

About This Series

In February 2010, the George Washington University School of Public Health and Health Services, Department of Health Policy released *Changing pO₂licy: The Elements for Improving Childhood Asthma Outcomes*. The report provided a comprehensive look at childhood asthma prevalence, risk factors and disparities; described best practices for clinical care and disease management; and outlined evidence-based policy recommendations to improve the prevention, diagnosis, treatment, and long-term management of childhood asthma.

The report identified five essential elements for improving asthma outcomes in children:

- (1) Stable and continuous health insurance
- (2) High-quality clinical care, case management and asthma education available for all children
- (3) The ability to continuously exchange information and monitor progress, using health information technology
- (4) Reducing asthma triggers in homes and communities
- (5) Learning what works and increasing knowledge

Following the release of these recommendations, Congress passed the *Affordable Care Act* (ACA), emphasizing expanding access to private health insurance and Medicaid and reforming the healthcare delivery system to improve quality. The ACA includes provisions to eliminate health care disparities, strengthen public health programs and access to preventive services, invest in expanding and improving the health care workforce, and encourage care coordination and disease management.

Many ACA provisions correspond to recommendations in the *Changing pO₂licy* report and have the potential to profoundly impact the prevention and treatment of childhood asthma.

This paper focuses on one of the five essential elements for improving asthma outcomes in children: **reducing asthma triggers in homes and communities**. The accompanying chart describes ACA provisions and implementation activities that could be activated to help millions of children most at risk for asthma.

Leveraging Affordable Care Act Opportunities to Improve Childhood Asthma Outcomes

How advocacy organizations can mobilize around ACA provisions to improve health outcomes for millions of children most at risk for asthma

REDUCING ASTHMA TRIGGERS IN HOMES AND COMMUNITIES

The 2010 *Changing pO₂licy* report describes several essential elements that are critical to ensuring that comprehensive asthma treatment and management reach children in need. Specifically, the report identifies the need to reduce asthma triggers in home and community environments by promoting evidence-based interventions that combine high-quality clinical care with health education in the home. In addition, the report calls for public health agencies, housing authorities and environmental agencies to focus on community-based interventions that reduce asthma.

The following chart describes several *Affordable Care Act* (ACA) provisions and implementation activities that aim to reduce asthma triggers in home and community environments. Regardless of whether a provision has been fully implemented or is still in progress, each presents a unique opportunity for policy and advocacy efforts to improve access to health insurance for children with asthma.

This review includes descriptions and implementation timelines of several ACA programs and initiatives, including:

- ***A grant program to help states improve early childhood home visitation services for families in at-risk communities***
- ***Development of a uniform national prevention, health promotion, public health, and integrative health care strategy (National Prevention Strategy)***
- ***An educational outreach campaign to raise public awareness about and encourage utilization of prevention services***
- ***Medicaid coverage of smoking cessation services for pregnant women without cost-sharing***

Following descriptions of each ACA provision and related implementation activities, the chart describes potential areas for asthma stakeholder engagement, policy research and development, and advocacy action at the national, state and local levels.



**Childhood Asthma
Leadership Coalition**

REDUCTION OF ASTHMA TRIGGERS IN HOMES AND COMMUNITIES

DESCRIPTION OF PROVISION	RECENT IMPLEMENTATION ACTIVITIES	OPPORTUNITIES FOR CHILDHOOD ASTHMA POLICY/ADVOCACY
MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM (SECTION 2951)		
<p>Requires each state to conduct a statewide needs assessment to identify:</p> <p>(1) Communities with high rates of premature birth, low birth weight infants, and infant mortality; poverty; crime; domestic violence; high rates of high school dropouts, substance abuse, unemployment, child maltreatment;</p> <p>(2) The quality and capacity of existing state programs or initiatives for early childhood home visitation; and</p> <p>(3) The state's capacity for providing substance abuse treatment and counseling services.</p> <p>Establishes a grant program to help states improve early childhood visitation services for families in at-risk communities. State must use an evidence-based home visitation model and establish 3 and 5-year benchmarks to demonstrate the program results in: (i) improved maternal and newborn health; (ii) prevention of injuries or child abuse, and reduced emergency department visits; (iii) improvement in school readiness and achievement; (iv) reduction in crime or domestic violence; (v) improvements in family economic self-sufficiency; and (vi) improvements in coordination and referrals for other community resources and supports.</p> <p>Funded for 5 years at \$1.5 billion.</p>	<ul style="list-style-type: none"> • <u>September 20, 2010</u>: State-wide needs assessments were due to HRSA. • <u>Sep 22, 2011</u>: HRSA released \$99 million in funding to 22 states to help these states improve early childhood visitation services. • <u>April 2012</u>: HRSA awarded \$71.9 million to 10 states to expand their home visiting services. The awards were given to states that have demonstrated successful operations of early childhood systems for pregnant women, parents, caregivers, and children from birth-to-eight years of age. • <u>FY 2012</u>: By the end of the 2012 fiscal year, HRSA will be awarding four to six more grants to states to support the development of their home visiting programs. In addition, HRSA will award \$125 million by formula to the 54 eligible states and territories. 	<p>The Community Preventive Service Task Force recommends home-based, multi-component, multi-trigger environmental interventions for children with asthma to reduce exposure to indoor asthma triggers. Early childhood home visitation programs under this provision could include those that support air quality in home environments (i.e., reduce exposure to dust mites, mold, etc.).</p> <ul style="list-style-type: none"> • <u>Potential Policy Action:</u> <i>Advocates could consider working with funded states to ensure that these programs address environmental asthma triggers.</i> <p><u>Research Network</u>: HRSA has stated that it will award \$300,000 annually for up to three years to establish a cooperative agreement for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Research Network. The cooperative agreement will support the creation of an interdisciplinary, multicenter research forum for scientific collaboration and infrastructure building related to home visiting research that is designed to improve life outcomes among mothers, infants, and young children.</p> <ul style="list-style-type: none"> • <u>Potential Policy Action:</u> <i>Advocates could begin to inform the research topics to be addressed by the MIECHV Research Network to ensure adequate attention to childhood asthma research.</i> <p>HRSA will also award up to \$600,000 to support two (2) extramural multi-year research projects that support applied research relating to maternal, infant, and early childhood home visiting services which show promise in advancing knowledge about the implementation and effectiveness of home visiting programs designed to improve life outcomes among mothers, infants, and young children.</p> <ul style="list-style-type: none"> • <u>Potential Policy Action:</u> <i>Advocates could work with stakeholders to apply for multi-year research projects to explore the ability of home visiting services to reduce childhood asthma exposures and improve health outcomes for infants and young children.</i>
NATIONAL PREVENTION STRATEGY (SECTION 4001)		
Establishes a National Prevention, Health Promotion and Public Health Council of 17	<ul style="list-style-type: none"> • <u>June 16, 2011</u>: The National Prevention Council released the National Prevention 	The National Prevention Council Action Plan contains recommendations for addressing asthma in the following areas: (i) support healthy housing while addressing unsafe housing conditions and health-related hazards,

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<p>heads of departments, agencies, and offices across the Federal government. The Council will provide coordination and leadership among all federal departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system, and integrative health care in the United States.</p> <ul style="list-style-type: none"> The Council is charged with developing a national prevention, health promotion, public health, and integrative health care strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States. 	<p>Strategy (NPS). The NPS refers to the prevention of asthma in the context of making the environments where people live and work healthier. The NPS discusses how federal agencies can work together to improve transportation, public health services, housing, and the quality of air and water to create healthier communities and improve population health. The NPS also discusses asthma prevention in the context of providing community-based preventive services and enhance linkages with clinical care.</p> <ul style="list-style-type: none"> <u>June 13, 2012</u>: The U.S. Surgeon General and members of the National Prevention Council announced the release of the <i>National Prevention Council Action Plan</i>, identifying the National Prevention Council commitments shared across all 17 departments and unique department actions being taken to further each of the Strategic Directions and Priorities of the National Prevention Strategy. 	<p>including asthma triggers; (ii) promote and expand research efforts to identify high-priority clinical and community preventive services and test innovative strategies to support delivery of these services, including home interventions to reduce asthma symptoms; and (iii) support states, tribes, and communities to implement tobacco control interventions and policies.</p> <ul style="list-style-type: none"> <u>Potential Policy Action:</u> <i>Asthma advocates could consider partnering with HHS and other federal agencies to implement recommendations from the Action Plan that would serve to reduce asthma triggers in homes and communities. Advocates may also consider working with the National Prevention Council to identify additional areas of inter-agency collaboration to address asthma.</i>
EDUCATION AND OUTREACH CAMPAIGN REGARDING PREVENTIVE BENEFITS (SECTION 4004)		
<p>The CDC will implement a national public-private partnership for a prevention and health promotion outreach and educational campaign. The campaign is intended to raise public awareness of health improvement across the life-span and will disseminate to the public information that:</p> <p>(1) describes the importance of utilizing preventive services to promote wellness, reduce health disparities, and mitigate</p>	<ul style="list-style-type: none"> <u>Fiscal Year 2011</u>: \$2 million was allocated from the Prevention and Public Health Fund for the CDC's education and outreach campaign. No additional allocations from the Prevention and Public Health Fund to support this effort were marked for FY 2012 or 2013. 	<p>Educating families with asthmatic children about preventive services is an important way to increase appropriate clinical and home-based care. In addition, health education campaigns can teach families and communities to reduce environmental health exposures in homes, schools and communities.</p> <ul style="list-style-type: none"> <u>Potential Policy Action:</u> <i>Asthma advocates could consider encouraging the CDC to focus on asthma prevention within this campaign.</i>

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<p>chronic disease;</p> <p>(2) promotes the preventive services recommended by the United States Preventive Service Task Force and the Community Preventive Service Task Force;</p> <p>(3) encourages healthy behaviors linked to the prevention of chronic disease;</p> <p>(4) describes additional preventive care programs supported by federal agencies;</p> <p>(5) explains preventive services covered by health plans in the Exchanges; and</p> <p>(6) includes general health promotion information.</p> <p>HHS will also establish a national science-based media campaign on health promotion and disease prevention, and will maintain a website that will provide science-based information on guidelines for health care providers and consumers on nutrition, regular exercise, obesity reduction, smoking cessation, and specific chronic disease prevention.</p>		
TOBACCO CESSATION SERVICES FOR PREGNANT WOMEN IN MEDICAID (SECTION 4107)		
<p>Effective October 1, 2010, Medicaid must cover, without cost-sharing, counseling and pharmacotherapy services for smoking cessation for pregnant women who use tobacco products or are being treated for tobacco use.</p>	<ul style="list-style-type: none">• <u>June 24, 2011</u>: CMS issued a letter to State Medicaid Directors offering guidance on implementing this provision, as well as guidance on “tobacco telephone quitline” activities which may be provided to Medicaid beneficiaries as an allowable Medicaid administrative cost expenditure.	<ul style="list-style-type: none">• <i>Potential Policy Action: Exposure to tobacco in utero increases the likelihood that a child will develop asthma. Advocacy may be needed to ensure that Medicaid is appropriately covering this important service and that low-income mothers have access to this treatment.</i>