

The State of Asthma

**American College of Chest Physicians
14th Annual ACCP Community Asthma and
COPD Coalitions Symposium
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Atlanta, GA**

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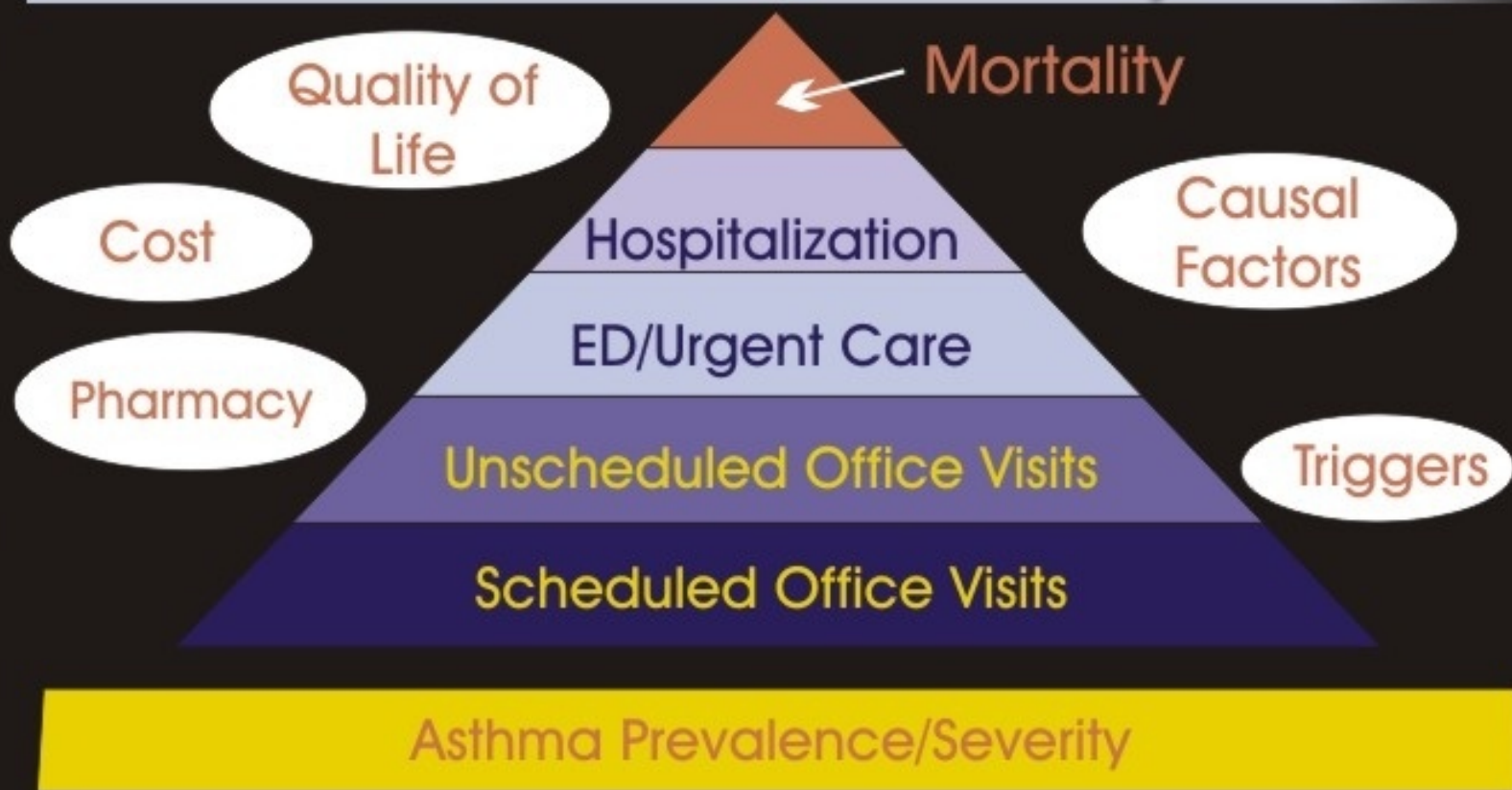


National Asthma Program NACP

Components:

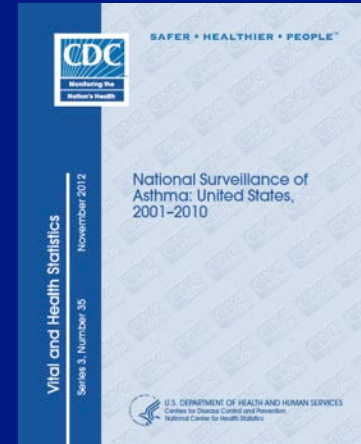
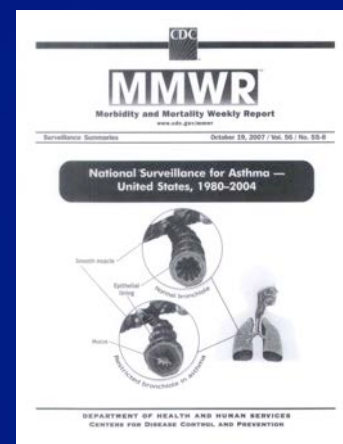
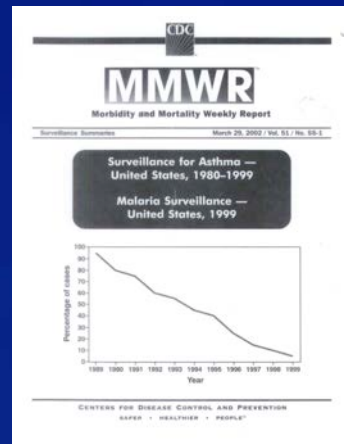
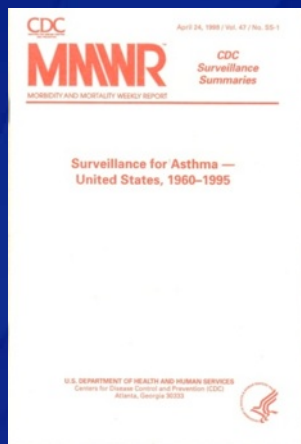
- Surveillance**
- Partnerships**
- Interventions**

The Asthma Surveillance Pyramid

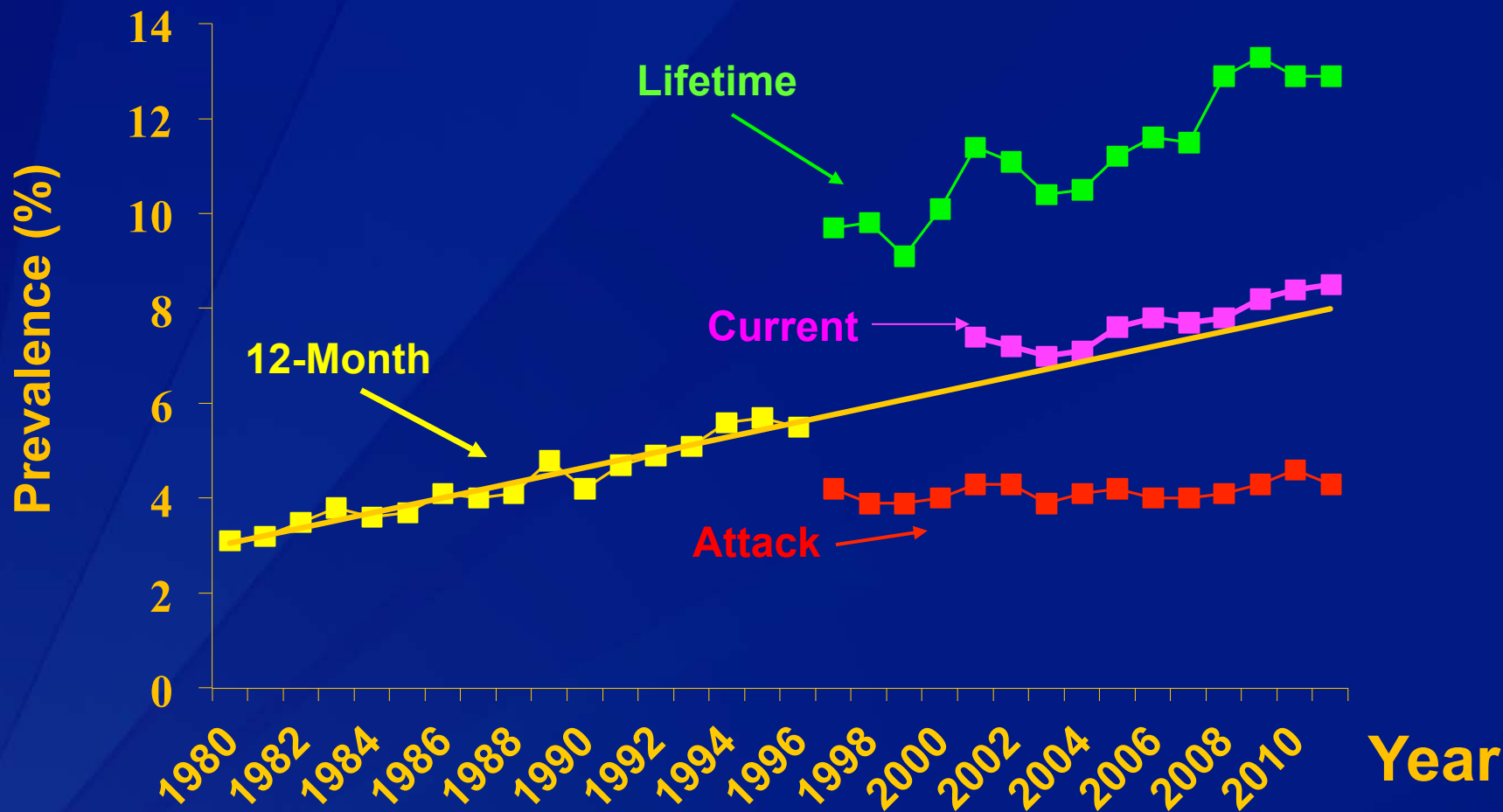


National Asthma Surveillance Summaries

- ❑ **National Measures:** current prevalence, attack prevalence, physician office visits, emergency department visits, hospital outpatient visits, hospital discharges, and mortality
- ❑ **#4 New Format:** NCHS Series 3 Report
- ❑ **Publication:** November 8, 2012

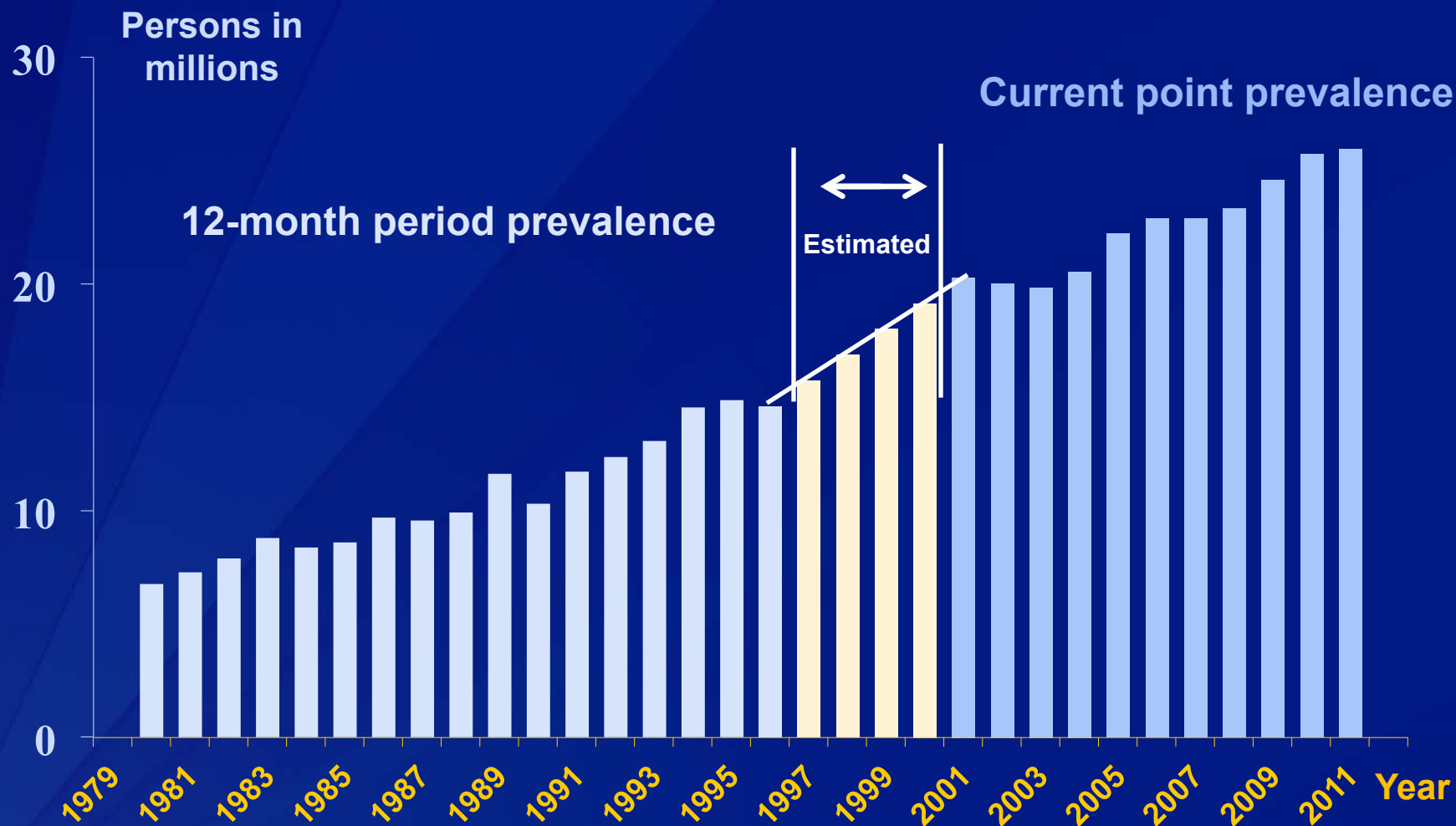


Asthma Prevalence: United States, 1980-2011



Source: National Health Interview Survey; National Center for Health Statistics

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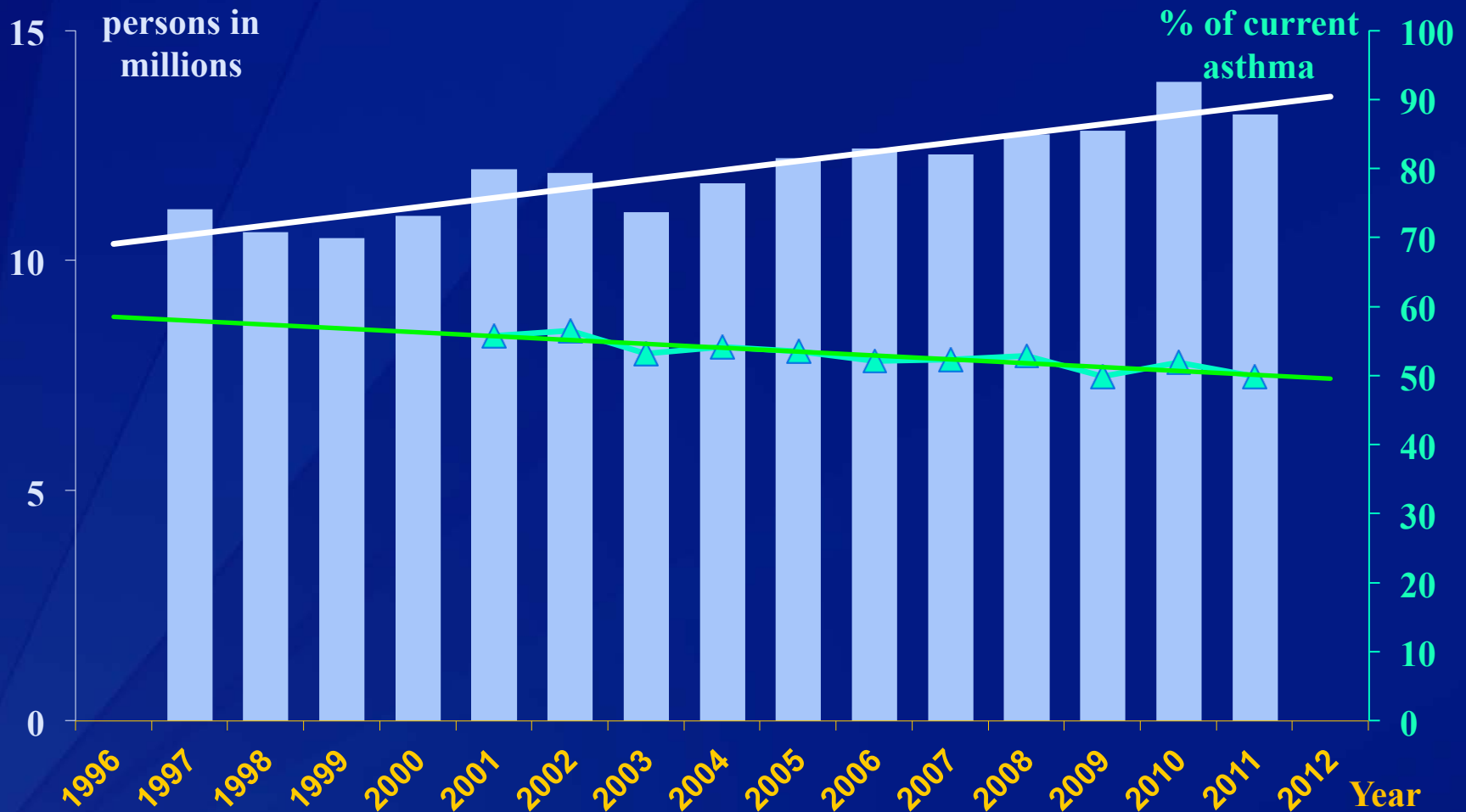
Recent* demographics

Prevalence is higher:

- in children than in adults
- in boys than in girls
- in adult women than in adult men
- in Puerto Ricans and in blacks than in whites
- in persons with family income below the federal poverty threshold than above
- in the Northeast and Midwest than in the South

* 2008-2010 average annual estimates

One or More Asthma Attacks: United States, 1997-2011



Source: National Health Interview Survey; National Center for Health Statistics

Recent* demographics

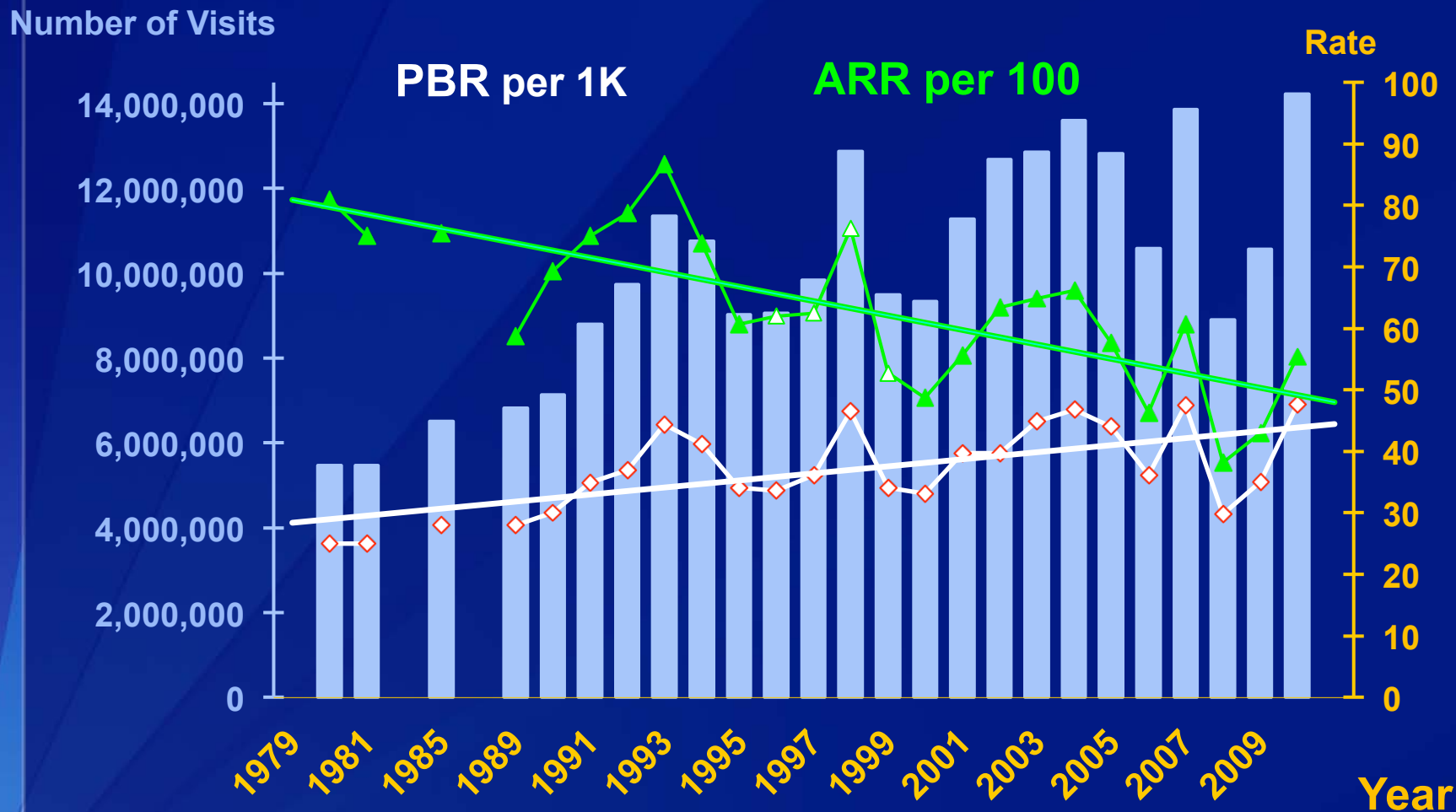
Among those with current asthma, attacks in the past year are reported more frequently:

- **by children than by adults**
- **by women than men**
- **by those living in the South and West than those in the Northeast[±]**
- **by adults with income below 250% of the Federal poverty level than with higher income**

[±] **Opposite of prevalence**

*** 2008-2010 average annual estimates**

Asthma Office Visits* and Rates: United States, 1980 – 2009



Source: NAMCS; National Center for Health Statistics
 * First-listed diagnosis; PBR population-based rate; ARR at-risk-rate

Recent* demographics: for risk-based rates

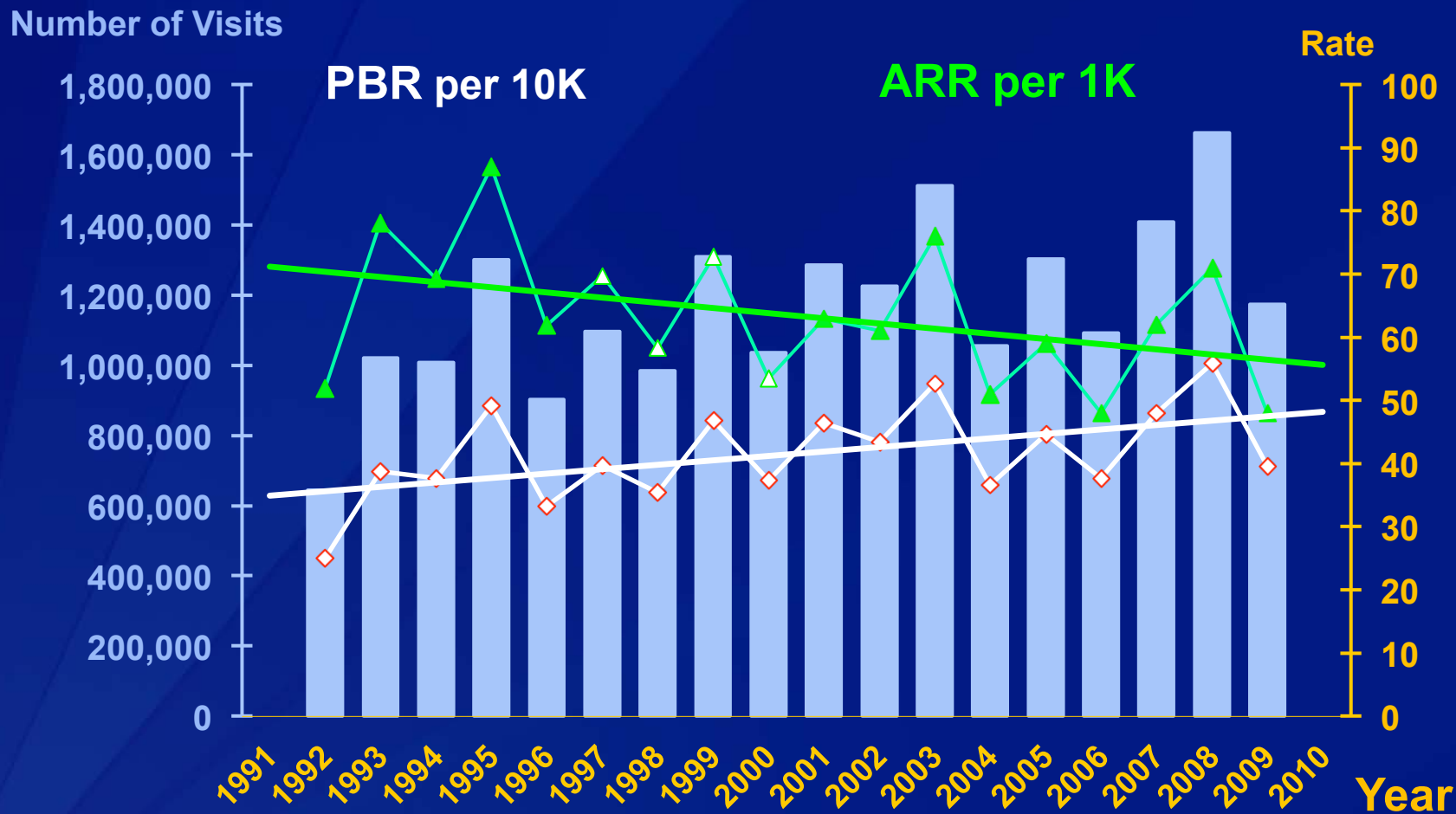
Asthma office visits are more frequent for:

- children than adults
- children aged 0-4 years than all other age groups
- persons living in the South than in the Midwest
- Hispanics than non-Hispanics

There is no difference in asthma office visit frequency between:

- males and females
- whites and blacks

Asthma Hospital Outpatient Visits* and Rates: United States, 1992 – 2009



Source: NHAMCS; National Center for Health Statistics
 * First-listed diagnosis; PBR population-based rate; ARR at-risk-rate

Recent* demographics: for risk-based rates

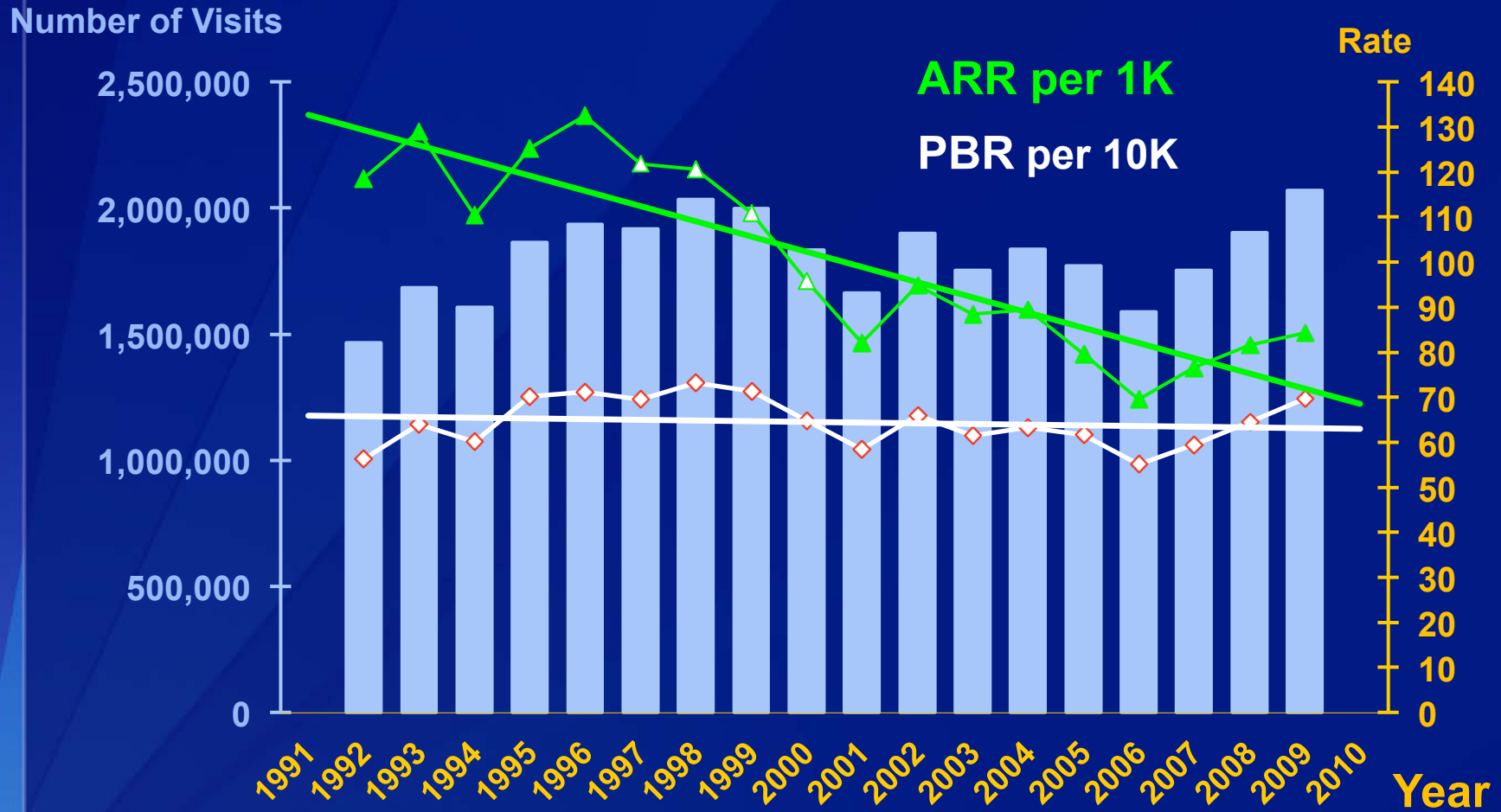
Asthma hospital outpatient visits are more frequent for:

- children than for adults
- children aged 0-4 years than all other age groups
- blacks than for whites
- Hispanics than non-Hispanics

There is no difference in asthma outpatient visit frequency between:

- males and females
- geographic regions

Asthma ED Visits* and Rates: United States, 1992 – 2009



Source: NHAMCS; National Center for Health Statistics
 * First-listed diagnosis; PBR population-based rate; ARR at-risk-rate

Recent* demographics: for risk-based rates

Asthma emergency department visits are more frequent for:

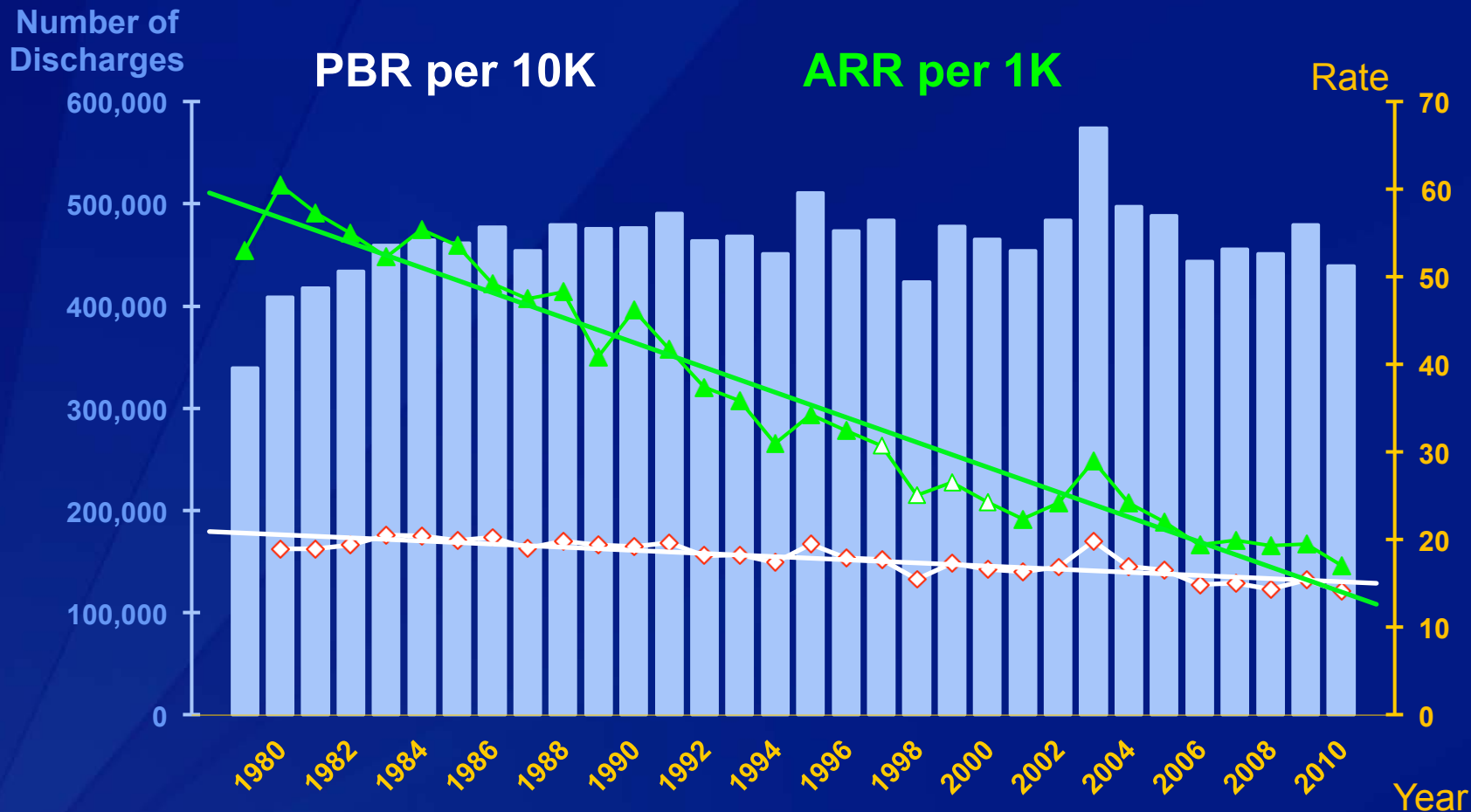
- children than for adults
- children aged 0-4 years than all other age groups
- blacks than whites
- Hispanics than non-Hispanics
- persons in the Northeast and in the South than in the West

There is no difference in asthma emergency department visit frequency between:

- males and females

* 2007-2009 average annual estimates

Asthma Hospital Discharges* and Rates: United States: 1979 - 2010



Source: NHDS; National Center for Health Statistics

* First-listed diagnosis; PBR population-based rate; ARR at-risk-rate

Recent demographics: for risk-based rates

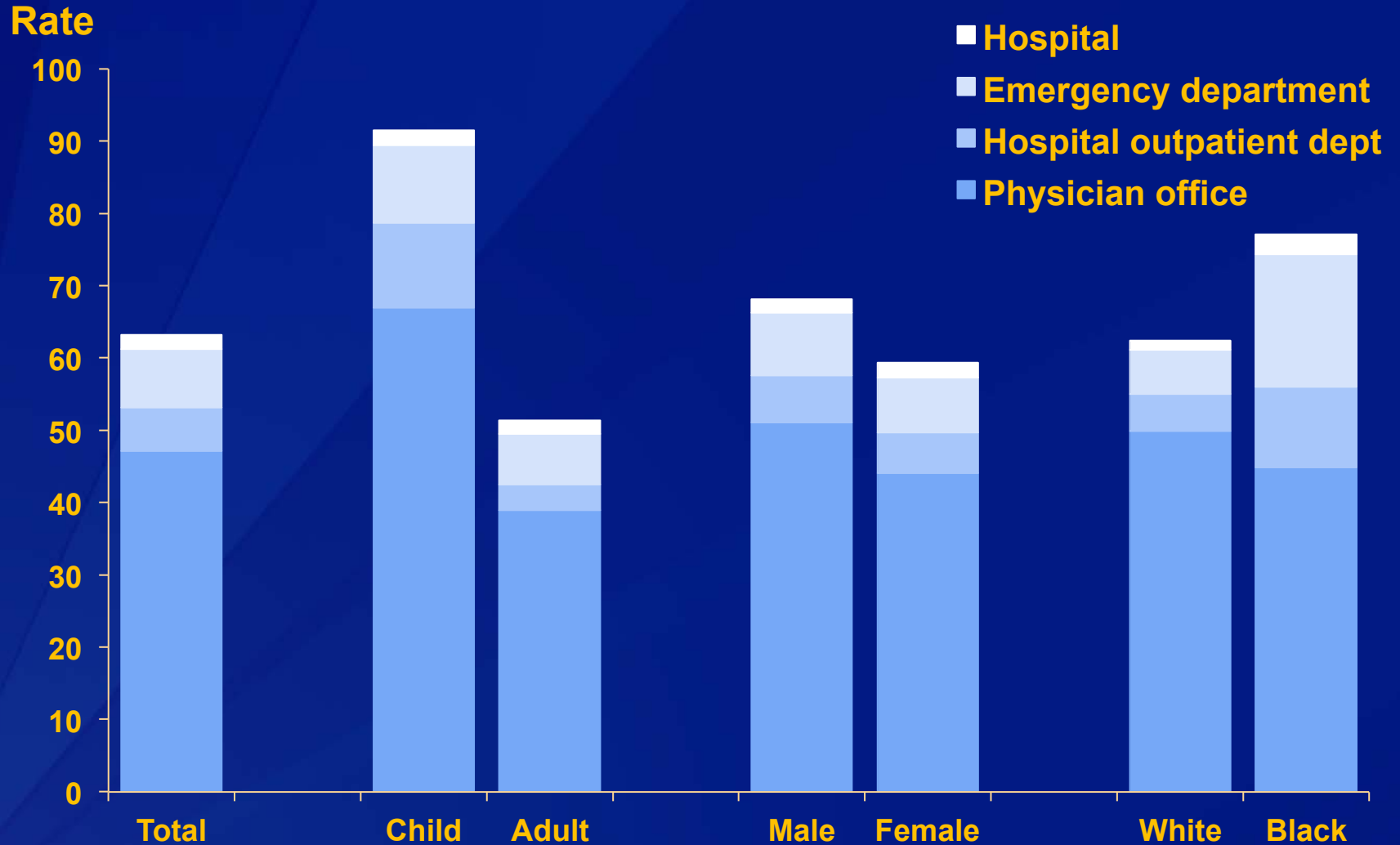
Asthma hospital discharges are more frequent for:

- **children aged 0-4 years and adults age 65+ than other age groups**
- **blacks than whites**
- **persons in the Northeast than in the Midwest**

There is no difference in asthma hospital discharge frequency between:

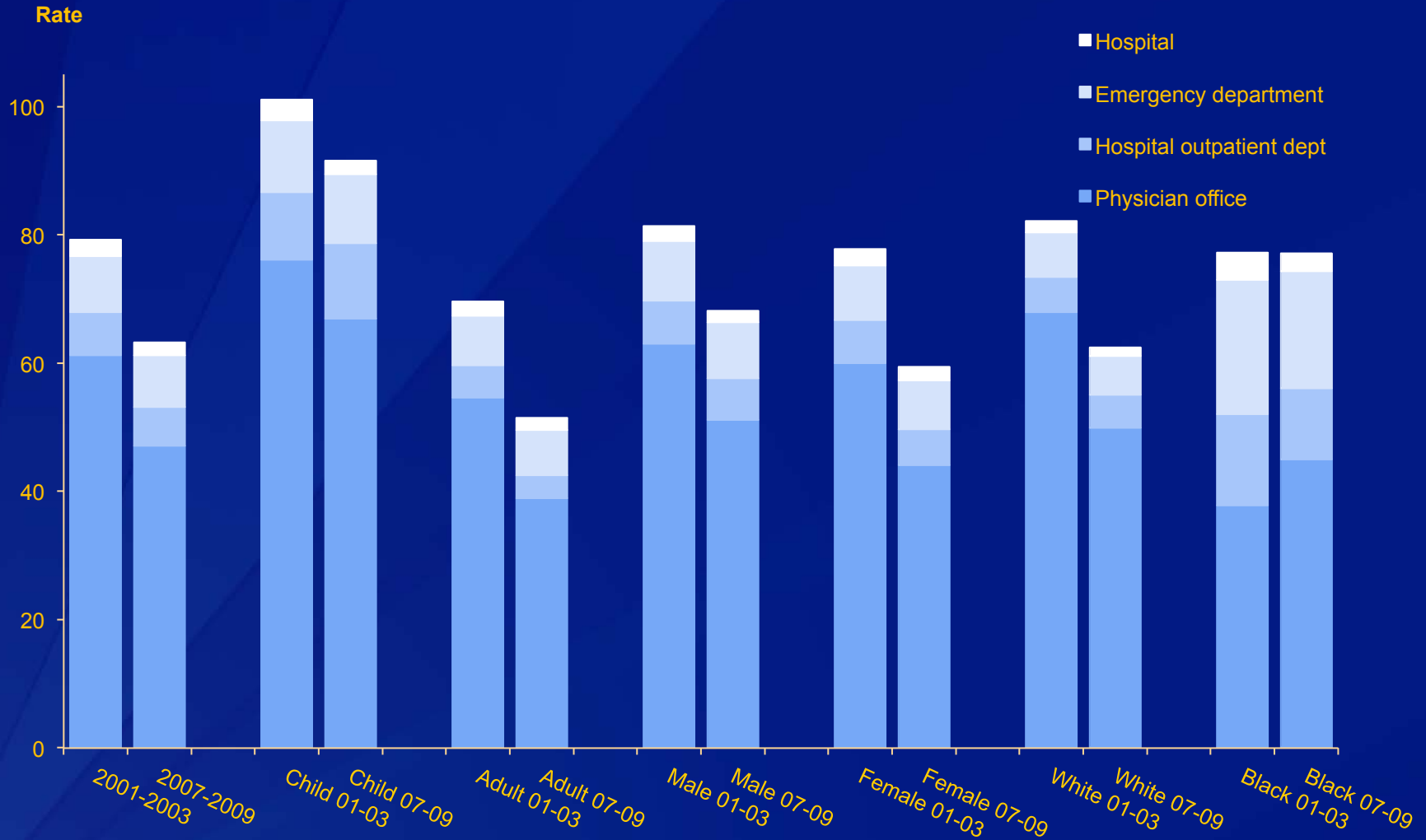
- **children and adults**
- **males and females**

Health care encounter rates per 100 persons with asthma by age, sex, and race: United States, average annual 2007-2009



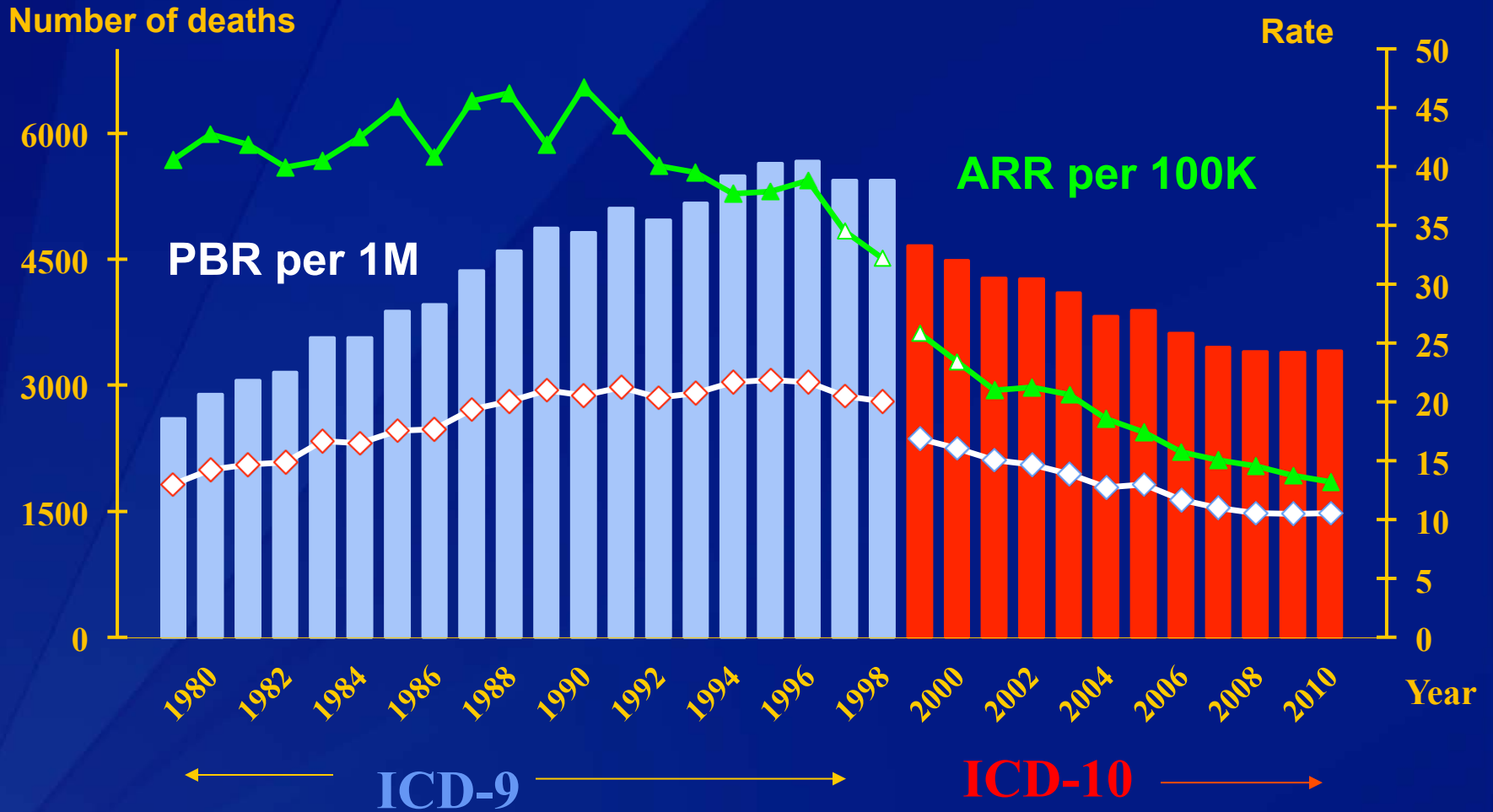
Source: National Surveillance of Asthma: United States, 2001-2010

Health care encounter rates per 100 persons with asthma by age, sex, and race: United States, average annual 2001-2003 & 2007-2009



Source: National Surveillance of Asthma: United States, 2001-2010; National Surveillance for Asthma: United States, 1980-2004

Asthma Deaths* and Rates: United States, 1979-2010



Source; NVSS; National Center for Health Statistics

*Underlying Cause of Death; PBR population-based rate; ARR at-risk-rate

Recent* demographics: for risk-based rates

Asthma deaths are more frequent for:

- **adults than for children**
- **adults age 65+ than all other age groups**
- **females age 65+ than males age 65+**
- **blacks than whites**
- **non-Hispanics than Hispanics**
- **persons in the West and in the South than in the Midwest**

There is no difference in the frequency of asthma deaths between:

- **males and females under age 65**

Summary

Prevalence: number and prevalence percent increasing over time

Persons reporting attacks:

Number increasing over time

Proportion among those with current asthma decreasing over time

Health care encounters:

Office visits and hospital outpatient department visits:

Number and Pop-based rate increasing over time

Risk-based rates decreasing over time

Emergency department visits and hospitalizations:

Number increasing very slightly over time

Pop-based rate level or decreasing very slightly

Risk-based rate decreasing markedly

Mortality: number, pop-based and risk-based rates decreasing since 1998

Conclusion

Decreases in all the risk-based rates provide indirect evidence of improvement in asthma management during a long period of increasing asthma prevalence.

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For more data:

<http://www.cdc.gov/asthma/asthmadata.htm>

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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