

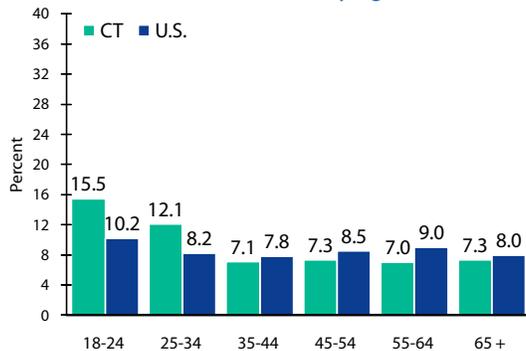
# Asthma in Connecticut

Asthma is a chronic lung disease that affects an estimated 16.4 million adults (aged  $\geq 18$  years)<sup>1</sup> and 7.0 million children (aged  $< 18$  years)<sup>1</sup> 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 Connecticut (CT) 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

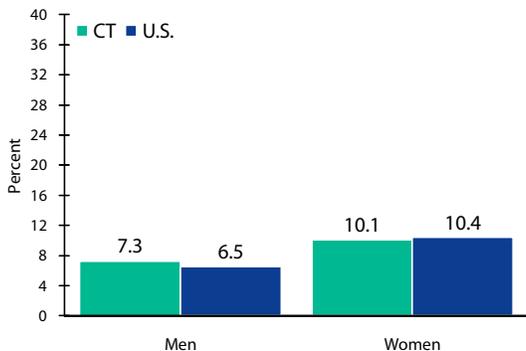
In 2008, an estimated 235,398 adults in Connecticut had asthma. Adult lifetime asthma prevalence was 13.4% and adult current asthma prevalence was 8.8% compared with U.S. rates of 13.3% and 8.5%, respectively<sup>2</sup>.

Adult Current Asthma Prevalence by Age, BRFSS, 2008



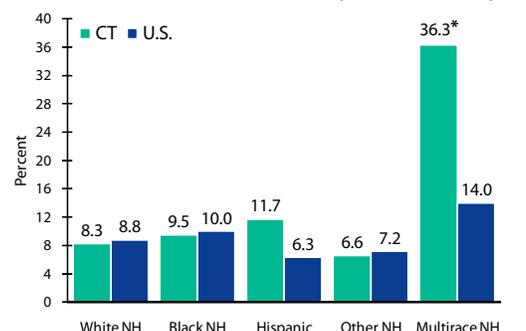
Adult current asthma prevalence was lower among adults aged 35 years and older than adults aged 18-24 years in Connecticut; however the rate was lower among adults aged 25 years and older throughout the U.S.

Adult Current Asthma Prevalence by Sex, BRFSS, 2008



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

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

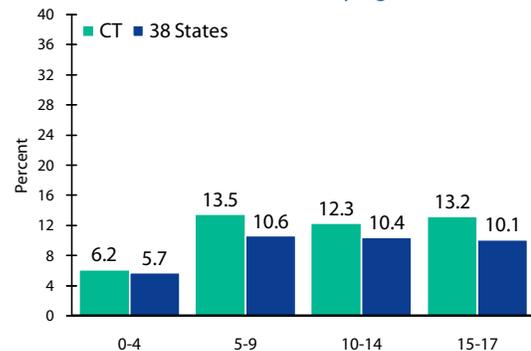


Adult current asthma prevalence was similar among all racial/ethnic groups when compared with non-Hispanic whites in Connecticut; however, rates were higher among non-Hispanic multirace persons and non-Hispanic blacks than non-Hispanic whites throughout the U.S.

\*The estimate is unstable.

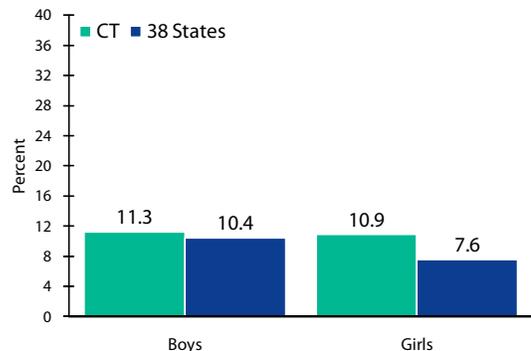
In 2008, an estimated 88,350 children in Connecticut had asthma. Child lifetime asthma prevalence was 16.5% and child current asthma prevalence was 11.1% compared with the 38 participating states' rates of 13.3% and 9.0%, respectively<sup>2</sup>.

Child Current Asthma Prevalence by Age, BRFSS, 2008



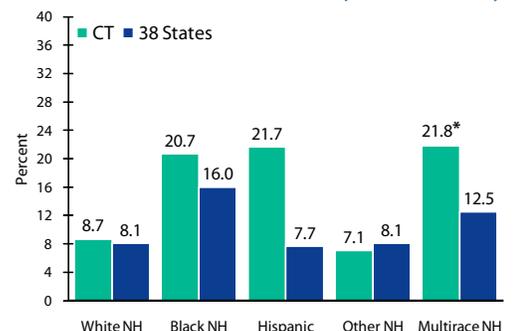
Child current asthma prevalence was lower among children aged 0-4 years than children aged 15-17 years in Connecticut. A similar pattern occurred throughout the 38 participating states.

Child Current Asthma Prevalence by Sex, BRFSS, 2008



Child current asthma prevalence was similar among boys and girls in Connecticut; however rates were higher among boys throughout the 38 participating states.

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



Child current asthma prevalence was higher among Hispanics than non-Hispanic whites in Connecticut; however, rates were higher among non-Hispanic blacks and non-Hispanic multirace persons throughout the 38 participating states.

\*The estimate is unstable.

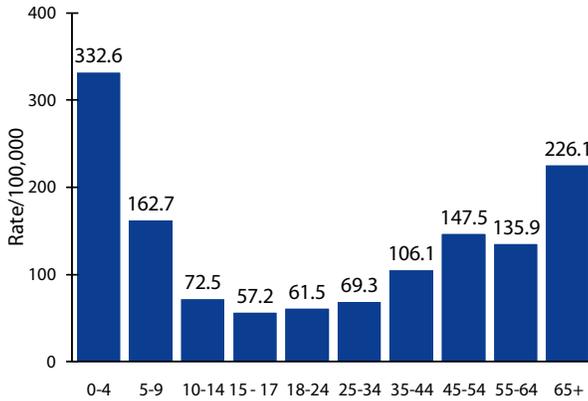
National Center for Environmental Health

Division of Environmental Hazards and Health Effects



### Asthma Hospitalizations

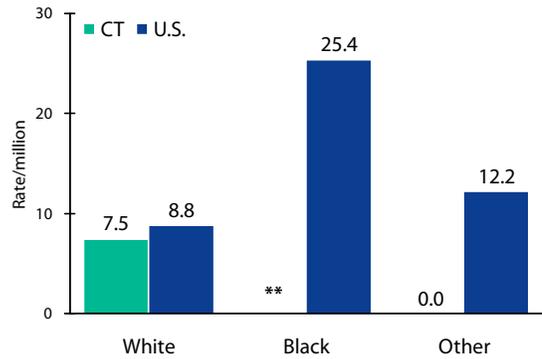
Connecticut Hospital Discharge Data, 2008



The age-adjusted asthma hospitalization rate in Connecticut was 135.3/100,000 persons<sup>3</sup> compared with the U.S. rate of 144/100,000 persons<sup>4</sup>. In Connecticut, the hospitalization rate for children was 161.8/100,000 persons<sup>3</sup> and for adults was 129.7/100,000 persons<sup>3</sup>.

### Asthma Deaths

Age-Adjusted Asthma Mortality Rate by Race, NVSS, 2007



Asthma was the underlying cause of death for 31 adults and less than 10\*\* children in Connecticut<sup>5</sup>. The age-adjusted mortality rate in Connecticut was 8.4/million and the U.S. rate was 11.0/million<sup>5</sup>.  
 \*\*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 Connecticut.

Patient Education: Adults with Current Asthma <sup>6</sup>	Respondents	Yes
Ever taught how to recognize early signs or symptoms of an asthma episode	239	68%
Ever told what to do during an asthma attack	239	80%
Ever taught how to use a peak flow meter to adjust daily medications	242	44%
Ever given an asthma action plan	239	30%
Ever taken a course on how to manage asthma	242	8%

Medication Use: Adults with Current Asthma <sup>6</sup>	Respondents	Yes
Used a prescription asthma medication in the past 3 months <sup>7</sup>	239	70%

**NOTES:**

- National Health Interview Survey (NHIS), 2008
- 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 (\*)  
 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).
- State Hospital Discharge Data, 2008
- National Hospital Discharge Survey, 2008  
 When estimates are based on fewer than 60 hospitalizations, they are considered unstable and should be interpreted with caution. Indicated with an asterisk (\*)
- National Vital Statistics System (NVSS), 2007  
 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 (\*\*)
- Asthma Call-back Survey, 2008
- Medication includes inhalers, pills, syrups, and nebulizers.

CDC's National Asthma Control Program

For more information on asthma:

<http://www.cdc.gov/asthma>

<http://www.ct.gov/dph/cwp/view.asp?a=3137&q=387988>