



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 02 2010

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

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

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

RE: HB 420 (Ch. 366) of the Acts of 2002 -
2010 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. Wynee Hawk, Director of Governmental Affairs, at 410-767-6481.

Sincerely,

John M. Colmers
Secretary

Enclosure

cc: Wynee Hawk, R.N., J.D.
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.
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

2010 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 2010

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 an asthma control plan, built a surveillance system, and implemented 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 (CDC) to address asthma from a public health perspective. Currently, the Program is in the second year of funding of a five year CDC funding cycle which provides continued support for its 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* provided a common vision for individuals, organizations, and communities to address the burden of asthma in Maryland and served as a roadmap to implement local and Statewide actions based on best practices of medical and environmental asthma management. In April 2009, the Asthma Control Plan was revised to reflect the latest best practice standards and stakeholder concerns. The Maryland Asthma Control Program collected

input from key stakeholders throughout the State to include in the revised Plan. Throughout the past year, the Maryland Asthma Control Program has shared the revised *Maryland Asthma Control Plan for 2010-2015* with partners and stakeholders throughout the State to ensure all asthma activities are strategically aligned and addressed.

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 2007, the current prevalence of asthma, (i.e., still have the diagnosis of asthma at the time of data collection) was 8.3 percent or 351,000 persons. Asthma caused an average of 77 deaths per year in Maryland over the five year period, 2003-2007. Poorly managed asthma takes a financial toll. In 2007, asthma costs for largely preventable Maryland hospitalizations and emergency department visits totaled \$94 million. These costs resulted from an estimated 9,800 hospitalizations and 44,300 emergency department visits in 2006.

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 healthcare 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 revised NIH Asthma Guidelines and on current asthma outreach

throughout the State and region. Presentations such as these provide Coalition members with the information necessary to properly educate their target populations and to administer effective asthma management programs. An Executive Committee serves as an advisory board to both the Maryland Asthma Control Program and the Coalition. Both the Executive Committee and the Coalition provided input to revise Maryland Asthma Control 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 with and with support from the Maryland Asthma Control Program, the Coalition to End Childhood Lead Poisoning has initiated the Breathe Easy Program. This targeted outreach program works to address racial disparities and access to care issues through asthma education, prevention, and treatment. The program has provided asthma education on environmental triggers of asthma to both organizations and individuals throughout the past year. During both outreach education events and in-home education, professionals share current information on environmental triggers of asthma and what controls are effective.

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. Most recently, 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©.

Asthma Friendly School Initiative

Asthma affects almost 125,000 Maryland children and adolescents. During the second year of the Initiative, the Asthma Control Program partnered with local school districts and health departments to improve asthma awareness and trigger reduction in schools. Eighteen additional schools have been designated as "Asthma Friendly" in the past year. The Initiative will continue throughout the 2010-2011 school year.

Local Health Departments

The Baltimore City Health Department receives funding from the Maryland Asthma Control Program to lead the Greater Baltimore Asthma Alliance (GBAA). The GBAA has created a strategic plan to address the burden of asthma within Baltimore City and surrounding jurisdictions. This group meets monthly and has outreach events planned throughout the year. The GBAA is comprised of many local university, health, and non-profit professionals, along with parents and caregivers of those with asthma.

The Montgomery County Department of Health and Human Services maintains the Latino Health Initiative to serve this fast growing population. The Latino Health Initiative has developed and implemented a program that specifically serves the needs of the Latino population with asthma. The program 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 often 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.

Professional Development

Area Health Education Centers

The education of health care providers on the standard of care in asthma management decreases unnecessary asthma hospitalizations and increases patient self-management. The Maryland Asthma Control Program has partnered with the Area Health Education Centers (AHECs) in Western Maryland, the Baltimore area, and on the Eastern Shore to provide asthma education to healthcare providers in these specific areas of the State. The AHECs have sponsored CME (Continuing Medical Education) and CEU (Continuing Education Unit) presentations to educate primary care providers, nurses, social workers, pharmacists, and respiratory therapists on proper asthma management. This partnership will continue throughout the CDC asthma grant funding cycle.

Sustainability

The Asthma Control Program recognizes the importance of developing plans to sustain existing efforts to reduce asthma morbidity and mortality, especially in

communities with high rates of asthma disparities. Successful implementation of these plans will require a long-term holistic approach. The Asthma Control Program will continue to strive to ensure that asthma is well managed among all populations. By following the goals, objectives, and strategies of the *Maryland Asthma Control Plan* and utilizing surveillance data for priority setting and evaluation, the Asthma Control Program hopes to contribute to a reduction in asthma morbidity and mortality throughout Maryland.