

INNOVATIONS



ARC

A Newsletter of the Asthma Regional Council of New England

A Program of The Medical Foundation

WINTER 2007

The Asthma Regional Council of New England (ARC) is a coalition of public agencies, NGO's, and researchers that bring together the diverse organizational perspectives and resources of health, housing, education, environment, healthcare and advocacy to focus on the environmental contributors to asthma. Leaders with knowledge, resources, and determination have joined forces to swiftly identify and implement solutions to improve the lives of those with asthma.

ARC's Future

Dear Asthma Regional Council Colleagues,

At our last Council meeting in June 2006, we informed you that the Executive Committee was considering the "ramping down" of ARC's operations. The rationale for doing so was primarily that all of our New England states, to different degrees, are working on moving forward the 12-point Action Plan that was agreed upon nearly six years ago by the state commissioners and federal regional leadership in the arenas of public health, environment, housing, and education.

At the time that the Action Plan was agreed to as a map for future activity, there was little momentum in the areas we identified in the plan. The landscape is very different now – both states and non-governmental organizations are working, to the extent that resources permit, on many of the issues we all agreed to, as well as on even newer environmental health issues related to asthma and other chronic diseases. In addition, funding for ARC's overall regional coordination activity is becoming much less available, and ARC's project-specific work has become harder to sustain as many other players in New England are also in need of the same project funding.

Based on these developments, we committed to providing a draft proposal for ARC's future operations to all of you by late 2006/early 2007. However, after consulting with numerous stakeholders, including additional state and federal partners, we felt it was important to go about determining the future priorities of ARC in a more strategic manner, to make absolutely certain that there are no other existing or emerging opportunities to explore further. This was particularly true in light of the findings in our recent report, *The Burden of Asthma in New England*, which demonstrated that asthma is not only taking a tremendous toll on our communities, but that the epidemic is continuing to grow. To this end, the Executive Committee has engaged a facilitator and plans to host a Strategic Planning Session (SPS) in late March to explore if and how ARC should continue to

operate. In addition, ARC will be communicating with the State Commissioners of Health, Environment, Education and Housing, to determine their interest in continuing to address asthma through ARC's regional initiative. The proceedings will be presented to the ARC membership for review and comment. If the SPS proposes a robust continuation of ARC, this will of course be contingent not only on your support, but also on securing the funding to implement this new approach.

In the meantime, ARC is still engaged in a number of exciting activities, especially with respect to its regional health care payer initiative, which aims to anchor some of the evidence-based environmental interventions for asthma within the reimbursement system. We have enough funding to hold another Council meeting this year and to keep you informed via our comprehensive website and newsletter *Innovations*. We encourage you to use these resources to keep informed about new model programs in other states, and funding opportunities for your own initiatives.

If you have any thoughts about this process, please contact me or ARC's Chair, Betsy Rosenfeld at **(617) 565-1505**.

Sincerely,
Laurie Stillman, *Executive Director*

Attend EPA's Communities in Action for Asthma-Friendly Environments National Forum on May 31 – June 1, 2007,

in Washington, DC and take action to deliver high quality, comprehensive asthma care in your community.

Visit www.epaasthmaforum.com to register today!

DIESEL EMISSIONS



Co-Chairs: Steve Majkut, *Rhode Island Department of Environmental Management* and Richard Rumba, *New Hampshire Department of Environmental Services*

Staff: Ellen Tohn, *Senior Consultant, ARC* and Lucy Edmondson, *U.S. Environmental Protection Agency, Region I (New England)*

Understanding that many large health facilities contribute to diesel pollution through transportation vehicles and their significant construction projects, ARC, Greater Boston Breathes Better (GB3), and Health Care Without Harm Boston are exploring how they might provide assistance to large health care facilities in Boston to reduce their diesel emissions. ARC has already successfully achieved this goal with Dana-Farber Cancer Institute, as reported in the last edition of *Innovations*. We hope to support these diesel reduction efforts by:

- Supporting health care facilities in their efforts to comply with current national, state and local air quality obligations and best practices.
- Exploring methods and promoting strategies and tools to facilitate the adoption of transportation- and vehicle-related air pollution reduction best practices.
- Exploring the feasible use by Boston health care facilities of appropriate retrofit technologies for diesel vehicles working on construction projects; methods and practices for enforcing anti-idling policies; and the incorporation of transportation- and vehicle- based air pollution reduction bid specification language for contracts with vendors and service providers.
- Prescribing a replicable action model for other health care facilities taking action to reduce transportation- and vehicle-related air pollution.

For more information, please contact Ellen Tohn, at etohn@ertassociates.com.



Laurie Stillman, ARC Executive Director, speaks at the press conference announcing the landmark deal in Massachusetts

MODEL PROJECT

Massachusetts Takes Bold Step to Reduce Diesel Emissions Statewide

Following a country-wide trend, Massachusetts has made a significant step in the fight to reduce air pollution from buses.

The Massachusetts Department of Environmental Protection (DEP) announced in December plans to spend \$22.5 million dollars over the next three years to install retrofit equipment on every school bus and regional transit bus in the state. The landmark agreement between the (DEP) and the Executive Office of Environmental Affairs and Transportation will affect roughly 8,000 school buses and 600 regional transit buses, dramatically reducing air pollution that results from diesel bus exhaust in Massachusetts.

A number of studies in the U.S. and Europe have shown a correlation between high asthma rates and living in high traffic areas. Reducing pollution from diesel exhaust will result in health benefits, not only for people with asthma, but for the general public as well.

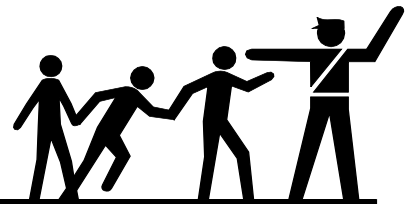
Set to take place beginning this year and last through 2009, the plan is expected to reduce emissions by as much as 90% and will help reduce the burden of asthma in Massachusetts.



Youth activists in Boston, MA are pleased with plans to reduce diesel bus emission in Massachusetts

HEALTHY SCHOOLS

www.asthmaregionalcouncil.org



Chair: Jackie Ascrizzi, *Rhode Island Department of Education*
Staff: Laurie Stillman, *Executive Director, ARC*

Massachusetts Wins Healthy and Green School Building Regulations!

Thanks to the hard work of the Massachusetts Teachers Association and the Massachusetts Healthy Schools Network, working in partnership with the newly-created Massachusetts School Building Authority (MSBA), the MSBA approved new school building construction regulations that will have a positive impact on occupant health and safety.

The regulations, effective September 2006, work to improve environmental conditions and indoor air quality in schools being built with state funding and cover everything from the application process to commissioning. In addition, the MSBA will have a much greater role in influencing the design and procedures followed with respect to environmental health and safety standards.

Indoor Air Quality requirements include addressing proper air ventilation, thermal comfort, building materials, and ensuring that occupants are protected from harmful substances during renovation projects.

Other features of the new regulations include:

- Projects must hire a professional Project Manager.
- A funding incentive for schools that follow High Performance Green School Guidelines.
- A Site Evaluation is required. School siting must be free from pollution and contaminants as well as avoid building on wetlands and active landfills.
- Community advocates are given a voice in the design process.
- Commissioning of the buildings is encouraged to ensure that building systems are performing appropriately and according to specifications.

This is great news for students, teachers and other school workers with asthma or other respiratory conditions. Thanks to a strong partnership between state officials and knowledgeable advocates, Massachusetts schools will

become healthier places to work and learn. The regulations can be found at www.massschoolbuildings.org/Documents/PDF/MSBA_Regulations_963_CMF_2.00.pdf

The information for this article was collected by Philip Katz of the Brookline Educators Union; Sarah Gibson, Attorney; and Tolle Graham of the Massachusetts Coalition for Occupational Safety and Health (MassCOSH) tolle.graham@masscosh.org

HEALTHY SCHOOLS RESOURCES:

- What's That Smell: Simple Steps to Tackle School Indoor Air Quality (ARC brochure)
- Reducing Asthma Triggers in Schools: Recommendations for Effective Policies, Regulations and Legislation (ARC Report)
- School Flooring Purchasing Guide (ARC)
- Tips for Teachers (ARC Factsheet)
- Building Healthy High Performance Schools: Developments in State Policy (ELI Report)
- State School Policies to Address Asthma (NASBE Report)

HEALTHY SCHOOLS WEBSITES:

- EPA's Healthy School Environments Webpage: <http://cfpub.epa.gov/schools/index.cfm>
- Collaborative for High Performance Schools Planning Guide: http://www.mtpc.org/RenewableEnergy/green_schools/chps_standards.htm
- Healthy School Environments Assessment Tool (free software): <http://www.epa.gov/schools/healthyseat/index.html>
- Northeast States Center for a Clean Air Future: School Environments and Health Project <http://www.nesccaf.org/projects/schools.html>
- Northeast Energy Efficiency Partnerships: High Performance Schools <http://www.neep.org/HPSE/index.html>

HEALTHY HOUSING

www.asthmaregionalcouncil.org



Chair: Amy Rainone, *Rhode Island Housing*
Staff: Ellen Tohn, *Senior Consultant, ARC*

Tailored Housing Interventions in Boston and Vermont Show Impressive Results

In 2003, ARC was awarded a 3-year healthy homes demonstration grant of \$766,000 from the U.S. Department of Housing & Urban Development. The team included Laurie Stillman and Stacey Roberts who coordinated the administrative aspects of the grant; Ellen Tohn, ERT Associates, coordinated the programmatic aspects; Emily Litonjua and Margaret Reid, Boston Public Health Commission, led the team in Boston; Ron Rupp, Vermont Housing & Conservation Board and Dr. Hendrika Maltby, University of Vermont, directed the Vermont team; and Dr. Megan Sandel, Boston Medical Center, and the National Center for Healthy Housing provided evaluation support. Jean Zotter and Neal-Dra Osgood, Boston Urban Asthma Coalition, provided the community voice to advocate for local housing policy changes in the city.

With HUD funding, the ARC team moved to address the rising asthma rates in New England through two efforts: increasing the supply and demand of healthy housing through training, outreach, and policy changes; and demonstrating the benefits of tailored housing repairs/interventions for improving health outcomes and reducing environmental triggers for families with children with asthma.

Training, Tools, and Outreach

Over the three-year term of the grant, the team reached out to all sectors of the housing field to increase regional adoption of healthy homes principles and to increase the demand for healthy housing among New England residents. ARC held a series of healthy housing trainings that targeted frontline public housing professionals (e.g. builders, contractors, code officials, etc.), distributed its proprietary healthy housing building and maintenance guidance, and garnered support for its policy initiatives from a wide spectrum of stakeholders. The Boston advocacy effort was led by the Boston Urban Asthma Coalition. The results speak for themselves:

- 465 housing professionals were trained on healthy building and maintenance principles.
- More than 64,000 units will be maintained consistent with ARC's *Property Maintenance Guidance for a Healthy Home*.
- 3,450 units of affordable housing will be constructed annually in five New England states following practices consistent with ARC's Healthy Homes Building Guidance.

- 400 units in Boston were built following healthy homes practices.

Through these efforts, we learned that with concrete and realistic guidance, affordable housing developers and financing agencies are willing to follow standards that promote health. We also learned that community advocates can be critical allies in helping policy makers adopt healthy housing standards.

Tailored Interventions

ARC worked with the Boston Public Health Commission and the Vermont Housing and Conservation Board to pilot housing interventions in urban and rural housing.



A house in rural Vermont that received interventions to reduce asthma triggers. At approximately \$2,500.00 per unit, the cost of interventions is a relatively small investment for the health and environmental benefits that tailored home interventions provide.



Housing Interventions

The Boston program involved environmental interventions to minimize asthma triggers found in the homes of low-income families with children with asthma. Interventions in densely populated Boston were compared to similar interventions in rural Vermont to determine if urban interventions could be replicated in a rural setting. The project consisted of in-home assessments to determine existing asthma triggers, asthma education, low-level housing improvements, provision of some supplies, and follow-up visits to track the effectiveness of the program.

Fifty-six homes in Boston and 27 homes in Vermont went through all stages of the program. **The study documented important health improvements in both groups.** At the four-month follow up visits, participants in both Boston and Vermont, improved in several health measures: children had significantly fewer episodes of wheezing, coughing, chest tightness, and did not have to stop playing due to asthma attacks. Participants in both groups also saw their use of quick relief medications decline. The most marked difference occurred in Boston: 20% fewer participants reported using their “rescue” medication after home interventions took place, indicating that their asthma was under better control.

The comparison of the interventions in the two settings of the project also yielded important results. While some asthma triggers were commonly found in both settings, triggers associated with housing vary in rural and urban environments. Pest problems commonly found in Boston were rarely observed in the more rural Vermont. This difference highlights the importance of tailoring interventions to individual needs. Conversely, other asthma triggers, such as moisture, mold, and materials likely to hold allergens were found consistently in both urban and rural settings. These similarities show that some interventions may be a universally useful tool in improving the quality of life for all asthma sufferers.

The last take-away from this project – and arguably one of the most important – is that the interventions, at approximately \$2,500.00 per unit, is a relatively small investment for the health and environmental benefits that tailored home interventions provide.



A basement in Vermont with severe mold problems – a known asthma trigger. Mold removal was a common housing intervention in both Boston and Vermont.

HEALTHY HOUSING RESOURCES:

- Healthy Housing Building Guidance (ARC, just revised!)
- READ THIS Before You Build, Design or Renovate (HUD)
- Property Maintenance for a Healthy Home (ARC)
- Asthma Home Environmental Checklist (EPA)
- Integrated Pest Management Videos (ARC)
- Policies on Improving Air Quality in Rental Housing (ELI)

HEALTHY HOUSING ORGANIZATIONS:

- Alliance for Healthy Homes Website:
<http://www.afhh.org/>
- National Center for Healthy Housing Website:
<http://www.centerforhealthyhousing.org/>
- EPA New England Healthy Homes Website:
<http://www.epa.gov/ne/healthyhomes/>

*Most of these resources can be obtained on ARC's website:
www.asthmaregionalcouncil.org*

ASTHMA SURVEILLANCE

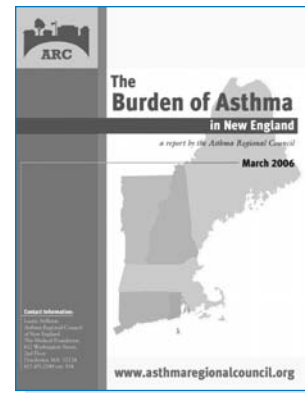


Chairs: Pat Miskell, *Connecticut Department of Health*
Staff: Laurie Stillman, *Executive Director, ARC*
and Betsy Rosenfeld, *U.S. Department of Health and Human Services, Region I (New England)*

Dr. Megan Sandel, from Boston Medical Center, and Patricia Hynes, from Boston University School of Public Health, are collaborating with ARC and our epidemiologist, Mary Adams, to take a further look at the data used in ARC's most recent report, *The Burden of Asthma in New England*, released in March of 2006. By further examining the socio-economic and racial disparities that were uncovered in the report, we hope the analysis will provide a deeper understanding of how asthma impacts our most vulnerable populations.

ARC is also interested in analyzing the 2004 regional asthma "call-back" data provided by the Behavioral Risk Factor Surveillance System (BRFSS). BRFSS provides state-specific information about issues like asthma to help federal, state, and local health officials and researchers track health risks, identify emerging problems, prevent disease, and improve

treatment. Five of our 6 states in NE have hired companies to contact respondents who indicated that they had a member of their household with asthma. This telephonic survey will provide us with a more detailed understanding of both the clinical management and environmental exposures affecting asthma outcomes in New England.



ARC is in the process of conducting a deeper analysis of the data contained in its 2006 report "The Burden of Asthma in New England."

MODEL PROJECT

Rhode Island Pioneers Innovative Surveillance Project

With funding from the Agency for Healthcare Research & Quality, analysts at the Rhode Island Department of Health are embarking on a groundbreaking study to take a closer look at pediatric asthma hospitalization data. As part of the study, the team conducted a literature review and determined that there is wide agreement that age, race, sex, and health insurance status are strong indicators of high pediatric asthma hospitalization and emergency room utilization rates. The team, comprised of Sze Yan Liu, Deborah N. Pearlman, and Halima Ahmadi, wished to know if the data could paint a more detailed picture of why some children are more prone to using the emergency room and being admitted to the hospital for pediatric asthma. Specifically, the researchers asked, "Do social and economic characteristics of a neighborhood better explain pediatric asthma hospital admissions?" By using zip codes in hospital admission data and linking this to U.S. Census tract information, the researchers will be able to examine factors above and beyond the standard indicators (age, race, sex, and health insurance status), such as economic resources of families and the neighborhoods where patients live.

With this project, Rhode Island is in the very beginning stages of using available data to yield more detailed answers to complex and critical questions and they are the first known state in the region to do so. If other New England states are able to link hospital admissions and U.S. Census data sets in the same way, the implications are far-reaching. Could we learn enough so that, as a region, we might see how we can further collaborate in addressing how our most vulnerable populations are disproportionately affected by asthma? And, if so, how can ARC facilitate this data sharing among the states? Stay tuned for the results of this promising new study.

For questions related to the study in Rhode Island, please contact Deborah Pearlman at the Rhode Island Department of Public Health at 401.222.6817 or Deborah.Pearlman@health.ri.gov.

For questions, comments, or suggestions on the role that ARC can play, please contact Laurie Stillman, ARC Executive Director at 617.451.0049 ext. 504 or lstillman@tmfnet.org.



Staff: Laurie Stillman, *Executive Director, ARC*, Polly Hoppin, *Consultant, University of Massachusetts-Lowell*, and Betsy Rosenfeld, *U.S. Department of Health and Human Services, Region I (New England)*

Environmental Investments support improved asthma management through home-based education and environmental assessments for our most vulnerable asthmatics through partnerships with the healthcare sector.

By mid-winter 2007, ARC and UMass-Lowell will have 2 new products that support policy changes to improve asthma management in New England:

Business case

As ARC pursues its goal of promoting best practices for asthma management in the region, that includes enlightening health-care payers and providers about the health and cost benefits of proven interventions such as asthma education and in-home trigger assessments/interventions, we have been asked to develop a “Business Case” that documents the economic benefits of implementing best practices. A “Business Case” involves examining the literature to determine what these services cost, whether they improve health outcomes, and if they are considered “cost effective” or might actually produce a return on investment (ROI). ARC has engaged University of Massachusetts-Lowell’s Environmental Health Initiative to produce such a business case for us, and it is just about completed! The project is also in collaboration with Children’s Hospital Boston. ARC would like to work with our partner states to determine how this tool might be used to foster changes in insurance-covered housing improvements and asthma education in each of the states. We will be in touch about this. We believe that this tool will be a national resource for those involved in improving asthma management, particularly for those who are most affected by housing triggers.

Insurance survey

Children’s Hospital Boston requested that ARC, in collaboration with UMass-Lowell, investigate insurance coverage for asthma management services by each of the largest health plans and insurers in Massachusetts. Over the last few months we have collected the information and found that there are wide disparities in what is covered and offered by various insurers—and, in many cases, doesn’t conform with best practices. The information will be summarized for MA providers so they are aware of the various coverage packages for their insurance-covered asthma patients. The information will also help us understand the gaps between high-quality

asthma care and payment practices, and how we might affect change.

ARC is also working with the Vermont Housing & Conservation Board on developing a concept to establish a regional buyers’ collaborative. This buyers’ collaborative will allow health plans and health agencies to purchase home-based environmental supplies, such as HEPA vacuums and air filters at discounted prices. We will keep you updated as this concept develops.



A regional buyers’ collaborative in Vermont will allow health plans and agencies to purchase environmental supplies, like the HEPA vacuum pictured here, for the home.

MODEL PROJECT

ARC Symposium Brings Health Departments Together

In September of 2006, ARC held an important symposium with city and state health departments from around New England. Called “Connecting Asthma Care from the Clinic to the Community: A Leadership Role for Public Health Departments and Their Partners,” the symposium sought to help public health departments in the region lead the way in promoting effective asthma management through expanding home-based clinical and environmental services and by developing effective community partnerships and resources. Eighty-five participants attended the event and learned about supportive services that extend beyond the clinic setting to include community partnerships and resources. To read more about the symposium and see information presented on the day, visit ARC’s website at www.asthmaregionalcouncil.org/about/ARCSymposium.html



12 POINT ACTION PLAN

The following Asthma Action Plan, agreed upon by the New England state agencies under the auspices of ARC, represents our collective roadmap for action to address the environmental aspects of the asthma epidemic.

SURVEILLANCE

ACTION ITEM 1:

ARC encourages every NE state to develop and maintain an asthma surveillance program, and to make the data publicly available for purposes of analysis and comparison. ARC further encourages the states, within their surveillance program, to work with ARC to develop comparable and consistent data sources/ collection methods on asthma prevalence which can be used to compare the six NE states and generate a regional asthma prevalence rate on a periodic basis. ARC further encourages the development of such common strategies in conjunction with the eventual integration of health status data with indoor and outdoor environmental data. The sub-items below detail the best current pathways for this work based on ARC's extensive experience working on surveillance with its state and other partners in NE:

ACTION ITEM 1(A)

ARC endorses the development of and continued use of school-based surveillance in all 6 NE states for pediatric asthma tracking. ARC will work with the states and other related entities, including funders, to leverage existing or new funds to provide school nurses with the training, technology and resources to ensure the provision of clinical as well as public health services in the school setting.

ACTION ITEM 1(B)

ARC encourages all NE public health departments to continue working with their state Medicaid colleagues to use Medicaid data as part of their asthma surveillance efforts, where useful and appropriate. ARC will bring together the 6 state public health and Medicaid agencies for purposes of training on the use of Medicaid data for public health purposes, disseminating effective data-sharing models and exploring opportunities to generate comparable Medicaid data.

ACTION ITEM 1(C)

ARC will work with the 6 NE states to continue the success of its 2003-released regional BRFSS reports by generating agreement for and implementation of a periodic coordinated system of surveillance which can offer both comparable state asthma prevalence rates as well as a NE regional asthma prevalence rate. ARC will further work with the states to develop and implement a commonly-agreed to NE-specific BRFSS environmental health module, to be administered simultaneously with the asthma prevalence module.

ACTION ITEM 1(D)

ARC will continue to work with the NE states to provide support for coordination among the current CDC Environmental Public Health Tracking grantees, to coordinate their work with ARC's work to encompass the non-grantee states, and to support efforts to ensure that all NE states secure CDC EPHT funding in the future.

ACTION ITEM 2:

The Council will 1) provide a forum for exchanging and strengthening health, economic and environmental data relevant to asthma in the region with a goal of creating more comparable data; 2) work toward developing pilot projects and research programs to answer specific, priority questions by examining health and environmental data.

OUTREACH AND EDUCATION

ACTION ITEM 3:

The Council encourages every New England state and each participating regional federal agency to identify an Asthma Coordinator dedicated to advancing this action plan through coordination across agencies and disciplines.

ACTION ITEM 4:

The Council will support states and federal agency coordination across agencies to have education and technical assistance available to assist families in undertaking household management activities that improve indoor air and reduce asthma triggers in their homes.

ACTION ITEM 5:

The Council will support states and federal agency coordination across agencies to have education and technical assistance available to schools in undertaking management activities that improve indoor air and reduce asthma triggers in schools.

ACTION ITEM 6:

The Council will support states and federal agency coordination to have education and technical assistance available to private rental property owners in undertaking management activities that improve indoor air and reduce asthma triggers in their rental units.

EXPOSURE REDUCTION IN HOMES, SCHOOLS, AND IN HEALTH CARE SETTINGS

ACTION ITEM 7:

The Council encourages health care organizations and agencies to collaborate in the identification and implementation of strategies to provide families' access to environmental interventions designed to reduce the burden of asthma. These agencies should, whenever possible, use outcome data from well established research organizations, public health agencies and other institutions to inform coverage decisions for environmental interventions. Such outcome data should include reasonable evidence of both the clinical and the cost effectiveness of these interventions. These agencies should also seek opportunities to collaborate on demonstration projects and cost effectiveness studies.

ACTION ITEM 8:

The Council will support the creation and dissemination of guidance and training for the design, renovation and maintenance of asthma safe homes. The Council will work to have publicly funded housing agencies and programs use asthma safe guidelines in construction and renovation projects and maintenance and repair programs.

ACTION ITEM 8(A)

ARC encourages state Housing Finance Authorities, or other state agencies that administer federal funds for affordable housing, to adopt healthy housing building and maintenance practices and standards such as those promoted in ARC's guidances.

ACTION ITEM 8(B)

ARC will work with at least one Municipal Housing Authority in every state to encourage their adoption of healthy housing building and maintenance practices and standards such as those promoted in ARC's guidances.

ACTION ITEM 8(C)

The Council will support state and local efforts to incorporate reduction of asthma triggers into state and local housing, health and/or building codes and develop and sponsor related training.

ACTION ITEM 9:

The Council encourages all state housing agencies and municipal housing authorities to seek opportunities to designate specific funds and funding mechanisms to be drawn on to make repairs to housing units necessary to maintain the units as asthma safe.

ACTION ITEM 9(A)

When feasible, energy and weatherization programs should integrate a respiratory health component into their assessment and remediation efforts and leverage other housing and energy funds to initiate other repairs.

ACTION ITEM 10:

The Council will support the creation and dissemination of guidance for the design, renovation and maintenance of asthma safe schools. All new public schools construction should be built to meet indoor air performance standards. The granting of public funds for school renovation should be tied to schools conducting indoor air quality assessments and correcting deficiencies.

ACTION ITEM 10(A)

ARC will work with the 6 NE states to develop and implement model bid specs that incorporate SMACNA and other guidelines for occupant protection during school construction and renovation projects.

ACTION ITEM 10(B)

ARC encourages every state to develop school site selection standards that can address conditions that pose environmental health threats, such as toxics and excessive moisture, whenever schools are being constructed, extended and/or replaced.

EXPOSURE REDUCTION IN COMMUNITIES

ACTION ITEM 11:

The Council supports the reduction of diesel school bus emissions through programs such as retrofit of diesel buses with commercially available emissions control technology, the provision of less polluting diesel fuel, improved maintenance practices, and the replacement of diesel school buses with buses using less polluting alternative fuels.

ACTION ITEM 12:

The Council supports the development of targeted programs to substantially reduce diesel school bus idling on school premises and other locations that children frequent.

Asthma Resources for New England

Over the years, ARC has developed a number of helpful informational resources to assist you in your asthma work. The list includes policy papers, educational brochures and videos, and an online toolkit. We are happy to assist you in any way and would like to remind you what resources we have available, free of charge:

New this Year:

The Burden of Asthma in New England.

Released in March of 2006, this is a new report that documents the prevalence and toll of asthma in the six New England states and follows up on a similarly entitled report that ARC released three years prior. A Companion Summary of the report is also available.

Integrated Pest Management: A Real Solution to Pest Problems. This educational DVD addresses property managers, property owners, and maintenance staff. It features a multifamily housing manager describing his own experiences with implementing successful IPM programs in his buildings.

Stop Pests in Your Homes is another educational DVD that is geared toward tenants and residents. It offers advice on how to avoid pest problems and how to combat pests if a problem does exist. In English and Spanish.

Enhancing Asthma Management Using In-Home Environmental Interventions: A Review of Public Health Department Programs. This paper is an important resource to public health departments that are interested in understanding best-practice models for delivering home-based asthma services to low-income populations. Programs across the country that are doing this work, and financing them, are documented in detail, with contact information provided.

Existing Publications

HEALTHY SCHOOLS

What's That Smell: Simple Steps to Tackle School Air Problems. This educational brochure is a step-by-step guide to help school administrators and business/facilities managers understand indoor air quality problems, know what help is available, and evaluate what types of professional assistance may be necessary to address the problem.

Health Considerations for Choosing School Flooring. This fact sheet is intended to help schools make sound decisions when it comes to purchasing flooring materials. Included with the fact sheet is a Menu of School Flooring Characteristics.

Reducing Asthma Triggers in Schools: Recommendations for Effective Policies, Regulations, & Legislation. This report is a terrific resource for legislators, regulators, and advocates and suggests model regulations to promote healthier schools in such areas as facility construction and renovation, maintenance, safer chemical purchasing and handling practices, and ventilation.

Tips for Teachers is a one page factsheet designed to help teachers improve the indoor air quality of their classrooms and schools. Good to distribute to school systems.

HEALTHY HOUSING

Healthy Homes Building Guidance, updated July 2006. This guidance intends to help architects, contractors, other housing developers, and maintenance officials achieve healthier indoor environments through recommending specific housing construction and maintenance practices, especially for affordable housing units.

Property Maintenance for a Healthy Home. Focusing on multi-family housing properties, it provides tools and resources to property owners and managers, maintenance staff supervisors, and affordable housing program staff to assist them in implementing these healthier maintenance practices.

Choosing Flooring Options for Residential Housing: Healthy and Cost Effective Flooring. This guidance includes a table of flooring choices traditionally used in affordable housing as well as better/best suggestions for housing developers. Included with the guidance is a Healthy and Cost Effective Residential Flooring Matrix, a detailed index of flooring options, costs, and maintenance considerations. Used together, these tools can assist in making healthy and cost effective choices for residential flooring.

Barn-Raising: Building Coalitions to Promote Health Housing. This paper discusses ARC's unique approach to promoting healthy housing on a regional level

REDUCING DIESEL BUS EMISSIONS

Toolkit for Reducing Diesel Emissions is an online toolkit designed to help school communities, environmental officials, and others make informed decisions about ways to reduce harmful diesel emissions from school buses. It includes "downloadable" materials created by ARC as well as resources developed by numerous organizations and agencies around the country.

Options for Reducing Pollution from School Buses is a one-page menu that compares the available bus retrofit technologies for, and cleaner fuels options to, traditional diesel school buses and fuels.

Model School Bus No Idling Policy. Targeting school administrators and school district officials, this model policy includes idling procedures for school bus drivers and guidelines for operating in cold weather, all intended to reduce children's exposure to diesel emissions.

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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 the federal regional directors of the Environmental Protection Agency, the Department of Health and Human Services, and the Department of Housing and Urban Development as well as representatives of the state agencies of health, housing, education and environment, directors of large municipal housing and health authorities and select representatives from health care, housing, health, education and environmental advocacy organizations.

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

Dan Brown, *U.S. Environmental Protection Agency, Region I*

Suzanne Condon, *Massachusetts Department of Public Health*

Megan Sandel, MD, *Boston Medical Center*

Eileen Storey, MD, *University of Connecticut Health Center*

COMMITTEE CHAIRS:

Diesel Emissions:

Stephen Majkut, *Rhode Island Department of Environmental Management*

Richard Rumba, *New Hampshire Department of Environmental Services*

Healthy Housing:

Amy Rainone, *Rhode Island Housing*

Healthy Schools:

Jackie Ascrizzi, *Rhode Island Department of Elementary and Secondary Education*

Asthma Surveillance:

Patricia Miskell, *Connecticut Department of Public Health*

ARC RECEIVES FINANCIAL SUPPORT FROM THE FOLLOWING GENEROUS ORGANIZATIONS:

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“INNOVATIONS”

A newsletter on asthma and the environment

Asthma Resources for New England ...continued from page 10

ASTHMA SURVEILLANCE

School-based Asthma Surveillance in New England describes and characterizes school-based asthma surveillance activities in each of the New England states.

School Nurse Perspectives on School-based Surveillance is based on a series of interviews held with the school nurse consultant/specialist in each of the New England states. This publication summarizes the needs, opportunities, and challenges relevant to a regional asthma surveillance initiative.

Using Medicaid Data to Track Asthma in New England: A Status Report.

This publication reviews how New England states are beginning to use Medicaid data to track asthma prevalence and identifies the opportunities and barriers this database poses for assessing population-based asthma.

ENVIRONMENTAL INTERVENTIONS

Improving Asthma Management by Addressing Environmental Triggers: Challenges and Opportunities for Delivery and Finance. This paper provides an update about the emerging research on the effectiveness of specific indoor environmental interventions for asthma, and draws on the experience of asthma management initiatives around the county in suggesting steps that the healthcare sector could take to ensure that people with asthma access these interventions when appropriate.

Healthcare Payer Perspectives on Environmental Interventions. Based on a series of interviews with health plans across New England, this publication presents a summary of health care payers' activities and perspectives regarding environmental interventions for asthma. The results suggest opportunities for education, action, and further exploration.

Researcher Perspectives on Environmental Interventions. Similar to the project conducted with healthcare payers, this report presents a summary of activities, perspectives, concerns, and interests of asthma researchers regarding environmental links with asthma and the effectiveness of indoor environmental interventions.

To order any of these materials, or for additional information, please visit ARC's website at www.asthmaregionalcouncil.org, or contact Laurie Stillman, lstillman@tmfnet.org