



The Honorable Tom Price
Secretary, U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Price:

The Childhood Asthma Leadership Coalition, (CALC), is a multi-sector coalition of asthma stakeholders dedicated to raising awareness and improving public policies to reduce the burden of childhood asthma. Our coalition members are leaders and advocates interested in the health and well-being of children with a particular focus on improving health outcomes for children with asthma. We are writing today to introduce you to the CALC, to share information on the burden of childhood asthma in the United States, and to offer our assistance as you develop the Department of Health and Human Services' policy priorities for the coming year.

As a physician, you are aware that asthma is the single most common chronic condition among children, affecting approximately 6.2 million children in the United States.^{1,2} Despite advances in diagnosis and treatment, the incidence of the disease has been growing steadily: asthma prevalence increased from 7.3% of children in 2001 to an estimated 8.4% of children today.^{3,4} In addition, pediatric asthma is very costly to society: researchers estimate that ***asthma costs the U.S. healthcare system \$56 billion annually*** in both direct healthcare expenditures (emergency department visits and hospitalizations) and indirect costs from lost productivity (missed school days and missed work by caretakers).⁵ It is the third leading cause of hospitalization among children under the age of 15 and accounts for 13.8 million lost school days and 10.1 million days of missed work by employed adults.^{6,7}

Unlike many other chronic conditions, there is good news when it comes to asthma prevention. Decades of research have uncovered evidence-based strategies that are shown to be enormously effective in preventing the onset of asthma symptoms and helping families of asthmatic children manage their disease. While there is no cure for asthma, there is much that health care providers, policymakers and families can do to make sure that children with asthma remain healthy and ready to learn at school.

As federal policymakers continue working toward building a market-based system that relies on evidence-based guidelines and value-based care, we believe that current approaches to asthma management can serve as a model. We urge you to consider the following issues as you work with Congress to reform the important health programs on which children with asthma rely:

Medicaid and CHIP are essential for populations with asthma, as low-income and minority children bear the greatest burden of the disease. One in four children with asthma lives in poverty, and the rate of asthma is significantly higher among African-American and Puerto Rican children.^{8,9} The poorest children, with family incomes below 100% of the federal poverty line, have an asthma prevalence of 10.6%, compared to just 7.2% asthma prevalence among higher income children.¹⁰ Inner city children also have higher rates of asthma, with up to a 25% prevalence rate.¹¹

Medicaid provides a critical source of coverage for children with asthma. Almost half of all children with asthma in the US rely on Medicaid and CHIP for their coverage.¹² The burden of asthma in the Medicaid/CHIP population is also more acute: lower-income populations are less likely to have well-controlled asthma and are more likely to use an emergency department for crisis-oriented asthma treatment.^{13,14,15} Medicaid and CHIP coverage increase asthma management and control and reduce asthma-related health care costs.^{16,17} For a child with asthma, Medicaid and CHIP coverage means they are able to afford preventive care and medications to manage their disease and live a healthy, active life. Maintaining adequately funded Medicaid and CHIP programs with flexibility to test new innovations and evidence-based practices is critical to advancing the care of children with asthma.

Community-based approaches to asthma management are key to improving asthma control in children and reducing costs. A supportive and responsive health care system is certainly important for improving asthma management, but, given the complexity of the disease, a more comprehensive, community-based approach is needed to secure successful asthma control.^{18,19,20} Asthma education and management programs provided in homes, schools and other community locations supplement and reinforce clinical care by reaching children where they live, learn and play. These programs can improve asthma symptoms, reduce urgent care utilization, reduce missed school days, improve academic performance and lessen caregiver stress.^{21,22,23,24,25,26,27,28,29,30}

Community-based asthma interventions show a significant return on investment. Multiple evaluations have shown the value of community-based approaches in reducing the burden of asthma, showing a **return on investment ranging from \$1.85-\$14 for every dollar invested** in community-based asthma services.^{31,32,33,34,35} Other studies have shown even higher returns when community interventions are combined with other improvements to clinical care.^{36,37} For example, a study evaluating a comprehensive clinic- and home-based asthma education program showed **savings of \$36 for every \$1 spent.**³⁸ Medicaid and other insurers should be encouraged to implement and better reimburse for community-based asthma interventions.

Innovative Medicaid programs at the state and local level are beginning to tackle the burden of asthma by integrating community-based approaches into asthma care. Innovative Medicaid waivers, initiatives under CHIP, pilot projects, and community-based programs are testing new value-based payment and service delivery models for asthma that prioritize asthma education and management in homes, schools and other community locations. These state and local efforts show promise in reducing the burden of asthma and its costs to the healthcare system. Furthermore, moving care to the community level improves patient-centered decision-making. New initiatives are underway as states work to take advantage of recent changes to federal Medicaid law that have made it easier for states to offer evidence-based, cost-effective community asthma services to beneficiaries with asthma.³⁹ We urge the Trump Administration to review the recent evidence-based innovations and advances made in asthma treatment and care within the Medicaid and CHIP populations and to consider how these models of care can be supported in new approaches to healthcare delivery in the United States.

While asthma is not a curable disease, our nation's leading experts have developed a body of evidence that can be applied to help children and families prevent the onset of life threatening asthma symptoms while also achieving cost savings to the health care system. These are exciting developments on which we hope the Trump Administration will build.

We look forward to working with you to reduce the burden of asthma in the United States and to improve the health and well-being of children with asthma. We are happy to serve as a resource or to connect you to additional information about these efforts. If you have any questions or would like to contact the CALC, please contact: Lisa Shapiro at 202-657-0670 or at lisas@firstfocus.org

Sincerely,

Allergy and Asthma Network
American College of Allergy, Asthma and Immunology
American Lung Association
Association of Clinicians for the Underserved
Association of Asthma Educators
Asthma and Allergy Foundation of America
Asthma Regional Council of New England
Bridge Atlanta Medical Center
First Focus
Green & Healthy Homes Initiative
Health Resources in Action
Healthy Schools Campaign
Healthy Schools Network
National Association of School Nurses
Nemours Children's Health System
Not One More Life
Regional Asthma Management and Prevention
School-Based Health Alliance

¹ Centers for Disease Control and Prevention. National Current Asthma Prevalence (2015). 2015 National Health Interview Survey (NHIS) Data, Table C-1b. Available at: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_C-1.pdf.

² Child and Adolescent Health Measurement Initiative; The Data Resource Center for Child and Adolescent Health. (2012). National Survey of Children's Health. Portland, OR: Child and Adolescent Health Measurement Initiative; The Data Resource Center for Child and Adolescent Health. Available at: <http://childhealthdata.org/browse/survey/results?q=2473&r=1&g=448>.

³ Centers for Disease Control and Prevention. National Current Asthma Prevalence (2015). 2015 National Health Interview Survey (NHIS) Data, C-1a. Available at: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_C-1.pdf.

⁴ Akinbami, L.J., Mooreman, J.E., Bailey, C., Zahran, H., King, M., Johnson, C., & Liu, X. Centers for Disease Control and Prevention, National Center for Health Statistics. (2012). Trends in asthma prevalence, health care use, and mortality in the United States, 2001-2010. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db94.pdf>.

⁵ Barnett SB, Nurmagambetov TA. Costs of Asthma in the United States: 2002-2007. *Journal of Allergy and Clinical Immunology*, 2011; 127(1):145-52.

⁶ Centers for Disease Control and Prevention: National Center for Health Statistics, National Hospital Discharge Survey, 1995-2010. Analysis by the American Lung Association Research and Health Education Division. Available at: <http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/learn-about-asthma/asthma-children-facts-sheet.html>.

-
- ⁷ Centers for Disease Control and Prevention: National Center for Health Statistics, National Health Interview Survey Raw Data, 2013. Analysis by the American Lung Association Research and Program Services Division. Available at: <http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/learn-about-asthma/asthma-adults-facts-sheet.html>. Accessed: January 4, 2013.
- ⁸ Centers for Disease Control and Prevention. National Current Asthma Prevalence (2015). 2015 National Health Interview Survey (NHIS) Data, Table C-1b. Available at: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_C-1.pdf.
- ⁹ Centers for Disease Control and Prevention. National Current Asthma Prevalence (2014). 2014 National Health Interview Survey (NHIS) Data, Table 4-1. Available at: <https://www.cdc.gov/asthma/nhis/2014/table4-1.htm>.
- ¹⁰ Centers for Disease Control and Prevention. National Current Asthma Prevalence ((2015). 2015 National Health Interview Survey (NHIS) Data, Table C-1b. Available at: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_C-1.pdf.
- ¹¹ Webber, M.P., Carpiello, K.E, Oruwariye, T., Appel, D.K..Prevalence of Asthma and Asthma-Like Symptoms in Inner-City Emelentary Schoolchildren, 2002.
- ¹² Centers for Disease Control and Prevention. National Current Asthma Prevalence ((2015). 2015 National Health Interview Survey (NHIS) Data, Table C-1b. Available at: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_C-1.pdf.
- ¹³ Gold LS, Smith N, Allen-Ramey FC, et al. Associations of patient outcomes with level of asthma control. *Ann Allergy Asthma Immunol.* 2012; 109:260-265.
- ¹⁴ Hanania NA, David-Wang A, Kesten S, Chapman KR. Factors associated with emergency department dependence of patients with asthma. *Chest* 1997; 111:290-295.
- ¹⁵ Finkelstein JA, Barton MB, Donahue JG, et al. Comparing Asthma Care for Medicaid and Non-Medicaid Children in a Health Maintenance Organization. *Archives of Pediatric & Adolescent Medicine.* 2000;154:563-568.
- ¹⁶ Szilagyi P et al., Improved Asthma Care After Enrollment in the State Children’s Health Insurance Program in New York. *Pediatrics.* 2006;117(2):486-496.
- ¹⁷ Menachemi N, Blackburn J, Sen B, Morrissey MA, Becker DJ, Caldwell C, Kilgore ML. The impact of CHIP coverage on children with asthma in Alabama. *Clin Pediatr (Phila).* 2012 Mar;51(3):247-53
- ¹⁸ U.S. Department of Health and Human Services, National Heart, Lung and Blood Institute, National Asthma Education and Prevention Program. Expert Panel Report 3: *Guidelines for the Diagnosis and Management of Asthma.* 2007.
- ¹⁹ Clark N, LaChance, L, Milanovich A, Stoll, S and Awad, D. Characteristics of successful asthma programs. *Public Health Reports.* Nov-Dec 2009;124:797-805.
- ²⁰ Brown AS, Disler S, Burns L et al. Family and home asthma services across the controlling asthma in American cities project. *Journal of Urban Health: Bulletin of the New York Academy of Medicine.* 88(Suppl. 1):S100-S112.
- ²¹ ROI Evidence Base: Studies on Asthma. *Center for Health Care Strategies, Inc.* 2007.
- ²² Krieger JW, Takaro TK, Song L, Beaudet N, Edwards K. A randomized controlled trial of asthma self-management support comparing clinic-based nurses and in-home community health workers: the Seattle-King County Healthy Homes II Project. *Arch. Pediatr. Adolesc. Med.* 2009. 163(2):141–49
- ²³ Findley SE, Thomas G, Madera-Reese R et al. A community-based strategy for improving asthma management and outcomes for preschoolers. *Journal of Urban Health: Bulletin of the New York Academy of Medicine.* 2010;88(Suppl. 1):S85-S99.
- ²⁴ Celano MP, Holsey CN, and Kobrynski LJ. Home-based family intervention for low-income children with asthma: a randomized controlled pilot study. *Journal of Family Psychology* 2012;26(2):171-178.
- ²⁵ Morgan WJ, Crain EF, Gruchalla RS, O’Connor GT, Kattan M, et al. 2004. Results of a home-based environmental intervention among urban children with asthma. *N. Engl. J. Med.* 351(11):1068–80; Williams D, Portnoy JM, Meyerson K. 2010. Strategies for improving asthma outcomes: a case-based review of successes and pitfalls. *J. Manag. Care Pharm.* 2010;16(1 Suppl. C):S3–14.
- ²⁶ Bruzzese JM, Unikel L, Gallagher R, Evans D, & Colland V. Feasibility and impact of a school-based intervention for families of urban adolescents with asthma: results from a randomized pilot trial. *Fam. Process.* 2008;47(1):95–113.
- ²⁷ Clark NM, Brown R, Joseph CL, Anderson EW, Liu M, & Valerio MA. Effects of a comprehensive school-based asthma program on symptoms, parent management, and absenteeism. *Chest* 2004;125(5):1674–79.
- ²⁸ Clark NM et al. An evaluation of asthma interventions for preteen students. *J. Sch. Health* 2010;80(2):80–87.
- ²⁹ Evans D, Clark NM, Levison MJ, Levin B, Mellins RB. Can children teach their parents about asthma? *Health Educ. Behav.* 2001;28(4):500–11.
- ³⁰ Shah S, Peat JK, Mazurski EJ, Wang H, Sindhusake D, et al. Effect of peer led programme for asthma education in adolescents: cluster randomised controlled trial. *Br. Med. J.* 2001;322:1–5.
- ³¹ Asthma Control: Home-Based Multi-Trigger, Multicomponent Environmental Interventions. The Community Preventive Services Task Force. Available at: <http://www.thecommunityguide.org/asthma/multicomponent.html>.

-
- ³² Margellos-Anast H, Gutierrez MA, & Whitman S. Improving Asthma Management among African-American Children via a Community Health Worker Model: Findings from a Chicago-Based Pilot Intervention. *Journal of Asthma*, 2012; 49(4): 380–389.
- ³³ Bielaszka-DuVernay C. Taking public health approaches to care in Massachusetts. *Health Affairs*. 2011;30(3):435-438.
- ³⁴ Bhaumik U et al. A Cost Analysis for a Community-Based Case Management Intervention Program for Pediatric Asthma, *Journal of Asthma* 2013; 50(3): 310-317.
- ³⁵ Campbell JD et al. Community Health Worker Home Visits for Medicaid-Enrolled Children with Asthma: Effects on Asthma Outcomes and Costs. *Am J Public Health*. 2015;105:2366–2372.
- ³⁶ Howell JR. Transforming Population Health: Case Studies of Place-Based Approaches. Children’s Hospital Boston Community Asthma Initiative. *Nemours*. Available at:
<http://www.nemours.org/content/dam/nemours/www/filebox/healthpro/advocacy/boston.pdf>.
- ³⁷ Hoppin, P, Jacobs, M and Stillman, L. Investing in Best Practices for Asthma: A Business Case for Education and Environmental Interventions, *Asthma Regional Council of New England*, June 2010.
- ³⁸ Castro M, et al. Asthma Intervention Program Prevents Readmissions in High Health Care Users. *American Journal of Respiratory Critical Care*. 2003;168:1095-1099.
- ³⁹ Childhood Asthma Leadership Coalition. Pathways to Medicaid Reimbursement for Pediatric Asthma Services. 2016. Available at: <https://firstfocus.org/wp-content/uploads/2016/05/Medicaid-Pathways-to-Asthma-Reimbursement-CALC-May-2016.pdf>.