California Asthma Control Strategies

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California Breathing
September 14, 2021





California Breathing

California Breathing focuses on asthma surveillance and developing interventions that improve asthma selfmanagement and environmental conditions that cause or exacerbate asthma in the most vulnerable populations.





California Asthma Control Strategies

Series Overview:

- 1) Burden of Asthma in California
 - TODAY, September 14, 2021, 10:30am-12pm PST
- 2) Asthma Management Academy and Evaluation Results
 - October 19, 2021, 10:30am-12pm PST
- 3) Assessment of Asthma Control Strategies
 - November 16, 2021, 10:30am-12pm PST



The Burden of Asthma in California

California Breathing
Environmental Health Investigations Branch
California Department of Public Health





Webinar Objectives

- 1) Describe burden of asthma
- 2) Describe how California Breathing uses data to guide program activities
- 3) Answer questions
- 4) Gather participant feedback on use of asthma surveillance data





California Breathing Asthma Surveillance

Data sources:



california health interview survey









- Prevalence
- Missed work and school days
- Management practices



- EmergencyDepartment Visits
- HospitalDischarges



Deaths





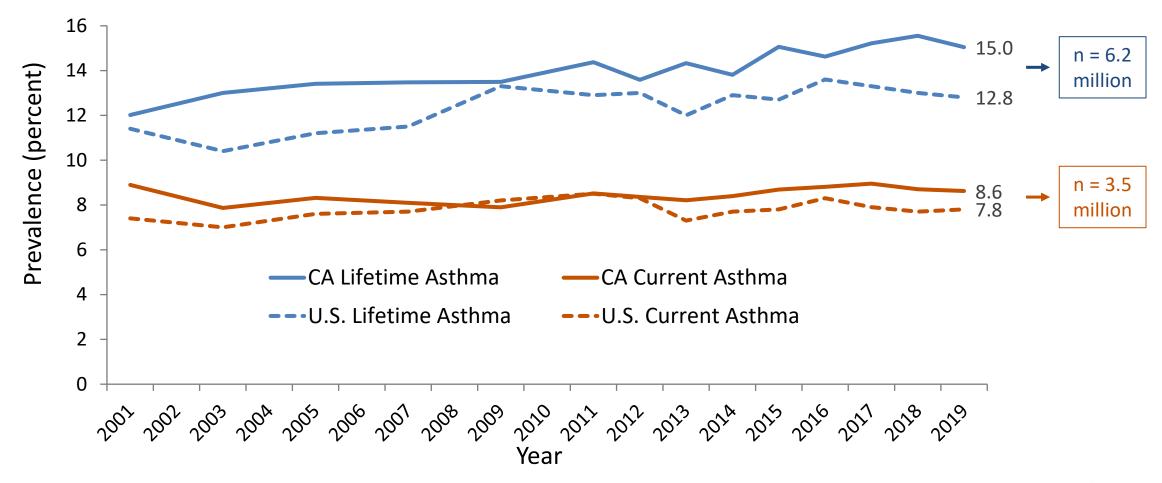


Asthma Prevalence



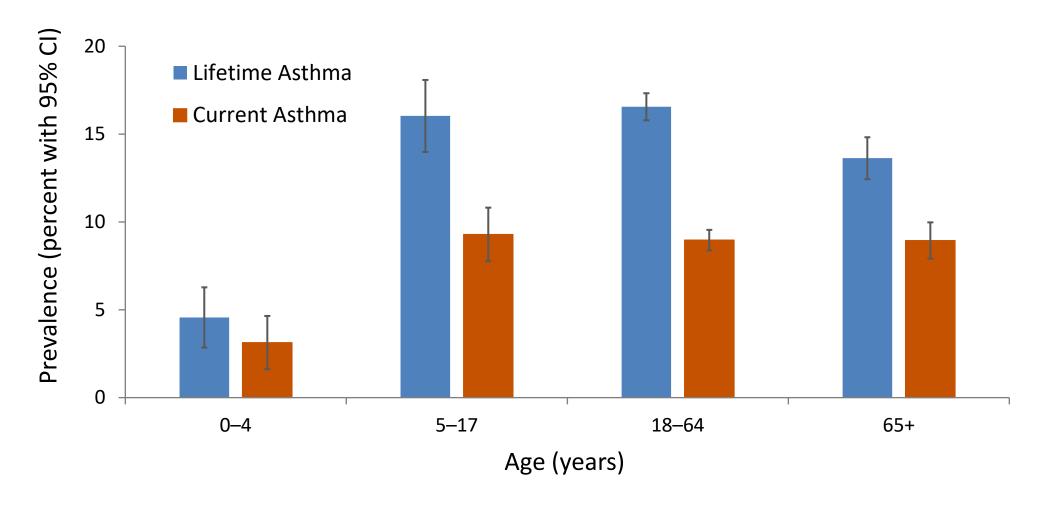


Lifetime and Current Asthma Prevalence California and the U.S., 2001–2019





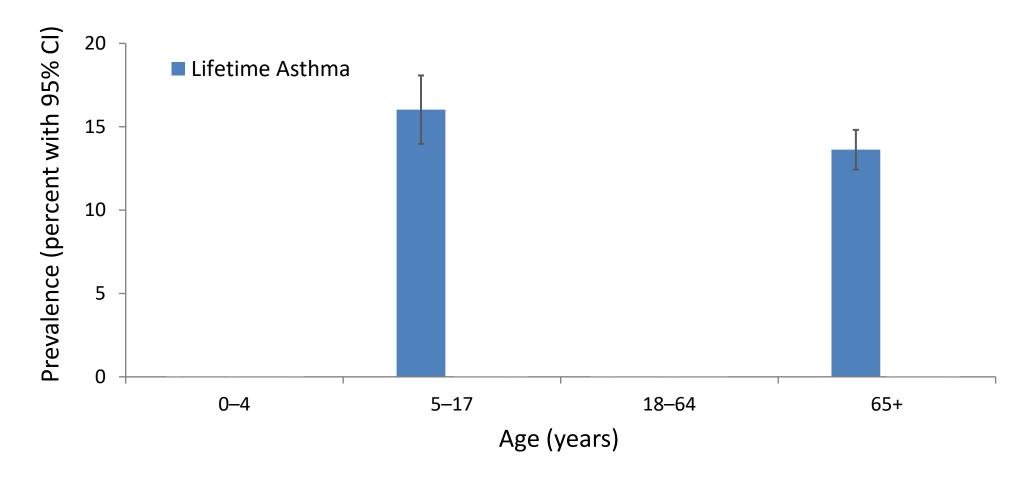






Data source: CHIS, 2018–2019

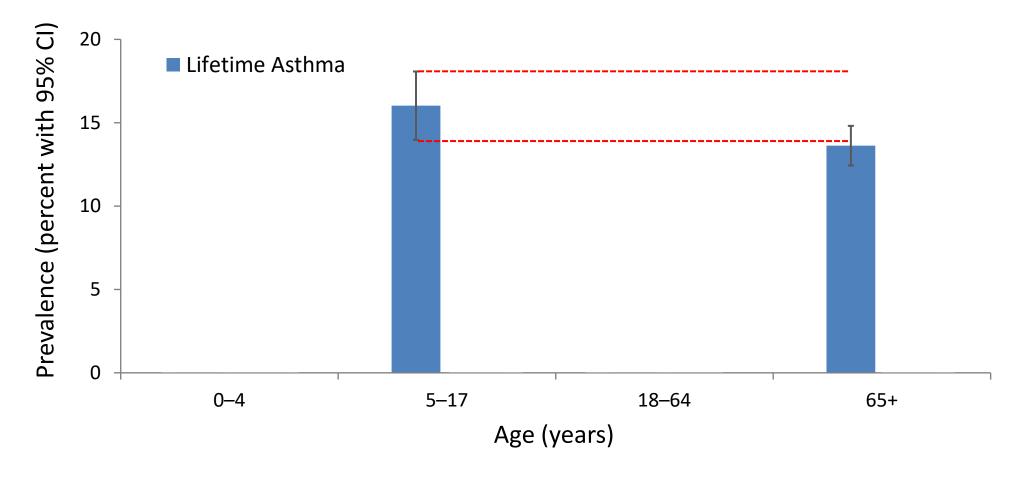






Data source: CHIS, 2018-2019

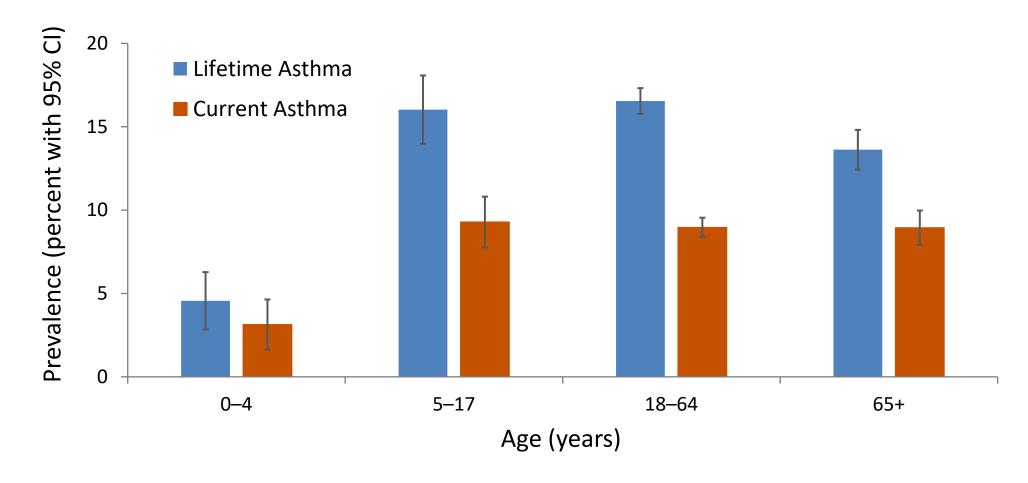






Data source: CHIS, 2018–2019



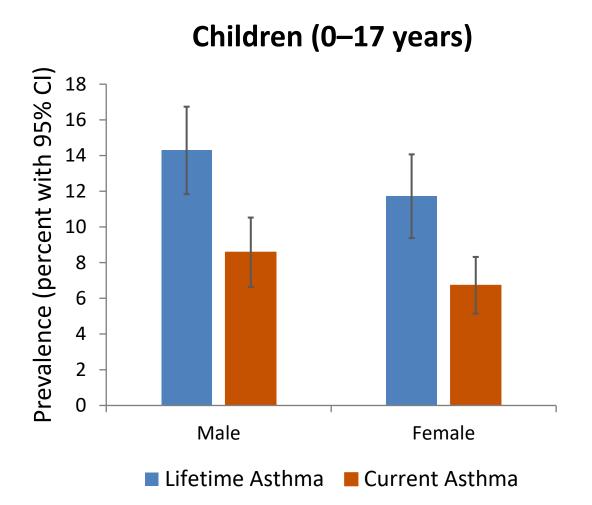


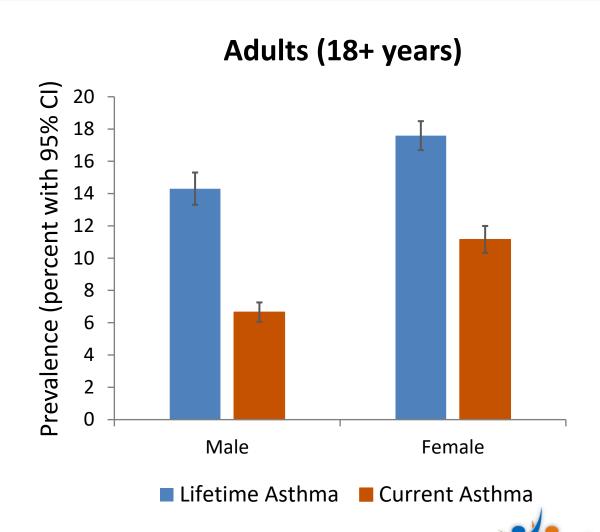




Data source: CHIS, 2018-2019

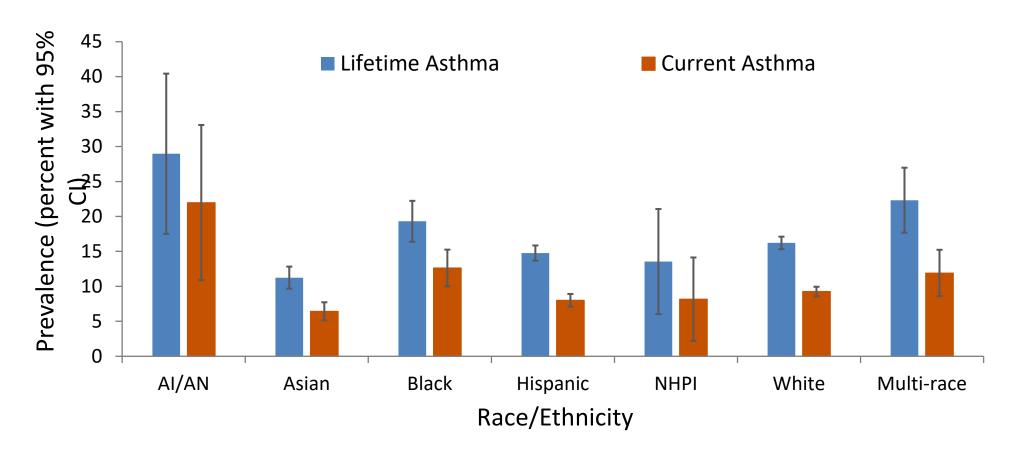
Lifetime and Current Asthma Prevalence by Gender and Age California, 2018–2019







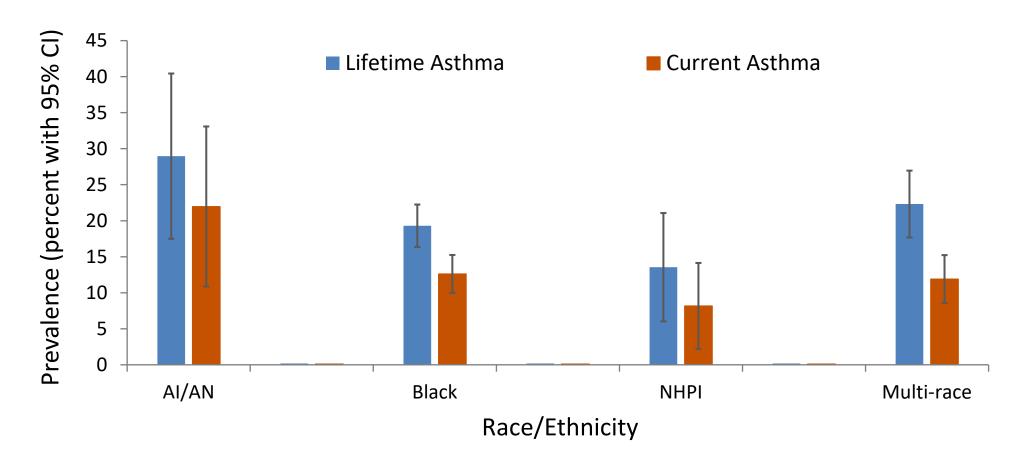






Data source: CHIS, 2018-2019

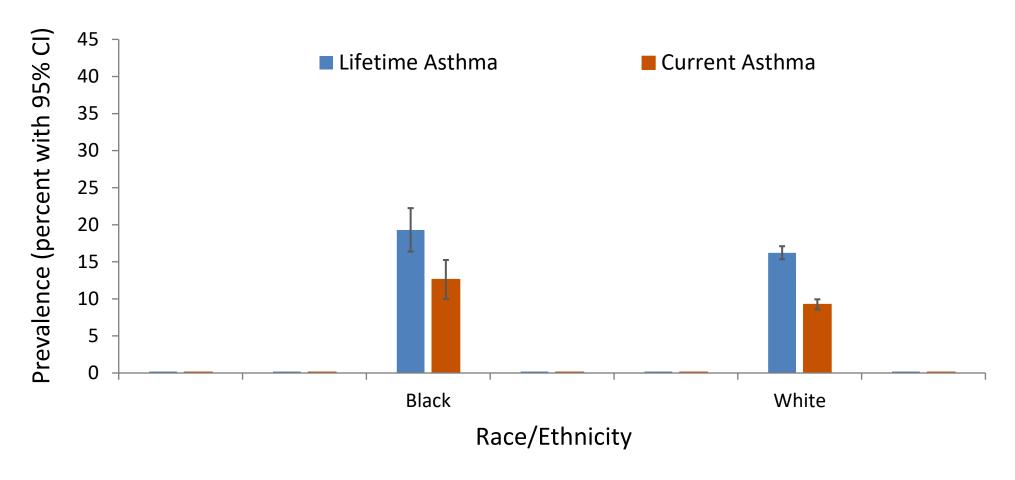








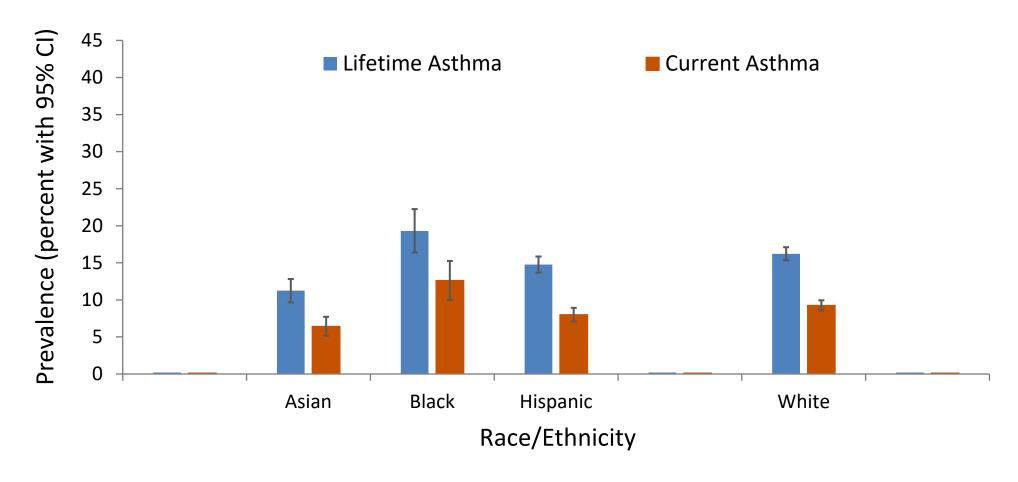










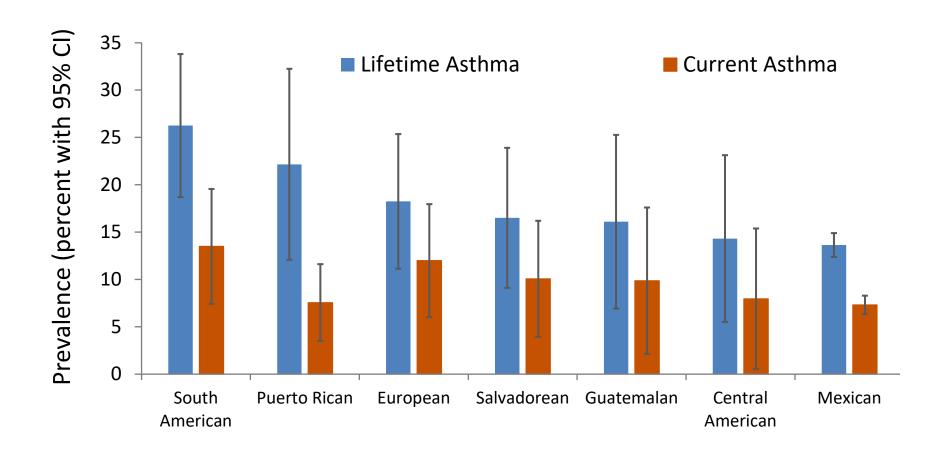








Lifetime and Current Asthma Prevalence among Hispanics and Latinos by Subgroup, California, 2018–2019

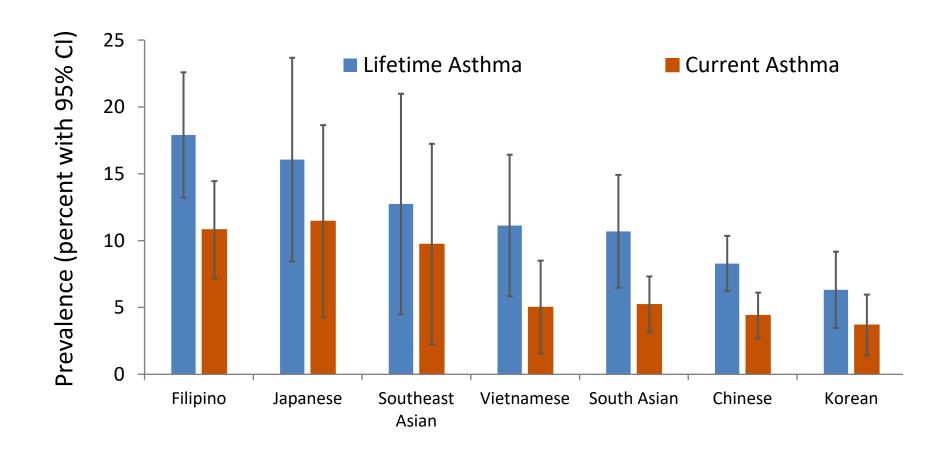




Data source: CHIS, 2018–2019



Lifetime and Current Asthma Prevalence among Asians by Subgroup California, 2018–2019

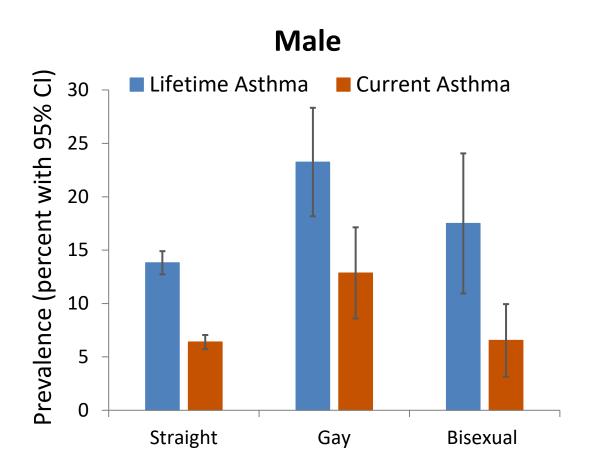


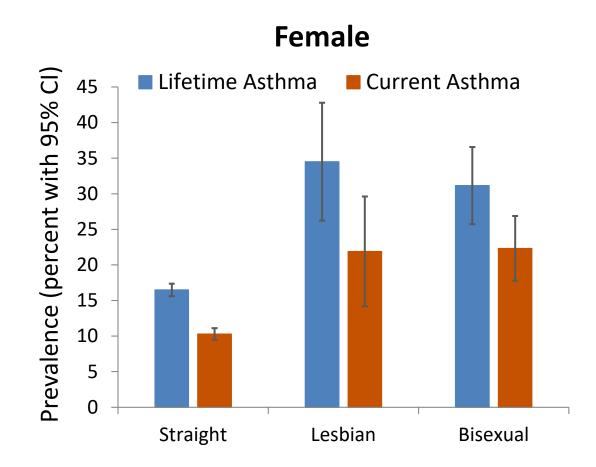


Data source: CHIS, 2018–2019



Lifetime and Current Asthma Prevalence by Sexual Orientation California, 2018–2019









Factors Not Associated with Asthma Prevalence California, 2018–2019

- Household Income Level
 - Low (0–199% of poverty threshold)
 - Higher (≥200% of poverty threshold)
- Urban/Rural Residence





Work and School Days Missed Due to Asthma





Workdays Missed Due to Asthma California, 2017–2018

Among working-age adults (18-69 years) with current asthma

- 11.6% (n=280,000) unable to work in past year
- Average of 1.2 days missed/person/year
- Total of 2.9 million days missed
- No association between missing work and household income level

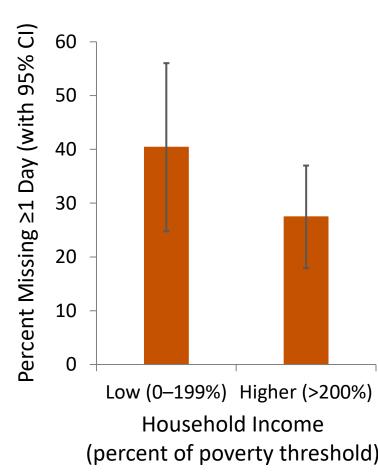




School or Daycare Days Missed Due to Asthma California, 2018-2019

Among children (0–17 years) with current asthma

- 32.3% (n=230,000) unable to attend school or daycare in past year
- Average of 2.0 days missed/person/year
- Total of 1.4 million days missed
- Low household income may increase likelihood of missing school or daycare



(percent of poverty threshold)



Asthma Management Practices





Use of Daily Controller Medication by Age California, 2018–2019

Among those with current asthma

- 50.4% of children
- 44.7% of adults

take daily controller medication





Development of Asthma Action Plan by Age California, 2018–2019

Among those with current asthma

- 70.2% of children
- 72.3% of adults

developed an asthma action plan with health care providers



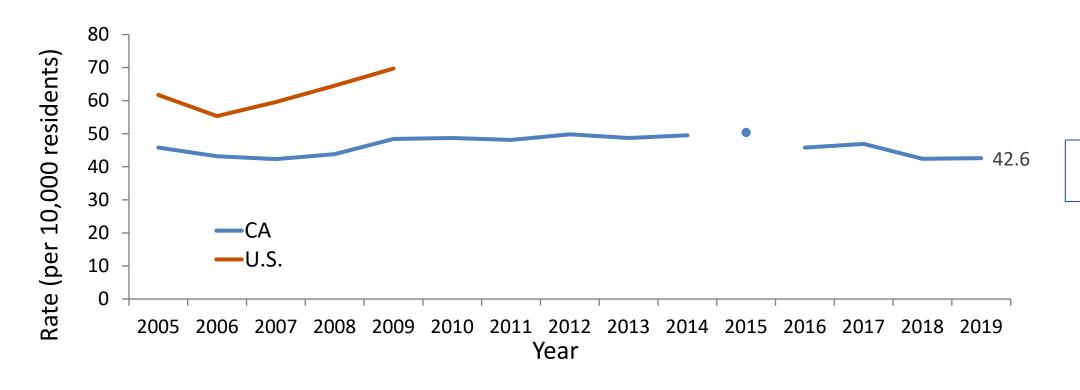


Asthma-related Emergency Department (ED) Visits





Age-Adjusted Asthma ED Visits per 10,000 Residents California and the U.S., 2005–2019



n = 165,449

Data sources: CA data from the Office of Statewide Health Planning and Development (OSHPD), 2005–2019

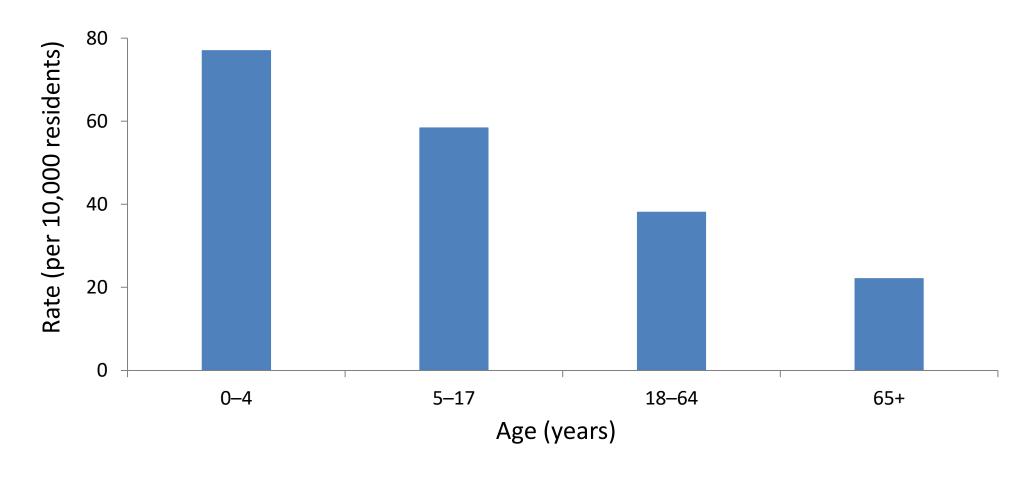
U.S. data from the National Ambulatory Medical Care Survey, 2005–2009

Note: Diagnosis codes changed from ICD-CM-9 to ICD-CM-10 on October 1, 2015. Direct comparisons should not be made between data collected prior to and after this change.



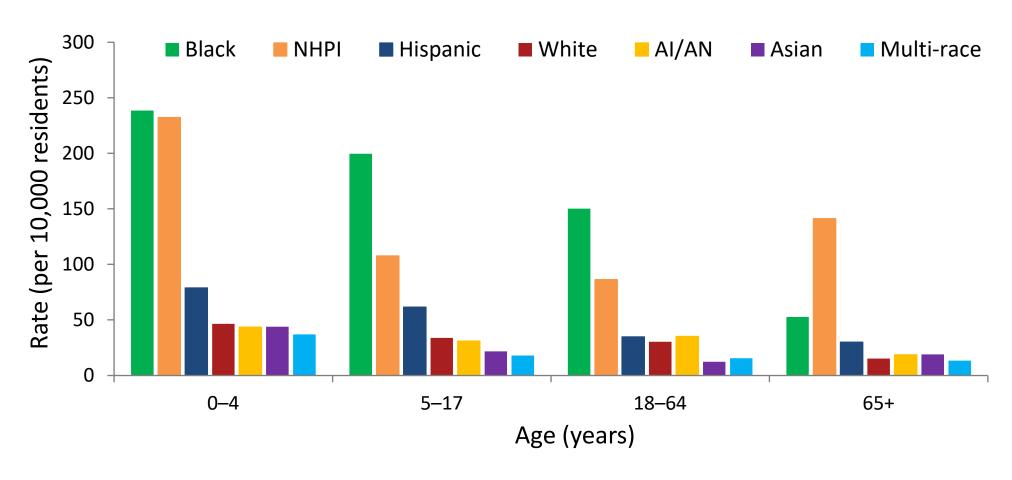


Age-Adjusted Asthma ED Visits per 10,000 Residents by Age California, 2019





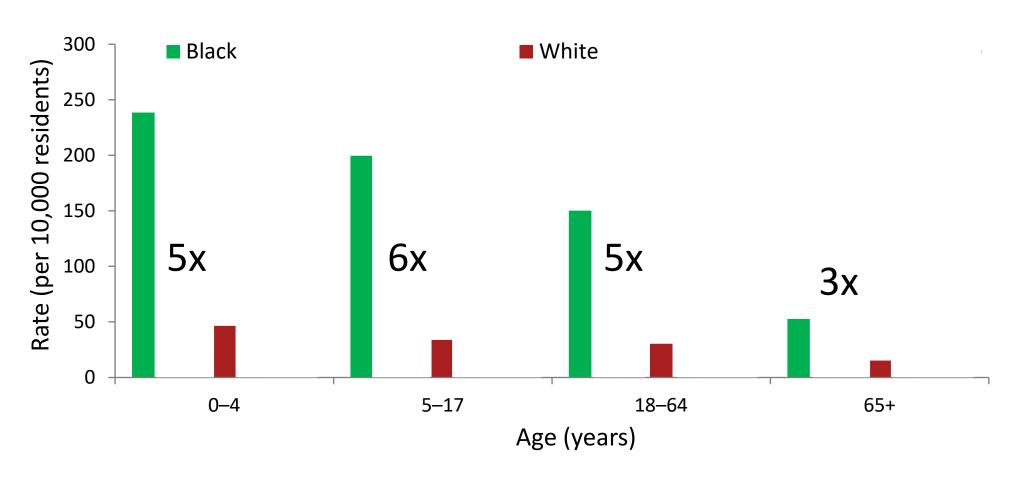








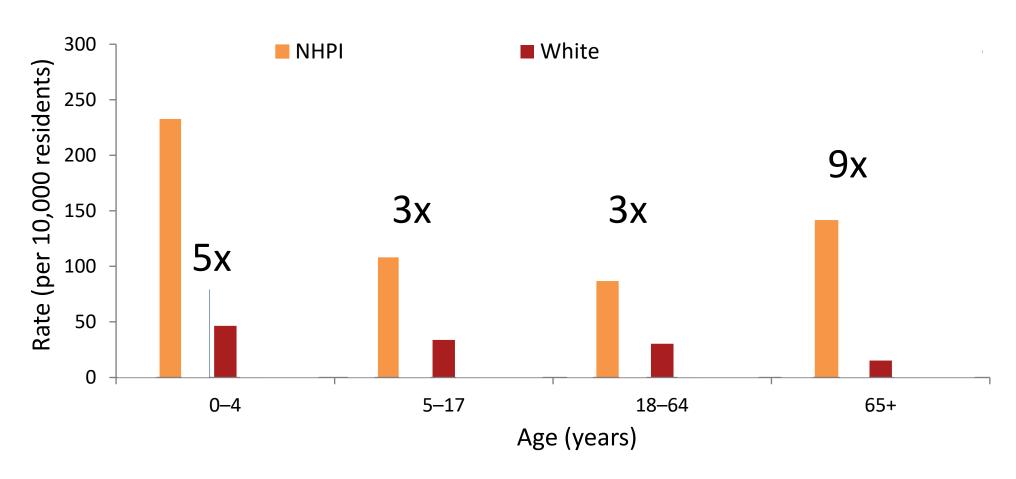








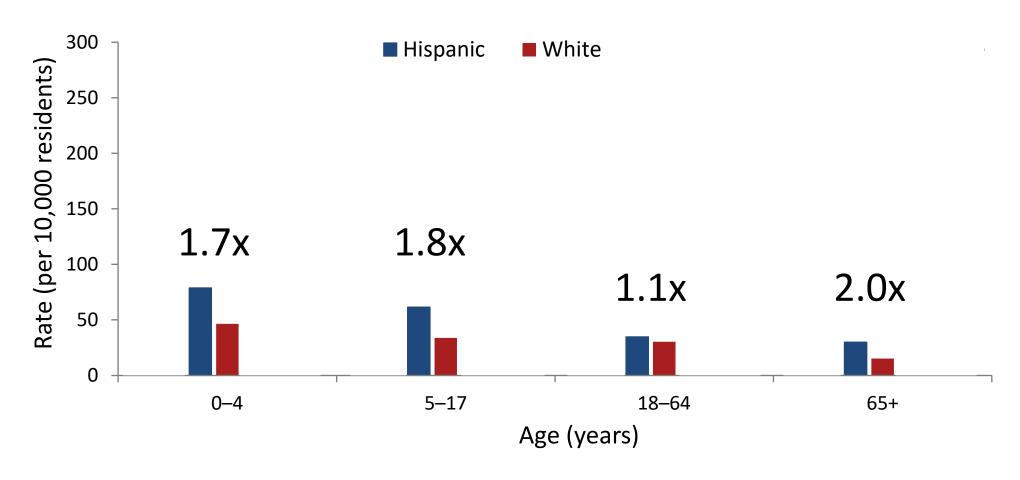








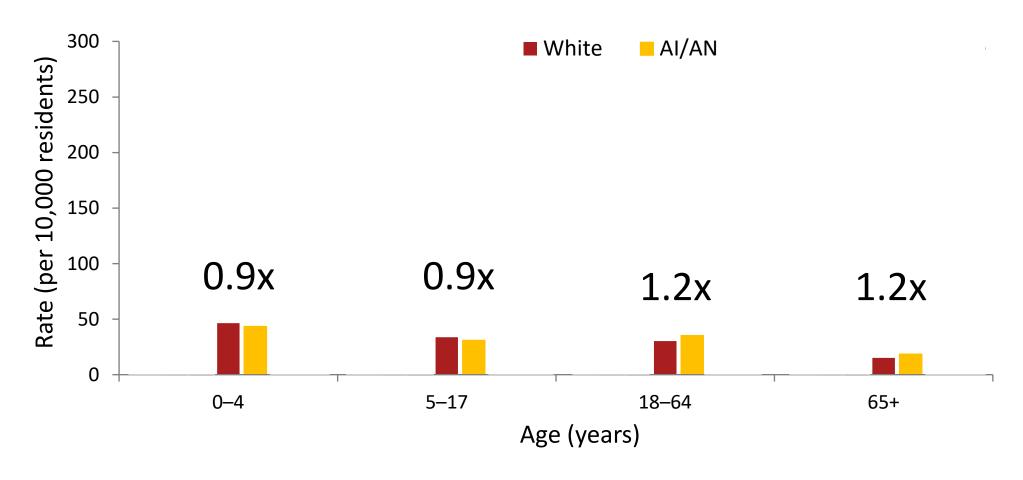






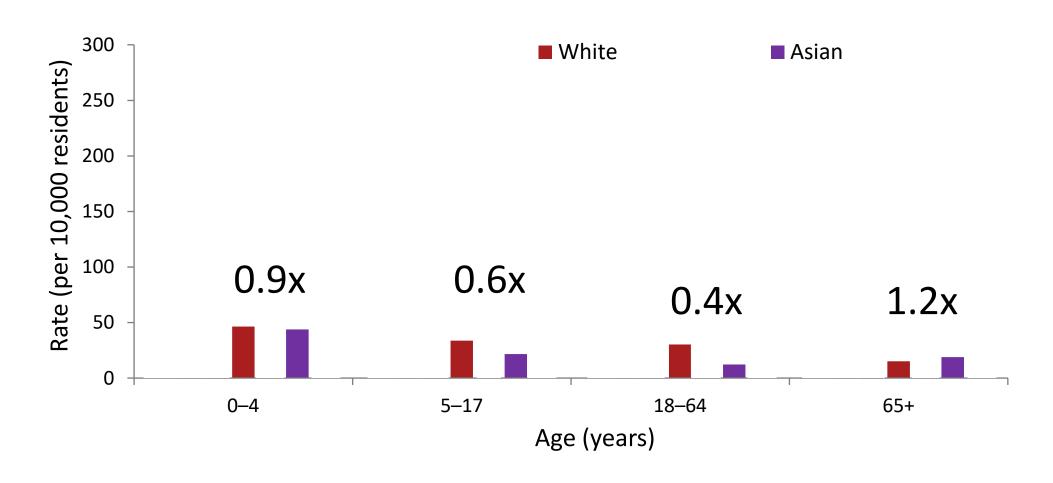










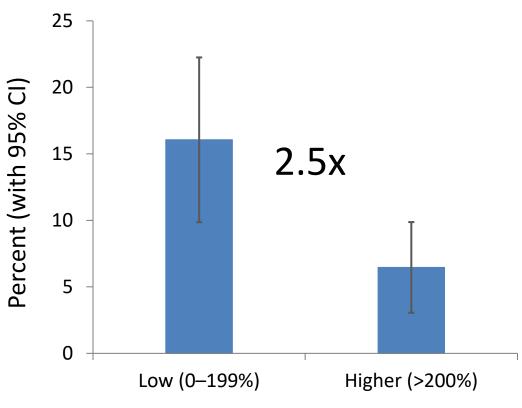


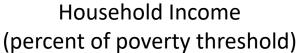






Percent of Californians with Current Asthma Reporting an Asthma ED Visit in the Past 12 Months, by Household Income Level, 2017–2018









California Counties with Highest Age-Adjusted Asthma ED Visits per 10,000 Children (0–17 years), 2019

Rank*	County	Number of Events	Age-adjusted Rate (per 10,000)
1	Fresno	3,586	125.9
2	Imperial	621	111.7
3	Madera	441	105.1
4	Solano	931	93.5
5	Calaveras	64	92.4
6	Merced	728	91.6
7	Lake	125	90.8
8	San Benito	116	83.5
9	Kings	376	82.2
10	Contra Costa	1,960	79.7

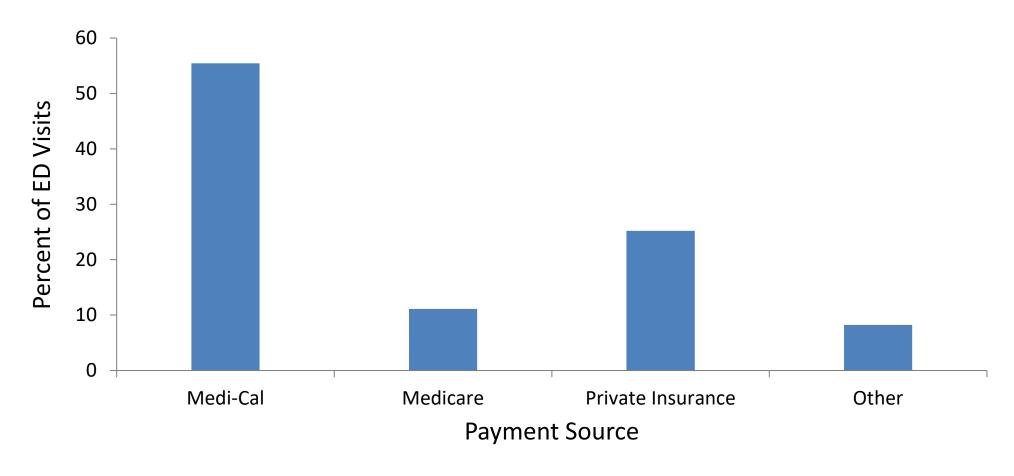


Data source: OSHPD, 2019

^{*} Among counties reporting ≥50 asthma ED visits in children



Expected Source of Payment for Asthma ED Visits California, 2019





Data source: OSHPD, 2019

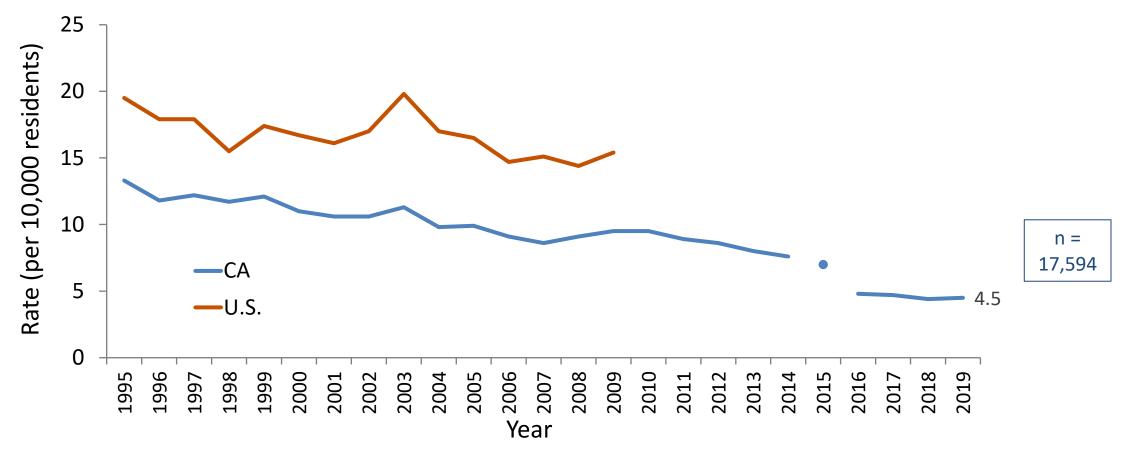


Asthma-related Hospitalizations





Age-Adjusted Asthma Hospitalizations per 10,000 Residents California and the U.S., 1995–2019



Data sources: CA data from OSHPD, 1995-2019

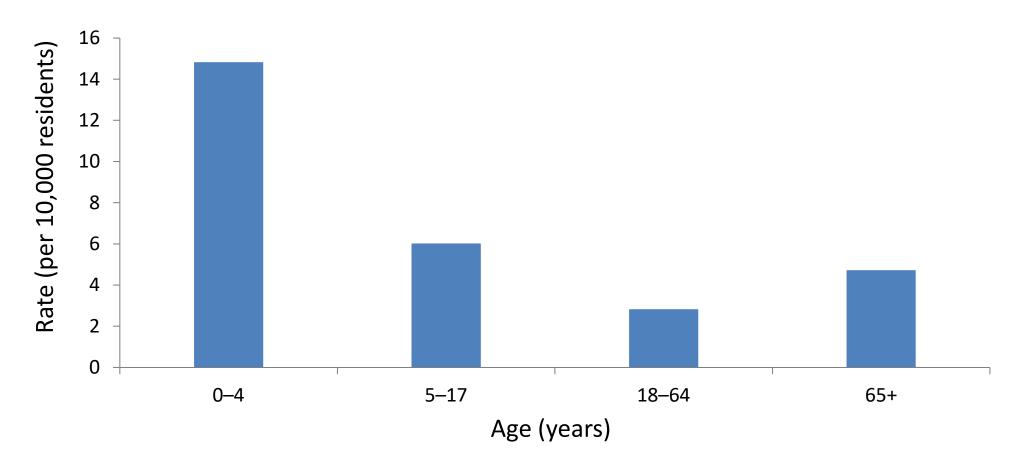
U.S. data from the National Hospital Discharge Survey, 1995–2009

Note: Diagnosis codes changed from ICD-CM-9 to ICD-CM-10 on October 1, 2015. Direct comparisons should not be made between data collected prior to and after this change.





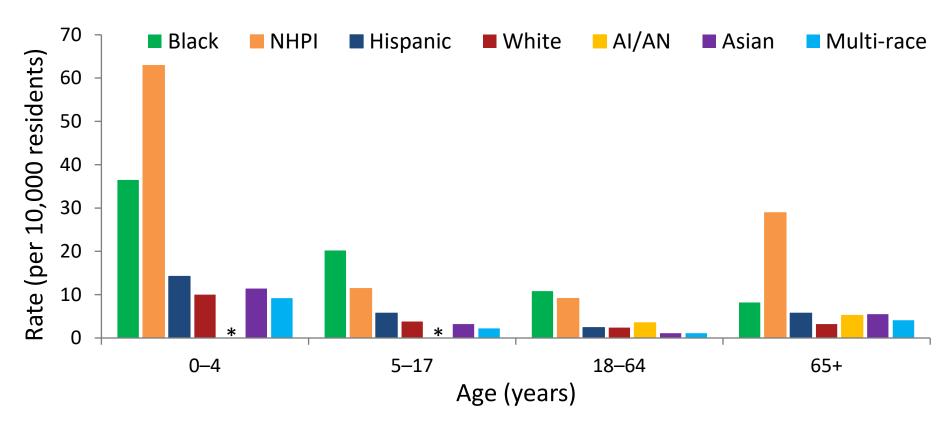
Age-Adjusted Asthma Hospitalizations per 10,000 Residents by Age, California, 2019





Data source: OSHPD, 2019

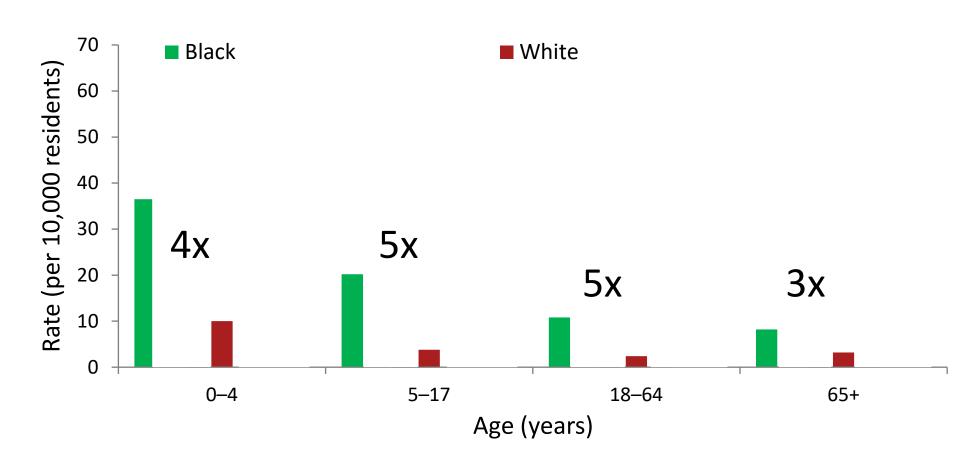




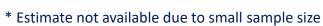






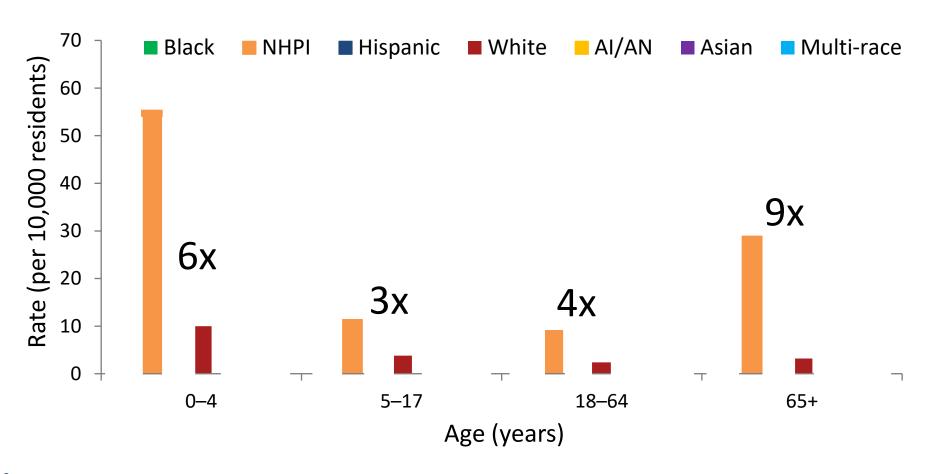










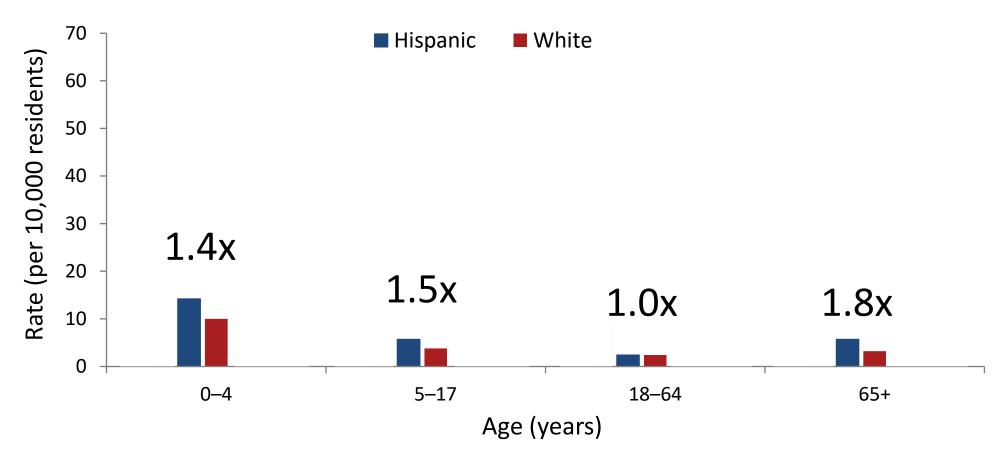


Data source: OSHPD, 2019







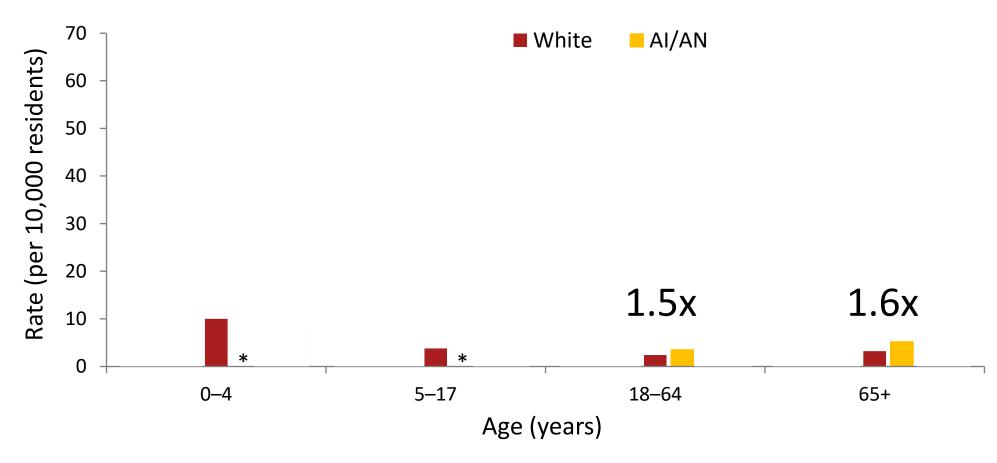


Data source: OSHPD, 2019







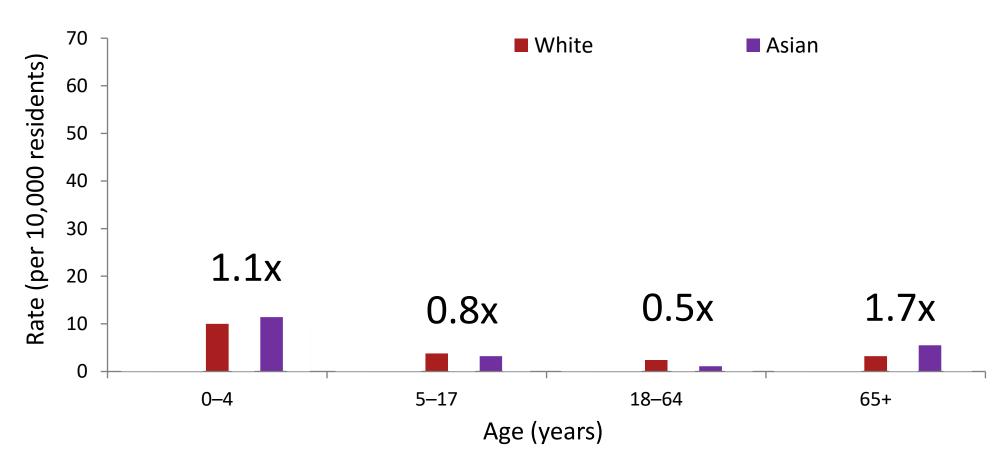


Data source: OSHPD, 2019

















California Counties with Highest Age-Adjusted Asthma Hospitalizations per 10,000 Children (0–17 years), 2019

Rank*	County	Number of Events	Age-adjusted Rate (per 10,000)
1	Lake	23	16.8
2	Imperial	89	15.7
3	Fresno	356	12.5
4	San Francisco	163	11.3
5	Sacramento	394	10.9
6	Los Angeles	2,285	10.0
7	San Joaquin	188	9.5
8	Stanislaus	135	9.2
9	Butte	41	9.0
10	Tulare	126	8.9



Data source: OSHPD, 2019

^{*} Among counties reporting ≥20 asthma hospitalizations in children



Average Length of Stay and Charges for Asthma Hospitalizations California, 2019

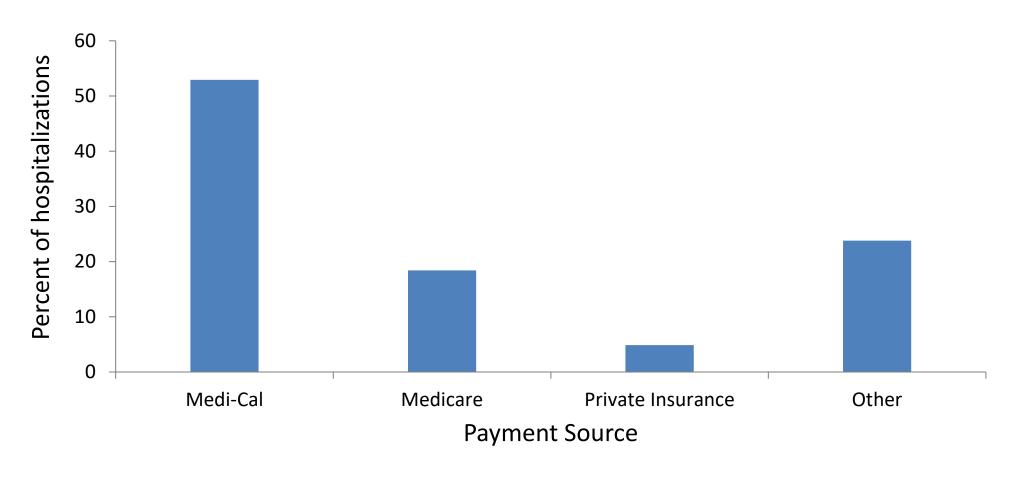
	Age (years)	Average Length of Stay (days)	Average Charges per Hospitalization	Average Charges per Day
Children	0–4	1.8	\$28,186	\$15,876
	5–17	2.1	\$34,808	\$16,647
Adults	18–64	2.8	\$50,705	\$20,215
	65+	3.4	\$59,470	\$20,373
Total	0–17	2.0	\$31,664	\$16,281
	18+	3.0	\$53,189	\$20,260
	All ages	2.5	\$43,805	\$18,525

Total charges = \$770 million





Expected Source of Payment for Asthma Hospitalizations California, 2019





Data source: OSHPD, 2019

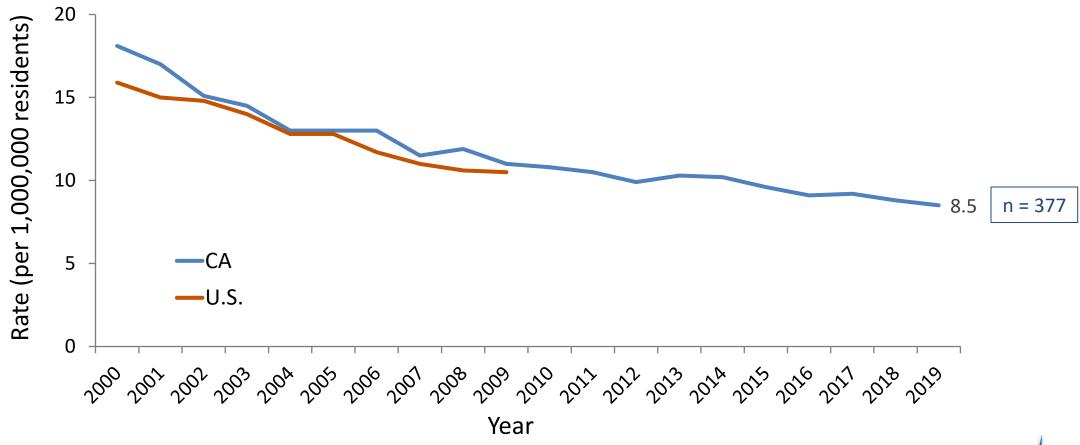


Asthma-related Deaths





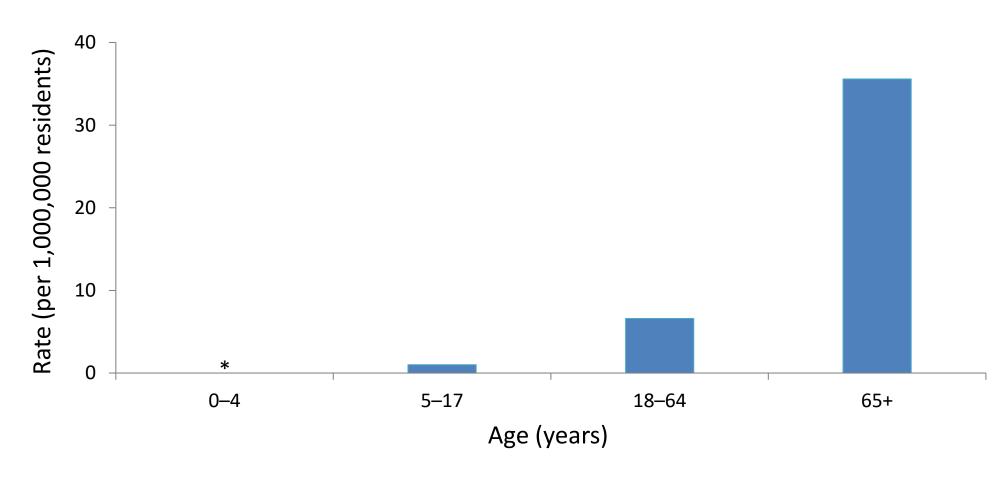
Age-Adjusted Asthma Deaths per 1,000,000 Residents California and the U.S., 2000–2019



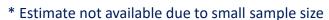




Age-Adjusted Asthma Deaths per 1,000,000 Residents by Age California, 2017–2019



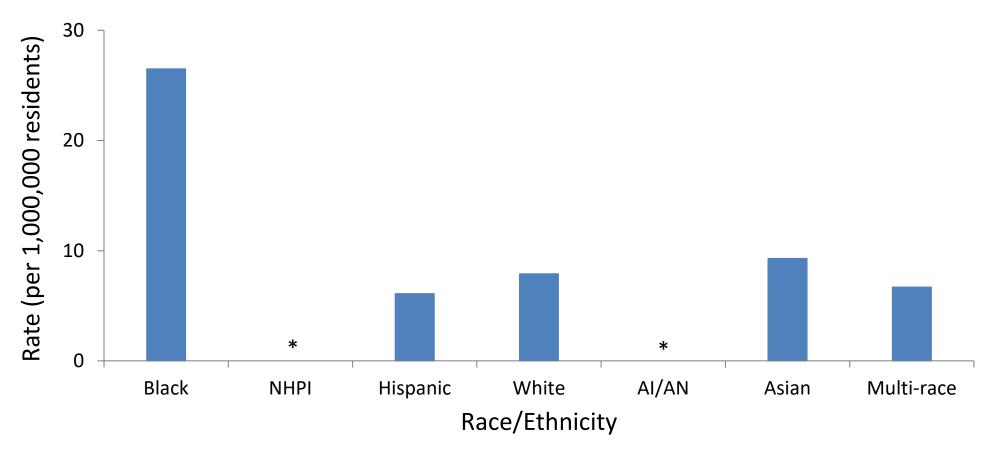








Age-Adjusted Asthma Deaths per 1,000,000 Residents by Race/ Ethnicity, California, 2017–2019



Data source: CDPH Vital Records, 2017–2019

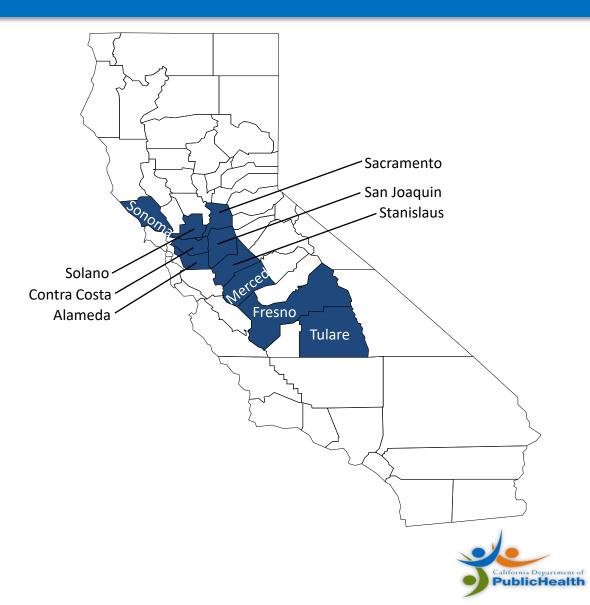






California Counties with Highest Age-Adjusted Asthma Deaths per 1,000,000 Residents, 2017–2019

Rank*	County	Number of Events	Age-adjusted Rate (per 10,000)
1	Merced	15	19.8
2	Fresno	57	19.5
3	Solano	20	15.2
4	Stanislaus	25	14.2
5	Sacramento	69	14.1
6	Alameda	67	12.0
7	Tulare	16	11.5
8	Sonoma	24	11.3
9	Contra Costa	47	11.0
10	San Joaquin	25	10.6



Data source: CDPH Vital Records, 2017–2019

^{*} Among counties reporting ≥12 asthma deaths



Costs Due to Asthma





Annual Costs Associated with Asthma, California, 2017–2018

Costs	Type of Costs	Estimated Annual Cost in Millions
Direct Costs	Hospital outpatient visits	\$658
(Medical Care)	Emergency department visits	\$392
	Inpatient admissions	\$1,977
	Office-based visits	\$2,391
	Prescription medications	\$6,838
Indirect Costs	Missed workdays	\$637
(Lost Productivity)	Missed school days	\$161
	Premature deaths	\$256
Total		\$13,310





Asthma Inequities



Asthma Inequities and Social Determinants of Health

Social determinants of health are the conditions in which people live, work, and play.





Asthma Inequities and Social Determinants of Health

Social determinants of health are the conditions in which people live, work, and play.

What causes health inequities in asthma?



Racism, classism, and discrimination in policies that disadvantage certain groups of people



Pollution in the environment that makes asthma symptoms worse

And poor access to:



healthy and affordable housing







Compared to White Californians:

Black Californians are more likely to suffer from severe asthma and die from asthma













deaths from

Data sources: OSHPD, 2019

CDPH Vital Records, 2017–2019

CHIS, 2018-2019





Compared to White Californians:

Black Californians are more likely to suffer from severe asthma and die from asthma



Compared to White children:

Black children are more likely to have asthma and suffer from severe asthma



Data sources: OSHPD, 2019

CDPH Vital Records, 2017–2019

CHIS, 2018-2019





Compared to White Californians:

 Native Hawaiian/Pacific Islander Californians are more likely to suffer from severe asthma







Compared to White Californians:

 Hispanic or Latino Californians are less likely to have asthma than White Californians, but are more likely to suffer from severe asthma





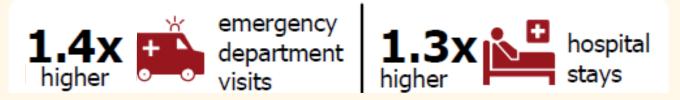
Data sources: OSHPD, 2019

CHIS, 2018–2019



Compared to White Californians:

 Hispanic or Latino Californians are less likely to have asthma than White Californians, but are more likely to suffer from severe asthma



Compared to White children:

 Hispanic or Latino children are more likely to have asthma and suffer from severe asthma



Data sources: OSHPD, 2019

CHIS, 2018-2019



Making Asthma Data Available to the Public

California Breathing

CALIFORNIA BREATHING

Asthma Data

California Breathing analyzes asthma data from a variety of sources to better understand the burden of asthma in California. These data are summarized and made publicly available through county profiles, statewide reports, and fact sheets. California Breathing aims to make asthma data accessible and informative to stakeholders and partners working to reduce asthma in California.

County Asthma Data Tool



 County Data Tool - Interactive online tool for viewing information on asthma prevalence, emergency department visits, hospitalizations, and deaths by county. Data from 2015 - 2018 are currently available.





Making Asthma Data Available to the Public

Asthma Infographics

Plain language infographics that provide a snapshot of asthma data in California

- · Asthma in California (PDF)
- Asthma Inequities in California Children (PDF)
- · Asthma Racial Inequities in California (PDF)

Asthma in California Reports

- Asthma in California: A Surveillance Report (2017) (PDF) asthma prevalence in California
- For a copy of Asthma in California: A Surveillance Report (2013) a comprehensive picture of asthma in California - or Asthma in California: A Surveillance Report Slide Show (2013) or Asthma's Impact on California: Fact Sheet (2013), please email California: Breathing@edph.ca.gov.

Custom Data Request

If you want data that are unavailable on our website or any material here in an alternate format, please send your request to California.Breathing@cdph.ca.gov and we will contact you regarding the possibility of creating a customized data set. It is not always possible to fulfil custom requests, but each will be considered.

Additional Data Resources

- California Environmental Health Tracking Program's Asthma Data Query
- CHHS Open Data Portal
- Askettie
- · AskCHIS Neighborhood Edition
- CalEnviroScreen



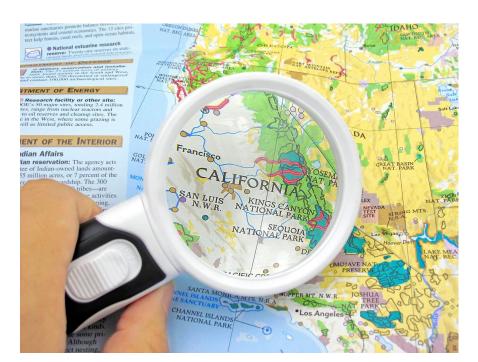
Prioritizing Populations Disproportionately Affected by Asthma





California Breathing Focus Areas

- Areas of California with high asthma burden
- Children
- Racial/ethnic groups with documented asthma disparities



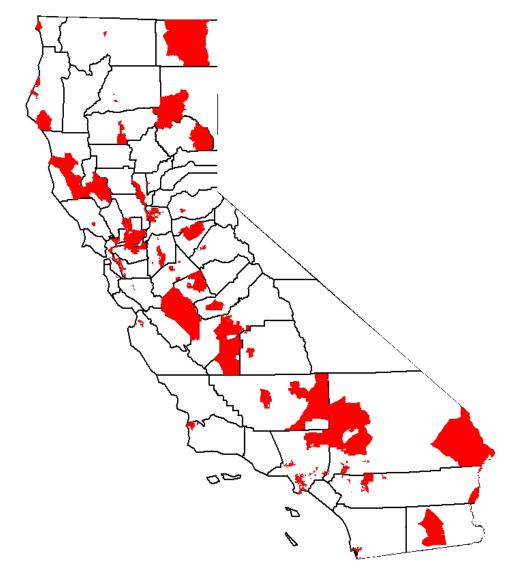
Pinterest





High Burden Asthma Areas

Focus program
 efforts to census
 tracts in the 75th
 percentile or higher
 for asthma ED visit
 rates







Children

 Create partnerships with asthma programs serving children



Centers for Disease Control and Prevention



GlobeNewswire



Salud America!





Racial/Ethnic Groups

- Expand partnerships
 with organizations
 serving Black and NHPI
 communities
- Obtain data from Indian Health Services to better understand burden of asthma in AIAN communities



National Institutes of Health



Questions?





Feedback

- Do you use California Breathing's County Asthma Data Tool?
- What are your preferred methods for accessing asthma surveillance data?
- What additional asthma indicators would you like California Breathing to provide?



Contact Information

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Next Webinar

- Asthma Management Academy and Evaluation
 - October 19, 2021, 10:30am-12pm PST
- Registration link:

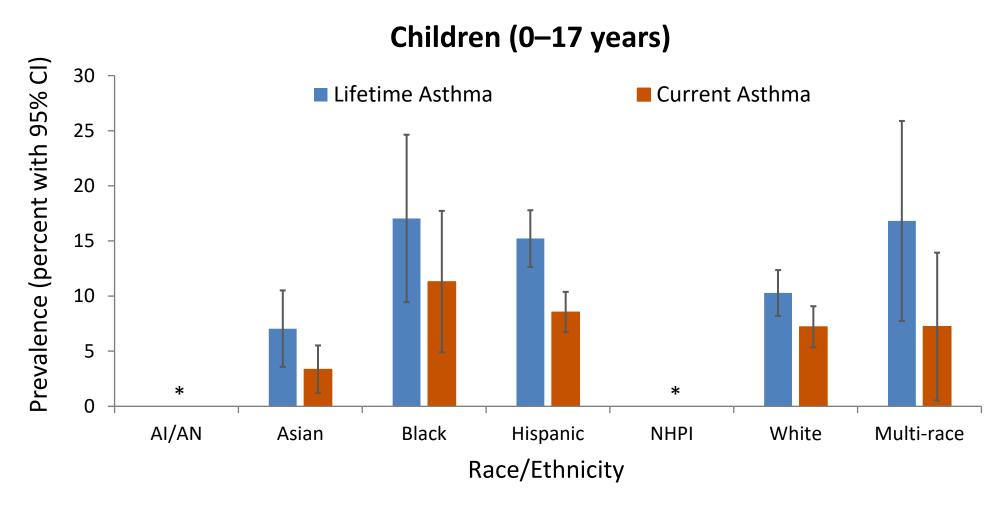
https://us02web.zoom.us/meeting/register/tZYtd-2srT0vG9LgXxi--Tp3fGQB-Gmub25g



Extra Slides



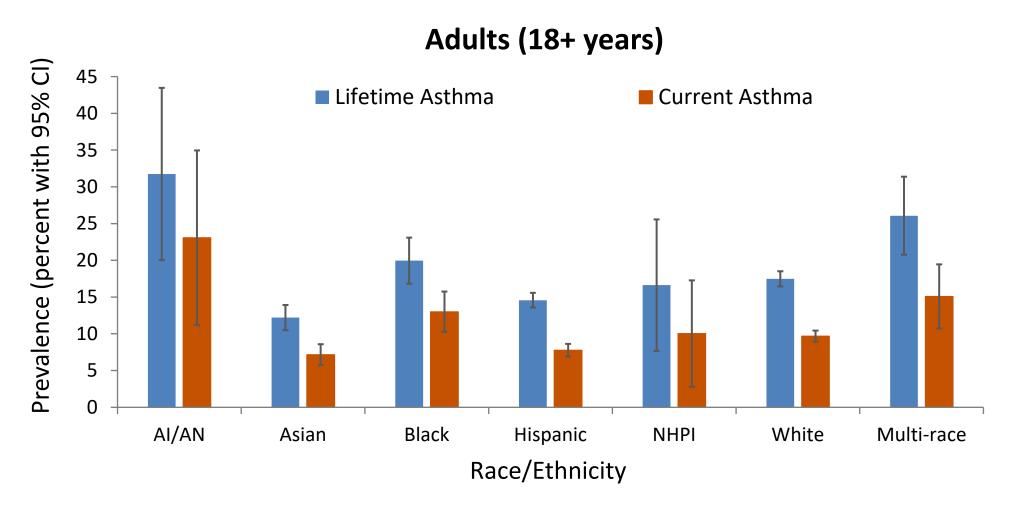
Lifetime and Current Asthma Prevalence by Race/Ethnicity and Age California, 2018–2019







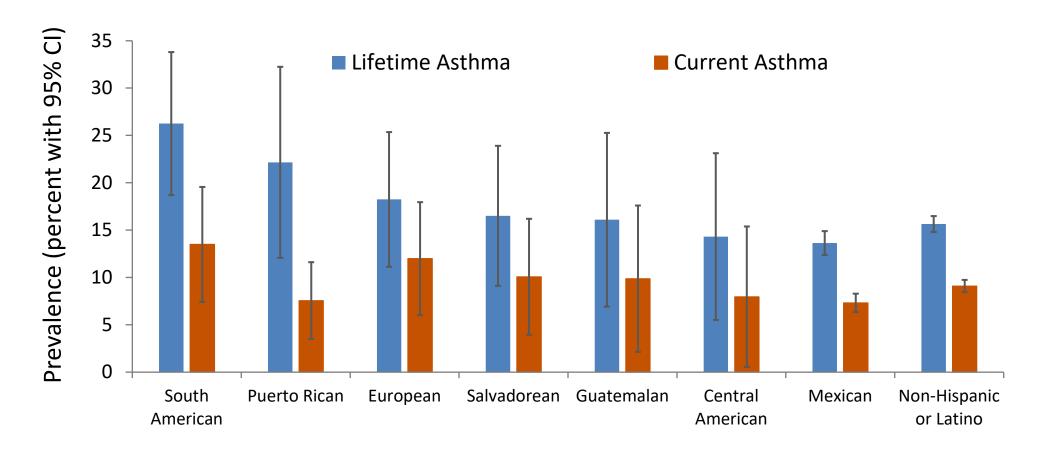
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Lifetime and Current Asthma Prevalence among Hispanics and Latinos by Subgroup, California, 2018–2019

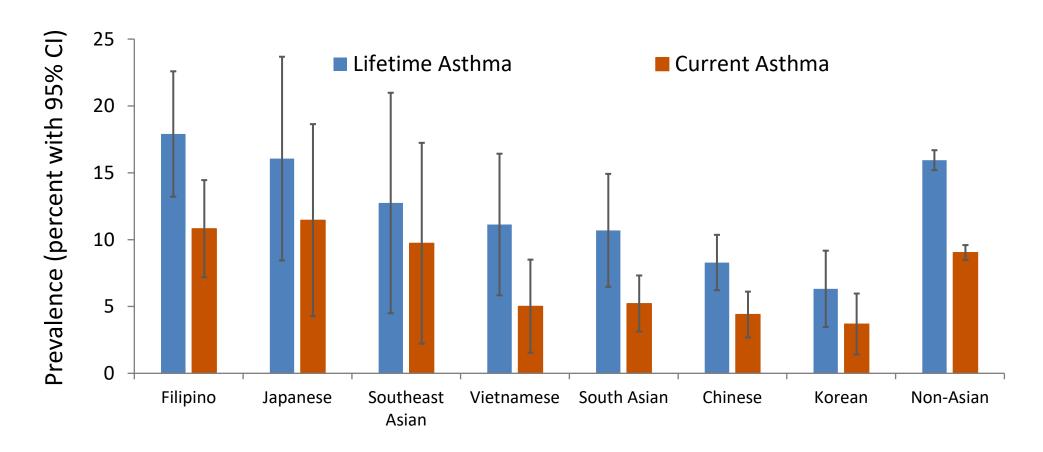




Data source: CHIS, 2018–2019



Lifetime and Current Asthma Prevalence among Asians by Subgroup California, 2018–2019



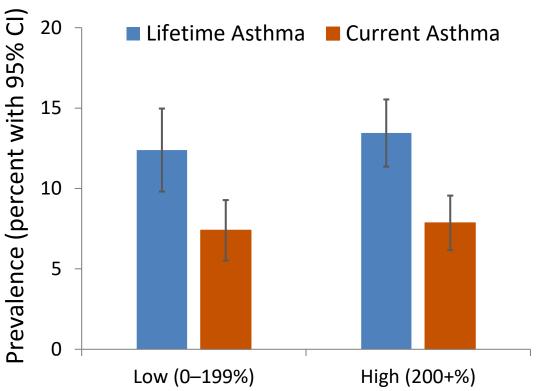


Data source: CHIS, 2018–2019



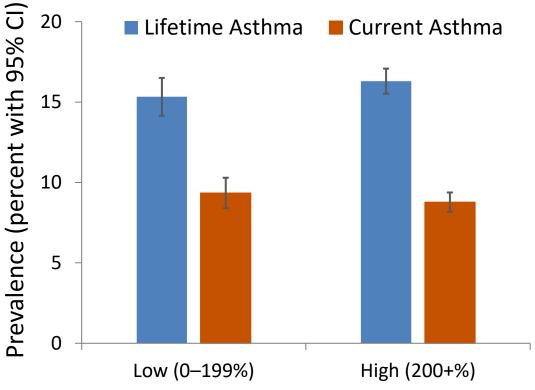
Lifetime and Current Asthma Prevalence by Poverty Level and Age California, 2018–2019

Children (0-17 years)



Household Income (percent of poverty threshold)

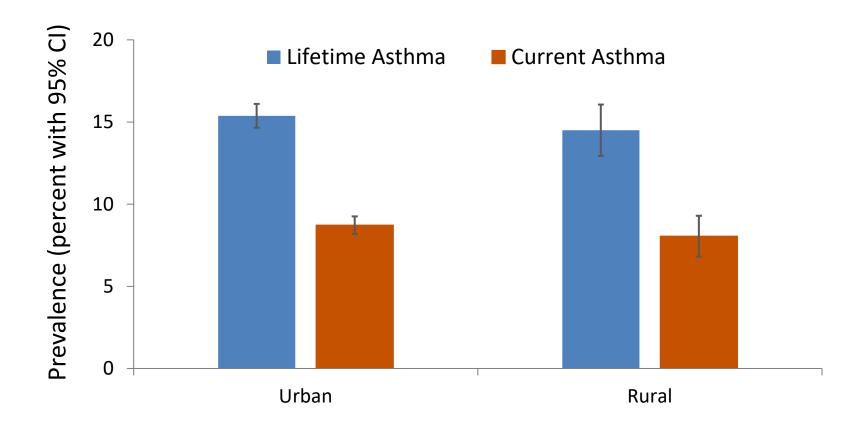
Adults (18+ years)



Household Income (percent of poverty threshold)



Lifetime and Current Asthma Prevalence by Urban/Rural Residence California, 2018–2019





Data source: CHIS 2018–2019



Workdays Missed Due to Asthma California, 2017–2018

Among working-age adults (18–69 years) with current asthma

Number of days missed	%	95% CI
0	88.4	(85.4–91.4)
1–2	5.6	(3.7-7.6)
3–5	3.2	(1.7-4.7)
6–10	1.2	(0.4-2.0)
11+	1.5	(0.4-2.6)
	Mean	95% CI
	1.2	(0.5–2.0)

No association with household income level

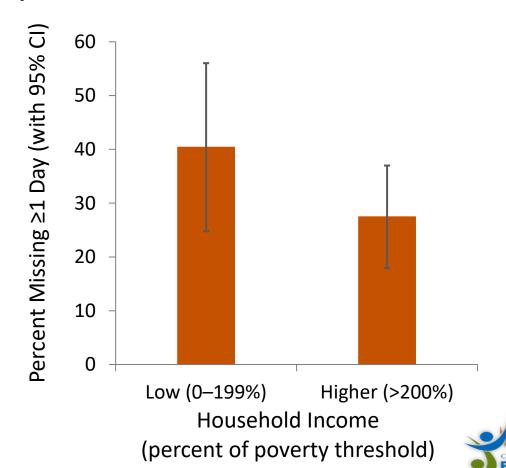




School or Daycare Days Missed Due to Asthma California, 2018–2019

Among children (0–17 years) with current asthma

Number of days missed	%	95% CI
0	67.7	(59.5–76.0)
1–2	11.4	(5.9–16.9)
3–5	12.4	(6.5–18.3)
6–10	4.7	(1.3-8.2)
11+	N/A	N/A
	Mean	95% CI
	2.0	(0.3–3.7)





Change in Asthma Diagnostic Coding: ICD-9 to ICD-10

ICD-9 Code	Description
493.0x	Extrinsic Asthma
493.1x	Intrinsic Asthma
493.2x	Chronic Obstructive Asthma
	x=0 unspecifiedx=1 with status asthmaticusx=2 with acute exacerbation
493.81	Exercise induced bronchospasm
493.82	Cough variant asthma
493.9x	Asthma, Unspecified

ICD-10 Code	Description
J45.2x	Mild intermittent
J45.3x	Mild persistent
J45.4x	Moderate persistent
J45.5x	Severe persistent
J45.9x	Unspecified
	x=0 uncomplicatedx=1 with acute exacerbationx=2 with status asthmaticus
J45.990	Exercise induced bronchospasm
J45.991	Cough variant asthma
J45.998	Other asthma





Change in Asthma Diagnostic Coding: ICD-9 to ICD-10

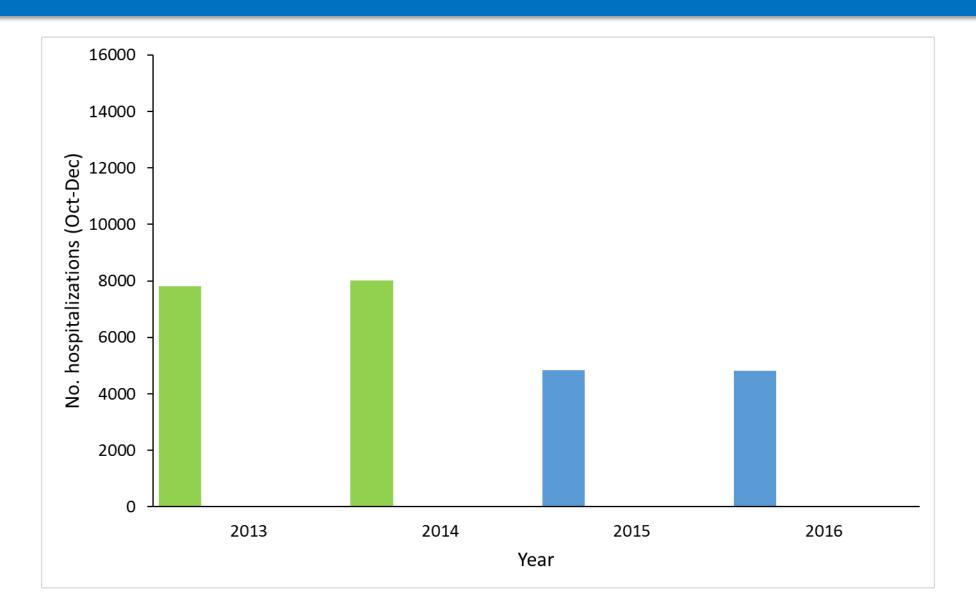
ICD-9 Code	Description
493.0x	Extrinsic Asthma
493.1x	Intrinsic Asthma
493.2x	Chronic Obstructive Asthma
	Chronic Obstructive Asthma codes (493.2) now included in COPD ICD-10 codes (J44*)
493.81	Exercise induced bronchospasm
493.82	Cough variant asthma
493.9x	Asthma, Unspecified

ICD-10 Code	Description
J45.2x	Mild intermittent
J45.3x	Mild persistent
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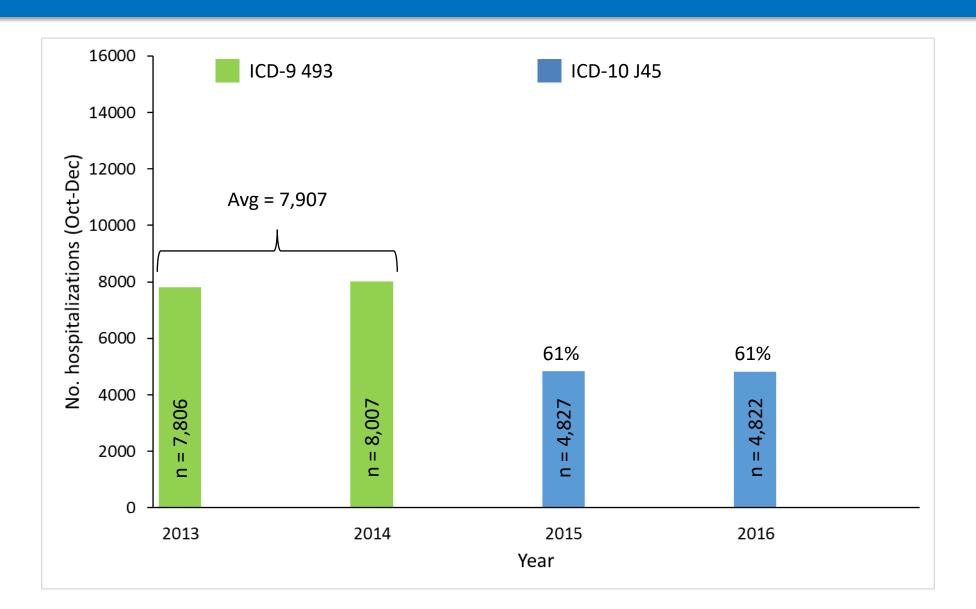
Impact of Coding Change on California Asthma Hospitalizations Quarter 4, 2013–2016







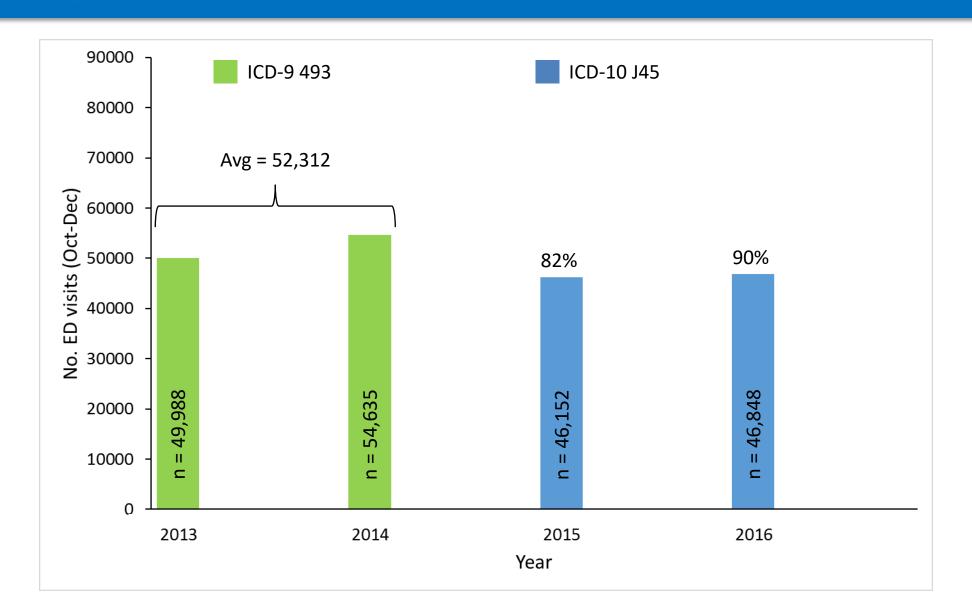
Impact of Coding Change on California Asthma Hospitalizations Quarter 4, 2013–2016







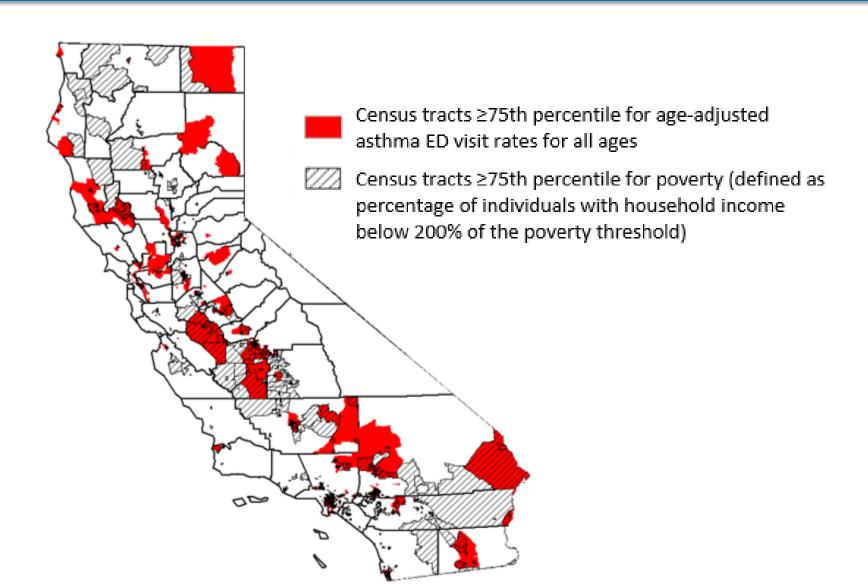
Impact of Coding Change on California Asthma ED Visits Quarter 4, 2013–2016







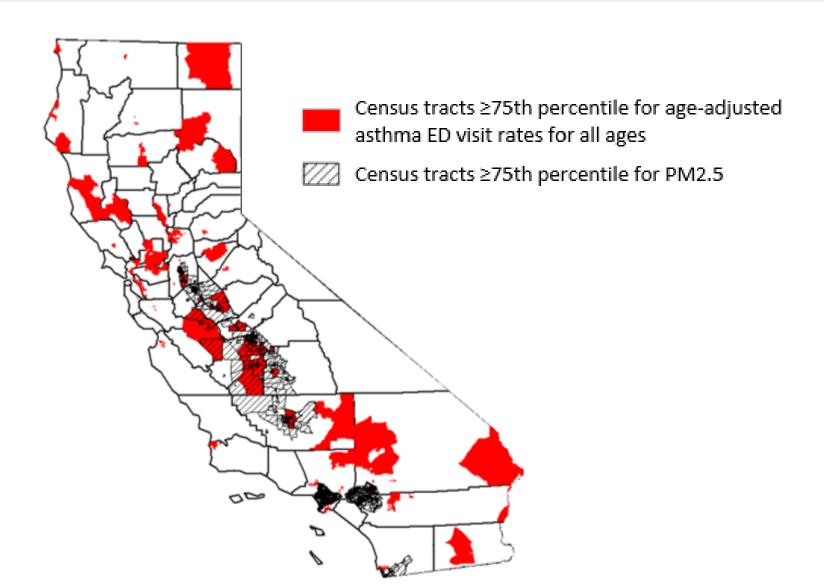
Asthma and Poverty







Asthma and PM2.5 Air Pollution







Asthma and California Healthy Places Index (HPI) Score

