Asthma is one of the most common chronic diseases among children in the U.S. Although asthma management guidelines and effective asthma control medications are available, a considerable gap exists between best practices and asthma care. Disparities in asthma care and outcomes by socio-economic status are well-documented. According to the Agency for Healthcare Research and Quality’s Closing the Quality Gap, people of lower socio-economic status (SES) with asthma “are more likely to be limited by asthma symptoms, to use an emergency department as their usual source of care, and to be hospitalized for asthma.”

In Oregon, asthma is 51% more prevalent among children from low-income households (<$25k/year) than those from higher-income households (12.5% and 8.3%, respectively). One group of children with low SES is those on Medicaid. Overall, for every 100 children on Medicaid, the discussion tends to have high rates whereas the southeast region is relatively spared.

**GEOGRAPHIC DISPARITIES IN PEDIATRIC ASTHMA CONTROL**

Disparities in asthma control can be tackled in several ways. Some methods applicable to all children—not just those who are on Medicaid—include how patients manage their asthma, health care provider practices, and health systems.

One area ripe for systems change is communication with providers regarding ED visits. We know that ED visits for asthma are all too frequent for children. Unfortunately, follow-up outpatient visits to an ED visit for asthma only happen about 35-40% of the time for children on Medicaid and are only slightly better.
RESOURCES

The following resources may help providers ensure that patients receive quality asthma care.

- Oregon Asthma Resource Bank (www.healthoregon.org/asthma/resource-bank). The Patient Education and Tools for Providers sections contain asthma education handouts and an asthma action plan that are easy to read and comprehend.

- The Oregon Asthma Program is working to identify and address pediatric asthma disparities in Oregon. Contact us at asthma.ohd@state.or.us or 971-673-0984.

- The National Asthma Education and Prevention Program (NAEPP) guidelines (www.nhlbi.nih.gov/guidelines/asthma/index.htm). The NAEPP released the newest version of Guidelines for the Diagnosis and Management of Asthma: Expert Panel Report 3 (EPR-3) in September 2007. The literature review and guidelines are organized around four components of asthma care: 1) assessment and monitoring, 2) patient education, 3) control of factors, contributing to asthma severity, and 4) pharmacologic treatment. One of the key differences from previous versions is that the stepwise asthma management charts have been revised and expanded to specify treatment for three age groups: 0-4 years, 5-11 years, and 12 years and older. The 5-11 year-old group was added based on new evidence regarding medications for this age group, as well as emerging evidence suggesting that children may respond differently than adults to asthma medications. EPR-3 reaffirms that patients with persistent asthma need both long-term control medications and quick relief medications. EPR-3 also reaffirms that inhaled corticosteroids are the most effective long-term control medication across all age groups. In addition, EPR-3 includes new recommendations on other treatment options.

REFERENCES


