



Asthma Toll in Virginia

What is Asthma?

Asthma is a serious chronic disease of the lungs that is caused by swelling in the airways. Asthma has no cure, but episodes can be prevented and controlled with proper management. People with asthma can live normal, active lives.

Description of Asthma Attack

During an asthma attack, the lining of the airways in the lungs swells and excess mucous is produced. The muscles around the airways tighten making the airways narrower. All of these changes in the airways of the lungs block the flow of air, making it difficult to breathe.



Common Asthma Triggers

- Allergies to pollens, molds, pets and other things in your environment
- Air pollution such as tobacco smoke, high ozone levels, and traffic fumes
- Emotions, including fear, crying, and laughing
- Exercise
- Household irritants, including dust, cleaning products, and perfume
- Illnesses such as a cold or respiratory infection
- Medications, including some over-the-counter pain relievers
- Weather, particularly wind and cold air

What we know about the toll of asthma in Virginia

Anyone can get asthma, at any age. It is estimated that 7.3% or 412,730 people in Virginia have asthma. In 2004, 9,460 asthma hospitalizations occurred for asthma with associated costs totaling over \$96 million. Asthma deaths in Virginia were 106, 118 and 91 respectively for years 2002-2004. According to the 2004 Behavior Risk Factor Surveillance Survey, 17.8% of households with children reported that at least one child in residence had asthma.

Hospital discharge rates¹ for a Primary Diagnosis of Asthma for selected Health Districts, Virginia², and the United States³, 2004.

Health District's with 1 st to 8 th Highest Rates	Number of Discharges	Rate per 10,000 population
Richmond City	626	33.4
Cumberland Plateau	323	29.2
Crater	406	27.4
Piedmont	223	24.4
Portsmouth	239	24.1
Roanoke	192	20.2
Lenowisco	165	18.6
Central Virginia	418	18.1
Virginia	9,460	12.9
United States (2004)	497,000	17.0

Estimated economic cost of asthma 1998 and 2005

1998¹ 2005²

Direct Medical Cost	\$153 Million	\$183 Million
Indirect Costs	\$117 Million	\$140 Million

¹Asthma and Allergy Foundation of America. *Costs of Asthma*. Available at: <http://www.aafa.org>. Accessed on: August 23, 2005.

²Values for 2005 are estimated by converting the 1998 costs to 2005 dollars using the conversion tables available at: http://oregonstate.edu/Dept/pol_sci/fac/sahr/sahr.htm#_Conversion_Factor_Tables. This estimate assumes constant prevalence, severity, and medical inflation similar to the overall Consumer Price Index.

What we know that works to control asthma

- Improved access to health care through programs such as FAMIS and Medicaid.
- Health care providers who are Certified Asthma Educators and follow the national guidelines for diagnosing and treating asthma when working with patients.
- Improved access to school nurses.
- Removal of toxins from the air in our schools and public areas such as secondhand smoke, mold and diesel particulate.
- Community-based organizations such as: Allies Against Asthma in Hampton Roads and CARMA (Controlling Asthma in the Metropolitan Richmond Area) which use collaborative approaches to improve asthma management among urban children.
- Adoption and implementation of a statewide asthma control plan.



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What we need to know to better manage and control asthma.

► Better Data

Critical gaps remain in our data on asthma. We do not have Virginia data on the number of children with asthma, where they are being treated, and if their treatment is in accordance with national guidelines. Nor can we track the cost of their care and the frequency of visits to health care providers. We also know that asthma causes many missed school and work days, but do not have Virginia data to track these additional burdens for those living with asthma. Large disparities occur in the care of asthma between and among populations. This new data can be used to improve the management and control of asthma within both the private and public health systems.

► Better Collaboration

Health systems that foster the communication of intervention and prevention information to individuals with asthma, their families and caregivers. Increased cooperation between state agencies to address environmental and other factors that cause and contribute to the burden of asthma. Adoption of a single, asthma action control plan form for use by schools and providers.

► Effective policies reduce the burden of asthma, such as;

- **Full access to health care, asthma medications and asthma education including the protection of asthma control funding through Medicaid and FAMIS.**
- **Protecting the individual's right to breathe clean, unpolluted indoor and outdoor air by:**
 - Reducing exposure to secondhand smoke in all workplaces and public areas;
 - Ensuring that outdoor air meets National Ambient Air Quality Standards; and
 - Protecting children by making school grounds, buildings and buses healthy and safe environments.
- **Supporting asthma networks and coalitions that work to improve asthma awareness and education.**

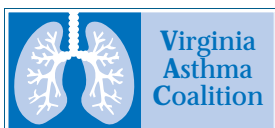
Asthma symptoms and attacks are preventable

Types of Asthma Medications

- **Short Term** medicines help *stop* asthma attacks after they've started and can help prevent expected attacks, as from exercise.
- **Long Term** medicines help to control the airway inflammation and *prevent* asthma attacks from starting.



Virginia Asthma Coalition



The Virginia Asthma Coalition (VAC) is a group of individuals and organizations from around the state that represent various community interests. The mission of VAC is to reduce illness and death due to asthma and enhance quality of life for asthma patients in Virginia. Seven affiliated local coalitions have been formed and are active in Central Virginia, Fredericksburg, Greater Roanoke Valley, Hampton Roads, Northern Virginia, Prince William, and Tazewell.

www.virginiaasthmacoalition.org