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EXHIBIT

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## Other Asthma Facts

### Native American Population in Montana at higher risk

Native American children in northeast Montana have 2.5 times the national average rate of pediatric asthma, and one of the highest reported for any minority group in the nation, according to a study published by the U.S. Department of Health and Human Services (DHHS).

*Roman Hendrickson, clinical assistant professor, is lead author on "High Frequency of Asthma in Native American Children among the Assiniboine and Sioux Tribes of Northeast Montana," in the DHHS' Feb. 2003 issue of Indian Health Service (IHS) Primary Care Provider. The prevalence rates of the general population of children in the United States is approximately 6.7 percent; however, some U.S. minority groups report rates as high as 20 percent.*

### Relocating to different area not as important as asthma management (American Lung Association)

"Outdoor air can seriously affect asthma, so it is important to be aware of air pollution alerts in your community and to protect yourself in bad air pollution days. But outdoor air isn't the only environment that can set off your asthma. No matter where you live, some of the most prevalent environmental triggers come from indoor air. Fortunately, indoor air quality is also the environment we have the most control over and should be a top priority in asthma management," said Dr. Edelman.

The American Lung Association advises people to get their asthma under good management through the things they can control—like indoor air and appropriate medical therapy—no matter where they live.

The self-management of **asthma** can be overwhelming for many. Patients and their caretakers must learn the proper protocols for the use of devices such as inhalers, spacers, nebulizers, and peak flow meters.

### **Asthma in Montana Inpatients (2003 –Montana Hospital Assn)**

**Montana** hospitals in 2003 found that 4,629 or 5.7% of their inpatients were diagnosed with **asthma** as either a primary or secondary diagnosis.

For the 4,629 all patients who had an **asthma** diagnosis, it was the primary diagnosis for 17.3% of them.

For children (0-17years), **asthma** was the primary diagnosis in 36.7% of all **cases** with an asthma diagnosis compared to 14.5% for adults 18 and older.

15.1% were represented by children 4 years of age or younger. This finding corresponds to national data.

The **number** of total **cases** with **asthma** increased from 3,393 in 2000 to 4,629 in 2003, a 36.4% change. More of that growth however was among adults -- a 37.5% increase compared to a 29.4% increase for children 17 years and under.

Looking at **asthma** as the primary diagnosis shows an overall increase for all ages of 29.6%, from 618 **cases** in 2000 to 801 in 2003. That increase can be attributed almost entirely to growth among adult **asthma** patients, 41.5% compared to 5.4% for children. These findings illustrate that at least among children, efforts to minimize hospitalizations for **asthma** are finding some success.

More than one-third (36.3%) of childhood **asthma cases** were considered to be emergencies compared to 31.5% of other inpatient **cases**.

#### **Montana Statistics**

The previous data were all derived from CDC's National Health Interview Survey. The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based survey that also provides estimates of **asthma** prevalence, but only for adults 18 years and older. The 2002 U.S. estimate of lifetime prevalence is 118 per 1,000 compared to 145 for **Montana**. The estimate of current prevalence is 75 per 1,000 for the U.S. and 89 for **Montana**.