

BACKGROUND

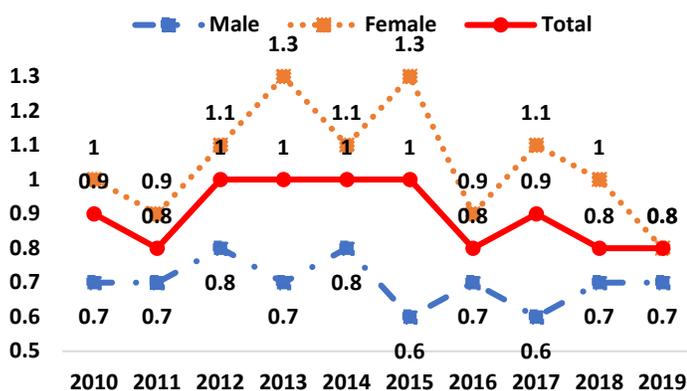
Asthma is a lung disease characterized by wheezing, breathlessness, chest tightness, and coughing. The cause of asthma is unclear, but triggers such as pollen, animal dander, mold, cockroaches, dust mites, tobacco smoke, physical activity, certain foods and medication have been associated with asthma. Asthma has no cure, but it can be controlled by taking medicine and avoiding the triggers.

WHO DOES THE ISSUE IMPACT?

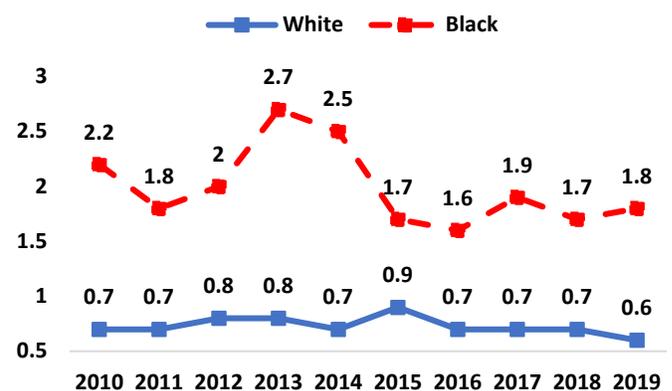
Asthma can affect people at all ages. In Pennsylvania, the age-adjusted asthma mortality rate remained relatively stable between 2010 and 2019, with a range of 0.8 to 1.0 per 100,000 population. This is equivalent to approximately 102 to 128 deaths from asthma every year. By sex, the asthma mortality rates in males and females remained steady during that same time, although the rate fluctuated more in females. The mortality rate was generally higher in females than in males. In females, the asthma mortality rate ranged from 0.8 to 1.3 per 100,000, which is equivalent to approximately 52 to 85 deaths in females from asthma every year. In males, the asthma mortality rate ranged from 0.6 to 0.8 per 100,000 between 2010 and 2019, which is equivalent to approximately 38 to 50 deaths in males from asthma every year. By race and ethnicity, the asthma mortality rate was consistently higher in non-Hispanic Blacks than in non-Hispanic Whites between 2010 and 2019. The rate in Whites remained relatively unchanged over the 10 years, ranging from 0.6 to 0.9 per 100,000. The rate in Blacks declined from 2.2 per 100,000 in 2010 to 1.8 per 100,000 in 2019. While the mortality rate in Blacks has been declining, it is still more than twice that of Whites. In 2019, approximately 28 Blacks and 63 Whites died from asthma. By sex and race/ethnicity, the asthma mortality rate was higher in Black females and Black males than in White females and White males. The rate was similar for Black females and Black males, with greater fluctuations in Black females between 2010 and 2019. The rate was consistently lowest in White males over the 10 years among the four racial groups. In 2019, the mortality rate and deaths in each of the above racial groups were as follows: 2.1 per 100,000 in Black males (16 deaths), 1.5 per 100,000 in Black females (12 deaths), 0.7 per 100,000 in White females (37 deaths), and 0.5 per 100,000 in White males (26 deaths).

Although asthma is common among children and young adults, the mortality rate increased as age increased. The mortality rate was substantially higher among those who were 85 years or older. In 2019, the mortality rate and deaths by age group were as follows: 0.3 per 100,000 in people aged 0 – 19 years (nine deaths), 0.6 per 100,000 in people aged 20 – 44 years (24 deaths), 1.1 per 100,000 in people aged 45 – 64 years (37 deaths), 1.2 per 100,000 in people aged 65 – 84 years (25 deaths), and 6.6 per 100,000 in people aged 85 years or older (22 deaths).

Age-adjusted Asthma Mortality Rate (per 100,000) by Sex, PA, 2010-2019



Age-adjusted Asthma Mortality Rates (per 100,000) by Race/Ethnicity, PA, 2010-2019



WHAT ARE WE DOING?

The Department of Health through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) is working “to improve the reach, quality, effectiveness, and sustainability of asthma control services and to reduce asthma morbidity, mortality and disparities by implementing evidence-based strategies across multiple sectors.” The two main approaches of this work are enhancing infrastructure and leveraging partnerships to expand the six **EXHALE** strategies: **E**ducation on asthma self-management; **EX**tinguishing smoking and exposure to second-hand smoke; **H**ome visits for trigger reduction and asthma self-management education (AS-ME); **A**chievement of guidelines-based medical management; **L**inkages and coordination of care; and **E**nvironmental policies or best practices to reduce indoor and outdoor asthma triggers. In collaboration with multiple partners, the Department of Health is supporting asthma home visiting, asthma self-management education in schools and community locations, smoking cessation and outreach, quality improvement initiatives for physician practices and health systems, and policy education and outreach campaigns on topics such as second-hand smoke, school stock inhalers, and air quality. The Department of Health also facilitates the Pennsylvania Asthma Partnership, the development and implementation of the statewide Asthma Strategic Plan, and asthma surveillance.

WHAT CAN YOU DO?¹

- Take your medicine exactly as your doctor tells you and stay away from things that can trigger an attack to control your asthma.
- You can breathe in some medicines and take other medicines as a pill. Asthma medicines come in two types—quick-relief and long-term control. Quick-relief medicines control the symptoms of an asthma attack. If you need to use your quick-relief medicines more and more, visit your doctor to see if you need a different medicine. Long-term control medicines help you have fewer and milder attacks, but they don’t help you while you are having an asthma attack.
- Asthma medicines can have side effects, but most side effects are mild and temporary. Ask your doctor about the side effects of your medicines.
- *You can control your asthma.* Discuss with your doctor and make your own asthma action plan. Decide who should have a copy of your plan and where he or she should keep it. Take your long-term control medicine even when you don’t have symptoms.

RESOURCES FOR MORE INFORMATION

- Pennsylvania Department of Health Asthma Control Program:
<https://www.health.pa.gov/topics/programs/Asthma/Pages/Asthma.aspx>
- The Centers for Disease Control and Prevention Asthma Program:
<https://www.cdc.gov/asthma/default.htm>

If you have any questions, contact us at RA-DHPAAsthma@pa.gov.

¹ The Centers for Disease Control and Prevention. (2019, September 6). *Learn how to control asthma*. <https://www.cdc.gov/asthma/faqs.htm>
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