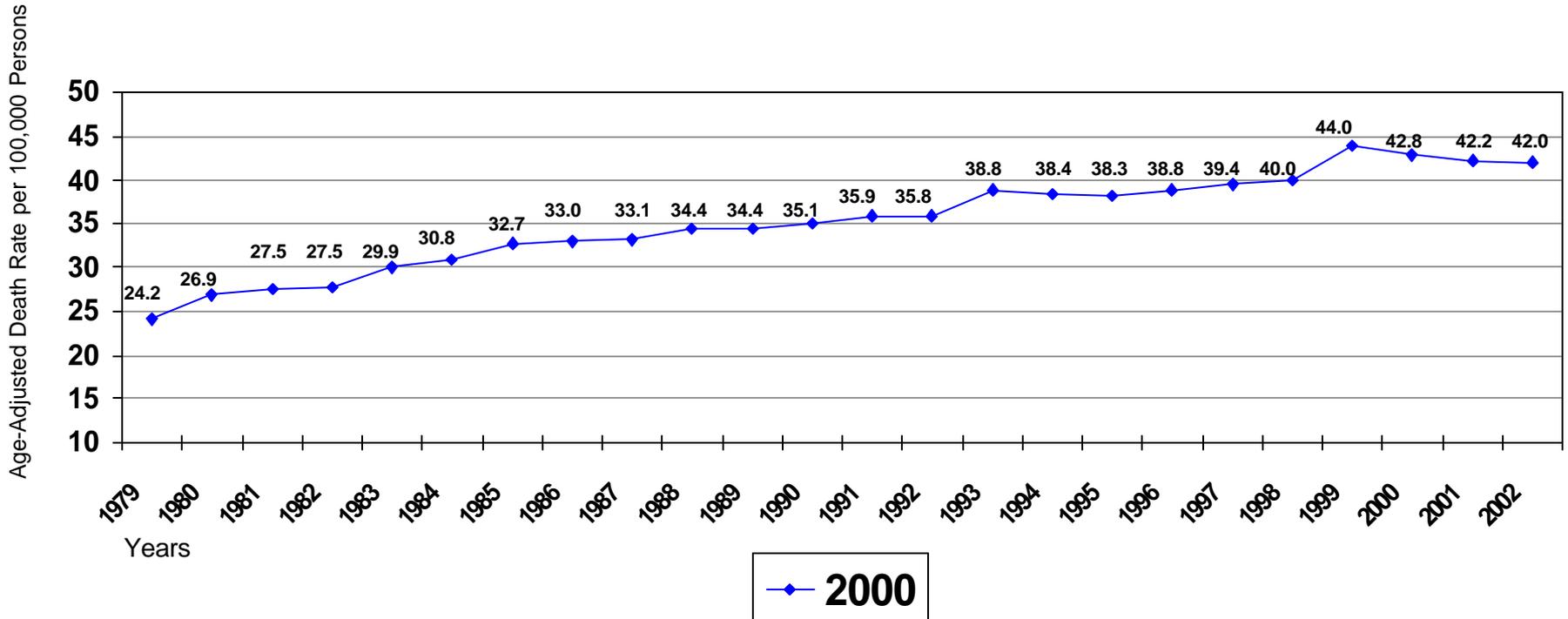

Respiratory Diseases

Healthy Kansans 2010

Steering Committee Meeting

April 22, 2005

COPD Age Adjusted Death Rates Based on the 2000 Standard Population, 1979-2002



Source: Age Standardization of Death Rates: Implementation of the Year 2000 Standard. National Vital Statistics Reports, Vol. 47 No. 3. Additional Calculations Performed by the American Lung Association, Epidemiology and Statistics Unit.

Notes:

1) 1979-1998 rates reflect the International Classification of Diseases, 9th Revision (ICD9) Code 490-492, 494-496. 1999-2002 rates reflect the International Classification of Diseases, 10th Revision (ICD10) Codes J40-44, J47.

Lung Diseases:

- Are the third leading cause of death in U.S.;
- Are responsible for one in seven deaths;
- Are the leading cause of infant mortality;
- Are a number of individual illnesses including asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, influenza, lung cancer, pneumonia, and tuberculosis;
- Affect more than 35 million Americans—334,714 of them Kansans; and
- Cost Kansas more than \$724 million annually

How Are We Addressing Respiratory Disease in Kansas?

Promoting respiratory health through better prevention, detection, treatment, and education

Supporting comprehensive statewide tobacco prevention and control programs, according to CDC Best Practices

Providing patient and professional education proper diagnosis, treatment and management of asthma, eg. Asthma Friendly Schools Initiative, Certification

What Are Assets in Kansas for Improving Lung Health?

- Strong existing state partnerships and coalitions for tobacco control, cancer, asthma, influenza and tuberculosis.
- Demonstrated success implementing CDC Best Practices in both tobacco and asthma programs.
- Growing public demand for tobacco control, eg. clean indoor air policy initiatives.
- Relatively good air quality

What Are Barriers That Are Limiting Progress in Kansas?

- Lack of a statewide strategic plan for respiratory disease, especially, asthma and COPD
- Dearth of state specific data
- Lack of resources

Recommendations

- Implement comprehensive statewide tobacco control plan defined Best Practices by CDC
- Enact public policies that reduce the burden caused by tobacco
- Establish comprehensive asthma management policies
- Increase data surveillance system for respiratory disease, esp. asthma and COPD
- Improve air quality and immunization programs
- Support and expand coalitions addressing tobacco control, asthma, influenza, and tuberculosis

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