



PUBLIC HEALTH

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A Tale of Two Surveys

Comparing the 2006 Washington Healthcare Practitioner Survey
and the 2006 BRFSS Asthma Call-back Survey

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Definitions



Healthcare Practitioners

- A random sample of 558 primary care physicians and 328 physician assistants throughout Washington State who responded to the **2006 Washington State Healthcare Practitioner Survey**.

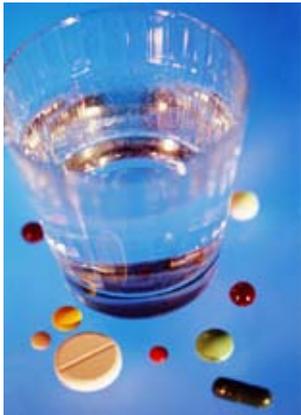
Adults with asthma:

- A total of 2219 adults who identified themselves as having asthma and participated in the 2006 **Washington BRFSS Asthma Call-back**.

This presentation was created to inform asthma practitioners and other interested parties of the 2006 baseline status of asthma care practices in Washington State.

What WA adults reported about their lives with current asthma



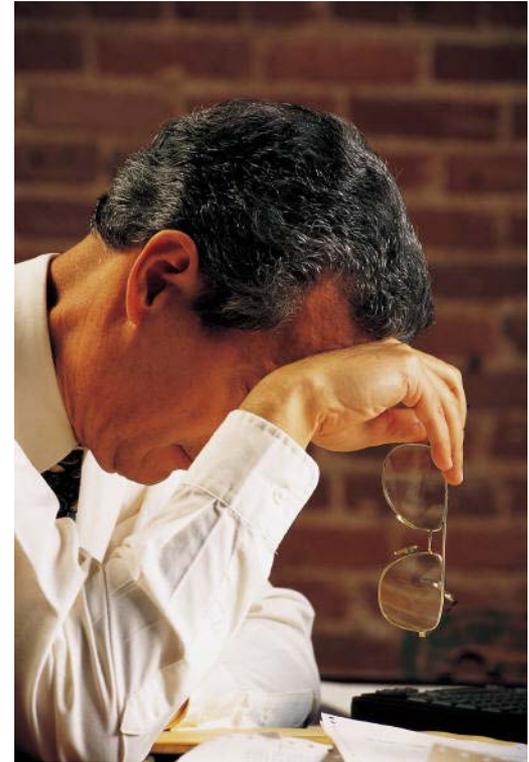


HIGH COSTS keep some adults with current asthma from getting all the medicine they need.

1 in 8 adults with current asthma reported they had been unable to get their asthma medicine when they needed it because of the cost.



Depression:



- Adults with current asthma were twice as likely as those without asthma to have been diagnosed with depression (37% versus 18%).

Obesity

About 35% of adults with current asthma were obese.

The obesity rate among the general population was about 25%.

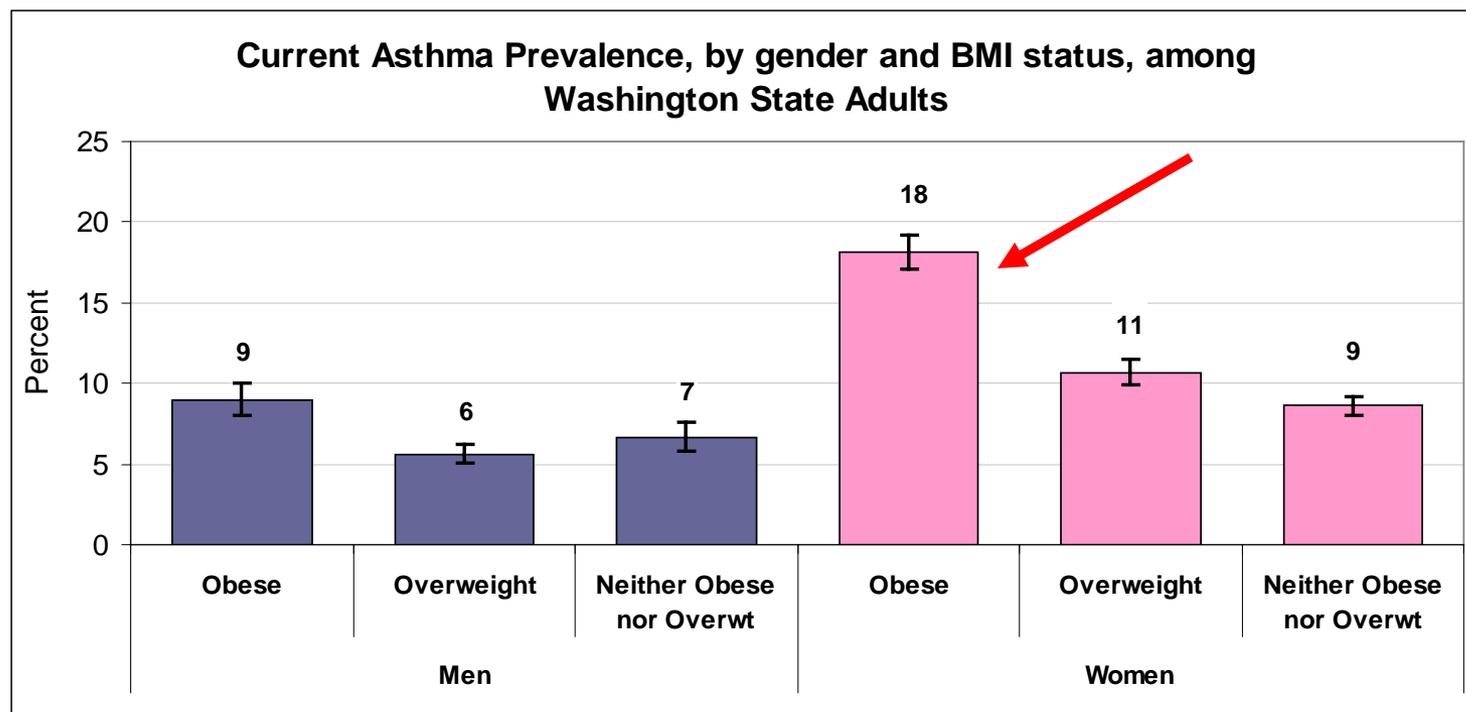
Obesity among adults with current asthma has been linked to increased asthma severity*.



*Akerman MJH, Calacanis CM, and Madsen MK. Relationship between asthma severity and obesity. *J Asthma*, 2004;41:521-526.

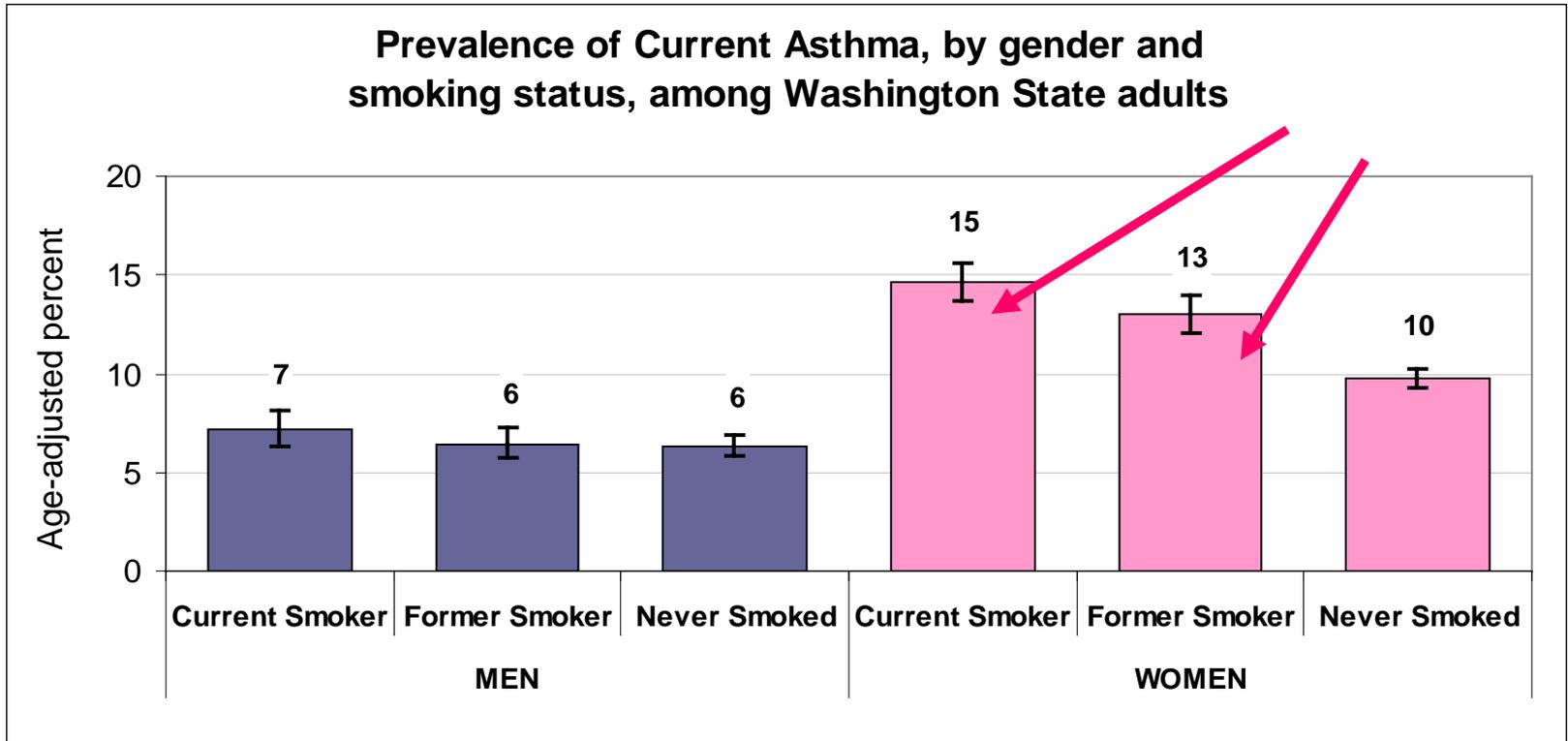
Taylor B, Mannino D, Brown C, Crocker D, Twum-Baah N, Holguin F. Body mass index and asthma severity in the National Asthma Survey. *Thorax*, 2008;63(1):14-20.

OBESITY: WA women who were obese were about twice as likely to have current asthma as women who were neither overweight nor obese. Men who were obese were also more likely to have current asthma.



Source: WA BRFSS 2003-2006

SMOKING: Current asthma prevalence was significantly higher among Washington women who smoked.



Source: WA BRFSS 2003-2006

Research on Smoking and Asthma:

Smokers have more severe asthma symptoms and greater likelihood of being hospitalized for asthma.^[i]

Reductions in daily smoking coincide with reduced asthma symptom severity.^[ii]

^[i] Eisner MD, Iribarren C. The influence of cigarette smoking on adult asthma outcomes. *Nicotine Tob Res* 2007; 9(1):53-56.

^[ii] Stein MD, Weinstock MC, Herman DS, Anderson BJ. Respiratory symptom relief related to reduction in cigarette use. *J Gen Intern Med.* 2005; 20(10):889-894.

The Comparison:

Results from survey of
primary care providers



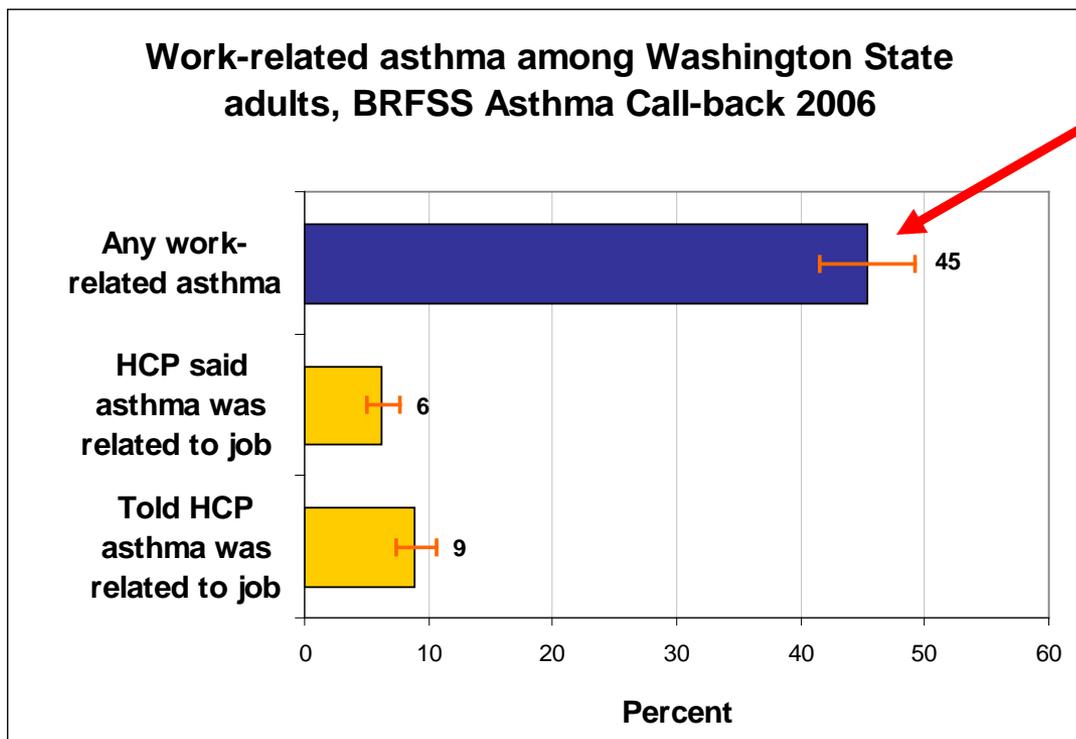
versus

Results from
survey of adults
with asthma



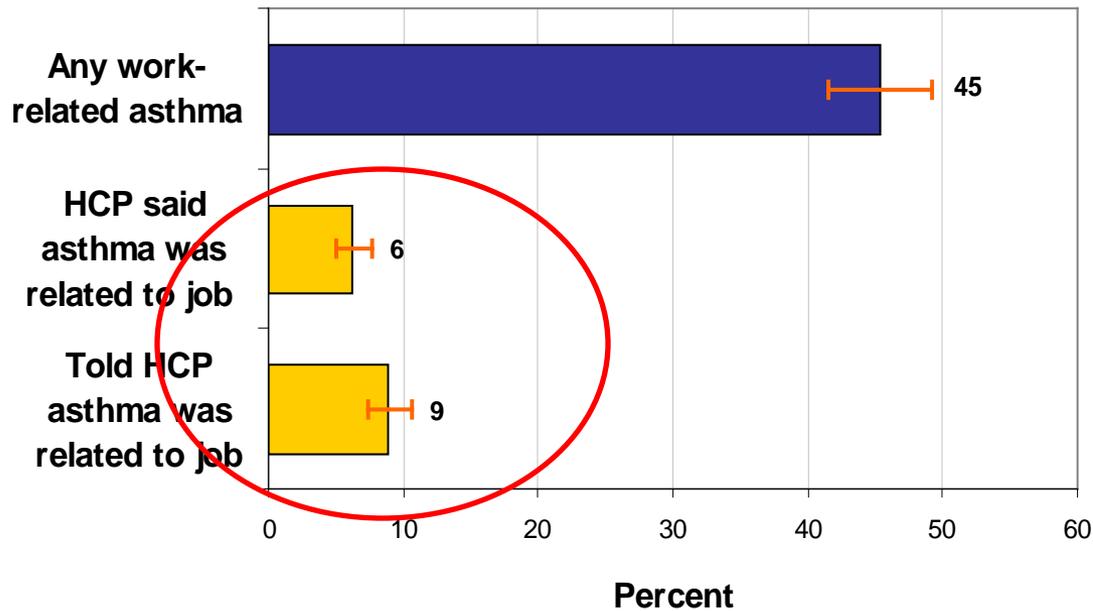
Asthma in the Workplace

Nearly half of adults with current asthma reported their work environment had caused or worsened their asthma...



Source: WA BRFSS 2006 Asthma Call-Back

Work-related asthma among Washington State adults, BRFSS Asthma Call-back 2006

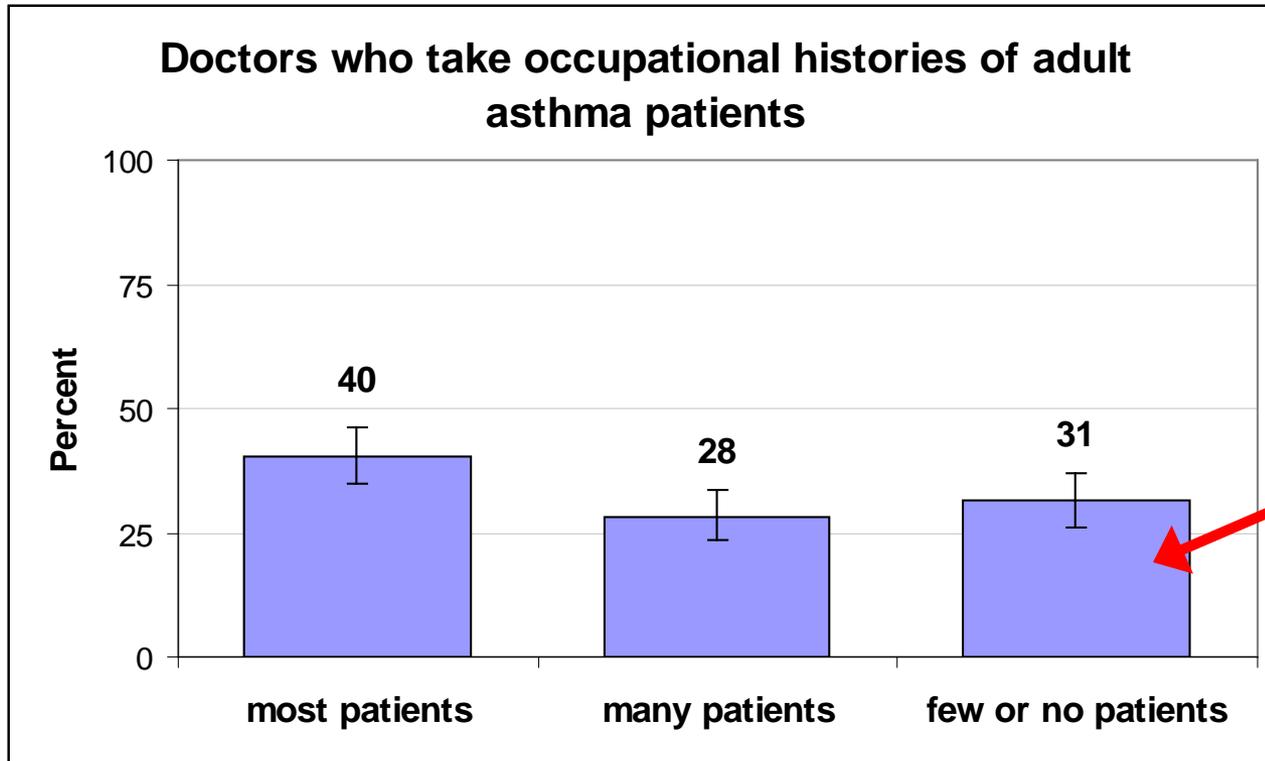


Source: WA BRFSS 2006 Asthma Call-Back

...but very few had discussed the relationship between their jobs and their asthma with a healthcare professional.



And nearly one-third of doctors were unlikely to take occupational histories of adult asthma patients.



Source: 2006 Healthcare Practitioner Survey

Structured Asthma Education or Asthma Management Classes:



Healthcare

Practitioners who referred patients to asthma *education** classes: **41%** (36-46%)



Asthma respondents who have ever taken an asthma *management** class: **7%** (5-9%)

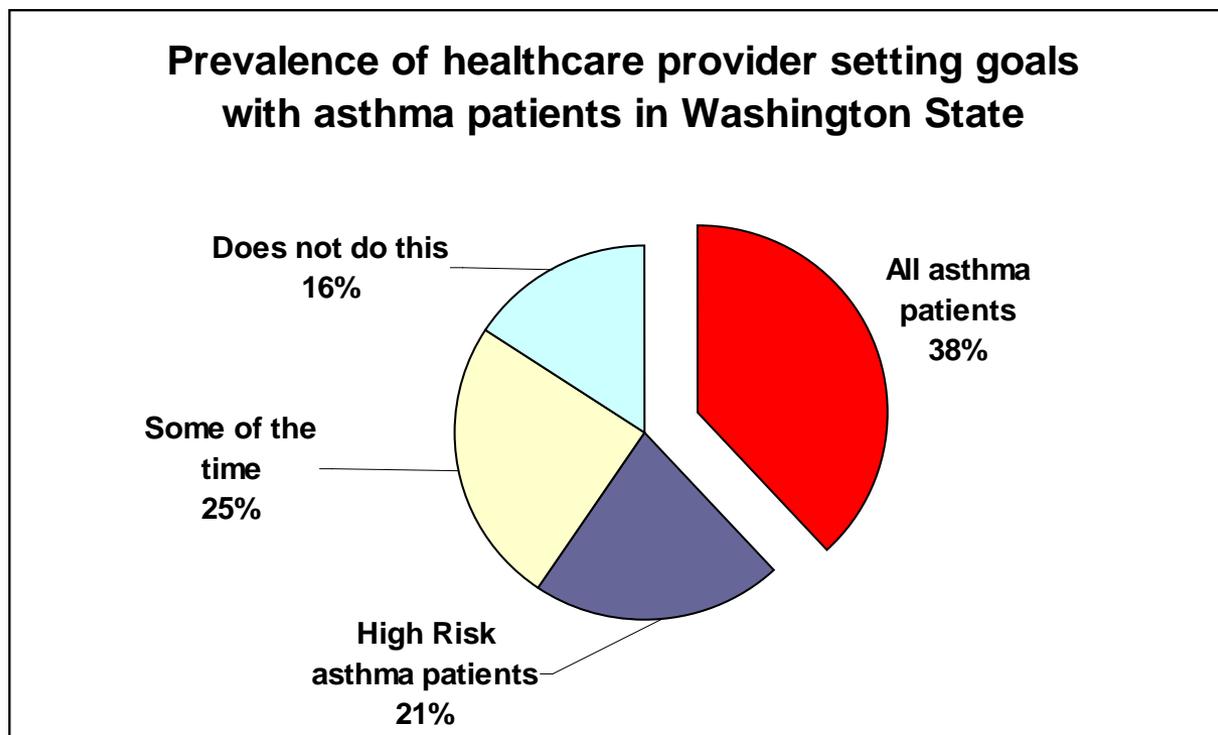
Difference in wording may account for part of the low agreement on this question.

Structured Asthma Education or Asthma Management Classes (continued):

- **Possible barriers to attending classes:**
 - **Cost (lack of reimbursement)**
 - **Classes not available at a time or location that is convenient**
 - **Lack of understanding of the value of class**
 - **Childcare issues**

Helping asthma patients set goals:

Only about 2 in 5 primary care providers did this with **all** asthma patients who were willing to set goals.



National Asthma Education & Prevention Program (NAEPP)

EPR-3: Guidelines for the
Diagnosis and Management of
Asthma

August 2007

Adherence to Asthma Guidelines

Baseline Measures

Elements addressed by the surveys:

1. Planned asthma visits
2. Control of environmental asthma triggers
3. Receipt of flu vaccine
4. Patient ability to administer inhaled medication
5. Creation/distribution of asthma action plans

1. Planned Asthma Checkups

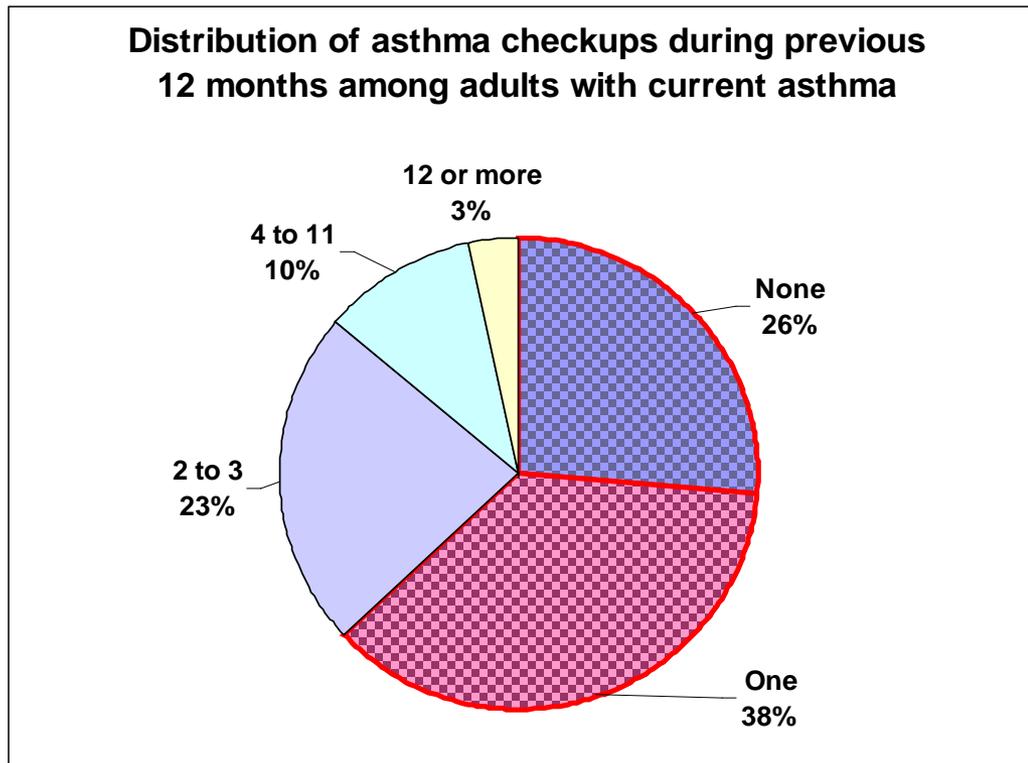
The NAEPP recommendation:

One asthma check-up every six months

for adults whose asthma is well-controlled.

More frequent monitoring is needed for those whose asthma is *not* well-controlled.

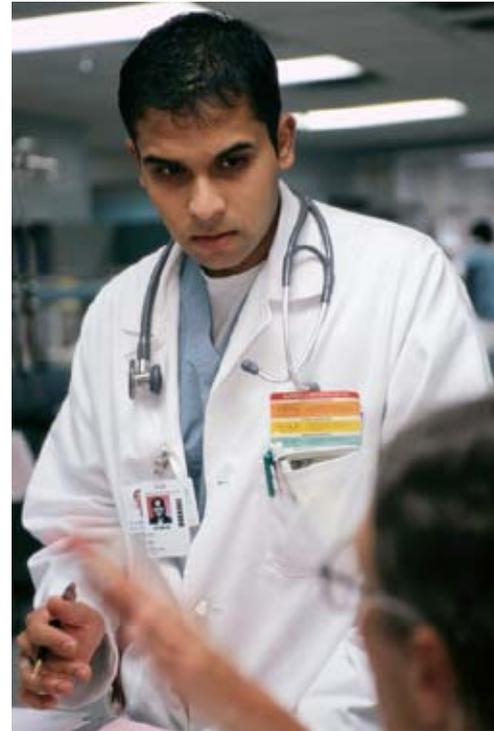
Nearly two-thirds of adults with current asthma reported fewer checkups than the minimum recommended for *well-controlled* asthma; one in four had no checkups.



Source: WA BRFSS 2006 Asthma Call-Back



- About 11% of doctors reported they did not schedule follow-up visits for their asthma patients.



Access to care problems can impact frequency of doctor visits among adults with current asthma.

About 1 in 11 adults with asthma needed to see their **regular** doctor for their asthma during the previous 12 months but did not go because they could not afford it.



Health Insurance

About 22% of adults with asthma were either currently without insurance or had experienced a break in coverage in the past year.



2. Environmental Control of Asthma Triggers

NAEPP recommends that healthcare providers identify allergen/irritant exposures and teach ways to reduce exposure to triggers.

Environmental Control of Asthma Triggers

(continued)



Healthcare practitioners who help patients **identify** asthma triggers:

- 86% (82-89%)

Asthma respondents whose healthcare practitioner **advised changes** in home, school or work environments to improve their asthma:

- 42% (38-45%)

Is this a problem?

Among adults with current asthma...

- Nearly 3 out of 4 had household pets; most of those (75%) allowed them in the bedroom and most bedrooms (84%) were carpeted.



- About 1 in 4 used a woodstove or fireplace.



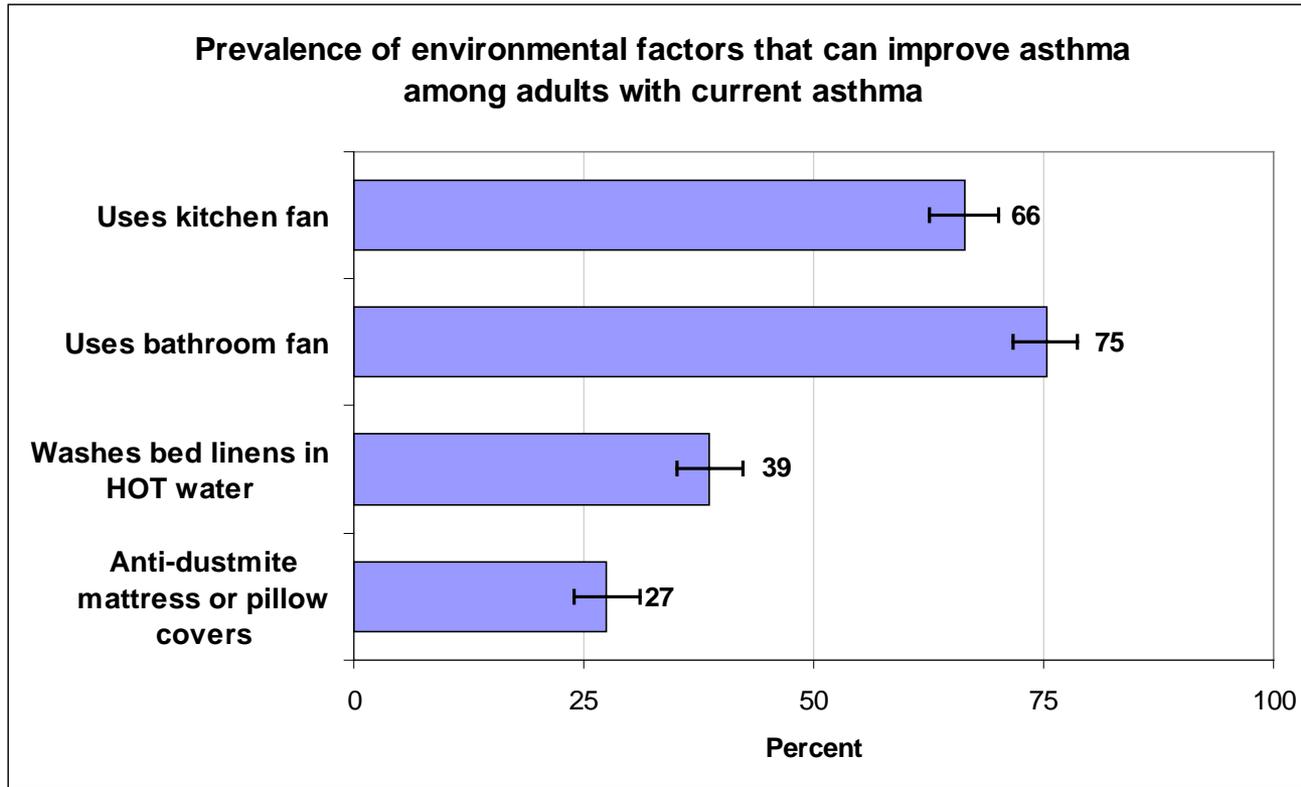
- About 1 in 6 had seen or smelled mold in their homes in the past month.



- About 1 in 8 reported that someone had smoked in their home in the past week.



Additionally, simple measures to reduce environmental moisture or asthma triggers are under-utilized.

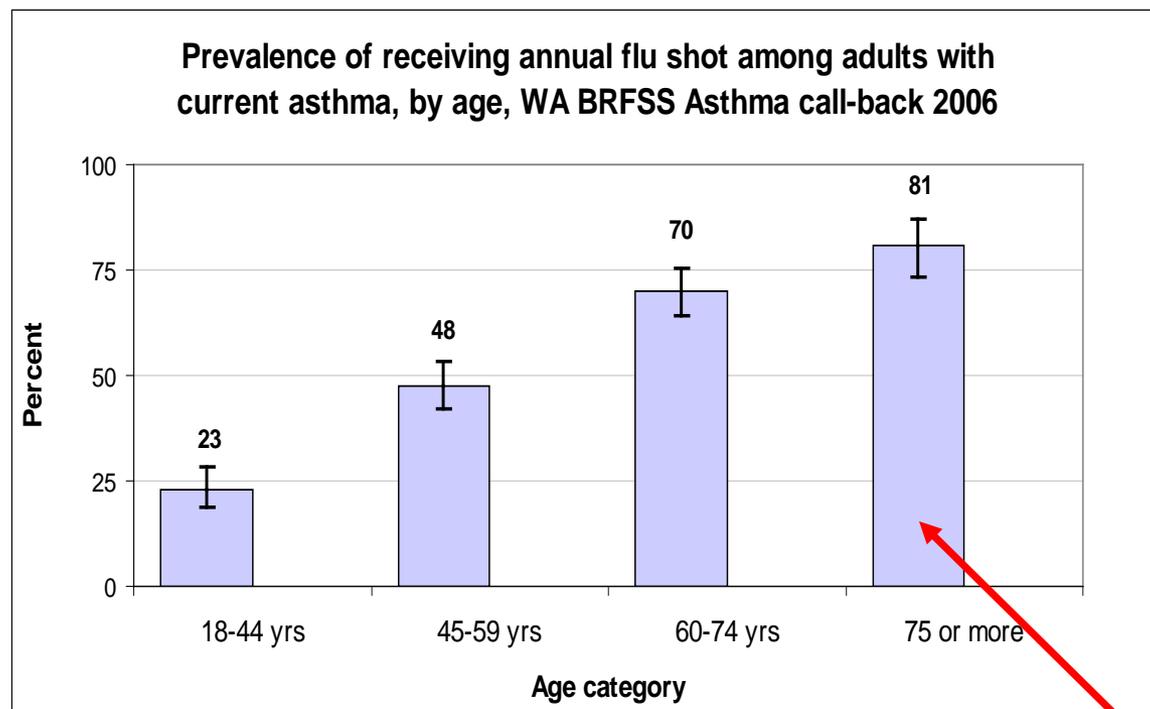


Source: WA BRFSS 2006 Asthma Call-Back

3. Flu vaccination:

NAEPP recommends annual flu shots for all patients with current asthma.

FLU SHOTS: Younger adults with asthma were unlikely to get flu shots...



Source: WA BRFSS 2006 Asthma Call-Back

and even among those ages 75 or older,
1 in 5 remained unvaccinated.

4. Asthma Action Plans

NAEPP Guidelines specify that all patients with current asthma be given a written asthma action plan.



Only 39% (34-44%) of healthcare practitioners reported that they create asthma action plans.

(2006 Healthcare Practitioner Survey)

Only 20% (17-23%) of adults with current asthma reported they had received an asthma action plan.

(2006 BRFSS Asthma call-back)



5. Administration of Asthma Medication

NAEPP recommends healthcare provider assess patients' inhaler technique.



5. Administration of Asthma Medication (continued)

Surveys agreed: About $\frac{3}{4}$ of healthcare practitioners make sure patients can use their medication.

About 1 in 4 do not do this.



Healthcare practitioners who check patient's administration of asthma medication:

- 75% (70-80%)



Asthma respondents whose healthcare practitioner watched them use their prescription inhaler:

- 77% (74-80%)

What is needed?

- Increase communication about cost of asthma medications
- Increase communication about worksite factors that exacerbate asthma
- Monitor patients for depression
- Encourage patients to control their weight by adopting a healthy diet, staying active, and avoiding stress
- Provide resources to help adults with asthma stop smoking

What is needed?

- Adherence to the NAEPP guidelines including:
 - Scheduling planned asthma visits
 - Encouraging avoidance of environmental triggers such as smoke, animal dander and mold
 - Supporting annual flu vaccine for all who have asthma
 - Continuing to monitor patients' ability to administer inhaler medications
 - Preparing written asthma action plans for all who have asthma

For additional information:

- **National Heart Lung and Blood Institute, National Asthma Education and Prevention Program (NAEPP) Guidelines on Asthma, August 2007**
<http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>
- Washington State Department of Health Asthma Program Website: <http://www.doh.wa.gov/cfh/asthma/default.htm>

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WTN: Washington State
Environmental Public Health Tracking Network



Healthy Communities Washington

Healthy people in healthy places

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