

## EXECUTIVE SUMMARY

In the United States, more than five million children have active asthma, 2.2 million school-aged children have food allergies and an estimated ten million have other allergic diseases such as nasal and skin allergies. Asthma is the leading cause of school absences due to a chronic illness, accounting for about 13 million missed school days each year.

Since 2008, the Asthma and Allergy Foundation of America (AAFA) has assessed relevant state laws and policies against our recommended standards for state-wide school-based policies supporting the needs of students with asthma and allergies. Our goal is to provide a blueprint for advocates and policymakers to improve these policies.

**The 2009 Honorees** – For our first report in 2008, we recognized six states to our State Honor Roll™. For 2009, our list of top honorees is unchanged. We are recognizing these six states for their leadership in comprehensive state-wide school policies that address the needs of students with asthma, food allergies, anaphylaxis and other related allergic diseases in public elementary, middle and high schools.

The 2009 Honor Roll states are (in alphabetical order):

- **Connecticut**
- **Massachusetts**
- **New Jersey**
- **Rhode Island**
- **Vermont**
- **Washington**

The 2008 State Honor Roll provided a model for other states, and we looked for improvement across the policy standards that we identified. For 2009, we are pleased to commend five states that have enacted new laws consistent with our recommended standards by awarding them Honorable Mention status. While their policies are not comprehensive at this point, their lawmakers have enacted policies that will make a difference.

The 2009 Honorable Mention states are (in alphabetical order):

- **Colorado** – for adding requirements that public and charter schools manage the risks posed by food allergies and anaphylaxis, and identify students with food allergies
- **Georgia** – for allowing students to possess and self-administer epinephrine, and for eliminating unnecessary school bus idling
- **Iowa** – for prohibiting smoking in schools, on school buses and on school property
- **Kansas** – for allowing any individual to administer epinephrine on school property or at school sponsored events
- **West Virginia** – for beginning a new program to address asthma in public schools, including an Asthma Action Plan

**For 2009: Limited Progress, Challenges for States** – Overall, AAFA found that states are stepping up to address the needs of students with asthma and allergies in public school settings. They are protecting students' access to their own medications and documenting chronic diseases, yet about half do not require schools to develop emergency protocols for asthma and anaphylaxis episodes. Most states are engaged in awareness programs for asthma, fewer states for allergies.

States are overwhelmingly banning tobacco use in schools, but few fund tobacco cessation programs for school students and staff. Most states recommend indoor air quality activities for schools, but fewer have procedures to notify parents of pesticide applications.

States are offering a variety of school health services, but only one state requires the nationally recommended levels of school nurses for students.

There has been little improvement in this picture since last year. States continue to offer a variety of school health services, but shrinking state budgets put optional programs at risk.

AAFA found a number of state-level proposals to address the needs of students with asthma and allergies in public school settings. Unfortunately, many of these proposals did not win approval of state legislatures. Connecticut, Georgia, Iowa, Kansas, and West Virginia succeeded by adding relevant laws to protect students' access to their own medications, document chronic diseases, enhance awareness programs for asthma and anaphylaxis, prevent tobacco addiction in teens, or address indoor and outdoor air quality.

We had hoped that the State of New York would enact some of the progressive proposals introduced during the 2009 General Assembly, but at the deadline of this report, the General Assembly remained gridlocked over unrelated issues.

**PROOF:  
SCHOOL-BASED HEALTH EDUCATION IMPROVES  
OUTCOMES**

There is mounting evidence that education and awareness programs in schools can significantly improve asthma outcomes.

A paper published in the August 2009 issue of the *Journal of Asthma* shows that, with AAFA's Power Breathing™ asthma education program for adolescents, teens experienced more symptom-free days, and that costs are on-par with pharmaceutical interventions.

The *Journal* article concludes that school-based interventions, properly structured and administrated, are an appropriate use of societal resources.

[Link to Abstract of Article in August 2009 \*Journal of Asthma\*](#)

[Link to AAFA's Validated Education Programs, Including Power Breathing™](#)

**About AAFA's School Policy Standards** – AAFA promotes state-level school policies because of the potential to affect students uniformly no matter where they attend school in a state. AAFA research and policy experts, in consultation with leaders in the fields of medicine, education and advocacy, identified 18 “core policy standards” grouped into three broad categories relating to asthma and allergies. Researchers determined which states had the 18 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 15 of the 18 policy standards in place were named “Honor Roll” states. AAFA recognized 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 2009 State Honor Roll and Honorable Mention states and profiles of 2009 State Honor Roll states.