Survey	CDC/APRHB	In coordination with the BRFSS, in 40 states: adds depth to asthma data, helps address questions surrounding the health and experiences of persons with asthma, and provides detailed data at the state and local levels.	This level of data makes targeted interventions more cost effective	Funding		p41
		GIS for Asthma: Expanding the Use of Mapping and Spatial Analysis to Understand Asthma Occurrence and Outcomes in Urban and in Rural Areas	CDC/APRHB	Network of geo-referenced data that can be analyzed to determine and display patterns of asthma occurrence, health outcomes, health care access, and potentially related environmental risk factors by location.	Although asthma prevalence has long been considered higher in urban vs rural areas, our analysis found that asthma prevalence is similar in urban and rural environments.		<ul style="list-style-type: none"> • Combine expertise of APRHB with the advanced GIS programming skills of the Geospatial, Research, Analysis, and Services Program (GRASP), the Emerging Investigations and Analytic Methods Branch • Expand collaborators to academic researchers in asthma and environmental health 	p47
	State-based asthma control plans	NACP in 34 states, DC and PR	CDC/APRHB	Financial and technical assistance to 34 states, DC and PR for comprehensive state asthma control programs. Major focus areas are Surveillance, Partnerships, State Asthma Plan, Interventions and Evaluation.	Surveillance data allows targeting of interventions	State budget cuts	Currently grantees working with HUD and EPA on IAQ in schools and housing	p43
		Catching Your Breath – Addressing Environmental Factors that Contribute to Childhood Asthma	EPA/OCHP	Grant to the Environmental Council of the States and the Association of State and Territorial Health Officials. Addressing childhood asthma by reducing environmental hazards. Grant cycle ended '06.	Establishing strong partnership between Fed and state; inter-state collab between health and enviro officials		HHS HUD	p55
	Cities	Controlling Asthma in American Cities Project (CAACP)	CDC/APRHB	Program funded for 2 years of implementation and 5 years of interventions across 7 sites until 2008. Used a community-based multi-sector approach to decrease the burden of asthma in inner-city populations of need.	Summarized in individual site publications & in special supplement to Journal of Urban Health (in press)	Tension between spending on documentation vs program implementation	Communities in Actions partners.	p45

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Targeting Public Health Interventions	Training Community Health Workers/Promotores	Latino Asthma Education Initiative	NHLBI/DARD	CHW/promotora-led educational and outreach program. Two objectives: 1) to train promotores using a "train-the-trainer" model; 2) to have the trained promotores teach Latino parents of children ages 5-11 how to manage their child's asthma. Curriculum materials: teaching manual, picture cards, and DVD.	CHWs/promotores have been shown to: <ul style="list-style-type: none"> • help increase minorities' access to health care • serve as a liaison between health care providers and community members • effectively deliver health messages 	Program is under development	Welcome opportunities to explore potential partnerships.	p79	
	Training Health care Providers	Communities in Action Asthma campaign	EPA/ORIA	Building a network of community-based asthma programs to rapidly spread best practices and field tested strategies for improving asthma outcomes. Supported by an online interface (AsthmaCommunityNetwork.org) and an annual pacing event (The National Asthma Forum).	Value of online access to info for broad range of stakeholders; free resources and webinars; expanding reach of CDC's evaluation expertise & MCAN's policy report.		Engage other agencies as co-sponsors of the Network; get HUD and CDC grantees into the Network; expand to Dept of Ed to include school-based asthma mgmt; USDA for community expertise	p51	
		Montana State Univ Extension expands delivery of their Native AIR program	EPA/Region 8	Promoting awareness of environmental asthma triggers.	Ed materials culturally adapted		MSU relations with Tribal and rural pops could be used by other agencies that work on health and housing issues.	p70	
		Better Asthma Care Through Online Spirometry Training and Feedback	NHLBI/DARD	Online training course for health care providers aimed at improving asthma outcomes through use of spirometry.	Improper assessment of asthma severity and control may have direct implications for the under treatment of asthma in low SES	Course logistics are labor intensive and expensive	During the pilot stage we are establishing a national network (especially of "safety net" organizations) which can be expanded and leveraged	p77	
		Physician Asthma Care Education (PACE) Program to Underserved Communities	NHLBI/DARD	Enhancing patient-provider communication; includes a patient education/empowerment component.	Shown to improve patient-physician communication and patient outcomes without extending time spent with the patient	Increasing training to other healthcare professionals	<ul style="list-style-type: none"> • Tracking via an EMR • Position PACE as one element in building community capacity 	p81	
		Asthma education and support services in community-based health facilities	HRSA/DPHIE	For a listing of various activities, see page 39 in the inventory compilation.					p38
		ALA of Colorado targets ECE staff serving areas w high asthma and smoking rates	EPA/Region 8	Education and training on environmental tobacco smoke and other asthma triggers to child care providers.	Past project in South Dakota highlighted importance of trust that ECE staff had in ALA			Any agency that works with rural pops on health related issues may want to team or share learnings	p68
	Training Child Care Providers	Southeast Regional offices of HHS and EPA partnership	EPA/Region 4	Education and training on environmental tobacco smoke and other asthma triggers to Head Start centers.	Partnership w HHS allowed access to target audience	This project was result of MOU between EPA and HHS.	<ul style="list-style-type: none"> • This project was result of MOU between EPA and HHS. • HHS could adapt model 	p64	

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Targeting Public Health Interventions	Training Child Care Providers	Asthma-Smart School Program	EPA/Region 4	Through an EPA IAQ grant, county developed a comprehensive educational program for child care providers, parents and children in Jacksonville FL.	<ul style="list-style-type: none"> • Target EJ communities • Communicate with Children's Health Division and EJ Department 		<ul style="list-style-type: none"> • Partnering with other agencies that address EJ communities • Train the trainer to nonprofits and faith-based orgs 	p62	
		Burden of Asthma in New Mexico April 2009	EPA/Region 6	Classes targeting child care providers offered at regional early care and education conferences.	Workshops benefit those in center & home-based childcare		Spanish curriculum on asthma triggers in home-based child care	p66	
	School Asthma Management	Targeting 10 large urban school districts w funding and TA	CDC/DASH	Partners implement effective policies, programs, and curricula; provide professional development, consultation, and TA to schools and school districts; and collaborate locally.	Collaboration with CDC Centers		Building the capacity of school districts to help students access asthma care clinicians	Continue with NCEH and increase with EPA	p49
		IAQ Tools for Schools	EPA/Region 9	Training and coaching of a wide range of school stakeholders on best practices for creating asthma-friendly school indoor environments. (Also Policy)	Education of non-healthcare personnel about asthma	<ul style="list-style-type: none"> • Shortage of school funding and funding for school nurses • Public awareness of importance of clean, dry and well-ventilated schools 	Dept of Education	p108	
		IPM in Schools	EPA/OPP	(Also under Research) Recent grant awarded to the IPM Institute of NA will promote the adoption of integrated pest management in U.S. schools, expand existing partnerships in ten states and establish new partnerships in five states with high asthma rates. Target: professionals who work in and with schools trained to implement high-level, verifiable IPM.			Sharing findings with EPA/OAR Indoor Air Quality Tools for Schools Program	p57	
	Training college & grad student researchers	Break the Cycle program	EPA/OCHP	Faculty mentor undergraduate and graduate students; each student develops a project that reduces or prevents environmentally-related illnesses for children in EJ communities. (Also Research)		Small number impacted, limited resources		p110	

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Targeting Public Health Interventions	Healthy Homes	Healthy Homes Partnership in 35 states or territories	USDA/NIFA	Links the resources of the USDA, NIFA and state land grant universities with HUD for a public outreach education program addressing housing deficiencies and risks associated with childhood diseases and injuries including asthma and allergies.	<ul style="list-style-type: none"> State educators at Land Grant Universities Cooperatives Extension System Educational booklet in 7 languages 	Budget cuts, staff cuts in states	Can utilize their effective system in states to transmit additional research or asthma prevention info	p83
		Grant Program to Support Asthma Interventions in Public and Assisted Multifamily Housing	HUD/OHHLHC	Supports the implementation and evaluation of the effectiveness of replicable, multi-component interventions with a housing-related environmental focus.			<ul style="list-style-type: none"> HHS/CDC: smoking cessation CDC: surveillance Medical mgmt training CMMS reimbursement models EPA outreach on ETS EPA: IPM support EPA and DOE: energy retrofits to improve IAQ 	p75
		IPM Training	HUD/OHHLHC	Multi-year project, through an Interagency Agreement with the USDA. Developed training curricula on IPM, qualified trainers, and piloted the delivery of training to 14 Public Housing Authorities (PHA) staff.	<ul style="list-style-type: none"> Effective team of coordinators and trainers Training materials vetted by other Fed agencies, nonprofits and pest control industry Up-front prep w PHA mgmt 	<ul style="list-style-type: none"> Initial recruitment troubles w PHAs Ongoing lack of availability of pest mgmt firms 	<ul style="list-style-type: none"> HHS CDC EPA USDA Implement in conjunction with optimization of medical care 	p73
Advancing Policy	Air Quality Standards/Clean Air Act	Federal civil judicial enforcement activities that address asthma-related air pollutants	DOJ/ENRD	(Also noted as a Public Health Intervention) Developing new research protocols to investigate this relationship.	<p>a) enforcement of Clean Air Act standards can help to reduce the burden of pollution on disproportionately affected communities</p> <p>b) as a supporting agency, DOJ relies on EPA to refer cases.</p>			p85
	Smoke-free housing in public housing	Advocacy communications to PHAs & federally supported props	HUD/OHHLHC	Publish official notices to public housing authorities and privately owned/federally supported properties strongly encouraging the development of smoke-free housing; create and disseminate information to owners/operators.	<ul style="list-style-type: none"> Effective translation of research for target audience Strong collab w tobacco control advocacy groups 	Clarifying misinformation held among target audience (solution: toolkits)	<ul style="list-style-type: none"> HHS CDC Tobacco Control Program EPA Would welcome assistance in evaluating health impact 	p95
	Federally qualified health centers	Monitoring of asthma care quality	HRSA/BPHC	HRSA has requested OMB for approval to begin monitoring (through clinical quality performance measures) the asthma care quality provided in FQHCs.	Alignment with CMS/ONC meaningful use measures is vitally important to minimize duplication of efforts and streamline data collection.			p94
	Title V Block Grant	MCH administered grants in CA, MA, NJ	HRSA/MCHB	Three distinct projects that aim to reduce asthma disparities, improve clinical care, develop asthma coalitions, provide education and awareness and promote effective policies.				p15 p72 p93

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Advancing Policy	Awareness and advocacy	Asthma Regional Council of New England	EPA/Region 1	Promotes policy and supports the New England states to implement their state asthma management strategies. ARC receives funding from EPA, HHS, others.	<ul style="list-style-type: none"> Actively address the issue of health disparities among racial/cultural groups by ensuring policies address the conditions of healthy housing; Co-produced a business case for health payers documenting costs and benefits of environmental intervention for certain asthma patients 		Healthy homes guidance was adopted and adapted by HUD	p91
		Building the Business Case for Comprehensive Asthma Management	EPA/ORIA	Foster reimbursement by health insurance plans for comprehensive asthma care	National leadership award and small grant program funding demonstration projects raised awareness among target audience	Not effective in engaging CMS	State Medicaid directors, HHS (CMS, AHRQ, CDC), HUD	p87
		Systematic Reviews of Evidence for Non Clinical Asthma Interventions	CDC/APRHB	Completed two activities: <ul style="list-style-type: none"> A review of multi-component, multi-trigger home based interventions for the Guide to Community Preventive Health Services A systematic review of reviews on asthma interventions (Also considered an activity under Policy and Research) 	Summarizes state of evidence in order to direct activities		HUD	p100
		Fact Sheets on asthma disparities among African-Am & Hisp children	EPA/OCHP	Information on actions that parents can take to protect their children, and positive actions EPA and other organizations are taking to address each environmental health issue.	Easy to distribute, sends a clear message	Limited resources	Distribute to other agencies for dissemination	p89
	Systems Change	Transitioning Children from Acute Asthma Care to Longitudinal Care Within a Medical Home	NHLBI/DARD	Short-term case management program to stabilize patients and build a solid educational foundation for asthma self-management before transitioning them into a primary care medical home.	Electronic AEF – asthma encounter form - promotes communication between inpatient and outpatient care settings		HRSA, CMS, CDC, AHRQ	p97
Executing Collaborative Research	Community-Capacity Building	HEAL Project (Head Off Environmental Asthma in Louisiana)	NIMHD	(Also noted to be Public Health Intervention) Study relationships between environmental exposures and asthma in post-Katrina New Orleans and assess a novel asthma counselor program that provided both case management and tailored guidance for reducing mold and allergenic exposures.	Value in comprehensive approach, set standards for future post disaster studies	Post Katrina infrastructure	<ul style="list-style-type: none"> Partner with HUD community empowerment zones 	p34

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Executing Collaborative Research	Susceptibility research	Identification of health disparities	CDC/NCHS	Provide information on the magnitude, context, and implications of racial and income disparities in childhood asthma prevalence, health care use, and mortality. Research based on high quality national data provides evidence for developing well-targeted, effective interventions.	Collaboration between CDC Centers	Limited geographic detail	EPA	p12
			CDC/NCHS	National asthma surveillance: data are disseminated in collaboration with the National Center for Environmental Health and tracking Healthy People Respiratory Health Objectives.	<ul style="list-style-type: none"> Continued need and interest in content Collaboration between CDC Centers High quality data sources 	<ul style="list-style-type: none"> Confusion with redesign of NHIS (overcome) Data can be inaccessible for geographical content 	Addition of enviro, educational, and housing data to provide context for health data	p13
			EPA/ORD	Identifying "at-risk" populations and elucidating the factors that underlie this susceptibility -- from community to molecular level.	Increase communications with community groups	<ul style="list-style-type: none"> Accessing medical databases Collaboration with local health provider network 	<ul style="list-style-type: none"> CDC as intermediaries to health departments NIH and NIOSH as potential partners for health outcomes HUD to help i.d. housing characteristics 	p8
		Role of Mycoplasma pneumoniae and Chlamydomphila pneumoniae in asthma pathogenesis and exacerbations	CDC/NCIRD	(Also noted as a Public Health Intervention) Developing new research protocols to investigate this relationship.	Early stages of development		Success will be determined by collaboration with partner organizations	p115
	Effectiveness of interventions	Research Demonstration and Dissemination Program	NHLBI/DLD	Understand the merit of and examine the cost, general effectiveness, responsiveness and sustainability of evidence-based behavioral/healthcare interventions attenuating asthma disparities.	Evidence that symptom-based treatment improves asthma care, empowers patients, and encourages proactive participation in self-management programs (S-M maybe ultimate success metric for translation).	<ul style="list-style-type: none"> Low adherence to practice guidelines by providers. Studies are underway to examine approaches to improve guideline-based practice. Unsustained adherence to self-mgmt action plans by patients. Further research is necessary. Competing priorities in school system. Primarily a fiscal issue! 	<ul style="list-style-type: none"> Rather than disease-specific programs, an innovative strategy might include combined targets, e.g., asthma and obesity (and Type II diabetes). NIAID, NICHD, NIEHS, NINR, NIDDK, CDC, AHRQ-CER 	p20

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Executing Collaborative Research	Effectiveness of interventions	Inner City Asthma Consortium	NIAID/DAIT	Goals: Identify environmental factors associated with asthma, develop interventions to reduce environmental factors, create treatments for inner city asthma, and identify factors associated with the development of asthma among children living in the inner city.	Long term involvement allowed program to be developed, evaluated, and implemented	Maintaining high levels participation. Solution = developing programs to allow participants to overcome barriers.	Asthma Outcomes project will develop standards for outcome measures that will be used in research studies across the various Federal agency stakeholders	p22
		Interventions to reduce environmental asthma risks	EPA/ORD	Assess different interventions, such as: portable air cleaners coupled with smoking cessation programs; dietary interventions; technological approaches like cleaner cook stoves and vegetation barriers to reduce traffic exposure; and EPA's regulations to improve air quality.		Limited resources	<ul style="list-style-type: none"> NIH & FDA for health outcomes & biological based interventions HUD to help create asthma-friendly homes DOT to aid in reducing exposure to traffic 	p10
		Several Research and Training Projects designed to address/ reduce Asthma disparities.	NICHD	Several projects address asthma disparities, such as: management of asthma in ethnic adolescents in transition; how family routines influence medical adherence; the potential for racial and ethnic differences to affect symptom perception in childhood asthma.	Effective preventive and mgmt for health care providers		NIH ICs and obvious partners would include EPA, CDC, HRSA and ARQA; less obvious might vary from DOD/ VA to NOAA/ DOE	p26
		Childhood Asthma Reduction Study (CARES)	NIEHS	The single component intervention utilized in this study is extremely effective at reducing cockroach allergen in highly infested homes.	Evaluating the effectiveness of a novel cockroach eradication method	Recruitment for study is challenging	Interest in expertise other agencies have gained serving similar pop. (i.e., NIAID, HUD, etc.)	p30
		HomeBASE (Home-Based Asthma Support and Education for Adults)	NIEHS	Develop and assess the value of a home-based education and support intervention for reducing asthma morbidity among low-income, ethnically diverse adults with asthma ages 18-65.	Community participation in study design, implementation, evaluation and dissemination. Spearheaded by Seattle King County Public Health Department, initiated & funded by King County Asthma Forum.		Other public health departments and CDC	p32
		Best Pharmaceuticals for Children Act	NICHD	Comparison of practice variation in critical asthma using the largest review cohort of fatal and near fatal asthma across the Collaborative Pediatric Critical Care Research Network's 17,000 annual PICU admissions. Study will focus attention on developing standards of care for children with very severe critical asthma.	Collaborative group of experts empowered to investigate across large, geographically, ethnically and racially diverse US population.	Delay in obtaining funding	NHLBI already in a collaborative, ad hoc role in design of studies	p24

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Executing Collaborative Research	Effectiveness of interventions	Centers for Reducing Asthma Disparities	NHLBI/DLD	In four Centers a research intensive institution partnered with a minority serving institution to conduct research to investigate factors that contribute to disparities in asthma and identify targets for interventions. Centers developed training programs to build research capacity in examining disparities and interventions to reduce them.	Identification of the strong contribution of psychosocial issues, across all centers, that contribute to disparities—rather than the traditional emphasis on health care access – reveals the complexity of addressing disparities.	Turnover among faculty/investigator of leadership staff at research institutions	Several Institutes have Centers programs (NIEHS/EPA, NIMHD, and NHLBI, NIAID). It would be important to get the program officers together.	p28
		Research on the quality of care for children in the Medicaid program and in the State Children's Health Insurance Program, guideline implementation in the primary care setting, asthma care in the emergency room setting	AHRQ	(Also under Policy) Programs have included: <ul style="list-style-type: none"> • <i>Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies Volume 5—Asthma Care</i> (2007) • National Workshop to Eliminate Asthma Disparities (2005) • Learning Partnership (2005) • <i>Asthma Care Quality Improvement: A Resource Guide for State Action and Asthma Care Quality Improvement: A Workbook for State Action</i> (2006) • Innovations Exchange website 	Because settings that serve largely racial and ethnic minority or low-income children often don't have the resources to implement effective quality improvement strategies (e.g., integrating a nurse educator/care manager into the practice), the AHRQ encourages quality improvement and disparities reduction interventions at higher levels of the healthcare "chain of effect" (i.e., the policy and health plan levels).			p98
		Pediatric Asthma Community-Based Program (PACBP)	NIMHD	Tests the effectiveness of asthma mgmt programs designed to eliminate asthma treatment disparities. Focuses on analysis of medical claim data comparing private and public insurance providers. Surveys pediatricians to examine their knowledge of asthma treatment guidelines and their perceptions of present policies affecting the treatment of children with asthma.	Results revealed the increased disparity in the rates of dispensing of asthma controlled medication among children with persistent asthma.	(Project is in its infancy stage)	Project, which is carried out in Puerto Rico, would be expanded with a data collection and evaluation component that highlights health literacy innovation. Collaborators such as the OMH and/or HRSA would be ideal contributors in this effort.	p36
		Asthma, Health Disparities and Developmental Pediatrics	HRSA/MCHB	Examining how health disparities risk factors, such as poverty, limited access to healthcare, lack of health insurance, family dysfunction, and socioeconomic disadvantage, may exacerbate developmental and behavioral co-morbidities				p16

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Executing Collaborative Research	Effectiveness of interventions	Pediatric Asthma Management: The Role of Health Insurance	HRSA/MCHB	<ul style="list-style-type: none"> Determine how burden across public and private health insurance of covering all asthmatic children has changed in the U.S. over the past decade. Calculate how much of the shortfall in the rate of asthma mgmt training identified in Healthy People 2010 could be expected to be closed by ensuring that all children are continuously covered Determine whether parent smoking behavior is associated with the child's or parent's health insurance status 				p17
		Assessing Progress in Reducing Developmental and Behavioral Co-morbidities	HRSA/MCHB	Goals: What progress has been made over the past and current decades? What role health disparities risk factors have had in exacerbating or mitigating asthma and its developmental and behavioral co-morbidities as measured by two sequential National Surveys of Children's Health.				p18
		National Asthma Survey of Physicians, 2012-2013	CDC/NCHS	Federal and private collaboration to field a nationally representative survey of physicians on their agreement about and adherence to elements of the NAEPP Asthma Guidelines. Results will be used to guide future activities to increase guideline implementation, especially for groups with known increased rates of adverse asthma outcomes.	Success comes from having existing federal network of agencies and colleagues dedicated to a common goal	Funding shortages remain a challenge. Ongoing search for new funds and partners.	New partnerships and collaborations have been formed. In drafting the survey and analyzing data, these partnerships will be solidified and tapped to pursue needs identified by the survey.	p19