

**Task Force on Environmental Health Risks and Safety Risks to Children
Draft Framework for Addressing Asthma Disparities
October 19, 2010 (revised)**

Issue Name	Asthma Disparities
Brief description of the issue	Asthma affects all ages, but most people who have asthma were diagnosed during childhood. Nearly 7 million children 17 years of age and younger currently have asthma, and asthma disproportionately affects minority and disadvantaged children (15% African American and 18% of Puerto Rican vs. 8% White; 12% with family income below poverty vs. 8% non-poor). Minority children also suffer a disproportionate burden of the disease: among children with asthma, black children are twice as likely to be hospitalized and over 4 times more likely to die due to asthma than white children. Minority children are less likely than white children to have been prescribed or taken recommended treatments. The causes of such disparities are not yet fully established, but are likely rooted in multifactorial issues specific to asthma (e.g., gene-environment interactions that determine the onset and severity of asthma, and programs and policies that influence the control of asthma, such as access to care using evidence based guidelines, asthma education, creating asthma-friendly school and day care environments), and broader systemic issues (health policy, housing quality, family and community social supports and exposures to environmental stressors, and other socioeconomic, racial and ethnic disparities).
Why the issue is important to children's health	The burden of asthma for children and their families is significant in terms of urgent care visits, hospitalizations (asthma is the third ranking cause of hospitalization for children), and lost time from school (12.8 million school days lost each year) and parent's work. The toll is also significant on a day to day basis in terms of a child's ability to actively participate in play, exercise, and school. Studies suggest that children with asthma have higher rates of overweight and obesity than children without asthma. Furthermore, those with more severe asthma are more likely to suffer academically than those with more mild disease. Taken together, this evidence suggests that targeting interventions to low income communities, including low performing schools, public housing, and medically underserved neighborhoods, will be important for making gains against asthma disparities. These interventions must be supported by federal, state and local policies, and the current health care reform efforts provide a new landscape for this work. While we know much about reducing morbidity and mortality associated with asthma for the general population, there is still much to understand about how to prevent asthma and how to tailor interventions to serve disproportionately impacted populations.
Goal 1	Target effective Public Health Practice and Interventions towards disproportionately impacted populations
Desired Outcomes	Short term: Secretary Sebelius and Administrator Jackson issue a Coordinated Federal Action Plan to Reduce Asthma Disparities, on behalf of all participating federal agencies. Intermediate: Adoption and implementation of activities delineated in the Action Plan. Long term: Reductions in asthma disparities.
Potential Actions	<ul style="list-style-type: none"> • Increase statewide and national surveillance programs to improve our understanding of disparities in the burden of asthma and variation in asthma treatment practices. • Create asthma friendly home environments in publically assisted housing: smoke free environments, integrated pest management, and links to medical care. Increase state and local implementation of Community Guide recommendation for home-based, multi-trigger, multi-component

	<p>interventions for persons with asthma to reduce exposure to multiple indoor asthma allergens and irritants, including environmental tobacco smoke.</p> <ul style="list-style-type: none"> • Create asthma friendly school environments, including low performing schools: Dissemination of evidence based environmental management strategies in schools and link school-based asthma care to primary care providers. • Create asthma friendly child care and early learning environments, beginning with Early Head Start and Head Start programs and other early childhood education programs designed for low-income children. • Reduce the burden of air pollution on disproportionately impacted communities through regulations, enforcement and other mechanisms. Give full consideration to children's health and asthma disparities during air quality standards setting review process. Expand air quality forecasting to underserved communities. • Foster quality clinical care that includes environmental controls: Promote implementation of existing recommendations that are focused on reducing asthma disparities. Support quality improvement efforts among safety-net providers, in particular, all federally qualified health centers. Increase use of asthma clinical assessment and management tools for routine practice in federally funded health care programs, particularly those that use electronic health record/computer decision support technologies. Develop and promote adoption of tools to enhance health care provider's cultural competency and improve patient-provider communication.
Timeline	<p>FY11: Federal Implementation Group on Asthma Disparities established; Workshop convened; Action Agenda, with specific milestones, published. FY11-15: First wave of collaborative Department/Agency commitments implemented per Action Agenda milestones Benchmarks: FY11: HP2020 objectives and targets; HP2020 midterm review; HP2020 review</p>
Potential Metrics for Progress	<p>HP2020 Environmental health objectives and targets (homes, schools) HP2020 asthma health and quality of life objectives and targets, stratified by race, ethnicity, and income in order to measure reductions in asthma disparities in the following:</p> <ul style="list-style-type: none"> • Hospitalizations, emergency department visits, deaths • Physical activity limitations • School days missed • Proportion of children who receive counseling on environmental measures to control asthma and who receive asthma care according to National clinical practice guidelines (sub-objectives delineate specific elements of appropriate asthma care)
Goal 2	<p>Advance Policy initiatives to improve services for underserved populations.</p>
Desired Outcomes	<p>Short term: Secretary Sebelius and Administrator Jackson issue a Coordinated Federal Action Plan to Reduce Asthma Disparities, on behalf of all participating federal agencies</p> <p>Intermediate: Adoption of key clinical activities aligned with NIH/NHLBI National Asthma Education and Program Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma (NAEPP Guidelines).</p> <p>Long term: Children with asthma receive care consistent with the NAEPP Guidelines. Comprehensive asthma care services, including patient education and</p>

	environmental controls are fully reimbursed by public insurance providers.
Potential Actions	<ul style="list-style-type: none"> Identify strategies to promote reimbursement for environmental control strategies in patients' homes to improve asthma control Identify barriers and strategies to improve implementation of reimbursement in Medicaid and Children's Health Insurance Program that is supportive of creating a medical home for children and care coordination; encouraging preventive visits ("asthma check-ups") and comprehensive self-management.
Timeline	<p>FY11: Federal Implementation Group on Asthma Disparities established; Workshop convened; Action Agenda, with specific milestones, published. FY11-15: First wave of collaborative Department/Agency commitments implemented per Action Agenda milestones</p> <p>Benchmarks: FY11: HP2020 objectives and targets; HP2020 midterm review; HP2020 review</p>
Potential Metrics for Progress	<ul style="list-style-type: none"> Incorporation of performance measures on asthma disparities into the Healthcare Effectiveness Data and Information Set (HEDIS) and National Committee for Quality Assurance (NCQA) measures. Integration of NAEPP Guidelines' key clinical activities into performance measures for all Federally-funded activities addressing asthma disparities <ul style="list-style-type: none"> HP2020 objectives on proportion of children who receive counseling on environmental measures to control asthma and who receive asthma care according to National clinical practice guidelines
Goal 3	Execute a collaborative Research Agenda geared toward improving our understanding of how to prevent the onset of asthma and reduce poor asthma health outcomes in disproportionately at-risk populations.
Desired Outcomes	<p>Short term: Document and critique advances in scientific understanding of asthma disparities and lessons learned from recent research networks, community interventions, and other federal programs</p> <p>Intermediate: Coordinated research agenda for federal agency initiatives</p> <p>Long term: Advanced scientific knowledge about causes of asthma disparities and effective interventions to reduce them.</p>
Potential Actions	<ul style="list-style-type: none"> Advance understanding of environmental influences (allergens, pollutants, psycho-social stressors, chronic and acute exposures) on development of asthma and the immune system, and the consequent contribution to asthma disparities. Advance understanding of environmental influences on exacerbation of asthma, and the consequent contribution to asthma disparities. Conduct prevention research to identify specific targets and evaluate interventions to prevent the onset of asthma; for example, targets focused on environmental exposures and immune modulation. Evaluate interventions to reduce the disproportionate burden of asthma in minority, and/or underserved or disadvantaged communities. Emphasize interventions that target control of environmental factors that affect asthma, and are integrated into comprehensive approaches to asthma management. Conduct comparative research to examine ethnic/racial variations in treatment response and compare the relative advantages of environmental and pharmacologic interventions. Conduct implementation research on testable models for "community asthma control/chronic care empowerment zones." Evaluate model

	comprehensive community systems for asthma (e.g., those that link providers, home schools, clinic), and examine use of lay health workers and other community-based strategies within these asthma empowerment zones
Timeline	FY11: Federal Implementation Group on Asthma Disparities established; Workshop convened; Research Action Agenda, with specific milestones, published. FY11-15: First wave of collaborative Department/Agency research activities fielded, per Action Agenda milestones.
Potential Metrics for Progress	Increase in targeted research activities across NIH and other agencies, including links with the National Children’s Health Study (NCHS) and the Clinical Translation Science Awards (CTSA) program. Increase in successful investigator initiated grants focusing on asthma disparities. Increase in publications on asthma disparities in peer reviewed literature
Additional Information	The Coordinated Federal Action Plan to reduce Asthma Disparities will be the output from a Workshop of participating federal agencies (DHHS, EPA, HUD, DoED, DoT, DoJ, DoD, DHS, USDA, USCPSC). The intent of the Workshop is to: <ul style="list-style-type: none"> • Document and critique advances in scientific understanding of asthma disparities and lessons learned from recent research networks, community interventions, and other federal programs; • Develop a detailed Federal Action Plan, including milestones for implementation, in the areas of Goal 1: public health practice, Goal 2: policy action to reduce asthma disparities; and Goal 3: research • Establish metrics to monitor joint progress, including relevant Healthy People 2020 objectives and targets.