

CI-1: Addressing Under-Reporting and Under-Recognition of Work-Related Asthma in State-Based Surveillance

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Keywords:

surveillance, work-related asthma, SENSOR

Background:

Work-related asthma (WRA) is defined as asthma caused or exacerbated by workplace exposures. The American Thoracic Society has estimated that 15% of adult asthma is attributable to workplace factors. Although physician reports represent the primary source of case-identification, physicians' under-recognition and under-reporting of WRA is well documented. NIOSH-funded state surveillance and intervention programs are adopting various approaches to improve reporting and assess the extent of WRA.

Objective:

To highlight information on underreporting identified using sentinel WRA surveillance, results from population-based WRA surveillance, and intervention efforts within a NIOSH-funded state.

Method:

Different approaches to WRA surveillance and intervention that enhance physician-based surveillance systems will be presented. Michigan will present information on the prevalence of respiratory symptoms and/or a physician diagnosis of asthma among 8,200 workers at 439 companies. Questionnaire results will be compared with employer-maintained statistics. California will present results of WRA questions added to the 2001 Behavioral Risk Factor Surveillance System (BRFSS) questionnaire in California, Massachusetts, and Michigan. New York will present results of eight physician focus groups that shaped the development of their WRA toolkit.

Result:

Collectively, the presentations described identified

additional cases of WRA through follow-up of sentinel WRA case coworkers, provide an estimate of the proportion of adult asthma in California, Massachusetts, and Michigan that may be work-related, and identified and addressed barriers to physician reporting.

Conclusion:

The results demonstrate the benefit of a multifaceted approach for assessing the burden of WRA and its prevention.

2004 National Asthma Conference: “Winning with Asthma”
Schedule of Events
April 14-16, 2004
Marriott Marquis Hotel
Atlanta, Georgia

Note: Abstract ID codes appear in parentheses after each concurrent session abstract title. Abstracts are located in this book immediately after the agenda, and are in alpha-numeric order.

Tuesday, April 13th, 2004

- 12:00p.m. to 5:00 p.m.** **Registration**
 Imperial Registration Booth
- 5:00 p.m. to 7:30 p.m.** **Exhibitors/Posters set up**
 International Exhibit Hall
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Wednesday, April 14th, 2004

- 7:30 a.m. to 5:00 p.m.** **Registration**
 Imperial Registration Booth
- 7:30 a.m. to 8:30 a.m.** **Exhibitors/Posters set up**
 International Exhibit Hall
- 8:30 a.m. to 8:45 a.m.** **Plenary Session:**
 Imperial B Ballroom
 Introductions/Welcome
Julie Madden, M.A., National Center for Environmental Health (NCEH)/
Agency for Toxic Substances and Disease Registry (ATSDR), Air Pollution
and Respiratory Health Branch (APRHB) (CDC)
 Welcome and Introduction of Speakers
- 8:45 a.m. to 9:15 a.m.** *Henry Falk, M.D., Director, NCEH/ATSDR (CDC)*
 Welcoming Remarks. An Update on Organizational
 Consolidation Efforts
- 9:15 a.m. to 9:25 a.m.** *Stephen Redd, M.D., Branch Chief, NCEH/ATSDR, APRHB (CDC)*
 An Update on Asthma Activities
- 9:25 a.m. to 10:15 a.m.** *Keynote Speaker: William Smith, Ed.D., Executive Vice President,*
 Social Change Group, Academy for Educational Development
 “Behavior Change and Challenges”
 Imperial Ballroom B
 Moderator: Stephen Redd, M.D., Branch Chief, APRHB (CDC)

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