



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary*

December 9, 2015

The Honorable Larry Hogan  
Governor  
100 State Circle  
Annapolis, MD 21401-1991

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

The Honorable Kumar P. Barve, Chair  
House Environment and Transportation  
Committee  
House Office Building, Room 251  
Annapolis, MD 21401-1991

Children's Environmental Health and Protection Advisory Council  
Dr. Clifford S. Mitchell, Chair  
201 W. Preston Street  
Baltimore, MD 21201

RE: HB 420 (Ch. 366) of the Acts of 2002 – 2015 Legislative Report of the Maryland Asthma Control Program

Dear Governor Hogan, Chair Conway, Chair Barve, and Dr. Mitchell:

In accordance with HB 420, Chapter 366 of the Acts of 2002, the Department of Health and Mental Hygiene (the Department) is submitting this annual legislative report on the activities of the Maryland Asthma Control Program (the Program). Chapter 366 directs the Program to:

1. Establish a Statewide asthma coalition of individuals and organizations with an interest in asthma;
2. Develop and finalize a comprehensive Statewide asthma plan;
3. After completion of the development of the Statewide asthma plan, implement a Statewide asthma intervention program;
4. Develop and organize collaborative relationships with asthma control and stakeholders within other State and local agencies and in the private sector;
5. Develop and implement an asthma surveillance system;
6. Identify mechanisms for the utilization of surveillance data in identifying interventions to control asthma;
7. Identify and promote educational programs for providers, parents, guardians, caregivers, and asthma patients that include information on identifying symptoms of asthma, effective treatment for asthma, and methods of preventing asthma; and
8. Identify sources of grant funding for the Asthma Control Program.

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The Program has developed an asthma control plan, built a surveillance system, and implemented several initiatives.

In September 2014, along with half of the 35 Centers for Disease Control and Prevention funded asthma programs in the country, Maryland's competitive application for renewal was not successful. This resulted in the loss of all funding for asthma control in the State, the consequence of which has been reassignment of the asthma program manager and a severe cutback in programmatic activity. Nevertheless, the Department remains committed to improving asthma outcomes in the State, as well as the disparities in outcomes among various groups. For that reason, the Environmental Health Bureau of the Prevention and Health Promotion Administration supported some asthma activities under other related federally funded programs, notably the Public Health Strategy for Climate Change and the Environmental Public Health Tracking programs. It should be noted that there is no dedicated State funding for asthma-related activities.

### **Activities**

Activities during calendar year 2015 included:

- Designation of "Asthma Friendly Child Care" to 45 centers and homes. Five trainings were provided to these centers/homes on the Program requirements, asthma management, and trigger reduction. Designation of 34 sites (specifically the Anne Arundel County Recreation and Parks after school program) directly affects all 2,899 children registered and their families, including the 70 staff who work within the after school programs.
- Designation of "Asthma Friendly School" to 20 Baltimore City schools.
- Exploratory discussions with stakeholders on how to improve integration of care for pediatric asthma. This included discussion with experts across the country on how various states are effectively using Medicaid reimbursement as a vehicle to identify and abate asthma triggers in homes through environmental inspection and education programs; and how they are improving compliance with medication administration through more partnerships with managed care organizations and pharmacists on ensuring effective implementation of asthma action plans at all points of care including schools, homes, child care settings, and other locations.

### **Jurisdiction Activity Profile: Caroline/Dorchester Health Enterprise Zone - Competent Care Connections**

The Caroline/Dorchester Health Enterprise Zone (HEZ) has focused recent efforts on asthma management and education within the middle school population. An example of these efforts is being led by the Nurse Practitioner at the Maces Lane Middle School Based Wellness Center with implementation of the "Breathe Easy a Comprehensive, Evidence-Based School Based Health Center Model for Asthma Improvement." This model includes six steps: 1) Identify students with asthma; 2) Allow students easy access to their inhalers; 3) Create a school wide protocol for handling worsening asthma; 4) Identify and reduce common asthma triggers; 5) Enable students with asthma to participate in school activities; and 6) Provide education to personnel, parents, and students. Outcome measures that are tracked include: student absences; number of students diagnosed with

asthma having exacerbations in school; number of students with a diagnosis of asthma; number of students with asthma managed by the Nurse Practitioner; and self-reported Emergency Department (ED) visits related to asthma. Two staff members were trained to use a spirometer to track overall lung functioning of the students enrolled in the program and the Nurse Practitioner has met with primary care providers, including pediatric, and the HEZ community health workers to obtain commitment for referring patients and partnering to reduce episodes of asthma attacks and ED visits.

The staff of the Environmental Health Bureau at the Department will work with the Caroline/Dorchester HEZ team to provide surveillance data and asthma education tools to ensure outreach to the community on asthma management is focused and effective.

## Surveillance

The State's federally funded Environmental Public Health Tracking program (EPHT) is now the system for all environmental public health surveillance activities, including asthma. The EPHT program uses data from the Vital Statistics Administration, the Health Services Cost Review Commission, and Medicaid, to analyze surveillance data for asthma. Highlights of the 2013 data (the most recent data available) are summarized below. One of the goals of the coming year is to increase the timeliness of the data through discussions with Medicaid. Highlights of the findings from the 2013 data include:

1. The asthma prevalence among Maryland children (10.8%) was statistically comparable to the asthma prevalence among all children living in the United States (9.2%).<sup>1</sup>
2. Billed charges for hospitalizations due to asthma totaled \$61.7 million; billed charges for emergency department visits due to asthma totaled an additional \$35 million.<sup>2</sup>
3. There were 39,158 asthma-related emergency department visits (age-adjusted rate of 69.3 per 10,000 residents) and 7,759 asthma-related hospitalizations (age-adjusted rate of 12.8 per 10,000 residents).<sup>3</sup>
4. The hospitalization rate for children less than 5 years old was 26.9 per 10,000 population compared with 21.2 per 10,000 population for adults aged 65 years and older.<sup>4</sup>
5. The emergency department visit rate for children less than 5 years old was 165.4 per 10,000 population.<sup>5</sup>
6. The emergency department visit rate was 18.6 per 10,000 population for adults aged 65 years and older.<sup>6</sup>

## New Directions for 2016

The Department is reevaluating its approach to asthma and will leverage existing resources to continue asthma education outreach and intervention implementation.

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<sup>1</sup> Centers for Disease Control and Prevention, National Center for Environmental Health, Air Pollution and Respiratory Health Branch. Child Current Asthma Prevalence Rate (Percent) and Prevalence (Number) by State or Territory: BRFSS 2013. Accessed in 2015 at <http://www.cdc.gov/asthma/brfss/2013/child/c1.pdf>.

<sup>2</sup> The Maryland Health Services Cost Review Commission. Maryland Health Services Cost Review Commission Data, 2001-2013. Baltimore, MD; The Maryland Health Services Cost Review Commission; Accessed in 2015.

<sup>3</sup> *Id* fn 2

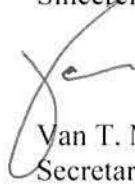
<sup>4</sup> *Id* fn 2

<sup>5</sup> *Id* fn 2

<sup>6</sup> *Id* fn 2

If you should have any questions or comments, please do not hesitate to contact Ms. Allison Taylor, Director of Governmental Affairs at 410-767-6480.

Sincerely,

A handwritten signature in black ink, appearing to read 'Van T. Mitchell', written over a light blue horizontal line.

Van T. Mitchell  
Secretary

cc: Allison Taylor, MPP, JD, Director, Office of Governmental Affairs  
Howard Haft, MD, Deputy Secretary, Public Health Services  
Michelle Spencer, MS, Director, Prevention and Health Promotion Administration  
Sarah Albert, MSAR #1594