

Asthma's Impact on the Nation

Data from the CDC National Asthma Control Program



This material is provided for historical reference. Some of the data in this fact sheet is no longer current. For up to date asthma surveillance statistics, please visit <http://www.cdc.gov/asthma/asthmadata.htm>.

1 in **11**
children
has asthma

1 in **12**
adults
has asthma

What is asthma?

Asthma is a chronic disease that affects the airways in the lungs. During an asthma attack, airways become inflamed, making it hard to breathe. Asthma attacks can be mild, moderate, or serious — and even life threatening.

Symptoms of an asthma attack include:

- Coughing
- Shortness of breath or trouble breathing
- Wheezing
- Tightness or pain in the chest

We don't know for sure what causes asthma, but we do know that attacks are sometimes triggered by:

- Allergens (like pollen, mold, animal dander, and dust mites)
- Exercise
- Occupational hazards
- Tobacco smoke
- Air pollution
- Airway infections

There's no cure for asthma. People with asthma can manage their disease with medical care and prevent attacks by avoiding triggers.

Is asthma really a problem?

Yes. Asthma is a serious health and economic concern in the United States. It's expensive.

- Asthma costs the United States \$56 billion each year.
- The average yearly cost of care for a child with asthma was \$1,039 in 2009.

In 2008, asthma caused:

- 10.5 million missed days of school
- 14.2 million missed days of work

It's common.

In 2010:

- 18.7 million adults had asthma. That's equal to 1 in 12 adults.
- 7 million children had asthma. That's equal to 1 in 11 children.

It's deadly.

- About 9 people die from asthma each day.
- In 2009, 3,388 people died from asthma.

It's getting worse.

In the last decade, the proportion of people with asthma in the United States grew by nearly 15%. In 2009, asthma caused:

- 479,300 hospitalizations
- 1.9 million emergency department visits
- 8.9 million doctor visits

What are we doing to make things better?

In response to the worsening problem of asthma, the Centers for Disease Control and Prevention (CDC) launched the National Asthma Control Program (NACP), a public health response to control asthma in the United States. Since its establishment in 1999, the NACP has been working to ensure that people with asthma get the care and education they need to manage the disease effectively. The program currently funds asthma control programs in 34 states, Washington, DC and Puerto Rico, serving 85% of the US population with asthma. Since it began, the NACP has funded states which include 91% of the US population with asthma. The NACP has also funded national partner organizations to conduct asthma education nationwide since 2002.

By promoting proper education and care, the NACP can help to reduce the number of asthma related:

- Deaths
- Hospitalizations
- Emergency department visits
- Missed days of work
- Missed days of school

The following new data from the NACP was collected using the Asthma Call-back Survey in cooperation with the program's funded grantees.

What makes a person more likely to have asthma?

Gender:

- Women are more likely to have asthma than men.
- In children, boys are more likely to have asthma than girls.

Age:

Adults ages 18 to 24 are more likely to have asthma than older adults.

Race and ethnicity:

- Multi-race and black adults are more likely to have asthma than white adults.
- Black children are 2 times more likely to have asthma than white children.

Education level:

Adults who didn't finish high school are more likely to have asthma than adults who graduated high school or college.

Income level:

Adults with an annual household income of \$75,000 or less are more likely to have asthma than adults with higher incomes.

In 2009, there were:



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Behavioral risk factors:

- Smokers are more likely to have asthma than non-smokers.
- Obese adults are most likely to have asthma.

How often do people with asthma see their doctors?

People with asthma need proper medical care to manage their disease. When their asthma is controlled with routine care and education, they are less likely to visit emergency departments and urgent care facilities for asthma-related treatments. When people with asthma make emergency visits to medical professionals, we know there's a good chance their asthma isn't under control.

Children see medical professionals for asthma care more often than adults. This includes:

- Routine doctor visits
- Emergency department visits
- Urgent care visits

Nearly 1 in 5 children with asthma went to an emergency department for care in 2009.

Race and ethnicity make a difference:

- Black adults are hospitalized for asthma more often than white adults.
- Black and Hispanic children visit emergency departments for asthma care more often than white children.

Are doctors teaching patients how to manage asthma?

Teaching people how to manage asthma on their own is one of the most important parts of controlling the disease nationwide. Everyone with asthma should develop an individualized asthma action plan with a doctor.

Children are more likely than adults to learn how to manage their asthma.

- More than 8 in 10 children are taught how to recognize asthma symptoms.
- Less than 7 in 10 adults are taught how to recognize asthma symptoms.

In general, people with asthma aren't getting action plans from their doctors. In fact:

- Less than 1 in 2 children get an asthma action plan.
- Less than 1 in 3 adults get an asthma action plan.

How does asthma disrupt daily life?

Asthma keeps people out of work and school:

- Nearly 1 in 2 children miss at least 1 day of school each year because of their asthma.
- Nearly 1 in 3 adults miss at least 1 day of work each year because of their asthma.

Asthma interferes with daily activities:

Nearly 3 in 5 people with asthma limit their usual activities because of their asthma.



Who isn't getting the care they need because of the cost?

Effective asthma care can be expensive — and that can make it difficult for people to get the care they need. In many cases, private and public healthcare programs ensure that children receive care. Therefore, adults are less likely to receive the care they need when cost is an issue.

Race and ethnicity are important factors, too. Many ethnic and racial minorities struggle to pay for the medicines they need:

- More than 1 in 4 black adults can't afford their asthma medicines.
- 1 in 5 Hispanic adults can't afford their asthma medicines.

Although doctors are an important part of effective asthma management, many ethnic and racial minorities don't see a doctor regularly as part of their asthma care:

- More than 1 in 4 black adults can't afford routine doctor visits.
- Nearly 1 in 7 Hispanic adults can't afford routine doctor visits.

Who is most likely to die from asthma?

- More women die from asthma than men.
- Black Americans are 2 to 3 times more likely to die from asthma than any other racial or ethnic group.

Even 1 death from asthma is too many. Yet every day people die as a result of this disease. And asthma deaths can often be prevented. That's why the work we're doing at NACP is so important.



Learn more about the National Asthma Control Program by visiting

<http://www.cdc.gov/asthma/>



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