An asthma attack can occur when someone with asthma is exposed to certain things in the environment that affect his/her asthma. These are called asthma triggers. Asthma triggers vary from person to person. However, some common asthma triggers include tobacco smoke, dust mites, cockroach allergens, pets, mold, and wood smoke. People with asthma should seek to reduce exposure to these triggers and thus reduce the risk of an asthma attack.

Several studies have shown an association between asthma prevalence and obesity, with higher asthma prevalence among obese individuals compared to those who were of normal weight. However, it is unclear which disease comes first and whether obesity is a cause or result of asthma. Studies have shown that, among people with asthma, obesity can be a risk factor for poorer outcomes, including poorer asthma-related quality of life, poorer asthma control, and a history of asthma-related hospitalizations.

Utah data were analyzed to assess exposure to smoking, indoor environmental factors, and obesity as risk factors for asthma.

**Key Findings**

- Among adults with current asthma, 11.8% reported being a current smoker and 7.9% reported that smoking was allowed inside their home.
- Significantly higher percentages of Utah adults who were obese reported having current asthma (11.7%), compared to normal weight and overweight adults (7.2% and 7.7%, respectively).
- More than half of children and adults with current asthma said they allowed pets inside their home (59.6% and 59.9%, respectively).
Asthma Risk Factors

**Figure 25. Percentage of Utah Adults Who Allow Smoking Inside the Home or are Current Smokers, by Current Asthma Diagnosis, 2010**

Though exposure to tobacco smoke is a common asthma trigger, higher percentages of adults with current asthma reported being current smokers or allowing smoking in their home, compared to Utah’s adult population without asthma (differences were not statistically significant).

**Figure 26. Current Asthma Prevalence Based on Rules About Smoking in Home, Utah Adults, 2010**

Among adults who allowed smoking in the home, higher percentages reported being diagnosed with current asthma, compared to adults who did not allow smoking in the home (11.6% vs. 8.2%; differences were not statistically significant).

Source: Utah BRFSS, 2010. Crude percentages are presented with 95% confidence intervals.
Asthma Risk Factors

Figure 27. Current Asthma Prevalence Based on Smoking Status, Utah Adults, 2010

Though differences were not statistically significant, data suggest that higher percentages of adults who were current or former smokers had current asthma (11.8% and 9.9%), compared to adults who had never smoked (8.6%).

Figure 28. Percentage of Utah Adults Who are Overweight or Obese, by Current Asthma Diagnosis, 2010

Significantly higher percentages of adults with current asthma reported being obese compared to adults without asthma (29.5% vs. 20.2%).
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Figure 29. Current Asthma Prevalence Based on Weight Status, Utah Adults, 2009-2010

Among Utah adults who were obese, significantly higher percentages reported having current asthma (11.7%), compared to normal and overweight adults (7.2% and 7.7%, respectively).

Source: Utah BRFSS, 2009-2010 combined. Crude percentages are presented with 95% confidence intervals. Weight categories for adults were based on the following BMI: underweight = <18.5; normal = 18.5-24.9; overweight = 25-29.9; obese = 30 or greater.

Figure 30. Adults and Children with Current Asthma Who have been Advised by a Health Professional to Make Changes to Their Environment, Utah Compared to Healthy People 2020 Target, 2009-2010

During 2009-2010, the percentages of Utah adults and children who had been advised to make changes to their home, school, or work environments to reduce exposure to asthma irritants were lower than the national Healthy People 2020 target of 54.5%.

Source: BRFSS Adult and Child Call-back Surveys, 2009-2010 combined. Crude percentages are presented. Utah estimates are shown with 95% confidence intervals.
Indoor environmental modifications are actions taken in an indoor environment to control asthma triggers. The most prevalent indoor modifications reported among adults and children with current asthma included using an exhaust fan regularly in the bathroom or when cooking, and washing sheets and pillowcases in hot water. Other actions to control indoor triggers were implemented in one-third or fewer homes.
Asthma Risk Factors

Figure 32. Environmental Triggers in the Homes of Children and Adults with Current Asthma, Utah, 2009-2010

Adults and children with current asthma were asked several questions regarding exposure to potential indoor environmental triggers. The majority of adults and children reported exposure to carpeting/rugs or pets inside the home. Fewer than 10% reported exposure to mold, smoking, or rodents. Reported exposure to indoor asthma triggers was similar for adults and children.

Source: BRFSS Adult and Child Call-back Surveys, 2009-2010 combined. Crude rates are presented with 95% confidence intervals.

*The estimate has a coefficient of variation >50% and is not appropriate for publication.

Note: Categories are not mutually exclusive and do not add up to 100%.