
Background
The rising prevalence of asthma in urban settings has been well documented. Whether similar increases in rural settings have occurred merits attention.

Study Design
Analysis of data from the Behavioral Risk Factor Surveillance System (BRFSS) national sample for the years 2000 (n = 184,450), 2001 (n = 212,510), 2002 (n = 247,964), and 2003 (n = 264,684). The outcome measured was lifetime asthma diagnosis from self-report.

Major Findings
- In 2003, the adjusted prevalence of lifetime asthma diagnosis was 12.0% for metropolitan counties and 11.0% for non-metropolitan counties (P < 0.001).
- Prevalence of lifetime asthma diagnosis trended upwards across the rural-urban spectrum between 2000 and 2003, and states with the highest 2003 prevalence and the greatest increase in prevalence among non-metropolitan residents were concentrated in the West Census region (e.g., Arizona, California, Oregon and Washington).
- Asthma prevalence in non-metropolitan counties was highest for those aged 18 to 34 (15.9%), the unemployed (13.5%), American Indians (12.7%) and women (12.4%).

Policy Implications: The prevalence of lifetime asthma is increasing at a similar rate among residents of both metropolitan and non-metropolitan counties, and is a particular problem for rural residents of some states. This trend indicates the need for greater effort in addressing asthma care in rural locations.