Title

Rates and counts of asthma emergency department visits by county, California, 2012

Abstract

This dataset contains counts and rates of asthma (ICD9-CM 493.0-493.9) emergency department visits among California residents by county by age (all ages, 0-17, 18+) for 2012.

Data Sources

Emergency Department Data

Since 2005, the Office of Statewide Health Planning and Development (OSHPD) has been responsible for routinely collecting data on emergency department (ED) visits from every licensed acute care hospital in California, excluding federal hospitals. Each year, OSHPD compiles the data from all hospitals to create the Emergency Department and Ambulatory Surgery Database. Each year, the California Breathing asthma program obtains the ED dataset from OSHPD and creates datasets to be used for public health surveillance, while maintaining confidentiality. Each ED event is identified by looking at principal discharge diagnosis based on the International Classification of Disease, Ninth Revision, Clinical Modification (ICD-9-CM). A principal diagnostic ICD-9-CM code of 493 indicates a patient who was seen in the ED because of asthma.
To find out more about what data is available from OSHPD, go to their website: www.oshpd.ca.gov To request public use data from OSHPD, go here:
http://www.oshpd.ca.gov/HID/Products/PatDischargeData/PublicDataSet/index.html

County population data

For the asthma data at the county level, we use population estimates from the California Department of Finance.

Measures

Counts

- The number of emergency department visits during a calendar year with asthma (ICD-9-CM 493) as the primary diagnosis (include records for ED Visits resulting in a hospitalization) for a given county and age group. These are counts of the number of visits, not the unique number of individuals.

Rates

- Age-adjusted rates take into account the age-distribution of a population and are calculated to allow for direct comparisons between two or more populations at one point in time or between a single population at two or more points in time. Age-adjusted rates are useful as a relative index of risk.

  Using the direct method of age-adjustment, crude rates are weighted to be comparable to a standard population. For the age-adjusted emergency department rates presented, we use the U.S. Census 2000 population as the standard population (http://www.census.gov/prod/2002pubs/c2kprof00-us.pdf).