

Central Utah Local Health District Asthma Report

Central Utah Local Health District (LHD) is comprised of six counties located in middle-western Utah: Juab, Millard, Piute, Sanpete, Sevier, and Wayne.

The district health department is headquartered in Richfield. This report is intended to provide residents of Central Utah Health District with district-specific information on asthma. Additional publications are available on the Utah Department of Health website at <http://www.health.utah.gov/asthma/>



Prevalence

Asthma prevalence is one of the foremost indicators to measure and track the burden of disease among population groups. Since 2001, asthma prevalence has been increasing in Utah, which is similar to increasing trends nationwide. Lifetime asthma is defined as having ever been diagnosed with asthma by a doctor or other health professional. Current asthma is defined as those who have ever been diagnosed with asthma by a doctor or other health professional and who report that they still have asthma.

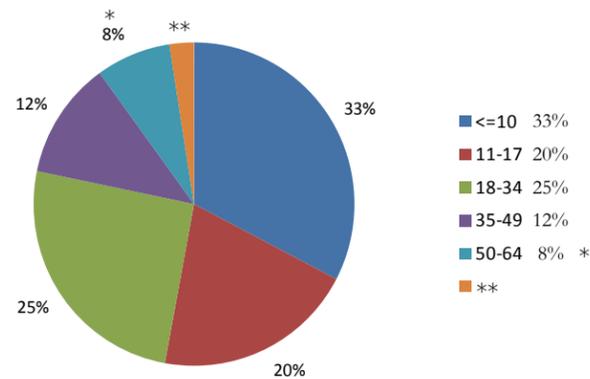
Table 1. Current Asthma Prevalence 2006-2008

	Age Group	Central Utah LHD percent (95% CI)	State of Utah percent (95% CI)
Children	0-17	8.3 (5.4-12.6)	7.0 (6.2-7.8)
Adults	18-34	7.0 (3.9-12.1)	8.1 (7.0-9.4)
	35-49	10.5 (6.8-16.1)	8.5 (7.6-9.5)
	50-64	9.1 (5.4-14.7)	8.8 (7.8-9.9)
	65+	14.3 (9.6-20.7)	7.9 (6.8-9.1)

Data source: Behavioral Risk Factor Surveillance System 2006-2008. Crude prevalence.

Age at Diagnosis

Figure 1. Age at First Diagnosis Among Adults with Lifetime Asthma, Central LHD, 2004-2008



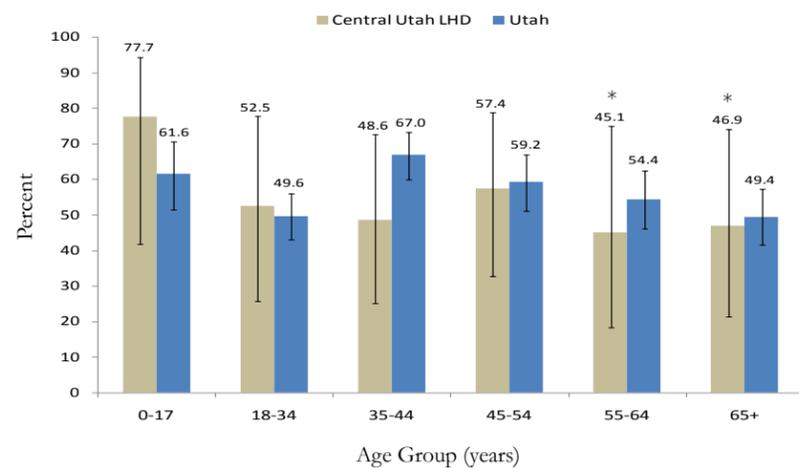
Data source: Behavioral Risk Factor Surveillance System 2004-2008. Crude prevalence.
 * Estimate has a coefficient of variation greater than 30% and does not meet Utah Department of Health standards for reliability.
 ** Estimate has a coefficient of variation >50% and is not considered appropriate for publication.

Over half (53%) of adults who have ever been diagnosed with asthma were diagnosed by age 17.

Asthma Management and Quality of Life

Frequency and severity of asthma symptoms and quality of life are indicators of one's management of asthma.

Figure 2. Asthma Attack Among Adults and Children with Current Asthma During Past 12 months, Central LHD, 2004-2008

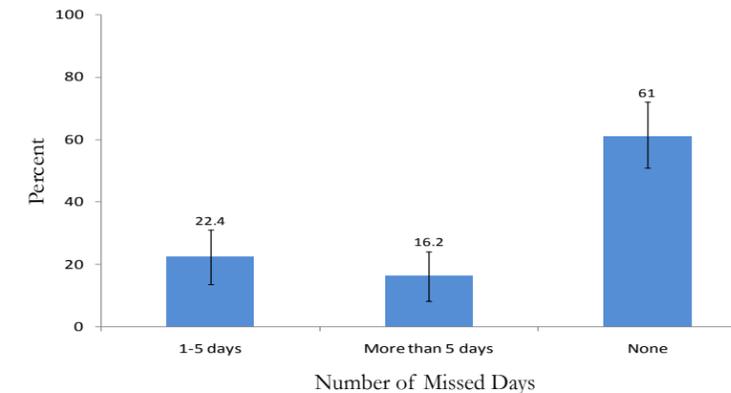


Data source: Behavioral Risk Factor Surveillance System, 2004-2006 and Call-back Survey 2007-2008. Crude prevalence.
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In each age group, the number of those who had experienced an asthma attack in the past 12 months was similar for Central Utah LHD and the state of Utah.

Missed School Days

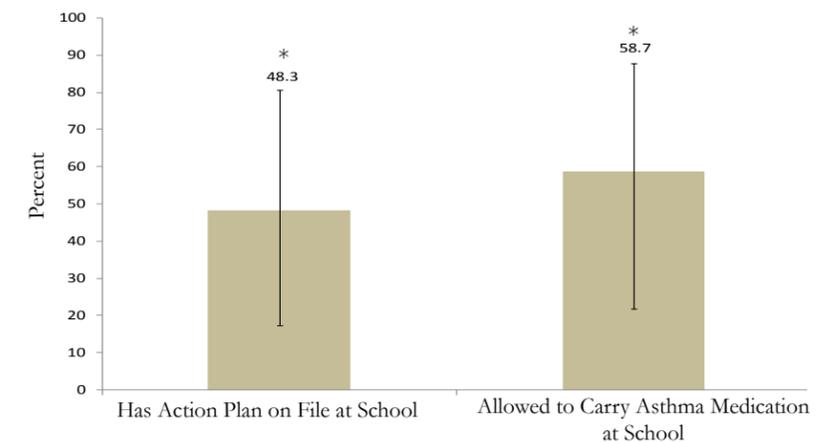
Figure 3. Number of School Days Missed Due to Asthma During the Past 12 Months, Utah, School-aged Children with Current Asthma, 2007-2008



Data source: Behavioral Risk Factor Surveillance System, Call-back Survey 2007-2008. Crude prevalence.

Nationally, asthma is a leading cause of school absenteeism.¹ Central Utah LHD data could not be reported in Figure 3 due to the unreliability of available data. In Utah, among parents of school-aged children with asthma, 22.4% reported that their child missed 1-5 days of school because of asthma during the past 12 months and 16.2% said their child missed more than five days of school due to asthma.

Figure 4. Children with Current Asthma with Action Plan on file and Allowed to Carry Meds at School, Central LHD, 2007-2008



Data source: Behavioral Risk Factor Surveillance System, Call-back Survey 2007-2008. Crude prevalence.
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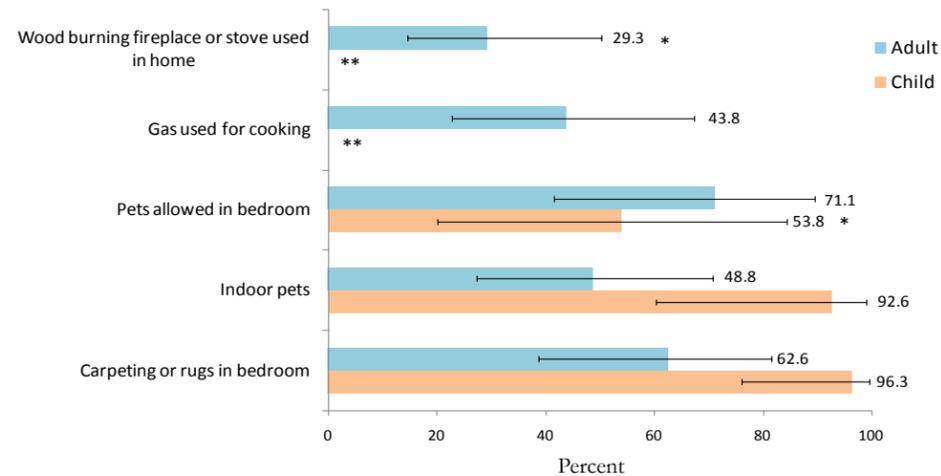
Central Utah

In 2004, Senate Bill 32 was passed, which allows students to carry and self-administer asthma medication during the school day as long as written statements are on file from the parents and health care provider. In the Central Utah LHD, about 48% of students with current asthma reported having an action plan on file with the school and 59% reported having been allowed to carry asthma medication at school.

Indoor Environmental Exposures

Because people generally spend the majority of their time indoors, environmental factors in the home can play a significant role in triggering asthma attacks. Environmental modifications can be made in the home to reduce exposure to these triggers and reduce asthma symptoms.

Figure 5. Environmental Triggers in the Homes of Adults and Children with Current Asthma, Central LHD, 2007-2008 Combined



Data source: Behavioral Risk Factor Surveillance System, Call-back Survey 2007-2008. Crude prevalence.
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Having carpeting in the bedroom (96%) and pets in the home (93%) were the two highest environmental exposures for children. Similarly, having carpeting in the bedroom (63%) and pets allowed in the bedroom (71%) were the two highest environmental exposures for adults.

Health Care Utilization

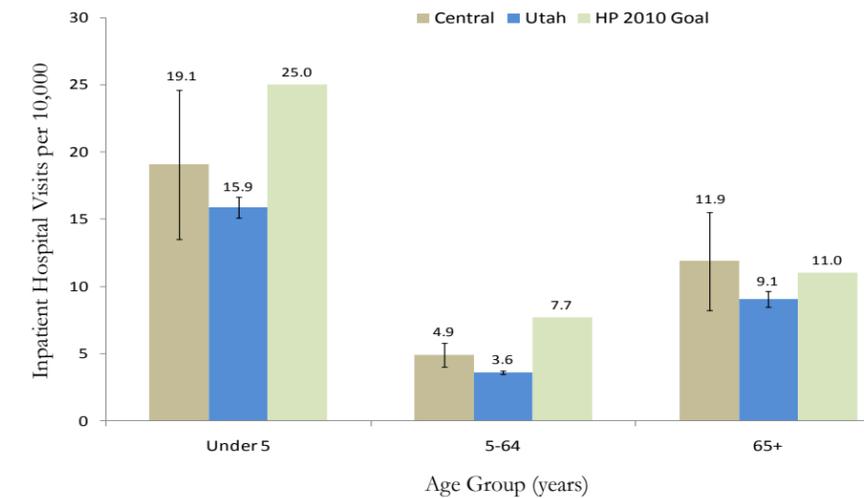
Emergency department (ED) and hospitalization data are taken from the Utah Inpatient Hospital Discharge Database and the Utah Emergency Department Encounter Database. Because hospitalizations for asthma are often part of ED visits,

Asthma Report

only “treat and release” encounters were included in the ED data. In several of these figures, Healthy People 2010 Goals are shown along with Central LHD and state data. Healthy People 2010 (HP2010) is a comprehensive set of disease prevention and health promotion objectives for the nation.

Hospitalizations

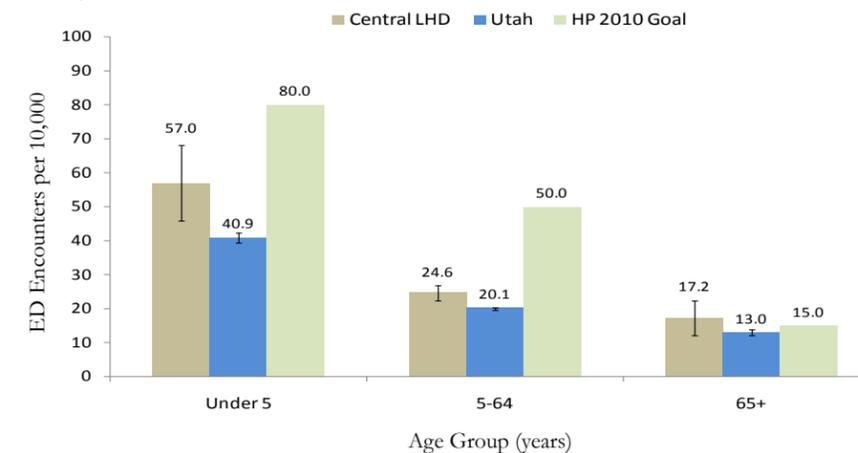
Figure 6. Asthma Hospitalizations by Age Group, 2005-2008



Source: Utah Hospital Discharge Database, 2005-2008. Crude rates.
 Note: The primary diagnosis code ICD 493 was used to identify hospitalizations due to asthma.

Emergency Department Visits

Figure 7. Asthma Emergency Department Treat and Release Visits, 2005-2007

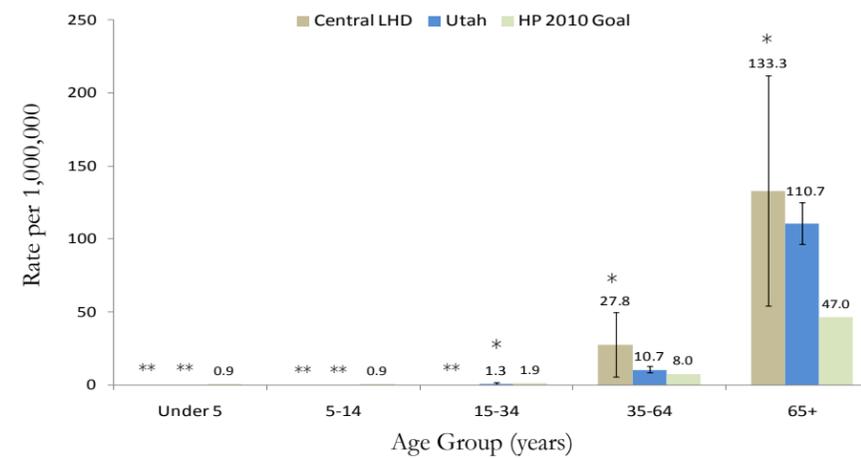


Source: Utah Emergency Department Encounter Database, 2005-2007. Crude rates.
 Note: The primary diagnosis code ICD 493 was used to identify emergency department visits due to asthma. Data include only those who were treated and released but not admitted as inpatients.

Asthma Mortality

Asthma-related deaths are rare and most commonly occur among the elderly population. Due to the small numbers of asthma deaths among some age groups, data were not reportable for some of the younger age groups.

Figure 8. Asthma Mortality Rate by Age, 1999-2008



Source: Utah Death Certificate Database, 1999-2008 combined. Crude rates.
 Note: ICD-10 codes J45 and J46 were used to identify asthma as the primary cause of death.
 * Estimate has a coefficient of variation greater than 30% and does not meet Utah Department of Health standards for reliability.
 ** Estimate has a coefficient of variation >50% and is not considered appropriate for publication.

References

1. United States Environmental Protection Agency. IAQ tools for schools. Available at http://www.epa.gov/iaq/schools/pdfs/publications/managing_asthma.pdf



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