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Pediatric Asthma Surveillance with School Health Records The Massachusetts Experience

Suzanne K. Condon Associate Commissioner

Center for Environmental Health Massachusetts Department of Public Health

National Center for Environmental Health



The Problem

Existing Asthma Surveillance Sources

- Hospital discharge dated
- Emergency room data
- Observation bed data
- Mortality data
- Pharmacy data private db
- Medicaid data subset of pediatric population
- Behavioral Risk Factor Surveillance Survey

Limited by access, severity

MDPH Pediatric Asthma Surveillance

 Implement 3-year program for statewide tracking of asthma among school aged children

Source of information = school health record

Regulatory Language Allowing Use of School Health Records

- MA Student Record Regulations Sec 23.7(4)(h)
- DPH Access to Records MGL. c.111,s. 24 A
- Medication Administration 105 CMR 210,000

Electronic Pediatric Asthma Data Collection

- No personally identifying information
- Total number of students with asthma by gender and by grade for each school

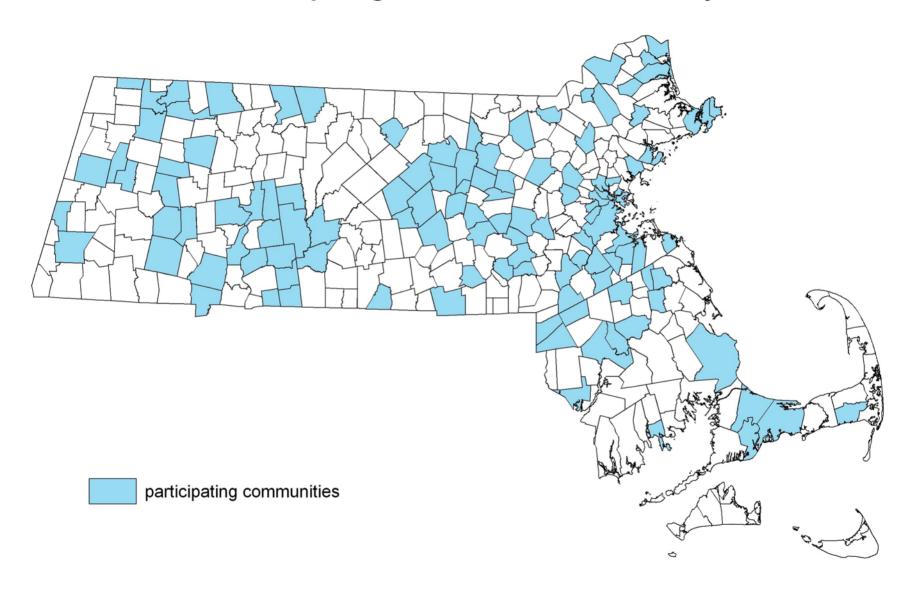
DATA COLLECTION FORM

1. FULL name of school building		3. City/Town	5. Name of l	Person Completing Form
2. Street Address of School Building	g	4. Phone Number	6. Email Ad	dress
7. Is this school: part of the local public school district part of a regional school distr	a charter school ict a nonpublic school		Which public school district is	
9. Number of K-8 Students With As By Grade ('0'= no students with asthma, 'NA' grade not present) Grade Numbe Don't K r Kindergarte Grade 1 Grade 2 Grade 3	By Gender ('0'= no students with as not present)	sthma, NA' = grade		dent communication ect observation of asthma er
Grade 4	equal total 11. Please estimate the n from item number 9 for	umber of students	13. Please estimate the number number 9 for which you have a Number:	
Grade 7	documentation of a <i>prov</i> asthma and/or asthma ma	ider diagnosis of	14. How did you collect the da computerized records	paper records
Total (should equal total by gender)	Number:		combination of computerized and paper records	other Explain: ———

Participation K-8 Schools

- Target = 111 school districts, 958 schools (MDPH Essential School Health Services Program (ESHS)
- Results = 760 public, private, charter schools participated

Communities Participating in Pediatric Asthma Survey 2002-2003



Results – reported asthma prevalence

- Statewide prevalence = 9.2%
- School-specific prevalence = 0 30.8%
- District-Wide prevalence = 2.7% 16.2%

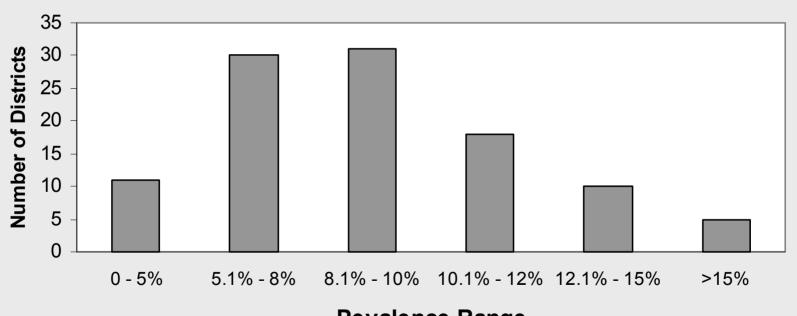
Results cont.

Reported asthma prevalence by grade. MDPH				
Grade	Prevalence (%)	95% CI (%)		
K	8.1 (2,561)	7.8 – 8.4		
1	7.7 (2,598)	7.4 - 8.0		
2	8.3 (2,780)	8.0 – 8.6		
3	9.0 (3,052)	8.7 – 9.3		
4	9.5 (3,266)	9.2 – 9.8		
5	10.0 (3,535)	9.7 – 10.3		
6	10.3 (3,692)	10.0 – 10.6		
7	10.0 (3,656)	9.6 – 10.2		
8	9.8 (3,598)	9.5 – 10.2		
Total	9.2 (28,738)	9.1 – 9.3		

^{*}Total K-8 students enrolled in participating schools = 311,610.

Results cont.





Pevalence Range



Student Asthma Surveillance Report School Year 2002 - 2003

Boston School District

1) Total number of K-8 students 2) Total number of K-8 students enrolled reported with asthma: 5,630 (in participating schools): 48,739 3) District-wide reported 4) Estimated statewide 5) Range of reported student asthma prevalence asthma prevalence among reported student asthma participating districts: (in participating schools): prevalence*: 11.6 % (95% CI = 11.4 - 11.9) 9.2%(95% CI = 9.1 - 9.3) 2.7% - 16.2%

6) About the numbers:

The total number of students reported with asthma (item 1), students enrolled (item 2), and district-wide prevalence (item 3) represent only those schools within the district that completed the Massachusetts Department of Public Health Pediatric Asthma Survey for the 2002-2003 school year (149 school(s) out of 157 eligible).

District-wide reported asthma prevalence (item 3) expresses the percentage of students enrolled in public, private, or charter schools located within your school district that were reported by the school nurse to have asthma. The estimated statewide asthma prevalence (item 4) and range of prevalence for all participating districts (item 5) have been provided for reference.

Comparison of your district's 95% prevalence confidence interval with the statewide 95% prevalence confidence interval suggests that the reported asthma prevalence in your district is *statistically significantly higher than* the statewide reported asthma prevalence. Please see the accompanying Questions and Answers sheet for an explanation of what this finding means.

Thank you for your school's participation in the 2002-2003 pediatric asthma survey. For questions or comments regarding this report, please contact the Massachusetts Department of Public Health, Bureau of Environmental Health Assessment at 617-624-5757.

*Statewide prevalence was estimated from a sample of 760 schools in 102 school districts.



Student Asthma Surveillance Report School Year 2002 - 2003

Braintree School District

1) Total number of K-8 students reported with asthma: 466		2) Total number of K-8 students enrolled (in participating schools): 3,499	
3) District-wide reported student asthma prevalence (in participating schools):	4) Estimated statewide reported student asthma prevalence*:		5) Range of reported asthma prevalence among participating districts:
13.3 % (95% CI = 12.2 - 14.4)	9.2%(95% (CI = 9.1 - 9.3)	2.7% - 16.2%

6) About the numbers:

The total number of students reported with asthma (item 1), students enrolled (item 2), and district-wide prevalence (item 3) represent only those schools within the district that completed the Massachusetts Department of Public Health Pediatric Asthma Survey for the 2002-2003 school year (10 school(s) out of 10 eligible).

District-wide reported asthma prevalence (item 3) expresses the percentage of students enrolled in public, private, or charter schools located within your school district that were reported by the school nurse to have asthma. The estimated statewide asthma prevalence (item 4) and range of prevalence for all participating districts (item 5) have been provided for reference.

Comparison of your district's 95% prevalence confidence interval with the statewide 95% prevalence confidence interval suggests that the reported asthma prevalence in your district is *statistically significantly higher than* the statewide reported asthma prevalence. Please see the accompanying Questions and Answers sheet for an explanation of what this finding means.

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Student Asthma Surveillance Report School Year 2002 - 2003

Lawrence School District

1) Total number of K-8 students reported with asthma: 1,328		2) Total number of K-8 students enrolled (in participating schools): 9,350	
3) District-wide reported student asthma prevalence (in participating schools):	4) Estimated : reported stud prevalence*:		5) Range of reported asthma prevalence among participating districts:
14.2 % (95% CI = 13.5 - 14.9)	9.2%(95% CI = 9.1 - 9.3)		2.7% - 16.2%
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6) About the numbers:

The total number of students reported with asthma (item 1), students enrolled (item 2), and district-wide prevalence (item 3) represent only those schools within the district that completed the Massachusetts Department of Public Health Pediatric Asthma Survey for the 2002-2003 school year (20 school(s) out of 26 eligible).

District-wide reported asthma prevalence (item 3) expresses the percentage of students enrolled in public, private, or charter schools located within your school district that were reported by the school nurse to have asthma. The estimated statewide asthma prevalence (item 4) and range of prevalence for all participating districts (item 5) have been provided for reference.

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Student Asthma Surveillance Report School Year 2002 - 2003

Natick School District

1) Total number of K-8 students 2) Total number of K-8 students enrolled reported with asthma: 375 (in participating schools): 2,578

3) District-wide reported student asthma prevalence (in participating schools):

4) Estimated statewide reported student asthma prevalence*:

5) Range of reported asthma prevalence among participating districts:

14.5 % (95% CI = 13.1 - 15.9)

9.2%(95% CI = 9.1 - 9.3)

2.7% - 16.2%

6) About the numbers:

The total number of students reported with asthma (item 1), students enrolled (item 2), and district-wide prevalence (item 3) represent only those schools within the district that completed the Massachusetts Department of Public Health Pediatric Asthma Survey for the 2002-2003 school year (5 school(s) out of 7 eligible).

District-wide reported asthma prevalence (item 3) expresses the percentage of students enrolled in public, private, or charter schools located within your school district that were reported by the school nurse to have asthma. The estimated statewide asthma prevalence (item 4) and range of prevalence for all participating districts (item 5) have been provided for reference.

Comparison of your district's 95% prevalence confidence interval with the statewide 95% prevalence confidence interval suggests that the reported asthma prevalence in your district is statistically significantly higher than the statewide reported asthma prevalence. Please see the accompanying Questions and Answers sheet for an explanation of what this finding means.

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Strengths of Data

- School health record/nurse a reliable source of asthma status information
- Electronic surveillance is timely
- Community-level pediatric data available
- Community-level information may facilitate community-specific investigations and interventions

Next Steps

- Provide district-specific report on 2002/2003 prevalence
- Distribute summary report for 2002-2003 to superintendents and school nurse leaders
- Build electronic database for all Nurse Leaders for both public and private schools.
- Conduct 2004 electronic surveillance March/April 2004
- Conduct IAQ in a select sample of schools
- Provide district-specific prevalence reports in fall of 2004

Future Goals

 Establish Regional asthma surveillance system

 Expand surveillance model to all New England States

The Future

 With the establishment of a pediatric asthma tracking system, Massachusetts may learn more about the role that SES and the environment play in the development/ exacerbation of asthma.



"Preliminary pediatric asthma surveillance for MA suggests 1 of these 4 children may have a diagnosis of asthma in some areas of our state..."

S.K. Condon, Associate Commissioner, MDPH