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HEIGH TENED SENSITIVITY TO POST-KATRINA MOLD, OTHER ENVIRONMENTAL TRIGGERS INCREASE SEVERITY AND NUMBER OF ASTHMA SYMPTOMS AND ATTACKS IN CHILDREN

Merck Childhood Asthma Network, Inc. Announces $2 Million Care Management Partnership with Xavier University of Louisiana to Sustain a Successful Program to Manage Childhood Asthma in New Orleans

WASHINGTON, D.C., August 26, 2010 – The mold that spread like a rash across post-Katrina New Orleans did more than destroy homes – it made children with asthma sick. On the fifth anniversary of Hurricane Katrina, experts point to increased sensitivities to environmental asthma triggers as a risk for more severe asthma symptoms and attacks in hundreds of New Orleans children. Today the Merck Childhood Asthma Network, Inc. (MCAN) announced its pledge of nearly $2 million to Xavier University of Louisiana’s Center for Minority Health and Health Disparities Research and Education to sustain Head-off Environmental Asthma in Louisiana (HEAL), a program that has been successfully assisting families manage their children’s asthma. MCAN partnered in the first phase of HEAL with the National Institute for Environmental Health Sciences (NIEHS) and the National Center on Minority Health and Health Disparities (NCMHD) under the auspices of the Foundation for the National Institutes of Health.

One of the most significant HEAL Phase I research findings was that nearly 80 percent of children with asthma in post-Katrina New Orleans were sensitive to mold, a figure nearly 30 percent higher than for children involved in a study in seven other U.S. cities.i Asthma prevalence rates in New Orleans are three times higher than the national rate and among the highest in the nation.ii In addition, New Orleans has the highest childhood asthma death rate in Louisiana.iii

“We have heard a lot about how Katrina changed the city of New Orleans, but very little about how the city’s post-Katrina environment changed health outcomes,” said Dr. Floyd Malveaux, Executive Director of MCAN and former Dean of the College of Medicine at Howard University. “There is an undeniable connection between the environment and the health of children with asthma. Effective asthma management must go beyond traditional medical care and include additional interventions to manage the problem, as well as to reduce exposure to the specific environmental triggers known to exacerbate a child’s asthma.”

In 2007, the unique conditions in New Orleans after Katrina – the flooding and subsequent proliferation of mold – prompted MCAN, along with the NIH, to launch the HEAL program. HEAL was one of the largest public-private partnerships established to address and support an asthma initiative in New Orleans post-Hurricane Katrina.

“Another devastating impact of the storm was the collapse of the health care infrastructure,” Dr. Malveaux continued. “For many children with asthma, the storm blew
away the ability to access even the most basic of health care services and any ability to monitor and track their health. We structured HEAL to provide families with a tailored approach that provided a stronger and more coordinated system for managing asthma than they had before the storm; a system that showed positive results for the children.”

The HEAL program partnered 184 children, 4 to 12 years old, with moderate to severe asthma and their families with a team of health education specialists and community health workers who provided education and counseling to caregivers on how to manage their child’s asthma in a transformed environment. HEAL interventionists used tailored case management and home visitation to reduce risk factors and triggers in the home. The progress for children in the program was positive and cut children’s days with symptoms in half, compelling MCAN to pledge nearly $2 million to continue the successful program.

The next phase of the HEAL program will be led by the Center for Minority Health and Health Disparities Research and Education (CMHDRE) at Xavier University in New Orleans. The Center specializes in eliminating disparities for minority and other medically underserved populations who often bear the heaviest burden of asthma and its consequences.

“We are pleased to be partnering with MCAN on this important effort to not only reduce disparities in vulnerable populations in New Orleans, but to improve the lives of our children,” said Leonard Jack, Jr., Ph.D., MSc, CHES, Director of the CMHDRE, Xavier University and Principal Investigator for HEAL Phase II. “This program has helped breathe new life into our community and will continue to give hope to hundreds of families who were forced to re-adjust everything they knew before the storm and intensify their efforts in managing asthma. During the next four years we hope to translate the lessons learned from HEAL Phase I and HEAL II into policy initiatives that will help to institutionalize the successful case management and environmental intervention for children in New Orleans.”

Dr. Malveaux said that beyond New Orleans, the HEAL program provides a model for delivering care within disrupted health care systems and reveals fundamental lessons for implementing childhood asthma programs anywhere in the country. Successful programs must be evidence-based, modifiable to cater to the needs of medically underserved communities (especially in the wake of a disaster), integrated, and most importantly, sustainable.

About Childhood Asthma
Asthma is the single most common chronic condition among children. In 2008, one in every seven children – 10.2 million – had asthma, a number that has grown steadily over the 1997-2008 time period. It is also costly. The nation spends $8 billion alone on treating childhood asthma, more than almost any other childhood condition. It costs another $10 billion in indirect costs related to school absenteeism and missed work. Although asthma is nationwide, low income and minority children bear the heaviest burden of asthma and its consequences, including death. Compared with white non-Hispanic children, asthma is 60 percent higher among African-American children and nearly 300 percent higher among Puerto Rican children.
About the Merck Childhood Asthma Network
The Merck Childhood Asthma Network, Inc. (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. 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 visit www.mcanonline.org.

About the Xavier University Center for Minority Health and Health Disparities Research and Education
The Xavier University Center for Minority Health and Health Disparities Research and Education (CMHDRE) is an education center in the Xavier University College of Pharmacy and works to eliminate health disparities by providing an environment that supports research, experiential training and community outreach education to students and faculty members at Xavier University. CMHDRE hopes to decrease the burden of illness and death experienced by minority and other medically underserved populations, promote minority health and health disparities research capacity, and recruit and retain qualified individuals from populations with health disparities that are currently underrepresented in the scientific workforce. CMHDRE also partners with many local, regional and national organizations, including the Merck Childhood Asthma Network, Inc., Wal-Mart, the Louisiana Office of Public Health and the Louisiana Department of Health and Hospitals, Chronic Disease and Prevention Unit, to provide services and education to community members on various health topics. For more information visit http://www.xula.edu/cop/centers-cmhdre.php.

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