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Contact: Danielle DeForge
202.609.6011
ddeforge@ccapr.com

**REPORT UNCOVERS NEW AND MISSED OPPORTUNITIES TO IMPROVE THE MANAGEMENT OF
ASTHMA, MOST COMMON CHRONIC DISEASE AMONG U.S. CHILDREN**

**Asthma, Health and Policy Thought Leaders Identify and Recommend Ways to Close the Gap
Between Recommended and Actual Asthma Management**

WASHINGTON, D.C., March 3, 2009 – Many parents of the 9.6 million children who have been diagnosed with asthma in the United States may be surprised to learn that their child's asthma is not being managed in ways that meet standard medical guidelines developed more than fifteen years ago and updated in 2007. In fact, a report authored by asthma and policy experts that was released today found that two out of three children with moderate or severe asthma did not receive adequate or recommended treatment. Further, it shows that where children live is linked to how a child's asthma is managed.

"Let's be clear: we know the most effective methods to manage childhood asthma," said Dr. Floyd Malveaux, Executive Director of the Merck Childhood Asthma Network, Inc. (MCAN) and former Dean of the College of Medicine at Howard University. "Our challenge is to communicate and implement these methods across the nation for every child, wherever he or she might live."

"Too many parents are watching their children – especially those families living in African American, Hispanic and poor neighborhoods – suffer needlessly from asthma because of improper or non-existent management of their condition," said Dr. Malveaux.

"[The State of Childhood Asthma](#)," a supplement to the March edition of *Pediatrics*, the official Journal of the American Academy of Pediatrics, features articles from a cross-disciplinary field of experts in children's health, asthma and public policy. Among its most important findings:

- In 2007, a historically-high number of children – nearly one in every ten children in the United States – had asthma. While consensus guidelines to promote science-based and appropriate management have been in place since 1991, childhood asthma rates have not uniformly improved.
- Racial/ethnic disparities are found in asthma prevalence, with minority and medically underserved children shouldering both a disproportionate burden of the disease and, in the case of African American children, a continuing increase in asthma mortality rates. For example:
 - Children of racial minorities admitted for asthma attacks were less likely than white children to have taken anti-inflammatory medications and to be prescribed a nebulizer for home use at discharge.
- Living in communities near a major highway or Interstate dramatically increases the incidence of new cases of asthma, level of asthma symptoms, the frequency of visits to hospital emergency rooms and hospitalizations.
 - If air pollution levels were reduced to match levels in the cleanest communities, annual asthma-related school absences would drop by two-thirds and new cases of asthma would decrease by 75 percent.

Dr. Malveaux and MCAN brought these thought leaders together not only to examine the barriers to improving asthma management, but also to highlight evidence-based programs and policies that have been proven to work. Articles stressed that the most successful management methods were ones that considered the many factors that lead to and tend to complicate asthma among children. Home-based interventions and school-based clinics, for example, were found to be particularly effective in limiting hospital visits, reducing symptoms and improving quality of life for children with asthma.

“Asthma continues to present a major burden for children and their families, a challenge to policymakers, public health organizations, and health care providers and a puzzle for researchers searching for its primary causes,” said Sara Rosenbaum, supplement author and Chair of the Department of Health Policy at the George Washington University School of Public Health and Health Services. “While asthma currently is not curable, it is manageable when children and their families have access to and utilize quality health care services.”

To view the full supplement, visit http://pediatrics.aappublications.org/content/vol123/Supplement_3/.

About MCAN

The Merck Childhood Asthma Network (MCAN) is a separately incorporated, non-profit, 501(c)(3) organization established to address the complex and growing problem of pediatric asthma. MCAN is funded by the Merck Company Foundation, the philanthropic arm of Merck & Co., Inc. Led by Floyd Malveaux, MD, PhD, a nationally recognized expert in asthma and allergic diseases and former Dean of the Howard University College of Medicine, MCAN is specifically focused on enhancing access to quality asthma care and management for children in the United States. For more information, please visit www.mcanonline.org.

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