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

March 17, 2014

The Honorable Martin O'Malley
Governor
100 State Circle
Annapolis, MD 21401-1991

The Honorable Joan Carter Conway
Senate Education, Health & Environmental Affairs Committee
2 West Wing, Miller Senate Office Building
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, -
2013 Legislative Report of the Maryland Asthma Control Program

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

Pursuant to HB 420 (Ch.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 should have any questions or comments, please do not hesitate to contact Ms. Allison Taylor, Director of Governmental Affairs at 410-767-6480.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Allison Taylor, M.P.P., J.D.
Laura Herrera, M.D., M.P.H.
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DEPARTMENT OF HEALTH & MENTAL HYGIENE
PREVENTION AND HEALTH PROMOTION ADMINISTRATION

Maryland Asthma Control Program

2013 ANNUAL LEGISLATIVE REPORT

Martin O'Malley
Governor

Anthony G. Brown
Lieutenant Governor

Joshua M. Sharfstein, M.D.
Secretary

December 2013

Background

This year's annual report on the Asthma Control Program marks a significant shift in the program's status and efforts in Maryland. With the advent of the Affordable Care Act (ACA), a significant threat to funding for the Centers for Disease Control and Prevention (CDC) asthma program, a renewed emphasis on asthma control within the context of the State Health Improvement Process (SHIP), and new opportunities through the State Innovation Model (SIM) grant under the ACA, the State Asthma Control Program is entering a new and challenging phase. The sections below discuss challenges and opportunities in:

- The statewide asthma coalition
- Possible changes to the comprehensive state plan
- Current and future interventions
- New collaborative relationships
- Asthma surveillance
- Funding

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[1]. Individuals with asthma can typically 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 healthcare, with specialty consultation as needed. Uncontrolled asthma can lead to frequent and often preventable emergency department visits, hospitalizations, and even death. An estimated 610,250 Maryland adults and 168,850 Maryland children are affected by asthma representing an estimated 13.8% and 12.6% of the population, respectively.[2]

In 2002, Health-General Article, §13-1701 through 13-1706, Annotated Code of Maryland, established the Maryland Asthma Control Program (the Program) in statute, mandating the Department of Health and Mental Hygiene (the Department) to:

1. Establish a statewide asthma coalition composed of individuals and organizations with an interest in asthma.
2. Develop and finalize a comprehensive statewide asthma plan.
3. After finalization 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.

[1] Centers for Disease Control and Prevention, National Center for Environmental Health, Air Pollution and Respiratory Health Branch, National Asthma Control Program. Asthma Breathing Easier. Accessed in 2013 at http://www.cdc.gov/asthma/pdfs/breathing_easier_brochure.pdf.
[2] Maryland DHMH. Maryland Behavioral Risk Factor Surveillance System Data, 2011. Baltimore, MD: Maryland DHMH; Accessed and analyzed in 2013.

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.
8. Identify sources of grant funding for the Asthma Program.

The 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 Program has developed an asthma control plan, built a surveillance system, and implemented several initiatives in an effort to achieve these goals.

The Program is administered within the Environmental Health Bureau of the Prevention and Health Promotion Administration at the Department. Funding for asthma activities is primarily provided through a grant awarded by the Centers for Disease Control and Prevention (CDC) to address asthma from a public health perspective. Currently, the Program is in the fifth year of funding of a five year CDC grant which provides continued support for its asthma control activities in Maryland, including 2.5 FTE staff (program coordinator, epidemiologist and evaluator). The Program anticipates a competitive funding cycle will be available in 2014 with no guarantee of continued funding after August 2014.

Maryland Asthma Coalition

The Program works closely with the Maryland Asthma Coalition (the Coalition) to achieve its objectives. The Coalition 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 Control Plan* (the Plan). In 2013, the Coalition carried out activities focused on outreach, education to clinical providers and caregivers, and trigger reduction in the environment. At recent meetings of the Coalition, there have been active discussions regarding changes in CDC funding and what this means for the Coalition. A challenge that has been recognized by the Coalition and the Department is to help the Coalition to be more independent of the Departmnet's Asthma Control Program, so that it can continue to meet its primary goal of improving asthma management and prevention efforts across the State.

Maryland Asthma Control Plan

The Program worked with a statewide planning task force to complete the State's first Asthma Control Plan in 2004. The 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 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 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*. During 2013, the Program has shared the Plan with partners and stakeholders throughout the State to ensure all asthma activities are strategically aligned and addressed. The Maryland Asthma Coalition and its associated workgroups are focused on evaluating the goals, objectives and activities as outlined in the *Action Agenda* with plans to revise and update the Plan for publication in 2015. The Plan will need to be completely revised, given changes brought about by the ACA and by some of the innovations that are discussed further below. One goal of the revision will be to make the Plan more relevant by putting it online and improving the integration of the Plan with the State Health Improvement Process (SHIP) and with local health improvement processes.

Maryland Asthma Surveillance

Surveillance is the foundation of the Maryland Asthma Control Program. Surveillance data includes asthma-related: prevalence estimates, emergency department visit rates, hospitalization rates, mortality rates, health disparity ratios, health behaviors, and healthcare costs. These data are collected, analyzed and reported from the CDC Behavioral Risk Factor Surveillance System (BRFSS), the BRFSS Asthma Call Back Survey, the Maryland Health Services Cost Review Commission's (HSCRC) outpatient and hospital discharge datasets, and the Maryland Vital Statistics Administration (VSA) dataset. Asthma reports are created from these analyses and are available on the Maryland Asthma Control Program website: http://phpa.dhmh.maryland.gov/mch/SitePages/asthma.aspx.

Asthma is a chronic health problem with high prevalence, morbidity, and mortality rates throughout Maryland and nationwide. The current data from 2011, indicate that approximately 610,254 (13.8%) Maryland adults and 168,878 (12.6%) Maryland children had a history of asthma.[3] Of those individuals, approximately 372,775 (8.5%) adults and 123,170 (9.2%) children currently had asthma.[4] In 2011, the current asthma prevalence among Maryland children (9.2%)[5] was statistically comparable to the current asthma prevalence among all children living in the United States (8.7%).[6] The 2011 age-adjusted asthma-related mortality rate in Maryland was 12.1 deaths per million population with asthma as an underlying cause only, and 24.7 deaths per million population with asthma as either an underlying or contributing cause.[7] Asthma-related mortality affected a total of 214 Maryland residents in 2011.[8] The Department plans to publish more recent data on its website in between the reporting cycle.

[3] Maryland DHMH. Maryland Behavioral Risk Factor Surveillance System Data, 2011. Baltimore, MD: Maryland DHMH; Accessed and analyzed in 2013.
[4] Maryland DHMH. Maryland Behavioral Risk Factor Surveillance System Data, 2011. Baltimore, MD: Maryland DHMH; Accessed and analyzed in 2013.
[5] Maryland DHMH. Maryland Behavioral Risk Factor Surveillance System Data, 2011. Baltimore, MD: Maryland DHMH; Accessed and analyzed in 2013.
[6] 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 2011. Accessed in 2013 at http://www.cdc.gov/asthma/brfss/2011/child/c1.pdf.
[7] Maryland Vital Statistics Administration, Maryland DHMH. Maryland Vital Statistics Data, 1989-2011. Baltimore, MD: Maryland Vital Statistics Administration; Accessed and analyzed in 2013.
[8] Maryland Vital Statistics Administration, Maryland DHMH. Maryland Vital Statistics Data, 1989-2011. Baltimore, MD: Maryland Vital Statistics Administration; Accessed and analyzed in 2013.

Poorly managed asthma takes a substantial financial toll on individuals, the healthcare system, and society.[9] In 2011, charges for hospitalizations due to asthma totaled over $70 million; charges for emergency department visits due to asthma totaled an additional $30 million.[10] These 2011 costs resulted from 38,835 asthma-related emergency department visits (age-adjusted rate of 69.8 per 10,000 residents) and 8,993 asthma-related hospitalizations (age-adjusted rate of 16.2 per 10,000 residents).[11] This combined cost of approximately $100 million dollars is largely preventable with proper asthma care and control.

Asthma-related 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 disproportionately bear the burden of asthma.[12] In the United States, African-Americans die from asthma at a rate more than twice that of Caucasians.[13] African-American children are also more likely than Caucasian children to be diagnosed with asthma.[14] In general, children less than five years old with asthma have disproportionate numbers of asthma-related hospitalizations and emergency department visits compared with older persons having asthma. In 2011, the hospitalization rate for children less than 5 years old was 36.0 per 10,000 population compared with 27.3 per 10,000 population for adults aged 65 years and older.[15] The emergency department visit rate for children less than 5 years old was 192.0 per 10,000 population in 2011 compared with an emergency department visit rate of 16.4 per 10,000 population for adults aged 65 years and older.[16]

Public health interventions are essential to reduce both the health and financial burden of asthma. The Department shares data briefs and surveillance reports with Maryland Asthma Coalition members, state and local agencies, schools, and other stakeholders to highlight trends, showcase progress, and determine unmet needs. The Program will continue to work closely with the Maryland Environmental Public Health Tracking (EPHT) program to increase awareness of the negative impact that both indoor and outdoor environmental air pollution has on the exacerbation of asthma symptoms. The Program will also continue to explore and analyze data regarding improved medical management of asthma, reduced environmental triggers, and decreased geographical burden of specific regions throughout the State.

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[9] James, CV and Rosenbaum, S. Paying for quality care: implications for racial and ethnic health disparities in pediatric asthma. *Pediatrics*, 123 (S3), March 2009.
[10] The Maryland Health Services Cost Review Commission. Maryland Health Services Cost Review Commission Data, 2001-2011. Baltimore, MD; The Maryland Health Services Cost Review Commission; Accessed in 2013.
[11] The Maryland Health Services Cost Review Commission. Maryland Health Services Cost Review Commission Data, 2001-2011. Baltimore, MD; The Maryland Health Services Cost Review Commission; Accessed in 2013.
[12] Centers for Disease Control and Prevention, National Center for Environmental Health, Air Pollution and Respiratory Health Branch, National Asthma Control Program. Asthma Breathing Easier. Accessed in 2013 at http://www.cdc.gov/asthma/pdfs/breathing_easier_brochure.pdf.
[13] Centers for Disease Control and Prevention, National Center for Health Statistics. Deaths: Final data for 2010. National Vital Statistics Reports, 61(4). Hyattsville, MD; May 2013.
[14] Maryland DHMH. Maryland Behavioral Risk Factor Surveillance System Data, 2011. Baltimore, MD: Maryland DHMH; Accessed and Analyzed in 2013.
[15] The Maryland Health Services Cost Review Commission. Maryland Health Services Cost Review Commission Data, 2001-2011. Baltimore, MD; The Maryland Health Services Cost Review Commission; Accessed in 2013.
[16] The Maryland Health Services Cost Review Commission. Maryland Health Services Cost Review Commission Data, 2001-2011. Baltimore, MD; The Maryland Health Services Cost Review Commission; Accessed in 2013.

Interventions to Reduce the Burden of Asthma in Maryland

The Program continues to support many interventions that contribute to a reduction in asthma-related morbidity and mortality. In an effort to reduce asthma disparities, activities are prioritized based upon populations with the greatest need, as identified by the asthma surveillance system. Interventions are focused on: 1) Outreach and Education; 2) Environmental Trigger Reduction; and 3) Management and Control. Those interventions include the following activities:

1) Outreach and Education:

University of Maryland, Baltimore

The Program continues to partner with the University of Maryland, Baltimore to enhance and improve health education and case management for those with asthma. With support from the Program, 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 healthcare utilization.

Local Health Departments

The Baltimore City Health Department receives funding from the Program to lead the Greater Baltimore Asthma Alliance (GBAA). The GBAA is comprised of many local university, health, and non-profit professionals, along with parents and caregivers of those with asthma. 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 credited with: increasing the number of "asthma friendly" schools in Baltimore City; publishing anti-idling brochures and educational materials; and providing greater outreach to parents and families in Baltimore City.

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 educates parents of children with asthma regarding proper management of asthma in their child. This program provides multiple educational sessions, in Spanish, by community health nurses. Families are able to join the program with referrals from school nurses. The program is designed to increase the understanding of asthma management, while implementing culturally and linguistically appropriate interventions and improving asthma-related health behaviors.

2) Environmental Trigger Reduction

Asthma Friendly School Program

Asthma affects many Maryland children and adolescents. The Program partners with local school districts and health departments to improve asthma awareness and trigger reduction in schools by creating the Asthma Friendly School program. In June, 2013, seven additional schools were designated as "asthma friendly"; ten schools were re-designated (designations are current for two years). Currently, there are more than 80 asthma friendly schools in Maryland located in 5 jurisdictions. This program will continue throughout the 2013 - 2014 school year using a new application process and revised criteria.

Criteria for designation includes education to staff and students regarding asthma management, ensuring classrooms and school buildings are free of environment triggers of asthma and data collection on absenteeism and educational outcomes for students with asthma. Appendix A includes the criteria required to be designated as an Asthma Friendly School.

Asthma Friendly Child Care Initiative

Asthma is one of the most common chronic diseases among children and children under four years old are most severely impacted. Asthma-related illnesses result 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 Program, in collaboration with an interdisciplinary team of state and community, health and child care experts, launched the *Asthma-Friendly Child Care Initiative* in May 2012. 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 providers are trained on the initiative's objectives through a two hour training session. A binder with resource materials is distributed, along with a DVD that outlines the application and implementation process. As of October 2013, over 250 providers have attended a training session in numerous jurisdictions throughout the State. Since the launch of the initiative, 15 child care centers/homes have been designated as "asthma - friendly". Appendix B includes the criteria required to be designated as an Asthma Friendly Child Care.

3) Management and Control

Rx for Asthma Program

The education of healthcare providers on the standard of care in asthma management decreases unnecessary asthma hospitalizations and increases patient self-management. Education to healthcare providers about proper management and control must extend to pharmacists and pharmacy staff. The Program has partnered with the University of Maryland School of Pharmacy to create the Rx for Asthma program. This program provides online instruction and structured lectures about proper asthma management and medication administration. Pharmacists are able to enroll in the course to access a variety of inhaler demonstrations, instructions on front-line asthma education provided at the pharmacy counter and suggestions on how to discuss asthma management with both families and physicians. Enrollment of pharmacists in the program has been targeted to specific jurisdictions in Maryland with high asthma hospitalization and prevalence rates. A formal evaluation of this program is currently being conducted, with results expected to be released in spring 2014.

Sustainability and New Directions

In the wake of healthcare reform, the Department is re-evaluating and strengthening its approach to asthma. Several initiatives are currently under development:

1. New models of care – the Department is seeking to develop community integrated medical homes, more extended models of patient centered medical homes in which health care delivery is more integrated. In the case of asthma, this would involve linkage between the healthcare provider, parents, school healthcare services, pharmacies, and community organizations (including the local health department) that integrates medical management, education, and asthma trigger reduction. The Department is actively discussing methods to use reimbursement models that foster this integration with several jurisdictions. For example, in St. Mary's County, the St. Mary's County Health Department is collaborating with the Department's Asthma Control Program to create an integrated care model that utilizes pharmacy training with the University of Maryland, an integrated care model involving providers, the Asthma Friendly School program, and the Asthma Friends Child Care program, to focus on both treatment and prevention.

2. Collaborations – the Program has had preliminary discussions with the Asthma Control Program for Washington, DC about possible collaborations to address common regional approaches to asthma. One promising area involves better data sharing around asthma through the Environmental Public Health Tracking project, given the large cross-border flux of children treated for asthma. Another area involves potential collaborations in education, outreach, and possibly pharmacy training. Yet another collaboration involves a January, 2014 meeting at the University of Maryland School of Nursing to discuss payment models and opportunities for asthma, sponsored by the U.S. Department of Housing and Urban Development, with participation and planning from the DHMH Asthma Control Program, the U.S. Environmental Protection Agency, the U. S. Department of Health and Human Services/CDC, and the University of Maryland School of Nursing.

3. Increasing the scope, effectiveness, and sustainability of the Asthma Coalition – the Program has had discussion with the Asthma Coalition about ways to strengthen the role of the Coalition in the State's efforts to reduce the burden of asthma. The Coalition has begun to deliberate possible strategies to strengthen its own role, including strategies that would help make the Coalition less dependent on federal funding of the Asthma Control Program.

4. Expansion of the Surveillance System – the Asthma Surveillance is robust in its ability to collect data and identify hot spots for intervention. The Program will work more collaboratively with other data surveillance systems such as the Environmental Health Tracking System to more fully understand the impact of the environment on asthma.

5. Housing – Working with a variety of stakeholders, the Environmental Health Bureau has embarked on several initiatives related to decreasing asthma triggers in housing. One initiative involves a discussion with the Department of Housing and Community Development to collaborate on healthy housing initiatives. The Environmental Health Bureau is also working with the Department's Cancer and Chronic Disease Bureau, where the Community Transformation Grant is being used to promote smoke-free housing in smaller jurisdictions across the State. Finally, in collaboration with the Maryland Children's Environmental Health and Protection Advisory Council, the

Environmental Health Bureau intends to focus on healthy housing and indoor environments across all of its activities in 2014.

The Program recognizes the importance of developing plans to sustain existing efforts for reductions in 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, and appropriate metrics to demonstrate that goals are being reached. The Program will continue discussions with managed care organizations, local health improvement coalitions, Medicaid, and other stakeholders to achieve the goal of scaling up and integrating the interventions described in this report across multiple jurisdictions. Part of this effort will be to define appropriate metrics that measure progress. These measures are part of the Department's internal StateStat measures. As evaluation data from the individual interventions is developed in this project year, which data will be used to inform and refine the initiatives discussed in this report. The Program will continue striving to ensure that asthma is well managed among all populations. The Maryland Asthma Control Program will continue working on the goals, objectives, and strategies of the *Maryland Asthma Control Plan* and throughout StateStat, and utilize surveillance data for priority setting and evaluation to contribute to a reduction in asthma morbidity and mortality throughout Maryland.

Appendix A

Asthma Friendly Schools Award Designation Program Criteria

1	Policies are in place to make school building and grounds, all school buses, vans, and trucks, and all school events, including field trips and team games free of tobacco smoke at all times.
2	Implementation of Education Article §7-421 of the Annotated Code of Maryland that requires schools to allow students to self-carry asthma and anaphylaxis medications after an assessment.
3	Written policies and practices are in place and implemented to assure appropriate emergency care for students with asthma or anaphylaxis; OR Maryland School Health Services *Guidelines for the Care of Students with Asthma* is implemented.
4	All students with moderate to severe asthma have a written Asthma Action Plan, an emergency plan or an individualized health plan on file at the school and kept in a central location which is shared and kept with appropriate school staff.
5	There is a school nurse assigned to your school building during all school hours to monitor and coordinate the care of students with asthma.
6	The school nurse or other qualified or certified professional provides asthma education or educational resources to students and school staff on asthma awareness, asthma action plans, asthma management concepts, asthma medicines, procedures to follow during an asthma attack, how to help a classmate who has asthma, and the importance of keeping healthy classrooms.
7	Students with asthma fully and safely join in physical education, school sponsored sports, recess, and field trips.
8	The school addresses issues of air quality, allergens and asthma triggers. The school utilizes the provisions of Education Article §5-112 of the Annotated Code of Maryland requiring school systems to make green cleaning products available and COMAR 15.05.02.02 that requires school systems to have an Integrated Pest Management policy, to minimize student exposure to pesticides and other toxic chemicals.
9	The school monitors outdoor air quality and modifies outdoor activities when appropriate.
10	There are policies, procedures, and activities in place to provide nursing education/professional development on asthma, asthma management guidelines, asthma friendly schools, and environmental issues related to asthma.
11	The school has or acts as a resource for programs, activities, and materials in place and available to provide asthma awareness education to the community and asthma education and support to the families of students with asthma.
12	Health and education data and information is made available to monitor the asthma friendly schools activities and outcomes for students with asthma.

Appendix B

Asthma Friendly Child Care Award Designation Program Criteria

1	Policies are in place to ensure child care buildings and grounds, all vehicles used for transporting children, and all child care events are free of tobacco smoke at all times.
2	The child care program supports healthy indoor air quality by decreasing asthma triggers in the child care environment.
3	All children with moderate to severe asthma have a written Asthma Action Plan or an individualized health plan on file at the child care facility and have the document kept in a central location as well as shared and kept with appropriate child care staff.
4	The child care facility has identified resources for parents/guardians and child care staff to provide asthma awareness, education and support to the families of children with asthma and training/professional development to child care staff.
5	The child care facility monitors outdoor air quality and modifies outdoor activities when appropriate.
6	Health and education information is used to monitor the asthma friendly child care activities and the outcomes for children with asthma.
7	Furry or feathered pets (cats, dogs, gerbils, hamsters, birds, etc.) are not allowed in any areas where children are being cared for at all times (this would include after child care hours).
8	Each child with asthma has an Individual Emergency Care and an Emergency Preparedness Plan to make sure appropriate emergency care is given when needed.
9	Children with asthma fully and safety join in physical activity, sports, recess, and field trips.