

Startling new childhood asthma data

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Researchers from The George Washington University, School of Public Health and Health Services (GW) said today that asthma, a largely manageable and chronic disease, is on the rise in America and released new data on the magnitude of the asthma crisis, the surging cost of treatment, and the more than 1 million children with asthma who are uninsured.

A new report from GW, [Changing Policy: The Elements for Improving Childhood Asthma Outcomes](#), found that asthma adds about 50 cents to every health care dollar spent on [children](#) with asthma compared to children without asthma. Those most at risk - low income, medically underserved, and African-American and Hispanic children - have the least access to preventive care and the most visits to the ER.

"Childhood asthma presents one of the nation's starkest examples of what is wrong with the [health care system](#). Even as more than 1 million children with asthma lack coverage, the nation is squandering health care dollars on costly treatment while missing key prevention opportunities," said Sara Rosenbaum, JD, Chair of GW's, Department of Health Policy and co-lead author of the new report. "To date, the knowledge, programs and infrastructure America has amassed about childhood asthma is like an unassembled puzzle. We have the pieces; it's time that we put them together."

The report, supported by the Merck Childhood Asthma Network, Inc., (MCAN) and the RCHN Community Health Foundation (RCHN CHF), is the result of a year-long investigation into America's childhood asthma

problem to discover why the country has not benefitted more from what is known about asthma, the single most common chronic disease among children.

GW researchers found that of the 1.17 million children with asthma estimated to be uninsured, 600,000 are estimated to be eligible but not enrolled in Medicaid or the Children's Health Insurance Program (CHIP). Another 180,000 children with asthma would be eligible for coverage if all states were to increase coverage to 300 percent of the federal poverty level, as seven states already do. With these two simple steps, America could reduce the number of uninsured children with asthma by 75 percent.

"The good news is that significant improvements in childhood asthma could result from better use of existing programs," said Dr. Floyd Malveaux, Executive Director of MCAN and former Dean of the College of Medicine at Howard University. "For those children most at risk, stable and continuous health insurance could lead to greater access to care, controlled health spending and improved overall health."

GW identified community health centers as another resource that can be deployed to improve asthma management for children - one in every three of whom is poor.

"Located in medically-underserved and low income communities, health centers report that 20 percent of the children they serve have asthma," said Feygele Jacobs, MPH, MS, Executive Vice President/Chief Operating Officer of the RCHN CHF. "Community health centers could be the front door to better disease management for children with asthma."

GW identified five essential elements that are key to improving asthma outcomes and provided practical and evidence-based recommendations

about how to bring these elements to life to improve childhood asthma outcomes:

- Stable and continuous health insurance
 - Make continuous Medicaid and CHIP enrollment a part of every eligible child's asthma treatment plan developed by the child's health care provider team.
 - Encourage all states to expand Medicaid and CHIP to at least 300 percent of the federal poverty level and to adopt new options to fully cover legally resident children.
 - Encourage all states to adopt Medicaid and CHIP enrollment and retention reforms, especially reforms aimed at making enrollment and retention activities possible through community health care providers, schools, and other locations where children and families can easily apply for and renew coverage.
 - Make enhanced asthma treatment and management a specific focus of quality performance improvement in Medicaid and CHIP.
- Provide high quality clinical care and case management for children whose asthma is hard to manage or control, and reach all children regardless of whether they have health insurance coverage
 - Create an HHS-led, cross-agency, Administration-wide national plan for changing childhood asthma outcomes, involving: CMS, HRSA, CDC, IHS, ONCHIT, ED, HUD and EPA.

- Make performance improvement in childhood asthma a key program aim for community health centers and the Indian Health Service, which together are health care homes for over 7.5 million of the nation's most at risk children.
- Continuous information exchange and monitoring, using health information technology (HIT) as much as possible
 - Enhance asthma monitoring through model registries and target use of comprehensive integrated HIT systems to promote clinical reporting as well as coordination and communication among care providers, public health agencies and schools.
- Asthma trigger reduction in homes and communities
 - Encourage public health agencies, housing authorities and environmental agencies to promote evidence-based interventions and services that are essential to reducing the many environmental asthma triggers that lie beyond the control of any one family and fall outside of traditional "health care" interventions.
- Learning what works and increasing knowledge
 - Promote a strengthened and diversified Administration-wide research agenda to include basic, clinical and translational/ implementation investigations.

"For the first time, we have a national plan that turns decades of research and lessons learned from on-the-ground programs into recommendations that will improve outcomes," said Rosenbaum. "It's time to aim higher for the millions of children with [asthma](#) and their families."

Provided by The Merck Childhood Asthma Network, Inc.

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