

## Asthma

### Headline

One in ten children in families receiving welfare had asthma in 2001, nearly twice the national average. ([See Figure 4](#))

### Importance

Asthma is the most common chronic illness affecting children.<sup>1</sup> At least one-third of the 24.7 million people diagnosed with asthma are children under the age of 18.<sup>2</sup> Asthma is a leading cause of hospitalization among children under age 15 and leads to 10 million days of missed school each year.<sup>3</sup> This condition can also negatively affect children's academic performance because of doctor's visits during school hours, lack of concentration while at school because of nighttime attacks, and decreased attentiveness or involvement at school because of the side effects of some medications.<sup>4</sup>

Common symptoms of asthma include coughing, chest tightness, shortness of breath and wheezing.<sup>5</sup> While most cases of childhood asthma are mild or moderate, asthma can cause serious and sometimes life-threatening health risks when it is not controlled.<sup>6</sup> The illness can be controlled by using medication and avoiding "attack triggers" like: cigarette smoke; allergens such as pollen, mold, animal dander, feathers, dust, food and cockroaches; respiratory infections and colds; and exposure to cold air or sudden temperature change.<sup>7</sup> Vigorous exercise can sometimes trigger asthma attacks, but most children with asthma can fully participate in physical activities if their condition has been properly controlled.<sup>8</sup> With the proper treatment and care, most children with asthma can have active and healthy childhoods.

### Trends

The percentage of children with asthma has increased over the past two decades, from three percent in 1981 to six percent in 2001.<sup>9</sup> ([See Table 1](#))

### Differences by Gender

Asthma is slightly more common among boys than it is among girls. In 2001, six percent of males under age 18 had asthma, compared to five percent of females. ([See Figure 1](#))

### Differences by Race and Ethnicity

Non-Hispanic black children are somewhat more likely than non-Hispanic white and Hispanic children to have asthma. Nearly eight percent of non-Hispanic black children had asthma in 2001, compared to six percent of non-Hispanic whites and four percent of Hispanics. ([See Figure 2](#))

### **Differences by Age**

Asthma varies little with age (in 2001, five percent of children ages 0 to 4, seven percent of children ages 5 to 10, and a little under six percent of children ages 11 to 17 had asthma). ([See Table 1](#))

### **Differences by Poverty Status**

The percentage of children with asthma does not vary by poverty status (around six percent in 2001). ([See Table 1](#))

### **Differences by Type of Insurance Coverage**

Children with public health insurance are the most likely to have asthma (eight percent versus five percent with private health insurance and five percent with no insurance in 2001). This difference may exist because families that have children with asthma and cannot afford private insurance may be more likely than other low-income families to seek out public health insurance in order to access the health care their children need. ([See Figure 3](#))

### **Differences by Welfare/TANF Receipt**

Asthma is more common among children living in families in which at least one person received income from welfare/TANF in the past year. In 2001, ten percent of children in welfare-receiving families had asthma, compared to six percent of children in families that did not receive welfare/TANF. ([See Figure 4](#))

### **State and Local Estimates**

None available

### **International Estimates**

None available

### **National Goals**

Through its *Healthy People 2010* initiative, the federal government has set four national goals related to childhood asthma. They are: reducing the rate of deaths due to asthma among children and adolescents; reducing hospitalization rates for children and adolescents with asthma; reducing the rates of hospital emergency room visits due to asthma; and reducing the number of school days missed by children with asthma because of asthma.



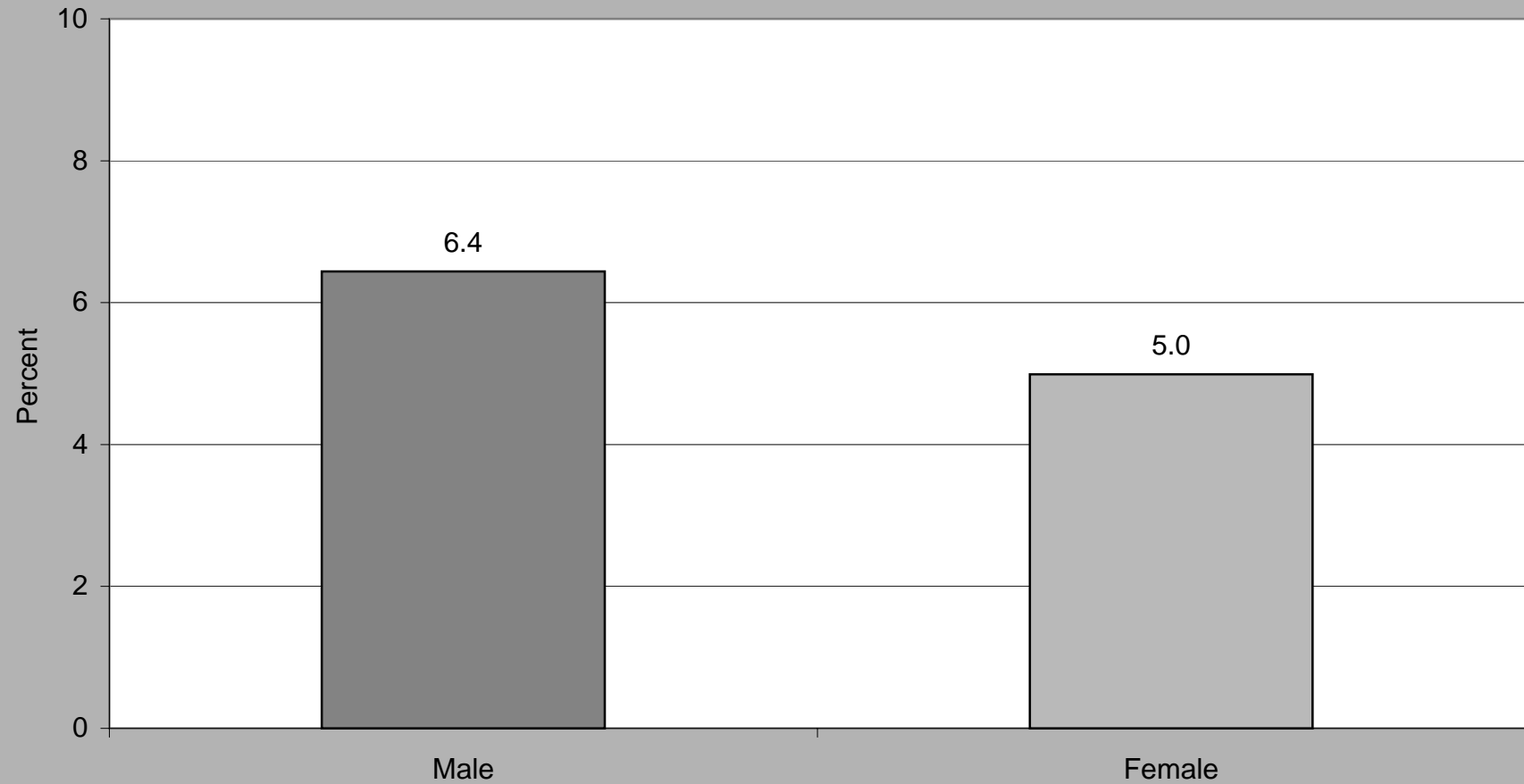
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*Childhood Asthma Prevalence Before and After the 1997 Redesign of the National Health Interview Survey--United States*, October 13, 2000. MMWR 49(40); 908-911. Centers for Disease Control and Prevention. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4940a2.htm>

<sup>10</sup> Excerpt from Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being, 2001*. Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, Table SPECIAL1

Figure 1

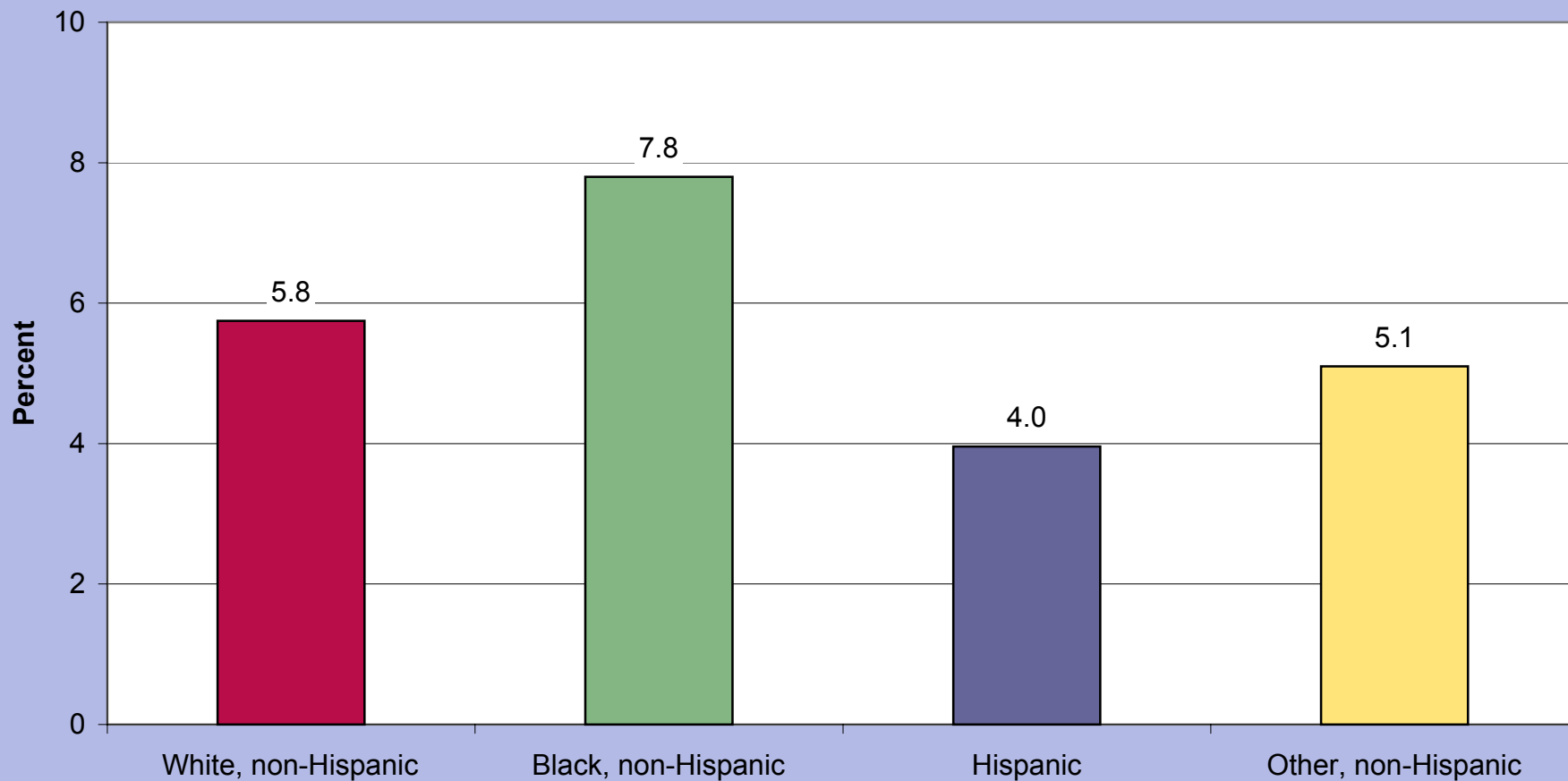
### Percentage of Children Reported to Have Asthma, by Gender, 2001



Source: Original analysis by Child Trends of National Health Interview Survey data, 2001

Figure 2

### Percentage of Children Reported to Have Asthma, by Race and Ethnicity, 2001

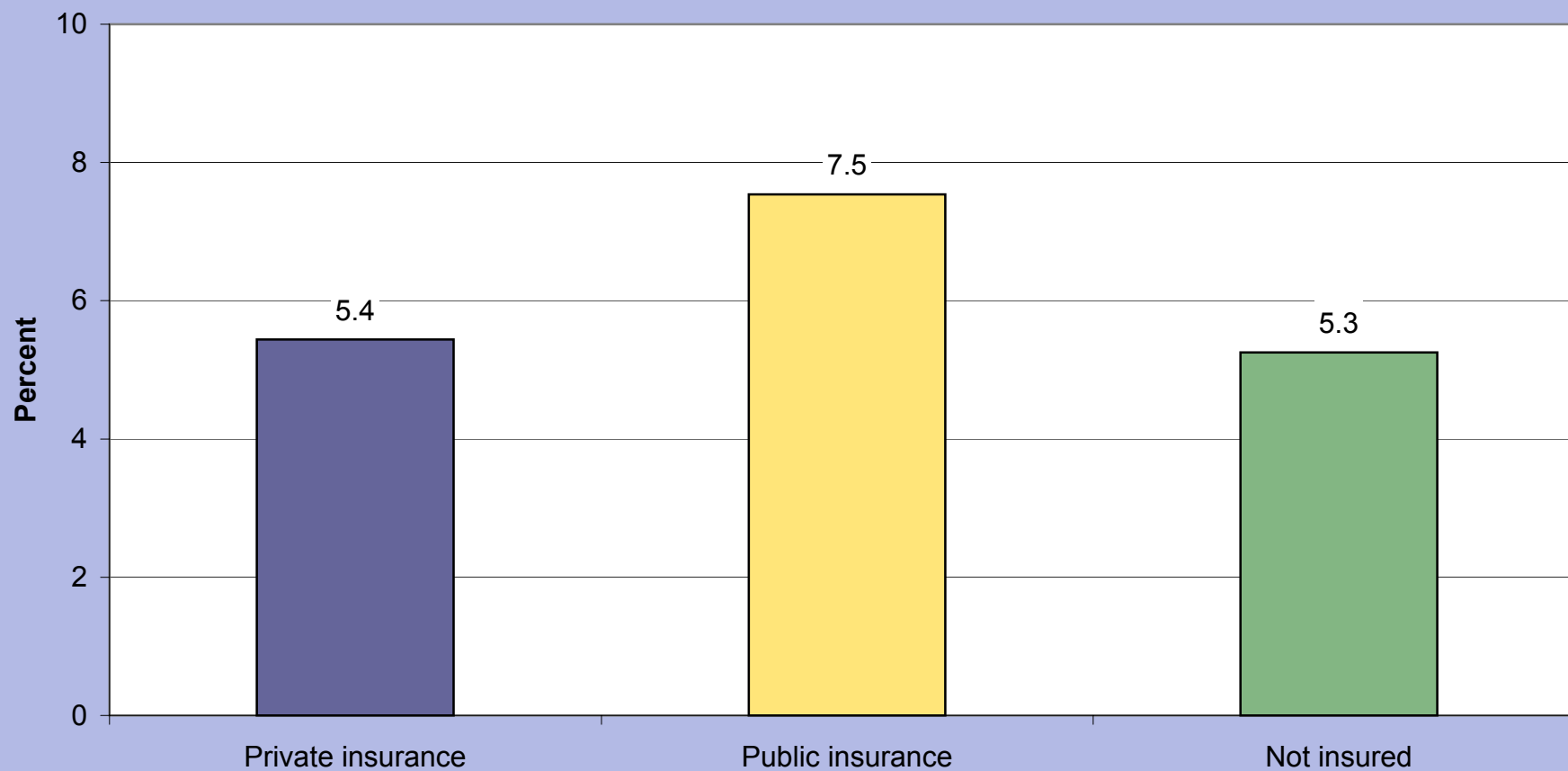


Source: Child Trends original analysis of National Health Interview Survey data, 2001



Figure 3

### Percentage of Children Reported to Have Asthma, by Type of Insurance Coverage, 2001



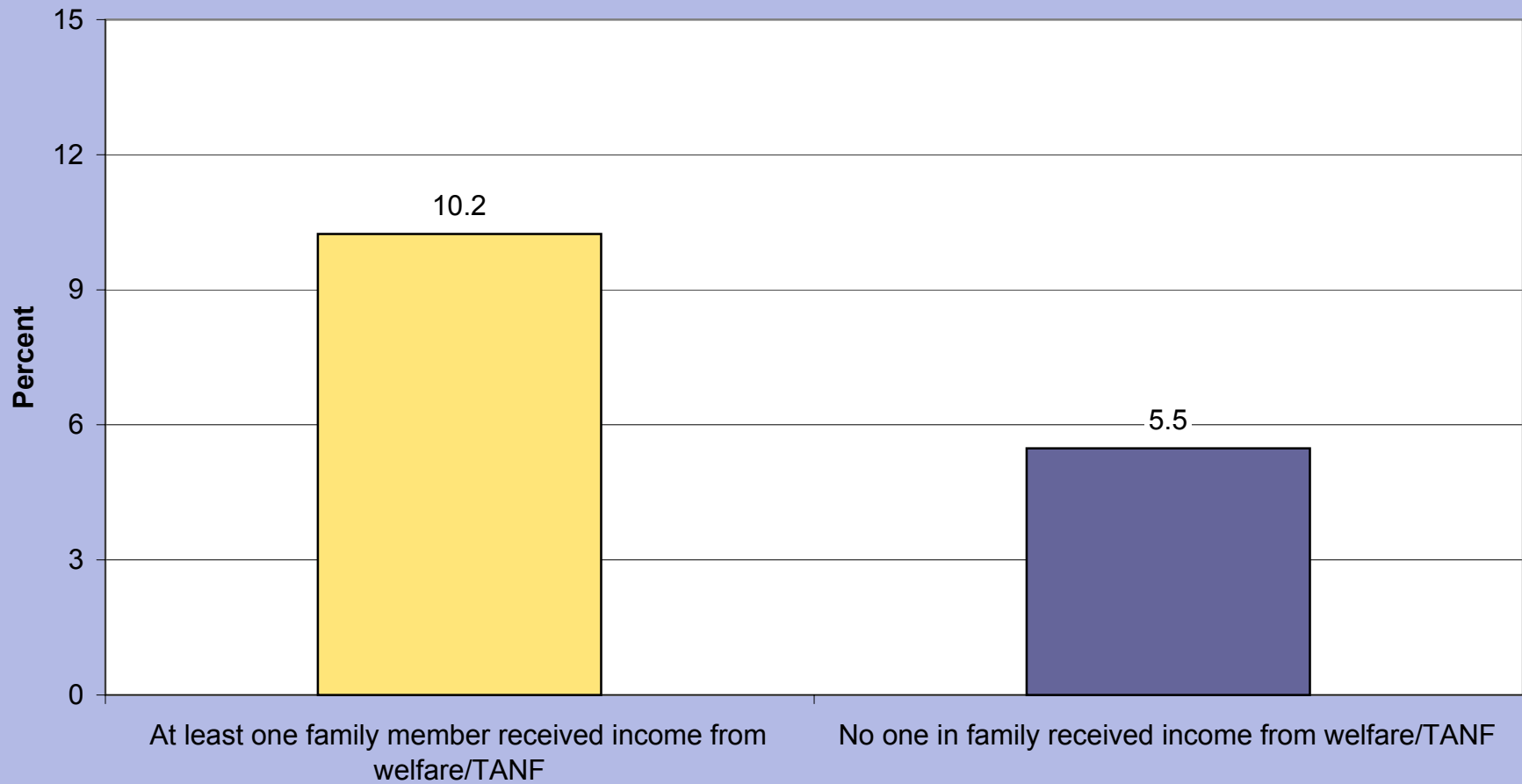
Note: Children with both public and private insurance are placed in the private insurance category. Public insurance, as defined here, consists mostly of MEDICAID or other public assistance programs, including State plans. It does not include children with only Medicare or the Civilian Health and Medical Care Program of the Uniformed Services.

Source: Child Trends original analysis of National Health Interview Survey data, 2001



Figure 4

### Percentage of Children Reported to Have Asthma, by Welfare/TANF Receipt, 2001



Source: Child Trends original analysis of National Health Interview Survey data, 1998-2001

Table 1

## Percentage of Children Ages 0 to 17 Reported to Have Asthma, Selected Years 1981-2001

	1981 <sup>1</sup>	1988 <sup>1</sup>	1998	1999	2000	2001
<b>Total</b>	3.2	4.3	5.3 <sup>1</sup>	5.3	5.5	5.7
<b>Gender</b>						
<b>Male</b>	-	-	6.5	6.1	6.6	6.4
<b>Female</b>	-	-	4.1	4.4	4.4	5.0
<b>Race and Hispanic origin</b>						
<b>White, non-Hispanic<sup>2</sup></b>	2.8	4.2	5.2 <sup>1</sup>	5.0	5.4	5.8
<b>Black, non-Hispanic</b>	5.4	5.1	6.8 <sup>1</sup>	7.4	7.8	7.8
<b>Hispanic<sup>3</sup></b>	-	3.5	4.7 <sup>1</sup>	4.5	4.2	4.0
<b>Other, non-Hispanic</b>			3.8	5.0	5.6	5.1
<b>Age group</b>						
<b>Ages 0-4</b>	2.9	2.9	4.7 <sup>1</sup>	4.2	4.4	4.7
<b>Ages 5-10</b>	3.4	5.1	5.3 <sup>1</sup>	5.7	5.8	6.7
<b>Ages 11-17</b>	3.2	4.5	5.8 <sup>1</sup>	5.6	6.2	5.6
<b>Poverty Status</b>						
<b>Below poverty</b>	4.4	4.7	6.6 <sup>1</sup>	6.4	7.2	6.2
<b>At or above poverty</b>	2.8	4.3	5.0 <sup>1</sup>	5.3	5.4	5.9
<b>Family Structure<sup>4</sup></b>						
<b>2 parents with biological/adoptive child(ren) only</b>	-	-	-	4.3	4.5	4.9
<b>Parent, step-parent and child(ren) only</b>	-	-	-	6.6	6.6	5.9
<b>Single parent and biological or non-biological child(ren) only</b>	-	-	- <sup>4</sup>	7.1	7.7	7.9
<b>Extended family, including one or more parents</b>	-	-	-	5.5	6.0	5.8
<b>Parental Education<sup>5</sup></b>						
<b>Some high school or less</b>	-	-	5.0	3.9	4.9	5.2
<b>High school graduate/ GED or equivalent recipient</b>	-	-	5.9	5.4	5.2	5.8
<b>Some college, no degree/AA degree</b>	-	-	5.4	6.4	7.3	6.3
<b>Bachelor's degree or higher</b>	-	-	5.0	4.4	4.1	5.2
<b>Insurance Coverage<sup>6</sup></b>						
<b>Private insurance</b>	-	-	4.9	4.9	5.3	5.4
<b>Public insurance<sup>7</sup></b>	-	-	7.5	8.1	8.0	7.5
<b>Not insured</b>	-	-	3.9	3.7	3.8	5.3
<b>Usual source of health care<sup>8</sup></b>						
<b>No usual source</b>	-	-	3.2	2.4	2.5	3.4
<b>Usual source</b>	-	-	5.5	5.5	5.8	5.9
<b>Welfare/TANF</b>						
<b>At least one family member received income from welfare/TANF</b>			9.1	8.6	12.2	10.2
<b>No one in family received income from welfare/TANF</b>			5.0	5.0	5.1	5.5
<b>Food Stamps</b>						
<b>At least one family member authorized to receive food stamps</b>			8.3	8.6	8.3	8.9
<b>No one in family authorized to receive food stamps</b>			4.9	4.8	5.2	5.3

<sup>1</sup> "-" = Indicates data not available  
<sup>1</sup> Data from Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-Being, 2001. Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office. Based on National Health Interview Survey analysis.  
<sup>2</sup> Data by Hispanic origin were not available in 1981; data for whites and blacks include Hispanics in 1981.  
<sup>3</sup> Persons of Hispanic origin may be of any race  
<sup>4</sup> Family structure data for 1998 are incompatible with later data and are therefore not included.  
<sup>5</sup> Parental education reflects the education level of the most educated parent in the child's household.  
<sup>6</sup> Children covered by both public and private insurance are placed in the private insurance category  
<sup>7</sup> Public health insurance for children consists mostly of Medicaid or other public assistance programs, including State plans. It does not include children with only Medicare or the Civilian Health and Medical Care Program of the Uniformed Services (CHAMPUS/CHAMP-VA/Tricare).  
<sup>8</sup> Excludes emergency rooms as a usual source of care  
 Note: For all years, children were categorized as having asthma if the child ever had asthma (1981, 1988), or if they had ever been told by a health professional they had asthma (1998, 1999, 2000), and if the child had an asthma attack in the past year. Because of these slight differences, data for 1998 and later years are not strictly comparable to previous years.  
 Source: Except where otherwise noted, original analysis by Child Trends of National Health Interview Survey data