Asthma in Florida

Asthma is a chronic lung disease that affects an estimated 16.4 million adults (aged ≥ 18 years) and 7.0 million children (aged < 18 years) in the United States (U.S.), regardless of age, sex, race, or ethnicity. Although the exact cause of asthma is unknown and it cannot be cured, it can be controlled with self-management education, appropriate medical care, and avoiding exposure to environmental triggers. The following data provide an overview of the burden of asthma in Florida (FL) compared with the U.S. All stated comparisons (e.g., higher, lower, similar) indicate that the group is statistically significantly different than the reference group (e.g., adults aged 18-24 years, men, non-Hispanic whites, children aged 12-17 years, and boys).

Asthma Prevalence

In 2008, an estimated 954,707 adults in Florida had asthma. Adult lifetime asthma prevalence was 10.2% and adult current asthma prevalence was 6.6% compared with U.S. rates of 13.3% and 8.5%, respectively.

In 2007, an estimated 322,007 children in Florida had asthma. Child current asthma prevalence was 8.3% compared with the U.S. rate of 9.0%.

Adult Current Asthma Prevalence by Age, BRFSS, 2008

Adult current asthma prevalence was lower among adults aged 25-44 years than adults aged 18-24 years in Florida; however the rate was highest among adults aged 18-24 years throughout the U.S.

Adult Current Asthma Prevalence by Sex, BRFSS, 2008

Adult current asthma prevalence was higher among women than men in Florida. A similar pattern occurred throughout the U.S.

Adult Current Asthma Prevalence by Race/Ethnicity, BRFSS, 2008

Adult current asthma prevalence was similar among all race/ethnic groups when compared with non-Hispanic whites in Florida; however, rates were higher among non-Hispanic multirace persons and non-Hispanic blacks throughout the U.S.

Child Current Asthma Prevalence by Age, NSCH, 2007

Child current asthma prevalence was lower among children aged 0-5 years than children aged 12-17 years throughout the U.S. Comparisons between age groups in Florida were not reported due to sample size.

Child Current Asthma Prevalence by Sex, NSCH, 2007

Child current asthma prevalence was higher among boys than girls throughout the U.S. Comparisons between sexes in Florida were not reported due to sample size.

Child Current Asthma Prevalence by Race/Ethnicity, NSCH, 2007

Child current asthma prevalence was higher among non-Hispanic blacks and non-Hispanic multirace persons throughout the U.S. Comparisons between race/ethnic groups in Florida were not reported due to sample size.
The age-adjusted asthma hospitalization rate in Florida was 142.4/100,000 persons\(^3\) compared with the U.S. rate of 144/100,000 persons\(^4\). In Florida, the hospitalization rate for children was 172.6/100,000 persons\(^3\) and for adults was 143.5/100,000 persons\(^3\).

Asthma was the underlying cause of death for 177 adults and less than 10** children in Florida\(^5\). The age-adjusted asthma mortality rate in Florida was 8.5/million and the U.S. rate was 11.0/million\(^5\). **The estimate is suppressed.

Asthma Patient Education and Medication Use

The National Heart, Lung, and Blood Institute (NHLBI) Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma includes recommendations by medical and public health experts to aid in the clinical practice of managing asthma. The NHLBI Guidelines focus on four areas of asthma management and care: Assessment and Monitoring, Patient Education, Control of Environmental Factors Contributing to Asthma Severity, and Pharmacologic Treatment. Items included in the following table are related to asthma patient education and medication use for adults with current asthma in Florida.

<table>
<thead>
<tr>
<th>Patient Education: Adults with Current Asthma(^6)</th>
<th>Respondents</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever taught how to recognize early signs or symptoms of an asthma episode</td>
<td>304</td>
<td>56%</td>
</tr>
<tr>
<td>Ever told what to do during an asthma attack</td>
<td>303</td>
<td>68%</td>
</tr>
<tr>
<td>Ever taught how to use a peak flow meter to adjust daily medications</td>
<td>308</td>
<td>45%</td>
</tr>
<tr>
<td>Ever given an asthma action plan</td>
<td>305</td>
<td>23%</td>
</tr>
<tr>
<td>Ever taken a course on how to manage asthma</td>
<td>310</td>
<td>9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication Use: Adults with Current Asthma(^6)</th>
<th>Respondents</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used a prescription asthma medication in the past 3 months(^7)</td>
<td>298</td>
<td>64%</td>
</tr>
</tbody>
</table>

NOTES:
1. National Health Interview Survey (NHIS), 2008
   When the sample size is fewer than 50, prevalence estimates are considered unstable and should be interpreted with caution. Indicated with an asterisk (*)
   When estimates are based on sample sizes too small to meet standards for reliability or precision, data are suppressed due to confidentiality. Indicated with double asterisks (**) All stated comparisons (e.g., higher, lower, similar) indicate that the group is statistically significantly different than the reference group (e.g., adults aged 18-24 years, men, non-Hispanic whites, children aged 15-17 years, and boys).
3. State Hospital Discharge Data, 2008
   When estimates are based on fewer than 60 hospitalizations, they are considered unstable and should be interpreted with caution. Indicated with an asterisk (*)
   When estimates are based on fewer than 20 deaths in the numerator, they are considered unstable and should be interpreted with caution. Indicated with an asterisk (*)
   When estimates are based on fewer than 10 deaths in the numerator, data are suppressed due to confidentiality. Indicated with double asterisks (**) All stated comparisons (e.g., higher, lower, similar) indicate that the group is statistically significantly different than the reference group (e.g., adults aged 18-24 years, men, non-Hispanic whites, children aged 15-17 years, and boys).
7. Medication includes inhalers, pills, syrups, and nebulizers.