

RESEARCH BRIEF



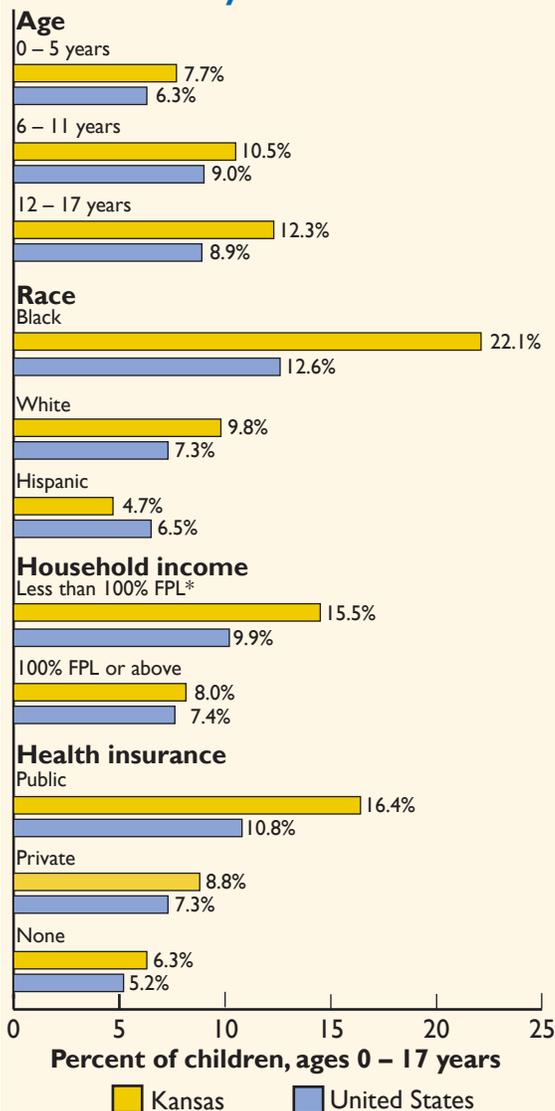
KANSAS
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THE BURDEN OF CHILDREN'S ASTHMA IN KANSAS

National Survey of Children's Health finds Kansas children more likely than national counterparts to suffer from asthma.

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Figure 1. Percent of children affected by asthma



*FPL: Federal Poverty Level
Source: 2003 National Survey of Children's Health

Although the causes of asthma are not well understood, its prevalence has increased in recent years. The disease has both a medical and social impact on children and their families.

Rate of childhood asthma in Kansas exceeds nation

According to the 2003 National Survey of Children's Health, Kansas had one of the nation's highest asthma prevalence rates. More than 10 percent of Kansas children were affected by asthma-related health issues, compared to 8 percent of children nationwide.

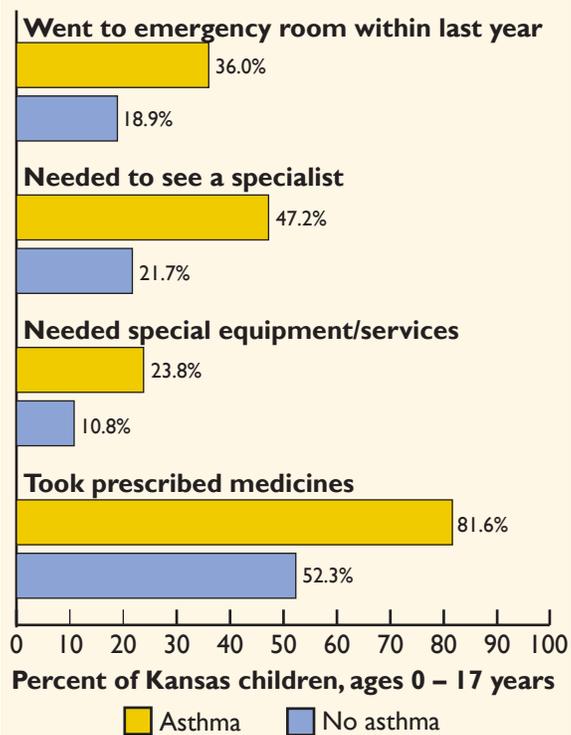
Compared to neighboring states, asthma rates were higher in Kansas than in Nebraska, at 6 percent, and Colorado, at 7 percent.

Race and socioeconomic factors can be tied to asthma rates in Kansas:

- One in five black children in Kansas suffered from the disease, compared to one in 10 white Kansas children. Nationally, 12 percent of black children had asthma.
- More than 15 percent of Kansas children who lived below the Federal Poverty Level had asthma, compared to 10 percent nationwide.

The survey found that the likelihood of an asthma diagnosis increased with age. In Kansas, about 8 percent of children 5 years or younger had the disease, while about 12 percent of youth ages 12 to 17 years had been diagnosed (Figure 1).

Figure 2. Percent of health services utilized by children with and without current asthma



Source: 2003 National Survey of Children's Health

Children with asthma were more likely to use emergency and special health services.

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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Asthma affects children's, parents' daily lives

Parents and caregivers of children with asthma are limited in normal daily activities and experience anxieties and fears due to the child's illness. The national survey found that children with asthma and their families were affected in different ways, including increased school absences and health care utilization.

Asthma is a leading cause for school absenteeism:

In Kansas, 23 percent of children with asthma missed 10 or more school days each year — more than three times the number of children without asthma. These absences may affect parents by increasing their time away from work.

Children with asthma make more trips to the emergency room:

The survey also found that children with asthma had more emergency room visits than children without asthma and were more than twice as likely to have seen a specialist or use special services. Children with asthma were also much more likely to have had multiple doctor visits for illnesses than were children without asthma — 87 percent compared to 71 percent. More than 80 percent of children with

asthma took prescription medicines compared to 52 percent of children without asthma (Figure 2). Payment for medications can impose a significant financial burden on the families of children with asthma.

Policy implications

Asthma can have a negative impact on a family's quality of life, particularly for families who live in poverty. These families are often strained by limited resources, inadequate insurance and poor access to preventive services — all of which could lead to uncontrolled asthma episodes and more emergency room visits. Parents also miss work to take care of their sick children, causing additional stress. The national survey found that one in four Kansas families living in poverty reported that asthma was a great burden on their family.

Understanding the factors that contribute to the disproportionate impact of asthma on minority and lower-income populations is the first step to reducing the disparities. Since low-income and/or minority children are less likely to have adequate health insurance, they and their families are more likely to experience problems when they need access to care. Policies that address barriers to health insurance and those that improve access to primary care and prevention services could lessen the burden of asthma on children and their families.