

Socioeconomic and Racial Asthma Disparities in Asthma

Asthma is the leading chronic condition in children under the age of 18 with approximately 7 million suffering from asthma in the United States. However, asthma rates across socioeconomic groups and minority cultures show significant disparities.

Disparities in Lower Socioeconomic Families

Families that make less than 100 percent of the federal poverty line have rates of childhood asthma at 12.2 percent versus 9.9 percent for families whose income is 200 percent of the federal poverty line and 8.2 percent in families above 200 percent of the federal poverty line.

Racial and Ethnic Disparities

Significant disparities in asthma rates are present in minority racial and ethnic groups. African American children are twice more likely to be hospitalized than Caucasian children, are twice as likely to have an emergency department visit, and four times as likely to die from asthma. Native American children have asthma prevalence rates nearly six times higher than Caucasian children – with almost half of Native children suffering from asthma and the strong majority are not on a daily controller medication. Puerto Rican Americans have the highest rates of asthma among Latino groups with a rate of 15.7% - nearly twice as high as the national average.

Asthma Burden

Besides having a higher prevalence of asthma for minority racial and ethnic groups, significant disparities exist in asthma outcomes including:

- lower asthma control: minority children are less likely to be prescribed and regularly take a controller medication
- increased exacerbations of symptoms: minority children experience more severe asthma and nighttime symptoms
- quality of life: minority children miss more school due to asthma symptoms with asthma accounting for 10.5 million missed school days in 2008
- health care utilization: minority children's families have limited access to quality health care, asthma self-management education, have lower health literacy, and receive fragmented care

Physical and Psychosocial Environmental Factors

The burden of asthma goes beyond the disease itself with family resources and environmental triggers also influencing asthma symptoms and care. Families below the federal poverty line have increased exposure to environmental triggers including allergens and irritants in the home and school settings, as well as, increased exposure to pollution. Additionally, the lack of family resources for appropriate asthma self-management are affected by higher levels of chronic stress, lower adherence to medications, lack of transportation, and competing family priorities such as food and housing.

The Enhancing Asthma Care Project

The Enhancing Asthma Care Project in Illinois, New Mexico, Oklahoma and Texas, is support by Health Care Service Corporation's Healthy Kids, Healthy Families initiative, and lead by the American Lung Association in Greater Chicago, New Mexico, Oklahoma and Texas. This joint initiative aims to work with 15 clinics that serve high-risk populations to improve pediatric asthma care to an estimated 30,000 children.