



Asthma in California in 2001: High Rates Affect Most Population Groups

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Summary

(Release: May 7, 2002) This *policy brief* examines the prevalence of asthma in California, the management of asthma symptoms, and the consequences of poorly managed asthma. The data for this study were obtained from the 2001 California Health Interview Survey, conducted between November 2000 and September 2001.

An estimated 11.9% of Californians — 3.9 million children and adults — report that they have been diagnosed with asthma at some point in their lives, compared to the national average of 10.1%. Nearly 2.9 million Californians with asthma (8.8%) experienced asthma symptoms in the past 12 months.

Asthma and asthma symptoms disproportionately affect certain population groups such as American Indians and Alaska Natives and African Americans. Californians who have low income and those who live in rural areas also have more frequent asthma symptoms.

Asthma can be controlled with effective control of environmental “triggers” and medical management of the condition. Many Californians who experience daily or weekly symptoms have not received adequate care for their asthma, such as medications to control their asthma and information from their providers about asthma triggers and asthma attacks. Lack of health insurance and low income are important reasons why people do not receive proper medical management for their asthma, and this inadequate control of asthma has serious consequences. Nearly 136,000 adolescents (ages 12-17) who experienced asthma symptoms missed one or more days of school per month and 158,000 children (ages 0-11) limited their physical activities due to asthma. More than 300,000 children and adults with asthma visited an emergency room because of their asthma during the previous year. American Indians and Alaska Natives, Latinos, and African Americans visited an emergency room for their asthma at relatively high rates. These high rates of asthma highlight the need for targeted interventions and continued surveillance at state and local levels.

Key Findings

- Nearly 2.9 million California children and adults experience asthma symptoms at least once a year. Asthma symptom prevalence varies across California counties, ranging from 5.7% to 14.1%. An estimated 3.9 million persons in California report that they have been diagnosed with asthma.
- In California, 11.4% of children and 7.2% of adults with asthma – more than 300,000 in all – reported that they visited an emergency room because of their asthma during the previous year. Among people with asthma, 15.5% of American

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Indians and Alaska Natives, 12.9% of Latinos, and 12.1% of African Americans reported that they visited an emergency room for their asthma – compared to 7.9% of Asians and 6.4% of whites.

- About 14.9% of adults and 18.2% of children in California who experience daily or weekly symptoms – over 115,000 in all – are not currently taking any medications to control their asthma. In addition, 15.2% of adults who experience daily or weekly symptoms visited a doctor just once or not at all in the past year.
- In California, an estimated 374,000 children and nonelderly adults with asthma have no health insurance, and 44,000 of them reported delaying or not getting a prescription filled or other care they needed specifically for their asthma.

Policy Implications

- The high rates of asthma in California highlight the need for targeted interventions and continued surveillance at state and local levels.
- Reducing exposure to environmental triggers such as air pollutants, tobacco smoke, dust mites, furry pets, cockroaches, pollens, and molds can reduce asthma episodes. Public policies and private efforts should be made to create asthma-friendly environments.
- Better control of asthma in California requires better access to health care services and more comprehensive medical care and disease management. Health insurance coverage with appropriate benefits is essential for people with asthma. Programs involving aggressive outreach, school-based interventions, written asthma action plans, case management, and health plan- or community-based disease management programs should all be promoted to reduce asthma severity and symptoms.

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