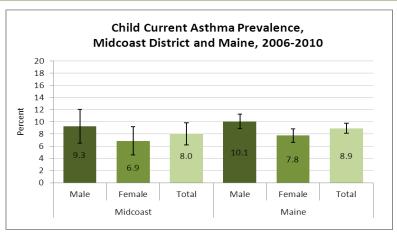


Asthma in Midcoast Public Health District

Asthma is a chronic disease that affects the lungs and airways. Asthma causes wheezing, breathlessness, chest tightness, and coughing at night or early in the morning. There is no cure for asthma but it can be controlled with medication and by avoiding breathing in substances that irritate the lungs.

Prevalence of Current Asthma Among Children, 2006-2010

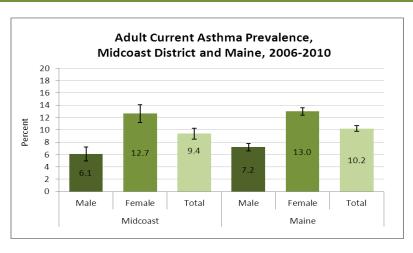
One in 13 (8.0%) children under the age of 18 in the Midcoast District has current asthma. This rate is not significantly lower than the Maine state rate. Although prevalence looks higher among males than females in both the Midcoast District and the state, these differences are not statistically significant.



Data Source: Behavioral Risk Factor Surveillance System

Prevalence of Current Asthma Among Adults, 2006-2010

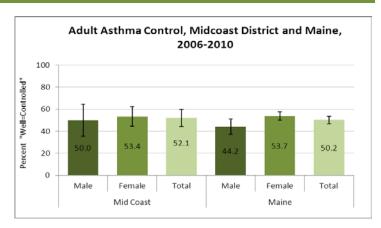
One in 11 adults (9.4%) in the Midcoast District report having current asthma. This is not significantly different from the percent of Maine adults who report having current asthma. Prevalence is significantly higher among females than males in both the Midcoast District and the state.



Data Source: Behavioral Risk Factor Surveillance System

Adult Asthma Control, 2006-2010

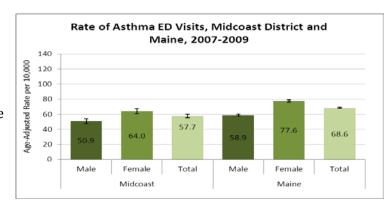
Asthma can be controlled with proper medication use, following a written asthma action plan, and avoiding triggers that make asthma worse. About half (52.1%) of Midcoast District adults have "well-controlled" asthma (based on their reports of symptoms, nighttime awakenings, and use of rescue medications). Although asthma control looks better among females than males in both the Midcoast District and the state, these differences are not statistically significant.



Data Source: Asthma Call-Back Survey

Emergency Department Visits Due to Asthma, 2007-2009

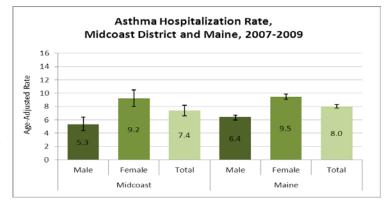
Each year, about 800 emergency department (ED) visits of Midcoast District residents are due to asthma. The age-adjusted ED visit rate is 57.7 per 10,000 population. This is significantly lower than the statewide rate. Females are significantly more likely than males to visit the ED because of their asthma in both Midcoast District and the state.



Data Source: Maine Hospital Outpatient and Inpatient Data, Maine Health Data Organization

Asthma Hospitalizations, 2007-2009

Each year, asthma is the primary reason for about 118 hospitalizations of Midcoast District residents. The age-adjusted hospitalization rate is 7.4 per 10,000 population. This is similar to the statewide rate for the same time period. Females are significantly more likely to be hospitalized for asthma than males in both the Midcoast District and the state.



Data Source: Maine Hospital Inpatient Data, Maine Health Data Organization

Asthma Mortality, 1999-2009

Between 1999 and 2009, 20 residents of Midcoast District died due to asthma. The age-adjusted death rate was 1.0 per 100,000 population (95% confidence interval: 0.4 - 1.6). This rate is not significantly different from the statewide rate of 0.9 per 100,000.

Technical Notes

Age-adjusted rates are adjusted to the year 2000 United States standard population.

The Confidence Interval (CI) is a range of values within which we believe the underlying, true value will be included. Most often, a 95% CI is given, which means that there is 95% confidence that the range given includes the true value. These intervals are represented as bands in the figures above. In general, if the CIs overlap, the numbers are not statistically different.

Asthma Control: Overall Level of Control is based upon 3 factors: symptoms, nighttime awakenings, and rescue medication use, each of which is a summary measure based upon respondents' reports of frequency of symptoms, nighttime awakenings, and use of rescue medications. Briefly, all three components must be "well-controlled" in order to score an overall level of "well-controlled."

For more information about asthma in Maine, call the Maine CDC Asthma Program at 207-287-3041 or visit their website at: http://www.maine.gov/dhhs/mecdc/population-health/mat/.

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