

- American Lung Association • Asthma and Allergy Foundation of America •**
• **Allergy & Asthma Network Mothers of Asthmatics •**
• **American Association for Respiratory Care •**
• **American Association of School Administrators •**
• **American College of Allergy, Asthma and Immunology •**
• **American College of Chest Physicians •**
• **American Thoracic Society •**
• **Council of State and Territorial Epidemiologists •**
• **Environmental Defense Fund • Joint Council of Allergy, Asthma and Immunology •**
• **Latino Coalition for a Healthy California • Michigan Public Health Institute •**
• **National Association of Pediatric Nurse Practitioners •**
• **National Center for Healthy Housing • National Respiratory Training Center •**
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May 3, 2011

Dear Representative:

We are writing today to urge your strong support for the National Asthma Control Program at the Centers for Disease Control and Prevention (CDC). Our organizations are very concerned with the President's Budget for Fiscal Year 2012, which proposes to merge the National Asthma Control Program with the Healthy Homes/Lead Poisoning Prevention Program – and recommends cuts to their combined budgets by over 50 percent.

Asthma remains a significant public health problem in the United States and one that cannot be ignored. It is estimated that almost 25 million Americans currently have asthma, of whom 7.1 million are children. Asthma is the third leading cause of hospitalization among children under the age of 15 and is a leading cause of school absences from chronic disease – accounting for over 10.5 million lost school days in 2008. Asthma costs our healthcare system over \$50.1 billion annually and indirect costs from lost productivity add another \$5.9 billion, for a total of \$56 billion dollars annually. Asthma claims the lives of 3,445 Americans in 2009, approximately nine people per day.

Since its inception in 1999, the National Asthma Control Program has worked to integrate and coordinate the public health response to asthma control. 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. Now, there are national and state-specific surveillance systems in place, which allow officials to track and better understand asthma trends – ultimately allowing 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 the place besides home where they spend most of their time. And, since 1999, mortality and hospitalizations due to asthma have decreased even though asthma prevalence has risen, which likely indicates a better level of disease management. However, it also means more people than ever will need assistance in understanding and controlling their disease.

The President's Budget request proposes to reduce the number of states funded by the National Asthma Control Program from 36 to 15. This would drastically reduce states' capacity to implement a proven public health response to this disease, as well as significantly set back the progress in managing the

disease that has been made these past 12 years. In addition, at least half of the school-based asthma programs will be eliminated.

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. A study that appeared in the *American Journal of Respiratory Critical Care* found that for every dollar invested in asthma interventions, there was a \$36 benefit.

We ask for your leadership in ensuring that CDC's National Asthma Control Program remains a stand-alone program and receives an appropriation of \$31 million for Fiscal Year 2012. This will give the National Asthma Control Program sufficient resources to continue its work to reduce the burden in U.S. caused by asthma.

Sincerely,

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