



Asthma and Allergy
Foundation of America



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PULMONARY • CRITICAL CARE • SLEEP



Children's
Environmental
Health
Network



SCHOOL-BASED
HEALTH ALLIANCE
Redefining Health for Kids and Teens



March 21, 2014

Dear Senator/ Representative:

We are writing today to encourage your strong support for the National Asthma Control Program at the Center for Disease Control and Prevention (CDC). **Specifically, we ask that your appropriations request for Fiscal Year 2015 include funding for CDC's National Asthma Control Program at \$28 million.**

Asthma continues to plague the public health of the United States. It is estimated that 25 million Americans have asthma, of whom 7 million are children, representing 10 percent of our nation's youth. Asthma is the third leading cause of hospitalizations for children under the age of 15 and is a leading

cause of school absences due to a chronic disease. Asthma is responsible for \$50.1 billion annually in healthcare costs, 10.5 million missed school days; and 14.2 million missed days of work and costs \$5.9 billion in lost productivity. While the number of people living with asthma has increased, research shows that people with asthma are better managing their disease. The number of people having asthma attacks decreased by 1.2 million from 2002 to 2010 and there were over 300,000 fewer hospitalizations due to asthma from 2003 to 2010. While asthma still claims the lives of 3400 Americans each year, death rates have decreased 38 percent since the National Asthma Control Program's inception in 1999.

Prior to the creation of the National Asthma Control Program by Congress in 1999, there was a lack of surveillance, or data collection, about asthma. Since its creation, the National Asthma Control Program has worked to integrate and coordinate the public health response to asthma control. Now, there are national and state-specific surveillance systems in place, which allow officials to track and better understand asthma trends – ultimately enabling decision-makers to focus resources on strategies that work and populations that are most in need. There is also much better awareness and management of asthma in schools across the country, which is critical to keeping children safe in their schools, where they spend substantial amounts of time. However, because the number of individuals living with asthma in the U.S. increases, more people need assistance in understanding and controlling their disease, which is among the many reasons to increase the funding of this vital program in Fiscal Year 2015.

Asthma is a complex, multifactorial disease that requires a comprehensive approach. Public health programs that reduce the burden of asthma must include surveillance, environmental measures to reduce exposure to indoor and outdoor air pollutants, awareness and self-management education and appropriate healthcare services. While our organizations recognize these difficult financial times, we also know that when it comes to asthma management, an investment made today will save money tomorrow.

The National Asthma Control Program has encouraged funded states to use evidence-based approaches – including forming coalitions and creating collaborations with health centers – to reduce costs and improve outcomes for people living with asthma.

- In **Connecticut**, the program created an in-home asthma program, focusing on self-management and the elimination of asthma triggers. Among enrolled participants, there was an 85 percent decline in emergency department visits; a 67 percent decline in asthma-related physician visits and a 62 percent decline in missed days of school and work. Ultimately, there was a net savings of \$26,720 per 100 patients after just 6 months.
- In **Michigan**, the program works in coalition with nonprofits and other partners, including the Asthma Network of West Michigan (ANWM) to reduce healthcare costs and improve asthma outcomes. A collaboration between ANWM and Priority Health, the largest payer in west Michigan, has reduced emergency department visits for Priority Health members and Medicaid members by 44.4 percent and 24.4 percent respectively. Ultimately, Priority Health has found that for every \$1.00 it has invested in home asthma education visits, home environmental assessments and resources to reduce exposures to triggers in the environment, it has recouped \$2.10 in reduced costs due to uncontrolled asthma. The state-funded Michigan Asthma Program then uses surveillance and Medicaid hospitalization data to identify communities with children and adults with moderate to severe asthma, and the coalition works together to replicate the successes of the ANWM.

- In **Texas**, the state program has funded efforts at the Seton Asthma Center to help patients learn how to better manage their disease. Efforts have resulted in a 75 percent reduction in emergency department visits and an 85 percent decrease for inpatient visits since 2004.

We again ask for your leadership in ensuring that CDC's National Asthma Control Program remain a robust program by including in **your appropriations request for fiscal year 2015 that funding for CDC's National Asthma Control Program be increased to a funding level of at least \$28 million.**

Thank you.

Sincerely,

American Lung Association
Asthma and Allergy Foundation of America
Allergy & Asthma Network Mothers of Asthmatics
American Academy of Allergy, Asthma & Immunology
American Association for Respiratory Care
American Thoracic Society
Association of Asthma Educators
Association of Clinicians for the Underserved
Children's Environmental Health Network
First Focus Campaign for Children
Green & Healthy Homes Initiative
Healthy Schools Network, Inc.
Merck Childhood Asthma Network, Inc.
National Association of School Nurses
Regional Asthma Management & Prevention (RAMP)
School-Based Health Alliance
Trust for America's Health