Asthma has become one of the top chronic conditions in the United States, and it disproportionately affects minorities, school-age children and youth. Approximately one in 15 Americans suffers from asthma¹ and an estimated 4 million children under 18 have an asthma attack each year.² Many African-Americans are exposed to unhealthy living and working conditions that trigger more asthma diagnoses than in any other race or ethnic group.³ Inner-city living conditions typically are crowded and less sanitary, which creates greater exposure to allergens and an increased risk of developing asthma. In a 2002 study, the American Lung Association reported that 71 percent of African-Americans lived in communities where federal air pollution standards were not met, compared to 58 percent of the white population.⁴ There are an estimated 1 million to 2 million new cases of asthma diagnosed in the United States each year. And there are approximately 3 million African-Americans who have been diagnosed with asthma at some point in their lives. The prevalence of asthma in African-Americans is 30 percent higher than whites.⁵ Although children of all races and ethnicities are affected, asthma appears to be more prevalent among children who are poor, African-American or Puerto Rican. Asthma is the most common childhood chronic disease and is a national public health concern that challenges both health care and school systems. A quarter of the U.S. population is made up of children, who comprise 40 percent (approximately 6 million) of reported asthma cases. According to the Centers for Disease Control and Prevention (CDC), nearly one in 13 school-age children has been diagnosed with asthma, and many parents are not informed about how to properly manage the disease. Asthma attacks accounted for an approximately 45-percent increase in pediatric emergency room visits over the past decade. Visits to the ER account for half the cost of treating children with asthma or asthma-related conditions.⁶ A recent study found that African-American children covered by Medicaid had more severe asthma and used fewer preventive medications than all children in the same managed Medicaid population.⁷ The CDC reports that by 2003, an estimated 30 million people in the United States had been diagnosed with asthma.⁸ The Department of Health and Human Services found that in many urban cities, African-Americans, Latinos and low-income families have three to five times higher hospitalization and death rates due to asthma than whites. While African-Americans represent approximately 13 percent of the U.S. population, they account for 26 percent of the U.S. asthma deaths.⁹ The Environmental Protection Agency (EPA) has found that less than 30 percent of asthmatics take steps to reduce exposure to indoor environmental triggers, such as family pets, secondhand smoke, cockroaches, pests, dust mites and mold. While indoor pollutants may contribute to the high asthma rate among African-Americans, inadequate medical care contributes to poorer control for those who are diagnosed. Barriers to medical services—such as a lack of medical facilities and health insurance, incorrect use of medications or language barriers—can lead to failure in diagnosing and controlling asthma among racial/ethnic minorities. The severity of asthma—whether it is caused by exposure to risk and environmental factors, inadequate health care, access to health care or treatment adherence rates—has a significant impact on the health of African-Americans.

The Financial Impact

The cost of medical care is a growing burden for families from all economic backgrounds. However, the working class, people with chronic illnesses, the disabled and the uninsured are usually the hardest hit by medical...
costs. A survey sponsored by USA Today, the Kaiser Family Foundation and the Harvard School of Public Health found that people with chronic diseases like asthma were more likely to report having trouble paying for basic living expenses or medical bills than those with no chronic condition or disability. The survey showed that 43 percent of families with at least one member diagnosed with asthma reported not having enough money to pay for health care in the past year, compared with 42 percent of families dealing with cancer and 35 percent with diabetes. In comparison, the survey showed 20 percent of households where no one reported a chronic illness and disability in their family were unable to pay for health care.

Health officials believe that by helping asthmatic patients manage their illness more effectively, they could save the U.S. health care system more than $500 million each year.

It is no surprise that people with asthma have more problems covering health care costs and prescriptions. Asthma medication can cost from $100 to $900 a month. Many of the medications are covered by health insurance; however, a significant percentage of African-Americans do not have insurance. According to 2004 U.S. Census data, 19 percent of African-Americans are uninsured, which is above the national average of 15 percent. A third of uninsured Americans have no primary medical care and 20 percent of African-American children have not seen a doctor in a year. For the nearly 25 percent of African-Americans who live below the poverty line, medical care seems unaffordable.

**State Responses**

Legislative action can help ease the burden of those affected by asthma. Some states have passed legislation directed toward major public health issues, including asthma self-medication and indoor smoking bans. State legislation includes:

- **Alabama**: SB-129 (passed in 2003). Allows students to carry and self-administer asthma medications and protects school personnel from liability.
- **Illinois**: ILCS 105 5 22-30 (2004). Permits students with asthma to self-administer asthma medications in school with written authorization from both physician and parent.
- **Idaho**: S-1283 (2004). In July 2004, Idaho legislation amended the existing Clean Indoor Air Act to extend a prohibition on smoking in publicly owned buildings and offices, and revised what are defined as designated smoking areas.
- **District of Columbia**: B16-0293 (2006). On Jan. 4, 2006, the District of Columbia City Council passed a ban on smoking in most indoor public places, including offices, apartment building lobbies and restaurant dining rooms.

Successful state programs include:

- **California**, the cost of asthma has been estimated at $720 million in direct medical expenditures. The issue is being addressed through a host of programs, including Medi-Cal, California’s adaptation of Medicaid, which spends approximately $400 million to treat clinical aspects of asthma, and the California Children and Families Act of 1998, which ensures that 10 cents from every pack of cigarettes sold is allotted to fund the California Children and Families Commission’s child health programs.
- **Georgia**, has spent approximately $168 million in medical expenses on asthma-related illness, as well as $127 million in lost school and work days. To address the high rate of asthma impacting Georgians, the Georgia Department of Human Resources (DHR) partnered with the American Lung Association of Georgia, the Environmental Protection Agency and the CDC to observe Asthma Awareness Month and World Asthma Day and raise awareness in Georgia. In addition, through a five-year grant from the CDC, Georgia’s DHR was able to develop an asthma program to address the statewide burden of asthma. The program is designed to monitor goal surveillance on target audiences, develop initiatives and establish a core group of stakeholders in Georgia.
### National Programs

The federal government recognizes the seriousness of asthma and its impact on the quality of life of affected populations. Government agencies have been working for some time to address asthma as a public health issue. Several federal agencies assist state and local public health programs designed to meet the needs of populations most affected by the disease.

- **In 1989, the National Asthma Education and Prevention Program** (NAEPP) was established within the National Institutes of Health (NIH) to address the increase of asthma in the United States. The NAEPP works with local health organizations and community programs to educate the public, enhance the quality of life for patients with asthma and decrease rates of morbidity and mortality.

- **The Office of Minority Health (OMH)** funds the Minority Health Asthma Attack Avoidance Education Program, a community-based partnership and outreach education program. The OMH works with states to establish a parent-child focused program designed to increase identification of potential asthma triggers and to ensure appropriate referral for medical care among minority inner-city youth.

- **CDC’s National Center for Environmental Health (NCEH)** primary focus is on the prevention of illness, disability and death from the interaction between people and the environment. NCEH builds partnerships with federal, state and local government agencies to protect the health of the more vulnerable populations by identifying environmental threats and promoting healthy living. It leads national programs with state agencies and private organizations participating to control asthma and other environmental public health concerns. NCEH supports states and others through several national programs, such as the National Asthma Control Program.

  - **The National Asthma Control Program** works to reduce the burden of asthma by assisting state programs aimed at reducing the number of deaths, hospitalizations, emergency room visits and missed work and school days. It awarded $32 million to grantees in 35 states, the District of Columbia, Puerto Rico, national organizations and others for FY 2005 activities. These grantees and the CDC have conducted asthma tracking, educational activities and public health research activities. The program also provided funding to seven urban school districts, one state education agency and six national nongovernmental organizations to support and address asthma control. In addition, the National Asthma Control Program provides awareness and educational programs that focus on reducing asthma prevalence among inner-city populations. The overall success of these programs and others is a key to combating asthma through the collaboration of various federal, state and local agencies.

### What Can Legislators and State Policymakers Do?

While there is no quick resolution, controlling asthma is an attainable goal through education and outreach to vulnerable communities. To combat asthma in the United States, improved coordination of ongoing national efforts and a significant commitment of national resources, as well as those of state and local organizations and individual communities, will be needed. Suggested efforts include:

- Establishing an asthma reporting system in state health departments—with required reporting by health care professionals—to understand the scope of the problem and develop a comprehensive strategy. For example, the state health departments of New York and Washington require health care providers to report work-related asthma cases.

- Focusing on funding programs that reduce environmental hazards (i.e. tobacco smoke, outdoor air pollution and pests) which will be more effective in eliminating high asthma rates, particularly among inner cities and minority communities.

- Supporting asthma-related legislation, such as protecting indoor air quality or allowing individuals, specifically school-age children, the ability to self-administer medication.

### Helpful Links

- **The Centers for Disease Control and Prevention:** National Center for Environmental Health (NCEH)
  - [http://www.cdc.gov/nceh](http://www.cdc.gov/nceh)
  - (Accessed March 27, 2006)

- **The National Institutes of Health: National Heart, Lung, and Blood Institute**
  - (Accessed March 27, 2006)

- **The National Institutes of Health: National Heart, Lung, and Blood Institute: Asthma Home Page**
  - (Accessed March 27, 2006)

- **U.S. Environmental Protection Agency**
  - [http://www.epa.gov/iaq/asthma/about.html](http://www.epa.gov/iaq/asthma/about.html)
  - (Accessed March 27, 2006)

- **The American Lung Association**
  - [http://www.lungusa.org](http://www.lungusa.org)
  - (Accessed March 27, 2006)

This article is available on the Web at: [http://www.healthystates.csg.org/Public+Health+Issues/Environmental+Public+Health/](http://www.healthystates.csg.org/Public+Health+Issues/Environmental+Public+Health/)
Promoting sustainable economic development that does not compromise environmental quality and public health.

Supporting education and outreach events to enhance understanding and managing asthma through health care programs and medical assistance services. For example, the Keystone Mercy Health Plan and Healthy Hoops Coalition of Pennsylvania created the Healthy Hoops program, dedicated to asthma education and management using basketball as a platform.

There is no cure for asthma, but it is a manageable disease. Combating it can be achieved through prevention. Several states have passed successful legislation to achieve this goal. It is the responsibility of elected officials to support programs that can provide educational and preventive measures to asthma among minority communities. As a nation, we can achieve the goal of reducing the incidence of asthma and create an opportunity for normal, healthy living by managing asthma among our vulnerable populations.

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Endnotes
12 Ibid.