



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

March 14, 2017

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 Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401-1991

The Honorable Kumar P. Barve, Chair
House Environment and Transportation
Committee
251 House Office Building
6 Bladen Street
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 – 2016 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.

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 asthma programs in the country funded by the Centers for Disease Control and Prevention (CDC), Maryland's competitive application for renewal was not successful. This resulted in the loss of all funding for asthma control in the State, the consequences of which have 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 (EPHT) programs. It should be noted that there is no dedicated State funding for asthma-related activities.

Activities

Activities during calendar year 2016 included:

- Designation of "Asthma Friendly Child Care" to ten new centers and homes and renewal of five centers and homes. Trainings were provided to these centers and homes on the Program requirements, asthma management, and trigger reduction.
- Discussions with stakeholders, including other State agencies, on how to improve integration of care for pediatric asthma to ensure effective implementation of asthma action plans at all points of care including schools, homes, child care settings, and other locations. These discussions have focused on the use of Medicaid funds as a vehicle to identify and abate asthma triggers in homes through environmental inspection and education programs, and how to improve compliance with medication administration through more effective partnerships with managed care organizations and pharmacists. There have also been discussions with the Office of Minority Health and Health Disparities about partnerships involving the Minority Outreach and Technical Assistance (MOTA) program as a vehicle to reach communities on the topic of asthma.
- Linking asthma burden to climate change. A 2016 study from the University of Maryland School of Public Health showed an increased risk of hospitalization for asthma associated with both extreme temperature events and extreme precipitation events in Maryland, based on historic (2000-2012) data. The report reinforces the findings from the Maryland Climate and Health Profile Report that as Maryland experiences more frequent extremes of temperature and precipitation, there will be an increased risk of severe asthma episodes and resulting hospitalizations among those vulnerable to asthma. This reinforces the importance of State and local adaptive interventions to climate change-related health impacts.¹

¹ Soneja S, Jiang C, Fisher J, Upperman CR, Mitchell C, Sapkota A. Exposure to extreme heat and precipitation events associated with increased risk of hospitalization for asthma in Maryland, U.S.A. *Environ Health*. 2016 Apr 27;15:57. doi:

Surveillance

The State's federally funded EPHT program is now the system for display of environmental public health surveillance data, including asthma data. The EPHT public portal now displays asthma data for hospitalizations (and soon, emergency department visits) by ZIP code for the entire State.² The Department uses data from the Vital Statistics Administration, the Health Services Cost Review Commission, the Behavioral Risk Factor Surveillance System (BRFSS), and Medicaid to analyze surveillance data for asthma. Highlights of the 2014 BRFSS and hospitalization and emergency department data from the Maryland Health Services Cost Review Commission (the most recent data available) include:

1. The asthma prevalence rate among Maryland children (9.7%) was not statistically different from the asthma prevalence rate among all children living in the United States (9.2%).³
2. Billed charges for hospitalizations due to asthma totaled \$61.1 million; billed charges for emergency department visits due to asthma totaled an additional \$95.8 million.⁴
3. There were 45,659 asthma-related emergency department visits (age-adjusted rate of 79.4 per 10,000 residents) and 7,215 asthma-related hospitalizations (age-adjusted rate of 11.8 per 10,000 residents).⁵
4. For children less than five years old the emergency department visit rate was 179.4 per 10,000 population, and the hospitalization rate was 23.6 per 10,000 population.⁶
5. For adults aged 65 years and older the emergency department visit rate was 38.8 per 10,000 population, and the hospitalization rate was 19.9 per 10,000 population.⁷

The issue of disparities continues to be a challenge and a priority for the Department. Over the last seven years, overall asthma emergency department visit rates have decreased from 83.9 to 76.4 per 10,000 population. Most of the reduction is due to falling rates among Black (non-Hispanic) populations (Figure 1). However, there are also large disparities among racial and ethnic groups within Maryland, with Black (non-Hispanic) populations having over four times the asthma emergency department visit rate as white (non-Hispanic) populations. Additionally, asthma emergency department visit rates have an uneven geographic distribution in Maryland. The county age-adjusted rates range from 35.6 in Carroll County to over 255.2 in Baltimore City per 10,000 population.

10.1186/s12940-016-0142-z. Available at:

<http://phpa.dhmh.maryland.gov/OEHFP/EH/Climate%20Change%20Binder/Soneja%20EH2016.pdf>

² Accessible at <http://phpa.dhmh.maryland.gov/oehfp/eh/tracking/Pages/home.aspx>.

³ 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 2014. Accessed in 2016 at <https://www.cdc.gov/asthma/brfss/2014/brfsschilddata.htm>.

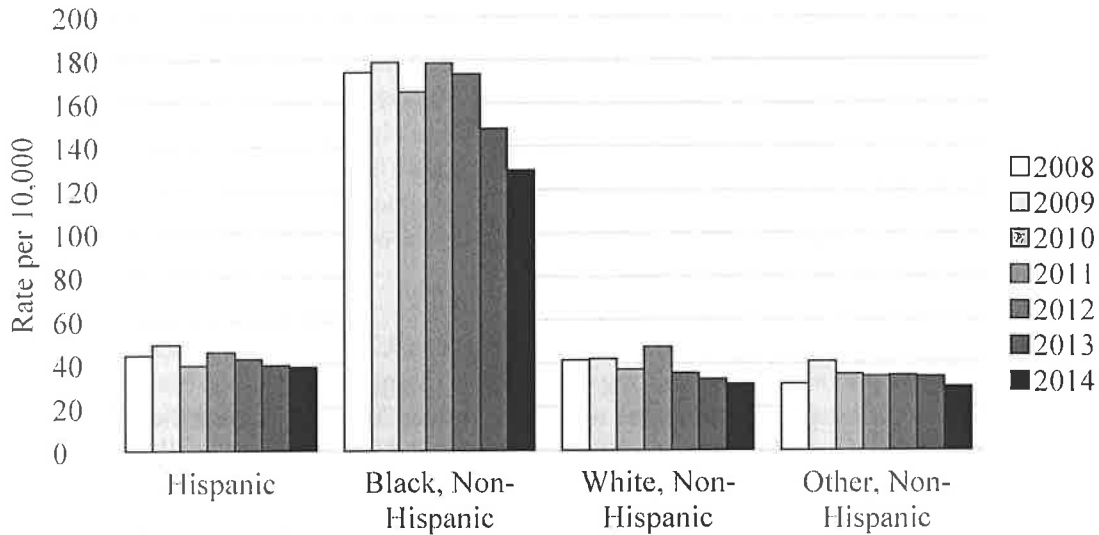
⁴ The Maryland Health Services Cost Review Commission. Maryland Health Services Cost Review Commission Data, 2000-2015. Baltimore, MD; The Maryland Health Services Cost Review Commission. Accessed in 2016.

⁵ *Id* fn 2

⁶ *Id* fn 2

⁷ *Id* fn 2

Figure 1. Asthma Emergency Department Visit Rates by Race and Ethnicity, Maryland, 2008-2014



The Department thanks the Governor and General Assembly for their continued interest in the control and prevention of asthma in Maryland. If you should have any questions or comments, please do not hesitate to contact Webster Ye, Director of Governmental Affairs, at (410) 767-6480 or at Webster.ye@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

cc: Webster Ye, Director, Office of Governmental Affairs
Howard Haft, MD, Deputy Secretary, Public Health Services
Donna Gugel, MS, Director, Prevention and Health Promotion Administration
Sarah Albert, MSAR #1594