Asthma Surveillance at the National Level

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Aim of the CDC Asthma Program

 Reduce the burden of asthma through better application of the current knowledge of medical and environmental management



NCEH: Our asthma portfolio

- Surveillance
 - Analyses / new systems / new methods
- Implementation of scientifically proven interventions
 - Controlling asthma in American cities
 - State grants
- · Partnerships and training

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Surveillance Activities

- Periodic Surveillance Reports
 - Analysis of existing data
- New Data Sources
 - Add to, revise and refine asthma questions on existing surveys
- New Data Systems
 - National Asthma survey





National Datasets of Importance to Asthma Surveillance and Research

- National Health Interview Survey (NHIS)
- National Vital Statistics System (NVSS)
- National Hospital Discharge Survey (NHDS)
- National Ambulatory Medical Care Survey (NAMCS)
- National Hospital Ambulatory Medical Care Survey (NHAMCS)
- National Health and Nutrition Examination Survey (NHANES)



National Health Interview Survey (NHIS)

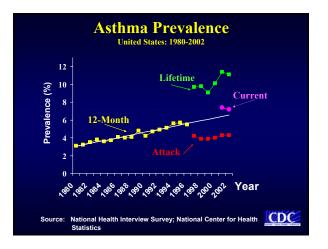
- · Asthma measure: prevalence
- · Conducted annually by NCHS
- · Purpose: monitor health of U.S. population
- · Covers civilian non-institutionalized population
- Cross-sectional household interview survey; multi-stage area probability sample design
- · Based on self-report



1997 NHIS Redesign Changes for Asthma

- Pre 1997
 - 12-Month prevalence:
 - "During past 12 months, did anyone in the family have asthma?"
- Post 1997
 - Lifetime prevalence:
 - "Has a Doctor or other health professional ever told you that you have asthma?"
 - Attack Prevalence:
 - If yes, then asked "During past 12 months, had episode of asthma or asthma attack?"
 - Current prevalence, 2001+
 - · "Do you still have asthma?"





National Vital Statistics System (NVSS)

- · Asthma measure: mortality
- · Cooperative effort between NCHS, states
- NVSS represents federal compilation of data for deaths as mandated by law
- · Represents report of all deaths
- Data available
 - for small geographic areas
 - over a long period of time



Underlying versus Multiple Cause of Death

- Underlying cause of death (UCD) primary cause of death listed on death certificate
- Multiple cause of death (MCD) includes other causes of death listed on death certificate but not considered to be primary cause of death



ICD codes for asthma

- · ICD International Classification of Diseases
 - Mortality
 - Non-mortality use CM (clinical modification)
- · ICD-9: 1979-1998
 - Asthma codes: 493 493.9
- ICD-10: 1999 mortality data
 - Asthma codes: J45-J46
 - Comparability index with ICD-9 for asthma: 0.89
- Clinical modification of ICD-10 still under development, thus still using ICD-9-CM for nonmortality outcomes



Asthma Mortality Rates* by Sex, United States: 1979-2001 ICD-10 25 Females Males Males Source: Underlying Cause of Death; National Center for Health Statistics 'Age-adjusted to 2000 U.S. population

National Hospital Discharge Survey (NHDS)

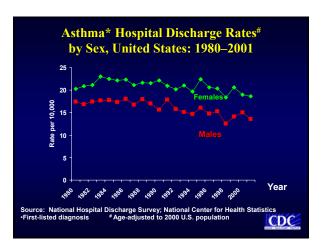
- · Asthma measure: hospitalizations
- · Conducted annually by NCHS
- Encompasses patients discharged from non-institutional hospitals
- Excludes military and V.A. hospitals
- Includes only hospitals with 6 or more beds
- Prior to 1988, included only hospitals where average stay < 30 days
- 1988 redesign: all general and children's general hospitals included regardless of average length of stay
- · Complex multi-stage sample design



NHDS Data

- · Represents discharges, not individuals
- Seven diagnostic fields
 - Field 1: "first-listed" (primary) diagnosis
 - Fields 2-7: other listed diagnoses, not necessarily in order of importance
- Data on race missing for 5-20% of the sample
- Access to variance file available through data agreement with NCHS





National Ambulatory Medical Care Survey (NAMCS)

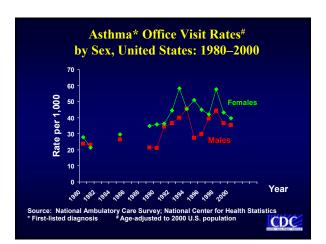
- · Asthma measure: office visits
- Conducted annually by NCHS since 1989; prior, conducted from 1973-1981 and in 1985
- Sample of visits to nonfederally employed officebased physicians primarily engaged in direct patient care
- Excludes physicians in the specialties of anesthesiology, pathology, and radiology
- · Data collected by physician, rather than patient
- · Multistage probability design

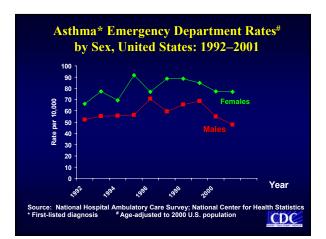


National Hospital Ambulatory Medical Care Survey (NHAMCS)

- · Asthma measure: emergency room visits
- Conducted annually by NCHS since 1992
- Sample of visits to emergency departments and outpatient departments of non-institutional general and short-stay hospitals
- · Excludes Federal, military, and V.A. hospitals
- Data collected by hospital staff
- · Multistage probability design







Strengths and Limitations of National Datasets Currently Used for Asthma Surveillance Strengths

- Data collected annually
- Data collected using rigorous, standardized protocols
- Estimates of measures available for national, regional level
- Limitations
 - Miscoding possible in all datasets
 - Prevalence based on self-report
 - Exact relationship of care utilization to prevalence not clear
 - Asthma mortality uncommon, poor indicator of prevalence
 - Except for mortality, most datasets can not provide information for small geographic areas
 - 2-3 year time lag between data collection and availability
 - 2-3 year time lag between data consoling.

 Better suited for descriptive uses rather than research CDC



National Health and Nutrition Examination Survey (NHANES)

- · Collects information about health and diet of people in the U.S.
- Combines home interview with physical examination and laboratory tests
- Health tests done in Mobile Examination Center (MEC)
- History

 NHANES I (1971-75): 28,000 subjects aged 1-74 yrs
- NHANES II (1976-80): 28,000 subjects aged 6 mo 74 yrs
- HHANES (1982-84): 16,000 subjects of Mexican, Cuban, Puerto Rican heritage NHANES III (1988-1994): 40,000 subjects aged 2 months and older
- HANES Epidemiological Follow-Up Survey (since 1982): follow-up interviews with members of NHANES I cohort



Uses of NHANES for Asthma Surveillance and Research

- · More conducive to research questions than other national datasets
- · Vast number of data items regarding risk behaviors, physical exposures, and laboratory tests
- · Multistage probability design: can obtain national estimates
- · In past, conducted too sporadically to use for surveillance



Current NHANES

- Began in 1999
- · Continuous survey
- · 15 sites a year
- 5,000 surveyed annually
- Another source of asthma prevalence
 - Limited age groups
- · However, does not include spirometry



New Data Sources

- Questions on asthma added to:
 - -NHIS supplement
 - -BRFSS
 - -Longitudinal Survey of Youth



BRFSS

- · World's largest telephone survey
- · Joint CDC/State program
- Measures primarily include health related behavioral risk factors
- Random Adult (18+, civilian non-institutional population)
- Average of 4,000 completed interviews per state
- · Standard set of core questions
- · Rotating core questions
- · Emerging core questions
- Optional modules
- · State added questions



History of Asthma on BRFSS

- Before 1999 sporadic state-added asthma questions, inconsistent wording
- 1999 a 2-question optional module used in 17 states and 2 areas (DC and Puerto Rico)
- 2000 2 questions on the emerging core (all states and areas)
- 2001-2009 2 questions on the core every year
- 11-question module for use since 2001
 - Split into 9-question and 2-question for 2002-9
 - Proposals to change question wording for 2005

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National Longitudinal Survey of Youth

- · Sponsored by the Bureau of Labor Statistics
- 12,686 respondents age 14-22 in 1979
 - Annual interviews
- · 10,918 children of the women in the survey
 - Interviewed every 2 years since 1986
- · Lifetime & current asthma prevalence questions
- 8 Other questions on asthma
 - Some similar to BRFSS
- · Expect the data: Spring 2005



New Data Systems: National Asthma Survey

- · National scope
- · Large N for each area
- · State and city level data
- · Consistent, detailed asthma data
- · SLAITS used for pilot tests
 - National Immunization Survey
- · RFC will be released shortly



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