Childhood Asthma Leadership Coalition

October 3, 2014

Dr. Peter G. Kaufmann
National Heart, Lung and Blood Institute (NHLBI)
31 Center Drive MSC 2486
Bethesda, MD 20892

Re: Request for Information: Collaborative Translational Research Consortium to Develop T4 Translation of Evidence-Based Interventions (NOT-HL-14-028)

Dear Dr. Kaufmann:

On behalf of the *Childhood Asthma Leadership Coalition*, we are pleased to submit this letter in support of efforts at the National Heart, Lung and Blood Institute (NHLBI) to create a research consortium that would evaluate methods for increasing the uptake and application of evidence-based interventions for heart, lung and blood diseases.

The Childhood Asthma Leadership Coalition (CALC) convened in June of 2012 with a primary purpose of engaging diverse stakeholders to advance policy proposals that will improve childhood asthma management and expand on preventive measures to address asthma triggers. Relying on a strong foundation of evidence-based policy analysis to inform its work, one of CALC's primary goals is to further translational research in the field of childhood asthma.

As you are aware, asthma is the single most common chronic condition among children in the US. Approximately 7 million children under age 18 (1 in 11 children) in the U.S. have asthma, with poor and minority children suffering a greater burden of the disease.[1] For pediatric asthma, multi-component interventions that make up effective asthma prevention and control should be implemented in homes, schools and other community-based settings where children spend most of their time when not at home, such as childcare centers.[2] There is a significant body of published research on efficacious, evidence-based childhood asthma interventions, particularly those targeting case management and mitigation of

[1] Akinbami, L.J., Mooreman, J.E., 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. Retrieved from http://www.cdc.gov/nchs/data/databriefs/db94.pdf

[2] U.S. Department of Health and Human Services, National Heart, Lung and Blood Institute, National Asthma Education and Prevention Program. Expert Panel Report 3: *Guidelines for the Diagnosis and Management of Asthma*. 2007.

allergens and irritants in the home, that are being implemented in various real world settings. CALC has been working to identify ways to expand investments in translational research for children with asthma, especially for those who are at high-risk and/or live in impoverished communities.

Investments from NHLBI to expedite the rapid evaluation of methods for improved translation and implementation of evidence-based interventions are critical. NHLBI has already invested heavily in pediatric asthma research over the past three decades, but many interventions shown to be efficacious have yet to be incorporated into routine clinical practice, particularly in primary care settings, which is a key entry point for health care for the vast majority of children across the nation. After having invested so much in proving the theoretical efficacy of these interventions, it is time for the Institute to invest in translational and implementation research strategies to demonstrate effectiveness in varied real world settings, including where children live and learn.

Creating a research consortium to address T4 Translational Research is a reasonable first step. We agree with NHLBI that such a consortium should include a range of stakeholders beyond traditional researchers. Given the broad view of the importance of T4 translational research, as stated in the Request of Information, clinical practitioners, and representatives from hospital systems, professional organizations, third-party payers (both public and private), and patient and consumer organizations, should be included. Other possible stakeholders might include representatives from private foundations and research think tanks.

When considering translational research specific to asthma, stakeholders with expertise in medical management, environmental management, occupational health, and pediatric environmental health would be appropriate partners to engage. Finally, government partners such as the Environmental Protection Agency's Indoor Environments Division would make a valuable contribution.

We look forward to development of the consortium and working with you to implement translational research in the field of asthma. If you have any questions or would like to contact the Coalition, please contact Anne Markus, armarkus@gwu.edu.

Sincerely,

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