

President's Task Force on Environmental Health Risks and Safety Risks to Children: Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities



In May, 2012, the President's Task Force on Environmental Health Risks and Safety Risks to Children released the **Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities**. Agencies from across the federal government have joined together to address this important national public health challenge during the next three to five years. The **Action Plan** is an outcome of the collaborative interagency Asthma Disparities Working Group, co-chaired by the U.S. Department of Health and Human Services (HHS), the U.S. Environmental Protection Agency (EPA), and the U.S. Department of Housing and Urban Development (HUD). The time is now promising: there is a federal focus on health disparities that this *Action Plan* will leverage. The Affordable Care Act, the HHS Disparities Action Plan to Reduce Racial and Ethnic Disparities, the National Stakeholder Strategy for Achieving Health Equity, and the EPA, HHS and HUD environmental justice strategic plans signify broad senior leadership and commitment across federal agencies to make reducing disparities a federal priority.

Guiding Principles

- **Coordinate and collaborate** across federal agencies, other levels of government, and community partners.
- **Build on existing and effective federal programs and partnerships.** Utilize existing federal resources and optimize their impact through synergies.
- **Do more of what we know works.** Emphasize activities that address the preventable factors that impact asthma disparities.

Why focus on asthma disparities?

- Poor and minority children are more likely to have asthma *and* their health outcomes are worse.¹
- Black children are twice as likely to be hospitalized and four times as likely to die from asthma as white children.²
- Asthma is linked to school performance.³ Annually, 10.5 million school days are missed because of asthma.
- Children with asthma are more likely to be overweight and obese than children without asthma.⁴

Four Strategies to Get the Right Asthma Care with the Right Support to the Right Children

A broad range of federal organizations are committed to advancing specific priority actions in support of each strategy.

1. **Reduce barriers to the implementation of guidelines-based asthma management.** Key Organizations: ACF, AHRQ, CDC, CMS, CPSC, DOE, ED, EPA, HRSA, HUD, NHLBI, NICHD, NIEHS, NIMHD and USDA.
2. **Enhance capacity to deliver integrated, comprehensive asthma care to children in communities with racial and ethnic asthma disparities.** Key Organizations: ACF, AHRQ, CDC, CMS, CPSC, DOE, DOT, ED, EPA, HUD, HRSA, NHLBI, NIAID, NICHD, NIEHS, NIMHD and NINR.
3. **Improve capacity to identify the children most impacted by asthma disparities.** Key Organizations: AHRQ, CDC, CPSC, EPA, HRSA, NHLBI, NIAID, NICHD and NIEHS.
4. **Accelerate efforts to identify and test interventions that may prevent the onset of asthma among ethnic and racial minority children.** Key Organizations: ACF, CDC, DOE, EPA, HUD, NHLBI, NIAID, NICHD, NIEHS and NIMHD.

Implementation of this plan will begin immediately and be overseen by the Asthma Disparities Working Group. The blueprint presented here turns planning into action.

To read more about the plan and follow its progress, visit

<http://www.epa.gov/asthma/childrenstaskforce>

¹ Akinbami, L., Mooreman, J., Bailey, C., Zahran, H., King, M., Johnson, C., & Liu, X. Centers for Disease Control and Prevention, National Center for Health Statistics. (2012). Trends in asthma prevalence, health care use, and mortality in the United States, 2001-2010.

² Diette, G.B., Markson, L., Skinner, E.A., et al. (2000). Nocturnal asthma in children affects school attendance, school performance, and parents' work attendance. *Archives of Pediatrics & Adolescent Medicine*, 154, 923-928.

³ Diette, G.B., Markson, L., Skinner, E.A., et al. (2000). Nocturnal asthma in children affects school attendance, school performance, and parents' work attendance. *Archives of Pediatrics & Adolescent Medicine*, 154, 923-928.

⁴ Visness, C.M., London S.J., Daniels, J.L. et al. (2010). Association of childhood obesity with atopic and non-atopic asthma: results from the National Health and Nutrition Examination Survey 1999-2006. *J Asthma*, 47 (7), 822-829.