

Utah Health Status Update:

Asthma

August 1998

Utah Department of Health

Asthma is a chronic inflammatory disease characterized by reversible air-flow obstruction leading to recurrent episodes of wheezing, shortness of breath, and coughing. Asthma is one of the most common chronic diseases in the United States and one where appropriate medical care, including patient education, can dramatically improve health outcomes. This health status update reviews available data on asthma occurrence in Utah.

- In 1996, 4.1% of Utahns (82,100 persons) reported being under medical care for asthma. Prevalence rates were highest for persons under age 18 and those age 65 or over.
- Asthma is a common reason for emergency department (ED) visits and hospitalizations. In 1996, asthma was the principal diagnosis for 5,428 ED visits and 1,350 hospitalizations of Utah residents. Hospitalizations for asthma resulted in about \$5.9 million in charges in 1996.
- Asthma prevalence and rates of ED visits and hospitalizations were higher for boys through childhood and early adolescence, but among adults were higher for women.
- Persons with asthma were 2-3 times as likely to report being in fair/poor health than other individuals.
- Asthma death rates in the U.S. have increased somewhat over the past 15 years; death rates in Utah have not increased appreciably.
- Deaths from asthma are uncommon and usually involve individuals age 65 or older.
- The prevalence of asthma is about 32% higher in the United States than in Utah; while national rates of hospitalization and of emergency room visits for asthma are about 120% and 160% higher, respectively.
- Rates of hospitalization for asthma varied by health district and were highest in TriCounty district (formerly Uintah Basin); the emergency department visit rate was also high in TriCounty district.

These data illustrate the importance of asthma both for the health of affected individuals and as a cause of health care utilization. Additional data will be required to identify unmet care needs of persons with asthma and ways that the care provided for persons with asthma can be improved in Utah.

Asthma Statistics - Utah and United States

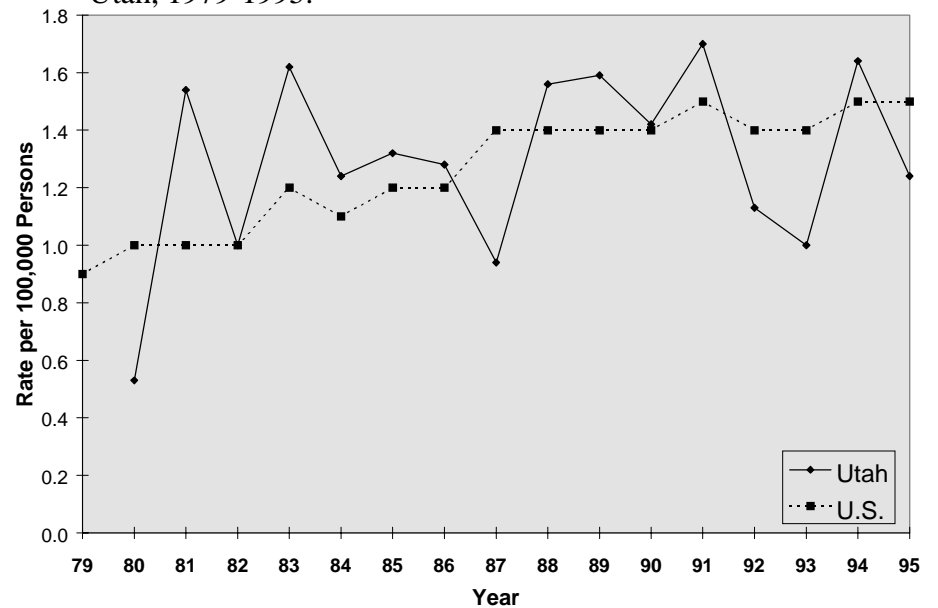
	<u>U.S. Rate*</u>	<u>Utah Rate</u>	<u>Utah Persons/encounters</u>
Prevalence (percentage)	5.4%	4.1%	82,100 people
Office Visits (per 10,000)	382	no data	no data
ER Visits (per 10,000)	71.5	27.1	5,428 visits
Hospital Discharges (per 10,000)	18.2	6.8	1,350 discharges
Deaths (per 100,000)	1.7	1.7	34 deaths

* U.S. prevalence and hospitalization rates were for 1993-94, office visits and deaths for 1993-95, and ER visits for 1995. Utah data are for 1996.

Sources:
Mannino DM, et. al. Surveillance for Asthma - United States, 1960-1995. In: CDC Surveillance Summaries, April 24, 1998. MMWR 1998;47 (No. SS-1).
All U.S. rates were age-adjusted to Utah 1996 population
1996 Utah Health Status Survey
1996 Utah Hospital Discharge Database
1996 Utah Emergency Department Database
1996 Utah Death Certificate Database

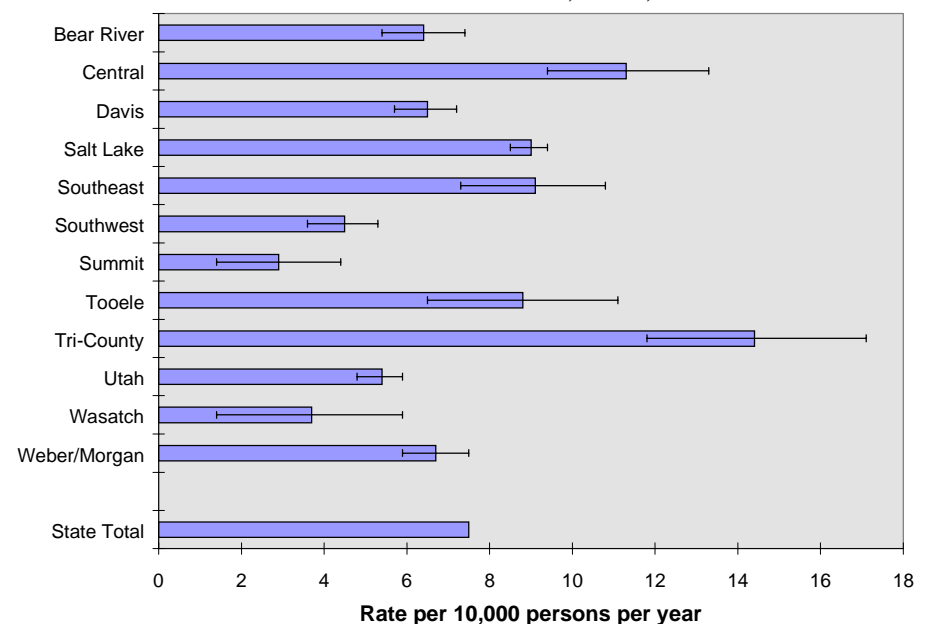
Asthma Deaths - Trends

Death rates (per 100,000 persons) from asthma, United States and Utah, 1979-1995.



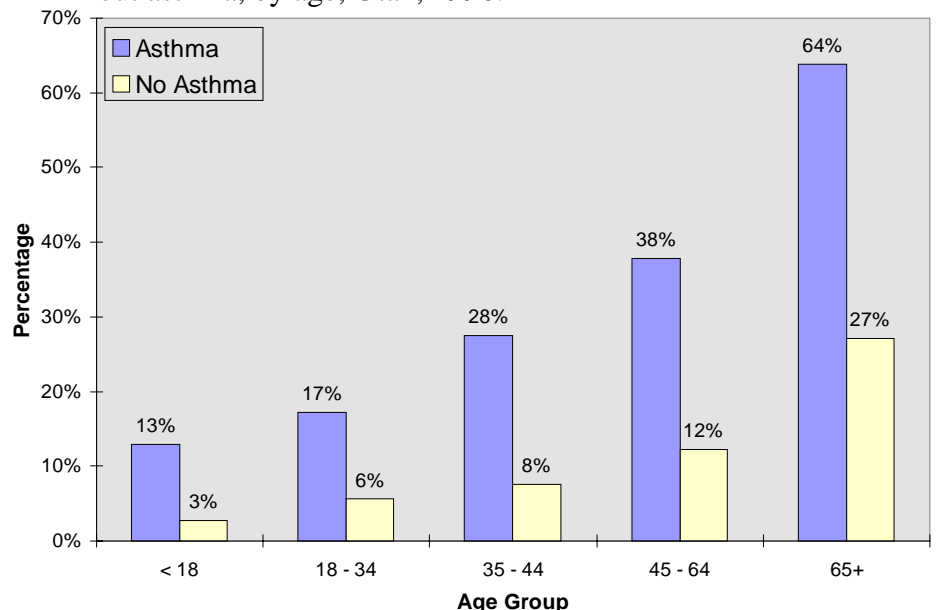
Asthma Hospitalizations by Health District

Rate of hospital discharges and 95% confidence limits by local health district of residence, Utah, 1995-1996.



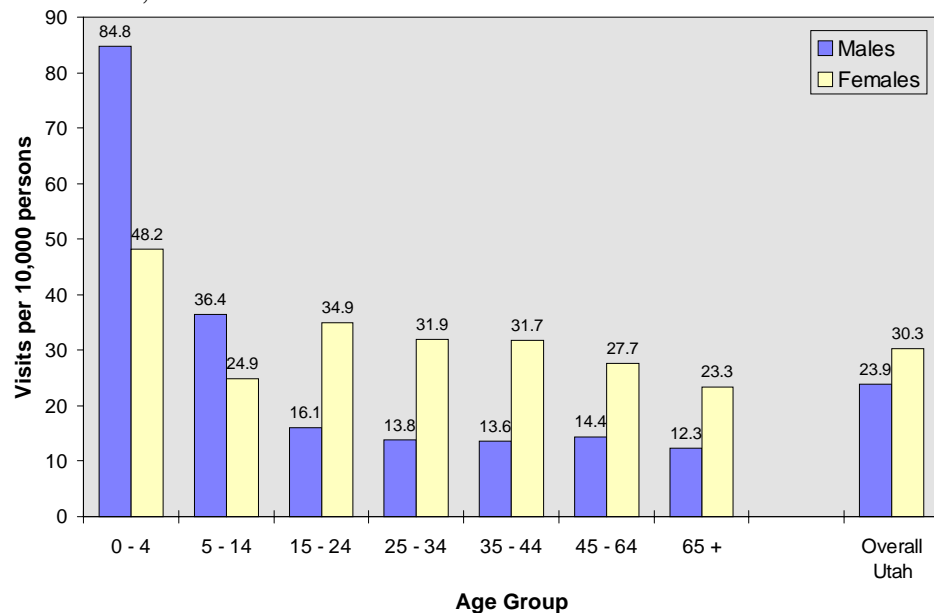
Asthma and Health Status

Percentage of persons who reported being in fair or poor health, persons under medical care for asthma compared to those without asthma, by age, Utah, 1996.



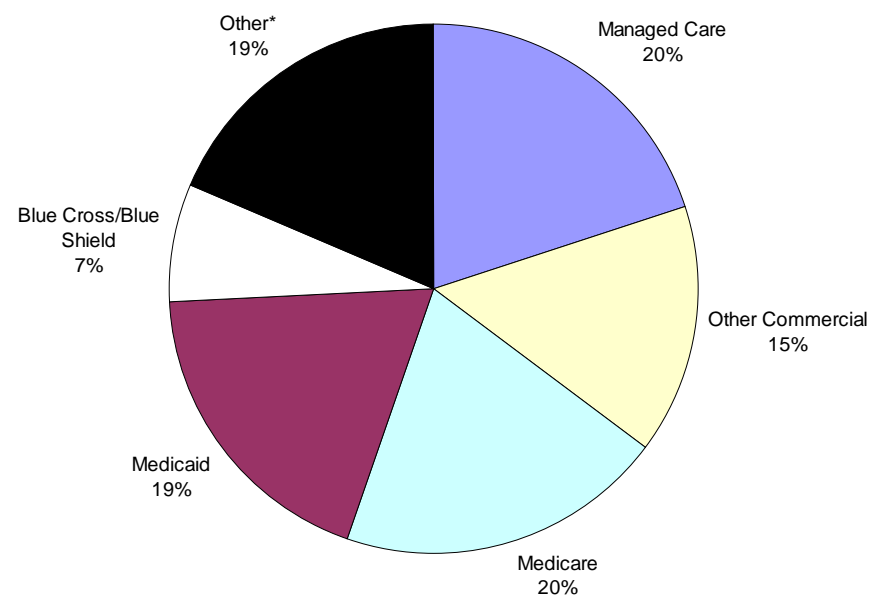
Emergency Room Visits for Asthma

Rate of emergency department visits for asthma by age and sex, Utah, 1996.



Sources of Payment for Asthma

Total (professional and facility) charges for asthma hospitalizations according to the primary payer, Utah residents, 1996.



*Category "Other" includes Self Pay (12.6%), Other Government (3.4%), Unknown Payer (1.4%), Charity (0.7%), Worker's Comp (0.4%)

Guidelines for the Diagnosis and Management of Asthma

Those guidelines include comprehensive and up-to-date information on asthma and its management, including current drug therapy and how to teach self-management using tools such as action plans. The guidelines can be obtained from the National Heart, Lung, and Blood Institute Information Center, P.O. Box 30105, Bethesda, MD 20824-0105 or can be found on the Internet at <http://www.nhlbi.nih.gov/nhlbi/lung/asthma/prof/asthgdln.htm>

August Utah Health Status Update

Additional information about this topic is available from the Bureau of Chronic Disease Control and Prevention, Utah Department of Health, P O Box 142107, Salt Lake City, Utah 84114-2107, (801) 538-6141, FAX (801) 538-9495; or from the Office of Public Health Data, (801) 538-6108, FAX (801) 538-7053, or email: phdata@doh.state.ut.us. Please send any comments on this report to the Office of Public Health Data.



Office of Public Health Data
Utah Department of Health
P O Box 142101
Salt Lake City, Utah 84114-2101