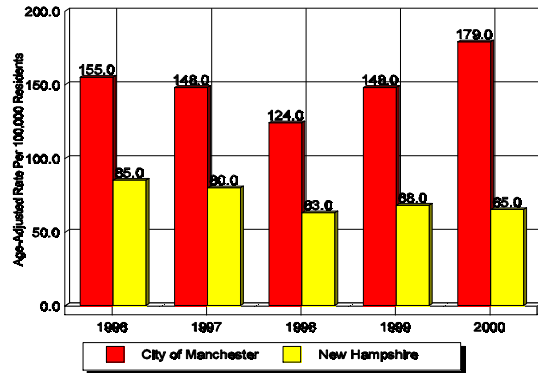




City of Manchester Department of Health ASTHMA REPORT CARD

Inpatient Hospitalizations for Asthma Age-Adjusted Rates Per 100,000 Residents Manchester and New Hampshire, 1996-2000¹



HEALTHY MANCHESTER 2010 OBJECTIVE: Reduce hospitalizations for pediatric asthma to 79 per 100,000 children ages 0 to 17 years. Reduce hospitalizations for asthma to 77 per 100,000 individuals ages 5 to 64 years.

In school year 2004-2005, 1,546, or 8.8% of children in Manchester’s public schools reported a diagnosis of asthma.² Asthma is a chronic lung disease that has been increasing in occurrence in the United States. The number of people affected by asthma has doubled in the last 15 years, and affects about 15 million people nationwide.³ The New England region has higher rates of self-reported adult asthma than the other 44 states combined. Combining the effects for adults and children, an estimated 1.2 million New England residents had asthma in 2001, and 1.7 million residents had it in their lifetime. Among New England states, NH is fourth in reporting that 11% of children under 18 years have ever been told they have asthma.⁴

Risk factors for asthma include poverty, minority racial/ethnic groups, living in an urban setting, female gender, family history of asthma and allergies, environmental exposures, and psychosocial stressors.^{3,4}

The negative consequences of asthma include missed school and work days, restrictions in activity, costly hospital stays, preventable emergency room visits, and deaths. According to the American Lung Association, asthma results in approximately 14 million missed school days per year, nationally.⁵ In the entire state of NH in 2000, there were 6,793 emergency room, or outpatient hospital visits for asthma among all age groups.³ In Manchester, there were 988 emergency room, or outpatient hospital visits among all age groups.⁶ Although the total number of visits is smaller among Manchester residents, the community has almost double the rate per 100,000 residents of emergency room visits for asthma compared to all the State as a whole. These poor outcomes are entirely preventable if asthma is appropriately managed and controlled.

Outpatient Hospital Visits by Manchester Residents in 2000^{6,7}

| Ages | Total Population | Total # of ER Visits for Asthma |
|--------------|------------------|---------------------------------|
| 0 to 14 | 21,397 | 156 |
| 15 to 24 | 32,218 | 408 |
| 25 to 44 | 31,468 | 328 |
| 45 to 74 | 14,658 | 73 |
| 75 to >85 | 7,265 | 23 |
| Total | 107,006 | 988 |

WHO PAYS? In the state of New Hampshire in 1998, the estimated direct and indirect healthcare cost for asthma was \$46 million, according to the Asthma and Allergy Foundation of America.⁸ The total cost for preventable emergency room visits among adults and children in New Hampshire in 2000 was \$3.3 million, with an average cost of \$487.00 per visit.³ Nationally, residents spent \$12.7 billion for direct and indirect healthcare costs for asthma in 1998. In addition, the cost to the nation to treat asthma in children under the age of 18 years is an estimated \$3.2 billion per year.⁸

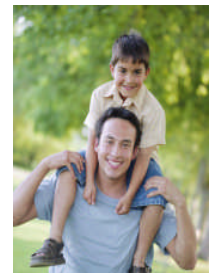


WHAT WORKS? RECOMMENDATIONS FOR THE COMMUNITY:

- Increase the Proportion of Providers Adhering to National Asthma Guidelines.** Evidence shows that many persons with asthma are misclassified, and undertreated. Evidence also shows that education for health care providers, and tools for measuring and reporting adherence to clinical guidelines can improve asthma outcomes.⁹
- Create Asthma-Friendly Schools in Manchester.** Components of an asthma-friendly school, as endorsed by the CDC and National Asthma Education and Prevention Improvement Program include the following: promote schools that are free of tobacco; endorse an “anti-idling” campaign; reduce indoor allergens and triggers like dust, cockroaches, animals, and chemicals; ensure every asthmatic has a written asthma plan; train all school staff about asthma and allergy reduction measures.¹⁰
- Develop and Implement In-home Interventions** for center-city children and families at high-risk. In-home interventions have been successful in improving outcomes by teaching allergen avoidance, improving indoor air quality in homes, and improving self-management skills.¹¹
- Link Families and Children with Medical Homes** in order to optimize preventive and chronic care for asthma.¹²

RECOMMENDATIONS FOR THE INDIVIDUAL:

- Prevention is the Best Way to Stay Healthy.** Learn your asthma triggers. Prepare your home so you avoid these triggers. Common triggers include tobacco smoke, dust mites, cockroaches, pet dander, chalk dust, smoke, weather changes, pollen, and ragweed.⁵
- Talk with Your Doctor** about getting a spacer, an asthma action plan, and a peak flow meter so you can effectively self-manage your asthma.⁹
- Learn Proper Techniques for Taking Rescue and Preventive Medications.**⁹
- Follow the “Rules of Two”.** Asthmatics who are using rescue medicines more than twice a week, or awakening from sleep more than twice a month, or using more than two canisters of asthma medication per year are not well-controlled, and should visit their doctor.⁹
- Visit Your Physician** at least every 3 months for asthma follow-up.⁹



FOR MORE INFORMATION ON HOW TO IMPROVE ASTHMA OUTCOMES IN THE MANCHESTER COMMUNITY, PLEASE CONTACT:

- ✓ American Lung Association of NH: 1-800-LUNGUSA or www.nhlung.org
- ✓ Manchester Asthma Coalition, Manchester Health Department (603)624-6466