MISSISSIPPI

asthma

PROGRAM

Principal Investigator:
Lei Zhang, PhD, MBA

Deputy Bureau Director:
Jasmine Williams, MPH, LPN, CHES

Epidemiologist:
Danielle Brown, MPH

* Program Advisor: Monica Stinson, MS, CHES
Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”
Racial and Gender Disparities among MS children with Asthma

• In 2017, the prevalence of childhood asthma (0-17) was 15.0% for children with lifetime asthma and 11.4% for children with current asthma. The following charts show childhood asthma in MS by Race/Ethnicity and Gender for children with Lifetime and Current asthma.

• Minorities have a higher percent of childhood lifetime and current asthma than the white population in Mississippi. With the African American population leading with the highest percent of childhood lifetime 21.1% and current 17.3% asthma.

• Males in Mississippi have the highest percent of childhood lifetime asthma at 15.7%. With rates fairly similar in both genders for current asthma in 2017.
Childhood Asthma Prevalence by Gender, 2017

Gender

Male: 11.2% (Current) 15.7% (Lifetime)  
Female: 11.6% (Current) 14.7% (Lifetime)

Childhood Asthma Prevalence by Race/Ethnicity, 2017

Race/Ethnicity

White: 6.3% (Current) 9.8% (Lifetime)  
Black: 17.3% (Current) 21.1% (Lifetime)  
Other: 13.22% (Current) 11.87% (Lifetime)  
Hispanic: 5.7% (Current) 11.8% (Lifetime)
Gender and Racial Disparities in Asthma Burden among Children

**Healthcare**

- In MS more females than males with asthma cannot see a doctor because of cost. In 2017, 24.8% of female children with asthma were reportedly could not see a doctor because of cost, compared to 21.5% of male children.

- In MS more blacks than whites with asthma cannot see a doctor because of cost. In 2017, 33.3% of black children with asthma reportedly could not see a doctor because of cost, compared to 9.5% of white children.
Racial and Gender Disparities among MS adults with Asthma

• In 2017 the prevalence of adult asthma is 12.0% for lifetime asthma and 8.6% for current asthma. The following charts show adult asthma in MS by Race/Ethnicity and Gender for adults with Lifetime and Current asthma.

• The African American adult population has the leading rates in overall asthma burden compared to the white population in MS with the highest percent of adult lifetime (14.6%) and current (11.0%) asthma.

• Males in Mississippi have a slightly higher percent of adult lifetime asthma at 12.4.7% than females. Rates are fairly similar in both genders for current asthma in 2017.
Adult Asthma Prevalence by Gender, 2017

- Male: Current 8.2%, Lifetime 12.4%
- Female: Current 9%, Lifetime 11.8%

Adult Asthma Prevalence by Race/Ethnicity, 2017

- White: Current 6.6%, Lifetime 10.2%
- Black: Current 11%, Lifetime 14.6%
Socioeconomic Disparities in Asthma Burden among Adults

• Poor Mississippians have the highest asthma burden. In 2017, adults with asthma and a household income of $15,000 but less than $25,000 were leading with a combined rate of 15.3% compared to 10.4% of adults with a household annual income level that ranged from $50,000 or more.

• Asthma burden is higher among adults who didn’t graduate high school. In 2017, 13.1% of adults who did not graduate high school had asthma compared to 12.6% that did graduate high school, 10.6% of adults who had some college degree, and 12.6% of adults who graduated college.

• Asthma burden is higher among adults who are unemployed. In 2017, a combined rate of 16.8% of adults who were either unemployed for less than a year, more than 1 year, and unable to work had asthma compared to 11.6% that were employed for wages, 6.8% of adults who were self-employed, and 7.9% of adults who were homemakers.
Gender and Racial Disparities in Asthma Burden among Adults

Healthcare

• In MS more females than males with asthma cannot see a doctor because of cost. In 2017, 18.8% of female adults with asthma reported that they could not see a doctor because of cost, compared to 12.7% of male adults.

• In MS more blacks than whites with asthma cannot see a doctor because of cost. In 2017, 23.4% of black adults with asthma reported that they could not see a doctor because of cost, compared to 9.5% of white adults.