



# MARYLAND Department of Health

*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

December 12, 2018

The Honorable Larry Hogan  
Governor  
100 State Circle  
Annapolis, MD 21401-1991

Children's Environmental Health and  
Protection Advisory Council  
Dr. Clifford S. Mitchell, Chair  
201 W. Preston Street  
Baltimore, MD 21201

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

**RE: HB 420 (Ch. 366) of the Acts of 2002 – 2018 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 Maryland Department of Health (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 Department is committed to improving asthma outcomes in the State by way of surveillance and targeted interventions, notably the federally funded Public Health Strategy for Climate Change and the Environmental Public Health Tracking (EPHT) programs. In addition, the

Department has two initiatives to improve health outcomes and reduce disparities in children with asthma (see Activities).

## 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 displays asthma data for hospitalizations (and soon, emergency department visits) by ZIP code for the entire State.<sup>1</sup> 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 2016 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%).<sup>2</sup>
2. Billed charges for hospitalizations due to asthma totaled about \$28.3 million; billed charges for emergency department visits due to asthma totaled an additional \$40.8 million.<sup>3</sup>
3. There were 43,593 asthma-related emergency department visits (age-adjusted rate of 76.1 per 10,000 residents) and 3,444 asthma-related hospitalizations (age-adjusted rate of 5.9 per 10,000 residents).<sup>4</sup>
4. For children less than five years old the emergency department visit rate was 171.6 per 10,000 population, and the hospitalization rate was 17.1 per 10,000 population.<sup>5</sup>
5. For adults aged 65 years and older the emergency department visit rate was 33.2 per 10,000 population, and the hospitalization rate was 4.8 per 10,000 population.<sup>6</sup>

The issue of disparities continues to be a challenge and a priority for the Department. There are 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 (Figure 1). This disparity has narrowed since 2008 due to reductions in the emergency department visit rates among Black (non-Hispanic) populations. Additionally, asthma emergency department visit rates have an uneven geographic distribution in Maryland. The county age-adjusted rates range from 31.1 in Carroll County to over 243.1 in Baltimore City per 10,000 population.

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<sup>1</sup> Accessible at <https://phpa.health.maryland.gov/oehfp/eh/tracking/Pages/home.aspx>.

<sup>2</sup> 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 2018 at <https://www.cdc.gov/asthma/brfss/2014/brfsschilddata.htm>.

<sup>3</sup> The Maryland Health Services Cost Review Commission. Maryland Health Services Cost Review Commission Data, 2000-2016. Baltimore, MD; The Maryland Health Services Cost Review Commission. Accessed in 2018.

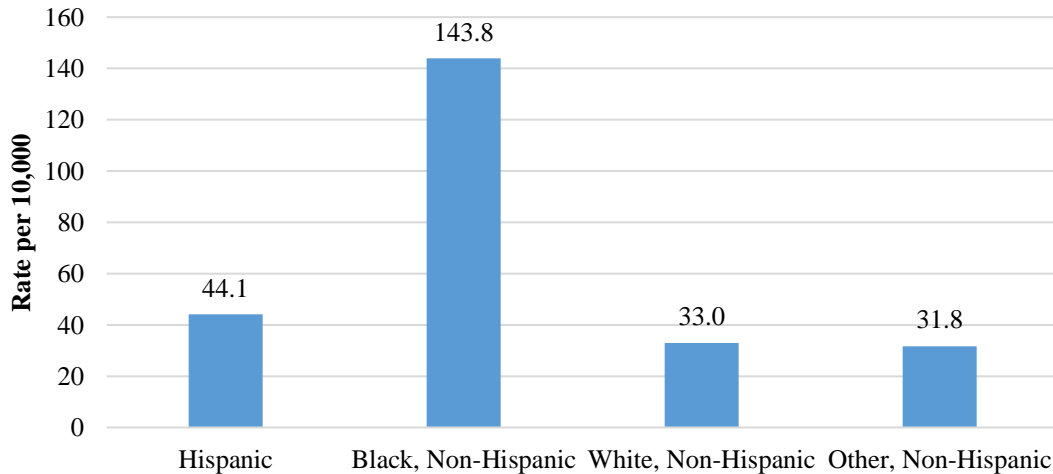
<sup>4</sup> *Id* fn 2

<sup>5</sup> *Id* fn 2

<sup>6</sup> *Id* fn 2

Although data are not yet available from the two projects described below, both programs are expected to provide services for a significant number of minority children and improve their health outcomes.

**Figure 1. Asthma Emergency Department Visit Rates by Race and Ethnicity, Maryland, 2016**



Source: Maryland Health Services Cost Review Commission, 2016

## Activities


The Department has also embarked on two initiatives to improve health outcomes and disparities in children with asthma. The first initiative is the Department's successful 2017 application to the Centers for Medicare and Medicaid Services (CMS) for a Health Services Initiative (HSI) under the Children's Health Insurance Program (CHIP). The new program allows the Department to draw 88% matching Federal funds (\$2.4 million) under CHIP, using \$360,000 in State funds appropriated for case management of lead poisoned children, to create a \$3 million program that funds a home visiting program for children who are enrolled in or eligible for the Maryland Children's Health Insurance Program (MCHP) who have either moderate to severe asthma or lead poisoning. Nine jurisdictions operate the program: Baltimore City and Baltimore, Charles, Dorchester, Frederick, Harford, Prince George's, St. Mary's, and Wicomico Counties. Once they are deemed eligible and enrolled in the program, the children's families are eligible for up to six home visits to receive education and training around home environmental factors that trigger asthma, durable goods that can reduce or eliminate home triggers, and improved care coordination with providers through asthma action plans. The program similarly provides home visiting for eligible children who have been lead poisoned and is one of the first such programs in the country.

The second program is an initiative of the Office of Minority Health and Health Disparities, in which the Department committed \$75,000 to the St. Mary's County Health Department to support a community health worker and a nurse to recruit the families of minority children and

other underserved children with asthma into a program that provides intensive education and case management for chronically ill patients.

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, Deputy Chief of Staff, at (410) 767-6480.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert R. Neall". The signature is fluid and cursive, with the first name "Robert" and last name "Neall" clearly visible.

Robert R. Neall  
Secretary