

EXECUTIVE SUMMARY

Asthma and allergies have a profound impact on American children. Asthma is the leading cause of school absences due to a chronic illness, accounting for about 10.5 million missed school days each year. About one in ten children in the US (6.8 million) have asthma with over four million annual asthma attacks and 218 reported deaths among children in 2013. Approximately \$56 billion dollars in direct and indirect costs and productivity are lost to childhood asthma each year. Six million school-aged children have food allergies putting them at risk for anaphylaxis, the most severe form of allergic reaction. In addition, an estimated ten million have other allergic diseases such as nasal and skin allergies. Each year, AAFA identifies a comprehensive list of policies covering medication, access to care and the school environment, and then reviews state statutes to assess how each state's legislation compares to the baseline standards.

The 2015 Honoree States

We have named fourteen states¹ to AAFA's **2015 State Honor Roll™ of Asthma and Allergy Policies for Schools** (www.StateHonorRoll.org) with six of them remaining on the list since our first report in 2008. These states have exhibited consistent leadership in developing comprehensive statewide school policies that address the needs of students with asthma, food allergies, and other related allergic diseases. Policy makers, parents, caregivers and families, school administrators and personnel, and health professionals should look to these states as models.

The 2015 State Honor Roll list includes (in alphabetical order):

- **Connecticut**
- **Delaware**
- **District of Columbia**
- **Illinois**
- **Indiana**
- **Massachusetts**
- **Mississippi**
- **New Jersey**
- **New Mexico**
- **North Carolina**
- **Rhode Island**
- **Vermont**
- **Washington**
- **West Virginia**

The goal of AAFA's 2015 State Honor Roll report is to provide a blueprint for advocates and policymakers to address and improve public policies that support the needs of students with asthma, food allergies, and other related allergic diseases in public elementary, middle and high schools.

¹ The District of Columbia, while not a state, enacts and administers laws for the Washington, DC Public School System similar to those AAFA reviews and assesses in the 50 states. For the sake of simplifying terminology in this report, we may refer to DC under the general umbrella of "states."

What's New in the 2015 Report

Four states – *Delaware, Illinois, New Mexico, and North Carolina* – achieved Honor Roll status for the first time and one – *Indiana* – resumed its place on the list after a one-year absence.

Momentum surged as states authorized schools to keep medications on hand to treat severe allergic reactions. Almost all states now allow this critical, potentially life-saving measure, and ten states now require that schools keep epinephrine auto-injectors on hand.

All states now allow pupils the right to carry and use their anaphylaxis and asthma inhaler medications while at school. In 2014, New York became the last state to require schools to allow pupils to carry and use anaphylaxis medications on themselves at school.

States' commitment to increase school nursing ratios continues to lag, leaving this burden to local school districts. Most schools do not have access to a full time nurse; one in four schools have no school nurse coverage. Noteworthy progress occurred when a metropolitan school district in North Carolina succeeded in putting a nurse in every school. New laws for stocking epinephrine auto-injectors mean little until the law is implemented. Such implementation requires practices for training personnel, approaches for recognizing symptoms and administering medication in accordance with state law.

Beyond anaphylaxis related medication policies, states have done little to improve school policies in recent years. The exception is Mississippi, which in 2014 passed a comprehensive bill of protections for children with asthma and severe allergies, including allowing schools to stock epinephrine auto injectors and recommending indoor air quality policies for schools. This law expressed six of our core policy standards. Mississippi advocates ably demonstrated the persistence needed to get a strong model law enacted.

The trend to ban tobacco use at schools and on school buses seems to have tapered off with no new statewide laws in this area. Most states already limit smoking on campus and at non-school areas where students are present, such as school-sponsored events. Few states fund tobacco cessation programs for school students and staff.

About AAFA's School Policy Standards

AAFA assesses state-level school policies because of the potential to affect students uniformly throughout the state, although AAFA recognizes that policy implementation may vary within a state. AAFA research and policy experts, in consultation with leaders in the fields of medicine, education and advocacy, identified 23 “core policy standards” grouped into three broad categories related to asthma and allergies. Researchers determined which states had the 23 core policy standards in place and considered these states to be at the forefront of asthma and allergy school health. States with a minimum of 18 of the 23 policy standards in place were named Honor Roll states. AAFA recognizes these states as good models for policymakers, administrators, teachers, parents and advocates in other states.

The full report presents the methodology, findings, performance of all 50 states on core policy standards and “extra credit” indicators, highlights of 2015 State Honor Roll and profiles of all 50 states and the District of Columbia.