

**FIRST LADY HILLARY RODHAM CLINTON
PROMOTES INITIATIVE TO FIGHT CHILDHOOD ASTHMA**

Draper Elementary School

May 4, 1999

Today, First Lady Hillary Rodham Clinton attended child asthma screenings at Draper Elementary School in Washington, D.C., a city that has the highest asthma rate in the country. There, she promoted the President's initiative to fight childhood asthma. At the event, the First Lady launched a private sector initiative bringing free asthma screenings across the country, unveiled the Environmental Protection Agency's (EPA) new asthma public service campaign and announced that the Department of Health and Human Services is sending to Congress legislation providing \$50 million to fight asthma, a critical component of the President's \$68 million initiative.

Millions Of Children Suffer From Asthma. Over the past 15 years, the number of children afflicted with asthma has doubled to total about six million; in children under age five the asthma rate has increased a dramatic 160% in that same period. Over 100,000 children are hospitalized each year because of asthma, making it the leading cause of hospitalization due to chronic illness for children at a cost of \$1.9 billion in medical expenses annually. Asthma is also one of the leading causes of school absenteeism, resulting in over 10 million missed school days each year. In addition, minority children are disproportionately affected by asthma. Although African American children under the age of 18 have only a slightly higher risk of actually having asthma than non-Hispanic white children, they experience a disproportionately higher rate of death from asthma attacks, over four times the rate for white children. Many children with asthma remain chronically impaired because they lack support systems that enable them to effectively manage their own disease or access sufficient medications or equipment. Currently, five percent of Washington D.C.'s residents suffer from asthma compared to the national average of two percent.

First Lady Launched Childhood Asthma Screening Campaign. The First Lady kicked off the Nationwide Asthma Screening Program because the first important step in treating asthma is detecting it. The screening was part of the American College of Allergy, Asthma and Immunology's (ACAAI) public education campaign, funded by Astra Pharmaceuticals, to help the millions of adults and children who suffer from asthma identify, understand and manage their disease. Free screening programs for adults and children took place at over 200 sites nationwide today, including shopping malls, schools, civic centers and health fairs. Since its inception in 1997, the Nationwide Asthma Screening Program has reached more than 11,000 adults and children, more than half of whom have been referred for a professional diagnosis.

New Public Awareness Campaign. To raise awareness of the dangers of second-hand smoke, the First Lady unveiled EPA's new Public Service Announcements (PSA) campaign. A 1993 EPA study reported that exposure to second-hand smoke considerably worsens asthma for up to one million asthmatic children and second hand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections annually in infants and children under 18 months of age. In addition, second-hand smoke, a human carcinogen, is known to contribute to serious ear

infections, and respiratory tract infections such as pneumonia and bronchitis, and is even said to double the risk of Sudden Infant Death Syndrome. As part of its campaign, the EPA has established a grassroots network of about 1,000 partners including local chapters of the American Lung Association, the American Medical Association and others who will contact television and radio stations in their area to encourage local coverage.

New Local Asthma Prevention Initiative. To address Washington D.C.'s high childhood asthma rate, a coalition of partners including the American Lung Association of the District of Columbia, the U.S. Centers for Disease Control and Prevention, the D.C. Department of Health, Howard University Hospital and others have created the Childhood Asthma Campaign. The goals of the campaign are to improve quality of life for children with asthma, to reduce environmental conditions that aggravate asthma, and to address the barriers of health care access for children with asthma. The Childhood Asthma Campaign will be launched within Ward Six of the District -- which had the highest asthma mortality rate in 1996 -- in May and will expand into Wards Seven and Eight at a later date.

\$50 Million To Develop Asthma Management Strategies For Low Income Children. Today, the U.S. Department of Health and Human Services is sending to Congress legislation that authorizes \$50 million in competitive grants to states that identify and treat children with asthma enrolled in the Medicaid and CHIP programs in accordance with new disease guidelines developed by the National Institutes of Health. This legislation is part of President Clinton's \$68 million children's asthma initiative -- the largest federal investment to fight childhood asthma ever. The Administration's four-pronged approach to fighting asthma also includes: implementing school-based programs that teach children how to effectively manage their asthma; investing in research to determine environmental causes of asthma and developing new strategies to reduce children's exposure to asthma triggers; and conducting a new public information campaign to reduce exposure to asthma triggers.

DISTRICT OF COLUMBIA ASTHMA FACT SHEET

- o In 1994, an estimated 5.5% of the District of Columbia population or 31,347 residents had asthma which included 8,188 children and 23,154 adults
- o In a recent study of 476 children with asthma published by the *New England Journal of Medicine* in 1997 (which included participants from Washington, D.C.):
 - ♦ 37% were allergic to cockroach droppings
 - ♦ 35% were allergic to dust mite droppings
 - ♦ 23% were allergic to cats

These allergies can trigger asthma attacks in some individuals:

- ✓ Asthma is the primary cause of school absences related to chronic conditions
- ✓ Recent studies suggest that children of smokers are twice as likely to develop asthma
- ✓ Nationwide, 1 in 6 of all pediatric emergency room visits were due to asthma
- ✓ In 1994, the asthma mortality rate for the nation was 1.5 per 100,000 population while the rate for the District of Columbia was 3.5 per 100,000 population
- ✓ In 1996, the asthma mortality rate for the District increased to 4.05 per 100,000
- ✓ Ward 6 had the highest asthma mortality rate in 1996 with a rate of 12.39 per 100,000
- ✓ Of the 22 men, women, and children who died from asthma in 1996:
 - ♦ 91% were African American
 - ♦ 50% were female
 - ♦ 23% were children under the age of 19
 - ♦ 73% were residents from Wards 6, 7, and 8

Sources:

1. *Estimated Prevalence and Incidence of Lung Disease by Lung Association and Territory*, Amer. Lung Assoc., 1997 (includes data from *National Health Interview Survey*, 1994)
2. *Lung Disease Data*, American Lung Association, 1997
3. D.C. Dept. of Health, Center for State Statistics, 1996

The American Lung Association of the District of Columbia's premier asthma program is *Open Airways for Schools (OAS)*. OAS will be implemented in the District's elementary schools this fall. The program has been proven to improve school absenteeism and grades. *Camp Happy Lungs* provides an educational and rewarding summer camping experience for asthmatic children. *As for Asthma* introduces behaviors that help pre-school children participate in their own asthma care.

From:
To: MS Exchange::Raleach@msn.com
Subject: Fact sheet for HRC
Date:

Rick,

Below are the fact sheets for the Office of the First Lady.

The American Lung Association of the District of Columbia, along with other collaborative partners such as the United States Centers for Disease Control & Prevention, the District of Columbia Department of Health, Howard University Hospital, Glaxo Wellcome, Inc., Capital Community Health Plan and the Asthma & Allergy Foundation, has created the Childhood Asthma Campaign in order to address the fact that the District has the highest rate of asthma in the nation.

The coalition is broad-based as is constantly identifying and outreaching to various sectors of the D.C. community for expansion. In time, the coalition will consist of representatives of the business community, public/private/charter schools, day care centers, professional associations, religious organizations, health care professionals and local community groups.

Members of the coalition will launch the Childhood Asthma Campaign within Ward Six in May, 1999 with the intention to expand into Wards Seven and Eight at a later date. The Campaign launch will highlight the agreed upon strategies developed by the coalition partners, as well as serve as a "call to action" for the entire District of Columbia community.

The mission of the Campaign is to reduce mortality and morbidity of pediatric asthma through prevention and treatment, utilizing collaborative partners.

The goals of the Childhood Asthma Campaign are:

- To improve the quality of life for the asthmatic and his/her family
- To promote an active partnership between the patient and the physician
- To identify the barriers to health care access
- To impact on the barriers to health care access
- To promote optimal medical management of the asthma patient; and
- To reduce environmental hazard in the community which impact asthma

As you may know, the American Lung Association, the nation's oldest voluntary health organization, has been fighting lung disease for more than 90 years. The association offers programs of education, community service, advocacy and research to prevent lung disease and promote lung health.

ASTHMA CAMPAIGN

PREVENTION, TREATMENT & MAINTENANCE

EXECUTIVE SUMMARY

THE MISSION

The District of Columbia has the highest rate of asthma in the nation – more than 5% of the District residents have asthma (compared to less than 2% nationally). Therefore, the mission of the Asthma Campaign is to reduce the mortality and morbidity from pediatric asthma through preventive prevention and treatment utilizing collaborative partners.

GOALS & OBJECTIVES

- To improve the quality of life for the asthmatic child and his/her family
- To promote an active partnership between the patient, and the physician
- To identify the barriers to health care access
- To impact on the barriers to health care access
- To promote optimal medical management of the asthma patient
- To reduce environmental hazards in the community which impact asthma

TARGET MARKET

- The Campaign will start in Ward 6, which has the highest asthma mortality rate in the District. In 1996, 8 of the 22 people who died in the District were from Ward 6
- Asthmatic children ages 0 – 11 residing in Ward 6
- Families and parents of asthmatic children in Ward 6

MEASURABLE OUTCOMES

- Reduce the number of emergency room visits due to asthmatic episodes
- Reduce number of asthma related hospitalizations
- Reduce number of school days lost due to asthma illness
- Reduce number of deaths due to asthma

COLLABORATIVE PARTNERS

To carry out the Campaign, the ALA of DC is assembling a broad coalition of organizations including:

- United States Centers for Disease Control & Prevention
- Washington, DC Department of Health
- Howard University Hospital
- Glaxo Wellcome
- Capital Community Health Plan
- Asthma & Allergy Foundation
- American Lung Association of the District of Columbia

May 3, 1999

**PROMOTING THE ADMINISTRATION'S \$68 MILLION INITIATIVE TO ADDRESS
CHILDHOOD ASTHMA**

Date: Tuesday, May 4, 1999
Time: 11:30 AM – 12:30 PM
Location: Draper Elementary School
Washington, D.C.
From: Neera Tanden and Ruby Shamir

I. PURPOSE

To promote the Administration's \$68 million initiative to address research, treatment, and prevention of asthma, you will: (1) launch a private sector initiative that will bring free asthma screenings across the country, (2) unveil the Environmental Protection Agency's (EPA) new asthma public service campaign and (3) announce that legislation authorizing a portion of the President's agenda will be sent to the hill.

II. BACKGROUND

Overview

On Tuesday morning, you will visit Draper Elementary School to highlight the Administration's unprecedented \$68 million investment to combat childhood asthma. While there, you will tour a screening program conducted by the American College of Allergy, Asthma and Immunology (ACAAI) with a grant from Astra Pharmaceuticals, that provides free asthma screenings as part of the Nationwide Asthma Screening Program. You will also deliver remarks to an audience of 200 parents, children, teachers, and health professionals.

Background On Childhood Asthma

Over the past 15 years, the number of children afflicted with asthma has doubled to total about six million; in children under five the asthma rate has increased a dramatic 160% in that same period. Over 100,000 children are hospitalized each year because of asthma, making it the leading cause of hospitalization due to chronic illness for children at a cost of \$1.9 billion in medical expenses annually. Asthma is also one of the leading causes of school absenteeism, resulting in over 10 million missed school days each year. In addition, minority children are disproportionately affected by asthma. Although African American children under the age of 18 have only a slightly higher risk of actually having asthma than non-Hispanic white children, they experience a disproportionately higher rate of death from asthma attacks, over four times the rate for white children. Many children with asthma remain chronically impaired because they lack support systems that enable them to effectively manage their own disease or access sufficient medications or equipment.

Asthma Legislation

On Tuesday, the Department of Health and Human Services is sending to Congress legislation that will authorize the President's \$50 million initiative of competitive grants to states that identify and treat asthmatic children enrolled in the Medicaid and CHIP programs in accordance with new disease guidelines developed by the National Institutes of Health. The funding will also support new outreach and education efforts at the local level. This legislation is part of President Clinton's \$68 million children's asthma initiative – the largest federal investment to fight childhood asthma ever. The Administration's four-pronged approach to fighting asthma also includes: implementing school-based programs that teach children how to effectively manage their asthma; investing in research to determine environmental causes of asthma and developing new strategies to reduce children's exposure to asthma triggers; and conducting a new public information campaign to reduce exposure to asthma triggers.

Nationwide Asthma Screening Program

You will announce the kick off of the Nationwide Asthma Screening Program which is part of the American College of Allergy, Asthma and Immunology's (ACAAI) public education campaign to help the millions of adults and children who suffer from asthma to identify, understand and manage their disease. The screening consists of blowing into a tube and consulting with a physician. At this event you will visit with children who are doing both activities and talk with the doctors overseeing the screening. In all, there will be 15 children in the room being screened and five doctors.

Free screening programs for adults and children are taking place at over 200 sites nationwide on Tuesday, including shopping malls, schools, civic centers and health fairs. Since its inception in 1997, the Nationwide Asthma Screening Program has reached more than 11,000 adults and children, more than half of whom have been referred for a professional diagnosis. The Astra pharmaceutical company is underwriting the campaign.

EPA Public Service Announcements Campaign

To raise awareness of the dangers of second-hand smoke, you will also unveil EPA's new Public Service Announcements (PSA) campaign, the first, multi-year media campaign to protect children from exposure to second-hand smoke. A 1993 EPA study reported that exposure to second-hand smoke considerably worsens asthma for up to one million asthmatic children and second hand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections annually in infants and children under 18 months of age. In addition, second-hand smoke, a human carcinogen, is known to contribute to serious ear infections, and respiratory tract infections such as pneumonia and bronchitis, and is even said to double the risk of Sudden Infant Death Syndrome. Currently, about 15 million young children are regularly exposed to their parents second-hand smoke at home.

The PSA targets parents who smoke and urges them to go outside if they smoke. As part of its campaign, the EPA has established a grassroots network of about 1,000 partners including local chapters of the American Lung Association, the American Medical Association and others who will contact stations in their area to encourage local coverage.

Local Asthma Prevention Initiative

Washington D.C. has the highest rate of asthma in the nation – more than five percent of the District's residents have asthma, compared to less than two percent nationally. To address D.C.'s high childhood asthma rate a coalition of partners including the American Lung Association of the District of Columbia, the U.S. Centers for Disease Control and Prevention, the D.C. Department of Health, Howard University Hospital and others have created the Childhood Asthma Campaign. The goals of the campaign are to improve quality of life for asthmatic children, to reduce environmental conditions that aggravate asthma, and to address the barriers of health care access for children with asthma through the community based health services. The Childhood Asthma Campaign will be launched within Ward Six of the District – which had the highest asthma mortality rate in 1996 -- in May and will expand into Wards Seven and Eight at a later date.

Background on Draper Elementary School

Draper Elementary School, in Southeast D.C.'s Ward Eight, was chosen in part because seven percent of its students suffer from respiratory ailments. The school has approximately 500 students, 100% of whom are African American. In 1998, 49% of its students tested below basic skills levels on reading tests and 50% of its students tested below basic skills levels on math tests.

III. PARTICIPANTS

Greeters

- Dr. Sandra Coates, Draper Elementary School Principal
- Nikita Johnson, parent of Domonique Johnson, child with asthma
- Domonique Johnson, daughter of Nikita Johnson.

Speaking Program

- Dr. Sandra Coates, Draper Elementary School Principal
- Elois Brooks, Deputy Superintendent of the D.C. Schools
- Dr. Robert Miles, President of the American College of Allergy, Asthma and Immunology (ACAAI)
- Dr. Talal M. Nsouli, Chair of the District of Columbia chapter of the Nationwide Asthma Screening Program
- Carol Browner, EPA Administrator
- Nikita Johnson, parent of Domonique Johnson, child with asthma. Domonique is five years old and has suffered from severe asthma since she was two years old. She is treated with steroids.
- The First Lady

NOTE: Deputy Health and Human Services Secretary Kevin Thurm, and Irwin Redlener, President of the Children's Health Fund, will be in the audience.

IV. SEQUENCE OF EVENTS

- Dr. Sandra Coates greets you and leads you to a photo op in the hallway.
- Photo op with Elois Brooks, Deputy Superintendent of the D.C. Schools, Dr. Robert Miles, President of the American College of Allergy, Asthma and Immunology (ACAAI), Dr. Talal Nsouli, Allergist, Dr. John Winder, Chairman of the ACAAI, Catherine Kernan, Director of External Affairs for Astra Pharmaceuticals, and Irwin Redlener, President of the Children's Health Fund.
- Proceed to the asthma screening room, where Dr. Nsouli will walk you through as you visit the children being screened.
- Proceed to auditorium where Dr. Coates announces you onto the stage. Dr. Coates makes brief remarks and introduce Deputy Superintendent Brooks.
- Deputy Superintendent Brooks makes brief remarks and introduces Dr. Miles.
- Dr. Miles makes brief remarks and introduces Dr. Nsouli.
- Dr. Nsouli makes brief remarks and introduces Nikita Johnson
- Nikita Johnson makes brief remarks and introduces you.
- You make remarks and close the program.

V. PRESS PLAN

- Pool Press for asthma screening tour. Open Press for speaking program.

VI. REMARKS

- Provided by Laura Schiller

DRAPER Elementary
School

908 WAHLER PLACE SE WASHINGTON, DC 20032

FAX

Date:

5/3/99

Number of pages including cover sheet:

3

To:

Ruby Shamir

Phone:

Fax phone: 202-456-2878

CC:

From:

Draper E.S.
SP Coates

Phone:

202 645-3309

Fax phone:

202 645-3315

REMARKS:

☐

Urgent

☐

For your review

☐

Reply ASAP

☐

Please comment

As requested

Draper Elementary School

Demographic Data

Demographic data indicates that a majority of Draper students come from single parent homes. These parents are young and usually female. Parent/guardian incomes are low with a majority on public assistance. Few parents have college degrees, many do not have a high school diploma or GED. The neighborhood is made up of subsidized housing units which undergo periodic renovation. During renovations whole sections are boarded up and fenced off. Local business is limited to a carry-out, liquor store and laundromat. There are no public playgrounds, and crime in the area leave the children with severe limitations to varied activities outside of school. Draper does provide before and after care services for the community. Unfortunately, crime, drugs and poverty plague this inner-city community. It is therefore important that Draper School provide programs which increase student success while emphasizing student attendance and the development of self-esteem. The school needs to provide a climate of peace, respect and responsibility where parents and students learn and work together successfully. Training opportunities for parents need to be included both for their personal growth and for methods of assisting their children's learning process.

Enrollment Data

Draper's 458 students are all African-Americans. 90% live in the neighborhood. Our instructional program needs to build self esteem, develop awareness and understanding of African-American history and heritage as well as involve our students in the history and heritage of other cultures. We need to include activities that broaden students experiences outside the neighborhood.

Current national enrollment trends indicate a decline in elementary school enrollment due to increased attendance of 6th graders at middle school. In 2000-01 Draper may consider changing to a PK - 5 school. Staffing changes could allow for the expansion of the early childhood program. This would allow the enrollment of more PK students from the waiting list.

There are no LEP or ESL students enrolled at present, and projections indicate no increase, therefore LEP and ESL instruction are not a priority at this time.

Attendance rates have shown an increase each year. We will continue to focus on attendance and thereby maintain or exceed the present rate of 96%.

Promotion rates have risen each year. Programs and services need to be provided for below basic students to continue this progress.

History of Henry W. Draper Elementary School

Henry W. Draper Elementary School was named for Henry White Draper; an educator, historian, poet and civic leader. He was born, reared and educated in the Washington, D.C. area. The school was named for Mr. Draper in 1953 because of his dedication, professional interest, sympathy, understanding and intelligent insight into the school system.

Draper's population is 458 students. Its location is in the far southeastern section of Washington, D.C. It is approximately two (2) blocks from the Maryland boundary line.

The socio-economic background of the households in the area are from public assistance recipients to low middle-income status. Ninety-eight (98) percent of the students are on the reduced or free breakfast and lunch program.

Draper's philosophy is to educate and enhance the development of each child to his/her maximum capability. This is to insure the intellectual, physical, emotional and aesthetic well-being of all students.

Draper's instructional program is designed for students from prekindergarten through grade six. Headstart is also a part of our educational program to help students get an early start in learning important social skills. Throughout the years Draper has availed itself of many opportunities to enrich the lives of the children. These programs include:

- (1) Say YES to Science, Math and Technology Saturday Program
- (2) Saturday S.T.A.R.S. Academy
- (3) Partners in Excellence Program with the Office of Naval Intelligence (ONI)
- (4) Participation in the American Dance Institute Residency Program directed by Jacques d'Amboise

Draper's PTA is very active in providing parent involvement and working with the staff. They also help fund field trips for students and provide books through Reading Is Fundamental.

With the professionalism and hard work of the Draper staff and the involvement of committed parents and community members, the progress and achievement of the students shall continue. A motto that the Draper staff adheres to states: "Educating students is our business while maintaining a high level of professionalism at all times."

FAX TRANSMISSION**pci**

Public Communications Inc.
35 EAST WACKER DRIVE
CHICAGO, ILLINOIS 60601
(312) 558-1770

FAX (312) 558-5425

DATE: April 27, 1999

TO: Ms. Neera Tanden

OF: The White House

FAX#: 202/456-2878

FROM: Leigh Wagner

NUMBER OF PAGES (INCLUDING COVER PAGE): 13

ACCOUNT #: 137

IS THERE A PROBLEM WITH THIS TRANSMISSION? PLEASE CALL (312) 558-1770.

MESSAGE:

Nikita Johnson → 202-678-2527
↳ Munnu - 5 yrs old

Pres. - Ella Shaw
↳

**Public Communications Inc.**

35 East Wacker Drive, Chicago, IL 60601

phone (312) 558-1770 fax (312) 558-5425

e-mail ideas@pcipr.com home page www.pcipr.com

COUNSELORS IN MARKETING • CORPORATE • INSTITUTIONAL • PUBLIC AFFAIRS • ISSUES MANAGEMENT COMMUNICATIONS

MEMORANDUM

April 27, 1999

TO: Neera Tanden
THE WHITE HOUSE

cc: Alan Leahigh
Talat M. Nsouli, M.D.

FROM: Ruth Mugalian, Leigh Wagner, Judie Berendt

SUBJECT: NATIONWIDE ASTHMA SCREENING PROGRAM KICK-OFF

Thank you for taking the time to speak with us yesterday regarding the kick-off of the American College of Allergy, Asthma and Immunology's (ACAAI) Nationwide Asthma Screening Program Tuesday, May 4. As we discussed, we will plan on the First Lady arriving at the event at 11:30 a.m.

Enclosed with this memorandum are the following materials:

- **Conference Call Agenda.** A suggested agenda for our call scheduled today for 5 p.m.
- **Banner Concepts.** Suggested concepts for banners at the event. The banner will hang behind the dais on a display frame.
- **Speakers' Program Agenda.** An agenda for the speaking portion of the program, which will take place after the First Lady tours the asthma screening in the classroom.
- **Invitation/Attendance List.** We've confirmed with the school that the auditorium holds 200 people. A list of the people (an estimated 65 people) the ACAAI and the superintendent's office would like invited to the event is provided. If possible, we would like the front row at the speaking program to be reserved for key representatives of some of these organizations. We understand that Mrs. Clinton will acknowledge government officials and hope she can also briefly acknowledge the following:
 - Robert Miles, M.D., president of the ACAAI
 - John Winder, M.D., chair of the ACAAI Nationwide Asthma Screening Program

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Neera Tanden

Page Two

- A top representative from Astra Pharmaceuticals, L.P., the pharmaceutical company that supports the Nationwide Asthma Screening Program
- Nancy Sander, president, Allergy and Asthma Network/Mothers of Asthmatics, Inc. (A patient support organization and co-sponsor of the Nationwide Asthma Screening Program)
- Mary Worstell, executive director, Asthma and Allergy Foundation of America (A patient support organization and co-sponsor of the Nationwide Asthma Screening Program)
- **News Release Copy.** Suggested copy for a news release which will be distributed to the press during the speaking program.

We still need to provide you with contact information and a biography for the parent of a child with asthma who attends Draper Elementary School. Late this afternoon, the principal of the school suggested alternative parent who would be a good spokesperson for the event. We will contact the parent and forward you the information when it becomes available.

**Nationwide Asthma Screening Program Kick-off Planning
Conference Call Agenda
April 27, 1999
5 p.m.**

- I. Banner Concepts
- II. Speakers' Program Agenda
- III. Event Timing (11:30 a.m. arrival/12 noon speaking program)
- IV. Dignitary Follow-up/Arrival Time
- V. Parent Invitations
- VI. Student Status/First Lady Gift
- VII. Media Contact/News Release
- VIII. District of Columbia Public Schools Media Alert/List
- IX. Room Set-up/Advance Team Contact
- X. Dr. Nsouli/Medicaid

Banner Concepts

Following are some suggested concepts for a dais banner. The concept would be included on the banner along with logos representing the ACAAI, Draper Elementary School and Astra Pharmaceuticals, L.P., which provided an educational grant to fund the Nationwide Asthma Screening Program.

- 1) Hey Kids, Don't Let Asthma Take Your Fun Away!
- 2) Nationwide Asthma Screening Program
Helping Kids Fight Asthma
- 3) Helping Kids Fight Asthma
Nationwide Asthma Screening Program

Speaking Program Agenda

Following is a suggested speaking program agenda for the kick-off of the Nationwide Asthma Screening Program:

I. Welcome and Introductions

- Arlene Ackerman, superintendent of the District of Columbia Public Schools
- Sandra Coates, principal, Draper Elementary School

II. Overview of Asthma (To Be Determined)

- Carol Browner, administrator, Environmental Protection Agency
- Donna Shalala, secretary, Department of Health and Human Services

III. Overview of Nationwide Asthma Screening Program

- Talal M. Nsouli, M.D., chair, District of Columbia chapter of the Nationwide Asthma Screening Program

IV. Case History on Asthma (To Be Determined)

- Parent of a Draper Elementary School student with asthma

V. First Lady Hillary Rodham Clinton

Invitation/Attendance List

The Honorable David Satcher, M.D.
U.S. Surgeon General
Hubert H. Humphrey Building
200 Independence Ave., S.W.
Room 716G
Washington, DC 20201
202-690-7694

Connie Mariano, M.D., FACP
Senior White House Physician
Director, White House Medical Unit
White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

The Honorable Anthony Williams
Executive Office of the Mayor
One Judiciary Square
Washington, DC 20001
202-727-2980

Linda Ford, M.D.
President
The American Lung Association
1740 Broadway
New York, NY 10019
212-315-8700

Gary W. Kauffman, MPA, RRT
President
American Association of Respiratory Care
York Health System
1001 South George Street
York, PA 17405

Marlene Kelly, M.D.
Acting Director
District of Columbia Department of Health
825 North Capitol Street, N.E.
Washington, DC 20002
202-442-5999

Daniel Rotrosen, M.D.

Chief

Division of Allergy, Immunology and Transplantation (DAIT)

Asthma and Inflammation Section

National Institute of Allergy and Infectious Diseases

Building SB, Room 4A24

31 Center Drive MSC 2520

Bethesda, MD 20892-2520

301-496-8973

Arlene Ackerman (and 11 additional DCPS representatives)

Superintendent

District of Columbia Public Schools

825 N. Capitol Street N.E.

Washington, DC 20002

Ms. Nancy Sander (and five additional AAN/MA representatives)

President

Allergy and Asthma Network

Mothers of Asthmatics, Inc.

2751 Prosperity Avenue

Suite 150

Fairfax, VA 22031

800-878-4403

Ms. Mary Worstell

Executive Director

Asthma and Allergy Foundation of America

1125 Fifteenth Street, N.W.

Suite 502

Washington, DC 20005

202-466-7643

Ms. Maryanne Ellis

Director

Maryland State Chapter

Asthma and Allergy Foundation of America

Chester Building

8600 LaSalle Road, Suite 321

Towson, MD 21286

Ms. Ernestine Holly
Director of Programs
Maryland State Chapter
Asthma and Allergy Foundation of America
Chester Building
8600 LaSalle Road, Suite 321
Towson, MD 21286

Ms. Libby Carter-Otuya
Director
District of Columbia Chapter
Asthma and Allergy Foundation of America
1125 Fifteenth Street, N.W.
Suite 502
Washington, DC 20005

Ms. Mary Brasler
National Director of Programs
Asthma and Allergy Foundation of America
1125 Fifteenth Street, N.W.
Suite 502
Washington, DC 20005
202-466-7643

Maurice Bass, M.D.
President, Medical Staff
c/o Potomac Hospital
2300 Opitz Boulevard
Woodbridge, VA 22191

Ranjit Cheriyan, M.D.
President, Medical Staff
c/o Northern Virginia Community Hospital
1635 North George Mason Drive
Suite 215
Arlington, VA 22205

Sam Wiesel, M.D.
Executive Vice President for Health Services
Georgetown University Medical Center
3800 Reservoir Road, N.W.
Washington, DC 20037

Georgetown University Medical Center
3800 Reservoir Road, N.W.
Washington, DC 20037

Ms. Judi Golding (and seven additional representatives)
Manager, External Communications
Astra Pharmaceuticals, L.P.
725 Chesterbrook
Wayne, PA 19087

Robert Miles, M.D.
President
American College of Allergy, Asthma and Immunology
85 West Algonquin Road, Suite 550
Arlington Heights, Illinois 60005

John Winder, M.D. (And six additional allergists, seven nurses/respiratory therapists and two
equipment managers for conducting the screening)
Chair, Nationwide Asthma Screening Program
American College of Allergy, Asthma and Immunology
85 West Algonquin Road, Suite 550
Arlington Heights, Illinois 60005

David Nelson, M.D.
Chairman
Department of Pediatrics

**Don't let
Asthma
take
your
breath
away**

DRAFT

CONTACT: Judie Berendt or
Caroline Blum
(312) 558-1770

FIRST LADY HILLARY CLINTON KICKS OFF NATIONWIDE ASTHMA SCREENING PROGRAM

WASHINGTON, May 4, 1999 — Elementary school children and their parents helped First Lady Hillary Rodham Clinton kick off a Nationwide Asthma Screening Program today at a special screening at Draper Elementary School in the District of Columbia. The screening launched the American College of Allergy, Asthma and Immunology's third annual campaign to find adults and children with symptoms of asthma through free screenings at more than 200 sites across the country.

Nationally, between 14 million and 15 million people have asthma, and many do not know they have the disease or how to control it. Almost 5 million are children who might be at risk for irreversible lung damage if their asthma is not diagnosed and treated early. The screening program is designed to help prevent this permanent damage by encouraging early diagnosis and treatment. The First Lady is committed to fighting childhood asthma and recently unveiled a \$68 million initiative to combat the disease.

(Insert First Lady quote)

The symptoms of asthma include coughing, chest tightness, wheezing and shortness of breath. Its exact cause is unknown, but an asthma attack often is triggered by allergens such as pollen, dust and animal dander, certain drugs and food additives, viral respiratory infections and physical exertion.

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Free asthma screenings will be performed at shopping malls, civic centers, health fairs and other accessible locations throughout the country. Special outreach programs for children and parents at schools, activity centers and toy stores also will be conducted.

"Undiagnosed or undertreated asthma not only diminishes quality of life, but can cause serious long-term damage to lungs especially in younger people," said Talal M. Nsouli, M.D., chair, D.C. chapter of the Nationwide Asthma Screening Program. "That's why this year the Nationwide Asthma Screening Program is making a special effort to reach children and their parents."

Asthma is the most common chronic illness in childhood, accounting for 10 million missed school days each year. The disease is especially prevalent in the African-American community with children experiencing more severe disability, frequent hospitalizations and a death rate that is 4 to 6 times higher than in other children.

"The health of our children directly affects student achievement," said Arlene Ackerman, superintendent of the District of Columbia Public Schools. "We fully support the initiatives of the ACAAI and Nationwide Asthma Screening Program."

Once asthma is diagnosed, experts recommend aggressive treatment with allergen avoidance and medication. Because lung airway inflammation plays a critical role in the development of asthma, the most effective medications have anti-inflammatory effects. Studies show that inhaled corticosteroids improve control of the disease, normalize lung function and can prevent irreversible damage to lung airways.

"Today we know more than ever before about asthma, and we have the tools to treat the symptoms and control the disease," said ACAAI President Robert Miles, M.D. "The screening program informs adults and children about this, and moves them toward proper diagnosis and treatment so they take control of their disease and their lives."

More than 11,000 adults and children have been screened through the program since it was launched in 1997, and more than half have had symptoms warranting referral for a professional diagnosis. The program is funded by an educational grant from Astra Pharmaceuticals.

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"During the past three years, we've seen that many people suffer needlessly because of undiagnosed or untreated asthma," said (name of Astra spokesperson, title). "Astra is committed to supporting the Nationwide Asthma Screening Program and improving the life quality of adults and children with breathing problems that might be caused by the disease."

During a screening, adults and children who are experiencing breathing problems complete a 20-question Life Quality (LQ) Test developed by ACAAI for the program, and take a special lung function test that involves blowing into a tube. Participants are counseled on whether they should seek a thorough examination and diagnosis. Those who already know they have asthma can talk with a specialist about controlling their disease. Allergists, allied health professionals and patient support organizations are volunteering their time and expertise to the public education program.

Co-sponsoring the Nationwide Asthma Screening Program are two patient support organizations: the Asthma and Allergy Foundation of America and the Allergy and Asthma Network/Mothers of Asthmatics.

To obtain a list of asthma screening sites or to take the LQ Test, visit the ACAAI Web site at <http://allergy.mcg.edu>.

#

DC Schools Asthma Statistics

Among the three schools we researched as potential sites for the asthma program, approximately 7 percent of the students have known respiratory problems (121 students with known respiratory problems out of 1,656 total students.) These statistics were researched and compiled by the nurse director of the schools.

Ruby - can you include
this in the briefing at
the school.
- Ruth

Apr 30 '99 5:09 P.02

Fax: 3125585425

PCI

Don't let
Asthma
take
your
breath
away

Nationwide Asthma Screening Program

FOR IMMEDIATE RELEASE

CONTACT: Caroline Blum
(312) 558-1770

First Lady Hillary Clinton To Kick Off Nationwide Asthma Screening Program

WHAT: In an effort to help prevent permanent lung damage in children, First Lady Hillary Rodham Clinton will kick off the Nationwide Asthma Screening Program with a special screening at Draper Elementary School. The screening is part of the American College of Allergy, Asthma and Immunology's (ACAAI) public education campaign to find adults and children with symptoms of asthma, such as coughing, wheezing or shortness of breath. The objective is to help them identify, understand and manage their disease.

WHY: Nationally between 14 million and 15 million people have asthma, and many may not know they have the disease or how to control it. Of these people, almost 5 million are children who might be at risk for irreversible lung damage if their asthma is not diagnosed and treated early. The screening program is designed to help prevent this permanent damage by encouraging early diagnosis and treatment. The First Lady is committed to fighting childhood asthma and recently unveiled a \$68 million initiative to combat the disease.

WHO: A team of allergists and other volunteers, led by local allergist Talal M. Nsouli, M.D., will conduct the ACAAI program which is funded by an educational grant from Astra. The program is co-sponsored by the Asthma and Allergy Foundation of America and the Allergy and Asthma Network•Mothers of Asthmatics, Inc. Other potential speakers at the event include Donna Shalala, secretary of the Department of Health and Human Services, Carol Browner, administrator, Environmental Protection Agency, and S.P. Coates, principal, Draper Elementary School.

WHERE & WHEN: The kick-off screening will be held between 9 a.m. and 2:30 p.m., Tuesday, May 4, at Draper Elementary School, 908 Wahler Place, S.E., Washington. The First Lady is expected to attend the screening at (TBD). Other free screening programs for adults and children will take place at more than 200 sites across the country including shopping malls, schools, civic centers, health fairs and other accessible locations. To obtain a list of asthma screening sites or to take the LQ (Life Quality) Test, visit the ACAAI Web site at <http://allergy.mcg.edu>.

EDITOR'S NOTE: Another important event to raise asthma awareness will be held Wednesday, May 5. The Allergy and Asthma Network•Mothers of Asthmatics, Inc. is sponsoring Asthma Awareness Day•Capitol Hill '99. A bipartisan group of more than 100 members of Congress is hosting the event which will include free asthma screenings, an informational fair, press conference, discussion panel and art and creative writing contest. For more information on this event, contact Ashley Meece, (202) 467-5885.

American College of Allergy, Asthma & Immunology

85 West Algonquin Road, Suite 550, Arlington Heights, IL 60005-4425 • Voice: (847) 427-1200 • Fax: (847) 427-1294

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**Nationwide
Asthma
Screening
Program**

EDITORIAL BACKGROUND

Asthma

Asthma affects between 14 million and 15 million Americans and is one of the leading causes of work and school absences. The cost in direct medical care and indirect expenses totals more than \$6 billion each year. Although its exact cause remains unknown, many treatment options are available to control and reverse this chronic inflammation of the lungs' airways.

What is asthma?

Asthma occurs when the linings of airways become inflamed and swollen and muscle spasms constrict airflow to the lungs. An "asthma attack" is characterized by labored or restricted breathing, a tight feeling in the chest, coughing and wheezing. The condition can develop quickly and may vary in severity from mild discomfort to life-threatening attacks in which breathing stops altogether.

Sometimes, a chronic cough is the only symptom, and many cases of the disease go undiagnosed.

Who gets asthma?

Asthma can occur at any age and is more common in children than adults. Heredity plays a role, but becomes less important when asthma begins in adults. In young children, boys are nearly twice as likely as girls to develop asthma, but this sex difference tends to disappear in older age groups.

What causes asthma?

People generally think of asthma in terms of episodes or attacks. Actually, the asthmatic condition is always present, but symptoms may be dormant until "triggered" by an allergen, respiratory infection or cold weather. Other triggers may include aspirin, environmental irritants, physical exertion and, less commonly, food additives and preservatives.

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Allergens are substances that cause no problem for a majority of people but which trigger an allergic reaction in susceptible individuals. Allergens are a major source of breathing problems in both children and adults. Common allergens include plant pollen (tree, grass and weed), dander from pets and other animals, house dust mites, cockroaches, molds and certain foods. When an allergic individual comes in contact with one of these allergens, a complicated series of events causes the body to release chemicals called mediators. These mediators often trigger asthma episodes.

Cold air, smoke, industrial chemicals, perfume, and paint and gasoline fumes are all examples of environmental irritants that can provoke asthma. They probably trigger asthma symptoms by stimulating irritant receptors in the respiratory tract. These receptors, in turn, cause the muscles surrounding the airway to constrict, resulting in an asthma attack.

Viral respiratory infections are the leading cause of acute asthma attacks. Surprisingly, bacterial infections, with the exception of sinusitis, do not bring about asthma attacks. Some people with "heartburn" can have asthma symptoms when stomach acid backs up into the esophagus.

Aspirin and aspirin-containing products can trigger asthma attacks in susceptible individuals. Five percent of people with asthma experience a significant decrease in their lung function after taking aspirin. Similar reactions can occur with other over-the-counter pain relievers such as ibuprofen. As a general rule, people with asthma should avoid these products.

Another type of prescription medication that can cause problems is the group of medications called "beta-blockers," which often are prescribed for high blood pressure, glaucoma, migraine headaches and angina. Beta-blockers can cause airway constriction called bronchospasm, so it is important to consult a physician about the use of these medications.

Although food additives can trigger asthma, this is rare. The most common food trigger is sulfites, a preservative used in products such as frozen potatoes and some beers and wines.

What happens in an asthma attack?

Because of asthma's chronic, low-grade inflammation and irritation of the bronchial tube lining, airways can become "twitchy." That is, the bronchial tubes of a person with asthma narrow in response to certain triggers. The bronchial tubes may be described as hyper-reactive because they react to stimuli that don't affect other people. During an asthma attack, the muscles that surround the bronchial tubes contract, further narrowing the air passages.

With worsening of asthma, inflammation of the lining of the airways increases and produces swelling and further reduction of airway size. In addition, mucus glands in the lining of the air passages secrete excess mucus that accumulates in the already narrowed air passages. Air is trapped behind the narrowed bronchial tubes and there is a decrease in the oxygen available to the body. The end result is that breathing, especially exhaling, becomes extremely noisy.

How long does an asthma attack last?

The duration of an asthma attack can vary according to the type or trigger that caused it and how long the airways have been inflamed. While mild episodes may last only a few minutes, more severe episodes can last from hours to days. Mild attacks can resolve spontaneously or may require medication. More severe attacks can be shortened with appropriate treatment.

What should be done during an attack?

Always follow the instructions of a physician. People with asthma should have an action plan for dealing with an acute attack. In general, it is important to stay calm and take prescribed medications. Quick-relief medications, including short-acting, rapid-onset inhaled beta2-agonist bronchodilators, anticholinergics and systemic corticosteroids, are used to treat asthma attacks and are taken on an as-needed basis. They relieve symptoms rapidly by relaxing the muscles surrounding the airways, helping to open the bronchial tubes.

What about longer-term treatment?

Prevention is always the best treatment. A person with asthma should know what situations prompt an attack, such as exposure to allergens, respiratory infections and cold weather, and to avoid these situations whenever possible. If asthma attacks are severe, unpredictable or flare up more than twice a week, then treatment with a long-term control medication is recommended. Long-term medications are preventive, taken daily and can achieve and maintain control of asthma symptoms.

Because inflammation of the lungs and airways plays a critical role in asthma, the most effective medications for long-term control have anti-inflammatory effects. Various forms of anti-inflammatory medication are available and should be discussed with a physician.

One of the most effective anti-inflammatory medications for controlling asthma is inhaled corticosteroids. Taken early and as directed, these medications can improve asthma control, normalize lung function, and possibly prevent irreversible injury to lung airways.

Other anti-inflammatory medications include cromolyn and nedocromil. Often a single inhaled anti-inflammatory medication taken daily is enough to control asthma.

If that is not the case, then other medications such as long-acting inhaled or oral bronchodilators (beta agonists), long-acting theophylline or regular use of oral corticosteroids often should work. Unless directed by a physician, asthma patients should never change or discontinue preventive medications, and should always keep an adequate supply available.

For people with allergic asthma, immunotherapy, or allergy vaccinations may offer relief from symptoms prompted by allergens that act as triggers and cannot be avoided. Immunotherapy increases a patient's tolerance to the allergens that prompt asthma symptoms.

Are corticosteroids safe?

Taken as directed, inhaled corticosteroids are safe, well-tolerated and one of the most effective medications for controlling asthma. Some studies have suggested that inhaled corticosteroids may slightly reduce the rate of growth in children, perhaps by 1 centimeter per year. The reduction may be related to dosage and how long a child takes the drug. The long-term effects of any reduction in growth rate on final adult height is unknown.

Consequently, it is recommended that physicians use the lowest effective dose of these drugs, and they routinely monitor their patients' growth rates. Patients should discuss any concerns with their child's physician and never change or discontinue prescribed asthma medications unless advised by their doctor.

Is there a cure for asthma?

Although asthma symptoms are controllable, a cure for asthma has remained elusive. Preventive treatment, however, should minimize the difficulty an individual experiences with asthma, and allow a normal, active lifestyle.

When should a person see an allergist?

If an individual is having difficulty breathing or is coughing or wheezing, an allergist can help determine the cause of the condition and provide treatment that controls or eliminates the symptoms. Individuals should see an allergist if:

- Breathing difficulties are interfering with daily activities
- Breathing problems are decreasing the quality of their life
- The warning signs of asthma, are present. These include:
 - shortness of breath
 - wheezing or coughing, especially at night or after exercise
 - tightness in the chest
 - frequent attacks of breathlessness, despite previous diagnosis and treatment for asthma

An allergist is a physician who specializes in the diagnosis and treatment of asthma and allergies. The allergist has passed a qualifying examination and is specially trained to identify the factors that trigger asthma or allergies, and help the patient prevent or treat the condition.

After earning a medical degree, the allergist completes a three-year residency training program in either internal medicine or pediatrics, followed by a two- or three-year program of study in the field of allergy and immunology. You can be certain that your physician has met these requirements if he or she is certified by the American Board of Allergy and Immunology.

What is the difference between allergies and asthma?

Asthma is inflammation and obstruction of airflow in the bronchial tubes. Allergies are just one of the factors that can trigger asthma attacks. Not all people with asthma are allergic, and there are many people who have allergies but do *not* have asthma.

Why does physical exertion sometimes cause an asthma attack?

During exercise, rapid breathing occurs through the mouth. As a result, the air that reaches the bronchial tubes has not been warmed and humidified by passing through the nose. This cold, dry air can trigger asthma symptoms. It usually takes six to eight minutes of sustained aerobic exercise to bring out asthma symptoms, which may then occur for several minutes after the exercise has been completed.

If asthma symptoms begin after fewer than six to eight minutes of hard exercise or during or after very mild exercise, a person's asthma may be out of control and these symptoms should be discussed with a doctor. More than 70 percent of all people with asthma suffer some degree of exercise-induced asthma, which is usually preventable.

Should persons with asthma avoid sports and exercise?

By taking preventive measures, people with asthma should be able to compete in sports. However, not all sports are tolerated equally well. In general, exercise and most sports that involve prolonged periods of running are more likely to provoke asthma attacks than nonaerobic ones.

Swimming is one of the best-tolerated sports. In most instances, pre-exercise medications and warm-up exercises enable participation. Many Olympic athletes, including several gold medal winners, have had asthma.

Is asthma a psychological disorder?

Asthma is not a psychological or emotional disorder, but sometimes a physical display of strong emotion — such as shouting, crying, laughing or rapid breathing — may contribute to an asthma episode.

Panic can prevent a person with asthma from relaxing and following instructions properly, which is essential during an attack. Medical scientists have found that behaviors associated with strong emotions can cause bronchial tubes to constrict, which may provoke or worsen an attack.

A chronic disease, such as asthma, can cause emotional strain. Depression may set in when those with asthma believe they cannot participate in normal activities. As a leading cause of work and school absences, asthma can have a significant effect on livelihood, education and emotional well-being.

Is asthma life-threatening?

In severe and poorly controlled cases, asthma can be life-threatening, and the death rate and prevalence of asthma has increased significantly since the late 1970s. Deaths occur more frequently in adults. If there is a single factor leading to severe or fatal asthma attacks, it appears to be a delay in administering appropriate drug therapy.

Working in partnership with an allergist, having an action plan, recognizing the triggers and early warning signals of an impending attack, and using a peak flow meter to detect the degree of bronchial obstruction, can all contribute to a decrease in the frequency and severity of attacks.

Will some children outgrow asthma?

The idea that asthma will be outgrown is more myth than reality. It is true that some individuals may reach a point where they no longer suffer from symptoms as frequently as they did in earlier years. However, the possibility of having an asthma episode always exists.

What should parents do?

Allergists provide the following tips for parents of children with asthma:

- Above all else, learn everything possible about asthma.
- If a child misses school because of asthma, it's probably a sign that the treatment program should be re-evaluated.

- Understand the household and other environmental factors that trigger a child's attacks and avoid them as best as possible.
- Recognize the signs of an oncoming attack and learn to judge its severity.
- Provide preventive care so the child has the least amount of difficulty with his or her asthma.
- Teach the child self-care.
- Be sure the child is using the asthma medications exactly the way the physician prescribed and is using an inhaler properly.
- If the physician has suggested using a peak flow meter and diary to assess the child's level of asthma, be sure they are being used properly.
- Ask for some of the excellent educational materials and programs that are available, including asthma camps.

Summary

Although no cure exists for asthma, effective treatments are available. We learn more about asthma every year and newer, more effective drugs are being developed. As a result, most people with asthma live normal, productive lives. Research is continuing, and the outlook is bright. For personalized information about asthma, talk to an allergist.

ASTHMA FACTS

- Asthma is a chronic inflammation of the lung airways that causes coughing, chest tightness, wheezing or shortness of breath.
- Between 14 million and 15 million Americans have asthma; 4.8 million are under 18.
- The prevalence of asthma is increasing, rising 60 percent since 1979 among all ages, races and gender groups.
- Asthma mortality has increased to 5,000 deaths per year.
- Mortality is especially high among African-Americans, with a death rate at least four times greater than for Caucasians.
- Asthma results in 470,000 hospitalizations and 100 million days of restricted activity annually.
- Asthma is the most common chronic illness in childhood, accounting for 10 million missed school days each year.
- Direct medical expenditures associated with asthma, including hospital care, physicians' services and medications, are estimated at \$3.6 billion annually.
- Indirect medical expenditures, including lost work days for adults suffering from asthma or caring for children with asthma and lost future earnings from premature deaths associated with asthma, total \$2.6 billion annually.
- Triggers that can initiate an asthma attack include allergens such as pollen, dust, animal dander, drugs and food additives, as well as viral respiratory infections and physical exertion.
- Asthma is often hereditary.
- Weather conditions such as extremely dry, wet or windy weather, can worsen an asthma condition.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.
- There are two types of asthma medications: long-term control and quick-relief medications. Long-term control medications are preventive, taken daily to achieve and maintain control of asthma symptoms. Quick-relief medications are used to treat asthma attacks. They relieve symptoms rapidly and are taken on an as-needed basis.
- One of the most effective medications for controlling asthma is inhaled corticosteroids, which are anti-inflammatory medications. Taken early and as directed, these well-tolerated and safe medications can improve asthma control, normalize lung function, and possibly prevent irreversible injury to lung airways.
- Immunotherapy or allergy vaccinations should be considered if asthma is triggered by exposure to unavoidable allergens, if symptoms occur year-round or during a majority of the year, or if it is difficult to control symptoms with medication.



Public Communications Inc.

35 East Wacker Drive, Chicago, IL 60601

phone (312) 558-1770 fax (312) 558-5425

e-mail ideas@pcipr.com home page www.pcipr.com

COUNSELORS IN MARKETING • CORPORATE • INSTITUTIONAL • PUBLIC AFFAIRS • ISSUES MANAGEMENT COMMUNICATIONS

April 13, 1999

Ms. Neera Tanden
Policy Advisor
The White House
Washington, DC 20502

Dear Ms. Tanden:

Thank you for taking the time to meet with us last week to discuss the First Lady's involvement in the American College of Allergy, Asthma and Immunology's (ACAAI) 1999 Nationwide Asthma Screening Program. We're very excited that Mrs. Clinton has agreed to assist us in kicking off this very important public education campaign.

As we discussed, more than 11,000 adults and children have participated in the Nationwide Asthma Screening Program since it was launched in 1997, and more than half have been referred for a professional diagnosis. Per your request, we are providing detailed statistics on the program based on preliminary program results of an estimated 7,800 people screened.

We hope this information is useful and look forward to speaking with you in the near future about our event on May 4th.

Please call me at (312) 558-1770 if you have any questions or require any additional information.

Best regards,

A handwritten signature in blue ink that reads "Leigh A. Wagner".

LEIGH A. WAGNER
Vice President



Public Communications Inc.

35 East Wacker Drive, Chicago, IL 60601

phone (312) 558-1770 fax (312) 558-5425

e-mail ideas@pcipr.com home page www.pcipr.com

COUNSELORS IN MARKETING • CORPORATE • INSTITUTIONAL • PUBLIC AFFAIRS • ISSUES MANAGEMENT COMMUNICATIONS

April 16, 1999

Ms. Neera Tanden
Policy Advisor
The White House
1600 Pennsylvania Ave., N.W.
Second Floor, West Wing
Washington, DC 20500

Dear Neera:

Thank you for the good news today that Draper Elementary School has been approved as the site for the First Lady's kick-off of the American College of Allergy, Asthma and Immunology's (ACAAI) Nationwide Asthma Screening Program. We're thrilled to be moving forward in planning the May 4th event. Enclosed with this letter is the following information:

- Media Alert and Media Lists. Suggested copy for a media alert announcing the kick-off program and a list of media contacts are provided for your review. Please let us know if the alert and list meet with your approval and when we can move forward in contacting the media about the event. We also are working on a news release for distribution during the event which will be forwarded to you shortly.
- 1997 and 1998 Screening Program Results. More than 11,000 adults and children have participated in the Nationwide Asthma Screening Program since it was launched in 1997, and more than half have been referred for a professional diagnosis. Detailed statistics we've tabulated from more than 7,800 program participants are enclosed.
- Special Report Newsletters. The ACAAI promotes the screening program internally to its members through a *Special Report* newsletter. The newsletter, which highlights screening program results and media coverage, also is used to help recruit members for the program. Recent issues of the newsletter are enclosed for your information.

We hope this information is useful and look forward to speaking with you soon. Please call me at (312) 558-1770 if you have any questions or require any additional information.

Best regards,

LEIGH A. WAGNER
Vice President

Sandra
Coats,
Principal

DRAFT

May 4, 1999

Contact: HHS Press Office
(202) 690-6343

HHS TARGETS EFFORTS ON ASTHMA

Overview: *Asthma is a chronic inflammatory disease of the airways. Over the past 15 years, the number of Americans afflicted with asthma has doubled to an estimated 17 million people, with the increase in rates highest in children under five years old. Between 1980 and 1994, the percentage of Americans with asthma increased 75 percent, and the percentage of pre-school age children with asthma increased 160 percent. Although asthma affects Americans of all ages, races, and ethnic groups, low income and minority populations experience significantly higher rates of fatalities, hospital admissions and emergency room visits due to asthma.*

The Department of Health and Human Services supports research, health services delivery, and public health practice to address the growing problem of asthma. Today, HHS invests more than \$120 million in asthma research. HHS-supported grantees have been responsible for many of the scientific breakthroughs in the treatment of asthma and the department has supported model programs and partnerships to improve management of asthma. Much more is spent on direct delivery of medical care. Estimates of Medicaid and Medicare expenditures for treatment of asthma exceed one billion dollars per year. Thousands of people have received care for their asthma at HHS-funded clinics and hospitals.

In the fall of 1997, HHS Secretary Donna E. Shalala called for an initiative to tackle the growing problem of asthma. This spring, HHS released for public comment Action Against Asthma: A Strategic Plan for the Department of Health and Human Services. The plan recommends:

- *Determining the causes of asthma and developing interventions to prevent it from developing;*
- *Reducing the burden of asthma for people with the disease;*
- *Eliminating the disproportionate health burden of asthma in minority populations and those living in poverty;*
- *Tracking the disease and assessing the effectiveness of asthma programs.*

Shortly after the Secretary's call for an initiative, the Interagency Task Force on Children's Environmental Health and Safety identified asthma as a priority area. Secretary Shalala and Environmental Protection Agency Administrator Carol Browner co-chair the task force, which was created by President Clinton in April 1997.

The President's FY 2000 budget includes \$50 million in HHS grants for state demonstration programs to test and evaluate methods for improving health for children with asthma enrolled in the Medicaid and Children's Health Insurance Programs (CHIP). In addition, the President's Budget includes \$22.2 million for EPA public education and research on asthma. The HHS FY 1999 budget provides \$115.3 million for NIH asthma research and the President's Budget for FY 2000 includes \$117.9 million for NIH asthma research and outreach and \$1.5 million for research by the Agency for Health Care Research and Policy to work with state health officials and providers nationwide to integrate these new strategies into their current patterns of practice.

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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, 1998, by the Centers for Disease Control and Prevention. The report entitled, "Surveillance for Asthma - United States 1960-1995" also concluded that the increases in cases, deaths, and visits to doctors occurred in persons of all ages, spanned across all racial groups, and occurred in all regions of the U.S.

Asthma is the most common chronic disease of childhood, affecting an estimated 4.8 million children. Asthma is one of the leading causes of school absenteeism, accounting for over 10 million missed school days, according to the National Center for Health Statistics. In addition, taking care of asthma is expensive and imposes financial burdens on families of people who have it. In 1990, the cost of asthma to the U.S. economy was estimated to be \$6.2 billion, with the majority of the expense attributed to medical care. A 1996 analysis found the annual cost of asthma to be \$14 billion.

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). African Americans 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 African Americans compared to 15.1 per million in whites. In 1995, blacks were more than four times more likely than whites to visit an emergency room because of asthma. The prevalence of asthma is also high among Hispanics, with those of Puerto Rican descent having the highest incidence. Hospitalization and death rates for Hispanic children in New York City are three times higher than the national average.

HHS EFFORTS TO COMBAT ASTHMA

HHS' efforts to combat asthma include:

Determining the causes of asthma and develop interventions to prevent it from developing in the first place

Most of HHS' activities to determine asthma's causes are based at NIH. Several NIH research projects will investigate the effects of exposures to allergens and respiratory pathogens on the development of the immune system and the onset of asthma in young children. Findings from all of these NIH research projects will point the way to reversing the disease process, and, ultimately, to preventing asthma from occurring in the first place. For example, the National Heart, Lung and Blood Institute and the National Institute on Allergy and Infectious Diseases are jointly sponsoring a study on "The Role of Respiratory Infections in the Development of Childhood Asthma."

The NHLBI sponsored initiative on "Origins of Asthma in Early Life" will define how genetic and environmental factors interact in the developing lung and lead to the onset of asthma. Another study, "Nocturnal Asthma, Chronobiology and Sleep," will examine the cellular and molecular mechanisms underlying asthma's relationship with sleep and day-night events.

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The National Institute of Environmental Health Sciences (NIEHS) has a new **Environmental Genome Project** that will study different populations in different parts of the country in order to examine how the interaction between the environment and certain genes leads to diseases like asthma. In addition, the National Institute on Occupational Safety and Health (NIOSH), a part of the Centers for Disease Control and Prevention, and NIH are conducting several studies about work-related asthma. These include health hazard evaluations of workplaces in which the new onset of asthma has been reported in relation to airborne and dermal exposures from chemicals, metals, animal and vegetable products, as well as organic composts and metal working fluids (both of which often are contaminated by biological agents). Additional studies are evaluating the incidence, risk factors, and natural history of asthma in groups of workers who are exposed to a known asthma risk, such as aluminum reduction, wood products manufacturing, insect rearing, and health care (natural rubber latex). NIOSH is also conducting a large scale intervention trial to evaluate primary asthma prevention in health care facilities through a comprehensive program of reduction in worker exposures to powdered natural latex gloves. Methods for medical screening, and early detection of asthma are being investigated in groups of workers with various potential asthma-inducing exposures.

Reducing the burden of asthma for people with the disease

Agencies across HHS are working to reduce the burden of asthma for those who suffer from it. At NIH, the **National Asthma Education and Prevention Program**, coordinated by NHLBI, has published the widely distributed "Guidelines for the Diagnosis and Management of Asthma." The guide provides extensive education and outreach efforts to help translate the latest scientific understanding of asthma into practice.

NHLBI also supports several studies of the basic cellular events in asthma that cause the lung to become injured and repaired. This research will help explain why asthma persists for many years and why asthma is severe in some patients and not in others. NHLBI and NIAID support studies to examine the role of respiratory infections in exacerbating asthma attacks in people who already have the disease.

To accelerate clinical research in infants and young children with asthma, NHLBI is creating this year a new **Pediatric Asthma Clinical Research Network**. Six clinical centers will evaluate different asthma treatments, with a special emphasis on evaluating the impact and safety of medications at different stages of children's growth and development, and on discovering the best treatment options for children who have different genetic backgrounds and different environmental exposures. This will lead to treatments being more successfully tailored to meet the needs of children. NIAID and the NHLBI together support several studies to examine the role of respiratory infections in asthma -- both their role in the development of asthma in young children and their role in starting asthma attacks in people who already have the disease.

In FY 1999, NIAID and NIEHS will extend the **Inner City Asthma Study**, a study in children with asthma in seven U.S. cities that is testing the effects of interventions that reduce children's exposure to indoor allergens and improves communication with their primary care physicians. The researchers will also collaborate with the EPA to evaluate the effects of exposure to indoor and outdoor pollutants.

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- 4 -

CDC is providing funding to states so they can develop program capacity to address asthma at the local level. This program will bring about a focus of asthma-related activity at the local level, the development of ongoing asthma surveillance to target scarce resources, and intervention activities to reduce asthma. This program will allow local agencies to use the tremendous science done by numerous HHS agencies to reduce the burden of asthma.

The Food and Drug Administration (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.

Medicare and Medicaid, administered by the Health Care Financing Administration, both cover asthma treatment. As part of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Medicaid covers medically necessary services for the diagnosis and treatment of asthma in children, including X-rays, drugs, inpatient stays, outpatient and emergency room visits. Under Part B, Medicare covers for both physician visits and durable medical equipment, such as nebulizers, and oxygen equipment required by some asthmatic patients, Medicare also covers the medication dispensed by the nebulizers as a necessary supply for the operation of the equipment.

The Head Start Bureau of the Administration For Children and Families distributes information on asthma to Head Start centers for use by staff, management, and parents. The information guides are designed to help centers be a welcoming place for children with chronic illness and their families, and offers skill building activities on individual planning to meet the special health care needs of children with chronic conditions.

Eliminating the disproportionate health burden of asthma in minority populations and those living in poverty

A new initiative of the **National Asthma Education and Prevention Program** includes a Web site that promotes exchange of information among more than 40 community-based asthma coalitions nationwide; a conference to develop creative strategies for building community level partnerships among medical centers, hospital, pharmacies, schools, work sites, volunteer groups, housing authorities, asthma patients and their families; and the development of public and patient education materials for coalitions to use in their programs.

CDC's National Center on Environmental Health supports family/patient education in asthma through the **Asthma Intervention and Welfare Reform** program, whose purpose is to bring together public health expertise and welfare reform, in order to provide the asthma education and management techniques necessary to enable families enrolled in the welfare-to-work program to finish job training, enter and stay in the work force, and improve their quality of life by gaining knowledge and skills to better manage their asthma.

DRAFT

- 5 -

The Inner City Asthma Study, in addition to working to reduce the burden of asthma, also strives to eliminate the disproportionate burden of asthma in minority populations.

The Office of Minority Health sponsors the **Asthma Attack Avoidance Education Program**, a community-based, parent-child focused program designed to increase identification of potential asthma-attack triggering factors and to ensure appropriate referral for medical care.

The Health Resources and Services Administration (HRSA) directs national health programs that improve the nation's health by assuring quality health care to the underserved, vulnerable and special-need populations. HRSA's Maternal and Child Health Bureau provides block grants to states to support the development of systems of care and services for children with special health care needs. As part of its mission to promote health professions, especially in underserved areas, HRSA also supports interdisciplinary training of health care workers, including working through pediatric pulmonary centers to improve care for children with chronic respiratory diseases such as asthma.

The Indian Health Service (IHS) has established several specialty clinics focused on asthma. In addition, the agency supports clinical research by providing data and recruiting patients for asthma studies.

Tracking the disease and assessing the effectiveness of asthma programs

Currently, CDC analyzes ongoing surveys and data systems on health events such as mortality, hospitalizations, and outpatient visits to assess asthma trends in the United States. In the future, CDC hopes to work with state and local partners to enhance surveillance to strengthen evaluation in order to enhance the knowledge base about how to cost-effectively scale up public health programs and ensure that they significantly reduce rates of morbidity and mortality from asthma. HHS hopes to first design appropriate tools to evaluate the effectiveness of asthma intervention strategies, then build an evaluation component into all public health programs that address asthma, and finally, to disseminate evaluations of asthma programs and encourage the use of such evaluations in designing and funding programs.

The Agency for Health Care Policy and Research 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 the practice guidelines developed by the National Asthma Education and Prevention Program to reduce asthma morbidity among all populations, including children. The agency also is supporting research evaluating the effectiveness of different models of asthma care in school settings. AHCPR also is supporting a study, co-funded by HRSA and the American Association of Health Plans Foundation, to study the impact of managed care organization policies on health outcomes for asthmatic children under Medicaid after Maryland introduced mandatory managed care enrollment for certain Medicaid recipients in 1997.

###

DISTRICT OF COLUMBIA ASTHMA FACT SHEET

- o In 1994, an estimated 5.5% of the District of Columbia population or 31,347 residents had asthma which included 8,188 children and 23,154 adults
- o In a recent study of 476 children with asthma published by the *New England Journal of Medicine* in 1997 (which included participants from Washington, D.C.):
 - ♦ 37% were allergic to cockroach droppings
 - ♦ 35% were allergic to dust mite droppings
 - ♦ 23% were allergic to cats

These allergies can trigger asthma attacks in some individuals:

- ✓ Asthma is the primary cause of school absences related to chronic conditions
- ✓ Recent studies suggest that children of smokers are twice as likely to develop asthma
- ✓ Nationwide, 1 in 6 of all pediatric emergency room visits were due to asthma
- ✓ In 1994, the asthma mortality rate for the nation was 1.5 per 100,000 population while the rate for the District of Columbia was 3.5 per 100,000 population
- ✓ In 1996, the asthma mortality rate for the District increased to 4.05 per 100,000
- ✓ Ward 6 had the highest asthma mortality rate in 1996 with a rate of 12.39 per 100,000
- ✓ Of the 22 men, women, and children who died from asthma in 1996:
 - ♦ 91% were African American
 - ♦ 50% were female
 - ♦ 23% were children under the age of 19
 - ♦ 73% were residents from Wards 6, 7, and 8

Sources:

1. *Estimated Prevalence and Incidence of Lung Disease by Lung Association and Territory*, Amer. Lung Assoc., 1997 (includes data from *National Health Interview Survey*, 1994)
2. *Lung Disease Data*, American Lung Association, 1997
3. D.C. Dept. of Health, Center for State Statistics, 1996

The American Lung Association of the District of Columbia's premier asthma program is *Open Airways for Schools (OAS)*. OAS will be implemented in the District's elementary schools this fall. The program has been proven to improve school absenteeism and grades. *Camp Happy Lungs* provides an educational and rewarding summer camping experience for asthmatic children. *As Is for Asthma* introduces behaviors that help pre-school children participate in their own asthma care.

To: MS Exchange::Raleach@msn.com

Subject: Fact sheet for HRC

Date:

6-2878

6682

Back,

Laura Schiller

Below are the fact sheets for the Office of the First Lady.

The American Lung Association of the District of Columbia, along with other collaborative partners such as the United States Centers for Disease Control & Prevention, the District of Columbia Department of Health, Howard University Hospital, Glaxo Wellcome, Inc., Capital Community Health Plan and the Asthma & Allergy Foundation, has created the Childhood Asthma Campaign in order to address the fact that the District has the highest rate of asthma in the nation.

The coalition is broad-based as is constantly identifying and outreaching to various sectors of the D.C. community for expansion. In time, the coalition will consist of representatives of the business community, public/private/charter schools, day care centers, professional associations, religious organizations, health care professionals and local community groups.

Members of the coalition will launch the Childhood Asthma Campaign within Ward Six in May, 1999 with the intention to expand into Wards Seven and Eight at a later date. The Campaign launch will highlight the agreed upon strategies developed by the coalition partners, as well as serve as a "call to action" for the entire District of Columbia community.

The mission of the Campaign is to reduce mortality and morbidity of pediatric asthma through prevention and treatment, utilizing collaborative partners.

The goals of the Childhood Asthma Campaign are:

- To improve the quality of life for the asthmatic and his/her family
- To promote an active partnership between the patient and the physician
- To identify the barriers to health care access
- To impact on the barriers to health care access
- To promote optimal medical management of the asthma patient; and
- To reduce environmental hazard in the community which impact asthma

As you may know, the American Lung Association, the nation's oldest voluntary health organization, has been fighting lung disease for more than 90 years. The association offers programs of education, community service, advocacy and research to prevent lung disease and promote lung health.

Ruby/Neer

Environmental Tobacco Smoke (ETS) Media Campaign

Background

- This is the first national, multi-year media campaign to protect children from exposure to secondhand smoke.
- Secondhand smoke, or ETS, has significant impacts on children's health, particularly asthma. It is estimated that between 200,000 and 1,000,000 asthmatic children have their condition made worse by exposure to ETS. ETS is also responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children under 18 months of age annually, and numerous other respiratory effects.
- This brand new public service announcement (PSA) was funded by EPA, in cooperation with the Consumer Federation of America Foundation (CFAF), and the American Medical Association (AMA).
- Secondhand smoke is one of the nation's most prevalent indoor air pollutants. Currently, about 15 million young children are regularly exposed to their parents' cigarette smoke at home. This translates into approximately 27% of American households with young children that allow smoking indoors.

The PSA

- There are three products – 60 and 30 second television spots, 60 and 30-second radio spots, and print PSAs for newspaper in various sizes.
- The most impressive of these products are the television spots.
 - It has three characters: a father who smokes, and two incarnations of his conscience; a devil and an angel. The devil and angel battle it out about the man's right to smoke in his own home. The angel wants him to smoke outside; the devil's defense is that the man's home is his castle.
 - Humor and special effects are used to get across the message about children's health effects from exposure to secondhand smoke. When the devil is made aware that the man has kids, he is completely converted to the other side and insists that the man go outside to smoke. The spot ends with the man making the choice to go outside for his kids, and looking relieved to leave the two bizarre characters behind.
- National media distribution
 - TV PSAs sent directly to 1,050 broadcast television stations and 500 cable stations
 - Radio PSAs sent directly to 5,400 radio stations
 - Print PSAs sent directly to 1,500 newspapers
 - All PSA media kits include basic fact sheet on ETS, and CFAF letter to TV and radio public service directors
- EPA has produced an ETS brochure, directed to parents, to accompany this PSA campaign which more specifically educates parents about the effects of their smoking on their children.



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

LW, Cole

What Do
you think?

OFFICE OF
THE ADMINISTRATOR

TO:

Melanie Cerecer
454 4244

FROM:

Stephanie Cerecer
200 9828

COMMENTS:

Number of Pages to follow: _____

Date: _____

Time: _____

Transmission Number: (202) 260-3684

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Room 1204 West Tower
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APR-27-99 19:57 FROM: OFC OF ADMIN./OCEPA

April 27, 1999

MEMORANDUM TO: MELANNE VERVEER
FROM: STEPHANIE CUTTER
SUBJECT: EVENT TO UNVEIL CAMPAIGN TO PROTECT CHILDREN FROM SECOND-HAND SMOKE

EPA is ready to announce the first-ever national public service campaign to protect children from the dangers of secondhand smoke. This campaign, developed over the last year in partnership with the Centers for Disease Control, American Medical Association and the Consumer Research Council, includes television, radio and print public service announcements, that aim to reduce children's exposure to secondhand smoke by using an "angel" and "devil" scenario that encourages parents not to smoke around their children.

Secondhand smoke significantly impacts children's health, particularly children with asthma. Each year, it is estimated that up to 1 million asthmatic children have their condition made worse by exposure to secondhand smoke. Next Tuesday, the First Lady is scheduled to take part in the kickoff of the Nationwide Asthma Screening program at Draper Elementary School in Washington, D.C. To further demonstrate this Administration's commitment to protecting children from asthma, the First Lady also could announce the roll-out of the public service campaign to protect children from the dangers of secondhand smoke. After the announcement, the PSA could be "unveiled" for the school children and others in the audience.

Below is background on the campaign and the dangers of secondhand smoke to children's health. If you have any questions, need further information or would like to see a copy of the PSA video, please call me or Matt Schneider at 260-9828.

Background

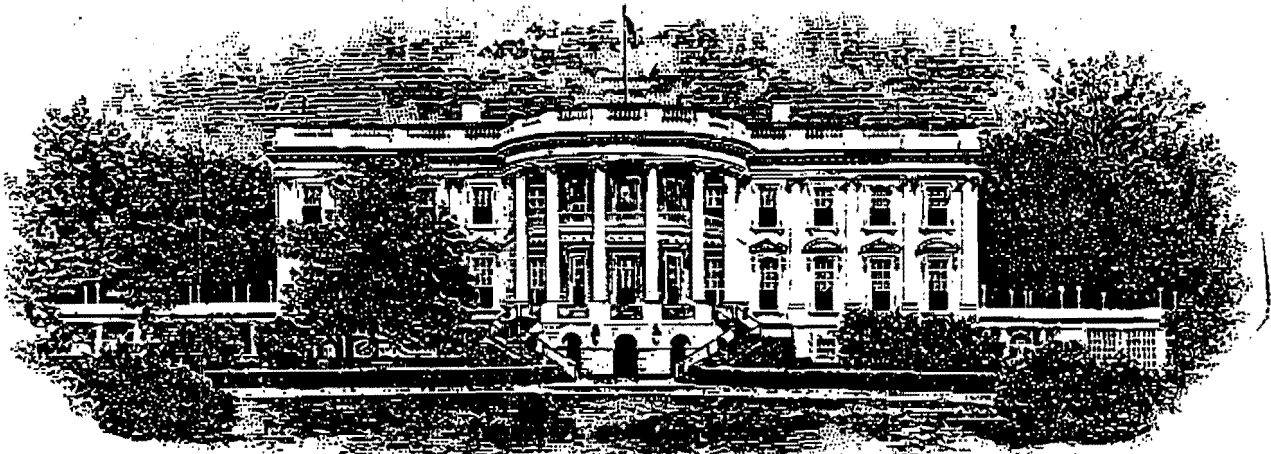
In 1993, EPA released a major report on the health risks of breathing secondhand smoke. In addition to establishing secondhand smoke as a known human carcinogen, EPA's scientific study found that secondhand smoke poses significant health risks to children. Nearly one-quarter of American children are exposed to secondhand smoke in their homes every day, with enormous consequences. Secondhand smoke is known to contribute to aggravated asthma, serious ear infections, and respiratory tract infections such as bronchitis and pneumonia. There is also increasing evidence that secondhand smoke doubles the risk of sudden infant death syndrome. Parental smoking is estimated to cost \$4.6 billion annually in direct medical expenditures for children. Asthma is now the leading cause of childhood hospital admissions, and can have a profound effect on the ability of families to conduct their day-to-day lives.

The campaign was developed after extensive focus group research by the Consumer Research Council. It is slightly different from the typical public health approach of calling for

people to quit smoking because it has been carefully calculated to appeal to those who have chosen to smoke. The basic message of the campaign is – if you are going to smoke, don't jeopardize the health of your children.

EPA has contracted with the Plow Share Group to distribute the PSA campaign over the next year, focusing on the top 1,050 network affiliates and 5,500 radio stations across the nation. Plow Share Group also has established a grassroots network of about 1,000 "partners," including local chapters of the American Lung Association, the American Medical Association and others, who will contact stations in their area to encourage local coverage.

cc: Kris Balderston, Cabinet Affairs
Cynthia Rice, DPC

EXECUTIVE OFFICE OF THE PRESIDENT**Office of Management and Budget
FAX TRANSMITTAL COVER SHEET**

Number of pages (including cover sheet) 3

Date: 5/3/99

To: Neera Tardem

Fax No. 6-2878 Voice No. _____

Comments: Attached are the
demographics for Draper

From: **Janie L. Jeffers**
Fax No.: **(202) 395-7294**

Voice No.: **(202) 395-6965**

Student Characteristics (% of total enrollment)

	<i>school</i>		<i>district</i>	
	96-97	97-98	96-97	97-98
Attendance:	96.5	94.9	94.0	94.2
June promotions:	86.5	78.9		82.8
LEP/NEP: *	0.0	0.0	6.8	7.1
Free or reduced lunch:	89.9	89.8	79.4	79.7
Special education:	1.9	3.6	4.8	5.5

* Limited English proficient/non-English proficient: language-minority students with limited or no English proficiency

Demographic Profile

	1996-97		1997-98	
	#	%	#	%
Asian or Pacific Islander				
Black	528	100.0	496	100.0
Hispanic				
Native American or Alaskan Native				
White				
Total:	528	100.0	496	100.0

Stanford Achievement Tests, 9th Ed. (SAT-9)

Each spring, DCPS tests students at most grade levels using the Stanford Achievement Tests to see how well students perform in relationship to established standards. The information is reported by gender, by school, and by grade for spring 1997 and 1998. Students who are in special education, PreK, kindergarten, or the 12th grade or identified as LEP/NEP are not included in this report. In addition, in 1997 the 7th and 9th grades were not tested in reading and only grades 3, 6, 8, and 10 were tested in math.

Each of the following abbreviations refers to a performance level appropriate to the student's grade:

BB (Below Basic): little or no mastery of fundamental knowledge and skills

B (Basic): partial mastery of knowledge and skills

P (Proficient): solid academic performance

A (Advanced): superior performance beyond grade level mastery

* The number of students in the school for both years tested who were Below Basic in spring of 1997 and by the spring of 1998 had moved out of Below Basic.

** The number of students in the school for both years tested who progressed enough to move into Proficient or Advanced levels by the spring of 1998.

Reading

Total scored 1997:	330
Total scored 1998:	149
Migration from Below Basic:*	4
Migration into Proficient or Advanced:**	1

Reported by gender (% tested)

year	sex	BB	B	P	A
97	All	33	41	19	7
97	F	36	38	20	6
97	M	29	45	18	8
98	All	49	28	19	5
98	F	42	38	15	5
98	M	54	19	22	5

Reported by grade (% tested)

grade	year	BB	B	P	A
1	97	9	49	33	9
1	98	9	26	44	21
2	97	7	41	34	18
2	98	17	56	28	0
3	97	65	23	12	0
3	98	76	20	4	0
4	97	57	31	7	4
4	98	62	27	11	0
5	97	41	56	2	0
5	98	0	0	100	0
6	97	36	58	6	0

Math

Total scored 1997:	98
Total scored 1998:	151
Migration from Below Basic:*	0
Migration into Proficient or Advanced:**	0

Reported by gender (% tested)

year	sex	BB	B	P	A
97	All	65	32	3	0
97	F	64	30	6	0
97	M	67	33	0	0
98	All	50	27	19	5
98	F	45	31	18	6
98	M	54	24	19	4

Reported by grade (% tested)

grade	year	BB	B	P	A
1	98	17	37	43	3
2	98	0	11	63	26
3	97	70	30	0	0
3	98	70	28	2	0
4	98	74	26	0	0
5	98	0	0	0	100
6	97	59	34	7	0

Notes: Districtwide comparisons are made against all schools in this school's category, i.e. elementary, middle, junior, or senior high school or educational center. More detailed definitions of the information reported are available from DCPS. If you need this information in a language other than English, please call 202-576-8850.

Draper ES 97-98 School Profile

908 Wahler Pl., S.E., Washington, D.C. 20032-4098 645-3309 grades preK-6 Sandra Coates, Principal

230

School Highlights

Principal's message

- Successful completion of awareness and preparation year of "Draper Children First: A Standards Driven Program."
- The Run for the Arts program, which brings performing arts groups to interact with Draper students.
- Read to Succeed program. This provides students needing assistance in reading with volunteer mentors from the Office of Naval Intelligence (ONI) and the community. Students participate in end of year "Authors' Party" where they read and distribute books they have written.
- Partnership with ONI. Activities include: mentoring, classroom aides, Thanksgiving Baskets, Christmas Clothing for Students, Back to School supplies and donations of computers.
- National Dance Institute Residency Program directed by Jacques D'Amboise. Students are trained by professional dancers and perform for other DC schools and the community. Students were involved in set production and wrote poems on the theme "City, City."

Goal 1: Improve student achievement

- Develop and implement the "Draper School Children First: A Standards Driven Program." School year 1997-98 will be a year of awareness and preparation.
- Utilize performance-based achievement strategies in reaching high standards of student achievement.
- Improve reading and math skills of students in grades 1-6 as evidenced by 10% gain in SAT-9 test results.

Goal 2: Ensure high quality school staff

- Provide staff members with new techniques and technologies to use in management and instructional strategies for the development of our "Children First: A Standards Driven Program."
- Provide staff development sessions on the effective use of technology in the learning process.

Goal 3: Increase accountability

- Submit all DCPS reports in a timely manner.
- Follow schedule for observations, conferences and reports in compliance with TAP guidelines.
- Follow schedule for observations, conferences and reports in compliance with DCPS employee guidelines.

Goal 4: School restructuring, decentralization, parental choice

- Implement the restructuring process developed by DCPS and the Draper School LSRT.
- Regular meetings with LSRT, PTA, parent associations and support groups.
- Participate in a partnership with the Office of Naval Intelligence.
- Regular communication with staff, parents and community.

Satisfaction Survey

In May 1998 teachers, parents and students were asked if they agreed or disagreed with the statements below. Their responses are compared with responses from other schools.

statement

Responses of parents

- My child's school keeps me informed about my child's progress.
- My child's school gives me opportunities to participate in school events.
- Student achievement is the main priority of my child's school.
- My child's school is a safe place.

% agreeing school district

75 85
81 91
86 89
59 81

Responses of students

- I feel safe at this school.
- I know an adult at school who can help me when I have problems.
- My teachers help me when I don't understand.
- My teachers expect me to read a lot.

69 70
95 90
100 93
100 93

Responses of teachers

- Teachers at my school believe all students can achieve the standards.
- Teachers at my school feel responsible that all students learn.
- At this school, teachers work together to do what is "best for kids."
- Teachers at my school regularly say after school to attend staff meetings, plan, or work with students.

91 77
100 86
96 83
84 89

Staffing

position	#
Asst. principals:	1
Regular ed teachers:	28
Special ed teachers:	1
Total teachers:	29
Aides:	7

education level	% of staff
Master's plus:	0
Master's:	59
Bachelor's plus:	14
Bachelor's:	28
Total:	101

* Due to rounding, not all totals equal 100 %.

FIRST LADY HILLARY CLINTON UNVEILS NEW, \$68 MILLION INITIATIVE TO FIGHT ASTHMA

January 28, 1999

Today, First Lady Hillary Rodham Clinton unveiled a new, \$68 million initiative to fight childhood asthma through a comprehensive national strategy that includes new efforts to: (1) implement school based programs that teach children how to effectively manage their asthma; (2) invest in research to determine environmental causes of asthma and to develop new strategies to reduce children's exposure to asthma triggers; (3) provide funds to states and providers to help them implement effective disease management strategies that will insure we lower hospitalizations, emergency room visits and deaths from asthma; and (4) conduct a new public information campaign to reduce exposure to asthma triggers and dust mites.

MILLIONS OF CHILDREN SUFFER FROM ASTHMA

Over the past 15 years, the number of children afflicted with asthma has doubled to total about 6 million. The most rapid increase in prevalence over this time period has occurred in children under the age of 5, with rates increasing over 160 percent. Over 100,000 children are hospitalized each year because of asthma, making it the leading cause of hospitalization due to chronic illness for children at a cost of \$1.9 billion in medical expenses annually. Asthma is also one of the leading causes of school absenteeism, resulting in over 10 million missed school days each year. Minority children are disproportionately affected by asthma. Although African American children under the age of 18 have only a slightly higher risk of actually having asthma than non-Hispanic white children, they experience a disproportionately higher rate of death from asthma attacks, over four times the rate for white children. Many children with asthma remain chronically impaired because they lack support systems that enable them to effectively manage their own disease or access sufficient medications or equipment.

DEVELOPMENT OF A NEW NATIONAL STRATEGY

Today, the First Lady will release "Asthma and the Environment: A Strategy to Protect Children," authored by the Children's Environmental Task Force on Environmental Health Risks and Safety Risks to Children, which is co-chaired by the Environmental Protection Agency and the Department of Health and Human Services. This report outlines the first-ever comprehensive, Administration-wide strategy to fight childhood asthma. The Task Force makes four recommendations for asthma that will reduce the incidents of asthma in children, as well as hospitalizations, and emergency room visits for asthma. The four steps for federal action are: strengthening and accelerating research efforts to better understand the environmental factors that exacerbate childhood asthma, expanding school based programs that reduce environmental exposures to asthma, collecting better data at the local level to track asthma incidents, and educating health care providers serving low income children about the most effective course of treatment for asthma.

LARGEST EVER FEDERAL INVESTMENT TO FIGHT CHILDHOOD ASTHMA

Today, the First Lady announced a new \$68 million initiative to address asthma. This package of investments responds to Task Force recommendations and includes:

- * **IMPLEMENTING SCHOOL-BASED ASTHMA PROGRAMS.** The Environmental Protection Agency (EPA), together with the Department of Education, will invest \$8.4 million to expand school-based programs that teach parents and children how to identify and avoid allergens that trigger an asthma attack, as well as why it is important to use their asthma medication and their inhalers. EPA will also expand programs that educate teachers and school staff to help them eliminate potential triggers from the school environment. With this investment, over 2 million children will be able to breathe easier in their classrooms.
- * **INVESTING IN NEW RESEARCH TO REDUCE CHILDREN'S EXPOSURE TO ASTHMA TRIGGERS.** The Environmental Protection Agency will invest \$2 million to expand its research into the role that environmental hazards (including chemicals, particles, ozone, diesel exhaust, pesticides, tobacco smoke and allergens) play in the onset of childhood asthma. The Environmental Protection Agency will also invest \$1 million to conduct a pilot program to expand air pollution monitoring in up to two communities downwind of industrialized urban centers to better understand the relationship between air pollution and asthma. These new investments builds on the Administration's long-standing commitment to asthma research. This year, the National Institutes of Health will invest over \$110 million dollars in research to explore the cause of asthma and develop strategies to better manage the disease, and plans to continue this significant investment in FY2000.
- * **IMPLEMENTING NEW DISEASE MANAGEMENT STRATEGIES TO TARGET LOW INCOME CHILDREN.** The Department of Health and Human Services will provide \$50 million in competitive grant funds to States who identify and treat asthmatic children enrolled in the Medicaid program in accordance with the new disease management guidelines developed by the National Institutes of Health. These guidelines will help to ensure that children receive the appropriate medication and are taught how to effectively manage their illness. Through this initiative, participating states will collect data on asthma incidents so we can better understand asthma and effects. In addition, HHS will invest almost \$2 million to work with State officials and other providers nationwide to help them integrate these new strategies into their current patterns of practice.
- * **CREATING A NEW NATIONAL PUBLIC INFORMATION CAMPAIGN.** The Environmental Protection Agency and the Department of Health and Human Services will invest \$5.2 million in a national public information campaign to reduce children's exposure to environmental tobacco smoke and other indoor asthma triggers through a national public service campaign that uses posters, flyers, and brochures that identify common asthma triggers, such as pet hair or tobacco smoke, and simple solutions for eliminating or avoiding them; expands existing in-home education networks, such as community based lead prevention programs, and utilizes Americorps and VISTA volunteers to provide direct assistance to parents in identifying asthma triggers and implementing intervention strategies; and using health care providers and managed care organizations to help parents reduce their children's exposure to asthma triggers.

May 3, 1999

**PROMOTING THE ADMINISTRATION'S \$68 MILLION INITIATIVE TO ADDRESS
CHILDHOOD ASTHMA**

Date:	Tuesday, May 4, 1999
Time:	11:30 AM – 12:30 PM
Location:	Draper Elementary School Washington, D.C.
From:	Neera Tanden and Ruby Shamir

I. PURPOSE

To promote the Administration's \$68 million initiative to address research, treatment, and prevention of asthma, you will: (1) launch a private sector initiative that will bring free asthma screenings across the country, (2) unveil the Environmental Protection Agency's (EPA) new asthma public service campaign and (3) announce that legislation authorizing a portion of the President's agenda will be sent to the hill.

II. BACKGROUND

Overview

On Tuesday morning, you will visit Draper Elementary School to highlight the Administration's unprecedented \$68 million investment to combat childhood asthma. While there, you will tour a screening program conducted by the American College of Allergy, Asthma and Immunology (ACAAI) with a grant from Astra Pharmaceuticals, that provides free asthma screenings as part of the Nationwide Asthma Screening Program. You will also deliver remarks to an audience of 200 parents, children, teachers, and health professionals.

Background On Childhood Asthma

Over the past 15 years, the number of children afflicted with asthma has doubled to total about six million; in children under five the asthma rate has increased a dramatic 160% in that same period. Over 100,000 children are hospitalized each year because of asthma, making it the leading cause of hospitalization due to chronic illness for children at a cost of \$1.9 billion in medical expenses annually. Asthma is also one of the leading causes of school absenteeism, resulting in over 10 million missed school days each year. In addition, minority children are disproportionately affected by asthma. Although African American children under the age of 18 have only a slightly higher risk of actually having asthma than non-Hispanic white children, they experience a disproportionately higher rate of death from asthma attacks, over four times the rate for white children. Many children with asthma remain chronically impaired because they lack support systems that enable them to effectively manage their own disease or access sufficient medications or equipment.

Asthma Legislation

On Tuesday, the Department of Health and Human Services is sending to Congress legislation that will authorize the President's \$50 million initiative of competitive grants to states that identify and treat asthmatic children enrolled in the Medicaid and CHIP programs in accordance with new disease guidelines developed by the National Institutes of Health. The funding will also support new outreach and education efforts at the local level. This legislation is part of President Clinton's \$68 million children's asthma initiative – the largest federal investment to fight childhood asthma ever. The Administration's four-pronged approach to fighting asthma also includes: implementing school-based programs that teach children how to effectively manage their asthma; investing in research to determine environmental causes of asthma and developing new strategies to reduce children's exposure to asthma triggers; and conducting a new public information campaign to reduce exposure to asthma triggers.

Nationwide Asthma Screening Program

You will announce the kick off of the Nationwide Asthma Screening Program which is part of the American College of Allergy, Asthma and Immunology's (ACAAI) public education campaign to help the millions of adults and children who suffer from asthma to identify, understand and manage their disease. The screening consists of blowing into a tube and consulting with a physician. At this event you will visit with children who are doing both activities and talk with the doctors overseeing the screening. In all, there will be 15 children in the room being screened and five doctors.

Free screening programs for adults and children are taking place at over 200 sites nationwide on Tuesday, including shopping malls, schools, civic centers and health fairs. Since its inception in 1997, the Nationwide Asthma Screening Program has reached more than 11,000 adults and children, more than half of whom have been referred for a professional diagnosis. The Astra pharmaceutical company is underwriting the campaign.

EPA Public Service Announcements Campaign

To raise awareness of the dangers of second-hand smoke, you will also unveil EPA's new Public Service Announcements (PSA) campaign, the first, multi-year media campaign to protect children from exposure to second-hand smoke. A 1993 EPA study reported that exposure to second-hand smoke considerably worsens asthma for up to one million asthmatic children and second hand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections annually in infants and children under 18 months of age. In addition, second-hand smoke, a human carcinogen, is known to contribute to serious ear infections, and respiratory tract infections such as pneumonia and bronchitis, and is even said to double the risk of Sudden Infant Death Syndrome. Currently, about 15 million young children are regularly exposed to their parents second-hand smoke at home.

The PSA targets parents who smoke and urges them to go outside if they smoke. As part of its campaign, the EPA has established a grassroots network of about 1,000 partners including local chapters of the American Lung Association, the American Medical Association and others who will contact stations in their area to encourage local coverage.

Local Asthma Prevention Initiative

Washington D.C. has the highest rate of asthma in the nation -- more than five percent of the District's residents have asthma, compared to less than two percent nationally. To address D.C.'s high childhood asthma rate a coalition of partners including the American Lung Association of the District of Columbia, the U.S. Centers for Disease Control and Prevention, the D.C. Department of Health, Howard University Hospital and others have created the Childhood Asthma Campaign. The goals of the campaign are to improve quality of life for asthmatic children, to reduce environmental conditions that aggravate asthma, and to address the barriers of health care access for children with asthma through the community based health services. The Childhood Asthma Campaign will be launched within Ward Six of the District -- which had the highest asthma mortality rate in 1996 -- in May and will expand into Wards Seven and Eight at a later date.

Background on Draper Elementary School

Draper Elementary School, in Southeast D.C.'s Ward Eight, was chosen in part because seven percent of its students suffer from respiratory ailments. The school has approximately 500 students, 100% of whom are African American. In 1998, 49% of its students tested below basic skills levels on reading tests and 50% of its students tested below basic skills levels on math tests.

III. PARTICIPANTS

Greeters

- Dr. Sandra Coates, Draper Elementary School Principal
- Nikita Johnson, parent of Domonique Johnson, child with asthma
- Domonique Johnson, daughter of Nikita Johnson.

Speaking Program

- Dr. Sandra Coates, Draper Elementary School Principal
- Elois Brooks, Deputy Superintendent of the D.C. Schools
- Dr. Robert Miles, President of the American College of Allergy, Asthma and Immunology (ACAAI)
- Dr. Talal M. Nsouli, Chair of the District of Columbia chapter of the Nationwide Asthma Screening Program
- Carol Browner, EPA Administrator
- Nikita Johnson, parent of Domonique Johnson, child with asthma. Domonique is five years old and has suffered from severe asthma since she was two years old. She is treated with steroids.
- The First Lady

NOTE: Deputy Health and Human Services Secretary Kevin Thurm, and Irwin Redlener, President of the Children's Health Fund, will be in the audience.

IV. SEQUENCE OF EVENTS

- Dr. Sandra Coates greets you and leads you to a photo op in the hallway.
- Photo op with Elois Brooks, Deputy Superintendent of the D.C. Schools, Dr. Robert Miles, President of the American College of Allergy, Asthma and Immunology (ACAAI), Dr. Talal Nsouli, Allergist, Dr. John Winder, Chairman of the ACAAI, Catherine Kernan, Director of External Affairs for Astra Pharmaceuticals, and Irwin Redlener, President of the Children's Health Fund.
- Proceed to the asthma screening room, where Dr. Nsouli will walk you through as you visit the children being screened.
- Proceed to auditorium where Dr. Coates announces you onto the stage. Dr. Coates makes brief remarks and introduce Deputy Superintendent Brooks.
- Deputy Superintendent Brooks makes brief remarks and introduces Dr. Miles.
- Dr. Miles makes brief remarks and introduces Dr. Nsouli.
- Dr. Nsouli makes brief remarks and introduces Nikita Johnson
- Nikita Johnson makes brief remarks and introduces you.
- You make remarks and close the program.

V. PRESS PLAN

- Pool Press for asthma screening tour. Open Press for speaking program.

VI. REMARKS

- Provided by Laura Schiller

ASTHMA EVENT w/ FLOTUS

May 4, 1999

11 :45 - 12:30 PM

Draper Elementary School

908 Wahler Place, SE

Washington, DC 20032

202-645-3309

LIST OF ATTENDEES

- 1) Dennis Johnson, Children's Health Fund
- 2) Irwin Redlener, Children's Health Fund
- 3) Jane Lipscomb, American Association of Occupational Health Nurses
- 4) Ruth Quartey, NHLBI Ad Hoc Committee on Minority Populations
- 5) Carol Garvey, Department of Health and Human Services
- 6) Barbara Santamaria, Greater Baltimore Asthma Coalition
- 7) Charlotte Collins, National Association of Public Hospitals & Health Systems
- 8) Ernest Franck, American Lung Association
- 9) Norman Childs, American Lung Association
- 10) Morris Semiatin, American Lung Association
- 11) Carol Stroebel, Children's Environmental Health Network
- 12) Bud Ward, Environmental Health Center
- 13) Mohammad Akhter, American Public Health Association
- 14) Phillip Bouton, Environmental Health Policies and Programs
- 15) Darcy Steinberg, Association of State and Territorial Health Officials
- 16) Andrea Smith, Association of State and Territorial Health Officials
- 17) Mindy Criser, Association of State and Territorial Health Officials
- 18) Karen Harris, Physicians for Social Responsibility
- 19) Jounni Jaakkola, Children's Environmental Health & Disease Prevention Research
- 20) Mary Worstell, Asthma and Allergy Foundation of America
- 21) Maryanne Ellis, Asthma and Allergy Foundation of America
- 22) Libby Carter-Otuya, Asthma and Allergy Foundation of America
- 23) Mary Brasler, Asthma and Allergy Foundation of America
- 24) Gina Sheppard, Asthma and Allergy Foundation of America
- 25) Enobong Umoh, Asthma and Allergy Foundation of America
- 26) Janet Waldman, Asthma and Allergy Foundation of America
- 27) Susan Waldman, Asthma and Allergy Foundation of America
- 28) David Carl Waldman, Asthma and Allergy Foundation of America
- 29) Ernestine Holley, Maryland Chapter of the Asthma and Allergy Foundation of America
- 30) David Hawkins, National Resources Defense Council
- 31) Donna Johnson, DC Health and Hospital Public Benefit Corp.
- 32) Dr. Ronald David, DC Health and Hospital Public Benefit Corp.
- 33) Mary Pierney, DC Health and Hospital Public Benefit Corp.
- 34) Patrice Bickerson, DC Health and Hospital Public Benefit Corp.

- 35) John Fairman, DC Health and Hospital Public Benefit Corp.
- 36) Elaine Holland, American Academy of Pediatrics
- 37) Laurie Smith, American Academy of Pediatrics
- 38) Larry Gage, National Association of Public Hospitals & Health Systems