Asthma and Chronic Obstructive Pulmonary Disease



Variables

- · Adults have asthma
- Students who have asthma
- Asthma hospitalizations
- COPD hospitalizations

What is it?

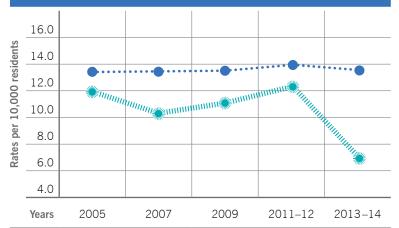
Asthma and chronic obstructive pulmonary disease (COPD) are chronic conditions affecting the airways. COPD, which is an umbrella term for airway diseases such as chronic bronchitis and emphysema, was the third leading cause of death in the United States in 2011.¹ Asthma is the leading chronic condition for children and affects an estimated 10 percent of the United States population.²

Both conditions are characterized by chronic inflammation of the airways, which may result in coughing, wheezing, and shortness of breath. They can also be exacerbated by environmental conditions and exposures to substances such as tobacco smoke, cold air, allergens, and pollution. While COPD and asthma are similar, they are considered two different diseases.

Asthma generally presents during childhood, while COPD is usually diagnosed in persons 40 and older.³ The obstruction caused by asthma is considered reversible, whereas COPD is irreversible.²

While the exact causes of asthma are still unknown, current medical opinion is that genetics and environmental exposures play a role in the development of the condition. Persons with a family history of asthma or exposure to allergens and pollutants (such as tobacco smoke) at an early age are at a higher risk of developing asthma. The most common cause for COPD is tobacco smoke (first and second hand). Exposure to fumes and chemicals (generally in an occupational setting) may contribute to the development of COPD as well. Asthma may also be a risk factor for COPD. An Australian study found that 40 percent of children with severe asthma developed COPD by age 50.5





According to 2013–14 data, the prevalence of asthma among adults is lower in San Francisco than in California.

Why is it important for health?

Asthma continues to be a major public health concern with a continually increasing prevalence. In 2011, it was estimated that approximately 26 million Americans have asthma, compared with only 20 million in 2001. Asthma is also a cause of lost productivity in adults and children, costing the nation roughly \$56 billion annually in healthcare expenses. ⁶

COPD is also a major public health concern as it is the third leading cause of death in the nation. In addition, it was estimated in 2010 that COPD-related expenses cost the nation approximately \$49.9 billion annually. Death rates due to COPD are typically higher among males than females.⁷

What is the status in San Francisco?

Asthma: In 2013–14, 13.8 percent of adults, 18 percent of middle school and 21 percent of high school students were diagnosed with asthma (**Tables 1, 2,** and **3**). For the first time since 2005, the percentage of adults suffering from asthma in San Francisco was significantly lower in California overall (13.8 percent) (**Figure A**). However, the prevalence of asthma among

Black/African American adults (13.9 percent) in San Francisco is more than 250 percent greater than that for Whites (5.0). Black/African American middle (29.9 percent) and high school (37.6 percent) students were more likely than other ethnicities to have asthma (**Figure B**). Filipino middle (24.8 percent) and high school (32.2 percent) students had the second highest prevalence of asthma, while Chinese students (13.2 percent and 13.1 percent, respectively) had the lowest. (The practice of combining data for Asians and Pacific Islanders may mask poor health risk factors and outcomes in the city.)

Consistent with higher prevalence, rates of asthma hospitalizations are highest for Black/African Americans and are almost nine times higher than for Whites (**Figure C**). Rates for Whites and Asians and Pacific Islanders decreased between 2005 and 2014, while rates for Latinos and Black/African Americans remained steady. Among children and adolescents, hospitalization rates due to asthma are highest for children 1 to 4 years old (**Figure D**). The decrease in rates seen in older children may be attributable to the presence of active management plans and staff training in schools.

COPD: In 2012–14 the hospitalization rate due to COPD in California (7.9 per 100,000 residents) was similar to San Francisco (7.6 per 100,000 residents). Hospitalizations rates due to COPD are historically



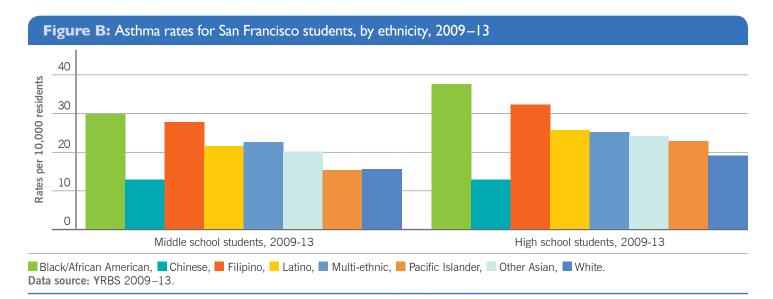
Black/African American and Filipino students are more likely than whites to have asthma.

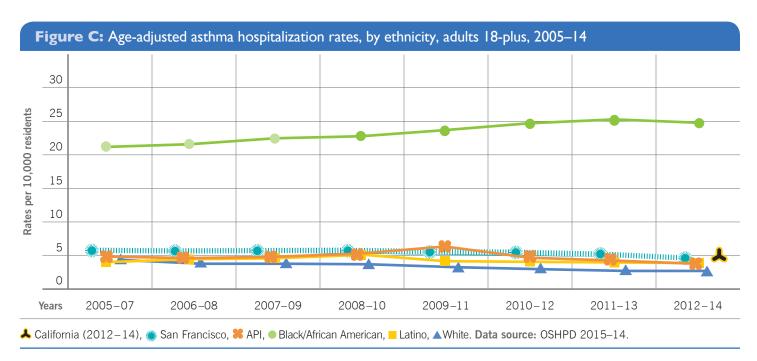
higher among males than females (Table 7). As is the case with asthma, Black/African Americans have a far higher rate of COPD hospitalization than all other races; rates among Black/African Americans increased between 2005 and 2014 (Figure E). COPD hospitalization rates, similar to asthma hospitalization rates, are higher in the Tenderloin, SOMA, and Bayview Hunters Point (see maps 1 and 2). These three neighborhoods historically have had higher than average minority populations with a lower than average socioeconomic status.

Sources

CHIS California Health Interview Survey, UCLA Center for Health Policy Research http://ask.chis.ucla.edu/main/default.asp

OSHPD Office of Statewide Health Planning and Development. http://www.oshpd.ca.gov/







YRBS Youth Risk Behavioral Surveillance System. http://www.cdc.gov/healthyyouth/data/yrbs/

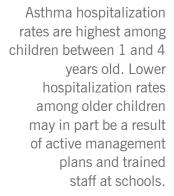
References

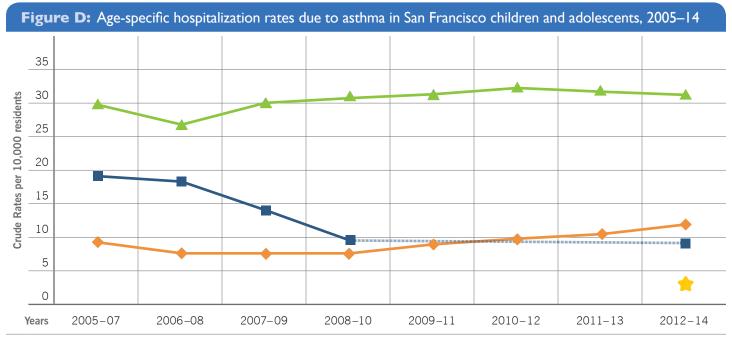
- Centers for Disease Control and Prevention (2015), "Chronic Obstructive Pulmonary Disease (COPD)."
- American Lung Association (2012), "The Link between Asthma and COPD."
- 3. National Heart, Lung, and Blood Institute (2013), "What is COPD?"
- National Heart, Lung, and Blood Institute (2014), "What is Asthma?"
- 5. Health.com (2010), "Can Asthma Increase COPD Risk?"
- 6. Epidemiology and Statistics Unit (2012), "Trends in Asthma Morbidity and Mortality. American Lung Association."
- American Lung Association, Epidemiology and Statistics Unit (2012). "Trends in COPD (Chronic Bronchitis and Emphysema) Morbidity and Mortality."

Methodology and Limitations

Hospitalizations: This analysis identified patients with hospitalizations due to asthma or COPD with the following list of ICD-9-CM Diabetes Diagnosis Codes consistent with the definition included in the Prevention Quality Indicator Technical Specification for Asthma in younger Adults Admission Rate (PQI 15)/ Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older adults Admission Rate (PQI 05) published by the Agency for Healthcare Research and Quality. Inclusion criteria for asthma were:

- 1) primary diagnosis equal to any of the following ICD9 codes: 49300, 49301, 49302, 49310, 49311, 49312, 49320, 49321, 49322, 49381, 49382, 49390, 49391, 49392, and
- 2) residence in San Francisco at the time of admission.





^{*}Statistically unstable data not shown. 🔳 Less than 1 year, 🔺 1–4 years, 🔷 5–14 years, 🖈 15–17 years (2012–14), Data source: OSHPD 2005–14..



Between 2005-08 and 2011-13, COPD hospitalization rates increased among Black/African Americans and in 2012-14 were 3.6 times higher than citywide rates.

Inclusion criteria for COPD were

- 1) primary diagnosis equal to any of the following ICD9 codes: 4910, 4911, 49120, 49121, 4918, 4919, 4920, 4928, 494, 4940, 4941, 496, or
- 2) primary diagnosis equal to 4660 and other diagnosis equal to one of the following: 4910, 4911, 49120, 49121, 4918, 4919, 4920, 4928, 494, 4940, 4941, 496,
- 3) age 18 and over at the time of hospitalization,
- 4) residence in SF at the time of admission.

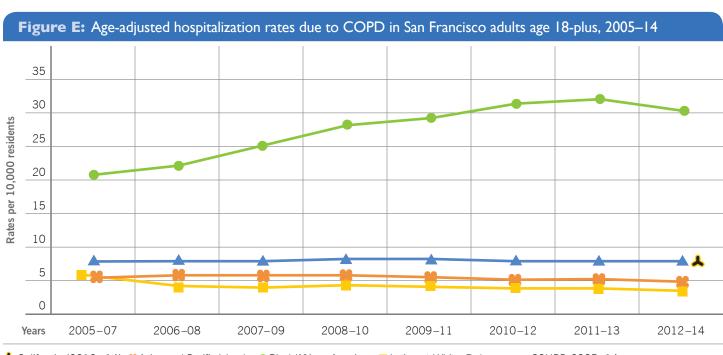
Hospitalization meeting the above criteria for Asthma or COPD were excluded if cystic fibrosis or other respiratory anomalies were indicated with the following ICD-9 codes:: Cases with cystic fibrosis or other respiratory anomalies: 27700, 27701, 27702, 27703, 27709, 51661, 51662, 51663, 51664, 51669, 74721, 7483, 7484, 7485, 74860, 74861, 74869, 7488, 7489, 7503, 7593, 7707.

Hospitalization rates measure the number of admissions not the number of residents who are hospitalized. Admissions records may include multiple admissions of the same person.

Statistical instability: Statistically unstable estimates are not shown in this document. Statistical instability may arise from:

- ...few respondents to a survey,
- ...small population sizes, or
- ...small numbers of affected individuals.

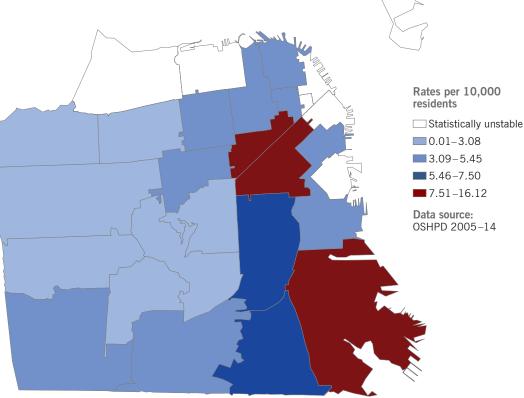
Statistical instability indicates a lack of confidence in an estimates ability to accurately and reliably represent the population. Due to statistical instability, estimates are not available for all age, gender, ethnicity, or other groups.







COPD and asthma hospitalization rates are highest in the eastern, and southeastern sections of the city coinciding with areas of lower social economic status and higher proportion of minority populations.



Map 2: Emergency room visit rates due to COPD among adults age 18-plus, 2012–14

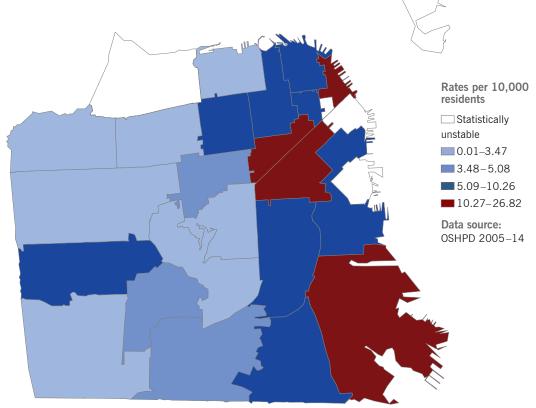




Table 1: San Francisco adults reporting ever having been diagnosed with asthma, 2005-14

		2005	2007	2009	2011–12	2013–14
			Rates per 10,0	000 residents (95% Confid	dence Interval)	
	California	13.6 (13.1–14.1)	13.6 (13.2–14.0)	13.7 (13.0-14.3)	14.1 (13.6–14.7)	13.8 (12.8–14.9)
	San Francisco	12.1 (9.4–14.8)	10.5 (6.8–14.2)	11.3 (7.8–14.9)	12.5 (8.8–16.1)	7.1 (4.2–10.1)
Gender	Male	13.4 (8.9–18.7)	*	11.7 (7.2–16.3)	14.8 (10.3-21.3)	7.2 (3.4–11.0)
Gen	Female	10.4 (7.5–13.3)	10.1 (6.8–13.4)	10.9 (5.1–16.7)	12.2 (89.1 – 9.7)	*
ity	API	9.0 (4.1–14.0)	*	*	5.0 (2.	3–7.7)
Race/ethnicity	B/AA	*	*	*	7	k
ce/ei	Latino	*	*	15.8 (6.7–24.8)	*	
Ra	White	13.0 (9.2–16.7)	9.8 (6.1–13.6)	10.0 (6.3–13.8)	13.9 (9.	5–18.2)
	18-24	*	*	*	7	k
ears	25-39White	15.6 (9.9–21.2)	15.5 (6.4–24.6)	*	11.2 (6.	2–16.2)
Age in years	40-64White	10.8 (7.8–13.7)	7.3 (4.8–9.8)	11.9 (7.5–16.3)	9.2 (6.3	1–12.3)
Age	65-74White	*	*	*	7.4 (4.3	3–10.5)
	75-plusWhite	*	*	*	12.8 (6.	5–19.2)
Below 300% FPL		10.3 (5.9–14.7)	*	11.4 (5.3–17.5	10.9 (6.	8–15.0)
А	bove 300% FPL	13.1 (9.6–16.5)	10.9 (6.5–15.3)	11.3 (7.4 – 15.1)	9.0 (6.3	3–11.7)

^{*}Statistically unstable data not shown. Data source: CHIS, 2005-14.

Table 2: Age-adjusted hospitalization	rates due to asthma in San Francisco	children and adolescents, 2005-14
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		2005-07	2006-08	2007–09	2008–10	2009–11	2010–12	2011–13	2012–14
				Rates per	10,000 residents	(95% Confidence	ce Interval)		
	California								3.04 (3.0-3.08)
S	an Francisco	3.62 (3.3–3.95)	3.25 (2.9–3.57)	3.23 (2.9–3.54)	3.12 (2.8–3.43)	3.22 (2.9–3.53)	3.55 (3.2–3.87)	3.79 (3.5–4.12)	4.06 (3.7–4.4)
Gender	Male	4.33 (3.8–4.84)	3.81 (3.3–4.29)	3.87 (3.4–4.35)	3.86 (3.4–4.35)	3.92 (3.4-4.41)	4.35 (3.8–4.85)	4.56 (4.1–5.06)	4.91 (4.4–5.42)
Gen	Female	2.89 (2.5–3.32)	2.67 (2.3–3.08)	2.56 (2.2–2.96)	2.37 (2.0–2.74)	2.5 (2.1–2.88)	2.73 (2.3–3.13)	2.98 (2.6-3.41)	3.16 (2.7–3.6)

^{*}Statistically unstable data not shown. Data source: OSHPD, Patient Discharge Dataset, 2005-14.

Table continues on the next page.



Table 2: Age-adjusted hospitalization rates due to asthma in San Francisco children and adolescents, 2005–14 *(continued)*

		2005-07	2006-08	2007–09	2008–10	2009–11	2010–12	2011–13	2012–14
				Rates per	10,000 residents	(95% Confidence	ce Interval)		
	API	4.99 (4.3-5.65)	3.99 (3.4-4.58)	4.21 (3.6-4.84)	4.34 (3.8–4.9)	4.3 (3.7–4.87)	3.95 (3.4-4.49)	3.23 (2.7–3.79)	3.13 (2.6-3.67)
Race/ethnicity	B/AA	8.54 (6.7–10.37)	8.64 (6.7–10.54)	8.97 (7.0–10.93)	9.07 (7.3–10.83)	9.72 (7.9–11.58)	10.3 (8.4–12.25)	12.66 (10.1–15.23)	14.97 (12.1–17.84)
Race/et	Latino	4.48 (3.7–5.26)	3.63 (2.9-4.35)	3.1 (2.5–3.74)	3.1 (2.6-3.65)	3.24 (2.7–3.79)	3.93 (3.3-4.53)	4.61 (3.9-5.35)	5.17 (4.4-5.96)
	White	2.89 (2.3-3.47)	2.78 (2.2-3.35)	3.11 (2.5–3.7)	2.57 (2.1-3.01)	2.4 (2.0-2.83)	2.16 (1.8-2.56)	2.14 (1.7– 2.58)	2.03 (1.6-2.44)
	Less than	19.11 (13.2–25.03)	18.49 (12.7–24.29)	14.18 (9.2–19.17)	9.67 (5.6–13.71)	*	*	*	8.13 (4.8–11.46)
years	1-4	29.87 (26.0-33.7)	26.95 (23.3–30.6)	30.11 (26.3–33.95)	31.29 (27.4–35.16)	30.49 (26.7–34.25)	32.3 (28.5–36.09)	31.86 (28.2–35.52)	31.4 (27.9–34.93)
Age in	5–14	9.37 (7.9–10.8)	7.8 (6.5–9.13)	7.71 (6.4–9.05)	7.1 (5.8–8.39)	8.01 (6.6–9.38)	9.87 (8.4–11.37)	10.58 (9.0–12.12)	12.05 (10.4–13.68)
	15–17	*	*	*	*	*	*	*	3.32 (1.9–4.77)

^{*}Statistically unstable data not shown. Data source: OSHPD, Patient Discharge Dataset, 2005–14.

T	Table 3: Age-adjusted hospitalization rates due to asthma in San Francisco adults age 18-plus, 2005–14								
		2005-07	2006-08	2007– 09	2008–10	2009–11	2010–12	2011– 13	2012–14
				Rates per	10,000 residents	s (95% Confidence	ce Interval)		
	California								5.19 (5.1– 5.23)
San	Francisco	5.89 (5.6–6.18)	5.78 (5.5–6.07)	5.72 (5.4–6.01)	5.73 (5.4–6.01)	5.69 (5.4-5.98)	5.52 (5.2-5.79)	5.29 (5.0-5.56)	4.8 (4.5-5.05)
Gender	Male	4.74 (4.4-5.12)	4.61 (4.2-4.99)	4.69 (4.3-5.07)	5.05 (4.7– 5.44)	5.04 (4.7– 5.42)	4.87 (4.5-5.24)	4.34 (4.0–4.7)	3.83 (3.5–4.16)
Gen	Female	7.03 (6.6–7.47)	6.99 (6.5–7.43)	6.8 (6.4–7.23)	6.49 (6.1–6.91)	6.47 (6.1–6.89)	6.3 (5.9-6.71)	6.31 (5.9–6.72)	5.79 (5.4–6.18)
	API	4.97 (4.5–5.41)	4.77 (4.3–5.2)	4.84 (4.4–5.26)	4.99 (4.6-5.41)	5.23 (4.8–5.65)	4.91 (4.5-5.31)	4.57 (4.2-4.95)	3.69 (3.3-4.04)
thnicity	B/AA	21.2 (19.1–23.27)	21.66 (19.5–23.78)	22.55 (20.4–24.73)	22.9 (20.7–25.11)	23.77 (21.5–26.04)	24.77 (22.5–27.09)	25.31 (22.9–27.7)	24.88 (22.5–27.27)
Race/ethnicity	Latino	4.05 (3.3–4.81)	4.46 (3.7–5.24)	4.53 (3.8–5.29)	4.68 (3.9–5.45)	4.23 (3.5–4.95)	4.16 (3.4–4.87)	4.09 (3.4-4.78)	3.93 (3.3–4.6)
	White	4.32 (3.9–4.7)	4.06 (3.7–4.43)	3.94 (3.6-4.3)	3.72 (3.4-4.07)	3.34 (3.0-3.67)	3.13 (2.8-3.44)	2.9 (2.6–3.21)	2.84 (2.5-3.14)

Data source: OSHPD, Patient Discharge Dataset 2005-14.



Table 3: Age-adjusted hospitalization rates due to asthma in San Francisco adults age 18-plus, 2005-14 (continued)

		2005-07	2006-08	2007– 09	2008–10	2009-11	2010–12	2011–13	2012–14
				Rates per	10,000 residents	(95% Confidence	e Interval)		
	18-24	1.2 (0.8– 1.64)	1.28 (0.8–1.72)	1.5 (1.0-1.98)	1.32 (0.9–1.78)	1.34 (0.9–1.81)	1.11 (0.7–1.54)	1.34 (0.9–1.83)	1.24 (0.8–1.72)
years	25-44	1.79 (1.6-2.03)	1.71 (1.5–1.94)	1.67 (1.4-1.9)	1.7 (1.5–1.93)	1.6 (1.4-1.83)	1.61 (1.4-1.84)	1.62 (1.4-1.84)	1.73 (1.5-1.96)
.⊑	45-64	8.96 (8.2–9.74)	8.51 (7.8–9.25)	8.58 (7.8–9.32)	8.63 (7.9–9.37)	9.02 (8.3–9.76)	9.01 (8.3–9.75)	8.56 (7.8–9.28)	7.67 (7.0–8.35)
Age	65-74	15.9 (13.9–17.9)	16.42 (14.4–18.44)	15.02 (13.1–16.94)	14.55 (12.7–16.42)	13.12 (11.4–14.87)	13.75 (12.0–15.52)	12.56 (10.9–14.21)	11.62 (10.1–13.17)
	75-plus	32.63 (29.8–35.42)	32.53 (29.8–35.31)	33.06 (30.3–35.85)	34.47 (31.6–37.3)	34.43 (31.6–37.25)	31.86 (29.1–34.58)	29.81 (27.2–32.44)	25.49 (23.1–27.91)

Data source: OSHPD, Patient Discharge Dataset, 2005-14.

Table 4: Age-adjusted hos	pitalization rates due to	COPD in San Fra	ancisco adults age 18	B-plus, 2005–14

		2005-07	2006-08	2007–09	2008–10	2009-11	2010-12	2011–13	2012–14
				Rates per	10,000 residents	(95% Confidence	ce Interval)		
	California								7.92 (7.9–7.97)
Sa	n Francisco	7.58 (7.2–7.91)	7.79 (7.5–8.13)	7.92 (7.6–8.25)	8.22 (7.9–8.56)	8.3 (8.0–8.63)	8.19 (7.9–8.52)	8.09 (7.8–8.42)	7.6 (7.3–7.92)
Gender	Male	10.41 (9.8–11.0)	10.49 (9.9–11.08)	10.44 (9.9–11.01)	10.77 (10.2–11.35)	10.89 (10.3–11.46)	10.84 (10.3–11.41)	10.86 (10.3–11.43)	10.48 (9.9–11.03)
Gen	Female	5.35 (5.0-5.73)	5.72 (5.3–6.11)	5.96 (5.6–6.36)	6.22 (5.8–6.63)	6.29 (5.9-6.69)	6.11 (5.7–6.5)	5.95 (5.6-6.33)	5.23 (4.9–5.6)
	API	5.48 (5.0-5.93)	5.81 (5.3-6.27)	5.9 (5.4-6.36)	5.89 (5.4-6.34)	5.66 (5.2-6.09)	5.11 (4.7–5.51)	5.26 (4.9-5.66)	4.93 (4.5-5.31)
thnicity	B/AA	20.76 (18.7–22.79)	22.24 (20.1–24.35)	25.22 (23.0–27.48)	28.34 (25.9–30.73)	29.33 (26.9–31.75)	31.42 (28.9–33.91)	32.03 (29.5–34.53)	30.11 (27.7–32.52)
Race/ethnicity	Latino	4.5 (3.7–5.35)	4.12 (3.3-4.92)	3.95 (3.2-4.72)	4.45 (3.6-5.26)	4.31 (3.5-5.09)	3.9 (3.2-4.64)	3.85 (3.1–4.57)	3.46 (2.8-4.13)
	White	7.62 (7.1–8.13)	7.82 (7.3–8.34)	7.67 (7.2–8.18)	7.83 (7.3–8.35)	8.13 (7.6–8.65)	8.12 (7.6–8.64)	7.61 (7.1–8.11)	7.18 (6.7–7.67)
	18-24	*	*	*	*	*	*	*	*
ars	25-44	0.24 (0.2-0.32)	0.22 (0.1–0.31)	0.31 (0.2-0.41)	0.38 (0.3-0.49)	0.43 (0.3-0.54)	0.38 (0.3-0.48)	0.31 (0.2-0.4)	0.3 (0.2-0.39)
Age in years	45-64	11.67 (10.8 –12.55)	11.63 (10.8–12.51)	12.02 (11.1–12.89)	12.41 (11.5–13.29)	12.61 (11.7–13.49)	13.58 (12.7–14.5)	13.97 (13.0–14.89)	14.13 (13.2–15.06)
Age	65-74	28.27 (25.6–30.93)	30.11 (27.4–32.85)	28.46 (25.8–31.09)	31.16 (28.4–33.9)	30.94 (28.2–33.63)	30.76 (28.1–33.41)	27.1 (24.7–29.53)	24.69 (22.4–26.95)
	75-plus	50.86 (47.4–54.34)	52.86 (49.3–56.4)	55.47 (51.9–59.08)	56.42 (52.8–60.04)	57.72 (54.1–61.37)	54.09 (50.5–57.62)	55.96 (52.4–59.55)	50.32 (46.9–53.73)

^{*}Statistically unstable data not shown. Data source: OSHPD, Patient Discharge Dataset, 2005-14.



Table 5: High school students who have asthma, 2009–14

		Percentage (95% Confidence Interval
	San Francisco	21.0 (19.4–22.5)
Gender	Male	23.4 (21.2–25.5)
Gen	Female	18.1 (16.4–19.8)
	Native American	*
	B/AA	37.6 (30.4–44.8)
	Chinese	13.1 (11.6–14.6)
icity	Filipino	32.2 (25.6–38.8)
Race/ethnicity	Latino	25.7 (22.7–28.8)
Race	Multi-ethnic	25.1 (19.8–30.4)
	Pacific Islander	24.2 (13.3–35.2)
	Other Asian	20.3 (15.4–25.3)
	White	19.1 (14.1–24.1)
	9th	19.5 (16.5–22.4)
Grade	10th	20.0 (16.9–23.1)
Gra	11th	21.1 (18.2–23.9)
	12th	22.6 (19.7–25.4)

^{*}Statistically unstable data not shown. **Data source:** YRBS, 2009–11.

Table 6: Middle school students who have asthma, 2009–13

		Percentage (95% Confidence Interval
	San Francisco	18.3 (17.2–19.3)
Gender	Male	19.5 (17.9–21.1)
Gen	Female	16.9 (15.6–18.1)
	Native American	*
	B/AA	29.9 (24.9–35.0)
	Chinese	13.2 (11.8–14.7)
Race/ethnicity	Filipino	24.8 (19.4–30.2)
/ethi	Latino	21.4 (19.1–23.7)
Race	Multi-ethnic	22.5 (19.1–26.0)
	Pacific Islander	20.3 (9.6–31.1)
	Other Asian	15.5 (11.4–19.6)
	White	15.8 (12.7–18.9)
Grade	6th	17.0 (15.1–18.9)
Gra	7th	17.7 (16.1–19.2)

^{*}Statistically unstable data not shown. **Data source:** YRBS, 2009–13.



Table 7: Age-adjusted, asthma hospitalizations by zip code, San Francisco, adults 18-plus, 2005-14

Zip code	Rate per 10,000 residents (95% Confidence Interval)
94102	12.97 (10.85–15.09)
94103	10.57 (8.50–12.64)
94104	*
94105	*
94107	4.68 (3.08-6.28)
94108	3.64 (2.24-5.04)
94109	3.82 (2.99-4.66)
94110	6.74 (5.62–7.85)
94111	*
94112	4.48 (3.69-5.28)
94114	3.08 (1.89-4.26)
94115	5.45 (4.04-6.85)
94116	2.5 (1.79–3.20)
94117	3.65 (2.46-4.84)
94118	1.92 (1.18-2.66)
94121	2.71 (1.90-3.52)
94122	2.81 (2.09-3.53)
94123	*
94124	16.12 (13.59–18.64)
94127	2.7 (1.55–3.86)
94129	*
94130	*
94131	1.95 (1.09-2.80)
94132	3.95 (2.62-5.28)
94133	5.06 (3.85-6.27)
94134	7.5 (6.07–8.94)
94158	*

^{*}Statistically unstable data not shown. Data source: OSHPD, Patient Discharge Dataset, 2005-14.

 Table 8: Age-adjusted COPD
Hospitalizations by zip code, San Francisco, adults 18-plus, 2005-14

Zip code	Rate per 10,000 residents (95% Confidence Interval)
94102	26.82 (23.94–29.7)
94103	22.66 (19.57–25.76)
94104	*
94105	*
94107	7.93 (5.8–10.07)
94108	8.84 (6.78–10.90)
94109	10.26 (8.9–11.63)
94110	7.99 (6.72–9.26)
94111	16.05 (10.88-21.22)
94112	4.83 (4.02-5.65)
94114	2.71 (1.57–3.84)
94115	10.06 (8.24–11.89)
94116	7.15 (5.93–8.36)
94117	5.08 (3.56-6.6)
94118	3.47 (2.52-4.42)
94121	3.3 (2.46–4.13)
94122	3 (2.25–3.75)
94123	3.34 (1.97–4.70)
94124	17.55 (14.95–20.15)
94127	5.05 (3.49-6.62)
94129	*
94130	*
94131	2.45 (1.47–3.43)
94132	2.79 (1.72–3.87)
94133	7.52 (6.09–8.94)
94134	8.33 (6.85–9.82)
94158	*

^{*}Statistically unstable data not shown. Data source: OSHPD, Patient Discharge Dataset, 2005-14.