

Burden of Disease and Disease Risk Factors

Asthma Prevalence, Adults, 18 years and older

Percentage of Adults (95% confidence interval)

	Region	Texas
Asthma	-	6.8 (6.1-7.6)
Current Cigarette Smoking	22.8 (15.3-30.3)	18.2 (17.0-19.3)
Overweight and Obese	68.9 (62.2-75.6)	65.1 (63.6-66.5)

Current cigarette smoking and overweight/obesity were as common in the region as they were statewide.

Age-Adjusted Hospitalization Rates, Adults, 18 years and older

Annual Hospital Discharges per 10,000 Adults (95% confidence interval)

	Region	Texas
Total	6.1 (5.3-6.9)	8.1 (8.0-8.2)
White	4.8 (4.0-5.6)	7.2 (7.1-7.4)
Black	7.2 (3.7-10.6)	15.4 (14.8-16.0)
Hispanic	2.7 (1.5-4.0)	6.3 (6.1-6.6)
Other	-	15.0 (14.2-15.8)
Men	3.2 (2.4-4.0)	4.4 (4.3-4.5)
Women	9.0 (7.7-10.3)	11.6 (11.4-11.8)
18-24 years	-	2.3 (2.1-2.5)
25-34 years	5.5 (3.8-7.2)	3.1 (3.0-3.3)
35-44 years	6.1 (4.2-8.0)	4.8 (4.6-5.0)
45-64 years	5.9 (4.7-7.2)	9.8 (9.5-10.0)
65+ years	10.3 (8.2-12.4)	19.2 (18.7-19.7)

For every 10,000 adults, about 2 fewer asthma hospitalizations occurred annually in the region than in the state.

For every 10,000 black adults about 8 fewer asthma hospitalizations occurred annually in the region than in the state.

For every 10,000 adults 65 years and over about 9 fewer asthma hospitalizations occurred annually in the region than in the state.

Asthma hospitalizations were more common among women than among men in the region and in the state.

Age-Adjusted Death Rates, All Ages

Annual Deaths per 100,000 Persons (95% confidence interval)

	Region	Texas
Total	1.2 (0.9-1.5)	0.9 (0.9-1.0)
White	1.0 (0.7-1.4)	0.9 (0.8-0.9)
Black	-	2.0 (1.8-2.2)
Hispanic	-	0.6 (0.5-0.6)
Other	-	1.1 (0.8-1.4)

The risk of dying from asthma was not different in the region than in Texas overall.

Among whites, the risk of dying from asthma was not different in the region than in Texas overall.

Cost Burden

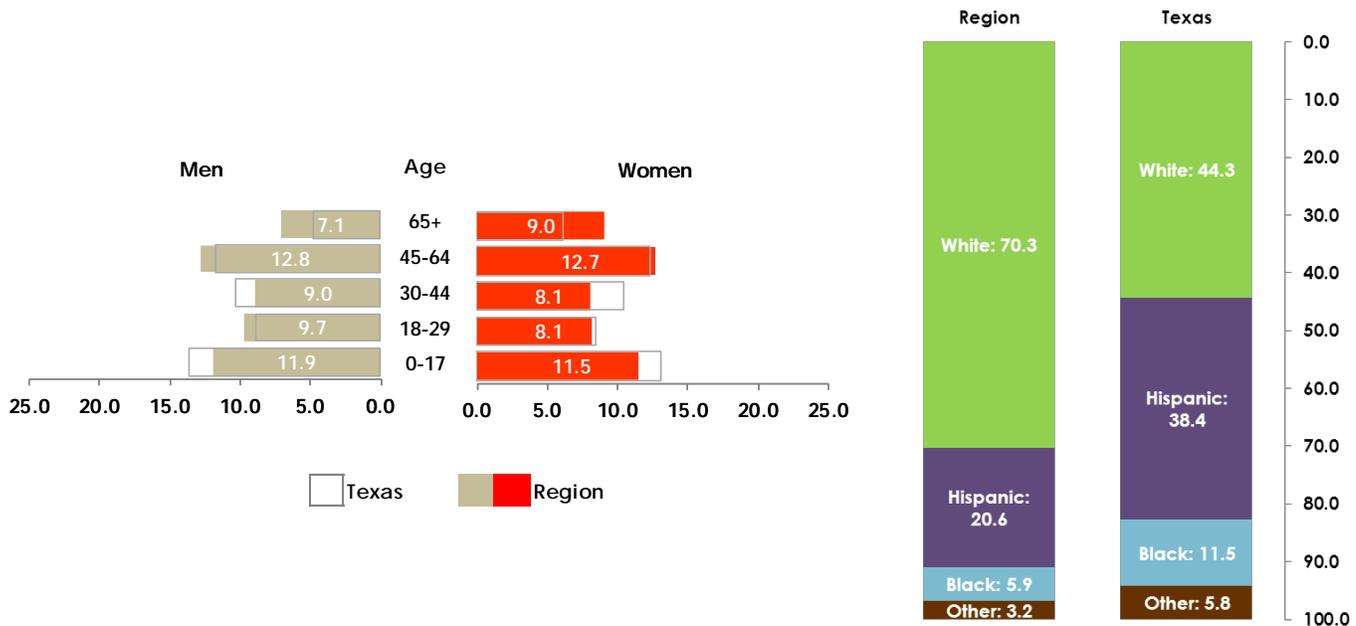
Medicaid Spending among Beneficiaries with Asthma, Adults, 18 years and older
For Fee-for-Service and Star & StarPlus Programs

Type of Care	Region			Texas		
	Reimbursement Amount	*Number of Beneficiaries	Average Reimbursement per Beneficiary	Reimbursement Amount	*Number of Beneficiaries	Average Reimbursement per Beneficiary
Total	\$393,065.27	1,434	\$274.10	\$29,364,708.74	54,128	\$542.50
Inpatient	\$152,665.20	68	\$2,245.08	\$7,836,428.75	2,924	\$2,680.04
Outpatient	\$92,249.83	531	\$173.73	\$5,677,717.27	16,498	\$344.15
Physician	\$148,150.24	1,198	\$123.66	\$15,850,562.72	47,706	\$332.26

Medicaid spent \$274.10 per beneficiary with asthma in the region, an amount that was half of the state average. Medicaid spent less on inpatient hospital care, outpatient hospital care, and physician care per beneficiary in the region than statewide.

Demography

Total Population = 556,835
Distribution of Population (% of Total Population)



Data Sources: (1) 2012 Texas Population Data; (2) 2012 Texas Behavioral Risk Factor Surveillance System; (3) 2012 Texas Hospital Inpatient Discharge Public Use Data File; (4) 2006-2012 Texas Mortality Data; and (5) 2012 Texas Medicaid Reimbursement Data as prepared by Research Team, Strategic Decision Support, Texas Health and Human Services Commission, Sep. 2013.

Case Definitions: Prevalence based on self-reported (1) diagnosis of asthma and affirmative response to question about still having asthma; (2) having smoked 100 cigarettes in their lifetime and now smokes every day or some days for current cigarette smoking; and (3) body mass index of 25 or greater calculated from height and weight. Hospitalizations based on ICD-9 codes for principal diagnosis of asthma (493). Mortality based on ICD-10 codes for asthma (J45 and J46). Medicaid reimbursement based on paid and partially paid claims for fee-for service selected from the Texas Medicaid and Health Partnership (TMHP) Ad Hoc Query Platform Claims Universe and paid and partially paid claims for Star and StarPlus were selected from TMHP ENC_Best Picture Universe for persons with a primary diagnosis of asthma (ICD-9: 493) during fiscal year 2012.

*A beneficiary may receive more than one type of care; therefore, the sum of beneficiaries receiving each type of care does not equal the total number of beneficiaries.

Note: "-" indicates too few cases occurred, the sample size was too small, or the relative standard error was >30.0% to provide a reliable estimate.

Statistical significance based upon evaluation of overlap among confidence intervals.

