



THERE'S MORE TO ASTHMA THAN MEETS THE AIR

Where You Live with Asthma Matters, Air Quality is Just One of Many Factors

WASHINGTON, May 7, 2013 /PRNewswire/ There is still no cure for asthma, so for 22 million people in the U.S., this chronic disease continues to be a daily burden no matter where they live. But it's not just air pollution they should be worried about. Factors such as pollen, secondhand smoke – even high rates of poverty, a large uninsured population or a high number of ER visits – can be critical signs that certain cities and states are worse for families with asthma. It is especially true for people with severe asthma.

This is the conclusion of a recent study by the Asthma and Allergy Foundation of America (AAFA) which just released a new list of the 2013 Asthma Capitals, the most challenging places to live with asthma in the U.S., www.AsthmaCapitals.com. AAFA has been assessing asthma prevalence, environmental risk factors and patient medical utilization in the largest 100 cities for the past decade and publishing its annual rankings. The report is designed to bring attention to the many factors involved in asthma quality of life, and to help patients, doctors and policymakers make informed decisions about prevention, treatment and public policies affecting asthma.

“Environmental quality makes a huge difference for people with asthma,” says Lynn Hanessian, Chair of AAFA’s National Board of Directors. “Cities that continually fail to pass smoking bans are falling behind the curve, as well as cities with higher rates of poverty and uninsured families,” says Hanessian. “This means a larger percent of their residents have poor living conditions and, as the survey shows, less access to quality healthcare means worse asthma.”

Richmond Rises Again

This year Richmond, VA, has risen once again to the top of the Asthma Capitals list, up from #23 last year. But Richmond is no stranger to the top spot: the city was #1 in 2010 and 2011. This year, many key factors pushed Richmond back to the top, such as very high levels of year-round pollen, high rates of poverty and uninsured, no city smoking bans, a high crude death rate for asthma and a large number of annual emergency room visits for asthma. Together these factors demonstrate that asthma continues to be poorly controlled in Richmond. See details for each city and review the full list of 100 metro areas at www.AsthmaCapitals.com.

The report is part of the Foundation’s effort to educate patients and families about asthma and help people recognize, prevent and safely manage the disease. The top 10 Asthma Capitals for 2013 are:

1. Richmond, VA
2. Chattanooga, TN
3. Memphis, TN



4. Philadelphia, PA
5. Oklahoma City, OK
6. Detroit, MI
7. Dayton, OH
8. McAllen, TX
9. Atlanta, GA
10. Knoxville, TN

Experts agree that some factors affecting asthma are out of our daily control, such as asthma prevalence, pollen or air pollution. “But that doesn’t mean you need to move to another place,” says Mike Tringale, VP of External Affairs at the Foundation, “asthma will follow you. This report is a call to action to improve your asthma care by working with an asthma specialist, or to improve your community by reducing poverty, fighting for smoking bans, pushing for better air quality, advocating for better insurance coverage for asthma treatments and other improvements.” A good place to start is www.AsthmaCapitals.com to see where your city needs improvement, then get involved.

Dissemination of this year’s report is made possible by a sponsorship from Boston Scientific Corporation (NYSE:BSX) a leading manufacturer of medical devices, and additional support from patients and family donors to AAFA.

One Disease, Many Factors

An estimated 5-10% of the asthma population is considered to have the most severe form of asthma and often do not respond well to conventional asthma treatments. People with severe asthma are likely to have more asthma attacks, visit emergency rooms (ERs) or be hospitalized more frequently, and are at greater risk of death.

For the Asthma Capitals ranking, AAFA has been tracking 12 factors in each city for the past 10 years. This year researchers added a new 13th factor: emergency room (ER) visits for asthma. “Asthma accounts for approximately 13 million asthma attacks and 2 million ER visit each year in the U.S.,” according to Dr. Michael Wechsler, Director of the Asthma Program at National Jewish Health in Denver, CO, “and 500,000 of them result in hospitalizations, so this is a major problem because it costs patients and the healthcare system too much to care for asthma this way.”

In recent years, asthma ER data was not available in a consistent way to ensure that AAFA researchers could compare data between cities. But by working with experts in health economics and reimbursement who accessed new consolidated reports of out-patient and in-patient Medicare and non-Medicare data, AAFA was able to include city-by-city ER statistics for the first time as part of the Asthma Capital rankings methodology.

“It just makes good sense to add ER data to this study now that it’s available because it tells us so much,” according to Tringale. “Higher numbers of ER visits and hospitalizations in one city over another is an indication that there’s a problem. It’s a sign that asthma in that



community is less controlled than in other places, or that environmental triggers are worse, or that patients are not using their medications properly, or that emergency rooms are clogged with too many asthma patients. So, no matter how you look at it, it's a sign that asthma is more challenging to control in that city.”

When Medicine Isn't Enough

Despite great advances over the past few decades in asthma medications, many patients with severe asthma still can't get their disease under control. In 2010 the U.S. Food and Drug Administration (FDA) approved a device used in a non-drug procedure for adults with severe persistent asthma which is not well controlled with standard medications.

The procedure, developed by Boston Scientific, is called bronchial thermoplasty (BT). BT, delivered by the Alair™ System, a safe outpatient procedure done by pulmonologists at centers nationwide. The procedure uses mild heat to actually reduce the amount of excess smooth muscle tissue in the airways, decreasing the ability of the airways to constrict and reducing the frequency of asthma attacks. The procedure has shown long-lasting benefits of reducing asthma attacks for a subset of severe asthma patients and is an example innovation in asthma treatment.

Visit www.AsthmaCapitals.com to learn more about the 2013 Asthma Capitals rankings, severe asthma, and more.

About AAFA

2013 marks the 60th anniversary for the Asthma and Allergy Foundation of America (AAFA), and the 10th anniversary of the Asthma Capitals report. AAFA is a not-for-profit organization founded in 1953. AAFA is the leading patient organization for people with asthma, allergies and related conditions, and provides practical information, community based services and support through a national network of chapters and support groups. AAFA develops health education, organizes state and national advocacy efforts and funds research to find better treatments and cures. www.aafa.org

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