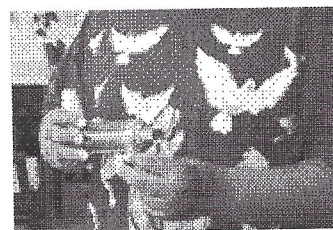


- Asthma is the most common chronic condition among children under the age of 18, affecting 6.3 million.¹
- 24 percent of children between the ages of 5 and 17 have some limited activity due to asthma.²
- Asthma is the leading cause of missed school days among children ages 5 to 17.³
- The 1998 Asthma in America survey indicated that misunderstandings about asthma symptoms and treatment were widespread among patients and that care often fell short of National Asthma Education and Prevention Program (NAEPP) guidelines.⁴



“Hotspots” and Minority Populations Bear a Disparate Burden

- Asthma disproportionately affects low-income, minority and inner city populations with higher morbidity and mortality rates.^{5,6}
- While the rate of asthma among American schoolchildren ranges from 6 percent to 8 percent, prevalence in low-income, minority neighborhood asthma “hotspots” may be two to three times greater.⁶
- African-American children are more likely to be hospitalized due to asthma complications than Caucasian children, and are four times as likely to die from asthma.⁴
- Much of the risk of asthma in minority children can be attributed to local irritants, including secondhand cigarette smoke, mold, cockroaches, dust mites, rats, mice, pets and air pollution.⁷
- More than two million children who suffer from asthma attacks live in areas of the United States that received a failing grade for ozone levels by the American Lung Association.⁸

The Impact on Children and Families

- Even when asthma symptoms are not severe enough to require urgent care, they can interfere with a child’s ability to sleep, play and participate at school.⁹
- Lacking proper information, families may restrict the activities of asthmatic children unnecessarily.
- Working families struggle to cope with asthma exacerbations, as every missed day of school means a missed day of work.³

The Impact on Schools

- Asthma is the leading cause of school days missed because of a chronic illness.^{10,11}
- Annually, children miss about 15 million school days due to asthma.^{10,11}
- Students with asthma may be at higher risk for poor performance.¹²

The Costs of Treatment and Hospitalization

- The estimated annual cost for treating asthma in children younger than 18 is \$3.2 billion.¹³
- For a child without asthma, the cost of medical expenses averages \$618 a year; the annual cost of medical expenses for a child with asthma averages \$1,042.¹⁴
- Asthma is the third-ranking cause of hospitalization for children under 15 years of age.¹¹
- Almost 44 percent of all asthma hospitalizations are for children.¹⁵
- Asthma in children is the cause of almost five million physician visits and more than 200,000 hospitalizations per year.¹⁶
- In 1998, 41 percent of families with asthmatic children had no primary health insurance.¹⁷

Other Costs

- Parents' loss of productivity from asthma-related school absences is estimated at \$719 million (\$285 per child with asthma) annually.¹⁴
- The total economic impact of asthma in school-age children is estimated at \$1993.6 million (\$791 per child with asthma) annually.¹⁴

Sources

¹ *Asthma in Children Fact Sheet* , American Lung Association, 2004.

² Mannino D et al. "Surveillance of Asthma – United States, 1980-1999." *Morbidity and Mortality Weekly Report* , 51(SS01): 1-13, March 2002.

³ *Asthma Facts and Figures* . Washington: Allergy and Asthma Foundation of America.

- ⁴ Mayrdes M et al. *Ethnic Disparities in the Burden and Treatment of Asthma*. Washington: Allergy and Asthma Foundation of America and the National Pharmaceutical Council, 2005.
- ⁵ Clark NM, Brown R, Joseph CLM, et al. "Issues in identifying asthma and estimating prevalence in an urban school population." *Journal of Clinical Epidemiology*, 55: 870-881, 2002.
- ⁶ Weiss KB, Wagener DK. "Asthma surveillance in the United States. A review of current trends and knowledge gaps." *Chest*, 98(5 Suppl.): 179S-184S, 1990.
- ⁷ Krieger J, Takaro TK, Allen C, et al. "The Seattle-King County Healthy Homes Project: Implementation of a Comprehensive Approach to Improving Indoor Environmental Quality for Low-Income Children with Asthma." *Environmental Health Perspectives*, 110(2 Suppl.): 311-322, 2002.
- ⁸ *Asthma and Respiratory Diseases*. Washington: Children's Environmental Health Network, 1999. 22 Nov. 1999, <http://www.cehn.org>
- ⁹ ~~This site was created with support from the Robert Wood Johnson Foundation on Web Policies~~
Merrill S, Wooten M, Gannon B, et al. "Reducing Asthma in Schools." *Journal of School Health*, 76(6): 302, August 2006.
Site developed by Steege/Thomson Communications
- ¹⁰ Wirt I, Chov S, Gerald D, et al. *Condition of Education: 2001*. Washington: National Center for Education Statistics, U.S. Department of Education, 2001.
- ¹¹ *Asthma's Impact on Children and Adolescents*. Atlanta: National Center for Environmental Health, Centers for Disease Control and Prevention. (No authors given.) 8 June 2005.
- ¹² Taras H, Potts-Datema W. "Childhood Asthma and Student Performance at School." *Journal of School Health*, 75(8): 296-312, 2005.
- ¹³ Weiss KB, Sullivan SD, Lyttle CS. "Trends in the cost of illness for asthma in the United States, 1985-1994." *Journal of Allergy and Clinical Immunology*, 106(3): 493-499, 2000.
- ¹⁴ Wang LY, Zhong Y, Wheeler L. "Direct and Indirect Costs of Asthma in School-Age Children." *Preventing Chronic Disease*, 2(1): [serial online], January 2005.
- ¹⁵ *National Hospital Discharge Survey*. Hyattsville, MD: National Center for Health Statistics, 2000. (No authors given.)
- ¹⁶ Akinbami LJ. "State of Childhood Asthma, United States, 1980-2005." *Advance Data from Health and Vital Statistics*, 381: 1-24, December 2006.
- ¹⁷ Lozano P et al. "The Economic Burden of Asthma in U.S. Children, Estimates from the National Medical Expenditure Survey." *Journal of Allergy and Clinical Immunology*, 104(5): 957-963, 1999.