Asthma in Wisconsin

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 Wisconsin (WI) 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 15-17 years, and boys).

**Asthma Prevalence**

In 2008, an estimated 400,500 adults in Wisconsin had asthma. Adult lifetime asthma prevalence was 14.2% and adult current asthma prevalence was 9.4% compared with U.S. rates of 13.3% and 8.5%, respectively.

**Adult Current Asthma Prevalence by Age, BRFSS, 2008**

Adult current asthma prevalence was similar among all age groups when compared with adults aged 18-24 years in Wisconsin; 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 similar among women and men in Wisconsin. A similar pattern occurred throughout the U.S.

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

Adult current asthma prevalence was higher among non-Hispanic blacks than non-Hispanic whites in Wisconsin; however, rates were higher among non-Hispanic multirace persons and non-Hispanic blacks throughout the U.S.

In 2008, an estimated 96,881 children in Wisconsin had asthma. Child lifetime asthma prevalence was 10.2% and child current asthma prevalence was 7.5% compared with the 38 participating states' rates of 13.3% and 9.0%, respectively.

**Child Current Asthma Prevalence by Age, BRFSS, 2008**

Child current asthma prevalence was lower among children aged 0-4 years than children aged 15-17 years in Wisconsin. A similar pattern occurred throughout the 38 participating states.

**Child Current Asthma Prevalence by Sex, BRFSS, 2008**

Child current asthma prevalence was similar among boys and girls in Wisconsin; however, the rate was higher among boys throughout the 38 participating states.

**Child Current Asthma Prevalence by Race/Ethnicity, BRFSS, 2008**

Child current asthma prevalence was higher among non-Hispanic blacks than non-Hispanic whites in Wisconsin; however, rates were higher among non-Hispanic multirace persons and non-Hispanic blacks throughout the U.S.

*The estimate is unstable.*
The age-adjusted asthma hospitalization rate in Wisconsin was 92.7/100,000 persons\(^3\) compared with the U.S. rate of 144/100,000 persons\(^4\). In Wisconsin, the hospitalization rate for children was 104.1/100,000 persons\(^3\) and for adults was 91.2/100,000 persons\(^3\).

Asthma was the underlying cause of death for 63 adults and less than 10\(^*\) children in Wisconsin\(^5\). The age-adjusted mortality rate in Wisconsin was 10.2/million and the U.S. rate was 11.0/million\(^5\). \(^*\)The estimate is unstable. \(^**\)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 Wisconsin.

<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>239</td>
<td>64%</td>
</tr>
<tr>
<td>Ever told what to do during an asthma attack</td>
<td>239</td>
<td>75%</td>
</tr>
<tr>
<td>Ever taught how to use a peak flow meter to adjust daily medications</td>
<td>238</td>
<td>44%</td>
</tr>
<tr>
<td>Ever given an asthma action plan</td>
<td>239</td>
<td>27%</td>
</tr>
<tr>
<td>Ever taken a course on how to manage asthma</td>
<td>239</td>
<td>4%</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>234</td>
<td>60%</td>
</tr>
</tbody>
</table>

NOTES:
1. National Health Interview Survey (NHIS), 2008
2. Behavioral Risk Factor Surveillance System (BRFSS), 2008
   When the sample size is fewer than 50, prevalence estimates are considered unstable and should be interpreted with caution. Indicated with an asterisk (*)
3. 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).
   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).
5. 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 (**)