

Childhood Asthma Control Saves Lives: Opportunities for Policymakers

Asthma is one of this nation's most pervasive and costly conditions, affecting the health and wellbeing of millions of children in every community across the U.S. While there is no cure for asthma, it can be controlled with proper treatment and trigger management.

In recent years, medical research and advancements in asthma treatment and management have helped to dramatically improve health outcomes for children with asthma. After years of asthma rates on the rise, asthma prevalence in children is falling, and fewer children are dying from this disease.^{1,2} While this is a promising trend, it is not benefitting all children equally. Children of lower socioeconomic status and children of color continue to suffer a disproportionate burden of asthma.

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The good news is that a strong body of evidence provides a clear roadmap to help children control their asthma. With access to a stable source of care, asthma education services, and affordable medications, children are better able to manage their disease and grow up to become healthy adults.

Our nation is on the right track, but there is more work to be done to ensure that *all* children who suffer from asthma are able to have their health needs met.

Childhood Asthma is Pervasive and Costly

- » Asthma is the single most common chronic condition among children in the United States, affecting over 6 million children under age 18.³
- » More than half of children with asthma suffer at least one asthma attack per year.⁴
- » Researchers estimate that asthma costs the U.S. \$5.92 billion each year.⁵
- » Asthma is the third leading cause of hospitalization in children under age 18.^{6,7} One in 6 children with asthma visit the ER and about 1 in 20 are admitted to a hospital every year.⁸ In 2012, the median annual medical cost of asthma was \$983 in the United States. This cost ranged from an average low of \$833 in Arizona to an average high of \$1,121 in Michigan.⁹
- » In 2013, children with asthma reported missing 13.8 million days of school.¹⁰

The Asthma Burden is Greater for Children of Color and Children in Low-Income Families

- » Rates of childhood asthma are higher among children from low-income families and children of color.¹¹

Asthma is a manageable disease. Investments in asthma-related research, coverage, and treatment are not only life-saving, they are cost-effective and reap benefits that last a lifetime for our nation's children.

- » Compared to non-Hispanic, white children, African-American children are twice as likely to have asthma and Puerto Rican children are 82 percent more likely.¹²
- » African-American children are six times more likely to die from asthma than white or Hispanic kids.¹³
- » Albuterol, the first-line treatment for asthma attacks, is less effective for African-American and Puerto Rican populations.¹⁴ Unsurprisingly, both groups are more likely to end up in emergency departments because of acute asthma attacks, and more likely to die from this condition.¹⁵
- » The asthma rate among children of Mexican heritage runs counter to the improving trend; for Mexican-American children, asthma rates increased from 5.1 percent in 2001 to 6.5 percent in 2016.¹⁶
- » In 2018, nearly one-quarter of children with asthma lived below the federal poverty level (FPL), which for a family of four meant a household income below \$25,100. Roughly 60 percent live in households whose family income is below 250 percent FPL (\$62,750 for a family of four).^{17,18}

Childhood Asthma is Exacerbated by a Variety of Environmental Factors

- » Although childhood asthma is affected by biological factors, environmental factors can increase a child's asthma risk.
- » Indoor environmental triggers, including secondhand smoke, mold, dust mites, pest and cockroach droppings, pets, and exposure to certain chemicals, and outside environmental conditions, including poor outdoor air quality

and outdoor secondhand smoke, can trigger or exacerbate childhood asthma.

Childhood Asthma Leads to Additional Health Risks

- » Children with asthma are more likely to suffer from depression and anxiety, and are more commonly found to have a range of anxiety disorders (including separation anxiety, overanxious disorder, simple phobias) when compared to peers without asthma.¹⁹
- » Asthma that is not properly controlled, as well as related depression and anxiety, can lead to a lack of physical activity.²⁰
- » Overweight children are more likely to have asthma, and they experience a more severe asthma burden. They have also been shown to have an increased risk for the persistence of asthma into adolescence.²¹

Efforts to Address Childhood Asthma Must Be a Top Priority on Capitol Hill

Asthma is a manageable disease. Investments in asthma-related research, coverage, and treatment are not only life-saving, they are cost-effective and reap benefits that last a lifetime for our nation's children.

As Congress considers policy proposals that address health care issues, children's unique health care needs must remain a top priority. We cannot reverse course on the important gains made over the past decade for children's health care. For asthma in particular, Congress should continue to invest in programs and policies that build on the growing positive childhood asthma-related trends: lower death rates for children with asthma, reduced prevalence of disease, and significant improvements in asthma disease management.

We urge the 116th Congress to support these essential asthma policy priorities:

Ensure that children with asthma and their families have stable and continuous access to health coverage and high quality care.

- » Pursue a legislative agenda that protects and strengthens access to high quality and comprehensive coverage for children through Medicaid and the Children's Health Insurance Program (CHIP).
- » Require state Medicaid and CHIP plans to provide 12 months of continuous enrollment for children, decreasing disruptions in coverage.
- » Improve affordability for low- and moderate-income families who are covered in ACA exchange plans by increasing premium subsidies for individuals with incomes below 400 percent FPL.
- » Ensure the continuation of ACA protections that provide meaningful coverage for people with pre-existing conditions.
- » Reverse the Trump administration's expansion of junk short-term insurance plans that provide extremely limited coverage and are allowed to freely discriminate based on age and pre-existing conditions.
- » Restore funding for outreach, education, and in-person enrollment assistance, ensuring that families have the information and help they need to get covered. Additionally, Congress should ensure that education and outreach are targeted at hard to reach populations in a linguistically and culturally appropriate manner.

Ensure that children with asthma have access to the affordable the medications and treatments they need to live healthy and productive lives.

- » Enact legislation to ensure affordable access to prescription drugs. This includes proposals to improve access to lower cost generic medication options, allow Medicare to negotiate prices directly with drug companies, and increase pharmaceutical industry price transparency.

Address childhood asthma health inequities.

- » Ensure that eliminating health disparities and achieving health equity are central components of all future payment reform efforts and incentives to achieve a high value health care system.
- » Incentivize the growth of a diverse health care workforce, including the sustainable use and integration of community health workers (CHWs) and similar community-based peer support workers, who are proven to help parents and children better manage their asthma.

Support funding increases for federal programs that help prevent and mitigate asthma symptoms.

- » Ensure robust funding for the CDC's National Asthma Control Program (NACP), which currently provides grants to 24 states, Puerto Rico, and the District of Columbia. This essential program supports technical assistance to build state asthma surveillance systems and has demonstrated success in implementing coordinated public health strategies to lower the cost of care, improve surveillance, and carry out asthma interventions.

Congress should ensure that education and outreach are targeted at hard to reach populations in a linguistically and culturally appropriate manner.

- » Secure long-term, stable funding for community health centers (CHC). Authorization for CHC funding will expire later this year. Congress should extend this authorization for multiple years to ensure families impacted by asthma have a reliable source of health care.
- » Appropriate robust funding for other key programs related to childhood asthma including HUD's Healthy Homes; EPA Environmental Programs and Management; NIH's National Institute for Environmental Health Sciences; School Based Health Centers; and EPA's State and Tribal Assistance Grants.
- » Incentivize state Medicaid programs to reimburse community-based providers like asthma educators and CHWs.

Support efforts to reduce or eliminate asthma triggers in homes, schools, and communities.

- » Support programs among public health agencies, housing authorities, schools, and environmental agencies that promote evidence-based interventions and services that are essential to reducing asthma triggers that fall outside of traditional health care interventions.
- » Consider coverage of other efforts to ensure the availability of equipment and supplies for the home, including air filtration systems, vacuums, and allergen impermeable encasements for mattresses and bedding, that can be used to control symptoms and reduce use of acute care services. These services should help families understand how to keep their homes free from asthma triggers for their children.

Endnotes

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