



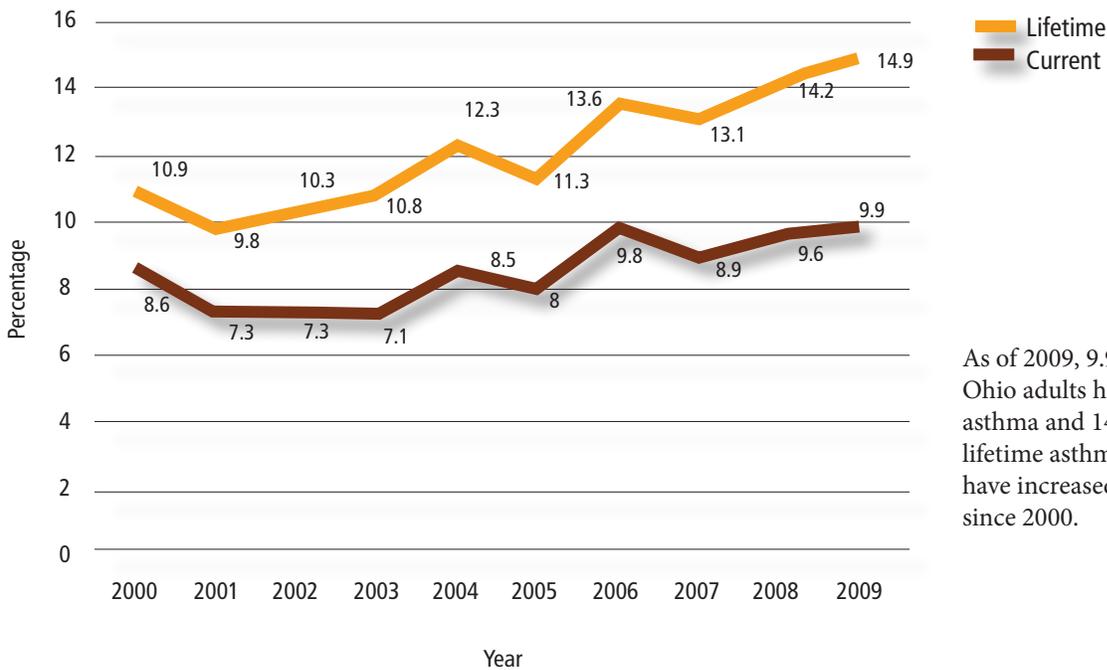
Asthma Disparities in Ohio, 2000-2009

Adult Asthma Prevalence

Prevalence describes the proportion of people in the population who are found to have asthma at a point in time. Asthma prevalence is generally estimated from survey data. Prevalence data are an important part of understanding the burden of asthma in Ohio, since they tell how many people have asthma, which people are affected and which populations are most at risk.

The data for adult asthma prevalence comes from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is one of the major sources of health data for all the United States, as well as the District of Columbia and three territories. The BRFSS is a state-based system of health surveys that generate information about health behaviors, preventive practices and health care access. The purpose of BRFSS is to monitor the prevalence of the major behavioral risks that contribute to chronic diseases such as asthma, diabetes, obesity and heart disease among adults.

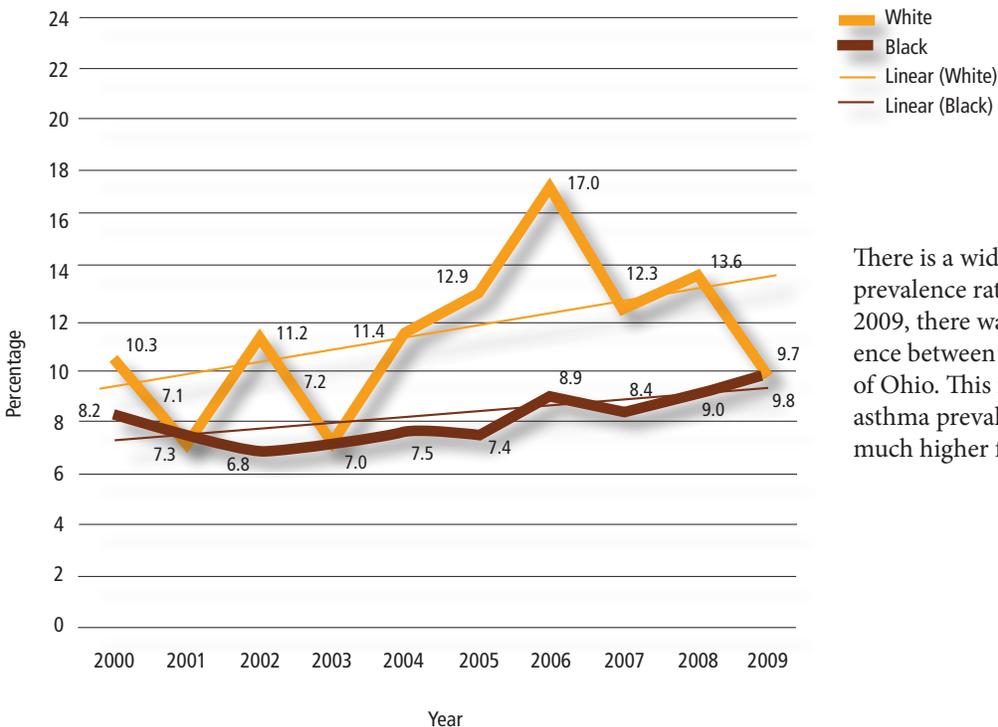
Estimated Lifetime and Current Adult Asthma Prevalence, Ohio, 2000-2009



As of 2009, 9.9 percent of Ohio adults have current asthma and 14.9 percent have lifetime asthma. Both rates have increased significantly since 2000.

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Years 2000-2009.

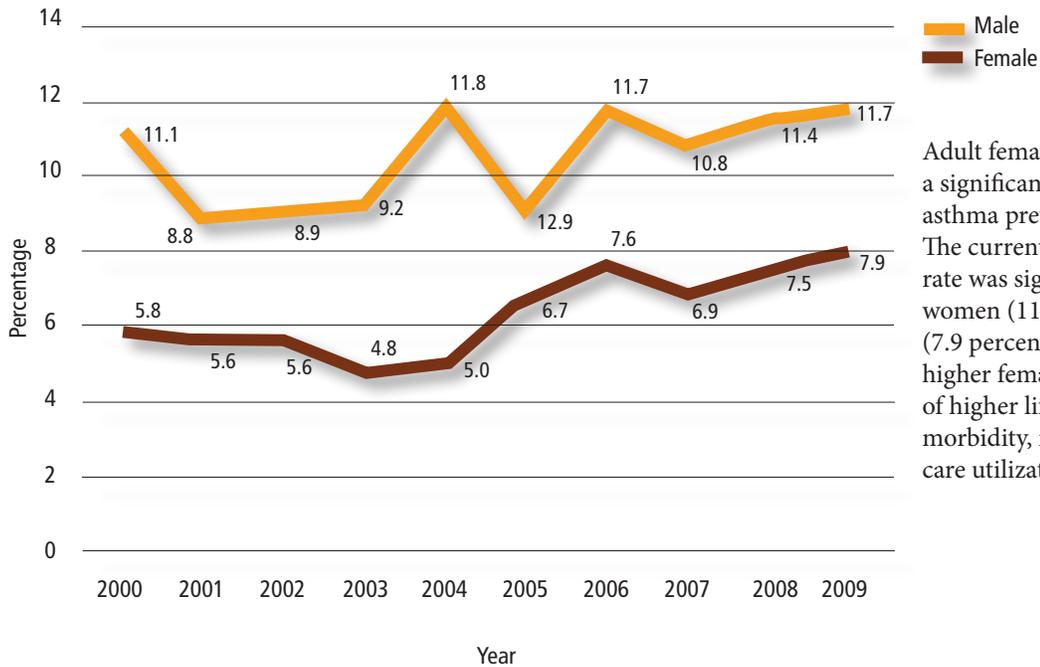
Estimated Current Adult Asthma Prevalence by Race, Ohio 2000-2009



There is a wide variation in the black prevalence rates from year to year. In 2009, there was no statistical difference between black and white residents of Ohio. This is contrary to national asthma prevalence rates, which are much higher for black than whites.

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Years 2000-2009.

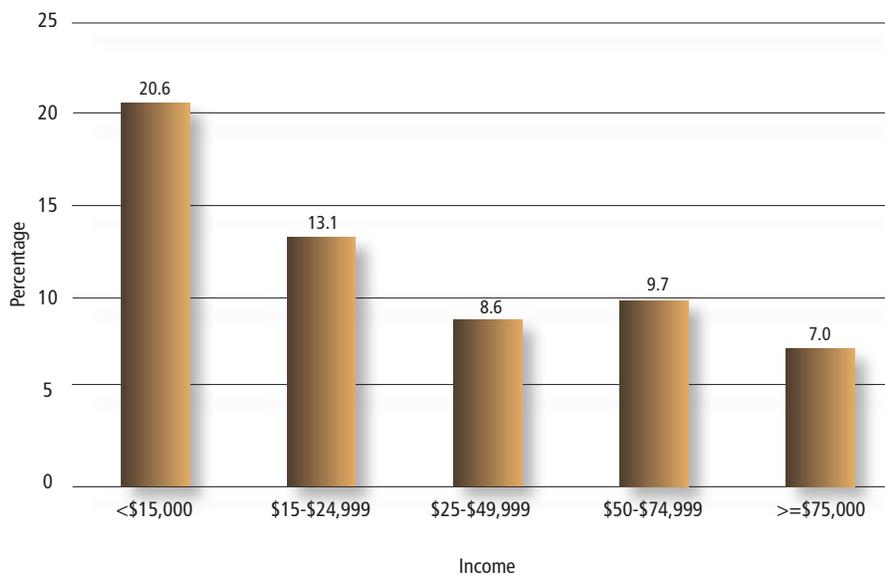
Estimated Current Adult Asthma Prevalence by Sex, Ohio 2000-2009



Adult females in Ohio have a significantly higher current asthma prevalence than males. The current asthma prevalence rate was significantly higher for women (11.7 percent) than men (7.9 percent), consistent with the higher female asthma burden of higher lifetime prevalence, morbidity, mortality and health care utilization.

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Years 2000-2009.

Estimated Current Adult Asthma Prevalence by Income Level, Ohio 2000-2009

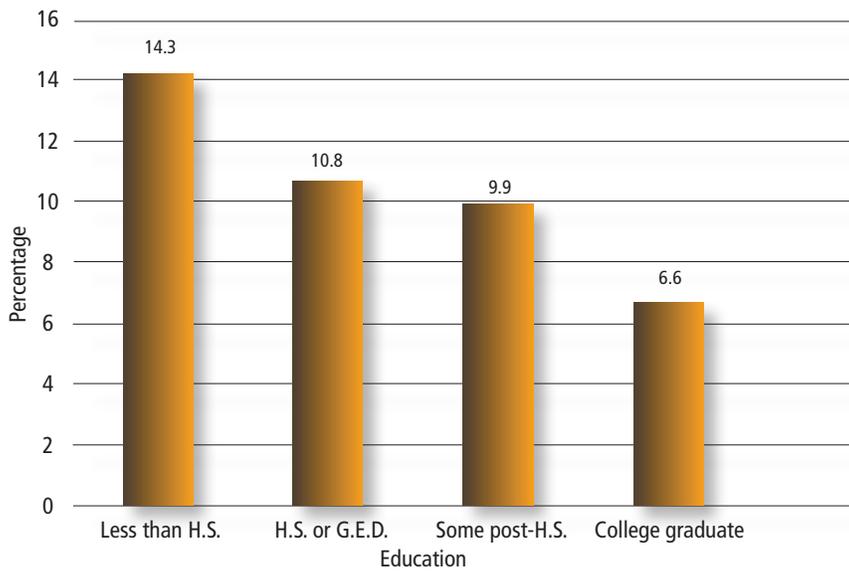


There is a strong inverse relationship between income and prevalence of asthma. In Ohio, adults with household incomes under \$15,000 are significantly more likely to report being told by a doctor that they have asthma, when compared to adults in households making over \$50,000.

Many studies have associated poverty with a higher rate of asthma. Low-income families, who are already burdened with greater rates of disease, limited access to health care and other health disparities are also the population who tend to have the worst built environmental conditions. The defective housing common to poor families is associated with higher exposures to asthma triggers such as mold, moisture, dust mites, and rodents, and mental health stressors such as violence and social isolation.

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Years 2000-2009.

Estimated Current Adult Asthma Prevalence by Education, Ohio 2008



In Ohio, adults who dropped out of high school are significantly more likely to be diagnosed with asthma than those who have completed college.

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Year 2008.

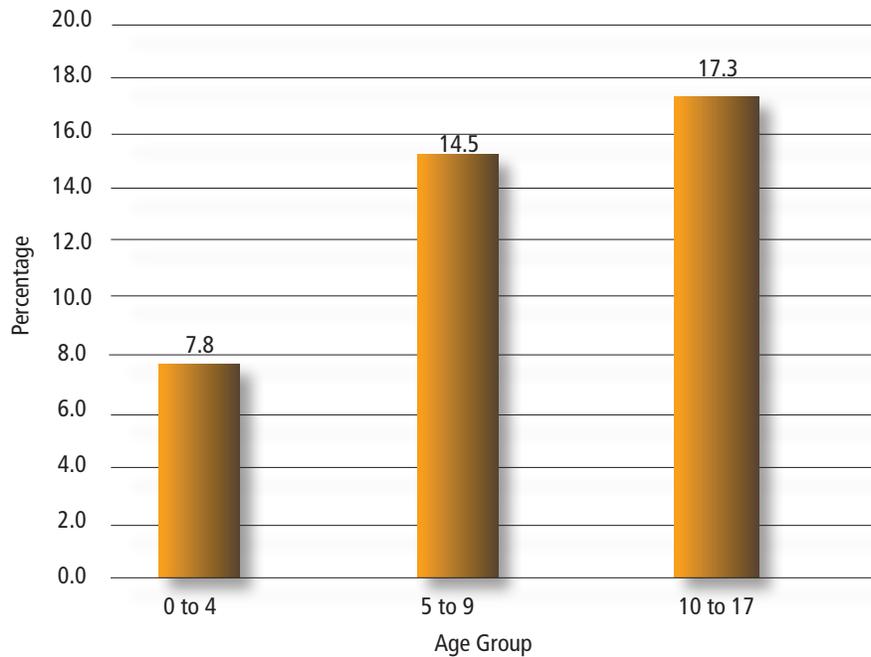
Child Lifetime Asthma Prevalence

The 2008 Ohio Family Health Survey (OFHS) data is the most current information available on health coverage and other health-related characteristics of Ohioans. Its primary purpose is to provide Ohio policymakers with information about the health status, health care utilization, health insurance coverage, and health care access of Ohioans at a state and county level, with emphasis on Medicaid enrollees and those who are uninsured. The Health Policy Institute of Ohio collaborated with Ohio Department of Health to include questions on childhood asthma.

To be able to obtain greater survey coverage of underrepresented minorities, a portion of the sample was targeted to obtain coverage of known census tracts with large minority populations. In addition, minority respondents were sought by obtaining commercially available lists of Hispanic and Asian surnames. Weighting adjustments were calculated based on the stratified sampling design and the over-sample of minorities, enabling the survey data to generate estimates about the entire Ohio population.

The 2008 OFHS contains responses from almost 51,000 adults (one per household) and proxy responses for more than 13,000 children (one per household), collected between August 2008 and January 2009.

Estimated Child Asthma Prevalence by Age, Ohio 2008

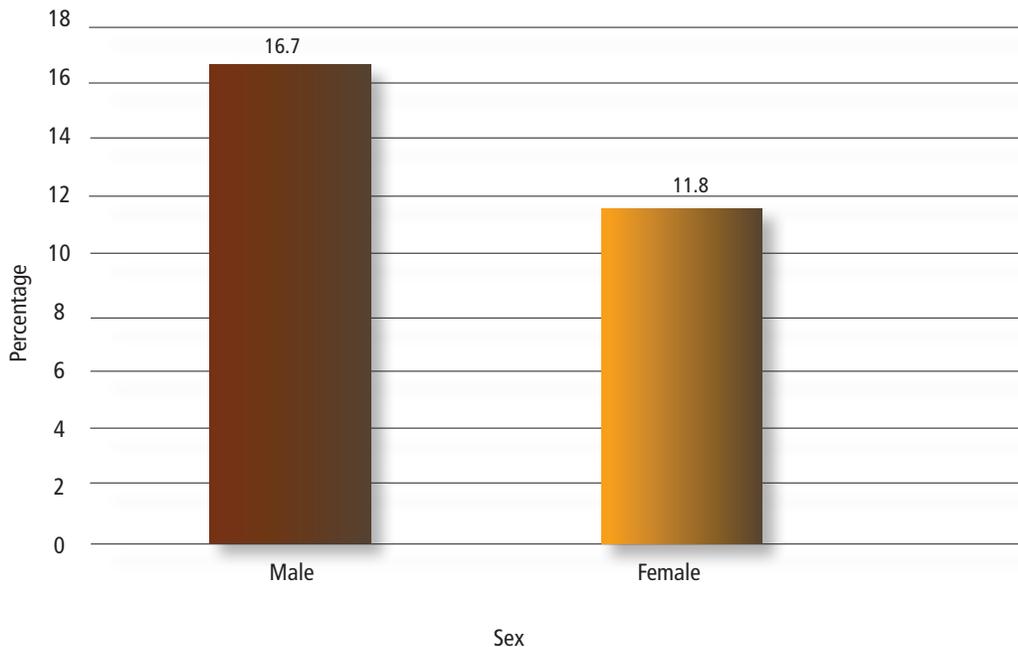


Source: Ohio Family Health Survey, 2008.

The Ohio child asthma prevalence rate has increased significantly since 2004, when the prevalence rate was 13.3 percent of Ohio children. The 2008 rate was 15.2 percent.

Many doctors feel that it is important not to label a child under five as having asthma until the symptoms have been consistent for several months. Older children are the most likely to be diagnosed with asthma, at 17.3 percent, significantly higher than children under age five.

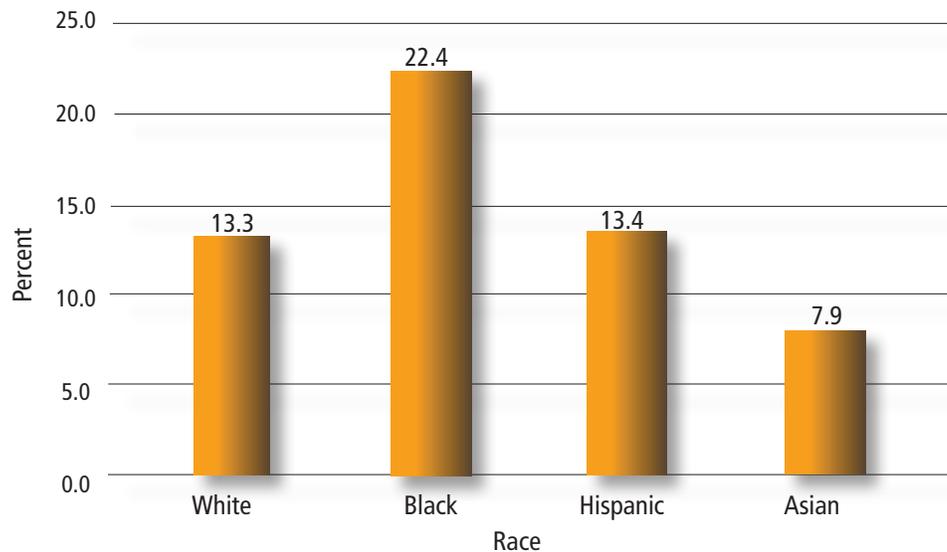
Estimated Current Child Asthma Prevalence by Sex, Ohio 2008



Source: Ohio Family Health Survey, 2008.

For children under the age of 17, males are at a significantly higher risk for asthma, at 16.7 percent, compared to 11.8 percent of females.

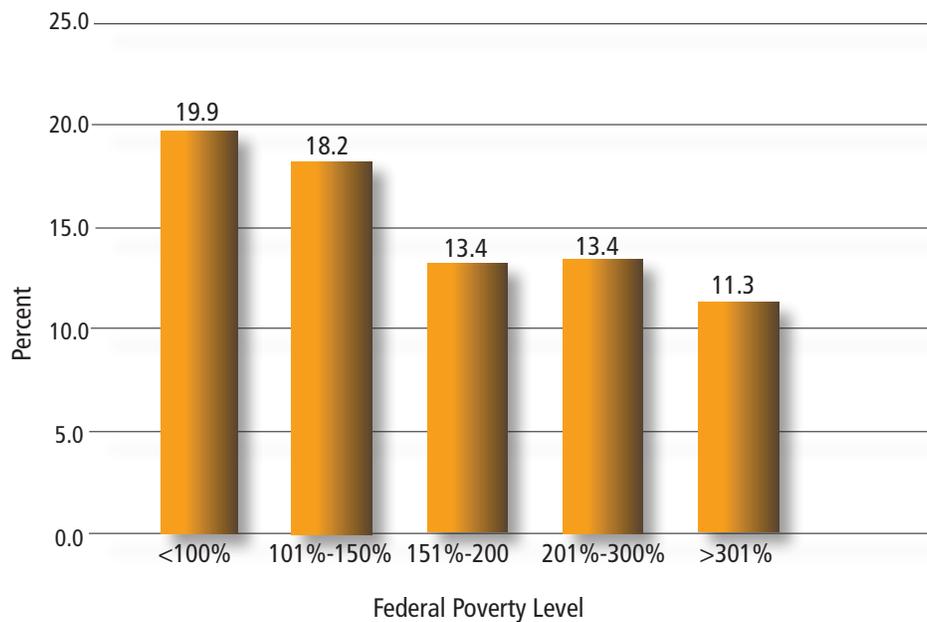
Estimated Current Child Asthma Prevalence by Race, Ohio 2008



Source: Ohio Family Health Survey, 2008.

Asthma prevalence is significantly higher for black children than white or Asian children in Ohio.

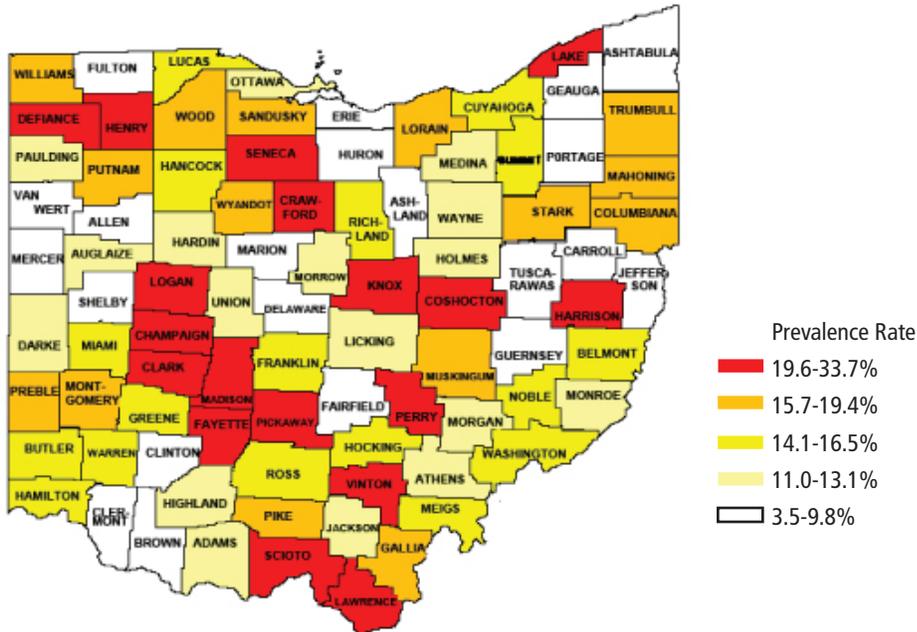
Estimated Current Child Asthma Prevalence by Federal Poverty Level, Ohio 2008



Source: Ohio Family Health Survey, 2008.

Ohio Children who live at or below the federal poverty level of income (\$21,027 or less for a family of four in 2008) are significantly more likely to have asthma than those who earn 300 percent or more of the federal poverty level (\$63,081 or more for a family of four in 2008).

Estimated Child Asthma Prevalence, 2008



Source: Ohio Family Health Survey, 2008.

Areas which have a high child asthma prevalence rate are similar to areas with high poverty rates.

Recent Ohio data suggests, asthma prevalence rates are higher for low-income persons, minorities- especially black residents, and women. Ohio data show that the effect of asthma is disproportionately felt also among these groups. Asthma is also a disease that affects younger persons at a higher rate, especially younger children. In addition, people in their most productive years are feeling the effects of asthma on their physical and mental health. For all these reasons, the monitoring and control of asthma must be considered a priority for Ohio's health providers and public health professionals.