The State of Childhood Asthma: Introduction

Floyd J. Malveaux, MD, PhD

Merck Childhood Asthma Network, Inc, Washington, DC

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ABSTRACT

In December 2006, the Merck Childhood Asthma Network, Inc convened a conference, “State of Childhood Asthma and Future Directions: Strategies for Implementing Best Practices.” In this article, we present an overview of the conference. The other articles in this supplement were based on the conference proceedings. Pediatrics 2009;123:S129–S130

CHILDHOOD ASTHMA IS the most common chronic disease among children in the United States. The debilitating effects of this condition are well documented and place a huge burden on millions of children and their families, especially in minority and medically underserved communities. Although asthma is a manageable disease, actual management falls far short of recommended care for many children, leading to potentially complex and expensive interventions. Asthma continues to pose a challenge to public health, health care providers, and researchers, and the majority of children with asthma still suffer from exacerbations of symptoms (“attacks”). The overall rates of adverse outcomes attributable to asthma have remained relatively constant despite promising progress demonstrated by some innovative intervention efforts, large socioeconomic and ethnic disparities in asthma morbidity and mortality rates continue to widen, and the primary causes of asthma and the reasons for its historically high current prevalence remain elusive.1

The Merck Childhood Asthma Network, Inc (MCAN), a nonprofit organization, was established in 2005 by the Merck Company Foundation to help address the complex and growing problem of pediatric asthma in the United States. The primary initiative of the MCAN is support of multisite implementation research programs to evaluate evidence-based childhood asthma interventions and to determine the feasibility and effectiveness of integrating childhood asthma interventions into community-based health care systems. In addition, MCAN works with public and private partners to identify opportunities for enhancing the quality of pediatric asthma health care and access to such care, especially for those who suffer disproportionately from the disease. MCAN engages collaborators and serves as a catalyst to mobilize action and resources to address challenges and to promote policies to improve the quality of life for children with asthma and their families.

STATE OF CHILDHOOD ASTHMA AND FUTURE DIRECTIONS: STRATEGIES FOR IMPLEMENTING BEST PRACTICES

In December 2006, MCAN convened a conference, “State of Childhood Asthma and Future Directions: Strategies for Implementing Best Practices,” at the Kaiser Family Foundation Barbara Jordan Conference Center in Washington, DC, in collaboration with the following organizations and advisors: Agency for Healthcare Research and Quality, Helen Burstein and Denise Dougherty; Centers for Disease Control and Prevention, National Center for Environmental Health, Paul Garbe and Elizabeth Herman; National Center for Health Statistics, Lara Akinbami, Jennifer Madans, and Edward Sondik; National Heart, Lung, and Blood Institute, Robert Fulwood and Virginia Taggart; National Institute of Allergy and Infectious Diseases, Peter Gergen; National Institute of Environmental Health Sciences, Mary Gant; US Environmental Protection Agency, Alisa Smith; advisors, Noreen Clark, Cara James, Marsha Lillie-Blanton, Soeren Mattke, Herman Mitchell, and Kevin Weiss.

CONFERENCE GOALS, OBJECTIVES, AND METHODS

The conference had 2 goals, that is, to (1) bring together experts and thought leaders from multiple disciplines to identify and to recommend priority implementation strategies for best practices with the greatest likelihood of closing the gap between recommended and actual childhood asthma treatment and management and (2) articulate related research and policy needs and approaches. The conference objectives were to (1) review the status of childhood asthma in the United States, (2) identify ongoing and latest developments in best practices, (3) identify priority strategies to implement best practices, (4) identify additional research and policy needs to support implementation of best practices, (5) develop consensus on the next steps, especially in addressing conference recommendations, and (6) promote conference recommendations through multiple outlets, including the news media, professional publi-
cations, and stakeholders. To achieve the goals and objectives, a 1.5-day conference program was structured around the following major topics.

I. Status of childhood asthma in the United States
   1. National trends
   2. New state surveillance activities

II. Development and management of asthma in children

III. Gene-environment interactions and the development of asthma

IV. Critical role of the environment and emerging risk factors
   1. Complex interactions of indoor exposures
   2. Outdoor air and genetic susceptibility
   3. Social determinants

V. Quality care challenges and opportunities
   1. Status of adoption/implementation of asthma guidelines
   2. Childhood asthma quality care: estimating impact and implications
   3. Paying for quality care

VI. Effectiveness of evidence-based interventions
   1. Evidence for community-based interventions in asthma
   2. Individualizing asthma interventions
   3. Adherence

Fourteen experts were invited to provide a review of the current status of their assigned topic and to offer their best advice for priority strategies or recommendations to yield substantial progress. Speakers were encouraged to focus on 2 or 3 actionable recommendations. A moderated roundtable discussion followed each presentation. Approximately 60 respected thought leaders and authorities in childhood asthma, as well as other relevant public health, health care, and health policy disciplines, participated in the roundtable discussions with the conference chair, speakers, and moderator (see Acknowledgments).

During the evening on day 1, the speakers, conference chair, and moderator synthesized and prioritized the findings and recommendations that emerged from the 6 topic areas, 11 presentations, and roundtable discussions. The priorities were presented to all roundtable participants on day 2 for further discussion and refinement. The conference concluded with a “touchstone commentary” presented by Nicole Lurie, which offered an assessment of the policy implications of the findings and recommendations.

At the end of the conference, a call to action was issued, urging implementation of the priority recommendations that were identified as both urgent and actionable by the chair and participants. Immediately after the meeting, MCAN hosted a press conference and teleconference to begin disseminating the conference results.

CONFERENCE PROCEEDINGS
This supplement to Pediatrics is an edited proceeding of the State of Childhood Asthma and Future Directions conference. The presenters in the major topic areas agreed to write or jointly write an updated review or special article based on their presentations at the conference. Each article was peer reviewed by 2 external reviewers (see “Acknowledgments”). The articles reflect the wide range of topics and findings covered at the meeting; the commentary that follows the articles includes key findings and recommendations from the conference.

ACKNOWLEDGMENTS
We are grateful to the collaborating organizations, steering committee, and advisors for helping shape a program and roundtable process that ignited stimulating discussions as well as several significant follow-up projects and many partnerships that will no doubt yield important advances for childhood asthma health care and research. We thank Ed Sondik, Lara Akinbami, and their colleagues at the National Center for Health Statistics for encouragement early in the process and for releasing their important new childhood asthma report coincidently with the conference. Special recognition goes to all of the speakers and authors for their outstanding contributions to the success of the conference, the important follow-up process that is underway, and this supplement. Special recognition also goes to T. J. Dunlap, who as conference director provided excellent planning and logistic coordination. Finally, the conference and this supplement would not have been possible without Herman Mitchell, who served as moderator, presenter, article coauthor, and supplement coeditor; Suzanne Kennedy, supplement managing editor; T. J. Dunlap, conference director; Julie Kennedy Lesch, conference and journal support; Yvonne Ohadike, journal support; and Laurice Landayan Bocao and Eleanor Thornton, conference support.

REFERENCES
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