

00-06

STATEMENT OF POLICY

Asthma Prevention

Policy

The National Association of County and City Health Officials (NACCHO) supports policies and programs that reduce and prevent poverty, substandard housing, air pollution, environmental tobacco smoke (ETS), and other degraded conditions that can trigger asthma attacks and other respiratory diseases.

- NACCHO supports federal, state, and non-governmental assistance to local health departments to prevent asthma in their communities, particularly through educational and social marketing efforts regarding root causes of asthma, elimination of conditions that exacerbate asthma, improved asthma surveillance, and formation of community-based coalitions for prevention.
- NACCHO supports federal, state, and non-governmental funding to local health departments and others for comprehensive approaches to asthma that include proper diagnosis, treatment, and management of asthma and also address the root causes of asthma in different environments (e.g., home, workplace, daycare, school, outdoor) in order to prevent future cases.
- NACCHO supports public health policies whose intent is to reduce or eliminate the social conditions that exacerbate asthma, such as poor housing, ETS, and air pollution.
- NACCHO supports public health policies that improve and promote access to affordable and high quality care of asthma treatment and management.
- NACCHO supports programs that educate people in communities about climate change as a plausible contributor to asthma through an increase in pollen quantity, longer pollen seasons, increase in ozone and particulate levels, and the frequency of such occurrences.

Justification

Asthma is and continues to be a serious public health concern. Asthma accounts for an estimated 12.8 million lost school days for children and 10.1 million lost work days in adults.¹ Each year, asthma is responsible for approximately 5,000 deaths, 500,000 hospitalizations, and 2 million visits to the emergency room.² The cost of this condition to our nation was \$19.7 billion in 2007, with the majority of this money going towards direct medical costs rather than prevention and research.³



Asthma ranks among the top ten most common chronic conditions in the United States. The Centers for Disease Control and Prevention estimates asthma prevalence at about 9 million children and 16 million adults; asthma is most prevalent among young children (ages 5-17).⁴

Poverty and minority status are consistently reported to be related to increased asthma morbidity and mortality. African Americans are three times more likely to die from asthma than white adults, and the death rate from asthma among Puerto Ricans is almost three times the rate of white adults.^{5,6}

The environment, including indoor irritants, outdoor air pollutants, and other agents such as environmental tobacco smoke, plays an important role in the severity and onset of asthma. One-third of children and adults with asthma are exposed to ETS on a regular basis.⁷ Recent data show that adverse health effects of air pollutants have been increasing over the past century.⁸

As local public health professionals concentrate on prevention by working to eliminate the environmental conditions that can exacerbate asthma, the health implications of climate change are just beginning to be understood. Atmospheric and temperature related changes can cause an increase in the levels of particulates, pollutants, pollen, and fungi to the extent that exposure contributes to higher incidence, prevalence, and severity of asthmatic diseases.⁹

Record of Action

Adopted by NACCHO Board of Directors

July 22, 2000

Updated July 29, 2009

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3. National Institutes of Health, National Heart, Lung and Blood Institute. (2007). *Chartbook on cardiovascular, lung and blood diseases, U.S.* Department of Health and Human Services. Retrieved June 22, 2009, from <http://www.nhlbi.nih.gov/resources/docs/07a-chtbk.pdf>.
4. NCHS, CDC (2006) *National Health Interview Survey Raw Data, 2006*. Retrieved May 29, 2009 from <http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm>
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