

INNOVATIONS

ARC

A Newsletter of the Asthma Regional Council of New England

A Program of The Medical Foundation

SUMMER 2008

ARC is a coalition of public agencies, private organizations and researchers in New England working to address the environmental contributors to asthma. Multidisciplinary leaders with knowledge, resources and determination have joined forces to swiftly identify and implement solutions to this growing public health epidemic through expanded application of innovative models and linkages to a larger network of potential partners.

Stillman Steps Down as ARC Director

By: Betsy Rosenfeld, Deputy Regional Health Administrator, DHHS Reg. I (New England)

I am writing as the Chair of the Asthma Regional Council (ARC) Executive Committee to announce formally that Laurie Stillman stepped down as the Executive Director of ARC this past summer.

Laurie is returning in October 2008 from a three-month sabbatical, after which she will serve as the Director of Health Policy and Advocacy at The Medical Foundation's newly-established Public Health Policy and Advocacy Center.

There is so much to say about Laurie's intelligent, creative, charismatic, collaborative, committed, visionary leadership of ARC that I feel inadequate to the task in a newsletter item. We will have opportunities in the months to come to celebrate what Laurie has helped build regionally and nationally, and to thank her for extraordinary and singular service.

As a quick summary of what ARC has accomplished under Laurie's leadership, with the hard work and support of all of you, the ARC Executive Committee and TMF leadership:

- Oversaw a three-year HUD grant, which allowed ARC and our partners to enable 80 low income Boston and Vermont families with asthma to get free healthy homes renovations to improve their symptoms. The grant also enabled ARC to train 465 healthy housing professionals in New England to promote asthma-friendly housing. In addition, we worked with our state housing finance agencies to adopt ARC's Healthy Housing Building and Maintenance Standards that affected the construction of 3,450 units of affordable housing, with an additional 64,000 units maintained annually according to our property maintenance guidelines.
- Production of the first-ever regional, comparable asthma surveillance reports, bringing to light that the New England region has the highest rates of both child and adult asthma. These reports helped shape the asthma policies and practices of the region as well as individual states, and kept asthma on the radar screen of many state and local policy makers.



Stillman's farewell, page 12

Jon L. Gant, Director of HUD's Office of Healthy Homes and Lead Hazard Control, gives ARC Director Laurie Stillman a Special Recognition Award in April 2008.

- Developed a cutting-edge strategy, to encourage the alignment of insurers' coverage for asthma with best practices in asthma care, especially for high-risk populations. These strategies have been recognized nationally, and included a New England symposium that brought together health care payers, researchers and the public health community. This work resulted in the production of a business case for asthma education and environmental intervention, which has subsequently resulted in a number of New England health plans now paying for these services for their asthmatic patients.
- A number of policy and best practice tools have also been developed by ARC and its talented consultants over the last five years to assist our state partners in conducting their work (all of these are available on the ARC website, www.asthmaregionalcouncil.org)

This list actually captures only part of what ARC has achieved since Laurie began her tenure in September 2002, and we are profoundly grateful for all she has done to advance the environmental health agenda in Region I and nationally. ARC will continue its important work under the direction of a new strategic plan unveiled in December 2007, as well as with new ARC staff. Laurie will of course remain available as a resource within TMF to all of us and the new ARC staff.

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ARC Receives Grant for Healthy Homes Promotion Project

Over the coming two years, with a grant from Jessie B. Cox Charitable Trust, ARC hopes to promote a Healthy Homes Agenda across New England through a newly-funded Healthy Homes Promotion Project (H2P2). The broad vision of H2P2 is to promote healthier housing across New England, focusing on the environmental health and safety of low income populations who are at greatest risk of asthma, poisonings, cancer, and unintentional injuries that arise from biological, physical and chemical exposures within the home environment. These exposures may include environmental tobacco smoke, pesticides and chemical cleaning products, dusts and molds, mice and cockroaches, radon and lead, as well as safety hazards within the home.

Because residential hazards and their attendant health impacts disproportionately affect low income populations and housing stock, and because these hazards frequently have common causes and solutions, many environmental public health practitioners and policy-makers are beginning to recognize that the extant “silo” approach to addressing them is neither cost efficient nor sensitive to the multiple issues affecting low income peoples’ lives.

At a recent New England-wide strategic planning process sponsored by our federal partners from the EPA, HHS and HUD on behalf of ARC, our region’s state partners in public health, housing and environment expressed a strong common theme: to have more policy leadership, funding, education and technical assistance available for addressing housing conditions in a more comprehensive fashion across the region.



ARC’s Region I partners met with Jon L. Gant, director of HUD’s Office of Healthy Homes and Lead Hazard Control, to discuss a healthy homes approach in New England. Pictured from L to R: Dan Brown (EPA), Betsy Rosenfeld (DHHS), Dr. Megan Sandel (Boston Medical Ctr.), Laurie Stillman (ARC), Jon Gant (HUD), Rhona Julien (EPA) and Martin Nee (HUD).

H2P2 will allow ARC to hire a part-time Healthy Homes Coordinator who will provide technical and strategic planning assistance, as well as educational resources and training programs, to our state partners in order to advance a more effective and efficient integrated healthy homes approach across the region. We hope to fill this position over the summer.

Stillman Steps Down as ARC Director

...continued from front cover

It is truly hard to imagine ARC without Laurie at its helm, but change is always important and enriching, for people and for organizations. We will keep all of you posted on developments, and thanks again for your partnership and commitment.

*Warm regards,
Betsy Rosenfeld, Chair, on behalf of the ARC Executive
Committee*

THE ASTHMA REGIONAL COUNCIL has produced many tools and resources for the region to use. Some of them appear in this edition of *Innovations*. They can all be downloaded and freely used from ARC’s website at www.asthmaregionalcouncil.org. Some of the reports and DVDs are in hard-copy. They can be ordered by contacting Marian Miller at mmiller@tmfnet.org.

IMPROVING ASTHMA OUTCOMES IN NEW ENGLAND

Consistent with ARC's new strategic plan, the New England region hopes to re-dedicate itself to improving the burden of asthma through promoting best practices in asthma management, especially amongst our most vulnerable populations. Those best practices are reflected in the newly-released national NHLBI Asthma Expert Panel Guidelines. Those Guidelines call for addressing and improving:

- Assessment and monitoring
- Education for a partnership in asthma care
- Control of environmental factors and co-morbid conditions that affect asthma
- Pharmacologic Therapy

ARC Sponsors Health Care Provider Conference to Improve Policy and Practice

To promote the NHLBI guidelines, ARC co-sponsored an innovative conference in Massachusetts with the University of Massachusetts-Lowell and the MA Department of Public Health on June 19th. The conference, entitled *Recent Developments in Asthma Prevention and Control: Today's Opportunities for Health Care Providers and Payers*, was extremely well-attended by health care providers and insurers alike. The goal of the meeting was to highlight best practices for non-traditional models of care that



A recommendation from the conference was that providers need to better demonstrate proper usage of inhalers.

can make the largest difference for high-risk, low income populations. Those models are being implemented by selected hospitals, health departments, health systems, health clinics, and health plans and they focus on delivering robust patient education, case management, home-based interventions, occupational exposure assessment, and environmental trigger remediations. ARC hopes to bring this program to the other states.

Consensus Statement

ARC is also collaborating with UMass Lowell to organize the creation of a Consensus Statement, developed by health care leaders across the Commonwealth to articulate the most important policy changes that are needed for providers to improve the delivery of asthma care and improve outcomes for their most vulnerable populations. The recommendations contained in the "Statement" are geared to health payers (insurers), government officials, and the health care system itself. This cutting-edge effort was brought about because ARC's interviews with payers a number of years ago indicated that they are willing to consider changing their policies if providers request that they do so.

A group of about 20 physicians and nurses worked with us to identify their priority recommendations, and the resulting draft Consensus Statement was presented to the June 19th conference attendees for their feedback. Once it is finalized, the Consensus Statement will hopefully be signed by dozens of health care professionals across Massachusetts, and then will be presented to targeted policy-makers for their consideration and adoption over the coming years.



Dr. Lauren Smith, MD, MPH, presented data on asthma disparities in Massachusetts. She is the Medical Director of the MA Dept. of Public Health.



Dr. Carlos Camargo, MD, DrPH, a member of the NHLBI Asthma Expert Panel, presented the updated asthma guidelines.



ARC Organizes New England Pest Control Conference for the Affordable Housing Community

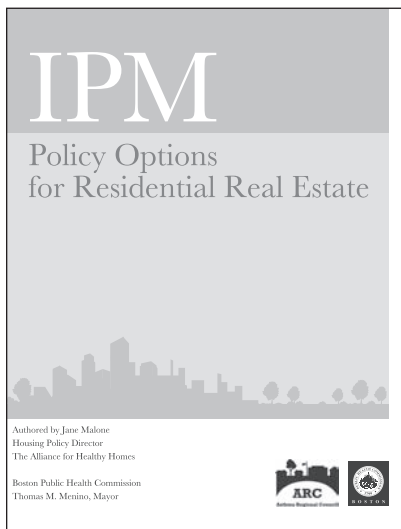
Together with the Boston Public Health Commission (BPHC) and the Boston Housing Authority (BHA), ARC organized a two day extremely successful conference entitled, *Getting the Bugs Out: Pest Control Strategies for the Affordable Housing*. Over 100 housing managers, tenants, government officials and public environmental health partners across New England attended both the April 16th and April 17th event, held at UMass Boston. The conference was funded by the BPHC, with a grant from the W.K. Kellogg Foundation. The planning committee consisted of Margaret Reid and Emily Litonjua (BPHC), John Kane (BHA), Rhona Julien (EPA), Gary Adamkiewicz (Harvard SPH), as well as Laurie Stillman, Kathleen McCabe and Marian Miller at ARC.

Special guests included our federal partners: Dr. Peter Ashley, HUD; Dr. Pamela Meyer, CDC; and Kathy Seikel, EPA.



From left to right: Kate Bennett, Lori Luce, John Kane and Sandra Enriquez (CEO) of Boston Housing Authority

New IPM Tools and Resources Made Available at Conference



With funding and guidance provided by BPHC, ARC oversaw the production of two new important resources for our New England partners wishing to promote Integrated Pest Management in housing.

IPM Policy Options for Residential Real Estate, authored by Jane Malone, Housing Policy Director at The Alliance for Healthy Homes



Integrated Pest Management: A Guide for Managers and Owners of Affordable Housing, authored by Susan Altman

All of the presentations and tools developed for the IPM conference can be viewed and downloaded from ARC's website:

www.asthmaregionalcouncil.org/GettingtheBugsOutIntegratedPestControlStrategiesforAffordableHousing.html

ASTHMA SURVEILLANCE



EPA presents New England Asthma Data in a New Way

Aspects of asthma surveillance data are like the data needs of an air monitoring program: surveillance or monitoring systems can be set up to evaluate national or regional trends, urban exposures or hot spot analysis which is more micro scale monitoring. The collected data is generally arrayed in bar charts or graphs. The EPA took on a project to collect data for several asthma indicators to try to see what the current state of asthma is in the New England region and presented it in regional maps.

Many cities and states often cite statistics that their asthma rates are the worst, but often times using those statistics for evaluating trends can be like comparing apples to oranges. EPA, working with several epidemiologists and the asthma coordinator in each New England state, attempted to collect data that was standardized and reliable to the extent possible to produce regional maps. Data came from the Behavioral Risk Factors Surveillance System (BRFSS) and Hospital Discharge Data (HDD). They were collected at the county level, in order to be as specific as possible, yet still statistically reliable for the entire New England region. Data were collected on current and lifetime asthma, smoking, asthma emergency room visits, and asthma hospitalizations.

The regional maps provide a visual graphic of asthma data that underscore ARC's work that asthma prevalence rates are high throughout the region. There wasn't any easy trend spotting correlations between the various indicators, and that is expected given the complexity of asthma. Just because the

smoking rate in the county is high doesn't necessarily mean that the asthma or hospitalization rates will also be high in that county. It's important to note that although the urban area rates are high, the highest asthma rates tended to be in the more rural areas. It was also interesting to see that the ER visits tended to be higher in the rural areas, but that the hospitalizations were higher in the more urban areas. EPA acknowledges that asthma work must continue in every section of New England and that neighborhood collection of asthma indicators is also essential, much like the air monitoring micro scale analysis to identify hot spots for greater attention.

The maps can be very useful for our state partners. These maps can be used to support asthma policy and legislation, as visual depictions of trends are easy to understand and convey information in powerful formats.

The maps are also helpful to identify areas where certain interventions might be very effective. For example, in areas where there are high asthma rates and high smoking rates, it may be very useful to have ETS interventions to try to help reduce asthma burdens. Although rates in some counties may be low for the region, it may still be higher than the national average. These maps, along with the local data, are important tools to prioritize areas in order to address the asthma burden across New England.

The following two pages are examples of the maps that Trang Tran at the EPA has created.

ARC Welcomes Two New State Asthma Managers

The states of Maine and Massachusetts recently filled their CDC-funded Asthma Manager positions at their departments of health. We welcome Ruth Lawson-Stopps in Maine and Jean Zotter in Massachusetts. Both women are highly-qualified and energetic leaders, and ARC is thrilled to have them as partners.



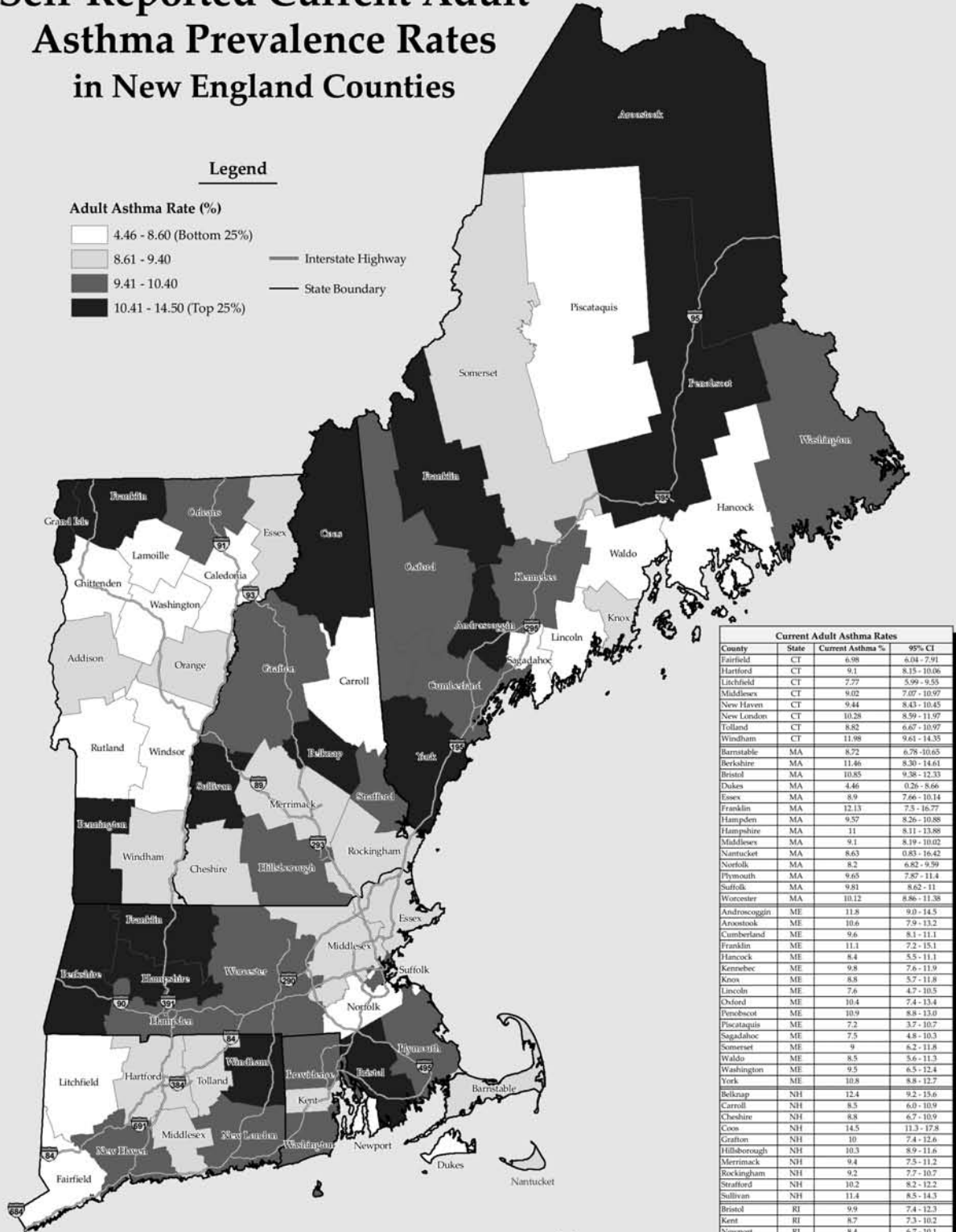
*Ruth Lawson-Stopps, MPA
Maine*



*Jean Zotter, JD
Massachusetts*

Self-Reported Current Adult Asthma Prevalence Rates in New England Counties

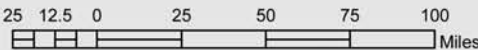
Legend



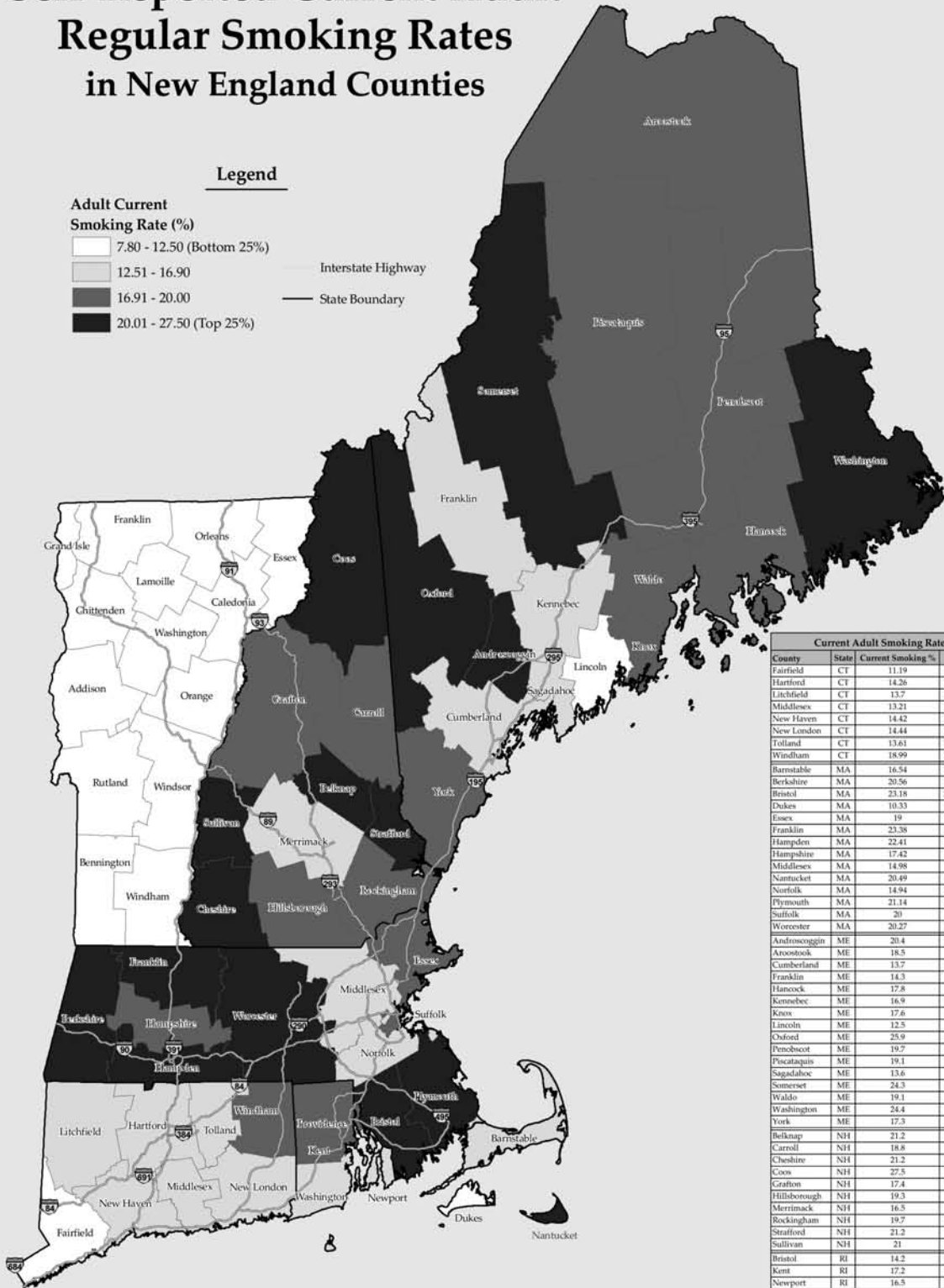
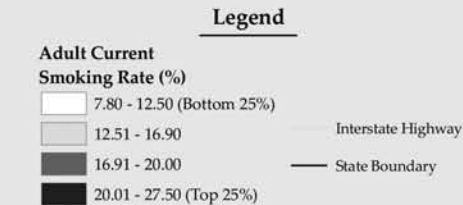
Current Adult Asthma Rates			
County	State	Current Asthma %	95% CI
Fairfield	CT	6.98	6.04 - 7.91
Hartford	CT	9.1	8.15 - 10.06
Litchfield	CT	7.77	5.99 - 9.55
Middlesex	CT	8.02	7.07 - 10.97
New Haven	CT	9.44	8.43 - 10.45
New London	CT	10.28	8.59 - 11.97
Tolland	CT	8.82	6.67 - 10.97
Windham	CT	11.98	9.61 - 14.35
Barnstable	MA	8.72	6.78 - 10.65
Berkshire	MA	11.46	8.30 - 14.61
Bristol	MA	10.85	9.38 - 12.33
Dukes	MA	4.46	0.26 - 8.66
Essex	MA	8.9	7.66 - 10.14
Franklin	MA	12.13	7.5 - 18.77
Hampden	MA	9.57	8.26 - 10.88
Hampshire	MA	11	8.11 - 13.88
Middlesex	MA	9.1	8.19 - 10.02
Nantucket	MA	8.63	0.83 - 16.42
Norfolk	MA	8.2	6.82 - 9.59
Plymouth	MA	9.65	7.87 - 11.4
Suffolk	MA	9.81	8.62 - 11
Worcester	MA	10.12	8.86 - 11.38
Androscoggin	ME	11.8	9.0 - 14.5
Aroostook	ME	10.6	7.9 - 13.2
Cumberland	ME	9.6	8.1 - 11.1
Franklin	ME	11.1	7.2 - 15.1
Hancock	ME	8.4	5.5 - 11.1
Kennebec	ME	9.8	7.6 - 11.9
Knox	ME	8.8	5.7 - 11.8
Lincoln	ME	7.6	4.7 - 10.5
Oxford	ME	10.4	7.4 - 13.4
Piscataquis	ME	10.9	8.8 - 13.0
Piscataquis	ME	7.2	3.7 - 10.7
Sagadahoc	ME	7.5	4.8 - 10.3
Somerset	ME	9	6.2 - 11.8
Waldo	ME	8.5	5.6 - 11.3
Washington	ME	9.5	6.5 - 12.4
York	ME	10.8	8.8 - 12.7
Belknap	NH	12.4	9.2 - 15.6
Carroll	NH	8.5	6.0 - 10.9
Cheshire	NH	8.8	6.7 - 10.9
Cook	NH	14.5	11.3 - 17.8
Grafton	NH	10	7.4 - 12.6
Hillsborough	NH	10.3	8.9 - 11.6
Merrimack	NH	9.4	7.5 - 11.2
Rockingham	NH	9.2	7.7 - 10.7
Strafford	NH	10.2	8.2 - 12.2
Sullivan	NH	11.4	8.5 - 14.3
Bristol	RI	9.9	7.4 - 12.3
Kent	RI	8.7	7.3 - 10.2
Newport	RI	8.4	6.7 - 10.1
Providence	RI	10	9.2 - 10.7
Washington	RI	9.6	9.0 - 10.2
Addison	VT	9	7.1 - 11.3
Bernington	VT	11	8.9 - 13.5
Caledonia	VT	8.6	6.9 - 10.8
Chittenden	VT	8.1	7.2 - 9.1
Essex	VT	9.4	8.1 - 14.1
Franklin	VT	10.5	8.3 - 13.2
Grand Isle	VT	11.3	8.0 - 16.4
Lamoille	VT	7.8	6.0 - 10.1
Orange	VT	9.1	7.3 - 11.3
Orleans	VT	9.7	7.7 - 12.3
Rutland	VT	8.5	7.3 - 10.0
Washington	VT	8.1	6.7 - 9.6
Windham	VT	9	7.6 - 10.7
Windsor	VT	8.1	6.8 - 9.6

EPA
United States
Environmental Protection
Agency New England

Data Sources:
MA BRFSS 2002-2005, CT BRFSS 2002-2005, RI BRFSS 2002-2005,
VT BRFSS 2002-2005, ME BRFSS 2002-2005, NH BRFSS 2005-2006
Created by EPA New England GIS Center, December 14, 2007
MapTracker ID: 3111



Self-Reported Current Adult Regular Smoking Rates in New England Counties



Current Adult Smoking Rates			
County	State	Current Smoking %	95% CI
Fairfield	CT	11.19	9.99 - 12.38
Hartford	CT	14.26	12.96 - 15.55
Litchfield	CT	13.7	11.26 - 16.15
Middlesex	CT	13.21	10.94 - 15.49
New Haven	CT	14.42	13.17 - 15.67
New London	CT	14.44	12.47 - 16.41
Tolland	CT	13.61	11.00 - 16.23
Windham	CT	18.99	16.10 - 21.88
Barnstable	MA	16.54	13.84 - 19.23
Berkshire	MA	20.56	16.73 - 24.38
Bristol	MA	23.18	21.24 - 25.12
Dukes	MA	10.33	3.25 - 17.41
Essex	MA	19	17.13 - 20.87
Franklin	MA	23.38	17.59 - 29.17
Hampshire	MA	22.41	20.33 - 24.5
Hampden	MA	17.42	13.5 - 21.34
Middlesex	MA	14.98	13.8 - 16.17
Nantucket	MA	20.49	7.89 - 33.49
Norfolk	MA	14.94	13.11 - 16.77
Plymouth	MA	21.14	18.54 - 23.73
Suffolk	MA	20	18.31 - 21.7
Worcester	MA	20.22	18.67 - 21.87
Androscoggin	ME	20.4	17.1 - 23.7
Aroostook	ME	18.5	15.0 - 22
Cumberland	ME	13.7	11.9 - 15.5
Franklin	ME	14.3	9.6 - 18.9
Hancock	ME	17.8	13.7 - 22.0
Kennebec	ME	16.9	14.2 - 19.6
Knox	ME	17.6	12.8 - 22.3
Lincoln	ME	12.5	8.7 - 16.2
Oxford	ME	25.9	21.4 - 30.4
Piscataquis	ME	19.7	17.1 - 22.3
Sagadahoc	ME	13.6	9.4 - 17.8
Somerset	ME	24.3	20.0 - 28.8
Waldo	ME	19.1	14.6 - 23.5
Washington	ME	24.4	19.5 - 29.3
York	ME	17.3	15.0 - 19.6
Belknap	NH	21.2	17.5 - 24.9
Carroll	NH	18.8	15.0 - 22.6
Cheshire	NH	21.2	17.9 - 24.4
Coos	NH	27.5	22.9 - 32.1
Grafton	NH	17.4	14.2 - 20.6
Hillsborough	NH	19.3	17.2 - 21
Merrimack	NH	16.5	13.8 - 19.1
Rockingham	NH	19.7	17.5 - 21.9
Strafford	NH	21.2	18.4 - 24
Sullivan	NH	21	17.2 - 24.9
Bristol	RI	14.2	11.0 - 17.4
Kent	RI	17.2	15.2 - 19.1
Newport	RI	16.5	13.9 - 19.2
Providence	RI	17	16.0 - 18.0
Washington	RI	14.6	12.6 - 16.5
Addison	VT	9	7.1 - 11.3
Bennington	VT	11	8.9 - 13.5
Caledonia	VT	8.6	6.9 - 10.8
Chittenden	VT	8.1	7.2 - 9.1
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Franklin	VT	10.5	8.3 - 13.2
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Orange	VT	9.1	7.3 - 11.3
Orleans	VT	9.7	7.7 - 12.3
Rutland	VT	8.5	7.3 - 10.0
Washington	VT	8.1	6.7 - 9.6
Windham	VT	9	7.6 - 10.7
Windsor	VT	8.1	6.8 - 9.6

EPA
United States Environmental Protection Agency New England

Data Sources:
 MA BRFSS 2002-2005, CT BRFSS 2002-2005, RI BRFSS 2002-2005,
 VT BRFSS 2002-2005, ME BRFSS 2002-2005, NH BRFSS 2005-2006
 Created by EPA New England GIS Center, December 14, 2007
 MapTracker ID: 3111





Simple Steps To An Asthma Friendly Home

A Checklist To Help Clear Your Home of Asthma Triggers

Allergies and irritants can make asthma symptoms more severe, but many things can be done in your home to reduce these asthma triggers and help reduce asthma symptoms. This checklist helps point out common allergens/triggers that are often present in homes. Not everyone is sensitive to all of them, but addressing these triggers can greatly improve your health.

These tips to reduce asthma triggers in the home listed here are recommendations that are included in the National Asthma Education and Prevention Program's (NAEPP) *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma* and include other useful recommendations by EPA and the National Academy of Sciences. It is important to realize that individual steps alone to reduce asthma triggers are generally ineffective. Addressing as many asthma triggers in the home as possible, in addition to following an asthma action plan, is the best approach to controlling your asthma symptoms. Speak to your health care provider to establish an asthma action plan for your family, as well as to get more information.

Second-Hand Smoke and Outdoor Environments

- Avoid exposure to cigarette smoke and smoke from wood-burning stoves and fireplaces.
- Choose not to smoke in your home or car, and don't allow others to do so either. Take the pledge to make your home smoke-free.
- Check EPA's Air Quality Index (AQI) at www.airnow.gov to learn about your local air quality and reduce outdoor activities when the AQI reports unhealthy levels.

Warm-Blooded Pets (such as cats, dogs, hamsters and birds)

- Consider keeping pets outdoors or finding a new home for your pets because pet skin flakes, urine, and saliva can be asthma triggers for many people.
- Keep pets out of the bedroom and keep the bedroom door closed.
- Keep pets away from fabric-covered furniture, carpets, and stuffed toys.

Dust Mites

- Use an allergen-impermeable cover over your mattress and pillows (and then put a sheet/pillow case over it).
- Choose washable bedding; wash the sheets and blankets weekly in hot water, and dry completely.
- Cover upholstered furniture with washable slipcovers or sheets, and wash them regularly in hot water, and dry completely.
- Minimize the number of stuffed toys on the child's bed or in the bedroom, and wash them regularly in hot water, and dry completely.
- Vacuum carpets and fabric-covered furniture, when the asthmatic is away, once or twice a week to reduce house dust, using a HEPA filter vacuum if possible.
- Avoid sleeping or lying on upholstered furniture.
- Remove carpets from bedroom.

Mold

- Fix all leaks as soon as possible, since they may become moldy in a few days time.
- Clean moldy surfaces by scrubbing with soap and water and dry completely. Wearing a face-mask when cleaning is suggested.
- After removing the mold and fixing leaks, replace damaged ceiling tiles and carpet.
- Keep drip pans in your air conditioner, refrigerator, and dehumidifier clean and dry. Avoid standing water in plant containers.
- Use of humidifiers and evaporative coolers is not generally recommended because they encourage the growth of both mold and house-dust mites. If it is used to avoid excessive dryness, the relative humidity should be maintained at or below 60 percent, ideally between 30 and 50 percent.
- If possible, use air conditioning to reduce outdoor allergens from getting inside the house and to control mold and house-dust mites. Change air conditioning filters regularly.
- Vent exhaust fans and clothes dryers outside of the house.

Pests (such as cockroaches and rodents)

- Reduce use of pesticides—use Integrated Pest Management (IPM) best practices instead.
- Do not leave standing water, food or garbage exposed. Store food in airtight containers. Clean all food crumbs or spilled liquids right away.
- Seal holes or gaps between construction materials and pipes.
- Use low toxic pesticides (poison baits, boric acid, or traps) before using pesticide sprays or fogging.
- If using chemical agents, home should be well ventilated (ie, windows open). If using sprays, limit the spray to the infested area, and carefully follow instructions on the label.

Irritants

- Don't use gas stoves for heating because the fumes can be an asthma trigger. Make sure pilot burners have a blue flame.
- Review the cleaners you use for strong odors and reduce their use.
- Minimize the use of fragrances, air fresheners or candles to reduce strong odors.
- People with asthma should not be in the home if chemical agents are used, and should not return until the odor has gone away. They should stay out of rooms where a vacuum cleaner is being or has just been used.

For more helpful tips or to get more information, contact your health care provider or go to the following websites:

www.noattacks.org or www.epa.gov/iaq/asthma/index.html

Sources:

- National Asthma Education And Prevention Program (NAEPP) *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma*
- Institute Of Medicine (US). *Clearing the Air : Asthma and Indoor Air Exposures*. Washington, DC: National Academy Press, 2000.
- EPA's *Clearing the Air of Asthma Triggers – 10 Steps to Making Your Home Asthma-Friendly*
- EPA's *Clear Your Home of Asthma Triggers*.
- EPA's *Asthma Home Environment Checklist*

Smokefree Homes

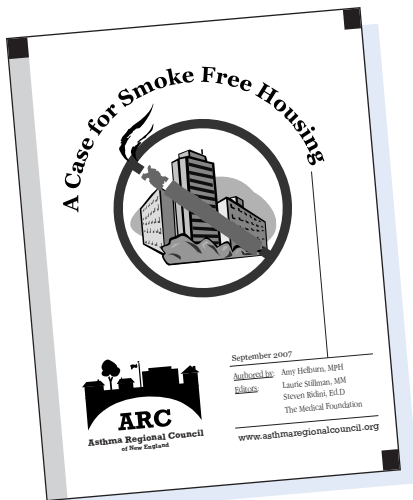
The Smoke-Free Housing Coalition of Maine is a group comprised of over 50 public health advocates, tenants, landlords, property managers, legal professionals, environmental health professionals and many others working to protect Maine residents in multi-unit housing from involuntary exposure to secondhand smoke since 2004. The Coalition collaborates with a diverse group of partners in order to ensure that no Maine resident, regardless of housing situation, has to suffer from exposure to this major asthma trigger.

Using a health message with tenants and a strong economic-focused message with housing professionals, the Smoke-Free Housing Coalition has seen a significant increase in awareness of smoke-free housing and the number of available smoke-free apartments between 2004 and 2008. Recent surveys of landlords show that nearly 40% of Maine's private multi-unit housing is smoke-free and 60% of Maine's housing authorities now have smoke-free policies, including the Nation's first tribal housing authority with a smoke-free housing complex. In 2006, the Coalition worked with MaineHousing to adopt a one-point incentive in their Qualified Allocation Plan for developers of affordable housing applying for low-income tax credits, resulting in hundreds of newly developed subsidized units built over the past two years.



The Smoke-Free Housing Coalition provides technical assistance, free enforcement materials and a comprehensive website complete with a short video on the legality, justification and financial benefits of smoke-free policy, sample policies and an online registry where landlords can list their smoke-free apartments for free. To date, 2,500 units have been registered and the website receives over 20,000 hits a month thanks to efforts that have allowed the Coalition to reach over 18,000 landlords and 118,000 tenants throughout Maine.

To learn more, please visit www.smokefreeforme.org or contact Amy Olfene at 207-874-8774 (ph) info@smokefreeforme.org (email).



ARC Releases New Regional Policy Report on Smokefree Housing

ARC undertook a national analysis of existing and emerging Smokefree Housing policies. The purpose of this effort and the ensuing policy paper entitled, *A Case for Smokefree Housing* has been to 1) outline the complex issue of Secondhand Smoke (SHS) in multi-unit housing; 2) assess attitudes, advantages, legality and costs involved in adoption of Smokefree Housing policies; 3) compile and present voluntary and regulatory model policies developed by state agencies, city councils and property owners/ managers; 4) compile and present considerations for implementation by property owners/ managers; and 5) share survey results and available resources such as web links, sample surveys, and sample leases. The report can be downloaded from ARC's website: www.asthmaregionalcouncil.org



MISSION: ARC works to reduce the impact of asthma across New England through collaborations of health, housing, education, and environmental organizations, with particular focus on the contribution of schools, homes, and communities to the disease and with attention to its disproportionate impact on populations at greatest risk.

The Asthma Regional Council membership consists of senior federal representatives of the Environmental Protection Agency, the Department of Health and Human Services, and the Department of Housing and Urban Development in New England as well as state governmental partners in health, housing, education and environment, large municipal housing and health authorities, and select representatives from community based organizations, academic and health institutions.

The Council is lead by an Executive Director under the supervision of an Executive Committee drawn from the Council membership.

The current Executive Committee includes:

COMMITTEE MEMBERS:

Betsy Rosenfeld, Chair

U.S. Department of Health and Human Services, Region I (New England)

Suzanne Condon

Massachusetts Department of Public Health

Lindsay Dearborn

New Hampshire Department of Health and Human Services

Rhona Julien

U.S. Environmental Protection Agency, Region I

Megan Sandel, MD

Boston Medical Center

ARC RECEIVES FINANCIAL SUPPORT FROM THE FOLLOWING GENEROUS ORGANIZATIONS:

- Boston Medical Center
- Boston Public Health Commission
- Jessie B. Cox Charitable Trust
- Massachusetts Department of Public Health
- Rhode Island AHEC
- University of Massachusetts, Lowell
- U.S. Department of Health and Human Services, Reg. I
- U.S. Environmental Protection Agency, Reg. I

EXECUTIVE DIRECTOR:

Laurie Stillman

Asthma Regional Council

The Medical Foundation

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THE MEDICAL FOUNDATION

The Asthma Regional Council is a program of The Medical Foundation (TMF) of Boston, a non-profit organization that is committed to helping people lead healthier lives and to creating healthy communities. Visit TMF on the web at www.tmfnet.org.



**Asthma Regional Council
of New England**

The Medical Foundation
622 Washington Street, 2nd Floor
Dorchester, MA 02124

“INNOVATIONS”

A newsletter on asthma and the environment

ARC Director Bids Farewell

My decision to step down as Executive Director of ARC was not an easy one. I have truly enjoyed working with all of you to improve this epidemic over these last six years, and as many of you know, the issue of asthma is near and dear to my heart (and lungs!). Fortunately, in my new position as Director of Public Health Policy and Advocacy, I will continue to be working at The Medical Foundation in the same office building as my successor. In my new role, I will continue to provide guidance to ARC, particularly in the policy arena of aligning health care reimbursement policies with best practices for delivery of care.

Over the years, I have had the opportunity to work with exceptional leaders and visionaries. They have provided me with guidance, expertise, and support (both moral and financial) all along the way. I would be entirely remiss if I didn't single out **Betsy Rosenfeld**, who has served as Chair of our Executive Committee virtually from the day I began this position. She has been my “right hand” since the very beginning (being a “lefty”, this has worked extremely well!), communicating with me virtually every day. In addition to her Executive Chair responsibilities, she has served as the interim chairs of both the Surveillance and Environmental

Investments Committees when they were without leadership, she has always made funding available to ARC whenever-and wherever-that funding could be found, and she always provided me with great counsel when things got plain difficult! She will always be my colleague and friend.

I have also been fortunate to have worked with an incredibly committed Executive Committee, most of whom have served many years in this capacity: Suzanne Condon, Carmine DiBattista, Megan Sandel, and Eileen Storey. They have put many hours into supporting ARC's work. In addition, our more recent members Rhona Julien, Dan Brown, and Lindsay Dearborn have played very important roles in helping to devise ARC's new strategic plan.

Finally, I have worked with a number of extremely talented consultants who have greatly contributed to ARC's success: Ellen Tohn, Polly Hoppin, Mary Adams, Andrea Bresnick, Susan Altman, Karen Higgins, Jane Malone, and many others. Without all of these exceptional individuals, ARC would have never achieved all that we have over these past six years.

Thanks go to all of you!
– Laurie Stillman

