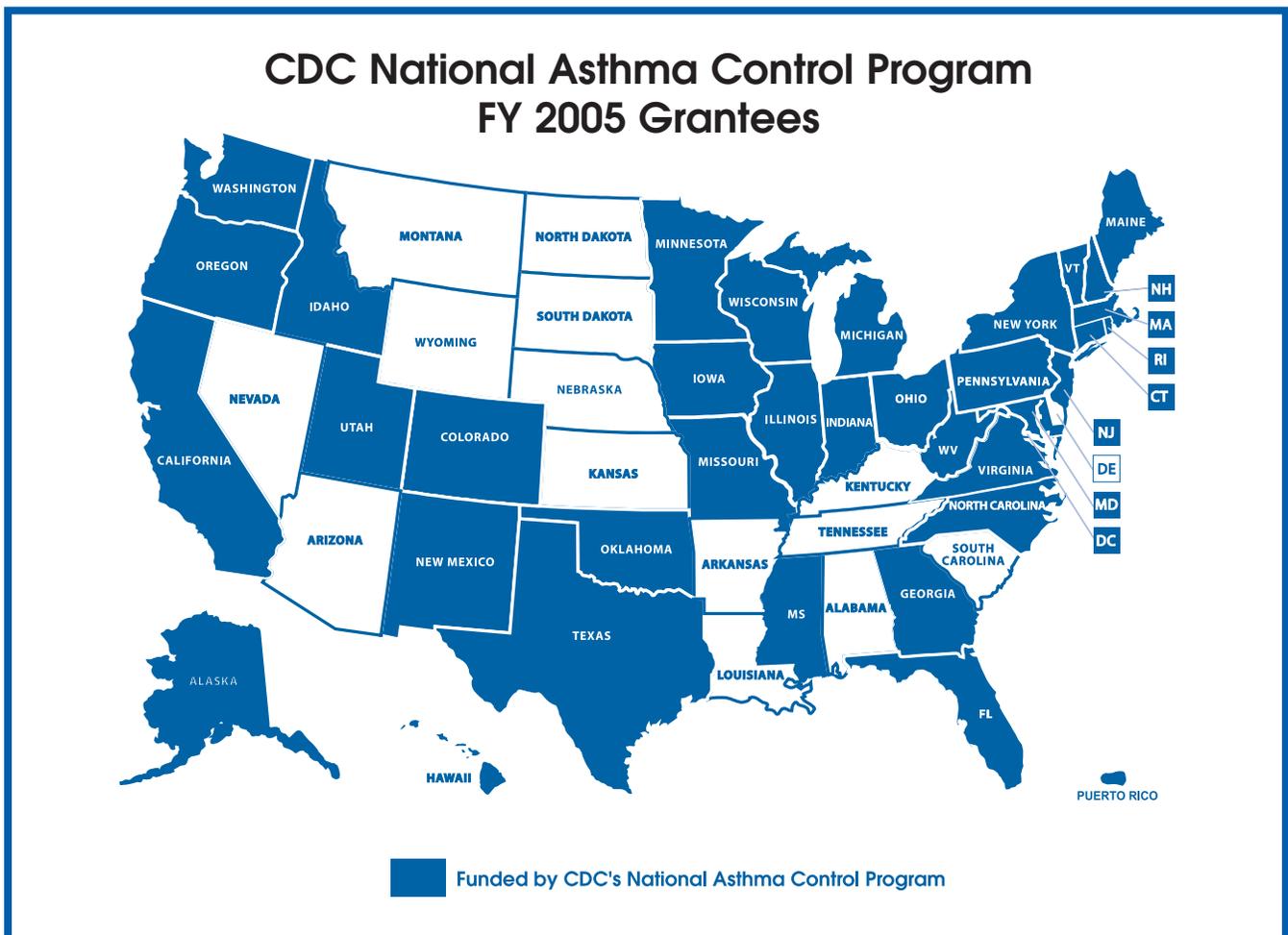


National Asthma Control Program: Improving Quality of Life and Reducing Costs 2005



“Asthma is a serious environmental health threat, but you can control it. Follow the management plan developed by you and your doctor and avoid the things that trigger your asthma.”

*Julie Louise Gerberding, MD, MPH
Director, Centers for Disease Control and Prevention*

Asthma Control: Improving Quality of Life and Reducing Costs

Despite evidence that asthma death rates are leveling off and asthma hospitalization rates are declining, asthma's impact on health, quality of life, and the economy remain substantial. Rates of severe asthma continue to disproportionately affect poor and minority populations. For example, African Americans visit emergency departments, are hospitalized, and die due to asthma at rates three times higher than rates for white Americans.

The initial onset of asthma cannot yet be prevented and asthma cannot be cured. However, asthma can be controlled, and people who have asthma still can lead quality, productive lives. Asthma can be controlled by following a medical management plan and by avoiding contact with environmental "triggers." These environmental triggers include cockroaches, dust mites, furry pets, mold, tobacco smoke, and certain chemicals.

Asthma's Impact on the U.S. Population

In 2003, an estimated

- 29.8 million people had been diagnosed with asthma during their lifetime
- 19.8 million people currently were diagnosed with asthma
- 11.0 million people experienced an asthma attack in the previous year

In 2002, asthma accounted for

- 12.7 million doctor visits
- 1.2 million hospital outpatient visits
- 1.9 million emergency department visits
- 484,000 hospitalizations
- 4,261 deaths

Source: CDC National Center for Health Statistics
<http://www.cdc.gov/nchs/products/pubs/pubd/hestats/asthma/asthma.htm>

CDC's National Asthma Control Program

CDC's National Asthma Control Program supports the goals and objectives of *Healthy People 2010* for asthma. The goals of the program are to reduce the number of deaths, hospitalizations, emergency department visits, school or work days missed, and limitations on activity due to asthma.

Most grants are awarded in September each year for activities to be conducted the following fiscal year (FY). With FY 2004 National Asthma Control Program funds, CDC funded grantees in 35 states, the District of Columbia, 1 territory (Puerto Rico), national organizations, and others for activities to be conducted in FY 2005. These grantees and CDC are conducting asthma tracking, intervention, partnership, and public health research activities. CDC also funded seven urban school districts, one state education agency, and six national nongovernmental organizations to support and address asthma control within a coordinated school health program.

Major Data Collection Systems

CDC also supports a number of major asthma data collection efforts, including (1) collection of state-level adult asthma prevalence rates for detailed subgroups in 50 states, 3 territories (Puerto Rico, Guam, and the

<i>Fiscal Year</i>	<i>Appropriations (millions)</i>
1999	1.2
2000	10.3
2001	27.9
2002	35.2
2003	36.9
2004	32.1*
2005	32.4*

**Represents approximately level funding under CDC's new budget structure*

Virgin Islands), and Washington, D.C., through the Behavioral Risk Factor Surveillance System Survey; (2) collection of data on days of restricted activity, days in bed, days of work or school lost, physician visits, and hospitalizations due to asthma through the National Health Interview Survey; and (3) collection of in-depth state and local asthma data through development and testing of a National Asthma Survey module, with activities in eight states so far. For more information, visit <http://www.cdc.gov/asthma/asthmadata.htm>.

Asthma Control Program Highlights

A complete list of program grantees and their activities is available at www.cdc.gov/asthma/contacts/. The following are highlights.

Tracking

Tracking is the ongoing collection and analysis of data to understand the “who, what, and where” of asthma. This information is used to plan, target, implement, and evaluate interventions where they are most needed.

Characterizing childhood asthma. CDC is funding the Bureau of Labor Statistics to collect data on social, environmental, and medical aspects of asthma among approximately 10,000 children through the National Longitudinal Survey of Youth.

National Asthma Survey. To provide in-depth state and local data to support various programs and policy needs, CDC developed and has tested an asthma survey module in four states (Alabama, California, Illinois, New York, and Texas) and is analyzing the data. New York implemented the survey in 2003, and Minnesota, Michigan and Oregon will implement it in 2005.

Population-based models to establish surveillance for asthma incidence in defined geographic areas. To better estimate asthma rates, CDC is funding the Kaiser Foundation Research Institute (Portland, Oregon) and the Miami-Dade County Health Department (Miami, Florida) to develop models for identifying new asthma cases.

Interventions

The program is ensuring that scientific information is translated into public health practices and programs to reduce the burden of asthma

Controlling asthma in American cities.

To decrease the burden of asthma among children in inner city populations, CDC has collaborative agreements with seven communities (New York City, Philadelphia, Chicago, Richmond, Oakland, St. Louis, and Minneapolis/St. Paul). Each of the sites works through community-based coalitions to implement and coordinate multiple complementary and synergistic interventions in populations of need. Although specific interventions vary according to the needs and resources of the communities, all focus on a target population of children under 18 years of age.

Enabling the nation’s schools to prevent

asthma attacks and absences. CDC is funding seven urban school districts (Albuquerque, Baltimore, Charlotte, Detroit, Los Angeles, Memphis, Philadelphia) and one state education agency (Oregon) to develop and implement exemplary policies and programs to reduce asthma episodes and related absences. CDC also is funding six national nongovernmental organizations (American Lung Association, Asthma and Allergy Foundation of America, Starlight Starbright Children’s Foundation, National Association of School Nurses, American Academy of Pediatrics, and American Association of School Administrators) to support and address asthma education and management within a coordinated school health program. For updates on school-related asthma activities, go to <http://www.cdc.gov/healthyyouth/asthma>.

Improving asthma care. CDC is working with the Health Resources and Services Administration to support federally funded community health centers in developing and implementing a model standard of asthma care that involves a collaborative approach among the centers, state and local health departments, and community organizations.

Replication and implementation of scientifically proven asthma interventions.

CDC is funding grantees to implement the following two scientifically evaluated asthma interventions shown to decrease acute care visits, decrease hospitalizations, and increase compliance with asthma care plans: the Asthma and Allergy Foundation of America’s “Asthma Care Training for Kids” (grantees at two Illinois sites) and the American Lung Association’s “Open Airways for Schools” (grantees in California and New Jersey).

Partnerships

Asthma control requires a coordinated response among many sectors, from the medical to the educational and business sectors. The program is supporting partnerships for developing, implementing, and evaluating local asthma control programs.

Addressing asthma from a public health

perspective. CDC is funding nine state health departments (HI, IN, MA, MS, NC, OH, OK, PA, WA) and the health department in Puerto Rico to develop asthma

control plans that include disease tracking, intervention, partnerships, and occupational components. CDC also is funding 24 states health departments (CA, CO, CT, GA, ID, IL, IA, ME, MD, MI, MN, MO, NH, NJ, NM, NY, OR, RI, TX, UT, VT, VA, WV, WI) and the District of Columbia to implement their state comprehensive asthma control plans.

Public Health Research

CDC is conducting basic research to help target and inform asthma control efforts. CDC is (1) funding Kaiser Permanente of Oregon to conduct a study of HMO members to identify risk factors for onset of adult asthma related to worksite, home, and hobbies and (2) funding Mexico's National Institute for Public Health

to define the effect of diesel and particulate matter exposure on the health of asthmatic children.

Training

CDC provides ongoing asthma training and educational activities and resources for state programs and others. CDC holds semiannual national meetings that provide attendees with opportunities to learn, network, and discuss asthma activities and issues. State programs and CDC share lessons learned through teleconference educational seminars. CDC works with partners to produce and disseminate training materials, such as the *Asthma Speakers Kit for Health Care Professionals* and the *National Asthma Training Curriculum* for increasing the skills and knowledge of the public health workforce.

Activity Highlights

Missouri

The Missouri Department of Health and Senior Services (MO DHSS) is providing school nurses with information and training to effectively manage asthma among students, raise student and school staff awareness about asthma, and inform policy makers about asthma issues in schools. With university and school board partners, MO DHSS has completed and distributed the Missouri Asthma Manual, which includes a continuing education program, to approximately 700 public school nurses; added asthma as a health issue in the school setting to the mandatory training required for all new school board members in the state; and plans to distribute a video aimed at increasing awareness of asthma as a major concern for all school staff through the school board association in the summer of 2005. With partners, MO DHSS also is developing an innovative curriculum

approach to increase asthma awareness among school children and teachers. This approach enhances math, communication, and arts and science skills through the use of asthma-related teaching examples. Health-related activities are linked with mandated education standards upon which school performance is measured.

American Lung Association

Although numerous programs and initiatives target children, there is a lack of comparable focus on the needs of adults with asthma. With support from CDC, the American Lung Association (ALA) has adapted a validated asthma management education program for adults and is pilot testing and evaluating the newly adapted program at six local ALA sites. ALA expects to disseminate this program nationwide in 2006.

Future Directions

With continued and increased funding, CDC plans to continue supporting asthma tracking, intervention, and partnership activities, with a priority on supporting

more states to implement state-based comprehensive asthma control plans and supporting more school-based activities.

**For more information or additional copies of this document, please contact
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