

Questions and Answers Regarding the Student Asthma Surveillance Summary for the 2002-2003 School Year

The questions and answers presented below can be used to address inquiries that school staff might have or be asked by parents/guardians regarding your school district's 2002-2003 student asthma surveillance summary that the Massachusetts Department of Public Health (MDPH) has recently provided.

A. Why did the MDPH look at asthma in my district?

The Commonwealth of Massachusetts was one of seven states across the U.S. to be awarded funds in 2002 from the U.S. Centers For Disease Control and Prevention (CDC) to track health conditions thought to be impacted by the environment. Further, the CDC and state health departments are making the epidemic of asthma in children a priority focus of public health. The MDPH elected to track asthma in children who are enrolled in grades K through 8 in order to learn how much asthma exists in the state and which communities may have more asthma than others. This will allow the MDPH to plan targeted public health interventions statewide. No particular schools were selected because of environmental concerns or because of concerns over elevated rates of pediatric asthma.

B. Which school districts participated in the MDPH Pediatric Asthma Surveillance Program?

Schools that were part of the MDPH Essential School Health Services program (ESHS), and that enrolled children in any grades between K through 8, were requested to participate in the 2002-2003 Pediatric Asthma Surveillance Program. There were approximately 958 public schools in 111 school districts (serving 173 communities) that fit these eligibility criteria and were invited to participate in the Surveillance Program. The MDPH received complete surveillance forms from 668 of the 958 eligible schools, for a participation rate of about 70% of targeted schools. Additionally, the MDPH received complete surveillance forms from 92 public, charter, and private schools that were not part of the ESHS. The 760 complete surveillance forms received by the MDPH represent about 46% of the public, charter, and private schools serving grades K-8 in Massachusetts, according to Massachusetts Department of Education (DOE) data for the 2002-2003 school year.

C. What information was requested from schools?

The surveillance covered the 2002-2003 school year, and requested basic information including name and address of the school, number of children with asthma by grade and gender, and what resources the school nurse used to determine that a child had asthma (e.g., parent communication, medication orders, etc.) Information was collected at the school level only. Information that might identify an individual student was not requested or received.

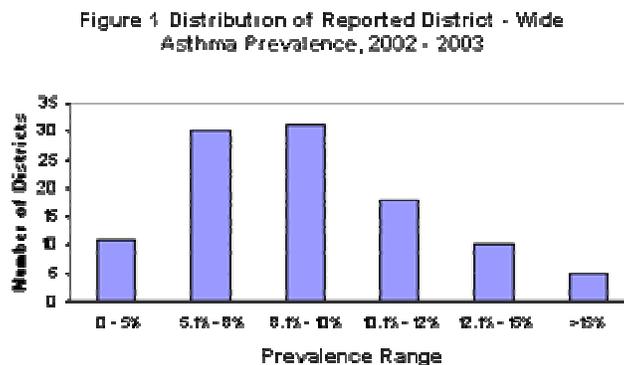
D. What is the source of the information for my school district's student asthma surveillance summary?

Asthma data provided in your school district's surveillance summary came from the school nurse in each participating school. Student enrollment information for the 2002-2003 school year came from the Massachusetts DOE or from school administration. Data were provided to the MDPH in accordance with state law (Massachusetts Student Record Registration Section 23.7 (4) (h) and MGL c111, s 24A), which authorizes the MDPH to access school health records in public health investigations and requires the strict protection of the privacy of the information collected. As stated previously, no information that could be used to identify an individual student was received, requested, or shared.

E. How do I interpret the prevalence figures?

In this surveillance summary, prevalence is defined as the percentage of enrolled students reported by school nurses to have asthma during the 2002-2003 school year. The asthma prevalence for the school district is shown in item 3 of the Surveillance Summary. The prevalence of asthma across all participating school districts, and the range of prevalence between all participating school districts are shown in items 4 and 5 respectively for comparison. The asthma prevalence for the district includes all public, private, and charter schools within the district that completed a pediatric asthma surveillance form for the 2002-2003 school year. If not all schools with grades K-8 reported asthma surveillance numbers to the MDPH (refer to item 6 of the Surveillance Summary), then the prevalence estimate shown may not be representative of your district's actual asthma prevalence. Students with asthma who were enrolled in grades other than K-8, or in schools that did not complete a 2002-2003 pediatric asthma surveillance form were not included in the calculations for the prevalence estimates shown.

The chart below illustrates how reported asthma prevalence was distributed among all districts that participated in the 2002-2003 Surveillance Program.



F. Should I take action if the reported asthma prevalence in my district is higher than the statewide reported prevalence estimate?

Surveillance data do not identify the reasons for higher or lower asthma prevalence, and higher prevalence does not mean there is a problem within the community, district, or individual schools. The most important thing to do is to ensure that primary health providers are managing every child with asthma appropriately. For a school district, this would include maintaining an asthma medical action plan for each child with asthma.

G. Who can I contact for assistance regarding indoor air quality or other environmental concerns at an individual school?

The presence of students with asthma is not necessarily an indicator of air quality problems in a school building. However, if indoor air quality problems are suspected in a school, the MDPH Indoor Air Quality Program can be contacted and an evaluation scheduled. The MDPH also has programs that can assist with educational information for school staff and parents regarding asthma management and the reduction of factors that might trigger asthma attacks at school or at home. Contact information for the MDPH is listed at the end of this document.

H. Will this surveillance be conducted again?

Pediatric asthma surveillance will be conducted by the MDPH once a year for at least the next two years. Surveillance forms for the 2003-2004 school year are scheduled to be distributed in April 2004 to school nurses in all Massachusetts public, charter, and private schools serving grades K through 8.

I. Where can I get additional information?

Questions regarding this summary can be directed to the MDPH Center for Environmental Health at:

617-624-5757

Emailed inquiries may be directed to the MDPH Pediatric Asthma Surveillance Program mailbox at:

Ped.Asthma@dph.state.ma.us