Selected Survey Findings on:

ASTHMA

CCHAPS

Community-wide Children’s Health Assessment & Planning Survey
based on 7,439 parent surveys

about children aged 0 – 14 years

who live in our six-county community

(with an accuracy of ± 1.1% - ± 1.6% at a 95% Confidence Interval)

THE SURVEY SAYS . . .
A 6-County Profile of Children aged 0 – 14: **ASTHMA**

- 18.1% or about 111,000 children have asthma
- They experience increased health, behavior and school problems
- 27% of school absences lasting 3 days or longer are due to asthma
- School absence leaves funding dollars “on the table”
- Boys and African Americans are at the greatest risk

Source: CCHAPS 2008
Lifetime ASTHMA prevalence by children’s age

Source: CCHAPS 2008

Provided for the benefit of the children in our community by:

CCHAPS n = 7,439
children with asthma by gender, ethnicity and race . . .

Overall: 18.1%

Source: CCHAPS 2008
6-County community: 110,867 children (18.1%) with asthma

- Wise: 12.3% or 1,757 children
- Denton: 17.5% or 24,177 children
- Tarrant: 17.2% or 3,535 children
- Parker: 18.6% or 75,646 children
- Hood: 17.0% or 1,499 children
- Johnson: 19.0% or 6,121 children

CCHAPS n = 7,439

Source: CCHAPS 2008
“Has a doctor or health professional ever told you that this child has asthma?”

Mapped by the address of survey respondent’s answering “YES”
how would you describe this child’s general health?

- Without Asthma
- With Asthma

CCHAPS n = 7,439

Source: CCHAPS 2008
children with asthma have more health problems and are . . .

- 4.1 times more likely to limit activity
- 2.6 “ have a tonsillectomy
- 2.3 “ have hay fever
- 2.4 “ have diabetes
- 2.1 “ have a food allergy
- 2.1 “ have a serious headache [migraine]
- 2.0 “ experience vision problems
- 1.9 “ experience bone or muscle problems
- 1.8 “ have otitis media
- 1.8 “ receive ear tubes

Source: CCHAPS 2008
children with asthma have more behavior problems and are . . .

- 2.3 times more likely to have eating problems
- 2.0 “experience a traumatic event
- 1.9 “have sleeping problems
- 1.8 “be negatively obsessive
- 1.7 “wet the bed after age 5
- 1.6 “have self esteem issues

Source: CCHAPS 2008
School aged children with asthma have more problems in school...
what are the implications of asthma for our school districts?

The lost opportunity cost of asthma . . .

In 2008

- children 0-14 in our 6-county PSA: 612,526
- 18.1% have asthma: 110,867
- 74.7% are school aged: 82,818
- 51% missed 3+ days of school for asthma: 42,154

Based on FWISD’s 2008 – 2009 budget

- a missed day = a $95.38 lost funding per ADA
- ADA = average daily attendance

So,

- 42,154 times 3 times $95.38 = $12,062,048 in potentially lost funding each year

Beyond the financial cost and lost opportunity costs:

- Academic performance is directly related to attendance

and

- Lost productivity as parents leave work to care for their child while absent from school

CCHAPS n = 7,439

Source: CCHAPS 2008
is education or income an indicator for asthma?

<table>
<thead>
<tr>
<th>Education</th>
<th>Without Asthma</th>
<th>With Asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; High School</td>
<td>2.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>High School</td>
<td>9.8%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Some College</td>
<td>11.7%</td>
<td>16.1%</td>
</tr>
<tr>
<td>2 year College</td>
<td>12.4%</td>
<td>15.1%</td>
</tr>
<tr>
<td>4 year College</td>
<td>32.0%</td>
<td>34.0%</td>
</tr>
<tr>
<td>&gt; 4 yr College</td>
<td>21.6%</td>
<td>22.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>Without Asthma</th>
<th>With Asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; $14,000</td>
<td>6.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>$14,000 - $27,999</td>
<td>11.2%</td>
<td>9.8%</td>
</tr>
<tr>
<td>$28,000 - $49,999</td>
<td>33.9%</td>
<td>32.0%</td>
</tr>
<tr>
<td>$50,000 - $79,999</td>
<td>20.8%</td>
<td>21.1%</td>
</tr>
<tr>
<td>More than $80,000</td>
<td>15.3%</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

CCHAPS n = 7,439

Source: CCHAPS 2008
Children’s WEIGHT STATUS and ASTHMA

Based upon BMIs calculated from parent reported height and weight and age adjusted for growth and development

N = 6,960

"NO" to Asthma

Overweight, 12.2%

Obese, 18.3%

Total = 30.5%

"YES" to Asthma

Overweight, 11.6%

Obese, 23.5%

Total = 35.1%

Source: CCHAPS 2008
Cook Children’s data on ASTHMA

April 3, 2009
## Pediatric Asthma Care Around Our 6-County Community

### ASThma as the primary inpatient or ED discharge diagnosis over 33 months

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Children's</td>
<td>9,509</td>
</tr>
<tr>
<td>Med Center - Arlington</td>
<td>770</td>
</tr>
<tr>
<td>Med Center - Lewisville</td>
<td>567</td>
</tr>
<tr>
<td>Arlington Regional</td>
<td>532</td>
</tr>
<tr>
<td>Denton Regional</td>
<td>508</td>
</tr>
<tr>
<td>Denton Regional</td>
<td>464</td>
</tr>
<tr>
<td>Children's Med Center - Dallas</td>
<td>439</td>
</tr>
<tr>
<td>Baylor - Grapevine</td>
<td>373</td>
</tr>
<tr>
<td>JPS Health Network</td>
<td>235</td>
</tr>
<tr>
<td>Medical City Dallas</td>
<td>220</td>
</tr>
<tr>
<td>Trinity Med Center</td>
<td>195</td>
</tr>
<tr>
<td>Presbyterian - Plano</td>
<td>134</td>
</tr>
<tr>
<td>Presbyterian - Denton</td>
<td>116</td>
</tr>
<tr>
<td>Huguley Memorial</td>
<td>97</td>
</tr>
<tr>
<td>Wise Regional</td>
<td>39</td>
</tr>
<tr>
<td>Wise Regional</td>
<td>24</td>
</tr>
</tbody>
</table>

*Source: Dallas – Fort Worth Hospital Council Data Initiative - PUDF, 2009*
ASTHMA as the primary vs. secondary diagnosis for Admit and ED

Primary 36%
Secondary 64%

n = 5,110 discharges

Source: CCHCS Meditech – Data Repository, 2009
the site of medical care of all ASTHMA at Cook Children’s

- Primary Care: 52%
- Specialty Clinic: 21%
- Emergency Department: 22%
- In Patient: 4%
- Observation: 1%

n = 76,404 encounters

Source: CCHCS Meditech – Data Repository, 2009
Cook Children’s is committed to…

Giving our community access to the data and the tools to act

Continuing to use the data to research, understand and communicate children’s health issues and potential solutions

Creating a “Center for Children’s Health” to sustain this effort
A CCHAPS Special Report

The Decade of the Child:
Healthy Children 2020

Call to Action

Provided for the benefit of the children in our community by:
The Decade of the Child:
Healthy Children 2020

How to get involved...

Children’s health issues are so complex that making a significant difference is a grand journey. It is a journey that is best taken with the right equipment and with the right company. The CCHAPS journey is just beginning and will evolve over time, but here are the first few steps you can take now:

• Explore our Web site at www.cchaps.org to learn more about CCHAPS and the children’s health issues in our 6-counties.
• Use the data to define and understand a children’s health issue that is important to you.
• Use the tools to begin to build collaborations and act on the data for that issue.
• Contact us to discuss how we can work together to make this 6-county region the healthiest place for children by 2020.
• Visit our Web site often or follow us on Facebook as the CCHAPS journey unfolds.

And,

Thanks for working to make a difference in the life of a child!