

Frequently Asked Questions

What is Asthma?

Asthma is a chronic disease characterized by ongoing inflammation in the lungs (meaning excess mucous and tissue swelling) and episodes in which the small airways of the lungs undergo spasms and tighten up (an “asthma attack”). Mostly, the inflammation continues unnoticed by the person with asthma. Asthma attacks, however, can range in severity from inconvenient to life threatening. Scientists continue to argue about what causes asthma, although it’s clear that many factors, including genes, allergies, and environmental pollution, play a role. Asthma attacks are often triggered by exposures to allergens, such as animal hair, pollen, and mold, or respiratory irritants, such as air pollution and some chemicals. Why a child with asthma reacts in this way while another child may be unaffected is unclear, but it is convenient to think of asthma as a disruption of the development of the immune system, specifically that part of the immune system that deals with allergies and reactions to environmental stimuli.

Why Is Asthma on the Rise?

Measuring trends in asthma over time can be confusing, because one is never sure if the way we are defining the disease today is the same way people defined it 10 years ago. It’s also clear that we are more aware of asthma today than we used to be, which probably means that we’re more apt to recognize it when we see it. In spite of this difficulty, studies suggesting that asthma is rising dramatically are surprisingly consistent. Also, some indicators of asthma that we see increasing, such as the number of deaths due to asthma per year, are hard to mistake. Debate rages on why asthma is increasing the way it is in so many industrialized countries and why children in low-income families and African American children suffer disproportionately from asthma. While some pollutants in the environment have been decreasing over the past decade, a great many more have been increasing. Lifestyles are also continuously changing and our exposures to everything from indoor air to pollution to exercise are constantly in flux.

Why Does Asthma Disproportionately Impact Low-Income, Urban Communities of Color?

Although asthma affects Americans of all ages, races, and ethnic groups, low-income and minority populations suffer substantially higher fatality rates, hospital admissions, and emergency room visits due to asthma. Nationwide, African American children are 5 times more likely to die from asthma than white children.¹ The hospitalization rate for asthma in California is more than 3 times higher for African American children than for white children.²⁻³ In California, Latino children are hospitalized for asthma at a rate that is 10% greater than for white children.⁴ Urban neighborhoods throughout the U.S., including some in California that are predominately low-income communities of color, have higher hospitalization rates for asthma than neighboring suburban or rural communities.⁵ Explanations for these disparities are not clear. Although some genetic factors contribute to these disparities, we also know environmental, economic, and social aspects contribute.

These include:

- Geographical concentration in areas with poor air quality;
- Poverty, which systematically increases exposure to causes and triggers;
- Poor housing and school conditions, creating indoor environmental problems;
- Limited access to health care;

- Inadequate health insurance;
- Lack of culturally and linguistically appropriate asthma education programs; and
- Schools with poor indoor air quality.

The elimination of health disparities is possible. We must work together to build a common vision for solutions at the community, state, and national level to reduce the disproportionate burden of asthma.

Why Should We Focus on Reducing Environmental Triggers of Asthma Through Policy Change?

Good clinical management is essential for saving and improving the lives of children with asthma. Yet even children with the best clinically-managed asthma suffer if they're continuously exposed to environmental triggers. In order to truly help children with asthma, we need to focus on prevention. While scientists continue to explore what causes asthma, it is clear that environmental pollution plays a role in the onset of asthma in otherwise healthy people. Additionally, we know that a number of environmental factors, including environmental tobacco smoke, mold, animal hair, and dust mites, can trigger asthma attacks in children who already have asthma.

Policy change provides a long-lasting, far-reaching way to reduce environmental triggers. If we can systematically reduce diesel pollution, enforce housing codes in rental units, or improve air quality in schools across the state, for example, we can have a significant impact on the health of California's children. That is why the Community Action to Fight Asthma (CAFA) Network has chosen to focus on environmental policy change. The success of such efforts depends upon the support and participation of policy makers, health professionals, environmental justice groups, community residents, and anyone concerned about asthma.

Please go to our website at www.calasthma.org to learn more about Community Action to Fight Asthma, connect with local coalitions, locate asthma resources across California, and sign up for our newsletter.

Footnotes

1. Trust for America's Health. Health Disparities-Asthma. Internet, accessed April 7, 2004, <http://healthyamericans.org/topics/index.php?TopicID=20>.
2. California Department of Health Services (CDHS), Environmental Health Investigations Branch. 2000. California County Asthma Hospitalization Chart Book. Oakland: CDHS, August 2000.
3. Shaikh N, Von Behren J, Stockman J, Kreutzer R. 2003. Asthma in California: Meeting the Challenge of Healthy People 2010. Poster presented at the National Asthma Conference, Washington D.C., June 19-21, 2003. Available from California Department of Health Services, Environmental Health Investigations Branch, <http://www.californiabreathing.org>.
4. PolicyLink. 2002. Fighting Childhood Asthma: How Communities Can Win. Oakland: PolicyLink, fall 2002.
5. Landrigan PL, Kimmel CA, Correa A, Eskenazi B. 2004. Children's Health and the Environment: Public Health Issues and Challenges for Risk Assessment. *Environ Health Perspect*, 112 (2): 257-265.