Asthma treatment is a priority for Wisconsin’s public health system, according to the Wisconsin Turning Point Transformation Team. The most common chronic health problem for children, asthma sent nearly 3,800 Wisconsin children to the emergency room in 2005, and more than 700 were hospitalized, at a cost of close to $4 million.

One of every 11 Wisconsin children has asthma. Medical care and school absences for children with asthma in Milwaukee cost at least $10 million per year. Wisconsin schoolchildren who have an asthma attack miss more school than their peers.

Parents of asthmatic children face a special challenge in protecting and promoting their children’s health. Children with asthma need to see health-care professionals regularly, or they risk asthma attacks that require emergency room or hospital care and cause school absences. Both accessing medical care and caring for children at home demand a parent’s attention—even if the parents are employed. Having job flexibility—in particular, paid time off—can make it possible for parents to attend to their children’s asthma. Parents who do not have scheduling flexibility cannot consistently comply with recommended health care visits. Children whose treatment routines are disrupted because of parents’ inflexible work schedules cannot receive the high-quality care from asthma specialists that can keep them healthy and prevent serious asthma flare-ups.

Two of every five mothers with an asthmatic child (40 percent) have no paid sick days. One in four parents of a child with asthma (28 percent) has missed one of their child’s medical appointments because they could not get time off work. Parents with paid leave are nearly three times as likely to be able to stay home when their children need them.

This problem is especially acute in Milwaukee. Milwaukee has the highest rate of asthma-related emergency room visits in the state of Wisconsin—more than double the statewide average (96 visits per 100,000 individuals, vs. 41 for Wisconsin as a whole)—and the second-highest rate of asthma-related hospitalizations—again, double the statewide average (21 per 100,000 vs. 10 per 100,000). Asthma is a bigger burden in Milwaukee’s communities of color: Asthma rates are 50 percent higher among African American middle- and high-school students as for white students. Asthma is also concentrated in communities with fewer economic resources and restricts children’s activities more in poor communities.

By Vicky Lovell, Ph.D.
Many parents fear they will be fired if they stay home when their chronically ill child needs care.  

Children get better faster when their parents help care for them.  

Providing quality care for children with asthma is important to families, but taxpayers have a stake as well. Two-thirds of the cost of children’s asthma hospitalizations in Milwaukee are paid by Medicaid or Wisconsin BadgerCare or are uninsured.

The Wisconsin Turning Point Transformation Team noted that “Wisconsin’s public health system is... a partnership between government, the people, and the partners in the public, private, nonprofit and voluntary sectors to protect the health of everyone.” Milwaukee’s paid sick days referendum can bring employers together with parents to improve treatment for children with asthma.

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5 Wisconsin DHFS 2007. One-third (33 percent) of middle- and high-school students who suffer an asthma attack miss three or more days of school per month; only one-fifth (19 percent) of students without asthma miss that much school.
9 Ibid.
11 Smith et al. 2002
12 Chang et al. 2007.
13 Wisconsin DHFS 2007.
14 Ibid.
15 PediatricAsthma.org n.d.
17 Chang et al. 2007.
19 Pediatric Asthma n.d.
20 Wisconsin Turning Point Transformation Team (n.d.), 2.

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