

Childhood Asthma Leadership Coalition

SECURING A HEALTHIER FUTURE FOR CHILDREN WITH ASTHMA

sthma is the single most common chronic condition among children in the United States. Approximately 7 million children under age 18 in the U.S. have asthma, with poor and minority children suffering a greater burden of the disease in Despite advances in diagnosis and treatment and increased attention to prevention of symptoms, the incidence of the disease is rising: asthma prevalence in the U.S. increased from 8.7% in 2001 to 9.5% in 2011.

Not only is pediatric asthma widespread, the economic burden is substantial. Researchers estimate that asthma costs the U.S. healthcare system \$56 billion annually in both direct healthcare expenditures and indirect costs from lost productivity. Asthma is the third leading cause of hospitalization among children under the age of 15, and is associated with increased emergency department visits. Pediatric asthma is also one of the leading causes of school absenteeism, accounting for 14.4 million lost school days and 14.2 million days of missed work by caretakers in 2011. Viii, viii

Researchers project that improving asthma management among vulnerable populations could save as much as 25% of total asthma costs, and help millions of children lead healthy, active lives. Unfortunately, most children do not have well-controlled asthma, and nearly 60 percent of children with diagnosed asthma have experienced an attack within the previous 12 months, and the prevalence of asthma attacks has been increasing by 1.6% per year. Increasing the number of children that have their asthma appropriately managed and addressing the underlying factors that cause asthma attacks should be priorities for public health.

COLLABORATING TO PROTECT THE HEALTH OF KIDS WITH ASTHMA

In order to address the serious and pervasive problem of childhood asthma in the United States, in 2012 the Merck Childhood Asthma Network (MCAN) partnered with the Department of Health Policy at the George Washington University (GWU) and First Focus to establish a new national multi-sector coalition to raise awareness and advance public policies to improve the health of children who suffer from asthma.

The Childhood Asthma Leadership Coalition consists of leading advocates and experts in childhood asthma, public health, environmental health, poverty, housing, health care, and health care economics. Members come from a variety of professional backgrounds, including clinical researchers, medical doctors, service providers, and policy analysts. By working together, the Coalition aims to accelerate prevention and improve the diagnosis, treatment, and long-term management of childhood asthma through targeted state and federal efforts. The Coalition also works to address barriers that prevent children from accessing the health care services they need to control and manage asthma.

CHILDHOOD ASTHMA LEADERSHIP COALITION MEMBERS

American Academy of Pediatrics American Lung Association

Association of Asthma Educators

Asthma and Allergy Foundation of America Asthma Regional Council of New England/

Health Resources in Action

Healthy Schools Campaign

Association of Clinicians for the Underserved Children's Environmental Health Network

> Children's Hospital Association Green & Healthy Homes Initiative

Healthy Schools Network, Inc.

Joint Council of Allergy, Asthma, & Immunology

MomsRising

National Association of School Nurses

National Medical Association

Nemours

Not One More Life

Regional Asthma Management & Prevention

School-Based Health Alliance

Trust for America's Health

THE CHILDHOOD ASTHMA LEADERSHIP COALITION'S POLICY GOALS

Collaboration and leadership on childhood asthma is especially important at this critical time in Washington when policymakers are making important decisions about the future of federal investments in our nation's public health and health coverage systems. By establishing a unified and informed voice using credible experts, the Coalition sets a clear vision for policy solutions which relies on evidence-based research to improve health outcomes for children with asthma. The Coalition's leading policy goals include:

- Ensuring the availability of stable and continuous health insurance for children with asthma;
- Developing high-quality clinical care, case management when indicated, and asthma education for all children;
- Reducing asthma triggers in homes and communities;
- Creating a nation-wide strategic plan for asthma research to develop new and effective treatments;
- Identifying new opportunities to improve asthma care that arise from the implementation of the Affordable Care Act.

The Coalition strives to achieve these goals by examining the issues surrounding childhood asthma, identifying best practices, raising awareness through public education, and issuing policy recommendations.

THE BOTTOM LINE: CHILDREN WITH ASTHMA DESERVE A HEALTHIER FUTURE

Childhood asthma is a treatable and manageable disease. Coordinated federal engagement on asthma-related research and policy has the potential not only to save lives but also to spur the creation of cost-effective policies. Together we can work to ensure that the millions of children with asthma in the United States are able to grow up to become healthy and productive adults.

Resources from the Childhood Asthma Leadership Coalition are available at www.childhoodasthma.org including our recent white paper, *Using Medicaid to Advance Community-Based Childhood Asthma Interventions*.

http://www.lung.org/lung-disease/asthma/resources/facts-and-figures/asthma-children-fact-sheet.html#4. Accessed: January 24, 2013.

^{*} National Center for Health Statistics. National Surveillance of Asthma: United States, 2001–2010. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. November 2012. Available at: http://www.cdc.gov/nchs/data/series/sr_03/sr03_035.pdf.



¹ Centers for Disease Control and Prevention. 2011 National Health Interview Survey (NHIS) Data. Table 3-1: Current Asthma Population Estimates—in thousands by Age, United States: National Health Interview Survey. 2011. Available at: http://www.cdc.gov/asthma/nhis/2011/table3-1.htm. Accessed: January 23, 2013.

ⁱⁱⁱ Centers for Disease Control and Prevention. 2011 National Health Interview Survey (NHIS) Data. Table 2-1: Lifetime Asthma Prevalence Percents by Age. 2011 Available at: http://www.cdc.gov/asthma/nhis/2011/table2-1.htm. Accessed: January 14, 2013.

iv National Health Interview Survey (NHIS) Data: Asthma. Centers for Disease Control and Prevention. Available at: http://www.cdc.gov/asthma/nhis/default.htm#2011. Accessed: February 28, 2013.

^v Centers for Disease Control and Prevention: National Center for Health Statistics, National Health Interview Survey Raw Data, 2009. *Analysis by the American Lung Association Research and Program Services Division*. Available at: http://www.lung.org/lung-disease/asthma/resources/facts-and-figures/asthma-in-adults.html#1. Accessed: January 4, 2013.

vi Centers for Disease Control and Prevention: National Center for Health Statistics, National Hospital Discharge Survey, 1995-2010. Analysis by the American Lung Association Research and Health Education Division using SPSS software. Available at:

vii Centers for Disease Control and Prevention: National Center for Health Statistics, National Hospital Discharge Survey, 1995-2010. *Analysis by the American Lung Association Research and Health Education Division*. Available at: http://www.lung.org/lung-disease/asthma/resources/facts-and-figures/asthma-children-fact-sheet.html#4. Accessed: January 4, 2013.

viii Barnett SB, Nurmagambetov TA. Costs of Asthma in the United States: 2002-2007. *Journal of Allergy and Clinical Immunology*, 2011; 127(1):145-52.

^{ix} Hoppin, P, Jacobs, M and Stillman, L. Investing in Best Practices for Asthma: A Business Case for Education and Environmental Interventions, *Asthma Regional Council of New England*, June 2010.