



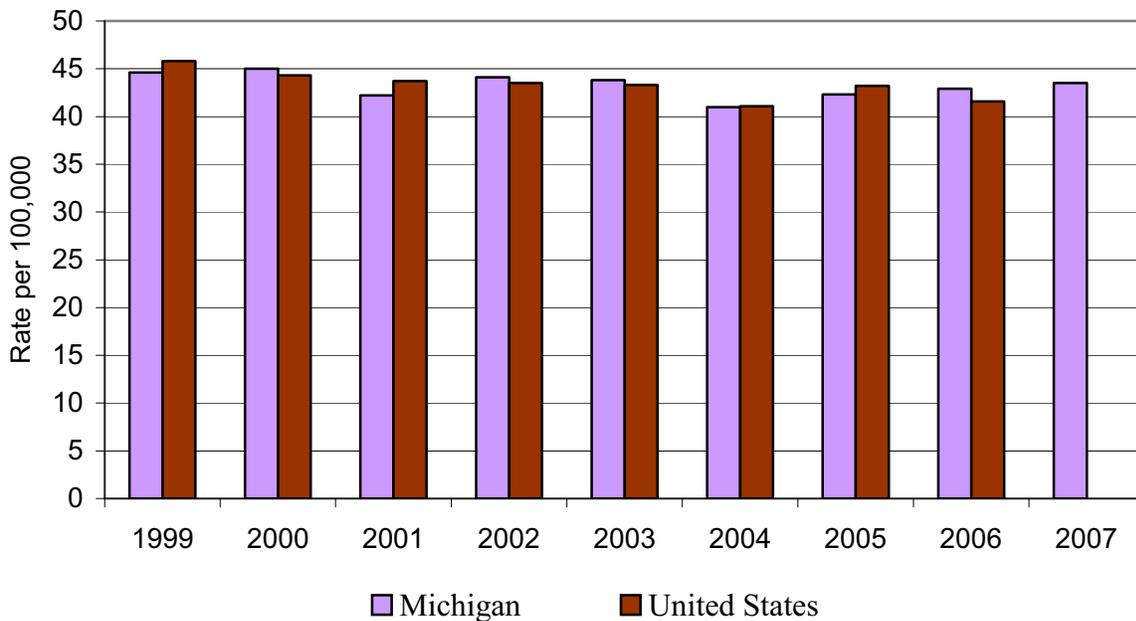
Topic: Respiratory Diseases

21. Chronic Lower Respiratory Disease Deaths

Chronic Lower Respiratory Disease (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 and avoiding exposure to second hand smoke.

How are we doing?

Chronic Lower Respiratory Disease Age-Adjusted Death Rates



Chronic lower respiratory disease is currently the fourth leading cause of all deaths in Michigan and the ninth leading cause of Years of Potential Life Lost (YPLL) for people below the age of 75. The age adjusted death rate for CLRD in Michigan was of 43.5 per 100,000 in 2007.

How does Michigan compare with the U.S.?

Michigan's 2006 age-adjusted death rate of 42.9 per 100,000 was higher than the U.S. rate of 40.4 per 100,000. CLRD was the fourth leading cause of all deaths in the U.S. and the tenth leading cause of YPLL in 1999. Starting in 1999, cause of death is coded using ICD-10, a different coding system than ICD-9. Thus, for certain causes of death, differences in numbers and rates of death in pre- and post-1999 data may be due to this change. For CLRD-related death, the new coding scheme identifies approximately five percent more deaths than the previous coding scheme. This may account for the increased rate of death caused by CLRD beginning in 1999.



How are different populations affected?

CLRD occurs most often in older people. In Michigan, 63% of CLRD deaths occurred to individuals aged 75 or older in 2006. Men are also more likely to die of CLRD than women.

In 2006, the age-adjusted rate was 51.1 per 100,000 for men and 38.1 per 100,000 for women. The difference between men and women is becoming less pronounced. This may be related to changing patterns of life style.

The age-adjusted rate of death from CLRD is generally higher for Whites than for Blacks. In 2006, the rate for Whites in Michigan was 44.7, while the rate for Blacks was 27.7 per 100,000.

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

As smoking is a major cause of CLRD, the MDCH is implementing a comprehensive statewide tobacco control program to establish smoke-free policies and social norms to decrease tobacco use and second hand smoke exposure. Programs to increase awareness of the dangers of tobacco use and secondhand smoke exposure; preventing the initiation of tobacco use and limiting minors' access to tobacco products are given significant attention. In addition, a statewide media campaign that deliver strategic, culturally appropriate, and high- impact messages in campaigns integrated into the overall state program effort, including prevention, promoting cessation, and secondhand smoke messages.