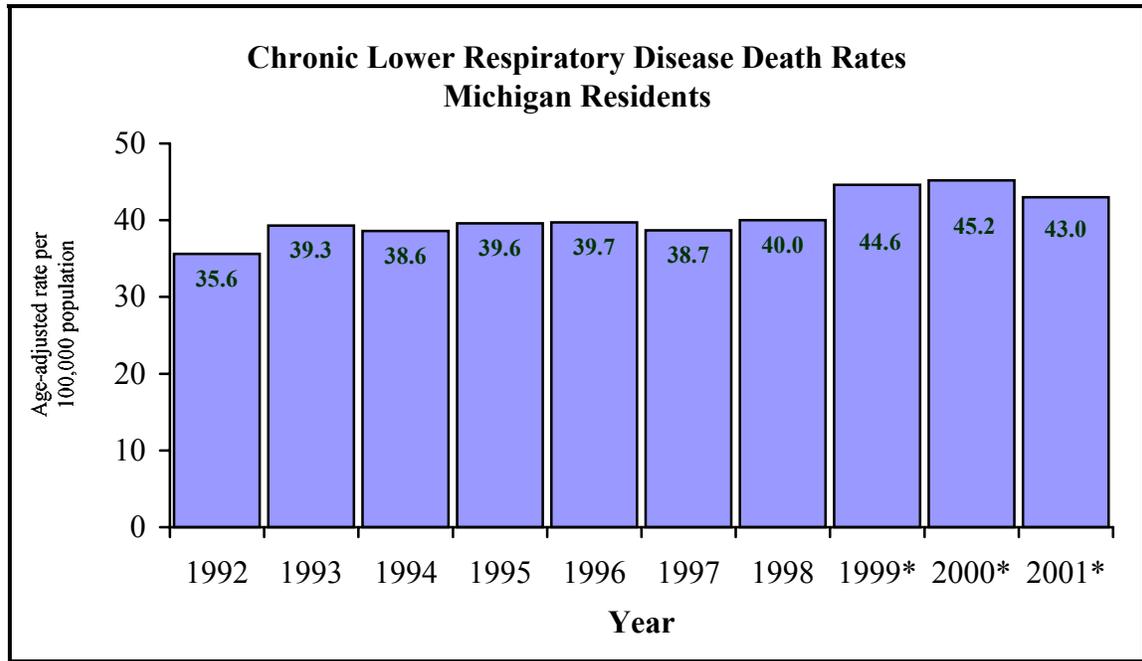


Vital Statistics Indicators

Chronic Lower Respiratory Disease Deaths



* Death data based on ICD-10 coding. See *Technical Notes* for detailed explanation on ICD coding changes.
Source: Division for Vital Records and Health Statistics, MDCH

How are we doing?

Chronic lower respiratory disease (CLRD) is the fourth leading cause of all deaths in Michigan and the seventh leading cause of Years of Potential Life Lost (YPLL) for people below the age of 75. In 1999, with the change to ICD-10 coding, CLRD experience 5% more deaths than in the 9th revision (ICD-9) coding. This may account for the increase rate of death caused by CLRD beginning during 1999.

CLRD is comprised of many conditions such as emphysema and chronic bronchitis. In emphysema, the small air sacs in the lung (called alveoli) are destroyed. With bronchitis, the lining of the airways that lead to the lungs becomes irritated, inflamed, and swollen. CLRD deaths can be reduced by changes in lifestyle, such as quitting smoking.

In 2001, there were 4,133 deaths due to chronic lower respiratory diseases in Michigan. The age-adjusted rate for CLRD deaths was 43.0 per 100,000 population.

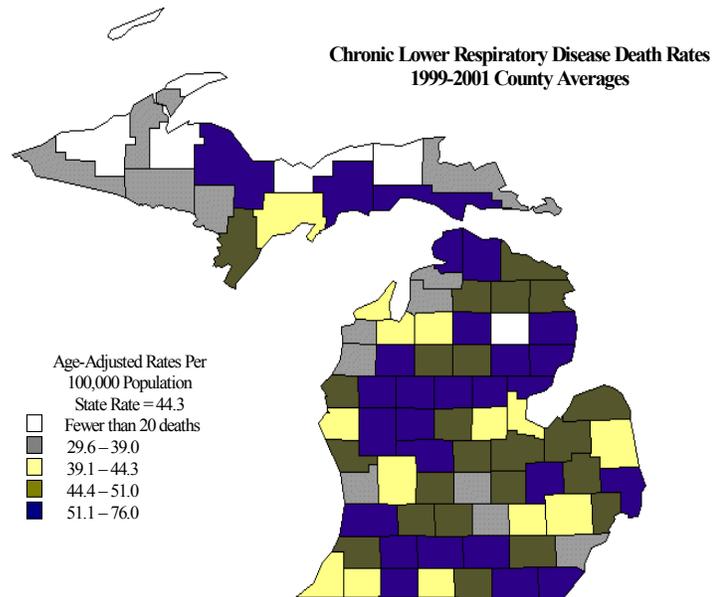
How does Michigan compare with the U.S.?

Michigan's 2000 age-adjusted death rate of 45.2 was similar to the U.S. rate of 44.3. CLRD was the fourth leading cause of all deaths in the U.S. and the tenth leading cause of YPLL in 1999.

How are different populations affected?

CLRD occurs most often in older people. In Michigan, 60 percent of CLRD deaths occurred to individuals aged 75 or older in 2001.

Men are also more likely to die of CLRD than women. In 2001, the age-adjusted rate was 55.9 for men and 35.9 for women. The difference between men and women is becoming less pronounced. This may be related to changing patterns of smoking.



The age-adjusted rate of death from CLRD is generally higher for whites than for African-Americans. In 2001, the rate for whites in Michigan was 44.4, while the African-American rate was 30.4.

What other information is important to know?

It is estimated that smoking is responsible for more than 80 percent of all chronic lower respiratory disease. Most, but not all, patients with CLRD have a history of smoking. Other factors can include continual exposure to dust, fumes or gases that can be found in the workplace. The first symptom of emphysema is usually shortness of breath. An individual is considered to have chronic bronchitis if they have a cough that produces mucus most days for at least 6 months in one year, or three months in each of two consecutive years.

What is the Department of Community Health doing to affect this indicator?

As smoking is a major cause of CLRD, the department is actively working to decrease the use of tobacco. Programs to reduce tobacco use include: promoting strong public and voluntary policies to increase the awareness of the dangers of tobacco use and secondhand smoke; to prevent the sale and promotion of tobacco to youth; and to provide a statewide media campaign with prevention, cessation, and secondhand smoke messages.

Tobacco program initiatives include offering free self-help cessation kits, expectant mother quit kits, and tobacco-related information. One statewide project focuses on promoting quit smoking programs and follow-up on program participants. Legal assistance is offered to businesses and individuals regarding smoke-free policy development along with research and information on tobacco-related

laws. The legal project also promotes and assists municipalities and counties in developing smoke-free policies. A statewide task force was developed to assist communities with clean indoor air regulation/ordinance development. The task force was instrumental in the passage of the recent Ingham County and Washtenaw County smoke-free business regulations. Additionally, the Prenatal Smoking Cessation Program is designed to train and support prenatal care providers and staff to assess the stages of readiness to quit in pregnant women. The model delivers positive, clear, concise, and consistent messages direct to the women's stage of readiness to quit.

Many agencies serving communities of color are funded to educate their communities about the dangers of tobacco use and secondhand smoke and to promote smoke-free public places and businesses. A new faith-based initiative is also being piloted this year. Cultural resource networks provide culturally and linguistically appropriate tobacco-related materials for the five principle minority groups in the state of Michigan. The network is also actively promoting smoke-free homes. A CDC funded disparities pilot project has created a statewide strategic plan to reduce tobacco-related disparities in Michigan. The plan will be marketed to other organizations in the coming year.

A network of 60 local tobacco reduction coalitions focus on raising awareness of tobacco issues, mobilizing communities to support tobacco free policies and decrease the social acceptability of smoking.

Efforts are also underway to initiate a statewide cessation quit-line pilot project.

For more information about adult health risk behaviors and/or tobacco control efforts and more state and local data on chronic lower respiratory disease deaths, visit the Michigan Department of Community Health website at www.michigan.gov/mdch.

Last Updated: May 2003