

0.98]) compared with white children. Black children in all age categories were more likely to have filled any prescription for inhaled corticosteroids compared with white children (ranging from an OR of 1.11 [95% CI: 1.02–1.21] to 1.11 [95% CI: 1.04–1.19]).

**CONCLUSIONS.** Despite universal health insurance coverage offered through the MHS, the authors found evidence of racial and ethnic differences in asthma prevalence, treatment, and outcomes.

**REVIEWER COMMENTS.** This study corroborates the presence of racial and ethnic disparities in asthma within a cohort offered universal health care coverage. Black children were not only more likely to be diagnosed with asthma, but they were also found to have poorer control of asthma. It was surprising that black children were also more likely to have filled prescriptions for inhaled steroids compared with white children. The authors suggested that the higher rates of filled prescriptions might be attributed to the higher likelihood of receiving these prescriptions for asthma medications during and after emergency department visits and/or hospitalizations. Actual use and administration of these medications were not evaluated. The study's findings suggest that eliminating racial and ethnic disparities in health care likely requires a multifaceted approach beyond universal health insurance coverage.

URL: [www.pediatrics.org/cgi/doi/10.1542/peds.2011-2107EEE](http://www.pediatrics.org/cgi/doi/10.1542/peds.2011-2107EEE)

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### **Status of Asthma Control in Pediatric Primary Care: Results From the Pediatric Asthma Control Characteristics and Prevalence Survey Study (ACCESS)**

Liu AH, Gilesenan AW, Stanford R, Lincourt W, Ziemiecki R, Ortega H. *J Pediatr.* 2010;157(2):276–281

**PURPOSE OF THE STUDY.** To determine the prevalence of uncontrolled asthma by using validated instruments in a representative sample of pediatric primary care offices.

**STUDY POPULATION.** Patients were recruited from pediatric outpatient offices across the United States. Eligible patients for this study included children who were between the ages of 4 and 17 years, had a history of asthma as diagnosed by a health care provider, used an asthma medication in the previous year, and were able to read, write, and comprehend English.

**METHODS.** This was a multisite cross-sectional study of patients with asthma who visited a pediatric health care provider for any reason between January and May 2008. The questionnaires given to the patients included the

Childhood Asthma Control Test (C-ACT) for those between the ages of 4 and 11 years and the Asthma Control Test (ACT) for those between the ages of 12 and 17 years. Uncontrolled asthma was defined as a C-ACT or ACT score of <19. Each visit was also classified as either respiratory- or non-respiratory-related.

**RESULTS.** The overall prevalence of uncontrolled asthma was 46% (35% in patients with nonrespiratory complaints and 54% among those seen for a respiratory complaint). For patients evaluated for respiratory reasons, more children with uncontrolled asthma had missed  $\geq 1$  school day in the previous 4 weeks because of asthma (67% vs 29%;  $P < .0001$ ). For patients seen for nonrespiratory reasons, more children with uncontrolled asthma had missed  $\geq 1$  day of school in the previous 4 weeks (53% vs 24%;  $P < .0001$ ).

**CONCLUSIONS.** The number of missed school and work days resulting from uncontrolled asthma was not only greater for patients seen in a pediatric office for respiratory-related issues but also for non-respiratory-related reasons. This result highlights the burden and impact of uncontrolled asthma seen in all patients in pediatric clinics. Providers should consider evaluating asthma control on a regular basis regardless of the reason for the visit.

**REVIEWER COMMENTS.** The ACT and C-ACT tools were designed to use only for children already diagnosed with asthma. The cutoff score of  $\leq 19$  is not an absolute indicator of uncontrolled asthma but should serve to alert the provider that asthma might not be well controlled. A report of using C-ACT scores to identify children with very poorly controlled asthma has been published previously (*J Allergy Clin Immunol.* 2010;126[2]:267–273).

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### **Translation of a Pediatric Asthma-Management Program Into a Community in Connecticut**

Cloutier MM, Wakefield DB. *Pediatrics.* 2011;127(1):11–18

**PURPOSE OF THE STUDY.** National Asthma Education and Prevention Program (NAEPP) guidelines have been widely disseminated, but their adoption by primary care clinicians has been problematic. This study evaluated an asthma-management program based on NAEPP guidelines.

**STUDY POPULATION.** Children aged 6 months or older in Connecticut were enrolled in community pediatric offices by trained community personnel.

**Status of Asthma Control in Pediatric Primary Care: Results From the Pediatric Asthma Control Characteristics and Prevalence Survey Study (ACCESS)**

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