

## Lung Disease in Vermont



Vermonters today are more likely to die from a chronic disease than an infectious disease. 3-4-50 is a simple concept to help us grasp the reality that **3 health behaviors** contribute to **4 chronic diseases** that are the cause of more than **50 percent of deaths in Vermont**.

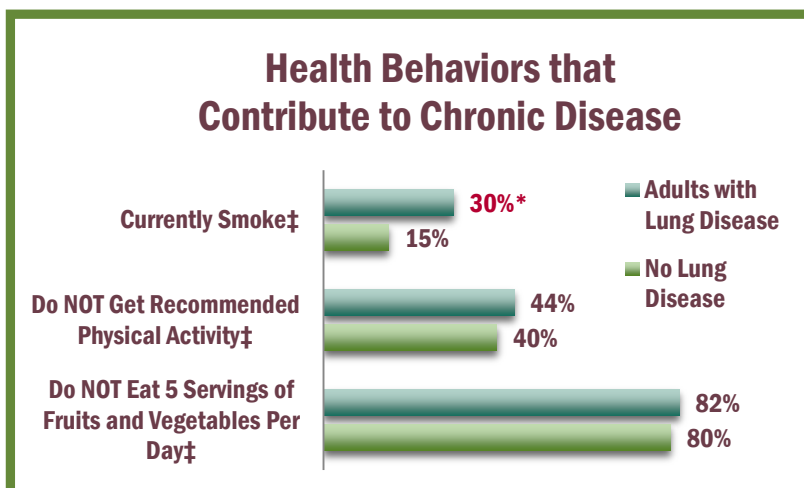
### LUNG DISEASE AND 3-4-50

Fifteen percent of adult Vermonters have been diagnosed with lung disease which includes asthma (11%) and chronic obstructive pulmonary disease (COPD, 6%). The rate of asthma in Vermont has been higher than the nationwide average since 2007. Asthma is characterized by *reversible* airflow limitation and often is associated with specific triggers or allergens. COPD is a *progressive persistent* airway limitation due to the chronic response of the lungs to irritating particles such as tobacco smoke.

Unlike asthma, COPD is typically associated with a history of smoking or exposure to secondhand smoke. Tobacco smoke is a powerful asthma trigger and smoking increases one's risk of having asthma. If left untreated or poorly managed, asthma can cause lung changes and permanent damage as well as decreased quality of life, missed days of work or school and preventable emergency room visits and hospital stays.

### LUNG DISEASE & 3 BEHAVIORS

- In Vermont, three out of ten (30%) adults with lung disease currently smoke. Vermonters with lung disease were twice as likely to smoke than those without lung disease.
- More than four out of ten (44%) Vermonters with lung disease did not get enough physical activity.
- Eight in ten (82%) Vermonters with lung disease did not eat the recommended amount of fruits and vegetables.



(\*) notes statistical difference

‡ Age-adjusted to the 2000 U.S. standard population

Data Source: BRFSS 2015

## HEALTH IMPACTS OF LUNG DISEASE

- Vermonters with lung disease experience poorer health and more health-related activity limitations than Vermonters without lung disease.
- Vermonters with lung disease were more likely to also have another chronic condition, including arthritis, cancer, cardiovascular disease, depression, diabetes or obesity than Vermonters without lung disease.
- In 2014, lung disease was the main cause of death for 337 Vermonters (6%) and was a contributing cause of death for an additional 539 (10%) Vermonters.

Rate of Co-Occurring Health Conditions in Vermont	Lung Disease	No Lung Disease
Poor or Fair General Health	31%*	9%
Activity Limitations	41%*	18%
Arthritis	41%*	25%
Cancer	9%*	6%
Cardiovascular Disease	16%*	7%
Depression	36%*	20%
Diabetes	14%*	7%
Obesity ‡	34%*	24%

(\*) notes statistical difference

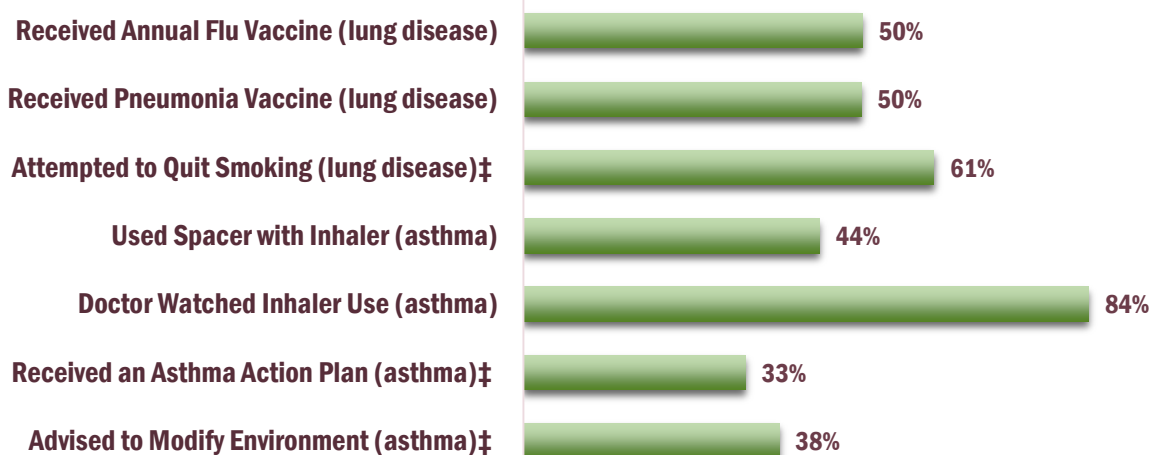
Data Source: BRFSS 2015

‡ Age-adjusted to the 2000 U.S. standard population

## MANAGING LUNG DISEASE

- **Reduce risk of flu and respiratory infections:** 50% of Vermont adults with lung disease received an annual flu shot and 50% have received the pneumonia vaccine. The Centers for Disease Control and Prevention recommends that those with asthma or COPD receive the pneumonia vaccine and an annual flu shot.
- **Reduce exposure to tobacco smoke:** 61% of adult Vermonters with lung disease who smoke attempted to quit smoking in the past year. Smoking is a potent asthma trigger and cause of COPD. Reducing exposure to tobacco smoke decreases the impact of lung disease. Free smoking cessation resources can be found at [802Quits.org](http://802Quits.org).
- **Receive regular health care check-ups:** 79% of Vermonters with lung disease had a routine check-up in the last year. As those with lung disease are often managing additional and complex health conditions, regular medical check-ups are essential to manage symptoms and treatments to optimize health and activity level.
- **Use medications as directed:** Medication is often prescribed for persistent lung disease. Inhaler technique should be demonstrated for all patients and proper inhaler use confirmed by watching the patient. The use of a spacer with inhaler medication is recommended for those using metered dose inhalers. An Asthma Action Plan, which provides action steps to take with varying levels of asthma symptoms, is advised. Only 1 out of three (33%) Vermonters with asthma has received an Asthma Action Plan and 38% have been advised to modify their environment to reduce asthma triggers at home, work or school. Visit [healthvermont.gov/wellness/asthma/state-partners-and-health-professionals](http://healthvermont.gov/wellness/asthma/state-partners-and-health-professionals) for an Asthma Action Plan.
- **Build a strong foundation for health:** Proper nutrition and exercise are key elements for good health. The risk of asthma increases as body weight increases and adopting an active lifestyle can delay the onset and decrease the impact of some chronic diseases. Referrals for physical therapy, nutritional counseling or exercise programs can help build a strong foundation for good health.

## Management Strategies Utilized Among People with Lung Disease



‡ Age-adjusted to the 2000 U.S. standard population

Data Sources: BRFSS 2015, ACBS 2014

### WHAT CAN BE DONE?

The impact of lung disease can be minimized by reducing exposure to tobacco smoke with smoke-free places and cessation support, promoting the pneumonia vaccine and annual flu vaccine, and supporting healthy lifestyle options with access to healthy foods and opportunities for physical activity.

Working together, communities, worksites, schools and health care systems can positively impact the environment where we live work, play and learn – making the healthy choice the easy choice for all Vermonters. To learn more about 3-4-50 or how to get involved, visit [www.healthvermont.gov/3-4-50](http://www.healthvermont.gov/3-4-50).

For questions related to the data presented here, email [3-4-50@vermont.gov](mailto:3-4-50@vermont.gov).