BREATHE DC WORKPLAN

Creating Consensus Around Asthma Prevention & Services (CAPS)

Purpose:

The Creating Consensus Around Asthma Prevention & Services (CAPS) project aims to empower families whose children have severe asthma to advocate for improvement in housing conditions that contribute to asthma and for better access to health care services to treat and prevent asthma in the District of Columbia's communities affected by health disparities. The project will create a parent advocacy group that will work with the member organizations of the DC Asthma Coalition to develop joint strategies, an implementation plan for those strategies and increased involvement in creating asthma friendly policies in the District of Columbia.

DESCRIPTION OF PROPOSED PROJECT

1. **Goal: Increase involvement of parents of asthmatic children in strategic planning, and local decision-making (leadership training, facilitation of formation of asthma leadership council, creation of parents' asthma agenda).**

Breathe DC will recruit parents from a group of over one hundred families who have received home visits during its asthma home visiting program. The goal will be to identify 25 parents of asthmatic children who have an interest in participating in an advocacy group and who show leadership potential. These 25 parents will receive leadership training and facilitation to form an asthma support/advocacy leadership group. This group will engage in a strategic planning process to create an asthma action agenda with specific actions items. These actions will flow from a consensus building process that identifies the priorities that the group agrees on for improving incidence of asthma in the city.

Outcomes:

- Create Asthma Leadership Council
- Provide training and facilitation using a model of Civic Engagement

2. **Goal: Create a sustainable coalition of organizations with strong parental involvement (recruitment of parents for asthma leadership council from**

public housing complexes where significant deferred maintenance contributes to sick children).

Breathe DC will utilize the coalition of organizations that have been advocating for reductions in asthma incidence and prevalence in the District of Columbia for many reduction of asthma prevalence in the District since the Coalition was formed in 1998. These organizations include the agencies in the District government (DC Department of Health, DC Department of Housing and Community Development, DC Public Housing Authority), Medicaid Managed care and health care delivery organizations (Health Services for Children with Special Health Care Needs, IMPACT DC, Amerihealth DC, Howard University Hospital, Unity Healthcare) and others.

Breathe DC has been leading this coalition of groups since the early 2000's when it founded the DC Asthma Coalition. When DC received funding from the Centers for Disease Control and Prevention (CDC) for its asthma activities, the Coalition was joined by the District of Columbia Department of Health with its advisory group called The Asthma Partnership. These organizations will meet together with the group of 25 parents comprising the newly formed Asthma Leadership Council to strategize together about how to improve access to care and what preventive policies and strategies are needed to reduce the incidence and prevalence of asthma.

Outcomes:

- 5 joint meetings over the course of the project period between the parent group and the existing asthma coalition members.
- Creation of a common set of objectives
- Agreement on supportive actions the coalition can take to support the agenda of the parent group and that the parent group can take to support agencies and organizations participating in the Coalition
- Discussion of a structure for cross representatives to attend and participate in separate meetings each group will hold.

3. **Goal: Improve home and community environments for asthmatic children (identify primary drivers of asthma in DC; conduct environmental scan of agencies/entities that could impact drivers; create timeline of action for asthma leadership council and for coalition of partner organizations).**

Using facilitators both the parent group and the existing asthma coalition will engage in a planning process to identify drivers of asthma in the District. This will involve key informant interviews with members of both groups and with other agencies and organizations that have an impact on the incidence and prevalence of asthma in the District. It will also involve an assessment of published studies and reports detailing factors that influence disproportionate impact in the development of asthma and the number and character of exacerbations.

Outcomes:

- Environmental scan of factors leading to disproportionate impact and high incidence and prevalence of asthma in the District of Columbia
- Key informant interviews of parents of asthmatic children, organizations and agencies
- Timeline for addressing top three priorities identified to improve asthma disparities in the District of Columbia.

4. **Goal: Improve parent and organizational capacity for primary prevention of asthma.**

Using a team building models and an ambassador training model, parents will receive training in group formation, strategic planning and analysis and implementation of civic engagement. They will analyze environmental scans and build skills that will permit them to create an advocacy platform, engage public officials and advocate on behalf of asthmatic children and to eliminate disproportionate impacts.

Outcomes:

- Training 25 parents in group formation,
- Train 25 parents in civic engagement techniques and strategic planning
- Create at least 5 opportunities for parent advocates to engage with public officials to advocate on behalf of asthmatic children

Location of Proposed Project:

District of Columbia

Related Environmental Statutes:

Clean Air Statute

The Clean Air statutes have mandated that vehicles in the District of Columbia adapt vapor barrier devices to cut down on the pollutants that enter the air when gasoline is pumped. These measures are necessary because the District of Columbia has been a nonattainment area for air pollutants.

Asthmatic children are more common in wards of the city where there are significant traffic corridors that contribute to pollution. The I-295 corridor that links Washington DC to Baltimore runs through both Southeast and Northeast Washington, low income sections of the city. Additionally east west routes such as Pennsylvania Avenue, Benning Road and East Capitol Street bring significant numbers of vehicles from city center to the eastern section of the city and towards the Prince Georges county suburban neighborhoods.

These sections of the city where wards seven and eight are housed, are the wards with the highest poverty, lowest level of education and some of the worst air pollution. Public transportation lags behind that of other sections of the city. Subway corridors on the eastern side of the city do not as a rule travel beyond the Capital Beltway. This forces commuters who live outside the beltway to drive and many of them continue into the city because parking fills up quickly at the lots at the metro stops. These inequitable exposures to traffic pollution and the resulting air pollution that results have a disproportionate impact on the predominately African American, low income communities in the eastern and southern sections of the city.

Partner Organizations:

DC Asthma Coalition Members:

Allergy and Asthma Network, Mothers of Asthmatics
(national coalition of parents of asthmatic children)
Amerihealth of DC
(Medicaid managed Care organization)
Assembly of Petworth
(Faith based organization)
Children's Law Center
(Legal Services for Low Income DC residents)
Children's' National Medical Center
(pediatric health care provider of inpatient and clinic services)
DC Department of Health
(District agency recipient of federal asthma funding)
DC Department of Health Care Finance
(District agency managing Medicaid funding)
DC Department of Housing and Community Development
(District agency providing housing remediation for asthmatic families)
Friendship Public Charter School
(DC public charter elementary school)
Health Services for Children with Special Needs
(managed health care organization for children with physical and developmental health issues)
Howard University School of Pharmacy
(training students who will dispense asthma medications)
HU Center for Urban Progress
(conducting programs to improve the built environment in low income communities)
George Washington University School of Public Health
(training students to work in the public health workforce)
Mary's Center for Maternal and Child Care
(health care provider for Hispanic families in the District of Columbia)
Medstar Family Choice
(Medicaid managed care organization)

Merck & Co. Inc.
(manufacturer of asthma medications; funder of asthma research projects)
Project IMPACT
(clinic providing asthma medication management for families whose children have been recently hospitalized or treated at an emergency room)
Trusted Health Plans
(Medicaid managed care organization)
University of the District of Columbia
(land grant educational institution in the District of Columbia)
Washington Gas
(donor, member of Clean Air Coalition)

Environmental and/or Public Health information about the Affected Community

Local and environmental public health issue:

This project seeks to address environmental health conditions in communities and homes that contribute to the development of and the exacerbation of asthma.

Characteristics of the affected community:

Data from CNMC Pediatric Rand Report

According to a report estimating health of neighborhoods based on environmental factors such as air pollution, overcrowded housing and tree cover and other ranks many neighborhoods in the eastern part of the city as having the worst quality [Rand Corporation (2009), Health and Health Care Among District of Columbia Youth.]

Sections of the city with poor environmental quality, poor access to care.

The neighborhoods of Eastland Gardens, Historic Anacostia, Kenilworth, Mayfair, Langston, Ivy City, Trinidad, Deanwood, Burrville, Grant Park, Lincoln Heights, Fairview, River Terrace, Greenway, Fort Dupont, Capitol View, Marshall Heights, Woodland, Fort Stanton, Garfield Heights, Knox Hill, Sheridan, Barry Farm, Buena Vista, Douglas, Shipley Terrace, Congress Heights, Bellevue, and Washington Highlands are all neighborhoods with poor environmental quality, low socioeconomic status and all of these neighborhoods are in the southern and eastern sections of the District of Columbia. [Rand Corporation (2009). Health and Health Care Among District of Columbia Youth.]

Lack of specialty care access despite adequate primary care

To compound the lack of environmental quality specialty care, emergency room access and hospital access are worse in the eastern and southern sections of the city. There is one major hospital, United Medical Center that provides services to residents in these sections of the city. To reach other hospitals or to access a facility with significant

specialist care you must travel to the western, wealthier sections of the city.

Poor air quality in eastern/southern section of the city

"Socioeconomic position has been more consistently associated with greater harm from air pollution. Recent studies show evidence of that link. Low socioeconomic status consistently increased the risk of premature death from fine particle pollution among 13.2 million Medicare recipients studied in the largest examination of particle pollution mortality nationwide.[82] In the 2008 study that found greater risk for premature death for African Americans, researchers also found greater risk for people living in areas with higher unemployment" (American Lung Association. (2013) Disparities in the Impact of Air Pollution. Accessed February 11, 2013. http://www.stateoftheair.org/2013/health-risks/health-risks-disparities.html)

Lack of local political autonomy

The District of Columbia lacks voting representation in the United States Congress. Congresswoman Eleanor Holmes Norton has been a tireless advocate for the District of Columbia, but the real authority lies with the District Committee, with representatives with no constituency ties to Washington DC holding the fiscal and policy decision-making authority. Historically, DC has served as a special district without the privileges and administrative infrastructure of states and without the voting representation of cities.

Push to increase population through city sustainability plan

Mayor Vincent Gray released a sustainability plan for the District of Columbia in 2013 that called for an increase in population of 250,000 over the next 10 to 20 years. This would largely be accomplished by increasing density in the city center through construction of high end condominiums. This policy has the potential to increase automobile traffic in the center of the city. Since the western suburbs are better served by metro traffic from that side of the center may not increase proportionally to increases in traffic on the eastern side of the city.

Negative impact on poor residents of the city

History of disenfranchisement for local African American low income residents

Traditionally low income residents have lived in the portion of the city with the highest health disparities, including poorer environmental quality, highest exposure to polluting substances, and inadequate transportation. The District of Columbia is an historically African American city. The District's residents lack the voting representation in the United States Congress and state level political structures that are afforded to other citizens in the United States.

Disproportionate impact of the community

East of the River more polluted/ less enfranchised

In 2009, the Rand Corporation performed an environmental scan of the District of Columbia for the Rand Corporation. They collected and analyzed existing databases including the Behavioral and Risk Factor Survey and other data collected by District and federal agencies. This information was used to construct an index combining factors associated with environmental quality such as air pollution, traffic and housing density and socioeconomic status. This index when applied to District of Columbia neighborhoods showed a gradient in environmental quality and socioeconomic status. Neighborhoods in the eastern and southern sections of the city were more likely to receive a low score on environmental quality.

Disproportionate burden of asthma prevalence

Data collected by the District of Columbia on asthma prevalence shows a similar pattern of increased incidence and prevalence in neighborhoods east of the Anacostia River. Southeast and northeast Washington have higher prevalence than the city as a whole. Additionally, Washington DC has a notably higher prevalence of asthma than the country as a whole. DC public schools have higher prevalence of asthma in its students. Some schools, especially those located in wards 7 and 8 have more than 30% of their students with asthma (see appendix of schools and asthma prevalence).

Housing less likely to be maintained

The density of rental housing is higher in Northeast and Southeast Washington. People living in these sections of the city are more likely to rent than to own their housing. Subsidized rental housing is more common in Northeast and Southeast Washington. Public housing units are disproportionately more likely to be located in Southeast and Northeast Washington, the sections of the city that are lower in income and that have poorer environmental quality. Low income rental housing is less likely to be properly maintained, with cockroach and mouse infestations common. Additionally, structural defects in housing such as leaks and cracks in foundations or poorly fitting doors and windows contribute to common asthma triggers such as dust mites, cockroach and mouse infestations, mold and mildew.

Organization's Historical Connection to the Affected Community

Breathe DC Involvement with the District of Columbia

American Lung Association of DC

Seasoned lung health experts and activists established Breathe DC in 2010 to address an urgent need for a local leader dedicated to safeguarding the lung health of Washington area residents. Breathe DC's senior staff are the former senior staff of the DC chapter of the American Lung Association (ALADC) that operated for more than

fifteen years in the District of Columbia. ALADC closed as a result of national organizational restructuring by the American Lung Association. During their time span with ALADC, our staff established and coordinated innovative programs and services that significantly reduced smoking and tobacco use in the District of Columbia, improved asthma management among children, and improved air quality throughout the DC metropolitan region.

Camp Breathe Happy

Each year Breathe DC operates a summer camp for asthmatic children. The camp runs day sessions and weekend sessions. Children receive instruction on how to better manage their asthma. Instructions are given by certified respiratory therapists. Children also participate in fun activities and parents can be assured that children are well cared for. Children have to be medically cleared to participate in the camps by their pediatricians.

DC Asthma Coalition

In 1999 Breathe DC (operating then as ALADC) received a grant from the Robert Wood Johnson Foundation to set up one of eight asthma coalitions around the country. Breathe DC worked with a group of agencies and organizations including the DC American Hospital Association, Howard University, Health Services of Children with Special HealthCare Needs, the DC Department of Health, CVS Foundation and others. The DC Asthma Coalition had as a goal improving asthma care in the District of Columbia and better educating families about environmental asthma triggers.

Transition from ALADC to Breathe DC

Breathe DC received its 501(c) (3) in October 2011. The Breathe DC's office is located at the United Medical Center in the heart of Ward 8, which is plagued with significant health disparities. United Medical Center is one of the few hospital facilities serving low incomes communities East of the River in the District of Columbia, wards seven and eight. The organization collaborates with its partners to reach and serve residents which are most in need of lung health education services. The organizational website, www.breathedc.org provides vital information on our programs, services and educational materials.

History of the organization

Since our founding, Breathe DC has been awarded more than $750,000 in competitive subcontracts from the DC Department of Public Health, including initiatives which assist families with education to reduce emergency room visits and hospitalizations; managing the DC Tobacco Free Coalition; reducing the negative effects of environmental tobacco smoke in public housing; and teaching Children how to identify their specific individual asthma triggers, recognize the signs and symptoms of an impending asthmatic episode,

and the importance and proper use of medications. Breathe DC was recently featured in a newspaper article describing the asthma epidemic in the District and the services provided to those children by Children's Hospital's Project IMPACT, our project partner, and our organization.

Breathe Easy Asthma Home Visiting

Breathe DC currently conducts home visits to provide asthma education, household environmental assessment, and trigger reduction strategies through a grant from the DC Department of Health. The Breathe EASY program project implements evidence-based exposure reduction recommendations in the home environment by assessing the home environment of children whose asthma is severe and providing tools and services to asthmatic families t reduce the exposure to known asthma triggers at home. The program is based on evidence that asthma trigger reduction contributes to improved health outcomes and reduces asthma exacerbations for asthmatic children. This program is an evidence based approach to addressing home environmental asthma triggers as recommended by the National Institutes of Heart Lung and Blood in their 2007 asthma guidelines for care. The Breathe EASY program has been providing these services for asthmatic children in the District of Columbia since June of 2013.

Children who are seen at the Children's' National Medical Center emergency room for asthma care who are referred for specialized asthma management services are then referred to Breathe DC if they have a family member who smokes or if they report home asthma triggers. Additionally, two of the four Medicaid managed care organizations in the District of Columbia, Amerihealth DC and Health Services for Children with Special Health Care Needs (HSCSN) refer their patients with asthma to Breathe DC for home visits. Breathe DC Project staff also are able to recruit directly from the pediatric emergency rooms as our staff have volunteer status with the hospital and have been afforded access to the online medical record system. To monitor project participants' use of referral services, we will confirm self-reported use directly with service providers, while respecting participants' privacy rights and confidentiality.

Mitigating environmental triggers is a key strategy for controlling and managing asthma, especially among children. Reduced exposure to environmental triggers can lead to fewer asthma attacks; fewer hospitalizations and ED visits; fewer days of missed school; and, an overall improvement in health status.

Breathe DC's work with the affected community's residents and/or organizations to address local environmental and/or public health issues

Training session at Parent Fair for Parents of Children with Special Health Care Needs

In October 2013 Breathe DC partnered with the Advisory Committee for Children with Special Health Care Needs to conduct asthma training at a Parent Fair. The fair was conducted in the northeast section of the city at the Department of Employment

Services. This location is accessible to many low income families and a familiar location.

Advocacy through Briefings and speeches to DC City Council

Breathe Dc has consistently advocated for strong District policies addressing tobacco, asthma and other clean air issues through briefings and speeches to the District of Columbia City Council. Following are selected recent examples of these policy activities:

- On April 5, 2012, Breathe DC provided testimony at the DC Department of Health fiscal year 2013 budget request hearing calling for the District to allocate funding for a comprehensive approach including cessation, prevention, media and policy.

- On May 13, 2013 Breathe DC provided testimony before the DC City Council Committee on Transportation and the Environment supporting "The Prohibition of Smoking near Playgrounds Act of 2013".

- On November 21, 2013 Breathe DC provided testimony before The DC City Council Committee on Health in support of the "E-Cigarette Parity Amendment Act of 2013", affirming our strong opposition to the sale of E-cigarettes to minors.

We are submitting copies of all referenced testimony to you as appendices to this grant application

How the residents of the affected community were part of the decision-making process

Breathe DC works closely with parent support groups established by Health Services for Children with Special Health Care Needs, the DC Medicaid managed care organization for children who have physical or mental disabilities or disorders. These parents have received training in asthma management, but have also helped Breathe DC shape its program activities and services. These families will be tapped to participate in the group of families who receive asthma training, group formation training and strategic planning.

Breathe DC also works closely with Parent organizations such as Family Voices, an advocacy group for parents of children with special health care needs. Additionally Amerihealth, the largest Medicaid managed care organization is a partner in the Asthma home visiting program and has referred asthmatic families to Breathe DC for home visits. Amerihealth families will be tapped to participate in the group of families who receive asthma training, group formation training, strategic planning and civic engagement.

How the applicant's efforts have increased the community's capacity to address

local environmental and/or public health issues

Through its advocacy activities Breathe DC has been able to direct resources from District government towards prevention activities in the Department of Health. The District's health advocates succeeded in getting funding for the Tobacco Quitline. Environmental tobacco smoke affects two out of three asthmatic households. Providing resources for District residents to quit smoking is an important contribution to reducing an environmental health threat that is pervasive.

Breathe DC has trained hundreds of families in ways to reduce exposure to environmental asthma triggers in their home. Families have received training through the yearly summer asthma camps, through Breathe Easy, the asthma home visiting program and through many health education presentations presented to hundreds of families.

How the applicant has maintained and sustained an ongoing relationship with the affected community's residents and/or organizations.

Database of asthmatic families

Breathe DC maintains a database of several hundred families who have asthmatic children and other family members. We use this database to recruit families for the summer camp and to publicize educational events. This database will serve as a recruitment vehicle for the asthma advocacy group. This database will also serve as a communications network to dissemination information about asthma related events such as workshops, briefings, trainings and policy workshops.

Partnerships with health care organizations who provide services to asthmatic children

Breathe DC has an active partnership with two of the four managed care organizations in the District of Columbia. Breathe DC receives referrals of asthmatic families from Amerihealth DC and from Health Services for Children with Special Needs for its Breathe Easy program. Breathe DC receives sponsorship for its summer asthma camp from Amerihealth DC, and Health Services for Children with Special Needs.

Leadership and/or participation in local coalitions promoting asthma services

In 1999, The Breathe DC staff while at the American Lung Association of DC organized and implemented the first asthma coalition in the District of Columbia. Parent and neighborhood groups played a large part in implementing DC Asthma Coalition activities. Since then the organization has participated in a leadership role in the DC Asthma Coalitions. Breathe DC is a member of the DC Environmental Health Collaborative, a group working to address environmental health hazards in the District of Columbia. Breathe DC is a member of the board of Clean Air Partners, a non-profit organization coordinated by the Metropolitan Washington Council of Governments. Clean Air Partners operates the air alerts to warn local residents in Washington, DC,

Maryland and Virginia when air quality is poor.

Organizational Capacity and Programmatic Capability

Breathe DC has managed grants from the District of Columbia where the primary source of grant funds was federal. The Communities Putting Prevention to Work (CPPW) grant funds source was the Centers for Disease Control and Prevention (CDC). The Health Resources and Services Administration (HRSA) is the primary source for the funding for the Breathe Easy project. Breathe DC received a grant to promote the adoption of soybased products. The primary source of this funding was the Department of Agriculture.

Currently Breathe DC is conducting a Title V Project, and a Community Transformation grant. Both are funded by the DC Department of Health through funds from the CDC. Breathe DC operated the DC Quitline to assist DC residents with tobacco cessation. Breathe DC also operated a clean air campaign to promote the use of clean diesel fuels, adoption of biobased fuels and products and to promote clean air in the District of Columbia.

STATEMENT OF NO PRIOR FEDERAL EXPERIENCE:

Breathe DC has not been the direct recipient of federal funding. **We are requesting a neutral score in this area.**

Breathe DC utilizes generally agreed upon and standard accounting procedures to financially manage its programs. The organization prepares annual audits and submits a 990 IRS form.

VI. Qualifications of the Project Manager (PM)

Dr. Phoenix is an Assistant Research Professor in the Department of Health Policy in the School of Public Health and Health Services at George Washington University. Her current research activities include CHAMPS an implementation study of asthma home interventions in community health centers and a health impact analysis of the cleanup of an electrical power plant. Dr. Phoenix was the recipient of a 2008 Health Policy Fellowship from the Robert Wood Johnson Foundation. She spent her fellowship year working on health care reform efforts in the US Senate. She designed three national media campaigns on lead poisoning prevention. They included a Spanish language campaign and an award winning campaign using the muppets Elmo and Oscar for Children's Television Workshop. She has written curriculums on environmental lead poisoning, environmental triggers of asthma, breast cancer and AIDS. Dr. Phoenix manages the Breathe Easy Asthma Home Visiting program for Breathe DC.

Qualifications of the PM as they relate to the project

The project manager is the founder of a local environmental health coalition. She is

also an asthma researcher. She has worked directly with the affected population for many years and understands the exposures and the conditions that contribute to asthma prevalence and incidence in the District of Columbia.

How the PM has ties to the community and/or organization

The project manager was one of the founding members of the Board of the DC Asthma Coalition. She is a native Washingtonian who has helped to promote asthma prevention nationally and in the District of Columbia. She manages Breathe Easy, the asthma home visiting project and has conducted more than 100 asthma home visits. She co chairs the Advisory Board for Children with Special Health Care Needs for the District of Columbia Department of Health.

Past activities that the PM has worked on with the community.

The Project Manager formed an environmental health coalition in the District that prioritized childhood asthma as an important issue for the District. The Project Manager has conducted listening sessions, public forums on improving environmental quality in the District. She has trained staff at the managed care organizations on ways to serve families with asthma. She partnered with Children's National Medical Center to create an asthma home visiting program.

Past Performance in Reporting on Outputs and Outcomes

Provide the following information:

We have not been the recipient of federal grants since incorporating as Breathe DC.