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 – Joshua M. Sharfstein, M.D., Secretary

DEC 16 2011

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 -
(Health-General Article §§13-1701--1706)
2011 Legislative Report of the Maryland Asthma Control Program

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

Pursuant to a noncode provision in Chapter 366 of the Acts of 2002, 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. Marie Grant, Director of Governmental Affairs, at 410-767-6481.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Marie Grant, J.D.
Patrick K. Dooley, M.A.
Frances B. Phillips, R.N., M.H.A.
Donna Gugel, M.H.S.
Bonnie S. Birkel, C.R.N.P., M.P.H.
Ms. Sarah Albert, MSAR # 1594

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 – Joshua M. Sharfstein, M.D., Secretary

DEC 16 2011

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 -
(Health-General Article §§13-1701—1706)
2011 Legislative Report of the Maryland Asthma Control Program

Dear Chair Mitchell:

Pursuant to a noncode provision in Chapter 366 of the Acts of 2002, 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. Marie Grant, Director of Governmental Affairs, at 410-767-6481.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Marie Grant, J.D.
Patrick K. Dooley, M.A.
Frances B. Phillips, R.N., M.H.A.
Donna Gugel, M.H.S.
Bonnie S. Birkel, C.R.N.P., M.P.H.
Children's Environmental Health & Protection Advisory Council
Ms. Sarah Albert, MSAR # 1594

DEPARTMENT OF HEALTH & MENTAL HYGIENE
FAMILY HEALTH ADMINISTRATION
CENTER FOR MATERNAL & CHILD HEALTH

Maryland Asthma Control Program

2011 ANNUAL LEGISLATIVE REPORT

Martin O'Malley
Governor

Anthony G. Brown
Lieutenant Governor

Joshua M. Sharfstein, M.D.
Secretary
Department of Health & Mental Hygiene

Frances B. Phillips
Deputy Secretary
Public Health Services

December 2011

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 595,000 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 third 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, a better understanding of asthma epidemiology in Maryland, stakeholder concerns, and the important role of stakeholders and partners in addressing asthma. The Maryland Asthma Control Program collected input from key stakeholders throughout the

State to include in the revised Plan, *Maryland Asthma Control Plan for 2010-2014: An Action Agenda*. Throughout the past year, the Maryland Asthma Control Program has shared the Plan 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 on the Medicaid population has been obtained over the past year and is currently being analyzed. 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 2009, the current prevalence (i.e., still have the diagnosis of asthma at the time of data collection) of asthma in adults was 13.9 percent or 595,000 persons. Asthma caused an average of 67 deaths per year in Maryland over a five year period, 2005-2009. Poorly managed asthma takes a financial toll. In 2009, asthma costs for largely preventable Maryland hospitalizations and emergency department visits totaled $99 million. These costs resulted from an estimated 11,500 hospitalizations and 40,000 emergency department visits in 2009.

Health disparities exist with respect to asthma prevalence and outcomes. Asthma affects persons of all ages, races, ethnicities, and genders. However, children, minorities, women, and those of lower socioeconomic status and lower education levels bear the disproportionate burden of asthma. African-Americans die from asthma at a rate that is over twice as high as Caucasians and African-American children are more likely than white children to be diagnosed with asthma. In general, children less than five years old have disproportionate numbers of asthma-related hospitalizations and emergency department visits compared to older persons with asthma. The data that is analyzed based on the Medicaid population will allow the Maryland Asthma Control Program to target efforts to this population.

Maryland Asthma Coalition

The Maryland Asthma Coalition (the Coalition) promotes strong collaboration and partnership building among asthma stakeholders. Coalition members represent the health care 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 past year, the Coalition has met four times and carried out its work through four workgroups: Outreach and Communication, Provider Education, the Environment and the Patient, and Caregiver Outreach. Coalition members also participated in the Maryland Asthma Disparities Conference held on June 28, 2011. Collaboration and partnerships have developed through the Coalition. Specially, the University of Maryland School of Pharmacy and a Statewide MCO are working together to train pharmacists on asthma education which will improve asthma outcomes for the MCO patients. An executive committee serves as an advisory board to both the Maryland Asthma Control Program and the Coalition.

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

Safe at Home Asthma Outreach Program

The Coalition to End Childhood Lead Poisoning leveraged existing resources and capacity to address issues of indoor environmental asthma triggers in homes on the Eastern Shore and in Prince George's County. This targeted outreach program, which was implemented with support from and in collaboration with the Maryland Asthma Control Program, works to address racial disparities and access to care issues through asthma education and prevention within the home. The program has provided asthma education on environmental triggers of asthma to help families take control of their indoor environments by identifying and reducing asthma triggers within their homes.

Maryland Asthma Disparities Conference – June 28, 2011

The Maryland Asthma Control Program co-hosted the Maryland Asthma Disparities Conference on June 28, 2011 with the Baltimore City Health Department Asthma Program. Over 150 people participated in the one-day conference. Plenary sessions and breakout sessions allowed participants to learn about current disparities, discuss barriers and brainstorm solutions.

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 those with asthma. The University of Maryland Children's Hospital Breathmobile©, with support from the Maryland Asthma Control Program, 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 150,000 Maryland children and adolescents. During the third 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. Twenty-two additional schools have been designated as "Asthma Friendly" in the past year; 18 schools have been re-designated (designations are current for two years). The Initiative will continue throughout the 2011-2012 school year. There are a total of 58 Asthma-Friendly Schools in Maryland. The success of this Initiative is evident by the several schools and jurisdiction interest in each school in the jurisdiction becoming designated.

Asthma-Friendly Child Care

Asthma is one of the most common chronic diseases of childhood, with children under the age of four years most severely impacted. It results in frequent emergency department visits and hospitalizations and can be deadly if not properly managed. However, with proper diagnosis and good asthma care, children with asthma should live normal, active lives. The Maryland Asthma Control Program, in collaboration with an interdisciplinary team of State and community, health and child care experts, is working to develop the *Asthma-Friendly Child Care Initiative*. The goal of the *Asthma-Friendly Child Care Initiative* is to encourage child care centers and family child care homes to create and sustain safe, supportive, and asthma-friendly environments through providing excellent asthma management, reducing environmental asthma triggers in the child care environment, and providing asthma education and awareness programs for children and staff. Child care centers and in-home child care locations have volunteered to be a part of pilot program, which will be launched in 2012.

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 health care 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. These trainings based on the NIH National Guidelines gives health care professionals the tools to provide quality standards based ambulatory care.

Sustainability

In September 2011, the Department launched the Maryland State Health Improvement Process (SHIP). This process provides a framework of accountability, local action, and public engagement for continual progress toward a healthier Maryland. A reduction in asthma emergency department (ED) visits is one objective included in SHIP. The reduction in asthma ED visits is a key strategy and activity planned for 2012, and the work toward achieving this objective will be done in coordination with local coalitions.

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 throughout SHIP, 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.