

BRFSS Brief

Number 1606

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

Chronic Obstructive Pulmonary Disease

New York State Adults, 2014

Introduction and Key Findings

Chronic obstructive pulmonary disease (COPD) is a group of diseases that cause airflow blockage and breathing-related problems, including emphysema, chronic bronchitis, and sometimes asthma. Chronic lower respiratory disease, including COPD, is the third leading cause of death in the United States, and causes serious long-term disability.¹ Fifteen million Americans report that they have been diagnosed with COPD.² Because more than 50% of adults with low pulmonary function are estimated to not be aware they have COPD, the actual number of adults living with COPD may be higher.³ Tobacco smoke is the primary cause of the development and progression of COPD⁴, although exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play a role.

Avoiding inhaling tobacco smoke, air pollutants, and respiratory infections are key to prevent developing COPD. Self-management of COPD, such as healthy eating, taking medications properly and particularly exercise, is associated with improved health-related quality of life and reduced hospital admissions.^{5,6}

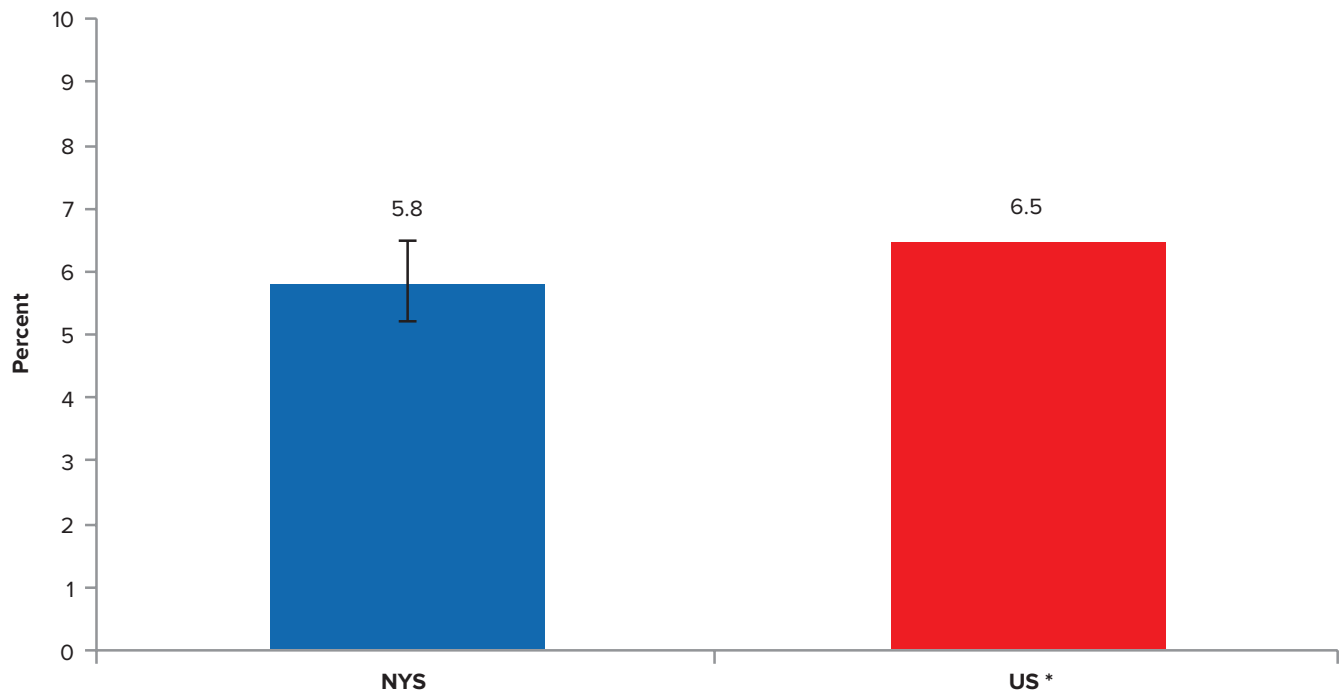
Key Findings

An estimated 900,000 adults (5.8%) in New York State report they have been told by a health professional they have COPD, emphysema, or chronic bronchitis. The proportion of adults reporting having COPD increases with age, and is significantly higher for adults aged 65 or older (13.1%). Adults with annual household income of less than \$25,000 (9.5%), adults with less than a college degree (7.2%) and adults with Medicare and Medicaid (11.9% and 9.8%, respectively) are more likely to report COPD. The prevalence of COPD among adults living with disabilities (16.7%) is almost six times greater than the prevalence among adults living without disabilities (2.9%).

BRFSS questions

Has a doctor, nurse, or other health professional ever told you that you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?

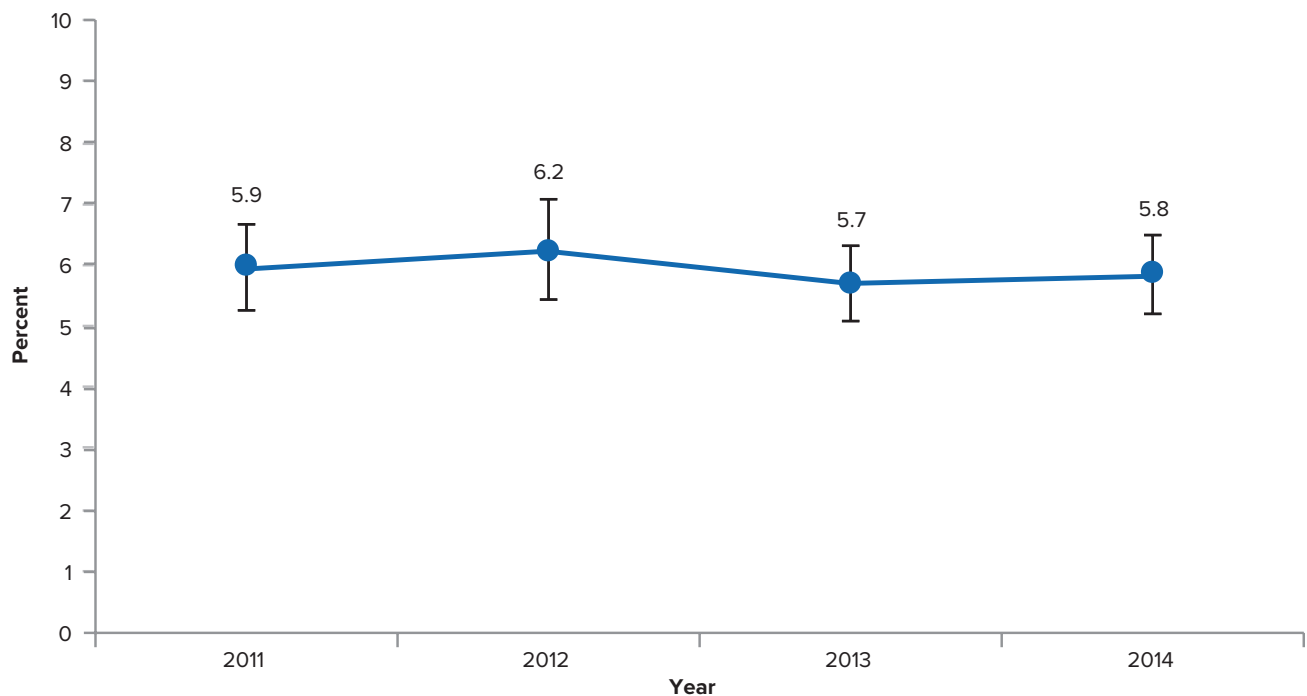
Figure 1. Chronic obstructive pulmonary disease (COPD) among US and New York State adults, 2014 BRFSS



Note: Error bars represent 95% confidence intervals

*Median percent; includes data from all 50 states and the District of Columbia.

Figure 2. Prevalence of chronic obstructive pulmonary disease (COPD) among New York State adults, by BRFSS survey year



Note: Error bars represent 95% confidence intervals

Chronic obstructive pulmonary disease (COPD) among New York State adults^a, 2014 BRFSS

	COPD Prevalence	
	% ^b	95% CI ^b
New York State (NYS) [n=6,865]	5.8	5.2-6.5
Sex		
Male	5.2	4.4-6.1
Female	6.4	5.6-7.4
Age (years)		
18-24	—	—
25-34	2.9	1.8-4.6
35-44	2.7	1.7-4.4
45-54	5.3	4.0-7.0
55-64	8.0	6.5-9.9
65+	13.1	11.4-15.1
Race/ethnicity		
White, non-Hispanic	6.6	5.8-7.5
Black, non-Hispanic	5.5	4.1-7.4
Hispanic	5.5	4.0-7.5
Other, non-Hispanic	2.7	1.6-4.6
Annual household income		
<\$24,999	9.5	8.0-11.3
\$25,000-\$34,999	4.8	3.3-6.9
\$35,000-\$49,999	6.9	5.2-9.1
\$50,000-\$74,999	4.6	3.3-6.4
\$75,000 and greater	2.7	2.0-3.6
Missing ^c	6.2	4.6-8.4
Educational attainment		
Less than high school (HS)	8.7	6.6-11.4
High school or GED	7.3	6.2-8.7
Some college	6.1	5.0-7.4
College graduate	3.0	2.3-3.8
Disability^d		
Yes	16.7	14.6-19.1
No	2.9	2.4-3.5
Health care coverage type		
Private	3.8	3.2-4.6
Medicare	11.9	10.1-14.0
Medicaid	9.8	7.3-13.0
Other insurance ^e	6.9	4.3-11.0
Not insured	3.1	1.9-5.2
Region		
New York City (NYC)	5.5	4.6-6.5
NYS exclusive of NYC	6.1	5.3-7.0

^a Rows with less than 50 observations and rows that contain a confidence interval with a half-width of greater than 10 have been suppressed.

^b % = weighted percentage; CI = confidence interval

^c "Missing" category included because more than 10% of the sample did not report income.

^d All respondents who reported having at least one type of disability (cognitive, mobility, vision, self-care, or independent living)

^e includes VA or Military

References

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4. U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
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6. Jordan RE, Majothi S, Heneghan NR, Blissett DB, Riley RD, Sitch AJ, et al. Supported self-management for patients with moderate to severe chronic obstructive pulmonary disease (COPD): an evidence synthesis and economic analysis. *Health Technol Assess* 2015;19(36).

Program Contributions

New York State Department of Health
Bureau of Chronic Disease Evaluation and Research
Bureau of Community Chronic Disease Prevention

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