

**MEMORANDUM OF UNDERSTANDING
ON REDUCING EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE AND
OTHER INDOOR ASTHMA TRIGGERS**

Between the

U.S. ENVIRONMENTAL PROTECTION AGENCY

And the

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

I. Purpose

The purpose of this Memorandum of Understanding (MOU) between the U.S. Environmental Protection Agency (EPA) and the U.S. Department of Health and Human Services (HHS) is to establish a framework for cooperation between the EPA Office of Radiation and Indoor Air, Indoor Environments Division and the HHS Administration for Children and Families, Office of Head Start (OHS) to improve the quality of life for Head Start and Early Head Start families nationwide. The agencies intend to work together to conduct nationwide outreach to nearly one million families in an effort to deliver health risk reduction messages related to secondhand smoke and other environmental asthma triggers.

II. Background

Numerous studies have documented the significant health risks to young children from exposure to secondhand tobacco smoke and other indoor asthma triggers. These risks include upper respiratory tract infections and more frequent and more severe asthma attacks among children with asthma. Other indoor asthma triggers include dust mite and cockroach allergen, animal dander, and mold. The National Academy of Sciences has concluded that exposure to secondhand smoke and exposure to house dust mite allergen are also risk factors for the onset of new asthma. Data gathered through the 2004 *EPA National Survey on Environmental Management of Asthma and Childhood Exposure to Environmental Tobacco Smoke* indicates that Environmental Tobacco Smoke (ETS) exposure and asthma rates are higher in households at or below poverty level and in those with lower levels of education. These findings suggest a critical need to better educate low-income and low-literacy populations about exposure to ETS and for children with asthma, other indoor asthma triggers as well. Families of the approximately 20 percent of children with asthma who are exposed to ETS in their homes require particular attention.

According to information contained in the HHS *Action Against Asthma: A Strategic Plan for HHS*, asthma is a growing problem for Head Start, as well as the nation as a whole. It is one of the most common chronic diseases of childhood and places a disproportionate burden on minority groups and the poor, the population that Head Start serves. In 2002 the HHS Office of Inspector General issued the *Head Start Services for Children with Asthma* report, which found that asthma is the top chronic disease among Head Start children and is one of many health conditions affecting Head Start children and their families.

In June 2006, HHS released *The Health Consequences of Involuntary Exposure to Tobacco Smoke, A Report of the Surgeon General*. This report summarizes an extensive body of literature that documents the very serious negative health effects of exposure to secondhand smoke for adults and children; among its conclusions is that there is no risk-free level of exposure to secondhand smoke.

The mission of HHS is to protect the health of all Americans and provide essential human services, especially for those who are least able to help themselves. Programs funded under the Head Start Act provide comprehensive child development services to low-income children from birth to age five, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families. Currently, over 950,000 low-income children from birth to age five, including American Indian, Alaska Native and migrant populations, are enrolled in the program.

Head Start health services focus on prevention and early intervention. Head Start and Early Head Start programs work closely with parents to ensure that children are up-to-date on a schedule of age appropriate preventive and primary health care, as well as help parents obtain the necessary medical services for children who have recurring health conditions. A review of the *2002-2005 Head Start Program Information Report* shows asthma as the most frequently reported chronic health condition by Head Start programs nationwide.

The mission of EPA is to protect human health and the environment. Two of the goals of the Office of Radiation and Indoor Air are to reduce the health risks from childhood exposure to secondhand smoke, as well as to reduce the health risks for people with asthma through comprehensive asthma management practices, including reducing exposure to environmental asthma triggers. EPA has developed a number of effective outreach and communication strategies and programs to encourage voluntary behavior change among parents and other caregivers of children with asthma and those exposed to secondhand smoke.

In partnership, EPA and HHS can make significant progress in fulfilling their respective and complementary missions. Through a joint and concerted effort to educate staff and parents of Head Start and Early Head Start programs, the agencies can powerfully reemphasize the importance of reducing children's exposure to environmental asthma

triggers and the harmful effects of secondhand smoke. Increasing awareness of secondhand smoke's health effects will also benefit nonsmoking parents and other adults in the household who are at significant risk for heart disease and lung cancer from secondhand smoke exposure.

III. Roles and Responsibilities

a. EPA, Office of Radiation and Indoor Air:

- i) Intends to work with OHS to identify and develop cooperative activities to promote awareness of the health effects of secondhand smoke and other asthma trigger exposures on young children and effective strategies for motivating families to take effective exposure reduction actions.
- ii) Plans to work with OHS to identify EPA outreach materials that are appropriate for Head Start families and facilitate appropriate dissemination mechanisms, including use of various electronic and print media, as well as EPA-sponsored toll-free telephone hotlines, including 1-866-SMOKEFREE for Smoke-Free Home Pledges, 1-866-NO-ATTACKS for Asthma, and for general program information: IAQ-INFO 1-800-438-4318.
- iii) Intends to provide technical assistance to OHS in the development and implementation of activities under this MOU.
- iv) Intends to collect, track and share with OHS information on knowledge and asthma management actions taken by caregivers of children with asthma.
- v) Plans to help promote the partnership initiative at national, State, and local conferences and support recognition opportunities for Head Start and Early Head Start programs, as appropriate.
- vi) Intends to track indoor asthma trigger awareness and action among parents of low-income or minority children with asthma.

b. HHS, Office of Head Start:

- i) Intends to work with the Office of Radiation and Indoor Air to identify and develop activities to increase awareness of effective interventions to reduce children's exposure to environmental asthma triggers, including but not limited to secondhand smoke, and encourage parents to take action to reduce exposures.
- ii) Intends to facilitate outreach to Head Start and Early Head Start families by promoting and distributing messages and materials through its network and infrastructure.

- iii) Intends to support the Office of Radiation and Indoor Air's efforts in creating, developing, and evaluating outreach materials and products for use in Head Start and Early Head Start programs.
- iv) Plans to inform and train the Head Start community about the partnership and opportunities for developing comprehensive asthma management and secondhand smoke programs and activities at the State and local program levels by working with the Head Start State Collaboration Offices.
- v) Plans to promote the partnership initiative at national, State, and local conferences and support recognition opportunities for Head Start and Early Head Start programs, as appropriate.
- vi) Intends to share progress information on the activities and successes of the Head Start and Early Head Start programs on asthma and secondhand smoke outreach efforts.

IV. Limitations

- a. All commitments made in this agreement are subject to the availability of appropriated funds and each agency's budget priorities. Nothing in this MOU, in and of itself, obligates HHS or EPA to expend appropriations or to enter into any contract, assistance agreement, interagency agreement, or to incur other financial obligations. Any endeavor involving reimbursement or contribution of funds between the parties to this MOU will be managed in accordance with applicable laws, regulations, and procedures, and will be subject to separate subsidiary agreements that will be effected in writing by representatives of both agencies.
- b. The Office of Radiation and Indoor Air and OHS and their respective agencies and offices will manage their own activities and utilize their own resources, including the expenditure of their own funds, in pursuing these objectives. Each party will carry out its separate activities, as authorized by its statutory authorities, in a collaborative, coordinated, and mutually beneficial manner.
- c. Any information furnished to the Office of Radiation and Indoor Air and OHS under this instrument is subject to the Freedom of Information Act (5 U.S.C. 552).
- d. This instrument in no way restricts EPA or OHS from participating in similar activities with other public or private agencies, organizations, and individuals.
- e. Neither OHS nor EPA may endorse the purchase or sale of products and services provided by private organizations that become partners in this effort.

- f. This MOU does not create any right or benefit, substantive or procedural, enforceable by law or equity against Head Start or EPA, their officers or employees, or any other person. This MOU does not direct or apply to any person outside OHS and EPA.
- g. Modifications within the scope of this instrument shall be made by mutual consent of the parties, by the issuance of a written modification, signed and dated by all parties, prior to any changes being performed.

V. Effective Date

This MOU takes effect upon signature by both parties and shall remain in effect until termination by either party. Any party may withdraw from the agreement by giving notice to the other party in writing. Its provisions will be reviewed annually and amended or supplemented as may be mutually agreed upon in writing. This MOU becomes effective on the date of the final signature.

VI. Contacts

The principal contacts for this MOU are:

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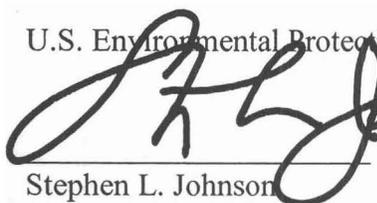
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Signed on behalf of:

U.S. Environmental Protection Agency

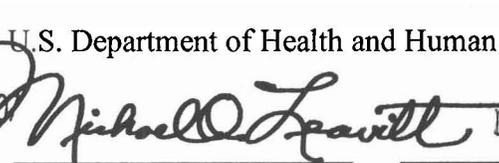
U.S. Department of Health and Human Services



Stephen L. Johnson
 Administrator

JAN 16 2007

Date



Michael O. Leavitt
 Secretary

DEC - 8 2006

Date