



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

DEC 18 2008

The Honorable Martin O'Malley  
Governor  
State of Maryland  
Annapolis, MD 21401-1991

The Honorable Joan Carter Conway  
Senate Education, Health & Environmental  
Affairs Committee  
Miller Senate Office Building, 2 West Wing  
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh  
House Environmental Matters Committee  
House Office Building, Room 251  
Annapolis, MD 21401-1991


RE: HB 420 (Ch. 366) of the Acts of 2002 -  
2008 Legislative Report of the Maryland Asthma Control Program

Dear Governor O'Malley, Chair Conway and Chair McIntosh:

Pursuant to Health-General Article, §13-1701 through 13-1706, Annotated Code of Maryland, the Department of Health and Mental Hygiene is directed to submit this annual legislative report on the activities of the Maryland Asthma Control Program.

If you have any questions about this report, please contact Ms. Anne Hubbard, Director of Governmental Affairs, at 410-767-6481.

Sincerely,



John M. Colmers  
Secretary

Enclosure

cc: Barbara DiPietro, Ph.D.  
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**DEPARTMENT OF HEALTH & MENTAL HYGIENE  
FAMILY HEALTH ADMINISTRATION**

Center for Maternal & Child Health  
Maryland Asthma Control Program

***2008 ANNUAL LEGISLATIVE REPORT***

Martin O'Malley  
Governor

Anthony G. Brown  
Lieutenant Governor

John M. Colmers  
Secretary  
Department of Health & Mental Hygiene

Frances B. Phillips  
Deputy Secretary  
Public Health Services

December 2008

## **Background**

Asthma is a serious, but controllable, chronic lung disease caused by airway inflammation and constriction, which results in wheezing, chest tightness, cough and shortness of breath. Individuals with asthma typically can manage their condition through the avoidance of triggers (e.g., dust mites, cockroaches, pet dander), the appropriate use of medications, and the receipt of primary health care, with specialty consultation as needed. Uncontrolled asthma can lead to frequent and often preventable emergency department visits, hospitalizations and even death. An estimated 500,000 Marylanders are affected by asthma.

In 2002, Health-General Article, §13-1701 through 13-1706, Annotated Code of Maryland, established the Maryland Asthma Control Program in statute, mandating the Department of Health and Mental Hygiene (the Department) to assume responsibility for developing a Statewide asthma surveillance system and an asthma control plan. Furthermore, the statute directs the Department to partner with community groups, other State and local agencies, schools, and other asthma stakeholders to implement asthma control policies and interventions. Since its inception, the Asthma Control Program has made substantial progress in improving the infrastructure to promote asthma control in Maryland.

The Asthma Control Program's goals are to decrease the prevalence of asthma and the occurrence of its complications in Maryland; and decrease disparities in health outcomes related to asthma in all parts of the State. The Asthma Control Program has developed an asthma control plan, built a surveillance system, and begun to implement several initiatives in an effort to achieve these goals.

The Department's Family Health Administration, Center for Maternal and Child Health administers the Asthma Control Program. Funding for asthma activities is primarily provided by a grant awarded by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention to address asthma from a public health perspective. The most recent two-year funding cycle ends on August 31, 2009, and the Department plans to apply for continued funding.

## **Maryland Asthma Plan**

The Asthma Control Program worked with a Statewide Planning Task Force to complete the State's first Asthma Control Plan in 2004. The *Maryland Asthma Plan* provides a common vision for individuals, organizations, and communities to address the burden of asthma in Maryland and serves as a roadmap to implement local and Statewide actions based on best practices of medical and environmental asthma management. After three years of implementation activities, the Asthma Control Plan is currently being revised to reflect the latest best practice standards and stakeholder concerns. Throughout the past year, the Maryland Asthma Control Program has collected input from key stakeholders throughout the State to create the new Plan. As the next decade begins, the revised *Maryland Asthma Plan for 2010-2015* will provide guidance and direction to the Maryland Asthma Control Program to reduce the burden of asthma.

## **Maryland Asthma Surveillance**

Surveillance is the foundation of the Asthma Control Program. Surveillance data includes prevalence estimates, emergency department visit rates, hospitalization rates, mortality rates, health disparity ratios, data on asthma-related health behaviors, and data on asthma-related health care costs. Data factsheets and surveillance reports are shared with Maryland Asthma Coalition members, State and local agencies, schools and other stakeholders to highlight trends, showcase progress, and determine unmet needs.

Asthma's prevalence, morbidity and mortality rates make it a chronic health problem that requires public health interventions. Statewide in 2006, the lifetime prevalence of asthma (i.e., proportion of individuals ever diagnosed) for all Marylanders was 13.3 percent or 746,136 persons. Statewide in 2006, the current prevalence of asthma, (i.e., still have the diagnosis of asthma at the time of data collection) was 8.9 percent or 497,364 persons.<sup>1</sup> Asthma caused an average of 81 deaths per year in Maryland over the five-year period, 2002-2006.<sup>2</sup> Poorly managed asthma takes a financial toll. In 2006, asthma costs for largely preventable Maryland hospitalizations and emergency department visits totaled \$84 million. These costs resulted from an estimated 9,600 hospitalizations and 44,300 emergency department visits in 2006.<sup>3</sup>

Health disparities exist with respect to asthma prevalence and outcomes. Asthma affects persons of all ages, races, ethnicities, and genders. However, children, minorities, and those of lower socioeconomic status bear the disproportionate burden of asthma. Although African-American children are slightly more likely than white children to be diagnosed with asthma, they are three times more likely to be hospitalized for asthma, and six times more likely to die from asthma.

## **Maryland Asthma Coalition**

The Maryland Asthma Coalition (the Coalition) meets quarterly and promotes strong collaboration and partnership building among asthma stakeholders. Coalition members represent the clinical community, public health agencies, health organizations, physician organizations, community health centers, and educational professionals. The Coalition's purpose is to provide a common vision for individuals, organizations, and communities to address the burden of asthma in Maryland through information sharing, networking and teaching. The Coalition's primary functions include advising the Department on asthma-related issues; facilitating networking opportunities between the various asthma stakeholders; increasing awareness of asthma and proper asthma management; and monitoring progress in achieving goals and objectives identified in the Maryland Asthma Plan. In the last year, the Coalition heard presentations on the affects of secondhand smoke on individuals with asthma, and the newly revised NIH Asthma Guidelines. Presentations such as these provide Coalition members with the information necessary to properly educate their target population and to administer effective asthma management programs. An Executive Committee serves as an advisory board to both the

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<sup>1</sup> Source: 2006 Maryland Behavioral Risk Factor Surveillance System (BRFSS) Dataset, Percentages calculated by the Maryland Asthma Control Program, DHMH

<sup>2</sup> Source: Maryland Vital Statistics Administration, Vital Statistics Annual Reports 2002 – 2006, Mean Average calculations by the Maryland Asthma Control Program, DHMH.

<sup>3</sup> Source: 2006 Maryland Health Services Cost Review Commission (HSCRC) Hospital Discharge Dataset.

Maryland Asthma Control Program and the Coalition. Both the Executive Committee and the Coalition have provided input to revise the Maryland Asthma Plan.

## **Interventions to Reduce the Burden of Asthma in Maryland**

The Asthma Control Program continues to support many interventions that contribute to a reduction in asthma-related morbidity and mortality. Activities are prioritized based upon populations with the greatest need, as identified by the asthma surveillance system.

### **Reducing Asthma Disparities**

#### Breathe Easy Asthma Outreach Program

In collaboration and with support from the Maryland Asthma Control Program, the Coalition to End Childhood Lead Poisoning has initiated the Breathe Easy Asthma Outreach Program. This targeted outreach program works to address racial disparities and access to care issues associated with asthma education, prevention, and treatment. The Program has sponsored two Asthma Access Summits which took place in May and June 2008 in Baltimore City and Prince George's County, both jurisdictions with a large number of hospitalizations due to asthma. During these Summits, parents, caregivers, community health care providers and child advocates convened to learn more about asthma while providing input and insight on barriers to medical care for asthma in at-risk communities. Participants provided input regarding barriers to care that exist and provided proposed solutions to address shortcomings in the health care delivery systems for asthma diagnosis and treatment.

### **Outreach and Education**

#### University of Maryland

The Asthma Control Program has continued to partner with the University of Maryland to enhance and improve health education and case management for asthmatics. With the Asthma Control Program's support, the University of Maryland Children's Hospital Breathmobile<sup>®</sup> has expanded education and case management services within Baltimore City, where they provide care for asthmatic children in an effort to improve their quality of life and lower unnecessary health care utilization. Most recently, the Breathmobile<sup>®</sup> has hired a Spanish-speaking provider who is able to provide asthma education and management services to Spanish-speaking patients. Educational materials have been translated into Spanish to be distributed to Spanish speaking parents and children accessing services provided by the Breathmobile<sup>®</sup>.

#### Asthma Friendly School Initiative

Asthma affects almost 125,000 Maryland children and adolescents. Under this new Initiative, the Asthma Control Program will partner with local school districts and health departments to improve asthma awareness and trigger reduction in schools. Plans include initially piloting the Asthma Friendly School Initiative in four jurisdictions. Criteria are being considered for the designation of asthma friendly schools in Maryland and pilot jurisdictions are being identified based on surveillance data.

#### Local Health Departments

Health Departments in four counties have implemented asthma education and outreach programs with Asthma Control Program funding support. In Garrett and Wicomico Counties, asthma coalitions have been established to bring together health professionals, educational specialists, and local residents to provide education and support services to those with asthma.

Outreach program activities in Charles County include education to Head Start providers and parents, distribution of the NIH-NHLBI (National Institutes of Health – National Heart, Lung, and Blood Institute) Asthma Guidelines to physicians, and involvement in health fairs.

The Montgomery County Department of Health and Human Services maintains the Latino Health Initiative to serve the Latino population with asthma. The Latino Health Initiative has developed and implemented a program that specifically serves the needs of this fast-growing population. The Initiative is designed to increase the understanding of asthma management, implement culturally and linguistically appropriate interventions, and improve asthma-related health behaviors.

#### Asthma Among Older Adults

Persons greater than 65 years of age have substantially higher rates of asthma-related mortality than younger persons, although mortality is preventable. The Asthma Control Program sought to develop and implement an intervention focused on the needs of elderly asthmatics. The Asthma Control Program partnered with the Asthma and Allergy Foundation of America-Greater Maryland/ DC Chapter to create a toolkit entitled “Asthma in the Older Adult: Tools for Better Health.” This toolkit’s target audience is health educators and other health professionals who work with older adults. This toolkit has been presented throughout the State at senior centers and other older adult venues by the staff of the Asthma and Allergy Foundation of America. These hands-on presentations allow staff and caregivers an opportunity to learn about specific asthma tools that can aid older adults in the positive management of their asthma.

#### **Sustainability**

Efforts must continue to ensure that asthma morbidity and mortality, especially in communities with high rates of asthma, are reduced. Plans are now being developed that will include long-term, holistic approaches, using surveillance data, so that asthma is well-managed among all populations. By following the goals, objectives, and strategies of the *Maryland Asthma Plan* and utilizing surveillance data for priority setting and evaluation, the Asthma Control Program can contribute to a reduction in asthma morbidity and mortality throughout Maryland.