

Asthma Disparities Mississippi, 2011

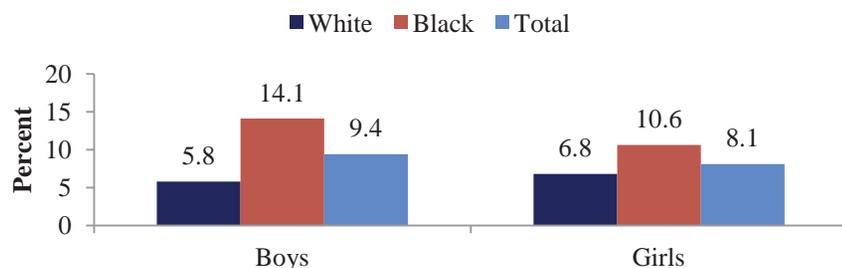


MISSISSIPPI STATE DEPARTMENT OF HEALTH

Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

RACIAL AND GENDER DISPARITIES AMONG MISSISSIPPI CHILDREN WITH ASTHMA

Current asthma prevalence in children by race and gender Mississippi, 2011

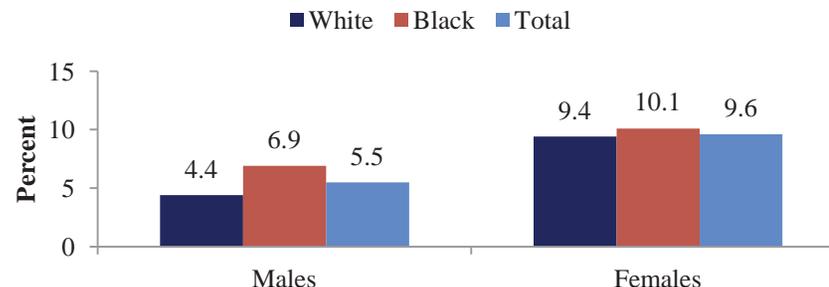


The prevalence of asthma among boys ages 0-17 is significantly higher among blacks (14.1%) compared to whites (5.8%). In girls ages 0-17, the prevalence of asthma is significantly higher among blacks (10.6%) compared to whites (6.8%). In 2011, the prevalence of current asthma among boys is 9.4% compared to girls 8.1%.

In 2011, 8.7% of Mississippi children and 7.6% of Mississippi adults had asthma. However, the proportion of people with asthma was not equally distributed among different subgroups.

RACIAL AND GENDER DISPARITIES AMONG MISSISSIPPI ADULTS WITH ASTHMA

Current asthma prevalence in adults by race and gender - Mississippi, 2011



Among adult males the prevalence of asthma for blacks is 6.9% compared to 4.4% for whites. Among adult females the prevalence of asthma for blacks is 10.1% compared to 9.4% for whites. In 2011, the prevalence of asthma among adult females (9.6%) is significantly higher than adult males (5.5%).

SOCIOECONOMIC DISPARITIES IN ASTHMA BURDEN

Asthma burden is higher among adults who do not have a high school diploma. In 2011, 11.9% of adults with no high school diploma had asthma compared to 6.6% of adults who had a high school diploma, 7.1% of adults who had some college degree, and 5.3% of adults who had graduated from college.

Asthma burden was higher among poor Mississippians. In 2011, 10.7% of adults living in households with annual income less than \$25,000 had asthma, compared to 5.6% of adults living in households with annual income from \$25,000 to \$49,000, 4.2% of adults living in households with annual income of more than \$50,000.

Asthma Disparities Mississippi, 2011



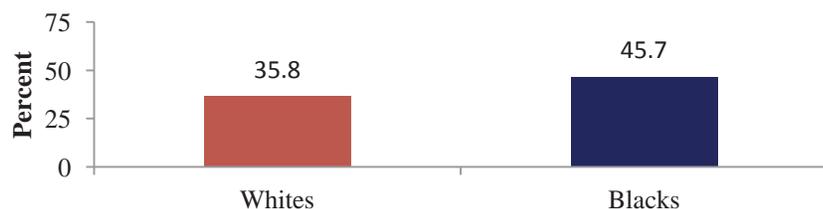
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DISPARITIES IN ACCESS TO AND USE OF ASTHMA HEALTH CARE

Childhood asthma prevalence is higher among black males and females. Adult asthma burden is highest among females, adults who did not graduate from high school, and adults living in households with income less than \$25,000.

RACIAL DISPARITIES IN HEALTH CARE ACCESS

Adults with asthma who could not see a doctor because of cost - Mississippi, 2011

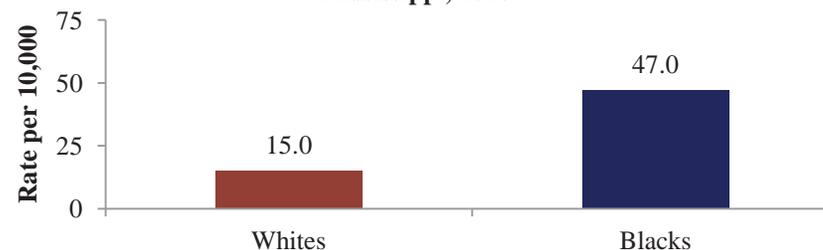


In Mississippi more black than white adults with asthma cannot see a doctor because of cost. In 2011, 45.7% of black adults with asthma reported that they could not see a doctor because of cost, compared to 35.8% of white adults.

RACIAL DISPARITIES IN HEALTH CARE USE

In 2010, there were 8,200 Emergency Department (ED) visits for asthma in Mississippi. Black Mississippians are more than three times as likely as white Mississippians to visit the ED for asthma care. In 2010, 47 out of every 10,000 black Mississippians visited the ED for asthma, compared to 15 out of every 10,000 white Mississippians.

Asthma ED visits per 10,000 Population Mississippi, 2010



GENDER DISPARITIES IN HEALTH CARE USE

Among Mississippi children ages 0-17, boys are more likely than girls to visit the ED for asthma. Among Mississippians ages 18 and above, women are more likely than men to visit the ED for asthma.

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For information about F.L.A.R.E, please contact the Asthma Program at the Mississippi State Department of Health, (601) 576-7415 or the American Lung Association, (601) 206-5810.

Note: For the year 2011, due to unavailability of data, the child current asthma data are weighted by using the land line weighting variable only.

Source: Mississippi Behavioral Risk Factor Surveillance System (BRFSS), 2011; Mississippi Hospital Discharge Data, 2011.