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The Increasing Rate of Asthma in the U.S.

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Back in July 1997, the Environmental Protection Agency (EPA) issued new air quality standards to tighten ozone and particulate matter (soot) pollution to provide "additional protection for children and asthmatics." This regulation, however, is ill-directed and a misuse of public health funds.

True, the prevalence of asthma in the U.S. needs to be addressed. And, in light of the fact that asthma, now the most common chronic disorder of childhood, is increasing—recent reports by the Centers for Disease Control and Prevention conclude that from 1980 to 1994, the rate of people that have asthma has increased about 75% across all races, sexes and age groups—the EPA's revised standards sound not merely sensible but praiseworthy. When closely explored, however, the new standards, reveal the following limitations:

- The plan is based on limited scientific data and may inadvertently divert time and resources away from public health solutions that will work. The National Research Council which assembled to design and evaluate the EPA's research effort, recently reprimanded the EPA for moving ahead with the new standards without a clear idea of how much soot people inhale, and why and if fine particles cause harm. Furthermore, it is not known what particulates are most dangerous to human health and which should be monitored. According to one of the panelist, "We were disappointed" by the EPA's priorities.
- Air pollution is not a proven cause of asthma. The EPA and various other groups have targeted air pollution because of findings that 45% of urban children have higher risk of asthma than other children in the U.S. In New York City alone, the disease affects 5 million children and accounts for more than 10 million missed school days a year. No causal association has been established, however. Indeed, the National Heart, Lung and Blood Institute doesn't recognize air pollution as a cause of asthma. And, all the EPA data indicate air pollution is going down, yet asthma rates continue to increase.
- Indoor air pollutants and allergens—unlike outdoor air pollution—does play an important role in asthma. A landmark study published in the New England Journal of Medicine revealed the impact that cockroach allergen exposure has on asthma-related health problems among children living in the inner city. For example, children who were found to be sensitive to cockroach allergens had 78% more unscheduled visits to health care providers, and were 3.4 times more likely to be hospitalized.

Researchers have also found that about half of early childhood cases of asthma and wheezing are attributable to exposure to second-hand cigarette smoke. These researchers estimated that second-hand smoke was responsible for between 40% and 60% of cases of asthma. And at

least 60% of the inner city children studied were exposed to significant environmental tobacco smoke on a daily basis.

- Children today spend 85% of their day indoors; therefore, limiting the benefit (if any) of the EPA's revised air standards. The percentage of children kept indoors may be even greater in the inner city because of safety concerns. This results in an inevitable decrease in exercise—prolonged exercise may be protective against asthma—and an increase in allergen exposure.

In addition, the National Heart, Lung, and Blood Institute's revised 1997 guidelines for the management of asthma emphasizes the importance of indoor pollution and recommends that all patients with persistent asthma be tested for sensitivity to the chief indoor allergens such as house-dust mite, cat, dog, cockroach, and various fungi.

- The cost per year of the revised air quality standard is \$104 billion. This costly price tag may actually worsen public health by lowering living standards and reducing access to health care. This, in turn, may result in more cases of asthma because, of the known risk factors for asthma, several are associated with poverty: exposure to cockroaches and other indoor allergens, and limited access to health care.

Asthma is a growing problem in the U.S. and money and resources must be properly focused on reducing known causes of the disease—such as limiting exposure to allergens—not on hypothetical, unproven, costly programs which may or may not affect asthma rates. Thus, the purely speculative benefits of tighter air standards should be dropped in favor of the promotion of a healthy home environment and the targeted education of the appropriate communities on the importance of reducing exposure to cockroach and other indoor allergens to fight this disease.

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