May is World Asthma Awareness Month!

All across the world, events are being held in May as part of Asthma Awareness Month. There is no better time to increase public awareness on how to control asthma in your community. Each event will raise awareness about indoor and outdoor pollutants that trigger asthma and ways to prevent asthma episodes.

EPA has created a free Event Planning Kit to help you with your community-based asthma awareness and action events. Inside the Event Planning Kit, you will find:

- Ideas and helpful tips for asthma awareness activities;
- Plans for asthma education events in schools, clinics, hospitals and health plans;
- Ways to engage your mayor and local officials, including a sample proclamation;
- Access to materials, guides, and strategies to promote and grow interest in your event;
- Event spotlights about successful past community efforts; and
- Tips on how to capture media attention for your asthma activity, event or program.

You can also visit the EPA’s Asthma Awareness Month website at [http://www.epa.gov/asthma/awareness.html](http://www.epa.gov/asthma/awareness.html) for additional resources, activities, and materials including resources for consumers.

Free Webinar for School Nurses

Join the Merck Childhood Asthma Network, Inc. (MCAN) and the National Association of School Nurses as they explore the evolving role of the school nurse and the important part they can play in helping children and their families manage asthma - at school and at home. The webinar will discuss the challenges of implementing asthma management programs in the school environment and will highlight best practices from a unique program being implemented in the Los Angeles Unified School District.

[Click here](#) to register for this webinar on Thursday, March 29, 2012, from 11 am to 12 noon. This webinar has been approved for one (1) contact hour of continuing nursing education.

New Grant! HUD-RETA!

In October 2011, the Minnesota Department of Health (MDH) Asthma Program was awarded a grant from the Housing and Urban Development (HUD) Agency. This project is called [HUD Reducing Environmental Triggers of Asthma (HUD-RETA)](#).

The primary objective of HUD-RETA is to improve the health outcomes for children with asthma living in public and assisted multifamily housing by improving asthma management and reducing or eliminating environmental triggers of asthma in the home. A second objective is to increase the number of local public health nurses who are trained to both provide in-home asthma care and conduct environmental assessments that identify and mitigate potential triggers of asthma found in the home.

(continued on page 4)
Environmental Tobacco Smoke (ETS)
New Topic Area on Minnesota Public Health Data Access
(MNPH Data Access)

The Minnesota Environmental Public Health Tracking (MN EPHT) Program at MDH has launched a new topic area that provides data on the proportion of nonsmoking adults and children in Minnesota who are exposed to environmental tobacco smoke (ETS), also known as secondhand smoke. You can view these data on the main landing page for Environmental Tobacco Smoke (ETS) on Minnesota Public Health Data Access.

ETS is a known human carcinogen and can cause adverse health effects in both children and adults. For children, health effects range from sudden infant death syndrome (SIDS) to exacerbation (worsening) of asthma. ETS is the third leading cause of lung cancer, after cigarette smoking and exposure to radon.

The data for this new topic area comes from the Minnesota Center for Health Statistics’ Tobacco Reports, including the Minnesota Youth Tobacco and Asthma Survey and the Minnesota Adult Tobacco Survey. Data go back to 2000 for children and 2003 for adults. Nonsmokers are identified as children or adults that abstain from all combustible tobacco products that are surveyed (e.g. cigarettes, cigars, pipes). ETS exposure is surveyed in various locations, including the home, car, and workplace.

These data may be used by state and local health professionals, the public, and others to view ETS exposure trends over time in Minnesota and to learn more about preventing ETS exposure among nonsmokers.

The MN EPHT Program developed this new topic area in partnership with the Minnesota Center for Health Statistics at MDH. Minnesota Public Health Data Access is developed and maintained through funding provided by the Centers for Disease Control and Prevention.

Go to the main landing page for Environmental Tobacco Smoke (ETS) on Minnesota Public Health Data Access (MNPH Data Access) to view these data (https://apps.health.state.mn.us/mndata/ets).

Youth exposed to ETS in Minnesota by sex (same room or car)

In 2011, about 39% of nonsmoking youth (grades 6-12) in Minnesota were exposed to ETS in any surveyed setting (including the same room, same car, or the workplace).

Adults exposed to ETS in Minnesota by sex (any location)

In 2010, about 37% of nonsmoking adults in Minnesota were exposed to ETS in any setting or location.
Asthma Self-Management Education Among Minnesota Adults

A key component of asthma care involves teaching patients how to manage their asthma, also known as self-management education. According to the Expert Panel Report-3 (EPR-3) Guidelines for the Diagnosis and Management of Asthma, self-management education involves teaching people with asthma how to monitor their level of asthma control, take medication correctly (e.g. inhaler technique) and avoid environmental triggers, as well as providing them with a written asthma action plan.

According to 2010 data from the Minnesota Behavioral Risk Factor Surveillance System, an annual telephone survey of a representative sample of Minnesota adults, there is substantial room for improvement in providing asthma management education to adults with asthma. Among Minnesota adults with asthma:
- 67% have been taught to recognize early signs of an asthma attack
- 74% have been taught how to respond to an asthma attack
- 39% have been taught how to monitor peak flow
- 7% have taken a class on asthma management
- 37% have ever received an asthma action plan

Chronic Disease Self-Management Program Helps an Increasing Number of Minnesotans

The Stanford Chronic Disease Self-Management Program is being offered across the state by a variety of community and health care organizations. This program helps people with ongoing health conditions develop skills and strategies to manage their conditions day to day.

In 2010 the program reached people in about 30% of Minnesota’s 87 counties. That increased to over 50% of counties in 2011 with twice as many participants in 2011 over 2010. Participants ranged in age from 18 to 105. Twenty-one per cent of participants identified as having a lung disease. More than 90% of participants indicated they would recommend the program to family or friends.

If you would like more information about bringing this program to your organization, being trained as a program leader or participating in the program, contact Pam York at pam.york@state.mn.us.

CDC Updates

Available Now on the CDC/NIOSH Website!

CDC Tools for Asthma Control

CDC’s website features a section called: Tools for Asthma Control. This new section was launched in February with links to Asthma Action Plans. The plans include eight language options and three age-specific choices. Also, CDC will be adding resources to their website on a regular basis. The tools can be accessed at http://www.cdc.gov/asthma/tools_for_control.htm.
Your Input is Needed to Create a Healthy Homes Strategic Plan for Minnesota

"The connection between health and the dwelling of the population is one of the most important that exists” Florence Nightingale

There are several ways individuals and organizations throughout the state can help create a plan that works for Minnesota.

The Alliance for Healthy Homes and Communities is a group of affordable, green, and healthy homes non-profit organizations who see the need for statewide collaboration in support of local efforts to create healthier homes and communities. The Alliance and the MDH are partnering to host regional gatherings across Minnesota in April and May.

At the Regional Gatherings participants will:

- Learn about the state of healthy housing and communities in their region and the state;
- Assess current activities, assets and needs of their area;
- Identify ideas for action, both locally and statewide;
- Help to develop a shared vision for the future;
- and Identify resources and partnerships that exist and that are needed.

Dates and locations of the regional meetings are:

- April 10 Eagan Eagan Community Center
- April 18 Owatonna Gainey Conference Center/St. Thomas
- April 25 Marshall Ramada Inn - Marshall
- April 26 Fergus Falls Bigwoods Conf/Best Western
- May 2 Minnetonka Ridgedale Hennepin County Library
- May 8 Bemidji Bemidji State University, Hobson Union
- May 9 Duluth Spirit Mountain

Each gathering will be held from 10:00 a.m. – 3:00 p.m. Lunch will be provided. Register ASAP and no later than one week in advance of the meeting date. To register, contact Marjean Hoeft at m.hoeft@src-mn.org.

(continued from page 1) HUD-RETA

We are collaborating with five local public health departments and others to reduce environmental asthma triggers in the homes of children with asthma. Children of families eligible for this project must have a diagnosis of asthma and live in public and assisted multifamily housing in Anoka, Dakota or Ramsey counties or the cities of Minneapolis, Bloomington, Edina, or Richfield. Each of these areas has a high prevalence of asthma. Collectively these five areas have more than 12,000 units of HUD public and assisted multifamily housing spread among more than 160 buildings.

During this three year grant, health outcome data will be collected and analyzed. We will be tracking whether the number of asthma hospitalizations, unscheduled office visits, and missed school days due to asthma have decreased or otherwise changed. These measures all directly affect the quality of life for children who have asthma and families of those children.

The MDH Asthma Program has extensive experience managing projects similar to the HUD-RETA project. HUD-RETA provides a wonderful opportunity to replicate and expand upon past successes and improve the lives of children with asthma who live in public and assisted multifamily housing.

Information on past MDH home visiting projects can be found at: (RETA fact sheet). A free online training, Reducing Environmental Triggers of Asthma found in the home can be found at www.retahome.org For questions or inquiries about the HUD-RETA project, contact Kathleen Norlien at Kathleen.Norlien@state.mn.us

**Highlights**

- Among children with reported treatment for asthma, the average annual proportion using controller medications nearly doubled from 29.4 percent in 1997-1998 to 58.3 percent in 2007-2008, while the average annual proportion using relievers fell from 43.8 to 30.4 percent; and the average annual proportion using oral corticosteroids declined from 17.1 to 8.7 percent.
- Use increased for several types of controllers: the average annual proportion of children using inhaled corticosteroids rose from 15.5 to 40.3 percent; the average annual proportion using inhaled long acting beta-agonists increased from 3.0 to 13.2 percent; and the average annual proportion using leukotriene receptor antagonists rose from 2.9 to 34.1 percent.
- Average annual total expenditures on all prescribed asthma medications (in constant 2008 dollars) more than quadrupled from $527 million in 1997-1998 to $2.5 billion in 2007-2008 and average annual total expenditures on controller medications increased sevenfold from $280 million to $2.1 billion.
- Average annual total expenditures for relievers (in constant 2008 dollars) jumped 58.9 percent from $222 million in 1997-1998 to $352 million in 2007-2008 while average annual total expenditures for oral corticosteroids fell 68.0 percent from $25 to $8 million during the same period.
- Average annual total expenditures (in constant 2008 dollars) for controllers were 6 times the corresponding expenditures for relievers and more than 260 times the corresponding expenditures for oral corticosteroids in 2007-2008.

Average annual out-of-pocket expenditures per user on all prescribed asthma medications (in constant 2008 dollars) nearly doubled from $65 in 1997-1998 to $123 in 2007-2008. Average annual out-of-pocket expenditures per user for controllers were 5 times the corresponding expenditures for relievers and 15 times the corresponding expenditures for oral corticosteroids.

More information can be found in the complete statistical brief.

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**Medical Interpreters**

Both English and Non-English speakers can have asthma. Non-English speakers put their health in the hands of interpreters every day in Minnesota. The article found here explores many of the issues and important considerations regarding medical interpreters. [http://www.minnpost.com/health/2012/02/medical-interpreters-minnesota-little-training-or-oversight]
What Works for Asthma Education Programs

Child Trends' latest brief, What Works for Asthma Education Programs: Lessons from Experimental Evaluations of Social Programs and Interventions for Children, reviews 17 random assignment experimental evaluations of asthma education programs.

Overall, 13 of the 17 programs reviewed had a positive impact on at least one child/adolescent outcome area, three programs had mixed results and one program was found not to work. This review suggests that successful programs aimed at improving self-management or physical outcomes were school or clinic-based, while successful programs aimed at improving medical outcomes were home-based. Computer-based asthma education programs were associated with improvements in self-management, physical, and medical outcomes for school-age children. Further research from experimentally-evaluated studies could help clinicians and policy makers assess what types of asthma education programs are most successful and would enable millions of children with asthma to live healthy and successful lives.

Programs were identified by searching LINKS (Lifecourse Interventions to Nurture Kids Successfully), Child Trends' online database of rigorously-evaluated social interventions for children and youth.

Click here to read more.

Community Asthma Initiative: Evaluation of a Quality Improvement Program for Comprehensive Asthma Care

Published in Pediatrics on March 1, 2012, the study describes an evaluation of a Community Asthma Initiative's (CAI) cost effectiveness, return on investment, and outcomes related to childhood asthma. Urban, low-income patients with asthma from 4 zip codes were identified through logs of ED visits or hospitalizations, and offered enhanced care including nurse case management and home visits. The model includes (1) nurse case management and coordination of care with primary care and referral services, (2) nurse (bilingual) or nurse-supervised CHW (bilingual/ bicultural in Spanish) home visits for asthma education, environmental assessment, and remediation materials (HEPA vacuum, bedding encasements, and Integrated Pest Management (IPM) materials tailored to the needs of the family), and connection to community resources; (3) referral to an IPM exterminator or Inspectional Services when indicated. Compared to children in similar neighborhoods not enrolled in the CAI, children participating in the CAI intervention experienced decreased emergency and hospitalization visits and fewer missed school days because of their asthma. Investigators also found the CAI saved money and reduced the cost of asthma related care to society. The study and possible future projects resulting from these findings can be found at http://pediatrics.aappublications.org/content/129/3/465.abstract

NIH-funded study connects gene variant to response to asthma drugs

Some people with asthma don't benefit as much as others from inhaled corticosteroids, the medicine most commonly used for long-term asthma control. In September 2011, researchers announced the discovery of a genetic variant that may explain why. By analyzing the DNA of children and adults enrolled in five studies, the researchers found that people with two copies of the gene variant responded only one-third as well to inhaled corticosteroids as those with two copies of the regular gene. The study abstract can be found at http://www.ncbi.nlm.nih.gov/bmed/21991891
Implementation and Interpretation of Spirometry in the Primary Care Practice

Tuesday, April 24, 2012
8:00 a.m. - 4:00 p.m.
ALAMN
490 Concordia Ave.
St. Paul, MN 55103

The full-day training is split into two sessions – implementation of spirometry in the morning and interpretation of spirometry in the afternoon. Faculty Ed Corazalla, MS, RFT, Director of Pulmonary Lab at the University of Minnesota will review spirometry’s role in the diagnosis and management of lung disease, show proper technique, discuss coaching and reproducibility, reading results, interpreting findings as they relate to lung disease and much more.

Registration Fee
$90 per person if registering for either the morning or the afternoon session (only one session)
$160 per person if registering for the entire day (both sessions plus lunch)

Registration deadline: Tuesday, April 17, 2012
Training is limited to 24 participants

To obtain the registration form contact Jill Heins at jill.heins@lungmn.org

American Lung Association in Minnesota
Camp SuperKids

June 24-29, 2012

Asthma Camp is a fun and educational summer camp where children with moderate to severe asthma learn to better manage and control their disease. It is a 5-night residential summer camp for kids ages 7-15 with asthma. Campers get to do all the fun summer camp activities including swimming, crafts, archery, ropes course, fishing and more while in a medically safe environment while highly skilled doctors, nurses & respiratory therapists provide 24 hour medical supervision and instruction.

7-13 year olds will participate as Camp Superkids campers. 14-15 year olds who have been a Camp Superkids camper in previous years have the opportunity to be Junior Leaders (JLs). JLs participate in leadership training, team-building activities, organize theme day, and help the camp counselors in their assigned cabin.

Camperships available!

Click here for brochure. For more information contact Cynthia Isaacson at cynthia.isaacson@lungmn.org.
BREATHING SPACE

For more information, or to request this material in another format call the Minnesota Asthma Program at:
651-201-5909
MN Relay Service TDD/TTY
651-201-5797.

To receive this newsletter electronically, go to:
http://www.health.state.mn.us/divs/hpcd/cdee/asthma/Newsletter.html.
Link to -Subscribe to Breathing Space.

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Questions about lung health?
Call 1-800-548-8252
American Lung Association Call Center

MDH Asthma Staff Contact Information:
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Asthma Web Site: http://www.health.state.mn.us/asthma/.

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