Fran Du Melle
Deputy Managing Director

Washington Office
1726 M Street, NW
Suite 902
Washington, DC 20036-4502
Phone: (202) 785-3355
FAX: (202) 452-1805

National Headquarters:
1740 Broadway
New York, NY 10019-4374

John R. Garrison
Managing Director

AMERICAN LUNG ASSOCIATION®

FACSIMILE

Date: May 19, 1998

To: Neera Tanden
456-2878

From: Diane Maple
Director, Media Relations
PHONE: 202/785-3355
FAX: 202/452-1805
E-MAIL: dmaple@lungusa.org

No. of pages (including cover): 3

Subject: Dr. Ford's statement for May 21

Here's the draft of Dr. Ford's statement. It is being faxed to her right now, as well, so this draft does not yet have her OK.

Let me know what you think!

DRAFT

Statement of Linda B. Ford, M.D.
President, American Lung Association
May 21, 1998

DRAFT

It is a great pleasure to be here today with our First Lady to announce a remarkable new initiative to educate parents, grandparents, day care workers and other care givers about simple steps they can take to help preschoolers with asthma.

The need is certainly critical. Nearly 15 million people in this country have asthma. Almost one-third -- 4.8 million -- are children. Asthma is the leading serious chronic disease among children and it is responsible for more lost school days than any other chronic illness. African-American and Latino children are disproportionately affected.

For more than two decades, fighting asthma has been an integral part of the American Lung Association's effort to prevent lung disease. Key to our work is AsthmAttack!, a research initiative that will raise $25 million to find a cure for asthma. In the meantime, asthma can almost always be controlled with proper treatment and education.

As a physician who specializes in the treatment of asthma, I know firsthand how deeply this illness can affect young children and their families. In fact, I began my involvement with the American Lung Association as a volunteer doctor at a summer camp for children with asthma. I have seen children flourish when they have the support of care givers who understand their asthma and can help them manage it properly.

DRAFT

The new partnership we are announcing today will extend that sort of support to hundreds of thousands of this nation's most vulnerable children -- the very young with asthma. Our partnership joins the unique resources of the American Lung Association with those of the National Association of Child Care Resource and Referral Agencies. Together, we will train child care providers using the "Sesame Street 'A' Is For Asthma" program, a bilingual, multi-media educational program developed by Children's Television Workshop and the American Lung Association and funded by the Prudential Foundation. This program will help child care providers understand asthma and what they can do to help preschoolers with asthma, such as limiting their exposure to dust, mold, secondhand smoke and other things in the environment that can trigger an asthma attack.

Working together, we may very well save the lives of many children who has asthma. We can certainly help them know that they can lead active, healthy lives and, to the greatest extent possible, participate in regular activities in child care settings. Every child deserves that opportunity.

Thank you.

Children's
National Medical Center.

Serving Children and Their Families Since 1870

111 Michigan Avenue, N.W.
Washington, D.C. 20010-2970
(202) 884-5000

FAX TRANSMITTAL SHEET

DATE: 5/20

TO: Nera Panden

FIRM:

TELEPHONE #: 456-2878

FAX #:

FROM: **PUBLIC RELATIONS & MARKETING**
Fax #: (202) 884-3696

6-6687

Angela Borders **(202) 884-4213**	**Cheryl Leamon** **(202) 884-3765**	**Susan Dell** **(202) 884-3754**
Lynn Cantwell **(202) 884-4500**	**Sharon Daniel** **(202) 884-4500**	**Anita Kelly** **(202) 884-4240**
Erica Tollett **(202) 884-4223**	**Jim Cassell** **(202) 884-4211**	

Mailing address:
111 Michigan Avenue, N.W.
Washington, DC 20010-2970

mber of pages, including cover sheet: 7

rks:

Children's AT A GLANCE

Children's National Medical Center

National Medical Center

Children's Hospital

The cornerstone of our system, Children's Hospital consistently ranks among the top ten hospitals in America.* Children's Hospital has 279 beds, 40 of which are dedicated to our neonatal nursery, and utilizes state-of-the-art technologies in the care of our patients. Children's staff of nationally and internationally recognized pediatric health care professionals brings its sophisticated care to thousands of families throughout the region, and to children from many foreign nations. The hospital serves as the regional referral center for pediatric emergency trauma care, as well as cancer, burn, neonatology and critical care. Children's is a leader in the development of innovative new treatments for childhood illness and injury.

* According to survey results listed in the July 28, 1997 issue of *U.S. News & World Report*.

Children's Regional Outpatient Centers

Children's renowned specialists practice not only at Children's Hospital, but also at six Children's Regional Outpatient Centers throughout the metropolitan area. These centers make it more convenient for families to take advantage of the clinical expertise offered by Children's.

Frederick
1564 Opossumtown Pike
Frederick, MD 21702
301-682-6661

Laurel
13922 Baltimore Avenue, Unit 4A
Laurel, MD 20707
301-369-4100/1-800-787-0006

Rockville
Shady Grove Medical Village
14804 Physicians Lane
Suites 122, 141, 173
Rockville, MD 20850
301-424-1755/1-800-787-0243

Upper Marlboro
9440 Pennsylvania Avenue
Upper Marlboro, MD 20772
301-868-5777

Fairfax
3022 Williams Drive
Suites 100 and 200
Fairfax, VA 22031
703-573-9383/1-800-787-0467

Spring Valley
4900 Massachusetts Avenue, N.W.
Suite 320
Washington, DC 20016
202-745-8860

Children's also has mini-regional outpatient centers that provide a limited scope of specialty care services outside Washington, DC. These sites are located in Easton, Salisbury, Silver Spring, MD; Manassas, VA; and Dover and Lewes, DE. Gastroenterology services are available in Annapolis, MD. Radiology, Fluoroscopy and Ultrasound services are available in Bethesda, MD. For information, call 202-884-BEAR or 1-888-884-BEAR

Children's National Health Network

Children's National Health Network is the area's only comprehensive pediatric network. This unique partnership between the private practice community pediatricians and Children's National Medical Center serves as a central access point to all of the resources of our system. More than 250 of the area's finest primary care pediatricians in 134 practice locations have joined our Network. That means they have passed our rigorous quality standards. The network offers all the care a family needs, from critical emergencies to primary care health concerns of children. It includes Children's Hospital, our six outpatient centers, suburban ambulatory surgical locations, home care services, two community-based health centers and a hearing and speech center in Washington DC. In addition, the network provides comprehensive care from hospitalization to outpatient care in more than 40 subspecialties. As Children's Network aligns with insurance companies and employers throughout the area, it will offer you the finest pediatric care available.

Children's Pediatricians and Associates

Children's Pediatricians and Associates (CP&A) is a new entity of our health system, developed to purchase and manage pediatric practices. With CP&A, we assume the headaches of running a practice, so the pediatricians can do what they do best — take care of kids.

Community-based health centers located in the District:

General Pediatric Ambulatory Center
111 Michigan Ave., N.W.
Washington, DC 20010

Adolescent Medicine Ambulatory Center
111 Michigan Ave., N.W.
Washington, DC 20010

Community Pediatric Health Center
2220 11th Street N.W.
Washington, DC 20001

Adams Morgan Clinic
2200 Champlain Street, N.W.
Washington, DC 20009

Scottish Rite Center for Childhood Language Disorders
1630 Columbia Road, N.W.
Washington, DC 20009

All facilities can be located through our Bear Line at **202-884-BEAR**

(FACTS AND STATISTICS ARE BASED ON FY 1997 UNLESS OTHERWISE NOTED.)

Children's Preferred Pediatrics Home Health Network

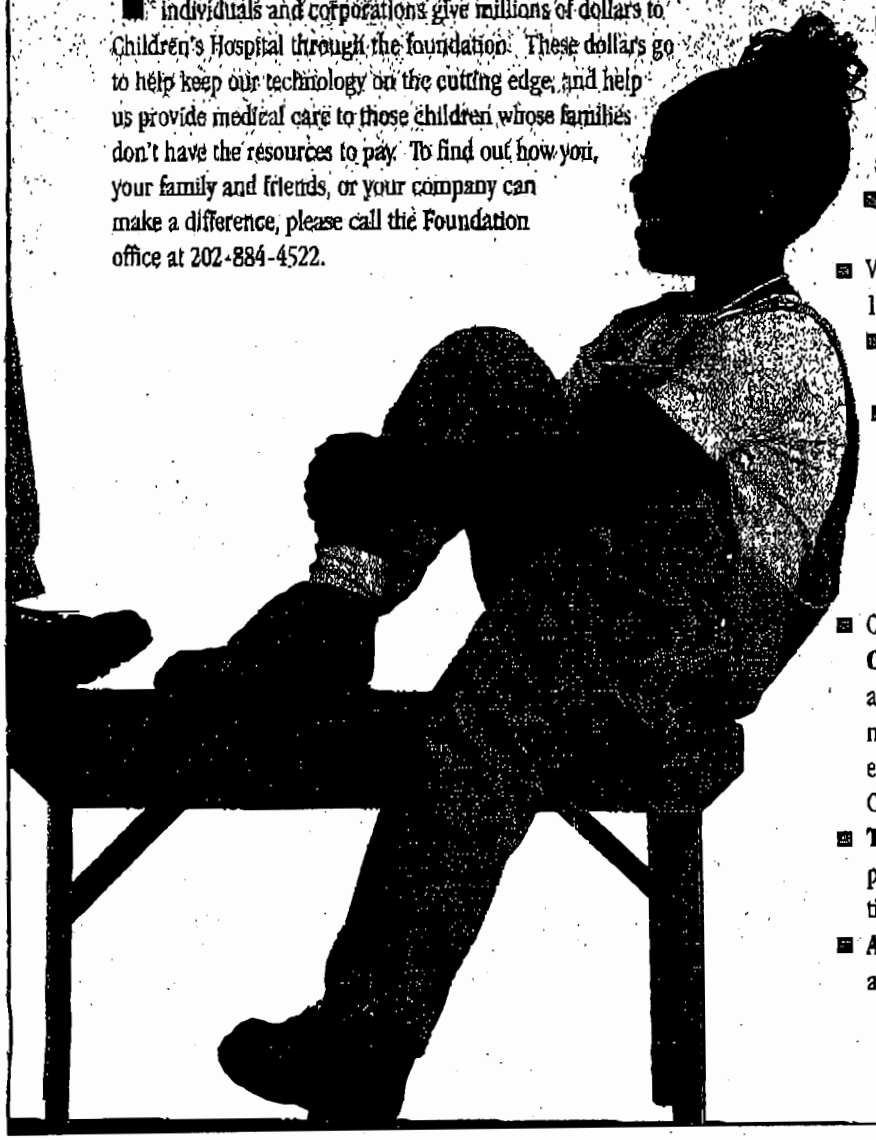
Children's Preferred Pediatrics Home Care Network is the area's only home care program dedicated to children. Nurses, therapists, and social workers provide a full range of home care services such as management of asthma, care for premature infants, care of ventilator-dependent children, and prenatal and postnatal home assessments. Home infusion, continuous nursing care, durable medical equipment and hospice care are also available.

Children's Research Institute

Children's Research Institute (CRI) comprises six research centers: virology, immunology and infectious disease research; cancer and transplantation biology research; molecular mechanisms of disease research; applied physiology research; neuroscience research; and health services and clinical research. Because CRI is located within the hospital, ground-breaking discoveries can be incorporated into patient care more quickly.

Children's Hospital Foundation

The Foundation is the fundraising entity of our system. Each year, individuals and corporations give millions of dollars to Children's Hospital through the foundation. These dollars go to help keep our technology on the cutting edge, and help us provide medical care to those children whose families don't have the resources to pay. To find out how you, your family and friends, or your company can make a difference, please call the Foundation office at 202-884-4522.



Facts on the fulfillment of our mission

CARE

- Total licensed hospital beds: 279
  (239 pediatric; 40 neonatal nursery)
- Individual children cared for in the hospital: 74,004
- Annual admissions to the hospital: 9,632
- Average length of stay: ..... 6.4 days
- Emergency Room visits: 47,940
- Emergency Transport Service 2,155
  (infants and children)
- Visits to the outpatient centers: 61,918
- Surgical cases performed: 7,405
- Diagnostic imaging procedures performed: 65,000
- Laboratory tests performed: 606,694
- Patients have come to Children's from all 50 states, the District of Columbia and many foreign countries. (56 percent Maryland; 30 percent District of Columbia; 11 percent Virginia; 3 percent other states and foreign countries)
- Full-time staff: 2,000
  (nurses: 480; hospital-based attending faculty: 204; community-based medical staff: 161; administrative and other professional staff: 1,155)
- Children's physicians provide clinical consulting services at more than 15 area hospitals.
- Volunteers: 800 individuals donated 53,500 hours of service.

ADVOCACY

- In FY 1997, Children's provided $29.5 million in charity care.
- Children's is the largest non-governmental provider of primary care in the District of Columbia.
- Visits to Children's Community Pediatric Health Center clinics: 15,000
- Patients referred for services to the Child and Adolescent Protection Center: 4,836.
- The hospital's **National SAFE KIDS Campaign** is the first and only national organization dedicated solely to the prevention of unintentional childhood injury - the number one killer of children ages 14 and under. More than 200 State and Local SAFE KIDS Coalitions in all 50 states, the District of Columbia and Puerto Rico comprise the Campaign. 202-662-0600.
- Children's AIDS prevention and treatment programs include **Project CHAMP**, which provides practical and emotional support for HIV-affected children and their families and HIV-related education for community-based caregivers of children and youth. **The Burgess Clinic** educates and cares for teens who are at risk or have HIV. Project CHAMP: 202-884-5450; Burgess Clinic: 202-884-5939.
- **The Great Kids program,** developed by Children's Hospital, presents work-site seminars that provide working parents with practical approaches to the stress of parenting. 202-884-4930.
- **Adolescent Employment Readiness Center** offers individual assistance for teens with chronic illnesses or physical disabilities to

help them prepare for employment and plan for their future. 202-884-3203.

- **Office of Ethics** provides consultation and support for parents and staff about moral dilemmas in the treatment of children. The Institutional Ethics Forum (IEF) is multidisciplinary and includes members of the community. 202-884-3201 and 202-884-3066.

RESEARCH

- There were 157 funded research projects in CRI during FY 1997. At the end of the first quarter of FY 1998, there were 176 funded research projects.
- The CRI grant/contract portfolio for FY 1997 was just over $14 million, more than 50 percent of which comes from federal agencies. At the end of the first quarter of FY 1998, the CRI grant/contract portfolio was more than $16 million.
- Children's renowned researchers are investigating medical advances in the molecular function of the HIV virus and in the biology of tumor cells.
- Children's researchers publish articles and papers in professional journals including such prestigious publications as *Pediatrics in Review, Annals of Emergency Medicine, Journal of Pediatric Surgery, Journal of Adolescent Health, American Journal of Cardiology, Journal of Infectious Diseases, and Journal of Pediatric Hematology/Oncology.*

EDUCATION

- Children's serves as the Department of Pediatrics for the George Washington University School of Medicine.
- In FY 1997, 85 training, education and other projects received $10 million in grants.
- Clinical training is provided to approximately 80 pediatric residents and 80 fellows each year.
- Each year, more than 330 third-and fourth-year medical school students from George Washington University receive pediatric training at Children's Hospital.
- Children's residency and fellowship training programs in pediatrics and its subspecialties attract a national and international group of top candidates. These programs are among the most respected in the country.
- Several schools of nursing from colleges and universities throughout the region are affiliated with Children's in graduate and undergraduate education programs.
- Education is provided to allied health students in pediatric respiratory therapy, laboratory medicine, radiology, pathology, physical therapy, occupational therapy, and dental hygiene.
- The Child and Adolescent Protection Center conducts educational seminars on the prevention and treatment of child abuse and neglect for professionals and nonprofessionals.
- Children's serves as a national resource for emergency medical service and trains paramedics, emergency medical technicians and others in pediatric life-saving techniques.

Physician Expertise

One hundred forty-nine physicians from Children's Hospital and community-based staff were recognized as the best pediatric specialists in their fields by their peers and listed in the publication, *The Best Doctors in America: Southeast Region, 1996-97.*

Our neurosurgery team is performing cutting-edge procedures on patients to identify and remove deep-seated brain tumors. Children's Department of Neurology was the first on the East Coast to test an innovative gene therapy for recurrent brain tumors.

Children's chairman of Psychiatry co-wrote the *A to Z Guide to Your Child's Behavior*, a national best-selling book to help answer parents' questions about their child from birth to 12 years old.

Our surgeons employ innovative technologies such as laparoscopic and laser procedures on patients that can shorten hospital stays, reduce stress and trauma associated with surgery and eliminate noticeable scars.

Heart surgery has been performed at Children's since 1964. Operative results indicate that CNMC is one of the leading programs in the country with survival rates nearly 95 percent. Additionally, CNMC is the only center in the region performing heart transplants in children.

Our specialists have performed more than 100 kidney transplants. The Department of Nephrology offers all forms of artificial kidney dialysis and kidney transplantation; the largest facility offering end stage renal care for children in the metropolitan Washington area.

More than 130 Hematopoietic Stem Cell (bone marrow) transplants, including the area's first successful transplant using umbilical cord blood from the patient's newborn sibling, have been done at Children's since 1988 when our transplant program started. We are currently utilizing unrelated cord blood to expand the donor pool for children with leukemia and non-malignant blood disorders who require a marrow transplant. In addition, we have begun the region's only bone marrow transplant for children with serious complications related to sickle cell disease; several patients have been successfully treated over the last year.

Our critical care specialists provide care in our Pediatric Intensive Care Unit 24-hours per day for over 1,000 admissions per year. Objective quality measures demonstrate that our Pediatric ICU is among the best in the country. Our physicians have special expertise in pediatric diseases concerning respiratory illnesses, pediatric ECMO, pain and sedation, head injury, and cardiology. They are widely published. Our critical care specialists developed a patient severity classification system that is now in use around the world.

The Department of Anesthesiology offers 24-hour consultation, acute pain management modalities including patient controlled analgesia (PCA) and continuous epidural analgesia. The Department also receives referrals for chronic pain management.

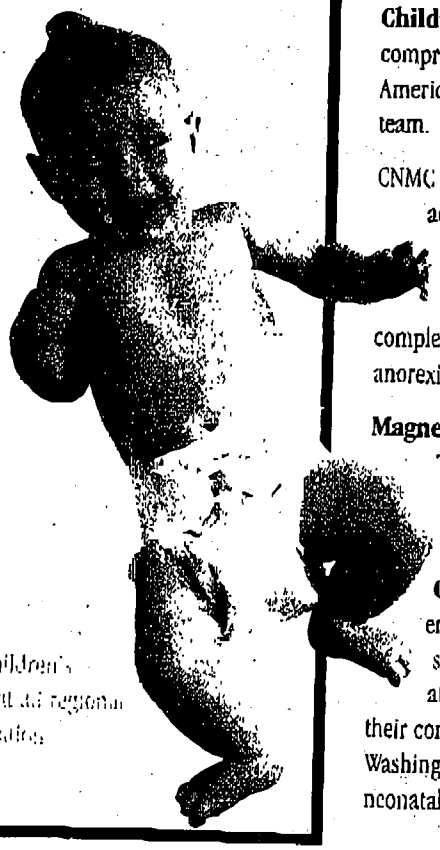
(Continued on the next page)

A Children's neonatologist established the nation's 7th Extracorporeal Membrane Oxygenation (ECMO) program at Children's for heart-lung support for infants. The program has aided more than 600 patients.

Children's physicians serve as clinical consultants to the National Institutes of Health for pediatric patients.

Clinical specialties offered by CNMC

- Adolescent and Young Adult Medicine
- Allergy
- Ambulatory Surgery
- Anesthesiology
- Behavioral Sciences
  - Child Development
  - Child Protection
  - Psychiatry
  - Psychology
- Cardiology
- Cardiovascular Surgery
- Dentistry/Adult and Pediatric Orthodontics
- Dermatology
- Diagnostic Imaging and Radiology
- Eating Disorders
- Emergency Trauma Services
- Endocrinology and Metabolism
- Gastroenterology and Nutrition
- General Pediatrics
- Genetics
- Hearing and Speech
  - Audiology
- Hematology and Oncology
- Infectious Disease
- Intensive Care
  - Critical Care
  - Neonatology
- Laboratory Medicine
- Nephrology
- Neurology
  - Evoked Response
- Neurosurgery
- Ophthalmology
- Orthopaedic Surgery/Sports Medicine
- Otolaryngology
- Physical Medicine and Rehabilitation
- Pulmonary Medicine
- Rheumatology
- Special Immunology
- Spina Bifida
- Surgery
  - Plastic and Reconstructive Surgery
- Urology



* While all specialties are offered at Children's Hospital, not all services are offered at all regional outpatient centers. For a complete listing, contact the specific center.

In addition to Children's Hospital, Children's surgeons perform procedures at the following suburban locations:

Arlington Hospital
Fairfax Hospital
Holy Cross Hospital
Montgomery Surgery Center
Shady Grove Adventist Hospital

Service Highlights

Center for Prenatal Evaluation offers a complete range of services to detect and manage birth defects and genetic conditions before and after birth. Services include genetic counseling, carrier screening, level II ultrasound, fetal echocardiography, fetal pathology and newborn consultations. For more information or referrals call 202-884-4166.

Children's After Hours Medical Advice Line, introduced in 1996, is an after-hours medical advice program for pediatricians. It is staffed by specially trained pediatric registered nurses who use standardized pediatric protocols to provide at-home medical advice or direct patients to the appropriate care setting. For more information, contact the Physician Relations Department at 202-884-4650.

Children's Cardiovascular Care Center performs over 7,000 evaluations on individuals with known or suspected heart disease, over 200 diagnostic and interventional cardiac catheterizations and nearly 250 corrective surgical procedures each year. 202-884-2020.

Children's Childhood and Adolescent Diabetes Center is a comprehensive education and treatment program provided by an American Diabetes Association (ADA) recognized childhood diabetes team. For information, call 202-884-2121.

CNMC serves as the District of Columbia's **Cystic Fibrosis Center** for adult and pediatric patients. For information, call 202-884-2128. For appointments, call 202-884-2610.

Donald Delaney Eating Disorders Program offers a complete assessment and management (inpatient and outpatient) of anorexia nervosa, bulimia and similar conditions. 202-884-2164.

Magnetic Resonance Imaging (MRI) and Computerized Tomography (CT) Scanning technologies are housed in a new imaging suite located in the hospital and are designed to accommodate children's special needs. 202-884-5070.

Children's Pediatric Transport Services provide 24-hour emergency transport service, both on the ground and in the air. A specially equipped ambulance staffed by specially trained pediatric experts and neonatologists, moves infants and children from their community hospital to Children's. In a joint effort with the Washington Hospital Center, MedSTAR helicopters serve Children's neonatal and pediatric needs in outlying areas.

Contracted Managed Care Plans

M[illegible] members comprise the largest group of pri[illegible]ns cared for by Children's National Medical [illegible] with managed care partners to be respon[illegible]ging requirements, and to make sure that [illegible] system works so we can make the process easier for [illegible] and their families. Children's Hospital participates with the managed care plans listed below:

Commercial

- Aetna U.S. Healthcare (All Plans)
- Alliance PPO
- America's Health Plan
- Blue Cross/Blue Shield of the National Capital Area
- Blue Cross/Blue Shield of Maryland
- Capital Care & Capital Care Advantage
- Capital Community Health Plan (CCHP)
- Capp Care*
- CareFirst HMO
- Children's Hospital Employee Health Plan*
- CIGNA Health Care of the Mid-Atlantic
- Community Care Network (CCN)
- FCE Benefit Administrators, Inc.*
- First Health/Affordable Health Care Compare
- Freestate Health Plan (BCBS of MD)
- George Washington University Health Plan (All Plans)
- Health Services for Children with Special Needs (HSCSN)
- Kaiser Permanente
- M.D. IPA
- NYLCare (All Plans)
- Optimum Choice
- Potomac Health Plan HMO
- Principal Health Care of the Mid Atlantic (HMO only)
- Private HealthCare Systems (PHCS)
- Prudential Healthcare (All Plans)
- United Healthcare of the Mid-Atlantic (UHCMA)
- USA Managed Care Organization*

** Contract with Children's National Health Network*

Maryland Medicaid

Chesapeake Family First (UHCMA)
New American Health
Priority Partners
Prudential Healthcare

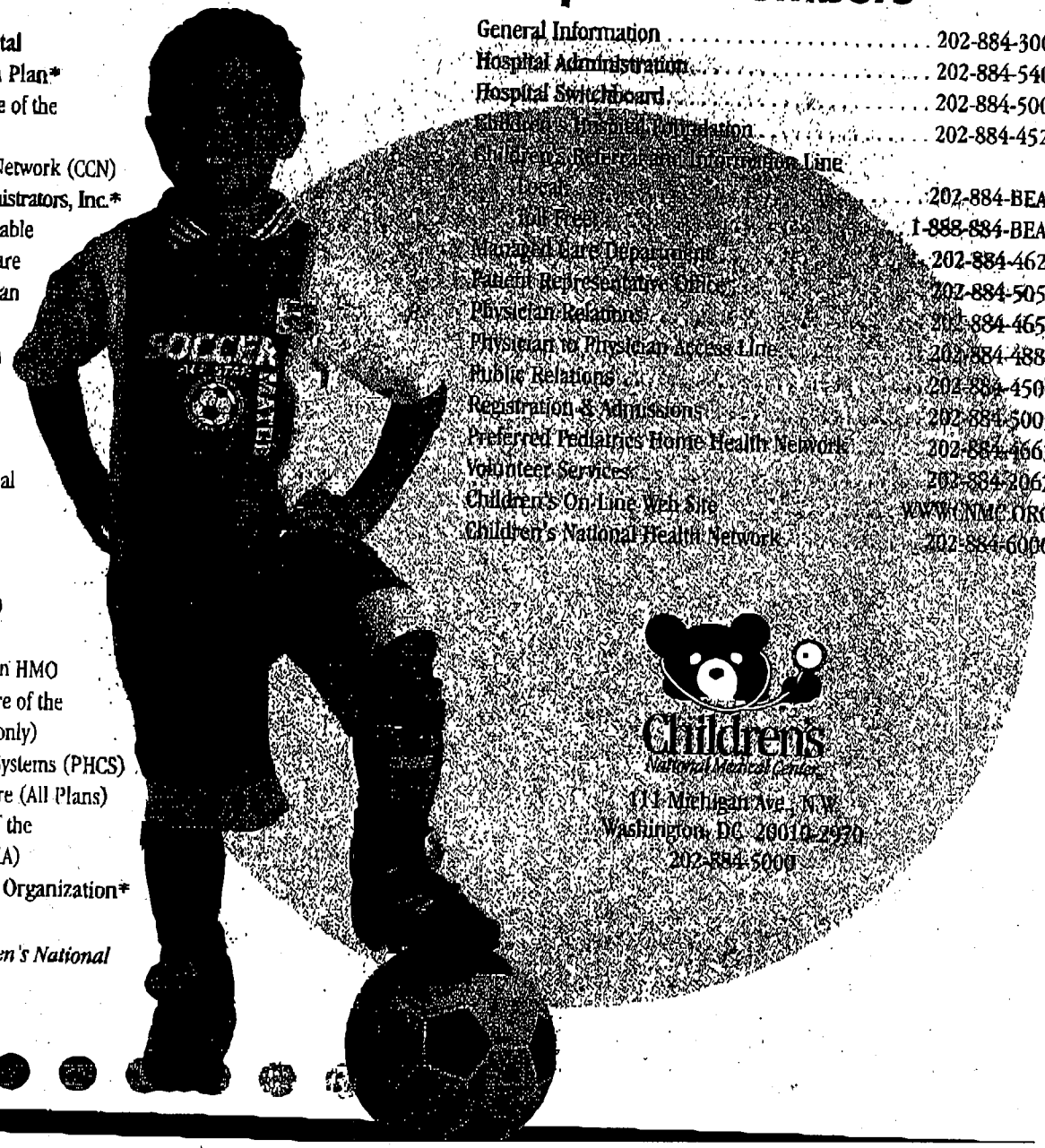
DC Medicaid

Capital Community Health Plan
George Washington University Health Plan
Prudential Healthcare

When choosing your health insurance, make sure your plan allows you to use Children's pediatricians, specialists and Children's Hospital.

Frequently called telephone numbers

General Information	202-884-3000
Hospital Administration	202-884-5408
Hospital Switchboard	202-884-5000
Children's Hospital Foundation	202-884-4522
Children's Referral and Information Line	
Local	202-884-BEAR
Toll Free	1-888-884-BEAR
Managed Care Department	202-884-4622
Patient Representative Office	202-884-5056
Physician Relations	202-884-4650
Physician to Physician Access Line	202-884-4880
Public Relations	202-884-4500
Registration & Admissions	202-884-5005
Preferred Pediatrics Home Health Network	202-884-4663
Volunteer Services	202-884-2062
Children's On-Line Web Site	WWW.CNMC.ORG
Children's National Health Network	202-884-6000



Childrens
National Medical Center

111 Michigan Ave., N.W.
Washington, DC 20010-2970
202-884-5000

DRAFT

May 21, 1998 **Contact:** **HHS Press Office**
(202) 690-6343

HHS TARGETS EFFORTS ON ASTHMA

Overview: *Asthma is a major public health problem in the United States, with prevalence increasing rapidly in recent decades especially among children. More than 15 million Americans are affected, some 5 million of whom are under the age of 18. Between 1990 and 1994 alone, the percentage of Americans with asthma increased 75 percent, and the percentage of pre-school age children with asthma increased 160 percent.*

HHS efforts to combat asthma will exceed $100 million in discretionary funding for the first time this year, up about 70 percent from 1993. HHS agencies support a wide range of activities to better understand this disease and its increasing prevalence, and to help patients and physicians better recognize and treat it:

* *Research into causes of asthma and the triggers that bring about asthma attacks.*
* *Epidemiology to more precisely measure prevalence of the disease in order to understand and control it.*
* *Prevention efforts to reduce onset of the disease and hospitalizations from it.*
* *Drug development including support for experimental treatments and joint efforts with private industry.*
* *Guidance and education for physicians in treating asthma, and for patients in managing the disease.*

The Medicare and Medicaid programs pay for asthma treatment for low-income, elderly and disabled Americans.

In addition to ongoing HHS efforts, Secretary Donna E. Shalala and Environmental Protection Agency Administrator Carol Browner are also making asthma a special focus of the Interagency Task Force on Children's Environmental Health and Safety, created by President Clinton in April 1997.

Today, First Lady Hillary Rodham Clinton announced that a new initiative will be launched this summer to better understand the underlying causes of asthma. Research projects totaling $2.5 million per year are being supported by the National Heart, Lung, and Blood Institute, using new techniques in cellular and molecular biology.

Background

Asthma is a chronic lung disease that is characterized by intermittent, recurring episodes of wheezing, breathlessness, tightness of the chest, and coughing. More Americans than ever before say they are suffering from asthma, according to a report released April 24 by the Centers for Disease Control and Prevention. The report entitled, "Surveillance for Asthma - United States 1960-1995" also concluded that visits to doctors for asthma symptoms, emergency room visits, hospitalizations, and deaths from asthma have all increased significantly.

People with asthma experience well over 100 million days of restricted activity each year, and costs for asthma care exceed $6 billion annually. Children with asthma miss an average of twice as many school days as other children. Asthma attacks can vary from mild symptoms to serious, life-threatening episodes. More than 5,000 Americans died last year from asthma attacks.

The prevalence of asthma is greater for women (5.6 percent) than men (5.1 percent) and greater for blacks (5.8 percent) than whites (5.1 percent). Blacks also have significantly more emergency room visits, hospitalizations, and deaths from asthma than whites. From 1993-1995, there were an average of 38.5 deaths per million from asthma in blacks compared to 15.1 per million in whites. In 1995, per 10,000 visits to the emergency room blacks made 228.9 visits while whites made 10.9 visits.

The cause of asthma is not well understood, and scientists do not know why so many more people today are suffering from asthma and why symptoms appear more severe than they were 10 years ago. It is most likely that a combination of environmental and genetic factors is responsible. The single largest factor contributing to the development of asthma is atopy, or the genetically inherited susceptibility to become allergic. Increasing exposure of susceptible individuals to allergens such as dust mites, cockroaches, molds and dander from pets is associated with higher rates of asthma. Further, children of smokers are more prone to develop asthma because exposure to environmental tobacco smoke can increase sensitivity to allergens. Respiratory infections in early childhood may also influence the development of asthma. Some infections may increase the likelihood of developing asthma, while others might actually be protective. Researchers are exploring how respiratory infections early in childhood might stimulate an immune response that suppresses the development of allergies.

Ongoing Asthma Activities at HHS

The National Institutes of Health (NIH)

NIH is supporting an extensive range of research programs examining asthma management, genetics, epidemiology, demonstration and education, and prevention. NIH estimates it spent $92 million on asthma research in FY 1997, $99 million in FY 1998 with $107 million proposed for FY 1999.

- **Genetics of Asthma** -- Researchers supported by the National Heart, Lung, and Blood Institute (NHLBI) and the National Institute of Allergy and Infectious Diseases (NIAID) are working together to identify the major genes that may contribute to asthma and asthma-associated phenotypes such as allergy and airway hyper-responsiveness. Early findings confirm that multiple genes may be involved in asthma and that they may vary between ethnic/racial groups.

- **Pathogenesis and Mechanisms of Asthma** -- The National Institutes of Health supports studies about the role of inflammation in the pathogenesis of asthma. The studies are directed at the examination of the cellular and molecular events that appear to initiate, direct, and perpetuate the development of airway inflammation. Researchers supported by NHLBI and NIAID are studying how respiratory infections in early life acting individually and in combination with each other, regulate airway inflammation, airway hyper-responsiveness, and airway remodeling, thus leading to the onset of asthma. A new NHLBI research initiative will examine the multiple risk factors for the onset of asthma in early life and the mechanisms that cause them. This will lead to the identification of novel interventions to prevent the development of the disease.

- **Epidemiologic Research** -- The National Institute of Environmental Health Sciences (NIEHS) is sponsoring several studies involving asthmatics who live in areas where they are exposed to high levels of ambient air pollutants, factors that are associated with the risk of asthma-related hospitalizations and death, and the respiratory health status of minorities, children under age-5, and the elderly. Other epidemiologic research supported by NHLBI, NIAID, and NIEHS include long-term studies to identify the specific risk factors associated with developing asthma and the risk factors that lead to severe, life-threatening asthma attacks. This research increases our understanding about what causes asthma, and helps identify promising new targets for asthma treatments.

- **Clinical Studies** -- NIH institutes are carrying out several clinical studies that focus on prevention of asthma and effectiveness of new treatments. Clinical studies sponsored by NIH include:
  - The Environmental Intervention in the Primary Prevention of Asthma in Children Study (NIEHS)
  - The Childhood Asthma Management Program (NHLBI)
  - Asthma Clinical Research Network (NHLBI)
  - The Asthma and Pregnancy Trial (NHLBI and the National Institute of Child Health and Human Development (NICHD))
  - The National Cooperative Inner-City Asthma Study (NIAID).

- **Demonstration and Education Research** -- NIH supports demonstration and education (D&E) research which evaluate educational and behavioral approaches and organization strategies that may improve the management of asthma. A major thrust of recent D&E research has been on identifying appropriate programs and methods for extending the benefits of asthma management to populations that have been traditionally harder to reach, and who experience a disproportionate burden of asthma illness—for example, minorities and economically disadvantaged children. Outreach education programs using non-medical settings (e.g. the school and community neighborhood centers) are testing the use of community-based and culturally sensitive behavior change strategies for asthma control.

- **Research Translation: Dissemination and Education** -- An ongoing and important part of the HHS/NIH asthma research program is to translate and disseminate scientific findings to improve the health and quality of life of people with asthma. The NHLBI established the National Asthma Education and Prevention Program (NAEPP) in 1989 to improve the diagnosis, treatment, and control of asthma, to enhance the quality of life of the asthma patients, and to decrease asthma morbidity and mortality. The NAEPP has a three-pronged strategy to achieve these goals: develop science-based clinical practice guidelines for the diagnosis and management of asthma; use partnerships among federal agencies, professional societies, and voluntary and private organizations to disseminate recommendations and implement asthma programs; and organize public communications.

Centers for Disease Control and Prevention (CDC)

As the nation's disease prevention agency, the Centers for Disease Control and Prevention (CDC) is working with state and local partners to implement core and comprehensive asthma prevention programs as well as to evaluate programs' success. These programs will include monitoring to identify local disease trends, community asthma prevention interventions, intervention and evaluation research, and state-wide

education of practitioners, patients, and health community organizations. CDC sponsors a number of local programs, working with state and local health department partners, to examine how a change in environmental influences can reduce asthma. The goal is to translate research findings into public health action. These include:

- **ZAP Asthma, Atlanta, Georgia**: CDC is one of 17 partners in this project that seeks to show that a comprehensive approach to controlling asthma will reduce the number of asthma hospitalizations for children.
- **The California Community-Based Asthma Intervention Demonstrations Project**: This project seeks to show that a reduction in exposure to environmental tobacco smoke will result in a reduction in asthma hospitalizations in children living in Fresno.
- **Identification and Prevention of Air Pollutants and Other Environmental Determinants in Urban Minority Children: Los Angeles**: This project tracks the asthma status of 100 black children in central Los Angeles County to evaluate the effect of air pollution on asthma among urban, minority children.
- **Asthma Surveillance in Wisconsin**: The purpose of this pilot project was to identify the most effective methods to monitor the trends in asthma through a consensus workshop, and pilot surveillance projects based on the workshop recommendations.
- **Out-of Hospital Asthma Deaths: North Carolina**: Since out-of-hospital asthma deaths may be preventable, this project is helping to determine what proportion of total asthma deaths they comprise and what populations they affect.
- **Asthma Prevalence Study in the Catano Area of Puerto Rico**: In collaboration with the Puerto Rico Department of Health, CDC and EPA investigated the possible relationship between air pollution and asthma. The study described the prevalence and severity of asthma among school-aged children in the Catano area, obtained baseline measures for assessment of future trends in the prevalence and severity of asthma, identified risk factors for the disease, and established a framework for further research.

Food and Drug Administration (FDA)

The FDA is working in partnership with the pharmaceutical industry to facilitate the timely development and approval of new drugs for the treatment of asthma and related conditions such as allergic rhinitis. This partnership has resulted in a significant number of approvals by the Agency over the past few years for new drugs to treat asthma as well as a significant increase in the number of drugs specifically approved for use in children with asthma and allergic rhinitis. For example, in the past two years the FDA approved the first three members of an entirely new class of asthma therapy that work by blocking leukotrienes which are important mediators of asthma. Other examples of important new products approved by the FDA for first multiple-strength metered-dose inhalers (MDIs)

and three new multi-dose dry powder inhalers (DPIs). These new drugs and devices provide physicians and patients with valuable new options that may help to improve the management of asthma.

Health Care Financing Administration (HCFA)

As part of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Medicaid covers all medically necessary services for the diagnosis and treatment of asthma in children, including X-rays, drugs, inpatient stays, outpatient and emergency room visits.

Medicare provides Part B coverage for both physician visits and durable medical equipment, such as nebulizers, and oxygen equipment required by some asthmatic patients, HCFA also covers the medication that is put into the nebulizers as a necessary supply for the operation of the equipment.

- HCFA recently supported the Aetna Medicare Care Counseling Program in the Phoenix, Arizona, a pilot program for Part B beneficiaries with diabetes and asthma. The Aetna Care Counseling program was a voluntary, confidential, telephone support service offered free of charge to qualifying beneficiaries with asthma or diabetes. In providing care counseling by registered nurses, the program's purpose was to enhance customer service and to improve beneficiaries' health and quality of life by providing a better understanding of asthma and the medications and equipment used to treat the disease. HCFA is currently in the process of reviewing and commenting on the findings.

Agency for Health Care Policy and Research (AHCPR)

AHCPR is sponsoring the "Pediatric Asthma Patient Outcome Research Team (PORT) II" a randomized clinical trial, co-funded by NHLBI. The trial tests the cost-effectiveness of NHLBI's practice guidelines designed to reduce asthma morbidity among children. The agency is supporting several other studies measuring quality of life, patient outcomes and other issues related to asthma care.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
THE ADMINISTRATOR

TO: Neera

FROM: Reid Wilson

COMMENTS:

Number of Pages to follow: 4
Date: 5/20
Time: 8:30 am

Transmission Number: (202) 260-3684
Verification Number: (202) 260-7960 or 260-9828

Office of the Administrator
401 M Street, S.W.
Room 1204 West Tower
Mail Code: 1101

EPA ANNOUNCES "REAL TIME" OZONE MAPPING PROJECT

In an effort to make the most current information about air pollution readily available to the public, EPA announces the Ozone Mapping Project. The project uses real time data from over 400 monitoring stations located in 21 Eastern and Midwestern states to provide a picture of ozone levels throughout the day. Color-coded, animated images show how ozone forms during hot summer days and can be transported to areas downwind from sources of pollution. EPA worked closely with the States to develop and implement the Ozone Mapping Project and plans to expand the project to include all states.

"In 1996 President Clinton made a commitment to the American People to increase the availability of environmental information. These ozone maps respond to that commitment," said EPA Administrator Carol Browner. "The Ozone Mapping Project uses the latest advances in technology to inform the American people about the daily levels of ozone pollution in their local areas and help educate them about the kinds of things they can do to protect their health as well as the health of the environment."

The Ozone Mapping Project will improve risk communication and increase health protection for children, asthmatics and other sensitive populations by making information about daily ozone levels available to the general public. The color contours of ozone concentrations on the maps use a 5-color scale. Each color corresponds to a range of concentrations and indicates a level of air quality (good, moderate or unhealthy). The maps will allow local media to deliver accurate and timely health messages about ozone pollution.

Ozone is the primary ingredient of smog in our cities and other areas of the country. While beneficial in the upper atmosphere, ozone in the lower atmosphere can cause a variety of health problems because it damages lung tissue, reduces lung function, and adversely sensitizes the lungs to other irritants.

Children, especially asthmatic children, are at special risk for adverse health effects from the dangers of ozone pollution. Children playing and exercising outside in the summertime, the season when concentrations of ground-level ozone are the greatest, may suffer from coughing, decreased lung function, and have trouble catching their breath. Asthmatic children and adults are much more likely to have asthma attacks. Medical studies have clearly shown that ozone can aggravate asthma, causing more attacks, increased use of medication, more medical treatment and more visits to hospital emergency rooms. Ten to twenty percent of all summertime respiratory-related hospital visits in the Northeastern US are associated with ozone pollution.

In this project, EPA will generate 3 types of maps: still-frame maps of peak daily ozone concentrations, animated movies of ozone concentrations throughout each day, and still-frame forecast maps of the next day's predicted peak ozone concentrations. EPA will make the ozone maps available on the Internet at http://www.epa.gov/airnow. Additionally, EPA will provide the maps to commercial weather service providers and television stations for use in nightly newscasts.

For more information about the ozone maps contact your state or local air pollution control agency or visit EPA's website at http://www.epa.gov/airnow.

5-15-98

FACT SHEET

OZONE MAPPING PROJECT

What is Ozone?

- Ozone is the primary ingredient of smog in our cities and other areas of the country. Though it occurs naturally in the stratosphere to provide a protective layer high above the earth, at ground-level it is the prime ingredient of smog.

- Ground-level ozone is formed when volatile organic compounds and nitrogen oxides react in the presence of sunlight. Sources of volatile organic compounds and nitrogen oxides include automobiles, power plants, gas stations, paints, cleaners, aircraft, locomotives, and lawn and garden equipment.

- Ozone concentrations can reach unhealthy levels when the weather is hot and sunny. Ozone does not form as readily when temperatures are cooler, and/or when steady rain occurs.

What are the health effects associated with exposure to ozone?

- While beneficial in the upper atmosphere, ozone in the lower atmosphere can cause a variety of health problems because it damages lung tissue, reduces lung function, and adversely sensitizes the lungs to other irritants.

- Children, and especially asthmatic children, are at special risk for adverse health effects from the dangers of ozone pollution. Breathing ozone has been compared to getting a sunburn in your lungs. Children playing and exercising outside in the summertime, the season when concentrations of ground-level ozone are the greatest, may suffer from coughing, decreased lung function, and have trouble catching their breath. Asthmatic children and adults are much more likely to have asthma attacks - or have more severe attacks - when ozone levels in the air are high. Medical studies have clearly shown that ozone can aggravate asthma, causing more attacks, increased use of medication, more medical treatment and more visits to hospital emergency rooms. Ten to twenty percent of all summertime respiratory-related hospital visits in the Northeastern US are associated with ozone pollution.

What is the Ozone Mapping Project?

- In 1996, President Clinton made a commitment to increase the availability of environmental information in Kalamazoo, Michigan that has become the "Right to Know Initiative". Under this initiative, EPA created the EMPACT (Environmental Monitoring for Public Access and Community Tracking) project. The ozone mapping project is the first activity of this project to be delivered to the public.

- The ozone mapping project uses real time data from over 400 monitoring stations located in 21 Eastern and Midwestern states to provide a picture of ozone levels throughout the day. Color-coded, animated images show how ozone forms during hot summer days and can be transported to areas downwind from sources of pollution. The maps generated allow local media to deliver accurate and timely health messages about ozone pollution.

How is ozone mapping helpful to you?

- In most areas, ozone concentrations are likely to be highest between the months of May and September. All citizens should be aware of the potential health risks that exposure to ozone can cause. The ozone maps that will be made available to the public as a result of this project will help inform people about the daily levels of ozone pollution in their local areas. The color scheme on the maps will help educate people about the kinds of things they can do to protect their health as well as the health of the environment.

How are the maps created?

- The monitors, which are operated by the State and local agencies, collect ozone concentrations over 5- to 20- second intervals, and report the data as averages over 1-hour intervals. From mid-May through mid-September, the State and local air pollution control agencies poll monitors between 2 and 7 times a day. Then, they send the 1-hour average concentrations to a central data collection center at EPA's Office of Air Quality Planning and Standards in Research Triangle Park, NC, where the maps are generated and posted to EPA's website.

- The Ozone Mapping System generates color contours of ozone concentrations using a 5-color scale. Each color corresponds to a range of concentrations and indicates a level of air quality (good, moderate or unhealthy).

  - Green = Good
  - Yellow = Moderate
  - Orange = Unhealthy for Sensitive Groups (i.e. children and asthmatics)
  - Red = Generally Unhealthy
  - Maroon = Very Unhealthy

What types of maps are available?

- The Ozone Mapping System generates 3 types of maps: still-frame maps of peak daily ozone concentrations, animated movies of ozone concentrations throughout each day, and still-frame forecast maps of the next day's predicted peak ozone.

- In 1998, EPA will generate aminated movies and peak daily concentration maps for 17 mapping domains (different sub-sets of the entire 22-state region). EPA will update the

animated movies throughout the day within an hour after each polling time (northeast and mid-Atlantic states will poll their ozone monitors at 7 am, 11 am, 1 pm, 3 pm, 5 pm, 7 pm and 9 pm EDT; the Midwestern states will poll their monitors at least at 7 am and 7 pm EDT with an additional optional poll at 3 pm EDT). Eight northeast and mid-Atlantic states will also produce forecast maps for the following day.

- By providing the information about ozone levels in local areas, the Ozone Map provides the public with an opportunity to take precautionary measures to limit exposure as well as actions to reduce pollution.

Where can I see the Ozone Map?

- The Ozone Map is available on EPA's website on the World Wide Web at http://www.epa.gov/airnow.

- The Ozone Map is also being made available to commercial weather service providers and television stations for use in nightly newscasts.

How can I get more information about the Ozone Map?

- For more information about the Ozone Map contact your state or local air pollution control agency or visit EPA's website at http://www.epa.gov/airnow.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
THE ADMINISTRATOR

TO: Meera
462878

FROM: Stephanie Cutter

COMMENTS:

Number of Pages to follow:
Date:
Time:

Transmission Number: (202) 260-3684
Verification Number: (202) 260-7960 or 260-9828

Office of the Administrator
401 M Street, S.W.
Room 1204 West Tower
Mail Code: 1101

FENTON COMMUNICATIONS

RELEASE
Thursday, May 21, 1998

CONTACT
Lisa Magnino
Stacia Tipton
Fenton Communications
202.822.5200

Press Conference: Thursday, May 21, 1998, 10:00 a.m.

Pesticide Use Rising, Despite 1993 Administration Promise To Drastically Cut Children's Exposure

EWG Report Reveals Complete Failure to Follow Through On Five-Year-Old Commitment to Protect Children

Despite a highly publicized pledge in 1993 to reduce pesticide use (including a front- page story in the *New York Times*), a new report finds that the Clinton Administration has done virtually nothing to reduce pesticide use or lower children's exposure to pesticides in the past five years. In fact, the report, Same As It Ever Was, finds that:

- Pesticide use has actually risen since 1993. Farmers sprayed 70 million more pounds of pesticide in 1995 than in 1993 - a 10 percent jump.
- Children's exposure to pesticides has not been reduced, despite a 1993 National Academy of Sciences report finding that children are at greater risk from pesticide exposure than adults. Government data show that the U.S. food supply is just as contaminated today as it was in 1993.

- The Clinton-Gore Administration has taken only one pesticide off the market since 1993, despite a promise to ban high-risk agricultural chemicals. (Under Ronald Reagan, 12 pesticides were banned.) In fact, the Administration has allowed a record number of new pesticides onto the market.

In 1993 the *Washington Post* quoted EPA Administrator Carol Browner as saying, "This is a very significant commitment. There has been a lot of inaction at the federal level." This report demonstrates that nothing has changed.

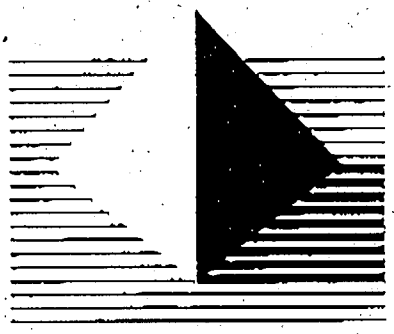
WHEN: **Thursday, May 21, 10:00 a.m.**

WHERE: **National Press Club**
West Room

SPEAKERS: **Ken Cook**, President, Environmental Working Group

Phil Tauber, CEO, Kashi Company, Incorporated, (A leading manufacturer of cereals, Kashi recently announced that it will become the first food company in the U.S. to voluntarily and publicly test its products for pesticide residues.)

###



NACCRRA

National Association of Child Care Resource and Referral Agencies

FAX COVER SHEET

Christy 5709

DATE: 5-13-98

TO: Neera (202) 456-6275

FAX: 202-456-2878

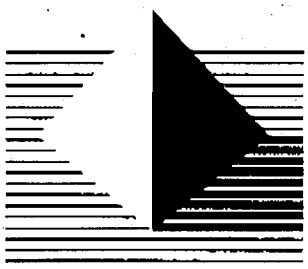
FROM: Yasmina Vinci

RE:

Number of pages (including cover sheet) 3

COMMENTS:

♦ 1319 F Street, NW * Washington, DC 20004-1106
♦ Tel: (202)393-5501 Fax: (202)393-1109



NACCRRA

National Association of Child Care Resource and Referral Agencies

National Association of Child Care Resource & Referral Agencies (NACCRRA)

Fact Sheet

NACCRRA is a membership organization of 550 community-based child care resource and referral (CCR&R) programs from every state in the United States, and some provinces in Canada and England. It has a twofold mission: to promote the growth and development of quality resource a referral services, and to exercise national leadership to build a diverse, quality child care system with parental choice and equal access for all families.

CCR&R programs are found in every state, in most urban communities, and in many rural areas. The work of CCR&R programs centers on information. Whether it is child care referrals, consumer education, provider training, technical assistance, advocacy, work with employers, or efforts to build the supply of care -- most aspects of the CCR&R mission involve the compilation and transfer of information. Because of CCR&R's daily documented contacts with both families and child care programs and providers, NACCRRA and its member organizations constitute an information network with a unique and unprecedented reach to both. The network is uniquely positioned for the collection, exchange, mediation, analysis, and dissemination of information and knowledge at national, state and local levels.

Local community-based CCR&R programs, providing objective, accurate, up-to-date information and expert consultation are a "trusted source" for many families and child care providers.

Consumer education. NACCRRA's Child Care Aware consumer education project is an important link in this information network. Through its toll-free number Child Care Aware provides families and others with contact information for their local CCR&R.

Support for quality resource and referral services. In addition to consumer education, NACCRRA provides a wide range of strategically planned and delivered activities that support the information mission and role of resource and referral, such as technical assistance papers (TAPS) and strategic documents; ***The Daily Parent,*** a newsletter which the CCR&Rs customize and distribute to parents, employers and child care providers in their communities; training at its six regional conferences; and technical assistance and consultation on various issues.

Building a quality child care system. NACCRRA exercises national leadership through linkages and partnerships with other organizations, with its public policy symposium, public policy papers, and many initiatives that enhance the capacity and effectiveness of the CCR&R and early care and education field. Most recent initiatives include: creating linkages between child care and the health field, promoting family-supportive child care programs and practices, supporting families who rely on relatives for child care, integration of community service - AmeriCorps - in building quality care, and establishing linkages between academic researchers and child care practitioners.

Expanding access to information. Through **Learning Options**, a partnership which provides a web-based opportunity for on-demand learning, NACCRRA is seeking to significantly expand access to quality training for child care professionals. The partnership with Child Care Information Exchange produces monthly INSIDE CHILD CARE Trend Reports for policy and opinion makers with data on many aspects of child care practice and policy.

www.childcarerr.org
1319 F Street, NW • Ste 810 • Washington, DC 20004-1106
Tel: (202) 393-5501 Fax: (202) 393-1109

NACCRRA

National Association of Child Care Resource and Referral Agencies

What is child care resource and referral (CCR&R)?

Community-based child care resource and referral programs broadly define their mission as "doing whatever it takes to make child care work for families and communities." Thus the specific CCR&R services are determined by community needs. These services fall into four main categories:

Supporting Families

As increasing numbers of families simultaneously work and rear children, child care becomes an important partner in helping parents manage their responsibilities. To support parents in meeting this challenge, CCR&R has a firm stake in building and maintaining a quality system of options for families in communities:

- In 1994, nearly 1.5 million families turned to CCR&R services for referrals/consultations about child care. The number of referrals more than doubled since 1992.
- CCR&Rs extend their consumer education efforts beyond one-on-one consultations. Additional families and the public at large are reached through such activities as parent workshops, work with the media and distribution of consumer education materials.

Compiling, Analyzing and Sharing Information

To develop and maintain databases of resources for families, CCR&R programs collect and update detailed information on the supply of child care, the availability of subsidies and other valuable community resources for families. They also document changing family needs in communities. The databases compiled and maintained by CCR&Rs include regulated family child care providers, child care centers, and school-age programs. CCR&Rs also list other programs that meet the needs of families to nurture and educate their children, including Head Start, nursery schools, summer day camps, recreation programs, nanny placement agencies, home health care agencies and providers of care in the child's home.

Supporting Individuals and Programs that Care for Children

Community-based CCR&Rs perform a number of functions that strengthen the child care delivery system, while making it more responsive to family needs. They work to increase the availability, quality and affordability of child care by undertaking such initiatives as documenting service gaps, recruiting new child care program operators, offering training, establishing equipment lending libraries, creating linkages with health professionals, and managing child care subsidy programs:

- In 1994 alone, CCR&Rs improved the quality of child care by providing training for nearly 350,000 child care practitioners. The number of individuals trained by CCR&Rs had quintupled since 1992.
- CCR&Rs offered 507,000 consultations with new and existing child care providers in 1994. Many CCR&Rs also operate "warm lines" where child care providers can get the information on different issues they face in their work with children.

Building Connections in Communities and States

Ninety-six percent of CCR&Rs collaborate with community groups to plan for child care. By collaborating with community partners, employers, local media, and government, community-based CCR&R encourages efforts to improve and shape the services of child care. With a big-picture perspective and good local information, CCR&R is able to examine systemic problems, identify barriers, offer technical assistance, find new funding opportunities, and bring community partners together to fashion innovative solutions. CCR&Rs have been effective in promoting and implementing the concept that child care requires the involvement of all sectors in the community.

This description is based on "Making Child Care Work: A Study of Child Care Resource and Referral in the United States", a 1996 publication of the National Association of Child Care Resource and Referral Agencies. To order the complete publication call 202 393-5501 or, visit the web site at www.childcarerr.org.

1319 F Street, NW • Ste 810 • Washington, DC 20004-1106
Tel: (202) 393-5501 Fax: (202) 393-1109

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

April 24, 1998 / Vol. 47 / No. SS-1

MMWR™
MORBIDITY AND MORTALITY WEEKLY REPORT

CDC Surveillance Summaries

Surveillance for Asthma — United States, 1960–1995

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30333

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Fran Du Melle
Deputy Managing Director

Washington Office
1726 M Street, NW
Suite 902
Washington, DC 20036-4502
Phone: (202) 785-3355
FAX: (202) 452-1805

National Headquarters:
1740 Broadway
New York, NY 10019-4374

John R. Garrison
Managing Director

AMERICAN LUNG ASSOCIATION®

FACSIMILE

Date: 5/19

To: Neera Tanden

From: Diane Maple
Director, Media Relations
PHONE: 202/785-3355
FAX: 202/452-1805
E-MAIL: dmaple@lungusa.org

Subject: ALA asthma initiatives

No. of pages (including cover): 3

Per our conversation ....

Fran Du Melle
Deputy Managing Director

Washington Office
1726 M Street, N.W.
Suite 902
Washington, D.C. 20036-4502
Phone: (202) 785-3355
Fax: (202) 452-1805
E-mail: info@lungusa.org
America Online: keyword ALA
Internet: http://www.lungusa.org

National Headquarters:
1740 Broadway
New York, NY 10019-4374

John R. Garrison
Managing Director

When You Can't Breathe, Nothing Else Matters®

AMERICAN LUNG ASSOCIATION®

AMERICAN LUNG ASSOCIATION
ASTHMA OUTREACH AND RESEARCH COMMITMENT

In America, there are nearly 15 million people with asthma, and nearly one-third of them (4.8 million) are children under 18 years of age. Asthma is the leading serious chronic disease among children. It causes more lost school days than any other chronic illness. For over 20 years, fighting asthma has been an integral part of the American Lung Association's efforts to prevent lung disease, the third leading cause of death in America. The American Lung Association's commitments to reach the 15 million Americans with asthma and to find a cure for asthma include:

Sesame Street A Is For Asthma—This childhood asthma awareness project is a new bilingual multi-media educational program developed by Children's Television Workshop and the American Lung Association. Goals of *Sesame Street A Is For Asthma* are to increase awareness of asthma, its symptoms, and the environmental factors that affect it; to introduce behaviors that help children participate in their own asthma care; and inform parents, adult caregivers, and children about simple steps they can take to help preschoolers with asthma. Through a grant from the Prudential Foundation, 50,000 kits will be distributed free of charge throughout the country. There will be a particular effort to target regions where there are ethnically diverse and/or low-income children with increased prevalence of asthma. Asthma disproportionately affects the African-American and Latino communities. African-American children under age four are almost three times more likely to die from asthma than Caucasian children; statistics indicate that Latino children may follow the same trends as African-American children.

National Association of Child Care Resource and Referral Agencies (NACCRRA) Partnership—Developed under the shared interests of protecting preschoolers with asthma, the American Lung Association/NACCRRA partnership will include both grass-roots and national efforts aimed at improving health for children. Partnership activities will focus on implementing day care provider training for Lung Association asthma programs, including *Sesame Street A Is For Asthma*; developing training programs about asthma, other lung diseases and healthy child care environments for NACCRRA affiliates' staff and child care site staff; advocating together for legislation and/or regulations to allow use of asthma or other lung disease medications in child care settings; advocate together for access to appropriate child care for all children, including those with asthma or other lung diseases.

- more -

Open Airways For Schools—This volunteer-driven program is designed to empower children, ages 8-11, to manage their asthma through an innovative, interactive teaching curriculum that brings together children with asthma, their families, and community volunteers. The award-winning program is currently available in more than 15,000 schools, with a goal of reaching 25,000 schools by the end of the year. Open Airways For Schools was developed and evaluated at Columbia University's College of Physicians and Surgeons. It uses an interactive approach to promote children's active involvement in the learning process. Open Airways For Schools is an effective tool for asthma management, family education, and peer counseling, as well as a great confidence builder for children. National volunteer partnerships, through which the program is implemented throughout the country, include Zeta Phi Beta Sorority, Inc. and the Girl Scouts.

Indoor Air Quality (IAQ) Tools For Schools—This U.S. EPA program co-sponsored by the American Lung Association helps achieve one of the objectives of Open Airways For Schools—to "asthma-proof" elementary schools through pollution prevention. To combat unhealthy indoor air quality in America's schools, this kit helps school personnel identify, resolve, and prevent indoor air quality problems. *IAQ Tools For Schools* emphasizes common sense solutions to indoor air quality problems that can be implemented by in-house staff at little or no cost.

AsthmAttack! —This research initiative, a joint effort of the American Lung Association and its medical section, the American Thoracic Society, seeks to raise $25 million to find a cure for asthma. To achieve this goal, *AsthmAttack!* will fund the establishment of National Asthma Research Centers to focus on basic biological research into the causes of asthma; three multi-year centers have been funded to date. Also, this initiative will establish Regional Asthma Centers to focus on the translation of the results of basic research into clinical applications.

American Lung Association Family Guide to Asthma and Allergies—This book provides the newest information on asthma and allergies available to help consumers manage asthma and allergies and lead an active, healthy life through discussion of: identifying and avoiding asthma and allergy triggers at home and at school; understanding all treatment options; reducing allergens in the home, and getting the best care at the lowest cost.

Asthma Camps — American Lung Association asthma camps are held all over the country and bring together kids with asthma, their parents, and volunteers, all focused on helping kids breathe easier. Asthma camps give kids with asthma a chance to have a fun camping experience where they can learn about managing their asthma and understanding their medications. Parents can feel secure that in sending their children to an American Lung Association asthma camp, they will be in a camp staffed by medical professionals who know specifically how to work with kids with asthma.

Founded in 1904, the American Lung Association is the oldest voluntary health agency in the U.S., with a national office and local associations, who strive to prevent lung disease and promote lung health. The Lung Association and its medical section, the American Thoracic Society, work to prevent, cure and control all types of lung disease through community service, public health education, advocacy and research. For more information, visit the American Lung Association on America Online (key word: ALA) or our Web site, www.lungusa.org.

###

For more information, contact:
Cynthia Wright, 212-315-8790
Diane Maple, 202-785-3355

Fran Du Melle
Deputy Managing Director

Washington Office
1726 M Street, NW
Suite 902
Washington, DC 20036-4502
Phone: (202) 785-3355
FAX: (202) 452-1805

National Headquarters:
1740 Broadway
New York, NY 10019-4374

John R. Garrison
Managing Director

AMERICAN LUNG ASSOCIATION®

FACSIMILE

Date: May 15, 1998

To: Neera Tanden

From: Diane Maple
Director, Media Relations
PHONE: 202/785-3355
FAX: 202/452-1805
E-MAIL: dmaple@lungusa.org

No. of pages (including cover): 2

Subject: ALA/NACCRRA partnership

As promised, here's information on the new partnership between the American Lung Association and the National Association of Child Care Resource and Referral Agencies.

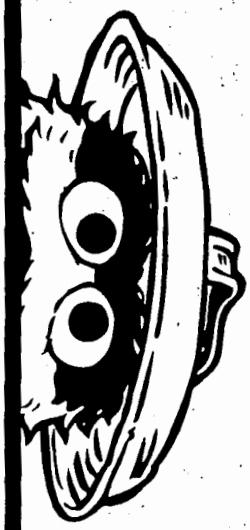
I'm awaiting confirmation that our official representative at the May 21 event will be ALA President Linda B. Ford, M.D. She's been an ALA volunteer for more than a decade and got her start with us as a volunteer doctor at a local Lung Association summer camp for children with asthma! Once I get the OK from Dr. Ford, I will fax her bio to you.

I'll give you a call this afternoon.

attachment

CHILDREN'S TELEVISION WORKSHOP
CTW
PLAY IT SMART
www.ctw.org

ONE LINCOLN PLAZA • 4th FLOOR
NEW YORK, NY 10023



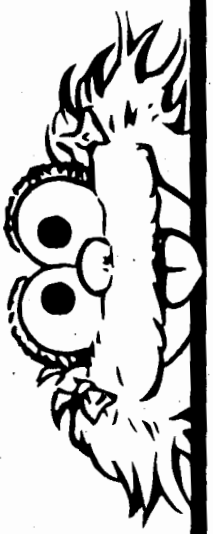
TO: Neera Tanden

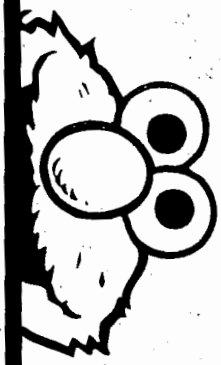
FAX: 202-456-2878

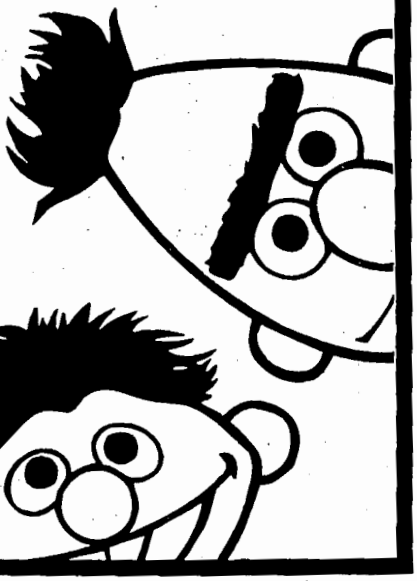
FROM: ANDREA DeMASO

PHONE: 212-875-6860 • FAX: 212-875-6175

COMMENTS: Attached please find our guidelines for an Elmo Appearance — Thanks Andrea





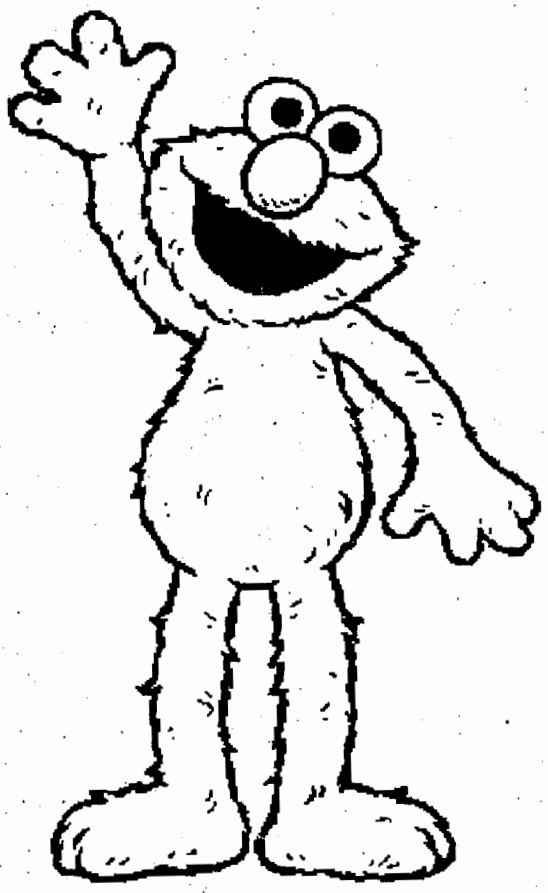


ELMO APPEARANCE GUIDELINES

An Elmo appearance can be fun and rewarding. Here's some information you'll need to know for your event.

THE APPEARANCE:

- This Elmo is non-speaking, and can neither sign autographs nor accept gifts.
- Elmo cannot endorse or promote any service; Elmo cannot hold products or be photographed with them.
- Elmo cannot appear with any other character without prior written CTW approval.
- Elmo cannot appear in stores, restaurants, or other places of business.
- If the appearance is in a mall, it must be in a common area and cannot be associated with any individual business.
- CTW must have prior written approval over all promotions/publicity for the event and over all uses of *Sesame Street* materials including artwork, photos, etc.
- You must arrange for a CTW handler to stay with and assist the performer at all times, and must provide at least two other people for crowd control.
- Maximum performance time is 2.0 hours, with a minimum 30 minute break following each half-hour performance. (e.g. 1/2 hour performance, 1/2 hour break, etc.) Each half hour includes walking to/from the dressing room. Shorter appearance time might be necessary in hot weather.
- There cannot be an entrance fee to see Elmo.
- Pictures can be taken of Elmo with children and families. (Polaroids work best.) Fees cannot be charged to take pictures with Elmo.

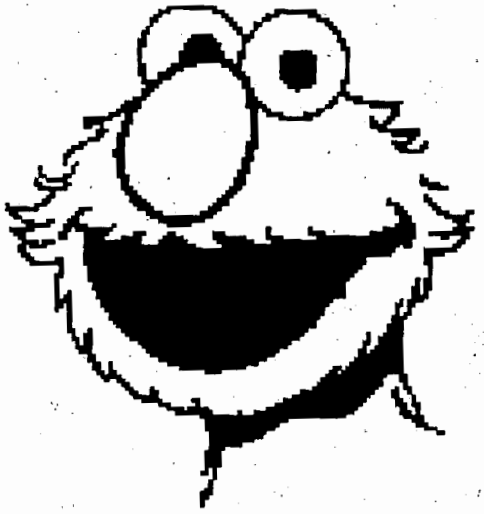


THE DRESSING AREA:

- Should be as close as possible to the appearance area. (Elmo cannot easily walk up stairs).
- Must be private and away from the public view. Elmo is never to be seen in any matter of partial dress.
- An area with a restroom attached is desirable, although a restroom alone is not appropriate.
- A fan and cold water should be provided for the performer in the dressing area.
- The dressing area should be safe and lockable while the costume is being used.

THE PERFORMANCE SITE:

- Stanchions and rope should be provided for traffic control.
- A person should be stationed at both the entrance and exit to the performance area for traffic control. If photos are taken, extra people will be needed.
- A chair should be placed at the site for the performer.
- Give-aways should be placed at the exit to the performance area for traffic control



ALL ABOUT THE COSTUME

WEARING THE COSTUME:

- Wearing a clean, dry long sleeve tee shirt and leggings or sweats keeps wearer comfortable and prolongs costume life.
- Wearer should bring an extra tee shirt and towel.
- Wearer should leave valuables with a responsible person while wearing costume or wear a fanny pack.
- Glasses are not easily worn under the Elmo head.
- Do not wear make-up, perfume or cologne.

ANTICIPATING COSTUME CONDITIONS:

- The costume is very warm. Because of this, appearances will be short.
- Sight is somewhat limited. The head causes a limited depth of field and restricts wearer from looking directly down, causing difficulty seeing children closest to the legs. This limited vision makes it important for the wearer to rely on the CTW rep.
- If wearer requires eye-glasses, they must be secured with a head band
- The costume weighs approximately 18 pounds. 6 pounds of this is the head, which is worn like a hat. It is secured with a chin strap and snaps.
- The large feet are challenging to walk in and easy to trip over. Performer must lift legs high to avoid dragging feet.

PUTTING ON THE COSTUME:

1. Place clean sneakers, appropriate shoes or heavy socks on your feet.
2. Put on Elmo leggings.
3. Put on body pod.
4. Put on body suit. Leave unzipped and unsnapped. (zipper in back)
5. Put your feet in the costume feet. Don't force them. If they don't fit over your sneakers, wear your socks alone.
6. Feed the cable control for the mouth down the right or left arm.
7. Zip and snap costume.
8. Put on head and secure chin strap.
9. Attach head snaps to body.
10. Remove eye cozy. (Please keep track of the eye cozy and use it to protect the eyes from dirt and scratches whenever the head is removed.)

CONTENTS OF ELMO WALKAROUND BOX:

- Head w/cable (to open mouth)
- Body Pod
- Left Foot
- Right Foot
- Torso w/sleeves
- Pants
- Chin Strap
- Eye Cover
- Towel
- Kerchief
- Pair of Socks
- 3 hangers
- Tank Top

Please make sure that all of the contents are returned upon completion of event.

ABOUT THE PERFORMER

THE ACTOR:

- The performer must be petite and between 5'1" and 5'2". (Prior experience with costumed characters preferred).
- Please ensure the comfort of the performer, including providing him/her with breaks, refreshments, and fans for cooling the costume during breaks.

BEING ELMO:

- Elmo is cuddly and lovable.
- Elmo does not cry, but can show fright, embarrassment, love, and warmth.
- Elmo likes hugs and kisses.
- Elmo shows the same attention and affection to males and females.

DO'S (FOR ACTOR):

- Stay in character at all times.
- Be friendly, courteous, and animated.
- Be creative and react to situations.
- Take the initiative to make new friends; don't always wait for people to approach you. (Small children are sometimes frightened by the size of the costume. A gentle wave from a distance will be appreciated by the parents.)
- Place trust in your handler who serves as your seeing-eye companion. Establish signals with the handler prior to going "on-stage".

DON'TS (FOR ACTOR):

- Don't talk or make noises while in costume.
- Don't remove any part of costume while in public.
- Don't be seen by public going into or exiting from rest room.
- Don't show temper, anger or frustration while in public.
- Don't smoke, eat, or drink in costume.
- Don't scare or intimidate people.

SHIPPING:
Unless otherwise specified, the costume must be shipped Fed Ex Standard Overnight on the first business day following the event to:

Costume and Creatures
Att: Barbara Sculati
420 North 5th Street # 350
(612) 333-2223 (Phone number for shipping purposes only; DO NOT call this number for shipping questions.)

Please fax a copy of the Fed Ex Airbill with Tracking Number to Andrea DeMaso at (212) 875-6175.

HAVE FUN AND GOOD LUCK WITH YOUR EVENT!!

-- DRAFT --

OMB comments on HHS Draft Bill: Child Care Quality Improvements Act of 1998

p. 3, line 9: Strike all from "that bears..." through the end of line 13, and replace with "based on the formula used for determining the amount of Federal payments to the State under section 403(n) (as such section was in effect before October 1, 1995)."

p. 4, line 21: Replace "(2)(B)" with "(2)(A)".

The definition of "Indian tribe" does not appear in the draft bill. We would recommend for inclusion in section 2(b) of the draft bill the definition in 25 U.S.C. Sec. 479a: "'Indian tribe'" means any Indian or Alaska Native tribe, band, nation, pueblo, village, or community that the Secretary of the Interior acknowledges to exist as an Indian tribe."

Section 8 of the draft bill should be modified so that technical assistance is available to States and communities, "including Indian tribes."

p. 7, lines 6 - 15. Amend this section so that funds are allotted to states according to the CCDBG formula and not the at-risk formula. The at-risk formula is based on children under age 13. The CCDBG formula is based on children under age 5 and the proportion of children receiving free or reduced price school lunches.

good

p. 7, lines 20 - 22. Following (2), strike "or 80 percent" and insert, "or the Federal medical assistance percentage for the State for the fiscal year (as defined by section 1905(b) of the Social Security Act)"

mod

p. 8, line 9: Replace "(2)(B)" with "(2)(A)".

p. 9, line 2: Replace existing subsection (a) -- program purpose language -- with the following:

"(a) PROGRAM PURPOSE.--The purpose of the program under this section is to enable States, through grants to communities, to support activities that promote children's healthy development during the earliest years of life and improve the quality of child care children receive from birth through age five.

p. 9, line 22 and p. 10, line 1. Requires States to "ensure that a significant share of grant funds [Early Learning Fund] are awarded to low income communities." The statute should define a minimum "significant share." Draft language for 70%.

p. 10, lines 15 - 22 and p. 11, lines 1-2, strike (E) and insert the following:

"(E) PERFORMANCE GOALS AND MEASURES.--The plan shall specify performance

goals to be achieved and the performance measures to be used to assess progress toward such goals under the plan. The goals and measures shall be developed pursuant to guidance provided by the Secretary and with appropriate input of local government authorities in accordance with section 658D(b)(2). Such goals and measures shall be designed to improve child development through coordination with health care services, enhanced early learning environments, parental involvement, consumer education, and increased rates of accreditation by nationally recognized accreditation organizations. The State shall also describe, pursuant to guidance provided by the Secretary, the steps to be taken by the State and/or grantees if sufficient progress is not made toward the performance goals during the time period covered by the plan.

Each objective should include both interim benchmarks and a long term timetable, as appropriate, for achieving the objective. The outcome performance and reporting language should be written so that it would apply for the Early Learning Fund money **and** the 4% Quality Set-Aside money. This will require the State to provide a comprehensive and coordinated picture of monies spent to enhance the overall quality of child care.

p. 11, line 6 reorder the sequence of allowable activities to make INFORMATION AND RESOURCES first (1).

p. 11, line 13: Strike all from "to levels" through the end of line 14.

p. 12, lines 10 - 13, Salary and Benefit enhancements have not been included in previous discussions of allowable activities for the Early Learning Fund, and there are no measures in place to ensure that all the money does not simply get divided up among all the providers in a community as a salary enhancement. The bill should cap the amount of the state grant that can be used for salary enhancement at 10% and limit increases to staff working directly with children. Add the following underlined language:

"Assistance to child care programs to increase the quality and continuity of care <u>by retaining highly qualified child care staff working directly with children</u> through enhanced compensation.

p. 12, lines 14 - 19, Monitoring and Technical Assistance. Prior discussions of allowable activities for the Early Learning Fund have not included this provision. Monitoring and TA should be limited to 5% given the proposed State match requirement (20%).

p. 13, lines 4-6: delete everything that follows "home" until the end of (A) and insert; "visiting programs."

p. 13, line 8, Add "<u>consumer education</u> information" to the list of allowable activities.

p. 14, lines 15 and 16, Subsection vi: Replace with - "progress toward achievement of each performance goal, for each specific, quantifiable and measurable objective."

p. 14, insert new (vii) and renumber.
"(vii) expenditures by category and the number and average dollar amount expended in each category;

p. 15 - 20, add a section limiting the amount of the scholarship to a maximum of $1,500, the cap cited in the roll-out documents.

p. 17, Subsection ii, fourth line - replace "salary increase" with "additional financial incentive."

p. 19, line 15: Replace 658G(c) with 658G(b).

p. 20, line 9, insert new sections and renumber.
(iv) the number and percentage of child care workers receiving scholarship grants in the previous year who fulfilled their 1 year commitment.

p. 20, Allocate Standards Enforcement funding to States to provide incentives to States to increase the proportion of child care centers inspected, using an approach similar to S. 1577 (Chafee) (see attached language). Reduce Standards Enforcement funding to States for States that inspect a low percentage of child care centers. Require that an increasing proportion of State centers be inspected each year.

p. 20, line 17: Is this reference to section 3(c)(2) of the draft bill correct?

p. 21, line 3: Replace 658(c) with 658B(b).

p. 21, line 10. Add the following sections and renumber.
(C) development and dissemination of local report cards on child care providers;

p. 22, line 9: What allotment under Section 658O?

p. 22, line 19, add the underlined language:
(I) the number and percentage of facilities inspected (and the number of facilities receiving more than one inspection) and a comparison to the prior year's inspection rate.

p. 23, line 1, insert the following and renumber.
(iii) the number of deficiencies remedied upon subsequent inspection, by type of deficiency.

p. 24, line 22, insert the following and renumber.
(2) RESEARCH ON GOOD POLICIES AND PRACTICES. - Research designed to identify good child care policies and practices, including the types of child care settings, parent activities, and provider training that most benefit the early development of children.

p. 25, lines 4 - 9 delete the existing language for DEMONSTRATION PROJECTS and add the following:

"(3) DEMONSTRATION PROJECTS FOR NEW METHODS.--Demonstration projects addressing ways to assist parents, such as parents who choose to stay at home with their children and parents with particular child care needs, such as parents of children with special health care needs or disabilities.

Sample Child Care Standards Enforcement Program funds allocation language (from S.1577)

(b) INCREASED OR DECREASED ALLOTMENTS- Section 658O(b) of the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858m(b)) is amended--

(1) in paragraph (1), in the matter preceding subparagraph (A), by inserting `, subject to paragraph (5),' after `shall'; and

(2) by adding at the end the following:

`(5) INCREASED OR DECREASED ALLOTMENT BASED ON STATE INSPECTION RATE-

`(A) INCREASED ALLOTMENT FOR FISCAL YEARS 1999, 2000, AND 2001-

`(I) IN GENERAL- Subject to clause (iii), for fiscal years 1999, 2000, and 2001, the allotment determined for a State under paragraph (1) for each such fiscal year shall be increased by an amount equal to 10 percent of such allotment for the fiscal year involved with respect to any State--

`(I) that certifies to the Secretary that the State has not reduced the scope of any State child care health or safety standards or requirements that were in effect in calendar year 1996; and

`(II) that, with respect to the preceding fiscal year, had a percentage of completed child care provider inspections (as required to be reported under section 658E(c)(2)(G)), that equaled or exceeded the target inspection and enforcement percentage specified under clause (ii) for the fiscal year for which the allotment is to be paid.

`(ii) TARGET INSPECTION AND ENFORCEMENT PERCENTAGE- For purposes of clause (I)(II), the target inspection and enforcement percentage is--

`(I) for fiscal year 1999, 75 percent;

`(II) for fiscal year 2000, 80 percent; and

`(III) for fiscal year 2001, 100 percent.

`(iii) PRO RATA REDUCTIONS IF INSUFFICIENT APPROPRIATIONS- The Secretary shall make pro rata reductions in the percentage increase otherwise required under clause (I) for a State allotment for a fiscal year as necessary so that the aggregate of all the allotments made under this section do not exceed the amount appropriated for that fiscal year under section 658B.

`(B) DECREASED ALLOTMENT FOR FISCAL YEARS 2000 AND 2001-

`(I) IN GENERAL- The allotment determined for a State under paragraph (1) for each of fiscal years 2000 and 2001 shall be decreased by an amount equal to 10 percent of such allotment for the fiscal year involved with respect to any State that, with respect to the preceding fiscal year, had a percentage of completed child care provider inspections (as required to be reported under section 658E(c)(2)(G)) that was below the minimum inspection and enforcement percentage specified under clause (ii) for the fiscal year for which the allotment is to be paid.

`(ii) MINIMUM INSPECTION AND ENFORCEMENT PERCENTAGE- For purposes of clause (I), the minimum inspection and enforcement percentage is--

`(I) for fiscal year 2000, 50 percent; and
`(II) for fiscal year 2001, 75 percent.

`(iii) REQUIREMENT TO EXPEND STATE FUNDS TO REPLACE REDUCTION- If the allotment determined for a State for a fiscal year is reduced by reason of clause (I), the State shall, during the immediately succeeding fiscal year, expend additional State funds under the State plan funded under this subchapter by an amount equal to the amount of such reduction.'

Children's National Medical Center
Serving Children and Their Families Since 1870

111 Michigan Avenue, N.W.
Washington, D.C. 20010-2970
(202) 884-5000

ASTHMA CARE AT CHILDREN'S

Emergency Room:

Patients entering the emergency room with a suspected asthma attack are treated as follows:

- a history and physical are taken by physician
- patient is categorized into one of three categories
  - mild
  - moderate
  - severe
- depending on category patient is treated in the asthma treatment room, "Room 8":
  - released and sent home with instructions for follow-up and at home care, beginning medications to help control subsequent attacks and/or instructions for contacting a physician for continuing care
  - admitted to 23 hour unit (an extension of the emergency room)
  - admitted to inpatient floor
  - admitted to the intensive care unit

Primary Care:

Primary care physicians usually see the patients before the symptoms occur and try to prevent them from occurring in the future. To do this physicians:

- take a physical and history of the patient
- try to ensure families are complying with the types of activities which reduce the chances of aggravating the asthma attacks. Physicians educate families on:
  - smoking hazards (including second-hand smoke)
  - day-to-day environmental hazards (i.e., dust, allergies)
- try to identify what triggers asthma in some patients
  - unexplained
  - exercise related
  - cold or seasonal illnesses
  - allergies/environmental causes
  - food
- identify what the family knows and understands about asthma and what can aggravate it

If the patient is already diagnosed with asthma, the physician will:

- try to see how involved the parents are in the care and prevention of attacks
- try to determine the severity of the illness
- determine what medications the patient has used, what has worked, what has not
- create a plan for the family on prevention and treatment of patient
- educate family on when to seek care and when an environmental change will reduce attacks
  - recommend contacting 24 hour asthma triage line in case symptoms begin
  - recommend using peak flow meter to identify when the patient is getting sick

Pulmonary:

A patient is usually referred to a specialist when the asthma attacks are deemed to be severe. In these instances the following occurs:

- a history and physical are taken by the physician
- physician tries to identify triggers in the home
  - once triggers are identified physician educates parents and patients on how to avoid them
- physician ensures patients are receiving adequate and accurate medications
- physician educates parents and patients on how to take prescribed medications and the need for daily use, even if patient is feeling good
- rules out any other medical conditions which could be causing asthma symptoms
- physician conducts pulmonary function testing to evaluate patient's lung capacity
- physician instructs patient to use peak flow meter to identify when they are getting sick
- educate patients and parents on type of disease (inflammatory and chronic) and need for long term care
- physician follows up on patients closely

Children's National Medical Center®

Serving Children and Their Families Since 1870

111 Michigan Avenue, N.W.
Washington, D.C. 20010-2970
(202) 884-5000

FAX TRANSMITTAL SHEET

DATE: _____

TO: Mira Tanden

FIRM: _____

TELEPHONE #: _____

FAX #: _____

FROM: **PUBLIC RELATIONS & MARKETING**
Fax #: (202) 884-3696

Angela Borders (202) 884-4213	Cheryl Leamon (202) 884-3765	Susan Dell (202) 884-3754
Lynn Cantwell (202) 884-4500	Sharon Daniel (202) 884-4500	Anita Kelly (202) 884-4240
Erica Tollett (202) 884-4223	Jim Cassell (202) 884-4211	

Mailing address:
111 Michigan Avenue, N.W.
Washington, DC 20010-2970

mber of pages, including cover sheet: 3

rks: _____

Overweight, from page 4

What Can Parents Do?

Parents shouldn't let their children become obese! If obesity runs in the family, it is particularly important that parents take their children's early weight gain seriously.

Parents should be encouraged to:

- **Set Regular Mealtimes.** Regular mealtimes can help keep track of how much food a child is eating.
- **Take Time at Meals.** Eating too fast doesn't give a child enough time to learn to recognize when he has had enough to eat.
- **Offer Fruits and Vegetables as Snacks.** All children enjoy snacking but parents of young children should take control of the kinds of foods their children eat.
- **Get Help When A Child Becomes Obese.** A rapid response to a child's weight gain is the best way to successfully solve the problem.

Parents should avoid:

- **Using Food as Rewards.** Parents should stress that eating is a way to stay healthy rather than being a special treat for high performance.
- **Insisting on Eating Everything on the Plate.** It is best to give children small portions and let them ask for seconds if they still feel hungry. Even young children can learn to regulate their own food intake!

With sensible eating and regular exercise, no child has to become obese. ◆

Asthma Program, from page 1

The amount of time that patients spend in the hospital is also an issue. "We have to assess this and see if there's a way to reduce length of stay without affecting care," says Powell. "We're very clear on one thing: We're not going to compromise quality of care in order to decrease cost."

An Integrated System of Care

The issue of cost is not as simple as it might seem. According to Kushner, a common misconception is that if physicians simply refrain from routine or frequent testing, costs can be driven down. "This is just a small piece of it. What's really needed is a global approach," he says. "In the case of asthma, that might mean home health management that extends to nurses handing out nicotine patches to parents who smoke and teaching them about the conditions that exacerbate the illness. The bottom line: If you want to improve quality and reduce cost, you must prevent children from becoming ill in the first place."

Kushner adds that this aggressive approach is consistent with the history of pediatrics which, unlike other areas of medicine, was founded with the idea of prevention as the primary strategy.

In addition to the one for asthma, Children's will soon be implementing other pathways including those for treatment of sickle cell anemia and low-birth-weight babies. A pathway for diabetes was put into place last September.

"I think what's exciting about this, in addition to the fact that it means more efficient and up-to-date hospital management of asthma, are its implications for outpatient treatment and for an integrated system of care," says Mark Weissman, M.D., CNHN medical director. "It's one more way of linking patients and their families with CNHN community physicians, managed care organizations and other ancillary services." ◆

Children's Asthma Path Team Members

Elda Arce, M.D.,
Adolescent Medicine

Heidi Bauer, R.N., manager,
Pulmonary Care

Carol Chace, S.W.,
Family Services

Dale Coddington, M.D.,
General Pediatrics

Eileen Engh, R.N.,
Emergency Department

Robert Fink, M.D.,
Pulmonary Care

Karl Gumpper,
Pharmacy

Barbara Lauson, R.N.,
Clinical, Quality and Outcomes Management

Jill Joseph, M.D.,
Children's Research Institute

Bernice Mowery, M.D.,
Nursing Education

Dan Ochsenschlager, M.D.,
Emergency Department

Keith Schultz,
Respiratory Care

Nancy Stiles, R.N.,
Pediatric Intensive Care Unit

Kyle Walker, M.D.,
Critical Care

Mark Weissman, M.D.,
Children's National Health Network

Eugenia Tolver Powell,
Clinical, Quality and Outcomes Management

MEDICAL Currents

A Children's National Medical Center Quarterly Publication for Physicians *Winter 1998*

Children's Unveils New Asthma Treatment Program

Pathway Will Affect Entire Continuum of Care

Asthma is the leading cause of admission to Children's National Medical Center. But a new pathway developed at Children's, which relies heavily on educating patients and families about prevention, holds the promise of reducing admissions as well as the length of hospital stays, and of standardizing the care provided to asthma patients.

While the new pathway will begin by focusing on restructuring inpatient care, the pathway team will next address outpatient and home asthma care through a collaboration with the more than 250 community doctors who belong to Children's National Health Network (CNHN). By working on both fronts—inpatient and outpatient—it is expected that higher quality and more cost-effective care, and less disruption to the lives of asthma patients and their families will be the results.

"This is not a dramatically new therapy for treating asthma," says David Kushner, M.D., chairman, Diagnostic Imaging and Radiology. "Rather, it's a reorganization of existing practices with the best ideas from our expert team. A great deal of the cost of health care is a result of the wide range of differences in how physicians provide care to asthma patients. By establishing a pathway, we are making a statement that there is a consensus on a reasonable approach to treating the greatest number of patients."

The pathway will also have important clinical implications. "The biggest medical change is to the level of care on the floor since we will now provide continuous nebulizer treatment there," says Robert Fink, M.D., chairman, Allergy, Immunology and Pulmonary Medicine. "This should reduce the number of admissions to the PICU which, prior to the pathway, was the only place where continuous nebulizer treatment was available."

"By establishing a pathway, we are making a statement that there is a consensus on a reasonable approach to treating the greatest number of patients."

David Kushner, M.D.

Establishing a Pathway

It took a sixteen-member, multi-disciplinary Children's team to develop the pathway, which directs treatment from the point of inpatient admission to the point at which treatment can be managed on an outpatient/home care basis. In addition to meetings, there were chart audits, literature reviews and data analyses. What's more, the new asthma diagnosis and treatment management guidelines issued last year by the National Institutes of Health have been incorporated into the pathway.

Several elements enter into the equation when a new pathway is being considered for a particular diagnosis, according to Eugenia Toliver Powell, collaborative practice facilitator, Clinical and Quality Outcomes Management. "At the forefront of developing a pathway is the question of how to provide higher quality, less costly, and more efficient and consistent care for a particular population," says Powell.

continued on page 5

We're in Your Neighborhood

Children's National Medical Center

3 Should Psychologists Use Pediatricians to Prescribe Medications?

7 Update: CNHN Announces New PPO and Vaccine Contracts

8 Special Report: Violence Prevention Programs Invest in Youth

11 Physician Representative Farewell

Children's National Medical Center
Serving Children and Their Families Since 1870

111 Michigan Avenue, N.W.
Washington, D.C. 20010-2970
(202) 884-5000

FAX TRANSMITTAL SHEET

DATE: _____

TO: Mira Tanden

FIRM: _____

TELEPHONE #: _____

FAX #: _____

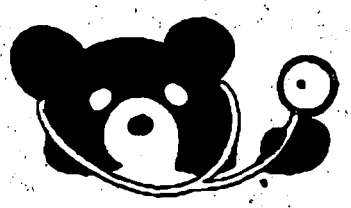
FROM: PUBLIC RELATIONS & MARKETING
Fax #: (202) 884-3696

Angela Borders (202) ~~884-4213~~	Cheryl Leamon (202) 884-3765	Susan Dell (202) 884-3754
Lynn Cantwell (202) 884-4500	Sharon Daniel (202) 884-4500	Anita Kelly (202) 884-4240
Erica Tollett (202) 884-4223	Jim Cassell (202) 884-4211	

Mailing address:
111 Michigan Avenue, N.W.
Washington, DC 20010-2970

'mber of pages, including cover sheet: 3

'rks: _____



YOUR CHILD WAS TREATED FOR WHEEZING TODAY

MODE OF TRANSPORTATION BY WHOM

Wheezing is the whistling sound the lungs make when the breathing passages are swollen. Colds, viruses and asthma can cause wheezing.

THINGS TO DO AT HOME

1. Make appointment for follow-up with your doctor in _____ days.
2. Drink lots of room temperature fluids.
3. Get lots of rest and avoid hard exercise.
4. Use cool mist, vaporizer while sleeping.
5. Avoid cigarette, cigar and pipe smoke (NO SMOKING IN THE HOUSE)
6. Return to school in _____ days.
7. Get Emergency care if the following things happen:
   - wheezing gets worse
   - fast breathing
   - short of breath, gasping for air
   - chest pain
   - chest sucks in at the ribs with each breath
   - can't drink fluids, vomiting
8. Call the Emergency Room at (202) 884-5217 if you have questions.
9. Take these medicines:

☐ ALBUTEROL SYRUP (also known as Ventolin give ____ cc (___ teaspoons) every 8 hours for ____ days.

☐ PRELONE SYRUP (also known as Prednisolone)
give ___ cc (___ teaspoons) every 12 hours for _____ days.

☐ PREDNISONE TABLETS (___ mg)
give ___ tablets every 12 hours for _____ days.

☐ ALBUTEROL (Ventolin) inhaler 2 puffs, every 4 hours for _____ days.

☐ AEROSOL TREATMENT every 3-4 hours for _____ days.
- ☐ Albuterol ___ mg (___ cc)
- ☐ Intal _____
- ☐ _____

☐ ANTIBIOTIC _____
give _____ every ____ hours for _____ days.

☐ TYLENOL (TEMPRA) _____ every 4 hours for fever.

☐ OTHER MEDICINE: _____
give _____ every ____ hours for _____ days.