



“**WIN** for Asthma has been a lifeline for Maria and her husband who **no longer feel alone**.

And the **best** news? Juan **hasn't been** back to the hospital since.”

Maria Tavarez' cell phone rang while she was at work, a 45-minute commute from where her 4-year old son Juan was under the care of her sister-in-law. On the other end of the line was an EMT who reported that Juan had been admitted to the hospital after being revived with CPR following a life-threatening asthma attack.

On that January day, Juan's asthma was triggered by a bitter cold New York morning; the winter air was freezing and Juan began having trouble breathing. The strained gasps for air scared his aunt, who took off with Juan to the local clinic for help – and not a moment too soon. By the time they arrived, Juan's skin color had turned a shade of purple and the clinic staff immediately rushed him to the ER. It wasn't the family's first trip to the ER to treat a severe asthma attack – Juan had visited three times before – but it was the first without his mother or father.

While terrifying, the experience led Maria to the Washington Heights/Inwood Network (WIN) for Asthma Program that returned her “baby” from a child who often missed school, to the curious, playful boy who greets everyone on the street. Funded by the Merck Childhood Asthma Network, Inc., WIN for Asthma is a hospital-community partnership that takes a comprehensive approach to managing asthma, including home health assessments, education and goal setting.

Maria's involvement in the program has provided her family with numerous opportunities to learn proper ways to manage Juan's asthma – starting with the understanding that Juan's asthma is not like the common cold that can be treated every and now and then. Prior to

becoming involved in the program, the family mostly treated Juan's asthma with medication when he seemed to develop symptoms. They now understand that even though Juan may appear healthy, his asthma must be managed on a regular basis.

A WIN community health worker made a personal visit to the Tavarez home to help Maria learn easy ways to manage Juan's asthma that can be worked into their daily family routine. They worked together to create an asthma action plan and identify possible triggers around the house that could contribute to an asthma attack, like dust, peeling paint and other allergens. Maria now works to eliminate asthma triggers in the home by frequently cleaning areas that gather dust, like her ceiling fan, and taking out the garbage daily. She also stopped applying perfume at home.

In addition, Maria attends monthly WIN asthma education courses and talks with the network of people available through the program – from community health workers to a pediatrician – that have helped the family recognize asthma symptoms and reduce Juan's asthma episodes.

Today, the whole Tavarez family is part of Juan's asthma management team. Maria has used the knowledge she has gained to teach Juan and his caregivers how to better maintain control over his asthma. She even shares what she knows with other families in her community.

WIN for Asthma has been a lifeline for Maria and her husband who no longer feel alone. And the best news? Juan hasn't been back to the hospital since.

Childhood Asthma – A Costly, Life Threatening Chronic Disease

It affects 10.2 million American children¹; sends millions of parents racing to the hospital each year with their children²; and new government estimates say it costs our health care system \$8 billion annually³, more than almost any other childhood condition, and our nation another \$10 billion of indirect costs including school absenteeism and lost wages⁴. What is it? Believe it or not, it's childhood asthma.

Most people think they know asthma, but they have no idea just how costly and life threatening it can be – especially when it comes to children.

It Doesn't Have to Be This Way

Decades of U.S.-led research has shown us what it takes to manage childhood asthma. It is not the common cold, a minor irritant that occurs every now and then. Asthma is a chronic disease that requires sustained and appropriate management to keep costs down and children and families healthy. But today, too many parents are watching their children – especially those families living in African American, Hispanic and poor neighborhoods – suffer needlessly because of limited access to care or poor management of their condition.

So, while we don't know everything about childhood asthma, we know enough to change our approach. Too many kids still live one breath away from another urgent visit to the ER.

What MCAN Is Doing

The Merck Childhood Asthma Network, Inc. (MCAN), is the only national nonprofit, 501(c)(3) organization focused on addressing the complex and growing problem of pediatric asthma. The Los Angeles Unified School District Comprehensive Asthma Program described here is one of five program sites MCAN has funded across the country to put proven childhood asthma management strategies to work – and improve the health and lives of children and their families. Additionally, MCAN is partnering with the George Washington School of Public Health and Health Services, Department of Health Policy and the RCHN community health foundation, to identify and overcome the policy barriers that many families face when trying to control their children's asthma.

MCAN is funded by the Merck Company Foundation, the philanthropic arm of Merck & Co., Inc., and works with governmental, private sector, foundation, community and quality organization leaders to bring proven, evidence-based strategies to communities that need them.

Learn more at www.mcanonline.org.

A Snapshot of Childhood Asthma in New York

- In New York State, asthma currently affects about 10.5 percent of children (0-17 years old)⁵
- Current asthma prevalence varies by race. Black children had the highest prevalence at 10.0 percent compared to White (7.2 percent) and Asian (4.3 percent) children.⁶
- Nearly 15,000 children aged 0-17 were hospitalized for asthma each year.
- Children aged 0- 4 years had the highest emergency department visit rate (181.4/10,000) compared to all other ages.
- The average cost per asthma hospitalization increased 110 percent from \$6,044 in 1996 to \$12,699 in 2005. The average adjusted asthma hospitalization cost increased 48 percent over this time period.
- Total Medicaid health care expenditures for enrollees with asthma in New York exceeded \$1 billion in fiscal year 2005, inclusive of asthma related and unrelated medical services.

1 Bloom B, Cohen RA, Freeman G. Summary Health Statistics for US Children: National Health Interview Survey, 2008. *Vital Health Stat*.10(244). 2009.

2 Akinbami, L. J., Moorman, J. E., Garbe, P. L. & Sondik, E. J. Status of childhood asthma in the United States, 1980-2007. *Pediatrics*. 2009; 123:S131-S145.

3 Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey 2006

4 American Lung Association. Asthma and Children Fact Sheet.

5 CDC/NCHS:NationalHealthInterviewSurvey.

6 National Asthma Survey - New York State Summary Report (Public Health Information Group Center for Community Health, New York State Department of Health), October 2007

