Children's Defense Fund
Asthma Health Fact Sheet

March 2010

Ensuring that all children, particularly the most vulnerable children with asthma and other special health needs, have access to comprehensive, affordable health coverage is not only smart and cost-effective, it can play a vital role in their development.

Asthma is the most common chronic disease in childhood. Childhood asthma rates are at historically high levels:[1] In 2008, one in seven children had been diagnosed with asthma at some point in their lives.[2]

Minority and low-income* children are disproportionately affected by asthma. Compared with White children, Black children are more likely to have asthma, to visit the emergency room and to be hospitalized for asthma-related symptoms.

- Black children are approximately one and a half times more likely to ever have been diagnosed with asthma than White children.[3]
- Black children are over four times more likely to seek care at an emergency room and three times more likely to be hospitalized for asthma than White children.[4]
- Children in low-income families are more than twice as likely to ever have been diagnosed with asthma than children in families that are not low-income.[5]
- Children living in inner cities face unique challenges. 85 percent of inner-city children with asthma have uncontrolled symptoms.[6] These children have disproportionate exposure to allergens like dust mites and mold and local irritants such as secondhand smoke and air pollution, all of which are associated with development and worsening of asthma.[7]

Many children with asthma do not get the regular care they need, leading to a lack of effective treatment and poor asthma control. Asthma's effects depend greatly on whether a child receives regular checkups with education and follow-up treatment plans.

- Black children and Latino children receive about half as much outpatient care and medication management as White children.[8] Moreover, Black children and Latino children are less likely to have a usual place of medical care than White children.[9]
- One out of nine Black children is uninsured. More than one-fourth of uninsured Black children had to delay needed medical care and more than one-fifth of uninsured Black children did not get needed medical care because of cost.
- Routine medications for chronic asthma symptoms are often underprescribed and underused.[10] Children with consistently poorly controlled asthma have a six-fold increased risk for hospitalization due to severe asthma symptoms.[11]

Asthma, especially poorly controlled asthma, is a significant source of medical costs for families and for our country.

- The estimated annual cost for treating asthma in children is $8 billion.[12]
- In 2006, children required nearly 150,000 hospitalizations[13] and made 593,000 visits to emergency departments for asthma.[14]
- Primary care doctor visits to help manage asthma cost much less than emergency room visits and hospitalizations. In Texas, the cost for a child to visit a doctor in the early stages of an asthma attack is about $100, but going to the emergency room to treat full-blown asthma symptoms can result in a three-day hospital stay costing more than $7,300.
- When children receive tailored asthma education and ongoing treatment, they are less likely to require costly hospitalizations and avoidable emergency room visits.[15, 16, 17]

*Income<200% of federal poverty level

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Poorly controlled asthma interferes with children's daily activities and education, contributing to substantial indirect costs of asthma. Asthma symptoms can affect children's ability to learn, play, and sleep well, and can prevent them from reaching their full potential.

- Asthma is one of the leading causes of school absenteeism. Asthma-related illnesses cause children to miss almost 13 million school days a year.[18] Children with uncontrolled asthma consistently miss more school than children with well-managed asthma.[19]
- Chronic absenteeism exacts a high price from children, who have difficulty making up the work they missed and keeping up with their peers, and from their parents, who must often take time off from work during these absences to care for their sick children. Parental loss of work contributes significant indirect costs to the nation each year in lost productivity.[20, 21]
- In one study, kindergarten children with asthma had significantly lower school readiness skills compared to children without asthma.[22]
- Children with severe asthma have to repeat a grade almost three times more often than children with mild asthma.[23]

Children with asthma who have access to quality health care and insurance have improved development and health status. Recognizing early symptoms, avoiding asthma triggers, and receiving proper medication are important to managing asthma.

- Almost 10 percent of children (657,000) who have ever been told they have asthma are uninsured.[24] Uninsured children with asthma receive fewer office and outpatient visits, prescriptions, and preventive checkups than insured children.[2526]
- The odds of having an unmet health need for uninsured children with asthma is fourteen times that for an insured child.[27]
- Though less than half of children with asthma currently receive consistent medical care, studies show that early and aggressive treatment of asthma reduces the need for hospital visits and improves children's overall health.[28]
- Thirteen months after enrolling in CHIP, one study found the number of children with any unmet health needs dropped by half, the mean number of asthma attacks decreased by more than 50 percent, and children reporting problems getting to their usual source of care during an asthma attack dropped from 13 to 4 percent.[29]

Poor health in childhood can cast long shadows later in life; consequently, good health at birth and throughout childhood is essential for children and for the adults and workers they will become. *All* children must have access to comprehensive, affordable, and accessible health coverage.

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