



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 08 2009

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
2009 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: Frances B. Phillips, R.N., M.H.A.
Russell W. Moy, M.D., M.P.H.
Bonnie S. Birkel, C.R.N.P., M.P.H.
Anne Hubbard, M.B.A.
Ms. Sarah Albert, MSAR #1594





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Dr. Clifford Mitchell
Children's Environmental Health & Protection Advisory Council
Department of Health and Mental Hygiene
201 W. Preston Street
Baltimore, MD 21201


RE: HB 420 (Ch. 366) of the Acts of 2002
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**DEPARTMENT OF HEALTH & MENTAL HYGIENE
FAMILY HEALTH ADMINISTRATION
CENTER FOR MATERNAL & CHILD HEALTH**

Maryland Asthma Control Program

2009 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 2009

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: (1) decrease the prevalence of asthma and the occurrence of its complications in Maryland; and (2) decrease disparities in health outcomes related to asthma in all parts of the State. The Asthma Control Program has developed and revised the State's asthma control plan, built a surveillance system, and begun to implement several initiatives in an effort to achieve these goals.

Within the Department, the Family Health Administration's 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 (CDC) to address asthma from a public health perspective. In September 2009, the Department was awarded a five-year grant from the CDC for continued support of asthma control activities.

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. In April 2009, a revised and updated Plan was completed with the input of asthma stakeholders Statewide. The revised Plan reflects the latest best practice standards and stakeholder concerns.

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 briefs 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 data in 2007 (the most recent available) indicates the lifetime prevalence of asthma (i.e., proportion of individuals ever diagnosed) for all Marylanders was 13.3 percent or about 740,000 persons.¹ Statewide in 2007, the current prevalence of asthma, (i.e., still have the diagnosis of asthma at the time of data collection) was 8.6 percent or approximately 474,000 persons. Asthma caused an average of 81 deaths per year in Maryland over the five-year period 2002-2006.² Poorly managed asthma takes a financial toll. In 2006, asthma costs for largely preventable Maryland hospitalizations and emergency department visits totaled \$82 million. These costs resulted from an estimated 9,800 hospitalizations and 38,000 emergency department visits in 2007.³

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 provided input and feedback for the revision of the Maryland Asthma Control Plan. Coalition members also attend the EPA National Asthma Forum and the Certified Asthma Educator Training and Preparatory Course. Over 200 individuals are a part of the Maryland Asthma E-Listserv,

¹ Source: 2007 Maryland Behavioral Risk Factor Surveillance System (BRFSS) Dataset, Percentages calculated by the Maryland Asthma Control Program, DHMH.

² Source: Maryland Vital Statistics Administration, Vital Statistics Annual reports 2003-2007. Mean Average calculations by the Maryland Asthma Control Program, DHMH.

³ Source: 2007 Maryland Health Services Cost Review Commission (HSCRC) Hospital Discharge Dataset.

receiving updated announcements and information on asthma programs in Maryland. An Executive Committee serves as an advisory board to both the Maryland Asthma Control Program and the Coalition. Executive members also provided input on Maryland Asthma Control Plan revisions while providing guidance on the application for continued funding of the Maryland Asthma Control Program.

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 Coalition developed and successfully executed three regional training programs during the spring of 2009, in partnership with the Department's Maryland Minority Outreach and Technical Assistance Program (MOTA) grantees and their constituents, to enhance awareness of asthma, racial disparities, and access to care issues. During these training sessions, MOTA grantees learned about triggers in the home that account for asthma cases along with concrete and constructive action steps to assist in trigger reduction. The Program also conducted an Asthma Summit for parents and caregivers on the burden of asthma, education regarding asthma and secondhand smoke, and healthy homes and its relationship to integrated pest management.

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© 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. The Breathmobile© 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©. Finally, the Breathmobile© has initiated Asthma Clubs in numerous Baltimore City schools which meet after school bi-weekly. These after school clubs provide support and education for middle school aged students with asthma.

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. Twenty-six schools in three jurisdictions participated in the Initiative. Gold, Silver and Bronze level awards were given to the schools in August 2009, based on specific criteria met. Banners were also given to the schools to announce their Asthma Friendly School designation.

Local Health Departments

Local 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 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.

Sustainability

Efforts must continue to ensure that asthma morbidity and mortality, especially in communities with high rates of asthma, are reduced. Plans are now in development 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.