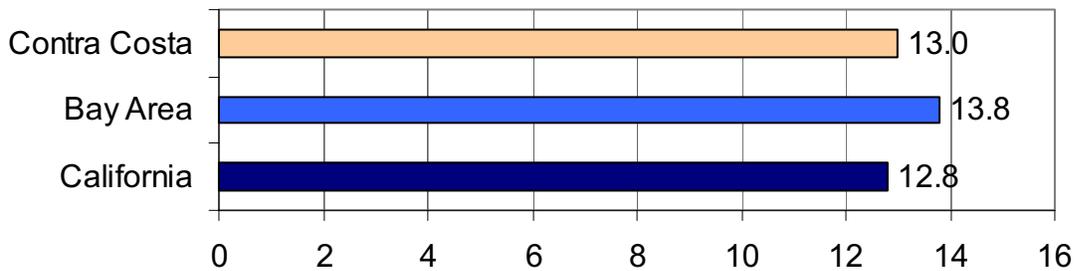


# Childhood Asthma – Prevalence

**American Indian and African American children are more likely to be diagnosed with asthma.**



Figure 2. Percent of asthma diagnoses among children 0 - 14 years, 2001.



In terms of health disparities, American Indian/Alaska Native and African American children are more likely to be diagnosed with asthma compared to children in California as a whole.

Table 23. Asthma diagnoses among children age 0-14 years by race/ethnicity. California, 2001<sup>1</sup>

	Percent	Number
American Indian/Alaska Native	*25.6%	8,000
African American	*20.1%	97,000
White	13.8%	434,000
Asian	12.4%	82,000
Latino	9.9%	269,000
<b>California</b>	<b>12.8%</b>	<b>925,000<sup>2</sup></b>

[\*] Indicates that American Indian/Alaska Native and African American children are significantly more likely to be diagnosed with asthma compared to children in California overall.

<sup>1</sup>Due to small numbers at the local level, race/ethnic estimates are presented for California as a whole.

<sup>2</sup>The California total also includes the 35,000 children from other single/two or more race groups that have been diagnosed with asthma. This is an ill-defined group and has been excluded from the analysis.



**In California nearly half of the children who have been diagnosed with asthma are White** (434,000). Smaller numbers of children diagnosed with asthma are Latino (269,000), African American (97,000), Asian (82,000) and American Indian/Alaska Native (8,000).

## Asthma rates among children are growing

The number of new cases of asthma is increasing across the United States. We still don't know what causes asthma or how to cure it, but science shows us that asthma can be treated and controlled. Asthma is one of the leading causes of hospitalizations among children.

**The national trends in asthma match those of California** with African American children having the highest rate of asthma diagnosis followed by American Indian/Alaskan Natives, Whites, Asians and Latinos.

## What is asthma? How is it treated?

Asthma is a chronic disease of the lungs' airways that causes repeated and distressing episodes of wheezing, breathlessness, chest tightness and nighttime or early morning coughing. Asthma can be difficult to diagnose and to differentiate from other respiratory illnesses.

Risk factors for asthma include genetic predisposition and environmental exposures, such as houses/apartments with dust mites and air polluted with tobacco smoke.

Individual asthma management plans should be developed with a physician.

Different people have different medical situations and specific triggers that start their attacks. The management plan should be guided by the severity of the person's asthma, the benefits and drawbacks of each treatment, and opportunities to reduce asthma triggers. In addition, families need to know what actions to take if they are faced with an asthma emergency. As people with asthma grow and change, their asthma also changes and their management plan needs to address those changes. Routine follow-up care is an integral part of good asthma management.

## Using this data to improve community health

In order to reduce unfair health differences, it is important to target intervention to the groups of children that are most at risk for being diagnosed with asthma. In California, these are American Indian/Alaska Native and African American children.

In order to reduce the overall number of children with asthma (without regard to health disparities), it may be better to target interventions at the groups that have the highest number of children who have been diagnosed with asthma. In California, these are Whites, Latinos and African Americans.

Interventions to address childhood asthma could include developing strategies to reduce air pollution associated with diesel trucks, teaching children and parents how to recognize and respond to the symptoms of an asthma attack, or problem-solving around how to control common household triggers such as secondhand smoke, mold and pet hair.



## Notes on interpreting the data

The race/ethnic differences that have been highlighted above are statistically significant. This means that we are 95% certain that these differences are not due to chance.

It is important to note that these statistics estimate the proportion of children who have been diagnosed with asthma rather than the proportion of children who actually have the disease.

The asthma statistics are generated from a telephone survey that asks questions to a randomly selected group of children and adolescents in Contra Costa and other counties in California.

These statistics are estimates and we expect that these estimates will be slightly different each time the survey is conducted. As such, we do not recommend using these estimates for evaluation purposes.

### Confidence intervals are available

You may download and view all detailed tables with 95% confidence intervals, at...  
[http://cchealth.org/health\\_data/hospital\\_council/](http://cchealth.org/health_data/hospital_council/)

## Data sources

Local data about asthma among children from the California Health Interview Survey's AskCHIS data query system, copyright (c) 2003 the Regents of the University of California, all rights reserved, available online at <http://www.chis.ucla.edu/>.

National data about asthma prevalence is from Summary Health Statistics for U.S. Children: National Health Interview Survey, 2002 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics, March 2004, DHHS Publication No. (PHS) 2004-1549. This document is available online at <http://www.cdc.gov/nchs/data/fastats/asthma.htm>.