

Chapter 5:
Healthy People 2010



Healthy People 2010

Healthy People 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Healthy People 2010 is designed to achieve two overarching goals: 1) increase quality and years of healthy life, and 2) eliminate health disparities. These two goals are supported by specific objectives in 28 focus areas. Each objective was developed with a target to be achieved by the year 2010, including objectives focusing on asthma.⁴⁸

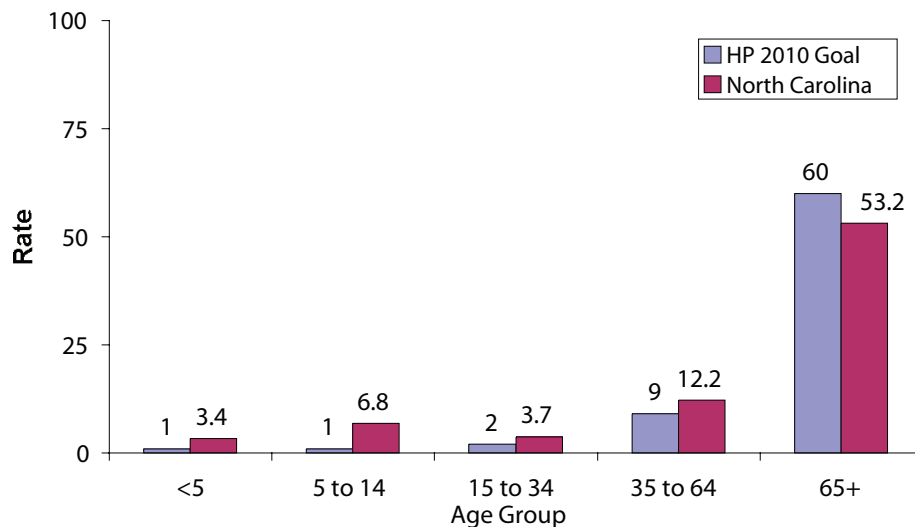
Asthma is addressed in the Healthy People 2010 document in section 24, Respiratory Disease. There are eight objectives directly related to addressing asthma as a public health problem.

Objective 24-1 Reduce Asthma Deaths

Healthy People 2010 Target:

Children under the age of 5:	1 death per million
Children ages 5 to 14:	1 death per million
Adolescents and adults 15 to 34:	2 deaths per million
Adults 35 to 64:	9 deaths per million
Adults 65 and older:	60 deaths per million

Figure 47. Mortality Due to a Primary Cause of Asthma per 1,000,000 Population versus Healthy People 2010 Goal, North Carolina, 2005¹



¹Asthma death defined as primary cause of death as asthma (ICD-10 J45-J46)

Table 34. Rates (per 1,000,000) of Mortality Due to Asthma versus Healthy People 2010 Goal, North Carolina, 2005

All	Health People 2010 Goal Rate (per 1,000,000)	North Carolina 2005 Rate (per 1,000,000)
Age 0 to 4	1.0	3.4
Age 5 to 14	1.0	6.8
Age 15 to 34	2.0	3.7
Age 35 to 64	9.0	12.2
Age 65+	60.0	53.2

Data Source: North Carolina State Center for Health Statistics: Detailed Mortality Statistics, 2005

Summary of Figure 47 and Table 34:

- Currently, North Carolina is only reaching the Healthy People 2010 target in the age group 65+.

However, when we look at the data by sex and race, we see a different picture. For the following table, deaths from the years 1999 through 2005 were combined, because of the small number of deaths that occur every year.

Table 35. Mortality Due to a Primary Cause of Asthma per 1,000,000 Population versus Healthy People 2010 Goal, by Sex and Race, North Carolina, 1999-2005^{1,2}

	Health People 2010 Goal Rate (per 1,000,000)	White Males	White Females	Minority Males	Minority Females
Age 0 to 4	1.0	0.70*	0.74*	5.04*	5.19*
Age 5 to 14	1.0	1.07*	1.14*	7.08	7.26
Age 15 to 34	2.0	2.52	2.96	8.85	8.46
Age 35 to 64	9.0	4.85	12.56	24.9	37.7
Age 65+	60.0	32.85	69.23	103.17	98.6

* <5 but >0 deaths

¹Asthma death defined as primary cause of death as asthma (ICD-10 J45-J46).

²Minority includes African American, Asian, and American Indian and Alaskan Native.

Data Source: North Carolina State Center for Health Statistics: Detailed Mortality Statistics, 2005



Summary of Table 35:

- White males, age 35 and older, successfully met the Healthy People 2010 target goals. No other groups did.
- Minority males fail to meet any of the Healthy People 2010 goals. Minority males have a mortality rate due to asthma six times that of both white males and females in the 5 to 14 age group. They have more than three times the rate of mortality than white males in the age group 15 to 34, and more than five times the rate of white males in the 35 to 64 age group. For the age group 65+, minority males have more than three times the mortality rate of white males.
- For ages 34 and younger, the mortality rates for white females are only slightly higher than the Healthy People 2010 target goals. Mortality rates for white females fail to meet Healthy People 2010 target goals for those 35 years and older.
- Mortality rates for white females are more than twice that of white males for the age group 35 to 64 years, as well as for the age group 65+. White female mortality rates are, however, lower than the mortality rates in each age group than minority males and females.
- Minority females have the highest mortality rates for age group 35 to 64. For age group 35 to 64, mortality rates for minority females are over seven times that of white males, and three times that of white females. For those older than 65, mortality rates for minority females are three times that of white males.

Objective 24-2 Reduce Hospitalizations for Asthma

Healthy People 2010 Target:

Children under 5 years:	25 per 10,000
Children and adults age 5 to 64:	7.7 per 10,000
Adults age 65 and older:	11 per 10,000



Figure 48. Hospitalizations with a Primary Cause of Asthma per 100,000 Population versus Healthy People 2010 Goal, North Carolina, 2004^{1,2,3}

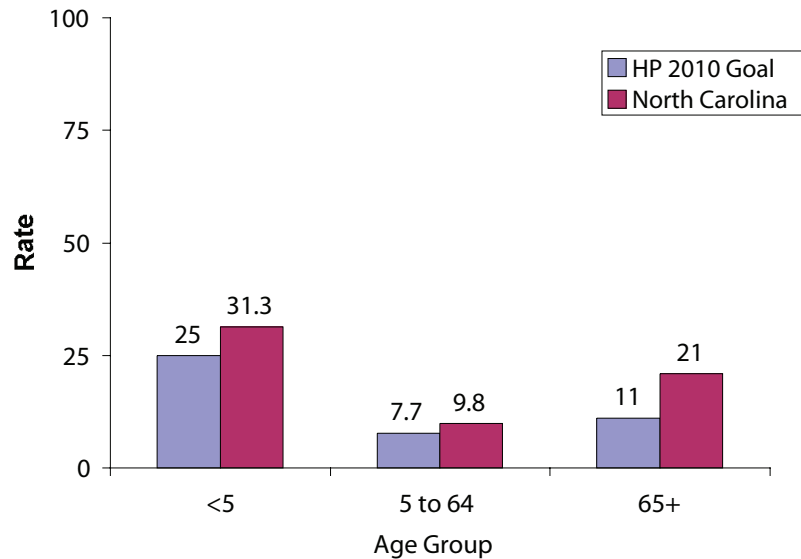


Table 36. Hospitalizations with a Primary Cause of Asthma per 100,000 Population versus Healthy People 2010 Goal, North Carolina, 2004^{1,2,3}

All	Health People 2010 Goal Rate (per 10,000)	North Carolina 2004 Rate (per 10,000)
Age 0 to 4	25	31.3
Age 5 to 64	7.7	9.8
Age 65+	11	21

¹Only includes primary diagnoses of asthma for North Carolina Residents served in North Carolina hospitals

²Rates may be smaller than actual asthma-related hospital use for counties that border other states.

³2004 data are provisional.

Data Source: North Carolina State Center for Health Statistics, 2004

Summary of Figure 48 and Table 36:

- Hospitalization rates for North Carolina in 2004 exceeded the Healthy People 2010 target for each age group, with the largest discrepancy being seen in the 65+ age group.

Objective 24-3 Reduce hospital emergency department visits for asthma.

Healthy People 2010 Target:

Children under 5 years:	80 per 10,000
Children and adults age 5 to 64:	50 per 10,000
Adults age 65 and older:	15 per 10,000

Accurate hospital emergency department data is not available at the time of publication of this report. Within the next 12 months, the North Carolina Asthma Program plans to utilize the new North Carolina Emergency Department Database System to look at the rates of emergency department visits in each of the age groups.

Objective 24-4

Reduce activity limitations among persons with asthma

Objective 24-5 (Developmental)

Reduce the number of school or work days missed by persons with asthma due to asthma.

Objectives 24-4 and 24-5 are being combined here. The N.C. BRFSS asked adults age 18 and older “During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?” The N.C. CHAMP looked at children ages 17 and younger in North Carolina, and asked if, “During the Past 12 months, how many days of daycare or school did your child miss due to asthma?”

Objective 24-4 - Healthy People 2010 Target: 10%

Objective 24-5 – Developmental: There is currently not a Healthy People 2010 target.

The 2005 N.C. BRFSS results show that 32.5% of adults with current asthma responded that they experience activity limitations because of their asthma. This is well above the Healthy People 2010 target of 10%.

The 2005 N.C. CHAMP showed that, of children with current asthma, 47.5% of them missed at least one day of school in the last year due to their asthma.

Objective 24-6

Increase the proportion of persons with asthma who receive formal patient education including information about community and self-help resources as an essential part of the management of their condition.

Healthy People 2010 Target: 30%

North Carolina data related to this question are currently available only for those North Carolinians age 17 and younger. N.C. CHAMP asks the question “Has a doctor or other health professional ever given you an asthma management plan for (your child)?”

While this Healthy People 2010 objective is meant to cover a broader scope than just asthma management plans, asthma management plans are used as part of an overall effort to educate patients in self-management.¹⁸ An individualized asthma management plan should include strategies for: identifying and controlling asthma triggers; taking medication(s) as recommended by a health care professional as needed or on a daily basis; monitoring and recognizing early objective and subjective signs and symptoms of an acute episode of asthma or of poorly controlled asthma; and providing a plan for what to do in case of an emergency. The plan will also include contact information for the health care provider and even for a local hospital. An asthma management plan helps the patient and his or her health care provider to establish a course of action for managing asthma.¹⁷ Asthma Management Plans are needed for use in schools and child and adult care facilities and should be provided to patients, families, school staff, and other providers who care for the child or adult.

According to the 2005 N.C. CHAMP, 56.9% of children age 17 and younger with current asthma have been given an asthma management plan by a doctor or other health professional.

Healthy Carolinians

North Carolina's 2010 Health Objectives set out a comprehensive and ambitious statewide agenda that provides a direction for improving the health and well being of North Carolinians over the next decade. In 1999, Governor James B. Hunt, Jr., appointed the Governor's Task Force for Healthy Carolinians through an Executive Order. A major assignment of the Governor's Task Force for Healthy Carolinians was to develop a list of health objectives for the Year 2010.

North Carolina's 2010 Health Objectives contained two asthma specific objectives, including a measurable objective and a developmental objective. Measurable objectives have a baseline using valid and reliable data derived from currently established data systems. These data provide the point from which the 2010 target has been set. Developmental objectives are not measurable at this time because there are no data on these subjects.⁴⁹

Measurable Objective: Reduce the rate of asthma related hospitalizations.

Target: 118 per 100,000

Baseline, 1998: 143.9 per 100,000 persons were hospitalized for asthma

Target setting method: 18% improvement

2004: 125.9 per 100,000 persons were hospitalized for asthma.

Current improvement from the 1998 baseline asthma hospitalization rate of 143.9 per 100,000 persons to the 2004 asthma hospitalization rate is a 12.5% improvement.

Developmental objective:
Reduce the number of school days missed by children with asthma

Target: Developmental. There is currently not a Healthy Carolinians 2010 target.

According to the 2005 N.C. CHAMP data, 52.5% of children with current asthma in North Carolina did not miss any days of school or daycare due to their asthma in the past 12 months. Of the remaining 47%, 37.4% of children with current asthma reported missing between one and nine days of school or daycare due to their asthma in the past 12 months, and 10% missed 10 or more days of school or daycare.

