



Policy Brief

Asthma in Texas: An Overview

Introduction

Asthma is an increasing public health problem, the incidence of which has increased over the past two decades in Texas and the United States. Asthma is a chronic respiratory disease. Attacks vary from mild to life threatening and include inflammation and narrowing of small airways. Asthma triggers include allergens, like pollen; infections; exercise; weather changes and exposure to airway irritants, like tobacco smoke. Asthma disproportionately affects some populations more than others. It can be controlled, but not cured.

The Texas Legislature's House Committee on Public Health has been charged to examine the status of asthma in Texas; make recommendations to prevent asthma and to assist children and adults with asthma to more effectively manage their disease; and to develop strategies for decreasing the direct medical and indirect costs associated with asthma. This issue brief is part of a series produced by the Center for Health and Social Policy at the LBJ School at the University of Texas at Austin designed to inform State health and social policy development.

About The Center for Health and Social Policy

The Center for Health and Social Policy (CHASP) was created in 2002 with a mission to enhance research and teaching and inform public debate in health and social policy issues. Quality research and informed debate are critical as demographic and economic trends rapidly change the contours of our state and nation, and we face pressing needs and problems that impact our quality of life.

Please visit our website via <http://www.utexas.edu/lbj/research/chasp/index.php> to learn more about CHASP events, publications and other initiatives.

Acknowledgments

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The Demographics of Asthma

Asthma appears to affect proportionally fewer people in Texas than in the nation as a whole. In 2005, according to Behavioral Risk Factor Surveillance System (BRFSS) data, almost 8% of US adults reported that they currently had asthma. In the same year in Texas, 6.8% of adults, accounting for 1.6 million people, reported that they were currently suffering from asthma.

The profile of people with asthma in Texas mostly mirrors that of the nation. In both the US and Texas in 2005, Hispanics reported the lowest incidence of current asthma at 5.6% and 4.7%, respectively. African Americans reported a higher incidence of current asthma than other ethnic groups in both the US (8.7%) and Texas (8.8%). In Texas, those reporting family earnings less than \$15,000 in 2005 had the highest incidence of current asthma (11.6%). In the US, those reporting family earnings of less than \$15,000 as well as those reporting income of between \$15-\$24,000 had higher incidences of current asthma (7.7%) than other income groups.

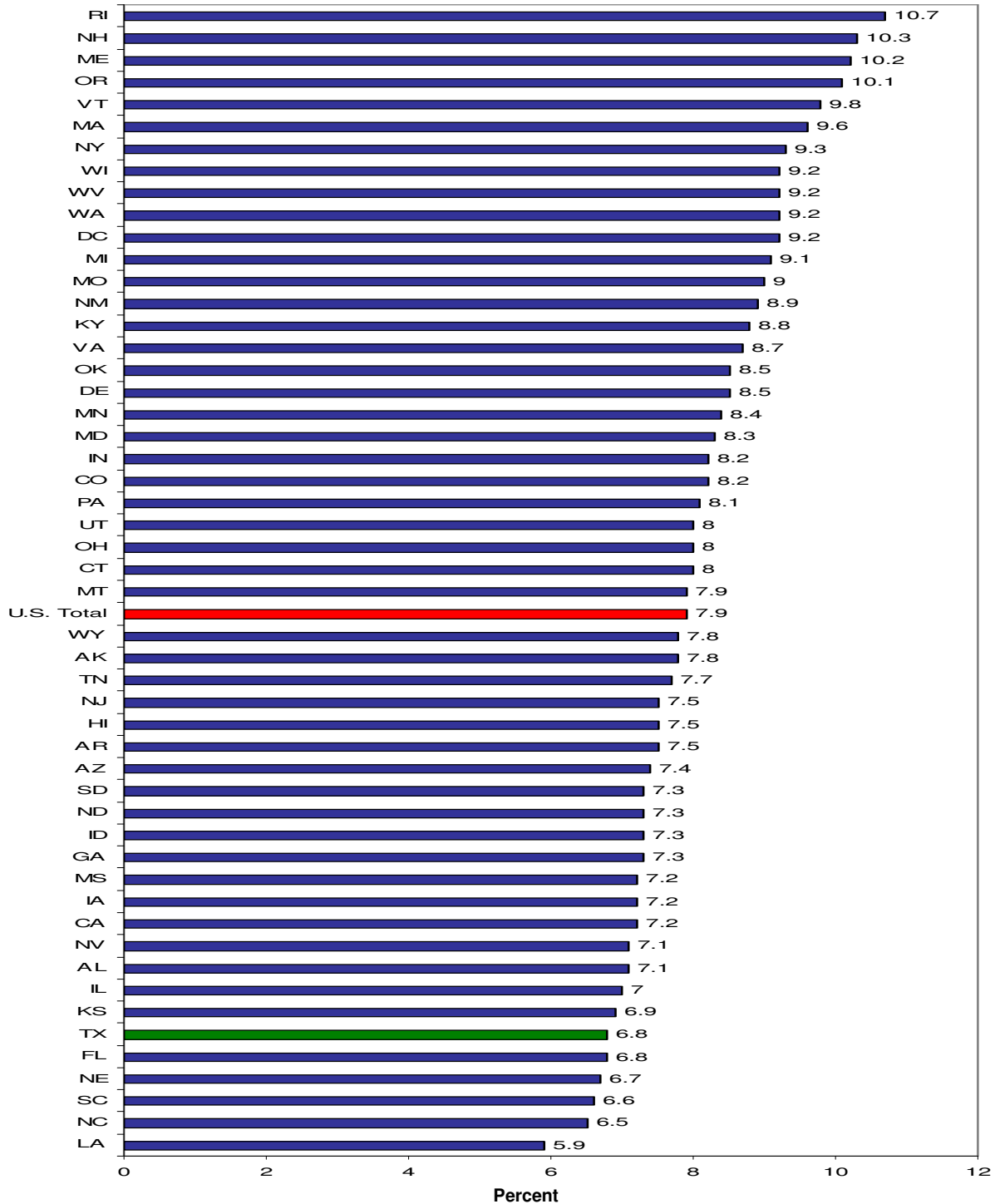
When examined by age group, the incidence of asthma among Texans stands out. While the highest rate of asthma nationwide occurs among youth (18-24), it is highest among the 55-64 year old age group in Texas.

2005 Current Asthma Prevalence		
	TX	US
Total	6.8%	7.9%
Age		
18-24 years	5.6%	9.1%
25-34 years	6.0%	7.6%
35-44 years	6.6%	7.5%
45-54 years	6.7%	7.7%
55-64 years	8.8%	8.4%
65+ years	8.0%	7.3%
Race/Ethnicity		
White	7.8%	8.1%
African American	8.8%	8.7%
Hispanic	4.7%	5.6%
Multirace (NonHispanic)	11.9%	13.5%
Other (NonHispanic)	4.7%	7.2%
Family Income		
< \$15,000	7.7%	11.6%
\$15-\$24,999	7.7%	8.9%
\$25-\$49,999	7.5%	7.7%
\$50-\$74,999	5.7%	7.1%
≥ \$75,000	6.4%	6.5%
Source: Behavioral Risk Factor Surveillance System (BRFSS), CDC		
Figure 1		

How Does Texas Compare to Other States and Over Time?

With 6.8% of adult Texans reporting that they currently had asthma, Texas tied with Florida for the 5th lowest incidence of asthma nationwide in 2005. Like Texas, most of the other states with low rates are in the South. Within Texas, current asthma prevalence is generally lower in the south and west and higher in the north central and eastern areas of the state.

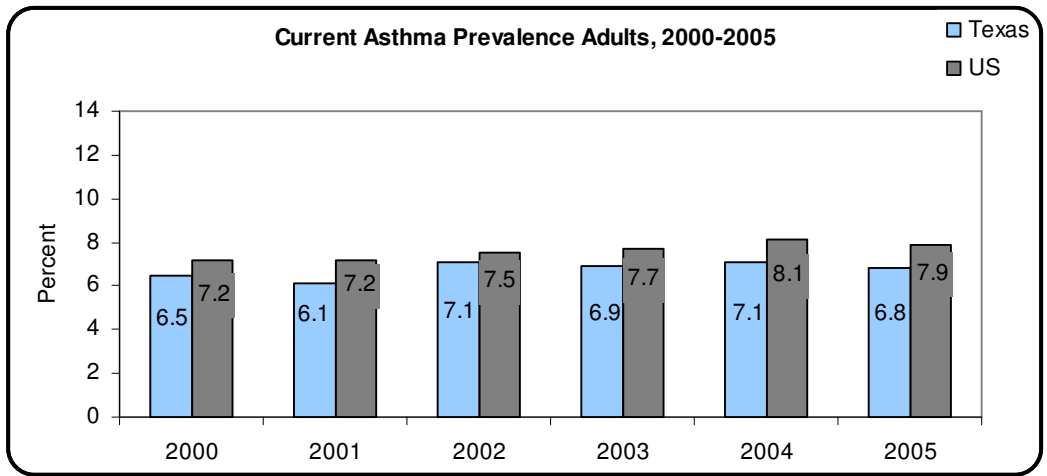
Adult Current Prevalence by State, 2005



Source: Behavioral Risk Factor Surveillance System (BRFSS), CDC

Figure 2

In addition to looking at a snapshot of asthma in Texas, it is important to look at trends over time. Figure 3 shows that the incidence of asthma in both Texas and the US increased between 2000 and 2005. Texas saw the highest incidence of current asthma among adults in 2002 and 2004 (7.1% in each year). The highest incidence of asthma in the US occurred in 2004 (8.1%).



Source: Behavioral Risk Factor Surveillance System (BRFSS), CDC

Figure 3

Rate of Asthma Hospitalization per 10,000 Texas Residents					
	2000	2001	2002	2003	2004
Total	11.0%	10.7%	11.8%	12.1%	11.5%
Age					
0-4 years	39.0%	36.9%	38.6%	35.0%	34.2%
5-9 years	17.6%	15.5%	19.0%	18.4%	19.8%
10-14 years	10.7%	8.6%	9.2%	8.4%	8.5%
15-34 years	4.5%	4.2%	4.6%	4.2%	3.6%
35-64 years	8.3%	8.4%	9.4%	10.0%	9.2%
65+ years	14.0%	16.3%	17.8%	22.0%	20.0%
Race/Ethnicity					
White	9.7%	9.0%	10.1%	10.2%	9.8%
African American	20.7%	19.5%	22.5%	23.5%	23.7%
Hispanic	9.0%	9.9%	10.2%	10.3%	8.8%
Other	15.0%	17.6%	21.8%	24.1%	23.7%

Source: Texas Asthma Program, Texas Department of State Health Services

Figure 4

The 0-4 year age group had the highest rate of asthma hospitalizations in Texas in 2000-2004, although a decline in hospital stays in this age group can be seen over the time period. Those 65 years and older saw an increase in asthma hospitalization rates through 2003 with a decline in 2004. African Americans as well as those in the “other” race/ethnicity category had an overall increase in hospitalization rates for asthma from 2000-2004. Hospitalization rates for Whites and Hispanics did not show a significant trend over the same time period.

The Cost of Asthma

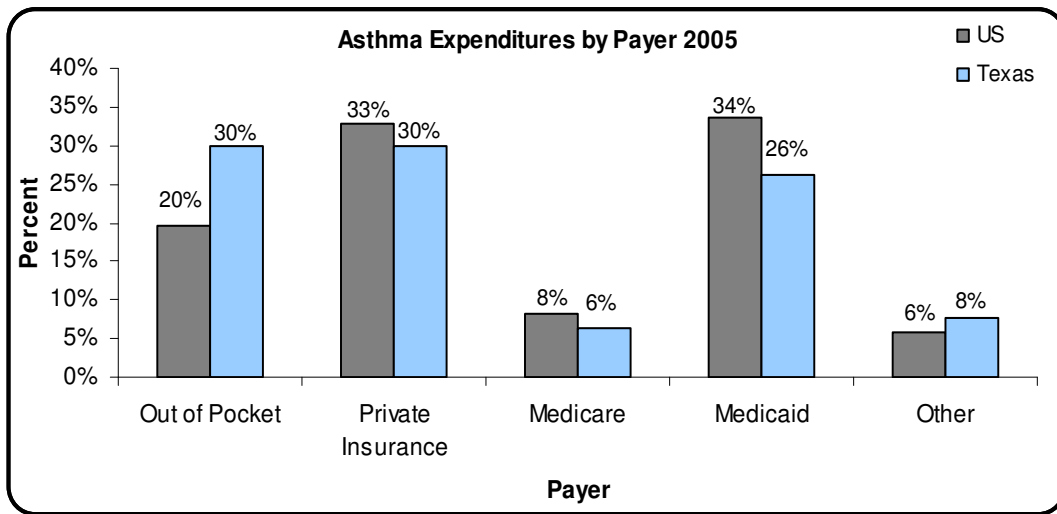
In 2005, in both Texas and the US, asthma expenditures accounted for about 1% of total health care expenditures.

Average asthma expenditures by service for 2000-2005 show that prescription drugs accounted for the majority of asthma expenses in the US and Texas, 48.2% and 49.5%, respectively. Hospital inpatient stays were the second highest expenditure category, accounting for 21.1% of asthma expenditures in Texas and 23.6% of US asthma expenditures. Outpatient and doctor's office visits accounted for 18.5% of asthma expenditures in Texas and 16.7% of US asthma expenditures, while visits to the emergency room and care provided in the home health setting generated the lowest asthma expenditures.

Figure 6 shows that 29.9% of total asthma expenses in Texas were paid by individuals in 2005, compared to 19.5% at the national level. Medicaid accounted for a greater proportion of asthma expenditures in the United States in general than in Texas in 2005: 33.6% to 26.1%, respectively. This could be explained by the fact that Texas has a high rate of uninsured people who, in other states, might be income-eligible for Medicaid.

2005 Asthma Expenditures		
	TX	US
Total Expenditures	\$665,706,039	\$13,360,944,340
Expenditures as a Percent of Total Health Care Spending	1.0%	1.3%
Expenditures per Capita	\$870.60	\$1,101.85
Expenditures by Service (Average 2000-2005)		
Outpatient and Office-Based Medical Provider Visits	18.5%	16.7%
Hospital Inpatient Stays	21.1%	23.6%
ER Visits	5.6%	4.3%
Prescription Drugs	49.5%	48.2%
Home Health	5.2%	7.1%
Source: Medical Expenditure Panel Survey (MEPS), Household Component, 2000-2005, Agency for Healthcare Research and Quality, Rockville, Maryland		

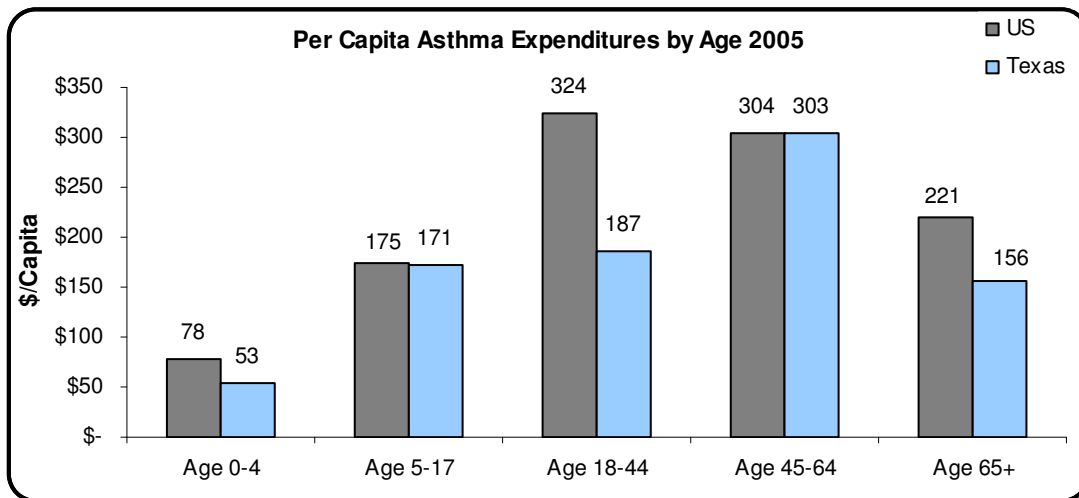
Figure 5



Source: Medical Expenditure Panel Survey (MEPS), Household Component, 2005, Agency for Healthcare Research and Quality, Rockville, Maryland

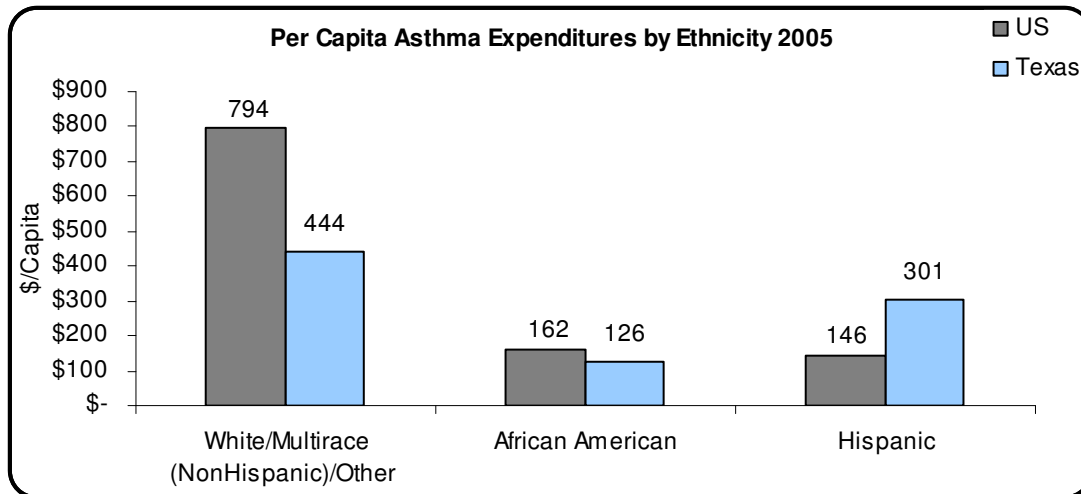
Figure 6

In every age group, Texans' per person asthma costs were lower than the national average. In 2005, the 0-4 age group in both the US and Texas had the lowest per capita asthma expenditures - \$78 and \$53, respectively. In the US, the highest per capita asthma expenditures - \$324 - were found in the 18-44 age group. In Texas, this age group had per capita asthma expenditures of \$187, making it the group with the second highest per capita expenses in the state. The highest per capita asthma expenditures in Texas in 2005 were found among the 45-64 age group at \$303.



Source: Medical Expenditure Panel Survey (MEPS), Household Component, 2005, Agency for Healthcare Research and Quality, Rockville, Maryland

Figure 7



Source: Medical Expenditure Panel Survey (MEPS), Household Component, 2005, Agency for Healthcare Research and Quality, Rockville, Maryland

Figure 8

In 2005, the highest per person asthma expenditures for ethnicity in both Texas and the US were found in the White/Multirace(NonHispanic)/Other ethnic category - \$444 and \$794 respectively. The exception to Texas' lower costs is among Hispanics. In Texas, 2005 per capita spending was higher for Hispanics than it was the US, \$301 vs. \$146. More information is needed to determine whether this is due to an access issue, a cultural difference or other factors.

Conclusion

Although Texas ranks low in adult asthma incidence in the US, there are public health opportunities to be addressed through state policy initiatives. Data show that African Americans and those in lower income brackets have higher incidences of asthma in Texas. Children in the 0-4 year old age group have the highest incidence of asthma related hospitalizations in the state. The hospitalization rates for African Americans increased significantly between 2000 and 2004. As in other states, asthma-related spending on prescription drugs is high. Individuals in Texas pay a proportionally higher percent of health care costs related to asthma, while Medicaid pays for a lower proportion of asthma expenditures in Texas than at a national level.

Asthma cost Texans \$666 million dollars in 2005. This is no small investment and it undoubtedly includes preventable asthma costs, especially among those who, for cultural, economic or other reasons, are not well informed about managing their asthma. Policies that attempt to educate Texans about asthma, reduce its incidence and address the socioeconomic and ethnic disparities among asthma sufferers will benefit all Texans.