An estimated 4.2% of adults in Health Service Region 11 had current asthma.

Asthma and current cigarette smoking were as common in the region as they were statewide.

Overweight/obesity was more common in the region than statewide.

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

For every 10,000 black adults about 6 more asthma hospitalizations occurred in the region than in the state.

In the region and in the state, asthma hospitalizations are more common among women than among men and among adults age 65 years and older than among each younger age group.

The risk of dying from asthma was lower in the region than in Texas overall.

Among Hispanics, 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

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Region</th>
<th>Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursement Amount</td>
<td>Average Reimbursement per Beneficiary</td>
<td>Reimbursement Amount</td>
</tr>
<tr>
<td>Total</td>
<td>$4,115,997.80</td>
<td>$505.71</td>
</tr>
<tr>
<td>Inpatient</td>
<td>$774,243.85</td>
<td>$2,032.14</td>
</tr>
<tr>
<td>Outpatient</td>
<td>506,178.98</td>
<td>$297.93</td>
</tr>
<tr>
<td>Physician</td>
<td>$2,835,574.97</td>
<td>$379.24</td>
</tr>
</tbody>
</table>

Medicaid spent $505.71 per beneficiary with asthma in the region, an amount lower than the state average. Medicaid spent less on inpatient hospital care and outpatient hospital care but more on physician care per beneficiary in the region than statewide.

Demography

Total Population = 2,180,675
Distribution of Population (% of Total Population)

![Demography Diagram]

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.