

Healthy Vermonters 2020 Goals Related to Asthma

1. Reduce hospitalization rates for asthma in both adults and children
2. Increase the percentage of adults and children with asthma who receive a written Asthma Action Plan from their health care provider
3. Reduce exposure to second hand smoke
4. Reduce exposure to environmental triggers in the home, work, and school environment

Asthma Program Goals – Vermont State Asthma Plan 2013-2018

1. Ensure proper diagnosis and treatment of asthma patients using National Asthma Education Prevention Program (NAEPP) guidelines
2. Pursue sustained efforts to incorporate asthma care into the forefront of state and national health care reform
3. Adopt reimbursement strategies for health care systems that lead to optimal asthma care
4. Improve both indoor and outdoor air quality for all Vermonters
5. Engage Vermonters with asthma, their families, and other caregivers in appropriate self-management

Current Asthma Prevalence ¹	Baseline 2010	Status 2014
Adult Vermonters	11.1%	11.3%
Adults (US population)	8.6%	9.0%
Vermont females	14%	14%
Vermont males	8%	8%
Vermont adults with less than high school education	16%	17%
Vermont adults with low household income (<125% FPL)	15%	21%
Vermont adults who are unable to work	23%	27%
Vermont adult smokers	16%	16%
Vermont youth	10.0%	8.1%
Youth (US average from 16 states)	8.4%	9.2% ^a

Comorbidities, Risk Factors, and Triggers	Baseline 2010	Status 2014	Goal 2018
Adults with asthma who are obese ¹ ‡	35%	34%	30%
Adults with asthma who smoke ¹ ‡	21%	25%	17%
Adults with asthma that is exacerbated by current job ²	27%	33%	--
Adults with asthma exposed to second hand smoke ²	15%	11%	13%
Youth with asthma exposed to second hand smoke ²	4% ^a	n/a	3%
Adults with current asthma with indoor pets ²	78%	71%	--
Youth with current asthma with indoor pets ²	86%	n/a	--
Adults with asthma - exposed to 4 or more triggers at home ²	43%	36%	39%
Youth with asthma- exposed to 4 or more triggers at home ²	32%	n/a	32%

Asthma Care and Treatment	Baseline 2010	Status 2014	Goal 2018
People with asthma who have had a routine asthma visit with their health care provider in the past 12 months ²			58%
Adults	50%	52%	58%
Youth	76%	n/a	78%
People with asthma who have written Asthma Action Plans ²			36%
Adults ‡ ^{HV}	31%	33%	36%
Youth ^{HV}	48%	n/a	65%
People with asthma advised to change things in home, school or work environments ²			45%
Adults ‡ ^{HV}	35%	38%	45%
Youth ^{HV}	33%	n/a	50%
People with asthma who had a flu vaccination in the past year			60%
Adults ¹	54%	49%	60%
Youth ²	76%	n/a	80%
Adults with asthma who have had a pneumonia vaccination ¹	42%	48%	47%
People with asthma who have taken an Asthma Management Course ²			--
Adults	9%	6%	--
Youth	4% ^a	n/a	--
People with asthma taught to recognize early symptoms ²			--
Adults	67%	69%	--
Youth	86%	n/a	--

Asthma Related ED Visits and Hospitalizations	Baseline 2008	Status 2010	Goal 2018
Asthma emergency department visits³ (rate per 10,000):	39.6	36.9	--
Children age <5	72.3	72.4	--
People age 5-64	41.8	38.6	--
Adults age 65+	14.7	14.6	--
Women age 15-44	71.0	61.7	69.2
Men age 15-44	40.3	40.8	37.2
Boys age < 15	62.3	68.9	57.0
Asthma hospitalizations³ (rate per 10,000):	5.8	5.3	--
Children age <5 ^{HV}	13.3	14.4	14.0
People age 5-64 ‡ ^{HV}	4.2	3.6	4.2
Adults age 65+ ‡ ^{HV}	11.5	10.8	10.1
Boys age <15	9.8	9.0	10.2
Women age 15-44	4.8	4.7	6.1
Number of deaths due to Asthma in Vermont ⁴	11^b	11^c	0

Notes: n/a=data not yet available
 ‡ Data are age adjusted to the US 2000 standard population
 *** Values too small to report
^{HV} Healthy Vermonters Measure

Data Sources:

1. **Behavioral Risk Factor Surveillance System (BRFSS), Vermont and US (2010 and 2014 data)**
The Behavioral Risk Factor Surveillance System (BRFSS) survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years.
 2. **Asthma Call Back Survey (ACBS), Adult (2010 and 2014 data) and Child (2010 data, except as noted: ^a = 2008-2010 data)**
 3. **Vermont Uniform Hospital Discharge Data Set (VUHDDS, 2008 and 2010 data)**
In 2009, the New Hampshire Department of Health and Human Services (DHHS), in partnership with the Department of Information Technology (DoIT), internalized the dataset after many years of using a vendor. DPHS and DoIT created a new system to receive, process, edit, validate, and store the data received by 32 reporting hospitals in the State of New Hampshire. This change in the program may explain some of the differences between the 2010 data provided to VT and data provided to VT for prior years.
 4. **Vermont Vital Statistics System (^b = 2010 data, ^c = 2012 data)**
-

For additional information, please contact:

Maria Roemhildt, PhD.
Research, Epidemiology & Evaluation
Vermont Department of Health
108 Cherry Street
Burlington, VT 05401

802-951-4076
maria.roemhildt@vermont.gov



DEPARTMENT OF HEALTH

Vermont Asthma Goal Tracker

March 2016