AMERICAN LUNG ASSOCIATION®

Executive Summary

A National Asthma Public Policy Agenda

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Asthma remains one of the most prevalent lung diseases, afflicting nearly 23 million Americans, including approximately 6.8 million children.[1] In the fifteen years or so since asthma was first recognized as a pressing public health concern, efforts to reduce morbidity and mortality rates have concentrated on the medical care model: Improve therapies; improve disease management; and improve education of patients, health-care providers and others. Communities have mobilized through asthma coalitions to achieve widespread use of these measures with some successes. However, the history of public health demonstrates that to sustain and expand the impact on the health of millions, including those who are most underserved by current medical care systems, requires intervening at the community, institutional and societal levels.

Successful intervention at these broader levels requires tools in addition to those used in the medical care of a disease. These interventions require policy changes, embodied in laws, standards, systems, guidelines or procedures. Just as with the medical interventions, these tools must demonstrate that they can be implemented and can impact the disease. The evidence must show that they work.

Researchers are still struggling to determine how to prevent asthma. Meanwhile, evidence mounts that changes in public policy can directly reduce the burden of this disease. In just one example, policy changes that reduced outdoor ozone air pollution during the 1996 Olympics in Atlanta, GA, were associated with up to a 42 percent reduction in pediatric asthma events, especially for poor children.[2] Clearly, changing public policies has the potential to improve the health and quality of life of asthma patients and their families.

Evidence mounts that changes in public policy can directly reduce the burden of asthma.

Many communities have begun to address the need for asthma-related policy change. For example, 47 states have recently adopted laws or policies permitting children to carry their inhalers in school[3]. But because asthma public policy issues are still relatively young, there has been a lack of consensus among stakeholders on what policies are needed – or what specific provisions or funding should be included to achieve those policies.

The American Lung Association believed that establishing a national consensus on asthma policies among a wide range of stakeholders was the essential next step. The Lung Association's interest in developing a public policy agenda for asthma had its genesis in the organization's experience in tobacco control, where many years of work on public policy change have generated a very clear evidence-based consensus on what interventions are the most effective in reducing smoking prevalence. In particular, the 1999 publication of *Best Practices for Comprehensive Tobacco-Control Programs* by the U.S. Centers for Disease Control and Prevention (CDC) Office of Smoking or Health gave tobacco-control agencies and advocates a blueprint for policy action, and set a national standard for success.[4] The Lung Association sought to develop a similar consensus for asthma policy, to provide an evidence-based compendium of measures that can achieve the goals of reducing asthma morbidity and mortality.

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In 2007, the Lung Association received a contract from the CDC's National Center for Environmental Health to undertake an initiative to assess the existing evidence for effective asthma policy

interventions, convene an interdisciplinary group of asthma experts and build consensus for a comprehensive, actionable national public policy agenda for asthma. Neither the results of this American Lung Association initiative nor the recommendations contained in this report in any way represent an official CDC position. They do, however, represent broad agreement from multi-disciplinary stakeholders interested in reducing asthma morbidity and mortality.

The Lung Association recognized the significant amount of research that had been done by various organizations on targeted aspects of asthma, such as vulnerable populations and specific environmental factors. The approach taken in this new initiative involved reviewing and discussing the body of independent work done to date and reaching consensus among stakeholders on a set of public policy priorities that, if implemented, could have the greatest impact on asthma morbidity and mortality. The Lung Association sought to incorporate the recommendations of previous policy considerations into one document that could both reflect the diversity of the recommendations and unite them into a shared agenda.

The approach used to achieve this initiative included:

- A broad literature search to gather existing policy recommendations addressing asthma;
- An online survey to obtain input on the feasibility and impact of these existing policy recommendations;
- A multi-disciplinary conference of stakeholders to review, discuss and, ultimately, reach consensus on policies that could likely be implemented and would have the greatest impact on the disease; and
- A vetting of the proposed policy agenda by a broad representation of stakeholders, including leaders and experts in the legal, professional association, health-care, government, academic and public health fields, among others.

Clearly, implementation of the recommendations set forth in this document will require the effort of multiple individuals, as well as public and private stakeholder groups at the national, state and local levels. Nineteen separate policy recommendations and possible implementation strategies have been grouped below into six different categories where the changes need to occur. For some of the broader, more complex policy recommendations, specific strategies have been included to provide more concrete guidance for action.

Policy Recommendations by Category

Public Health Infrastructure & Surveillance

- Every state should have an adopted and adequately funded comprehensive state plan to reduce asthma morbidity and mortality.
- Every state should have an adequately funded statewide asthma program.

  Strategies:
  - *CDC should provide estimates, by state, of what would constitute adequate funding.*
- The United States should institute a comprehensive, nationwide asthma surveillance system.

  Strategies:
  - *The surveillance system should track asthma incidence, prevalence, morbidity*

and mortality, and coordinate with other disease tracking efforts.

- *The surveillance system should collect and report nationally consistent data on health-care access and use (not just hospital discharge data) by patients' race, ethnicity, occupation, socioeconomic status and primary language.*

Outdoor Air

- The U.S. EPA should adopt the most health protective national ambient air quality standards in accordance with Clean Air Act requirements.
- Every county in every state should attain the national ambient air quality standards as expeditiously as possible.
- Monitoring of air pollutants should cover all populations at risk and sources of concern, in every state.

  Strategies:
  - *Expand the nationwide ambient air quality monitoring system.*
  - *Increase monitoring of air quality from traffic-generated and point-source (hot spot) sources.*
  - *Ensure exposures in at-risk populations are measured and addressed.*
- Federal, state and local measures to reduce emissions of outdoor air pollutants should be expanded, especially in communities with the highest exposure.

  Strategies:
  - *Reduce diesel emissions from on-road and non-road sources, including school buses and home heating oil.*
  - *Reduce emissions of pollutants from coal-fired power plants, especially sulfur dioxide and nitrogen oxide emissions.*
  - *Ban or restrict outdoor wood boilers (outdoor hydronic heaters) and require cleanup of existing units.*
  - *Reduce agricultural sources of emissions, such as agricultural burning.*
  - *Reduce emissions from motor vehicles and transportation sources by:*
    - *Adopting policies that reduce the use of motor vehicles, promote more compact and walkable community development, and encourage transit use, bicycling and walking; and*
    - *Adopting or expanding mass transit systems that reduce emissions from motor vehicles.*
  - *Eliminate emissions trading for all air pollutants and require facility-specific reductions in emissions.*
  - *Reduce broadcast applications of toxic pesticides.*

Health-Care Systems and Financing

- All health-care systems, including public and private providers, purchasers and payers, should provide access to services and medications consistent with NAEPP guidelines.

  Strategies:
  - *Provide self-management education using evidence-based interventions by*

trained health professionals as a standard of care.

- *Develop and use asthma action plans for all patients.*
- *Ensure that pharmacy formularies include a full range of medication options for quick-relief and long-term control of asthma.*
- *Provide case management, including home-based environmental assessment and remediation, for high-risk patients and those whose asthma is not under good control.*
- *Provide tobacco dependence treatment and pharmacological therapy to smokers who have asthma or who have family members with asthma.*

- Standardized national performance measures should be adopted for monitoring and evaluating asthma quality of care.

  Strategies:

  - *Revise/expand/develop HEDIS and other national measures aligned with national standards to better measure performance.*
  - *Ensure consistency and alignment of process and outcomes measures across all levels of the health-care system.*

- Promote quality improvement activities and develop and disseminate tools that support achievement of performance goals.

  Strategies:

  - *Facilitate the use of health-care system data for surveillance of asthma care.*
  - *Require comprehensive reporting of health-care system data.*
  - *Ensure competency and collaboration of health-care workers across settings of care.*
  - *Provide well-designed incentive programs for the delivery of evidence-based care.*

Homes

- Housing code ordinances should protect people with asthma against indoor air problems.

  Strategies:

  - *Develop guidelines for state/local health departments on best practices/regulations and codes that best protect indoor air.*
  - *Adopt model indoor air quality codes.*
  - *Require use of integrated pest management in multi-unit housing.*
  - *Improve federal regulations to address indoor air quality conditions in subsidized and public housing.*

- Housing code enforcement should be strengthened to reduce prevalence of indoor air quality problems.

  Strategies:

  - *Provide training for housing code enforcement officials on applying codes to address indoor air quality problems.*
  - *Provide authority and capacity for the local health department to take legal action to enforce indoor air quality-related codes and laws (including nuisance laws).*

- *Provide capacity within state and local housing inspection agencies to offer specialized services to identify and remedy indoor air quality problems where families with asthma reside.*
- *Improve legal and other recourse for tenants to enforce local laws (including judicial education, increasing legal services, tenant education).*
- *Provide capacity for state and local health departments to offer guidance to property owners on identifying and remediating indoor air quality problems including information on smokefree policies.*

- Multi-unit housing should be smokefree.

  Strategies:
  - *Pass ordinances to require smokefree, multi-unit housing.*
  - *Encourage owners of public housing to make multi-unit housing smokefree.*
  - *Establish policy within the U.S. Department of Housing and Urban Development (HUD) to require all federally funded public housing to be smokefree.*
- New and remodeled housing, including public housing, should be built to promote healthful indoor air quality.

  Strategies:
  - *Establish policy within the HUD to require new construction, rehabilitation, repair and remodeling in federally funded public housing to follow guidelines for healthier indoor air quality.*

Schools

- All school systems should adopt and implement a comprehensive plan for the management of asthma that is based on current research and best practices.

  Strategies:
  - *Identify and track all students with a diagnosis of asthma.*
  - *Obtain and ensure the use of an Asthma Action Plan for all students with asthma.*
  - *Establish standard emergency protocols.*
  - *Educate all school personnel (especially health personnel, physical educators and coaches) about asthma, including how to respond to an emergency.*
  - *Provide a full-time registered nurse in every school, every day, all day.*
  - *Ensure students with asthma have immediate access to quick-relief medications.*
  - *Ensure that students whose asthma is not well controlled are provided self-management education and case management.*
- All school systems should adopt and implement an environmental assessment and management plan.

  Strategies:
  - *Develop and implement indoor air quality management plans that address dampness problems, mold contamination, maintenance and repairs, cleaning, integrated pest management and other factors as detailed in EPA's Indoor Air Quality Tools for Schools.*
  - *Require schools, grounds, facilities, vehicles and sponsored events to be 100*

percent tobacco-free.

- *Establish a protocol to minimize students' exposure to outdoor air pollutants on days with unhealthy levels of air pollution.*

Workplaces

- All workplaces should be 100 percent tobacco-free.
- Surveillance mechanisms should be established and implemented to document levels of work-related asthma and follow trends.

  Strategies:

  - *Include coding for occupation and industry in current asthma surveillance systems.*
  - *Improve surveillance through use of innovative approaches, such as electronic medical records.*
  - *Promote interventions that investigate and intervene to reduce exposure.*
- National guidelines should be developed for management of work-related asthma, including primary and secondary prevention, as well as education of health-care providers, employers and employees.
- Workplaces should follow national guidelines for management of work-related asthma, including primary and secondary prevention, as well as education of employers and employees.

This agenda builds on the work that already has been done. However, this document is unique in that it recommends specific policies that can be implemented – polices that have, in fact, worked in certain arenas. These recommendations create an agenda for the American Lung Association and its partners. All stakeholders in the fight against asthma must work together to guarantee success.

Much more remains to be done. The American Lung Association is committed to making the changes outlined in this report and, as a next step, will partner with others at the national, state and local levels to collect and develop tools, including model policy language and plans, and then widely communicate these concepts. The Lung Association welcomes any feedback, inquiries and/or support from individuals and organizations that would like to join in the fight against asthma.

The American Lung Association wishes to thank all of the participants, especially the Planning Team, and the reviewers who assisted in improving the final version of *A National Asthma Public Policy Agenda.* For copies of the full report or additional information on this project, including background on each of the recommended policy strategies, please visit the American Lung Association website www.LungUSA.org, contact Katherine Pruitt at kpruitt@lungUSA.org or Janice Nolen at jnolen@lungUSA.org.

[1] Centers for Disease Control and Prevention (CDC). National Center for Health Statistics. *National Health Interview Survey Raw Data, 2006.* Analysis by the American Lung Association Research and Program Services Division using SPSS and SUDAAN software.

[2] Friedman MS, Powell KE, Hutwagner L, Graham LM, Teague WG. Impact of Changes in Transportation and Commuting Behaviors During the 1996 Summer Olympic Games in Atlanta on Air Quality and Childhood Asthma. *Journal of the American Medical Association*. February 21, 2001; 285(7):897-905.

[3] Allergy & Asthma Network/Mothers of Asthmatics. Accessed at www.breatherville.org/cityhall/ch_childrights.htm

[4] CDC. Office on Smoking and Health. *Best Practices for Tobacco Control Programs—2007*. http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/.

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About the American Lung Association

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