

# NCEH/ATSDR Priorities

Overarching Objectives	Key Actions
<b>1. Reduce asthma morbidity and mortality.</b>	<ol style="list-style-type: none"><li>1. Link public health and clinical care at the local, state, and national level to improve access to asthma services, asthma quality of care, and quality and availability of asthma-related data.</li><li>2. Provide decision support tools, data, evidence-based interventions, and guidance to identify and protect vulnerable groups from asthma and health effects of air pollution.</li><li>3. Disseminate best practices in asthma self-management and environmental management.</li><li>4. Collaborate with the Center for Medicare and Medicaid Innovation, states, and other partners to incorporate asthma strategies in the State Innovation Models, the Healthcare Improvement Awards, and other programs to drive quality and innovation in healthcare delivery.</li><li>5. Reduce the number of homes where children with asthma are exposed to secondhand smoke.</li><li>6. Make site-based recommendations to reduce exposures to chemical contaminants associated with asthma (H2S, PM, SO2, etc.).</li></ol> <p>➤ Priority 1 aligns with NCEH/ATSDR strategic objectives 1.1, 1.2, 1.3, &amp; 1.5.</p>
<b>2. Protect children from the health risks of harmful exposures and conditions.</b>	<ol style="list-style-type: none"><li>1. Develop and implement a national strategy to protect children from harmful exposures related to the siting of daycare and early learning centers.</li><li>2. Implement a nationwide health education campaign to protect school aged children from exposures to mercury and recover mercury from schools, homes, and abandoned facilities.</li><li>3. Strengthen the collection and analysis of data describing children's exposures through additional laboratory testing, more robust modeling, and expanded data systems.</li><li>4. Develop innovative strategies and interventions to reduce and prevent children's exposure to emerging and re-emerging environmental health concerns (particularly lead, vapor intrusion, carbon monoxide).</li><li>5. Build the knowledge and skills of health care providers and emergency responders regarding the unique vulnerability of children to harmful exposures, for example by incorporating children's environmental health into medical curricula and promoting the adoption of risk reduction counseling techniques into clinical practice.</li><li>6. Ensure that children are a routinely examined subpopulation within land-use and transportation Health Impact Assessments.</li></ol> <p>➤ Priority 2 aligns with NCEH/ATSDR strategic objectives 1.2, 1.5, 1.6, 1.7, 3.1, &amp; 3.2.</p>
<b>3. Ensure safe drinking water.</b>	<ol style="list-style-type: none"><li>1. Build state and local capacity to identify and utilize data related to federally unregulated drinking water sources (FUDWS) to characterize exposures, hazards, and health outcomes.</li><li>2. Fund a national assessment of FUDWS owners' knowledge, attitudes, and practices to create and implement evidence-based actions.</li><li>3. Create and apply a model in partnership with USGS to predict arsenic concentrations in individual FUDWS.</li><li>4. Influence EPA to adopt ATSDR recommendations to eliminate exposures to emerging chemicals in drinking water at sites.</li><li>5. Help hospitals plan for water disruptions through CDC's Emergency Water Supply Planning Guide for Hospitals and Health Care Facilities.</li><li>6. Provide technical assistance to state, local, and international partners to respond to water related public health emergencies.</li></ol> <p>➤ Priority 3 aligns with NCEH/ATSDR strategic objectives 1.1, 1.4, 1.6, 1.7, 2.2, 2.3, 3.1, &amp; 3.2.</p>
<b>4. Use innovative laboratory methods to detect, diagnose, and prevent environmental disease.</b>	<ol style="list-style-type: none"><li>1. Complete biomonitoring measurements for 250+ priority environmental chemicals in a two-year NHANES sample in order to assess exposure among the U.S. population.</li><li>2. Develop or improve methods for detecting human exposure to 15 priority environmental chemicals per year.</li><li>3. Provide biomonitoring measurements for 60 studies per year that investigate exposure to environmental chemicals and adverse health effects, including studies that identify exposed populations at ATSDR sites.</li></ol> <p>➤ Priority 4 aligns with NCEH/ATSDR strategic objectives 3.1, 3.2, 3.3, &amp; 3.4.</p>