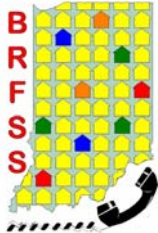


# Indiana BRFSS Newsletter



Indiana State Department of Health  
Epidemiology Resource Center  
Data Analysis

## Asthma Prevalence



Asthma is a chronic disorder of the airways that causes recurrent episodes of breathlessness, wheezing, and chest tightness. This condition affects people of all ages and is a growing problem in the United States. Asthma disproportionately affects more non-whites, boys, and older women. Asthma is the most prevalent chronic disease among children and is the number one reason for school absences. In 2000, estimated costs associated with asthma (including inpatient/outpatient care, physician services, medication and devices, and emergency department visits) totaled \$14.5 billion.

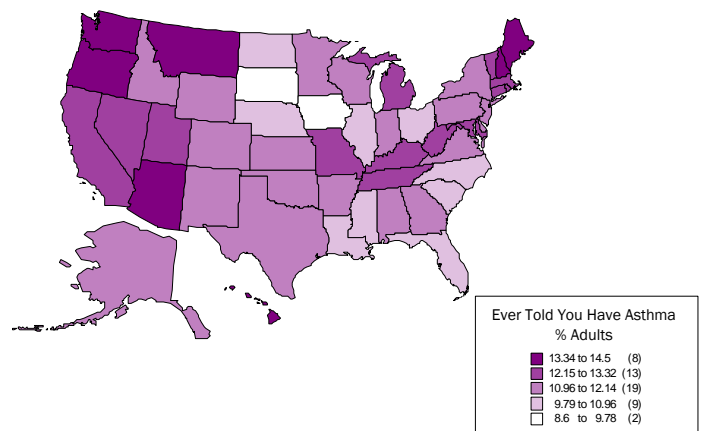
Since asthma is not a reportable condition, prevalence data must be found from another source. The Behavioral Risk Factor Surveillance System (BRFSS) is an annual random digit-dial telephone survey of adults ages 18 years and older. The survey is done through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). All 50 states and the District of Columbia participate.

The BRFSS relies on self-reported data. The 2002 Indiana BRFSS contained four questions regarding asthma. Lifetime asthma was defined as answering “yes” to the question, “Have you ever been told by a doctor, nurse, or other health professional that you have asthma?” Current asthma was defined as answering “yes” to the lifetime question and to the question, “Do you still have asthma?” Former asthma was defined as answering “yes” to the question,

“Have you ever been told by a doctor, nurse, or other health professional that you have asthma?” and answering “no” to the question “Do you still have asthma?” Respondents with children under age 18 living in the household were asked if any of the children had ever been diagnosed with asthma and if the children still had asthma. The overall prevalence of lifetime asthma among Indiana adults was 11.3%, compared to the United States median of 11.8%. (See Figure 1.) The overall prevalence of current asthma among Indiana adults was 7.5%, the same as the median for the United States.

Figure 1

Ever Told Have Asthma, 2002\*



\*includes District of Columbia

Respondents with current asthma were more likely to report quality of life conditions that negatively affected their health. When asked about having activities limited by a health problem, 22.2% of respondents with asthma reported that their activities were limited, compared to 10.6% of respondents that had never had asthma, and 9.8% of respondents that formerly had asthma. Respondents with asthma were more likely to report being depressed every day in the past month than those without asthma or formerly with asthma (10.3% vs. 2.7% and 5.2%, respectively).

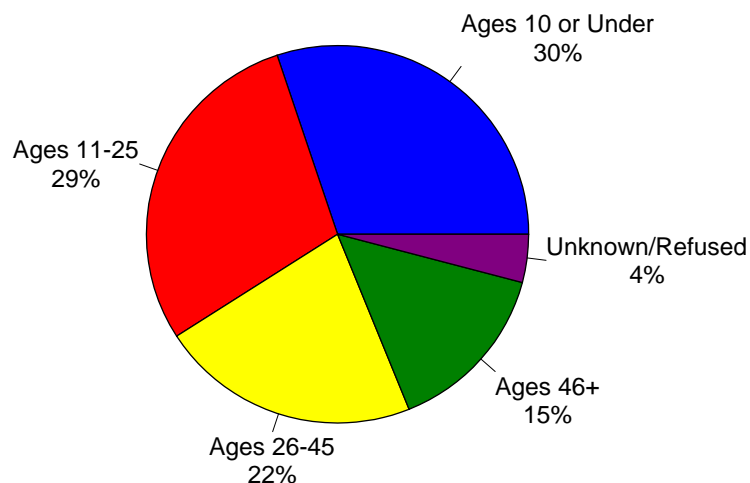
Tobacco smoke can precipitate attacks. Surprisingly, respondents with asthma were more likely to smoke every or some days than respondents without asthma (33.7% vs. 26.7%).

There was little difference between respondents with asthma and those without asthma regarding the rules about smoking inside the home. Overall, approximately 60% do not allow smoking anywhere, 13% allowed smoking in some areas, 4% allowed smoking in all areas, and 22% had no rules about smoking in the home.

The 2001 Indiana BRFSS utilized the adult asthma history module, which included questions about age at diagnosis, asthma attacks, medical visits for asthma care, medication for respondents that had asthma and children in the household with asthma. Approximately 60% of respondents were diagnosed with asthma at ages 25 and under. (See Figure 2.)

Figure 2

## Age at Asthma Diagnosis Indiana 2001



Source: 2001 Indiana BRFSS

Overall, 54.9% of respondents reported having an episode of asthma or asthma attack in the past 12 months. Female respondents were much more likely to report this condition than males (62.3% vs. 40.7%, respectively). Respondents ages 18-24 and 25-44 and under were also more likely to report this condition than those ages 65 and over (64.1% and 69.7% vs. 31.5%, respectively).

Respondents were also asked about routine checkups for asthma. Respondents with lower levels of education were much more likely to have had three or more routine visits in the past year. (See Figure 3.) Approximately 30% of respondents had at least one visit to a health professional for urgent treatment of worsening asthma symptoms.

The majority of respondents with asthma reported taking medication that was prescribed or given by a doctor in the past 30 days.



Approximately 25% of those respondents reported that they took medication two or more times daily in the past 30 days. (See Figure 4.)

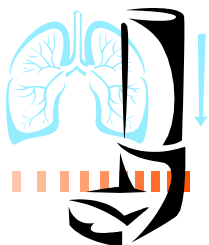
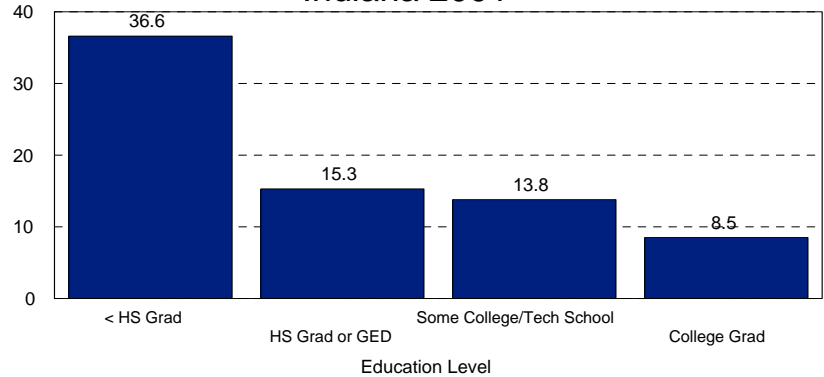


Figure 3

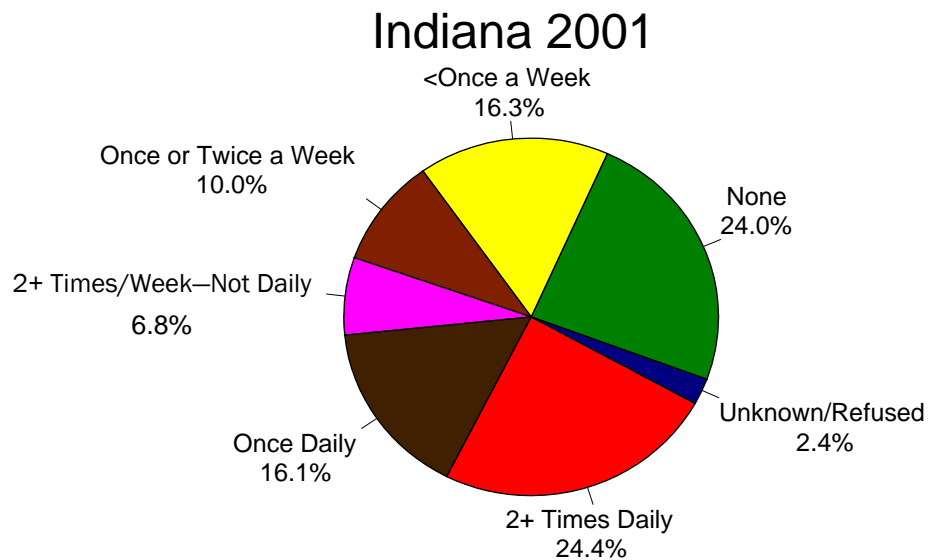
### Three or More Routine Asthma Visits in Past 12 Months by Education Level Indiana 2001



Source: 2001 Indiana BRFSS

Figure 4

### Frequency of Taking Prescribed Medication in Past 30 Days Indiana 2001



Source: 2001 Indiana BRFSS

The 2002 Indiana BRFSS survey included two questions about childhood asthma. Approximately 13% of respondents said one child under age 17 living in their household had been diagnosed with asthma. Approximately 3% reported that two or more children in the household had been diagnosed with asthma. Respondents were also asked if the child, or how many children, still had asthma. Approximately 61% reported that one child still had asthma, and 11% reported that two or more still had asthma.

## The Indiana Joint Asthma Coalition

The Indiana Joint Asthma Coalition (InJAC) is a voluntary network of people and organizations whose mission is to reduce the burden of asthma in Indiana. The Indiana State Department of Health (ISDH) has partnered with the Indiana Department of Environmental Management (IDEM) to coordinate the current state asthma planning activities by establishing InJAC, a diverse group of health care professionals. The mission of InJAC is to develop a state strategic plan designed to reduce asthma morbidity and mortality in Indiana. The members include physicians, respiratory therapists, nurses, health care researchers, school staff, environmental experts and advocates, consumers, and representatives of racial and ethnic groups. The InJAC structure includes a chairperson, a steering committee, five workgroups, and more than 40 active members.

Within InJAC, workgroups are focusing on tasks associated with data collection and surveillance, health care providers, public education, children and youth and environmental quality issues. Each workgroup meets monthly to discuss and draft goals, objectives, and strategies for the Indiana State Asthma Plan. Some objectives already identified include addressing data gaps, providing continuing education for health care providers, and addressing the lack of knowledge about environmental triggers. The State Asthma Plan is due to be completed by September 2004 and will then be reviewed by the State Health Commissioner and the Commissioner of IDEM before being made available to the public.

A review of other states' asthma plans, coupled with ISDH and IDEM program experience, provided a blueprint for developing coalition structure and membership. The decision-makers are participants from various geographic areas of Indiana and include medical and health professionals, schools, social services, environmental professionals, consumers, and representatives of racial and ethnic groups. This will enhance decision-making to determine program priorities. This multidisciplinary approach to asthma education, exacerbation prevention, and treatment will facilitate comprehensive support to local communities in order to reduce hospitalizations, emergency department visits, and absenteeism in schools due to asthma.

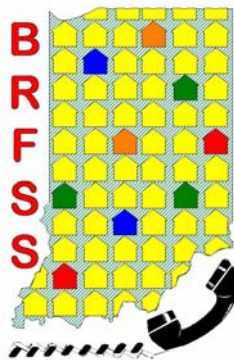




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### FIND US ON THE WEB AT:

[www.statehealth.in.gov/dataandstatistics/brfss/brfss\\_index.htm](http://www.statehealth.in.gov/dataandstatistics/brfss/brfss_index.htm)

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