2007 Georgia Program and Data Summary:

ASTHMA

An estimated 10% of children in Georgia have asthma. Among children with asthma, hospitalization rates are highest for those ages four and under.

GEORGIA ADDRESSING ASTHMA FROM A STATE PERSPECTIVE (GAASP)

The Georgia Department of Human Resources (DHR) established the Georgia Addressing Asthma from a State Perspective (GAASP) program with a grant from the Centers for Disease Control and Prevention (CDC) in 2001.

GEORGIA ASTHMA ADVISORY COUNCIL

The Georgia Asthma Advisory Council (GAAC) is a collaborative group of medical and public health professionals, business and government agency leaders, community activists and others dedicated to improving the quality of life for people with asthma through information-sharing, networking, and advocacy. A robust and active organization, the coalition currently has over 45 organizations from all corners of the state. In 2003, coalition committees produced the Strategic Plan for Addressing Asthma in Georgia that outlines a comprehensive approach to addressing asthma through a broad range of population-based strategies based on the Healthy People 2010 model. Because asthma is controllable but not curable or preventive at this time, efforts are focused on secondary and tertiary prevention. The activities occur through the framework of five committees, each focused on five main objectives outlined in the Plan:

- Maintain a comprehensive surveillance system in Georgia by using data to track patterns and trends related to prevalence, burden, and risks.
- Increase awareness and knowledge of the public and community regarding asthma-related issues.
- Identify training needs and opportunities to improve knowledge, skills, attitudes, and practice regarding asthma.
- Increase knowledge and improve the ability of patients and families to self-manage their asthma.
- Increase awareness and management techniques among disparate populations.

INITIATIVES AND PARTNERSHIPS

Certification and Training

Through a contract from GAASP, Georgia State University identified and trained public health nurses across the state to become leaders in training future asthma care managers.

The training is based on the Department of Human Resources (DHR)-approved curriculum that includes the epidemiology and cause of asthma, role of the case manager, asthma symptoms and medical treatment, use of asthma-related tools and equipment, identification and control of asthma triggers, collaboration through team approach, and methods for educating children with asthma and their caregivers on how to self-manage asthma.

Healthcare Provider Education

Under the guidance of the Asthma Program, the Medical Association of Georgia (MAG), a state asthma program partner, has conducted training and provided opportunities to improve knowledge, attitudes, and practice in asthma management among healthcare providers.

Asthma Educator Institute

The Asthma Educator Institute provides a preparatory course for those qualified to take the National Asthma Educator Certification Examination, sponsored by the National Asthma Educator Certification Board (NAECB), or for those who provide asthma education to individuals living with asthma.

GAASP contracted with the American Lung Association of Georgia (ALA-GA) to implement the educational course designed to demonstrate the proper use of devices and skills by health care professionals who are teaching their patients about asthma management.
WHAT IS ASTHMA?

- Asthma is a chronic inflammatory disorder of the lungs and airways that causes recurrent episodes of wheezing, breathlessness, chest tightness, and coughing.

ASThma PREVALENCE

- Approximately 137,000 (10%) children ages 10 and younger in Georgia have asthma.
- Approximately 56,000 (15%) middle school students in Georgia have asthma.
- Approximately 70,000 (16%) high school students in Georgia have asthma.
- Approximately 540,000 (8%) adults in Georgia have asthma.
  - Asthma is more common among adult women (10%) than adult men (6%).
  - Adults with higher education and income are less likely to be affected by asthma than adults with lower education and income.

**Percentage of youth and adults who have asthma, Georgia, 2005 and 2006**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>15</td>
</tr>
<tr>
<td>5-14 years</td>
<td>16</td>
</tr>
<tr>
<td>15-24 years</td>
<td>8</td>
</tr>
<tr>
<td>25-34 years</td>
<td></td>
</tr>
<tr>
<td>35-44 years</td>
<td></td>
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<tr>
<td>45-54 years</td>
<td></td>
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<tr>
<td>55-64 years</td>
<td></td>
</tr>
<tr>
<td>65-74 years</td>
<td></td>
</tr>
<tr>
<td>75-84 years</td>
<td></td>
</tr>
<tr>
<td>85+ years</td>
<td></td>
</tr>
</tbody>
</table>

*Student data are from 2005; adult data are from 2006.

EMERGENCY DEPARTMENT (ED) VISITS

- There were more than 50,000 ED visits for asthma in Georgia in 2005.
- The overall rate of ED visits due to asthma was 549 per 100,000 persons in 2005.
- Children ages 1 to 4 had the highest rate of asthma-related ED visits; 1,562 per 100,000 persons.
- The rate of asthma-related ED visits decreases as age increases.
- ED charges related to asthma totaled approximately $46 million in 2005.

HOSPITALIZATIONS

- There were more than 12,000 hospitalizations for asthma in Georgia in 2005.
- Asthma hospitalization rates were highest among young children and older adults.
- Blacks are twice as likely as whites to be hospitalized with asthma.
- Hospitalization charges related to asthma totaled more than $126 million in 2005.

**Asthma hospitalizations by age group, Georgia, 2005**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>323</td>
</tr>
<tr>
<td>5-14</td>
<td>142</td>
</tr>
<tr>
<td>15-24</td>
<td>38</td>
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<tr>
<td>25-34</td>
<td>48</td>
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<tr>
<td>35-44</td>
<td>89</td>
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<tr>
<td>45-54</td>
<td>148</td>
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<tr>
<td>55-64</td>
<td>148</td>
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<tr>
<td>65-74</td>
<td>244</td>
</tr>
<tr>
<td>75-84</td>
<td>314</td>
</tr>
<tr>
<td>85+</td>
<td>333</td>
</tr>
</tbody>
</table>

DEATHS

- On average, from 2000 to 2005 there were 117 asthma deaths per year.
- Blacks are 2.6 times more likely than whites to die from asthma.
- Females are 1.6 times more likely than males to die from asthma.
- Death rates from asthma increase with age.

**Asthma death rates, by race and sex, Georgia, 2000-2005**

<table>
<thead>
<tr>
<th>Race</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>0.8</td>
<td>1.4</td>
</tr>
<tr>
<td>Black</td>
<td>2.4</td>
<td>3.2</td>
</tr>
</tbody>
</table>
CHILDREN: Medicine Use

- 84% of children with asthma use prescription medications, including 36% with prescriptions for control and quick-relief medications, 14% with a prescription for control medications only, and 34% with a prescription for quick-relief medications only.

- 17% of children with asthma use two or more prescriptions per year.

![Use of asthma prescription medicines among children with asthma, Georgia, 2002-2003](chart)

CHILDREN: Asthma Management and Training

- 60% of children with asthma have had an asthma attack.

- About 75,000 (48%) children ages 5 to 17 reportedly missed approximately 470,000 school days due to their asthma.

- About 48,000 (23%) children with asthma reported having limitations in their daily activity, compared to their friends.

ADULTS: Asthma Management

- 56% of adults with asthma reported having had an episode of asthma or an asthma attack.

- 14% of adults with asthma reported they were unable to work or carry out usual activities on one or more days.

- 42% of adults with asthma reported having no routine checkups for their asthma.

ASTHMA PREVENTION

Know the common triggers

Exposure to the following environmental irritants and allergens can cause an asthma attack:

- Tobacco smoke
- Dust mites
- Pets (animal dander)
- Cockroaches
- Fungi and molds (indoor and outdoor)

Take control of asthma

- Reduce exposure to your triggers.
- Work with your doctor to create an asthma management plan.
- Monitor your breathing and airways with a peak flow meter, as recommended by your doctor.
- Treat symptoms early.
- Learn when to seek medical help.

Create an asthma management plan

An asthma management plan is a written guide set up by your doctor and you to help manage your asthma, based on your individual needs.

Your plan will tell you:

- What brings on your asthma symptoms.
- How to avoid triggers and reduce exposure.
- What medicines to take and when to take them.
- When you need to seek medical help.

Tips for using an asthma management plan:

- Go over each step of the plan with your doctor.
- Understand instructions for medications.
- Learn to use equipment, such as nebulizers, properly.
- Schedule routine visits to discuss your asthma with your doctor.
- Let your doctor know if your plan is not working, so that the plan can be revised as needed.

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§Control medications: medicines designed to control airway inflammation and prevent attacks from occurring.
Quick-relief medications: medicines designed to provide quick relief of asthma symptoms during an attack or exacerbation.
YOUTH EDUCATION

The American Lung Association of Georgia (ALA-GA) provides an Asthma 101 program to parents, educators and school nurses. The program includes disease overview, triggers, warning signs, medication and its effects, and available treatment to improve the knowledge of healthcare professionals and caregivers.

The Asthma Program has contracted with ALA-GA to provide the Open Airways for Schools curriculum to middle schools, which increases the knowledge of children with asthma so they can better understand and manage their illness and lead normal lives.

Additionally, the Asthma Program has provided scholarships for the disparate and indigent populations to attend Camp Breathe Easy, which offers a residential pediatric asthma program. This allows children with moderate to persistent asthma who require daily medication to participate in a broad range of camp activities, that may not be available to them at traditional residential camps.

WORLD ASTHMA DAY

World Asthma Day is organized by the Global Initiative for Asthma (GINA), in collaboration with health care groups and asthma educators, to raise awareness about asthma and improve asthma care throughout the world.

Each year GINA chooses a theme and organizes preparation and distribution of World Asthma Day materials and resources.

DHR partners with agencies such as the Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), American Lung Association of Georgia (ALA-GA), and other community organizations to provide educational activities for children in elementary schools, particularly schools in minority communities.

Local communities throughout the state of Georgia, who receive special funding from DHR, also implement asthma interventions during World Asthma Month.

SPECIAL PROJECT FUNDING TO PUBLIC HEALTH DISTRICTS

The state Asthma Program awards one-year special project funds to multiple Georgia public health districts and coalitions. This funding enables public health districts to conduct interventions and implement asthma prevention strategies to serve communities that are disproportionately affected by asthma.

These funds also help establish partnerships between the state Asthma Program and local asthma coalitions to develop innovative, model programs for improving asthma care.

GAASP/TUPP PARTNERSHIP

The Georgia Asthma Program has partnered with the Tobacco Use Prevention Program (TUPP) to address smoking cessation and secondhand smoke issues as they relate to asthma.

Collaboration with local coalitions, associations, environmental groups, and health and safety groups will help improve the quality of life for people with asthma and all Georgians.

ASThma ADVOCACY EFFORTS

Over the years, GAASP's advocacy efforts have played an integral role in:

- Recognizing May as National Asthma and Allergy Awareness Month.
- Encouraging passage of law SB 472, requiring schools to allow children to carry asthma inhalers while on school grounds.
- Promoting national guidelines for the diagnosis and management of asthma and allergies.
- Adhering to national standards to improve quality of care for patients.
- Working with our partners to strengthen laws that protect patients' rights.

Data sources:

4. Georgia Hospital Inpatient Discharge Data, Office of Health Information and Policy (OHIP), 2005
5. 2002 Georgia Childhood Asthma Survey

Date updated: August 2007
Publication number: DPH07/093HW

Visit http://www.health.state.ga.us/epi/cdiee/asthma.asp for more information about asthma in Georgia.
Visit http://health.state.ga.us/programs/asthma/index.asp for more information about the Georgia Asthma Program.