Asthma Is Common and Costly
- In 2005, 6.5 million children in the U.S. under 18 years old had asthma; an additional 2.5 million children had been diagnosed with asthma at some point in their lives.
- The estimated cost of treating asthma in those under 18 is $3.2 billion annually.
- Almost 10 percent—or more than 5 million—school-aged children have asthma.
- Students miss almost 13 million school days each year due to asthma.

What Is Asthma?
- Asthma is a condition where airways in the lungs become inflamed by an irritant or something the person is allergic to—which is called a trigger. The inflammation makes it difficult to breathe and can cause wheezing, coughing, tightness in the chest and even death. In 2004, 186 children died because of asthma.
- Triggers are different for everybody. Common triggers include tobacco smoke, dust mites, viruses, exercise, outdoor air pollution, cockroaches, pets and mold.
- Asthma can be controlled. Long-term anti-inflammatory medications can help prevent episodes and quick-relief medications can control an asthma episode once it’s begun.

Significant Health Disparities Exist with Asthma
- Puerto Rican children have the highest rates of asthma, followed by African-American children. In 2004-05, the incidence of asthma for children up to age 17 was:
  - More than 19 percent for Puerto Ricans;
  - Almost 13 percent for African-Americans; and
  - About 8 percent for both whites and all Hispanics.
- Outcomes are worse for African-American children than whites. In 2004-05, African-American youth with asthma were:
  - 260 percent more likely than whites to visit an emergency room;
  - 250 percent more likely than whites to be hospitalized; and
  - 500 percent more likely than whites to die.
- Children who live in poverty are more likely to experience asthma. In 2005, about 12 percent of children in families earning less than $20,000 annually had asthma. For families earning more than $20,000, the rate was about 9 percent.
What Problems Do Children with Asthma Face in School?

- **Inadequate school policies and procedures.** The model school asthma plan from the National Association of State Boards of Education recommends that:
  - School personnel have professional development that includes basic information about asthma. As of September 2005, no state required professional development on asthma, but many schools and districts do provide staff education.
  - Students who are capable carry and administer prescribed medications on school grounds. As of May 2007, 40 state boards of education mandated policies allowing for self-administration of asthma medication and seven additional states have laws.
  - Procedures be established to identify and minimize asthma triggers, including tobacco smoke, in school buildings and on school grounds.
- **Too few school nurses.** Full-time school nurses can help students improve management of their asthma and ensure appropriate treatment for episodes.
- **Lack of treatment for asthma episodes.** Many students with asthma do not have a quick-relief inhaler at school and few schools have students’ backup medicine.
- **Lack of knowledge.** School staff may not have enough information about asthma, its triggers or how to recognize and respond to an asthma episode. Students with asthma may not know how to respond to an asthma episode.
- **Insufficient hand–washing.** Increased hand-washing at school can reduce the spread of viruses that trigger asthma episodes.
- **Environmental hazards.** Older and poorly maintained buildings can pose a threat to students with asthma due to increased incidences of irritants such as mold.

What Can State Legislators Do?

- **Learn more.** Talk with your state school officials to determine what policies your state has for students with asthma.
- **Support school nurses.** Increase funding for school nurses to ensure that schools have one nurse for every 750 students, or at the least, one nurse per school.
- **Ensure access to quick-relief medications.** Work with your state board of education to increase access at school and draft policies that allow students to carry and use asthma medications at school if your state doesn’t already do so.
- **Get training started.** Support self-management education for students with asthma and training for school staff and child care workers about chronic conditions, including asthma.
- **Maintain school buildings.** Support increased funding for school building maintenance to help districts prevent or eliminate asthma-aggravating irritants and allergens.
- **Know your score.** Encourage schools to use nationally developed tools that help educators and community members identify and correct school-based asthma and indoor air quality problems. See: CDC’s School Health Index for Asthma at http://apps.nccd.cdc.gov/shi/default.aspx; and the Environmental Protection Agency’s Indoor Air Quality Tools for Schools Program at http://www.epa.gov/iaq/schools/.

To find state-by-state statistics on school asthma policies in your state, go to:

National Association of State Boards of Education: http://www.nasbe.org/HealthySchools/States/State_Topics.asp

If you would like to receive more information, references, or to explore this topic in greater depth, please:
- Send your inquiry to http://www.healthystates.csg.org/ (keyword: questions/comments), or
- Call the CSG Health Policy Group at (859) 244-8000.

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