NATIONAL ASTHMA GUIDELINES UPDATED!
(see pages 2 & 3)

Protect Yourself During the 2007-2008 Flu Season!

Now is the time of year to begin thinking about keeping your family safe during the upcoming flu season. Don’t forget your flu vaccine to ensure you’re protected from this illness.

What's Inside?

- National Asthma Guidelines Updated
- The Burden of Asthma Among Minnesota’s Health Care Program Enrollees
- Transitioning from CFC to HFA Based Asthma Inhalers
- FDA Adds Black Box to Genentech Asthma Drug Xolair
- Red Flag for Kids with Asthma
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- Prevent an Asthma Emergency
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- Minnesota Asthma Coalition (MAC) Updates and Events

Freedom to Breathe Act Takes Effect October 1

The new Freedom to Breathe provisions of the Minnesota Clean Indoor Air Act will take effect on October 1, 2007. These new provisions prohibit smoking in virtually all indoor public places and indoor places of employment, including bars, restaurants, private clubs, retail stores, offices and industrial workplaces.

A new MDH Freedom to Breathe web page has been created at: http://www.health.state.mn.us/freedomtobreathe/. It currently contains:

- A fact sheet summarizing the new Freedom to Breathe legislation
- Eleven facility specific fact sheets
- A smoke-free sign that meets the signage requirements of the law
- A set of frequently asked questions about the new legislation
- A link to the statute containing the Freedom to Breathe language
- A link to information about the broader Minnesota Clean Indoor Air Act
- A list of places where people can get help to quit smoking

MDH has an e-mail address (mciaa@health.state.mn.us) where people can submit questions about Freedom to Breathe. If you want to be notified by e-mail when new information is added to this Web page, you can sign up at: http://www.health.state.mn.us/subscribe.html

For more information go to: http://www.freshairmn.org/

Information about Freedom to Breathe Facilitator training is on page 7
The National Asthma Education and Prevention Program (NAEPP) issued the first comprehensive update in a decade of clinical guidelines for the diagnosis and management of asthma. The guidelines emphasize the importance of asthma control and introduce new approaches for monitoring asthma. Updated recommendations for managing asthma include an expanded section on childhood asthma with an additional age group, new guidance on medications, new recommendations on patient education in settings beyond the physician’s office and new advice for controlling environmental factors that can cause asthma symptoms.

Asthma is a chronic, treatable disease that causes narrowing of the airways, making breathing difficult at times. More than 22 million people in the United States have asthma, including 6.5 million children under age 18, according to the Centers for Disease Control and Prevention (CDC). Without appropriate treatment, asthma can significantly limit individuals’ activities and result in asthma exacerbations, which can lead to hospitalization and even death. The CDC estimates that 4,000 Americans die from asthma exacerbations each year.

“The goal of asthma therapy is to control asthma so that patients can live active, full lives while minimizing their risk of asthma exacerbations and other problems,” notes William W. Busse, M.D., chairman of the Expert Panel, and chairman of the University Of Wisconsin Department Of Medicine.

“Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma - Full Report, 2007” provides new guidance for selecting treatment based on a patient’s individual needs and level of asthma control. The guidelines emphasize that while asthma can be controlled, the condition can change over time and differs among individuals and by age groups. Thus, it is important to monitor regularly the patient’s level of asthma control so that treatment can be adjusted as needed.

The guidelines focus on four components of asthma care:

- Measures to assess and monitor asthma
- Patient education
- Control of environmental factors and other conditions that can worsen asthma
- Medications

Key features and changes to these four components of asthma care include:

**ASSESSMENT AND MONITORING:** EPR-3 takes a new approach to assessing and monitoring asthma by using multiple measures of the patient’s level of “current impairment” (frequency and intensity of symptoms, low lung function, and limitations of daily activities) and “future risk” (risk of exacerbations, progressive loss of lung function, or adverse side effects from medications). The guidelines stress that some patients can still be at high risk for frequent exacerbations even if they have few day-to-day effects of asthma.

**PATIENT EDUCATION:** EPR-3 confirms the importance of teaching patients skills to self-monitor and manage asthma and to use a written asthma action plan, which should include instructions for daily treatment and ways to recognize and handle worsening asthma. New recommendations encourage expanding educational opportunities to reach patients in a variety of settings, such as pharmacies, schools, community centers, and patients’ homes.

A new section addresses the need for clinician education programs to improve communications with patients and to use system-wide approaches to integrate the guidelines into health care practice.

**CONTROL OF ENVIRONMENTAL FACTORS AND OTHER CONDITIONS THAT CAN AFFECT ASTHMA:** EPR-3 describes new evidence for using multiple approaches to limit exposure to allergens and other substances that can worsen asthma; research shows that single steps are rarely sufficient.

EPR-3 also expands the section on other common conditions that asthma patients can have and notes that treating chronic problems such as rhinitis and...
sinusitis, gastroesophageal reflux, overweight or obesity, obstructive sleep apnea, stress, and depression may help improve asthma control.

**MEDICATIONS:** EPR-3 continues the use of a stepwise approach (adding 2 more steps to the previous 4) to control asthma, in which medication doses or types are stepped up as needed and stepped down when possible. Treatment is adjusted based on the level of asthma control.

The stepwise asthma management charts are revised and expanded to specify treatment for three age groups: 0-4 years, 5-11 years, and 12 years and older. The 5-11 age group was added (earlier guidelines combined this group with adults) as a result of new evidence on medications for this age group and emerging evidence that suggests that children may respond differently than adults to asthma medications.

Recommendations on medications are updated to reflect the latest evidence on effectiveness and safety. EPR-3 reaffirms that patients with persistent asthma (e.g., patients who have symptoms more than twice a week during the day or more than twice a month at night) need both long-term control medications to control asthma and prevent exacerbations, as well as quick relief medications for symptoms as needed. EPR-3 also reaffirms that inhaled corticosteroids are the most effective long-term control medication across all age groups. EPR-3 includes new recommendations on treatment options such as leukotriene receptor antagonists and cromolyn for long term control; long acting beta agonists as adjunct therapy with inhaled corticosteroids;omalizumab for severe asthma; and albuterol, levalbuterol, and corticosteroids for acute exacerbations.

The newly guidelines are available for download on line at:
Guidelines for the Diagnosis and Management of Asthma:
http://www.nhlbi.nih.gov/guidelines/asthma/index.htm

Further educational tools and information can be found at:
National Asthma Education and Prevention Program:
http://www.nhlbi.nih.gov/about/naepp/index.htm

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**The Burden of Asthma Among Minnesota’s Health Care Program Enrollees**

The Minnesota Department of Human Services (DHS) oversees the state’s public health care programs. **Medical Assistance** is Minnesota’s Medicaid program, providing medical care and prescription medications for low income people and people with disabilities. The majority of individuals are covered through the **Prepaid Medical Assistance Program (PMAP)**, while those with disabilities and others who are in transition between programs are covered through a **Fee-For-Service program (MA-FFS)**. **MinnesotaCare (MNCare)** is a program that provides health insurance for Minnesotans with low and moderate incomes who do not qualify for other health insurance coverage.

As part of its efforts to learn more about the burden of asthma in Minnesota, the MDH Asthma Program tracks asthma among persons enrolled in the PMAP, MA-FFS and MinnesotaCare programs. This article summarizes the key findings from a recent report submitted to the CDC. The analysis for this report was based on data provided by DHS for the years 2003-2005 and was limited to individuals under the age of 65 who were enrolled in PMAP, MA-FFS or MinnesotaCare for 11 or more months in the year being studied.

Rates of asthma-related office visits, emergency department (ED) visits and hospitalizations varied greatly between the different programs. Enrollees in MA-FFS had by far the highest rates of health care utilization. Because the majority of enrollees in this program are disabled, these rates are likely due to the fact that the enrollees have other disabling conditions besides asthma. (cont. pg. 4)
Enrollees in PMAP had higher rates of asthma-related ED visits and hospitalizations than MinnesotaCare enrollees. Interestingly, rates of asthma-related office visits were also higher among PMAP enrollees. This suggests that the PMAP enrollees weren’t just using the ED instead of going to the doctor; both PMAP and MA-FFS rates were higher than MNCare rates. Office visits could be an indication of preventive care, but they could also be for worsening symptoms. In any case, this finding points to the clinic setting as an opportunity for intervention efforts to increase asthma control in this population.

The good news is that between 2003 and 2005 the number of asthma-related hospitalizations and ED visits decreased, with significant decreases in PMAP asthma hospitalizations and significant decreases in MNCare asthma-related ED visits. Future years of data will be needed to determine whether these trends are continuing.

Overall, Minnesota’s health care program enrollees—particularly those who are Twin Cities residents, children, Black/African-American or American Indian—are experiencing the greatest burden of asthma, with rates of asthma hospitalizations and ED visits that are much higher than the state average. While those living in the Twin Cities metropolitan area have the highest rates of asthma-related health care utilization, rates for health care program enrollees living in Greater Minnesota are also higher than the state average.

High rates of ED visits are an indication of uncontrolled asthma (i.e., continuing symptoms) and/or a lack of a medical home, although the fact that the rate of office visits for children is also high suggests that enrollees are seeking primary care at least for their children. High rates of asthma-related health care utilization could also indicate a higher prevalence of asthma in these populations (i.e., more people with asthma), greater severity of disease, and/or greater exposure to asthma triggers. Factors related to poverty that have also been associated with increased asthma burden include substandard housing, stress, and poor air quality.

Thanks to DHS for providing data for this analysis. The complete report (“Asthma Among Minnesota Health Care Program Enrollees”) can be accessed online at: http://www.health.state.mn.us/divs/hpcd/cdee/asthma/documents/mnhcp_2007.pdf

For more information, please contact Wendy Brunner at 651-201-5895 or by email at wendy.brunner@health.state.mn.us
Transitioning from CFC to HFA Based Asthma Inhalers*

The U.S. Food and Drug Administration (FDA) has mandated the removal of the exemption granted to chlorofluorocarbon-based (CFC) metered rescue and controller inhalers, and the transition to environmentally-friendly hydrofluoroalkane-based (HFA) inhalers by Dec. 31, 2008. For more information, go to http://www.fda.gov/cder/mdi/mdifaqs.htm.

During this transition, the supply of CFC-based asthma inhalers will gradually decline, while supplies of HFA-based inhalers are expected to increase. It’s important that health care providers and their patients discuss transitioning to HFA inhaler alternatives early so the switch is less stressful.

An asthma patient’s next appointment is the perfect opportunity to discuss the switch to a safe and effective HFA quick-relief and controller inhalers. Guides for talking with patients about the transition, available HFA alternatives, and financial assistance programs for those patients that qualify are available for download or print at http://www.transitionnow.org/. This is also an opportunity for patients and health care providers to discuss overall asthma management topics, including the proper role of quick-relief inhalers in asthma treatment.

What to Expect from HFA Inhalers

Even though inhalers are changing, the medicine inside is not. HFA quick-relief albuterol, daily controller medications such as inhaled corticosteroid (ICS) and long-acting beta agonist (LABA’s) inhalers are FDA-approved and are equally as safe and effective as the current CFC inhalers.

While the medication inside the HFA inhaler is relatively the same as in the CFC inhalers, there are some differences between the two (such as taste and spray force) and you should anticipate this as you transition. For example, the sensation of the HFA spray will be less forceful than what you may be accustomed to with the CFC inhaler. Additionally, HFA inhalers have specific cleaning instructions that can be found within the information provided with the product or by asking your health care provider. Patients with CFC quick-relief albuterol inhalers should speak with their health care provider as soon as possible to transition to one of the available HFA quick-relief asthma inhalers.

Currently Available Albuterol (Rescue) HFA Inhalers:
- Proventil HFA (albuterol sulfate)
- Ventolin-HFA (albuterol sulfate)
- ProAir-HFA (albuterol sulfate)
- Xopenex-HFA (levabuterol tartrate)

During this transition period, both CFC and HFA inhalers are on the market. However, because of supply and demand in your area, an HFA inhaler may not be immediately available. Talk to a pharmacist or a health care provider for more information.

Review Your Asthma Management Plan-Patients

Asthma is a condition that requires daily management and focus, so use your next appointment with your health care provider to discuss your current asthma treatment plan and ask about transitioning to an HFA based inhaler and obtain a written asthma action plan.

When you talk to your health care provider about transitioning, think about whether you find yourself using your albuterol quick-relief inhaler more than twice a week. If so, your asthma may not be properly controlled and your health care provider may need to re-evaluate your long-term maintenance plan and the need for other treatments. Additionally, the visit to your health care provider is a good opportunity to ask about the most up-to-date techniques and strategies for avoiding asthma triggers.

When you do transition to HFA inhalers, please make sure to monitor how your asthma responds and tell your health care provider immediately if your symptoms increase in frequency or severity or you experience new symptoms.

*Excerpts by permission from: http://www.transitionnow.org/. A website by the Asthma & Allergy Foundation of America (AAFA).
FDA Adds Black Box to Genentech Asthma Drug Xolair

http://www.reuters.com/article/healthNews/idUSN0233560120070702

Reuters July 2, 2007 - U.S. regulators finalized a strong new label warning patients and doctors about a potentially deadly allergic reaction from Genentech Inc.’s asthma drug Xolair.

Xolair, given as an injection and known generically as Omalizumab, is approved to treat adults and adolescents 12 years of age and older for moderate to severe asthma. The previous label warned that anaphylaxis, a dangerous inflammatory reaction marked by shortness of breath, rash, wheezing and low blood pressure, occurs in about one in 1,000 patients taking the medication.

The new label, prompted by patient reports following the drug’s release in June 2003, notes that cases of anaphylaxis were seen in roughly two out of 1,000 patients.

About 15 percent of patients among those studied required hospitalization, according to the FDA.

Red Flag for Kids with Asthma

Students with asthma soon returning to classrooms across the U.S. may face dangerous situations when needing access to lifesaving inhalers, according to an American Lung Association survey released on August 20, 2007. The online survey of parents of children with asthma examined students’ access to “quick relief” medications, the use of Asthma Action Plans, and parents’ awareness of state laws allowing students to carry and use inhalers.

Results revealed that 58.7 percent of respondents were unsure if their state has a law allowing students to carry and self-administer fast-acting “quick relief” inhalers. In fact, 46 states and the District of Columbia require that the self-administration of asthma medication be allowed in public and private schools. An overwhelming 74.4 percent of parents whose children do have inhalers at school responded that their child’s school does not allow students to keep rescue inhalers with them (in their desks, pockets, etc.). Forty percent have never heard of an Asthma Action Plan, the recommended asthma management and communication tool for parents, physicians and schools. For more information, go to:


September 15, 2007
5K Each Step A Breath of Hope Twin Cities 2007 Run/Walk at Lake Calhoun, Minneapolis

This is the first event of its kind in the Twin Cities! This event is sponsored by lung cancer patients, survivors and their families to promote awareness of this disease and to raise funds for pulmonary equipment at the Lung and Esophageal Cancer Center at Fairview Southdale Hospital. Join them for walking and running at Lake Calhoun in Minneapolis on Saturday, September 15, 2007.

http://www.alcase.org/news/events.html

Online Resource

Asthma Game – Quest for the Code®, a game developed by the Starlight Foundation, teaches children with asthma to better manage their condition while having fun playing an interactive video game. The game helps kids learn more about:

- early warning signs and symptoms;
- identifying and avoiding triggers;
- myths about asthma;
- how asthma affects the lungs;
- proper use of medication devices;
- long-term control medicine and quick-relief medicine; and
- how to talk to peers about asthma and ask doctors the right questions.

http://www.starlight.org/

http://asthma.starlightprograms.org/
Prevent an Asthma Emergency*

Asthma sends thousands of Americans to hospital emergency departments every day. You may be at risk if you have these signs of poorly controlled asthma:

- wheezing or coughing that wakes you at night
- using a quick-relief inhaler more than twice a week
- missing school or work, or not being able to take part in other everyday activities
- feelings of chest tightness and fatigue.

To avoid an emergency, follow these five steps to better asthma control:

1. Identify and minimize contact with those things that tend to trigger your asthma, such as smoke, cold air and pet dander.
2. Take medicines as prescribed. If you take more than one medicine, understand what each medicine does and why it helps.
3. Use a peak-flow meter. A meter can detect narrowing in your airways hours - or even days - before you feel symptoms.
4. Take medicine at the earliest sign that your asthma is worsening.
5. Talk to your health care provider about what to do in an emergency.

*This information is taken from the Asthma and Allergy Foundation of America.

Facilitator Training

Freedom From Smoking® Facilitator Training

Date: Thursday, September 20, 2007
Time: 8:00 a.m – 4:00 p.m.
Place: Ordean Building
424 West Superior Street
Conference Room C
Duluth, MN 55802

For more information and to register go to: http://www.lungmn.org/tobacco/training.cfm

Contact is Pat McKone, Director, Tobacco Control Programs and Policy at 218-726-4721 or Pat.mckone@alamn.org.

Updates and Upcoming Events

Metro Regional Asthma Coalition (Metro MAC) Updates & Upcoming Events:

New Coordinator: Please welcome Stephanie Kimmes, PNP, LSN, AE-C as the new Metro MAC coordinator. Stephanie comes to the MAC from St. Paul Public Schools with a wealth of asthma experience, including being a certified asthma educator. Stephanie is a nurse practitioner and a daycare health consultant. Stephanie also has an existing relationship with the American Lung Association of Minnesota (ALAMN), as she serves as the director of medical operations for Camp Superkids.

On August 8, a one-day “Implementation and Interpretation of Spirometry in the Primary Care Clinic” training was held at ALAMN and presented by Ed Corazalla, Director of the University of Minnesota Pulmonary Lab. Approximately 40 people attended.

The next Coalition meeting will be September 24, 2007, from 6:00 to 7:30 p.m. Please contact Stephanie for the location.

For information on coalition activities contact: Stephanie Kimmes at stephanie.kimmes@spps.org.

Girl Scout Raises Awareness of Asthma at Minnesota Special Olympics Summer Games Healthy Athlete’s Program

Katherine Schimmel, 12th grade student at Stillwater Area High School, is working on her Girl Scout Gold Award, the highest award given to a Girl Scout for grades 9-12. She is a member of Stillwater Troop #2205 of the Girl Scout Council of the St. Croix Valley.

Katherine chose to do her project called “Breathe Easy” about asthma education after research and speaking with members from Catching Our Breath! Washington County Asthma Initiative.

She learned that asthma is a growing public health problem locally and nationally.
As part of her research for her project, she met with staff from Washington County Public Health and Special Olympics Minnesota. They encouraged her to develop an asthma display for the Minnesota Special Olympics Summer Games Healthy Athlete’s Program which was held at the University of Minnesota campus on June 21-23. Hundreds of athletes, their families, volunteers and coaches attended the Summer Games. During the Summer Games, health screenings and health information were offered at Olympic Town. Katherine also promoted a display advertising the online Coaches Asthma Clipboard Program. Katherine is a Special Olympic athlete. She received a silver medal in track at the Summer Games. When not competing at the Games, Katherine and her volunteer helpers staffed her “Breathe Easy” Gold Award asthma display and provided information to many people.

West Central Regional Asthma Coalition (WCRAC) Updates & Upcoming Events:
A Super Asthma Saturday is planned for September 29, 2007, from 9:30 - 12 noon at Discovery Middle School in Alexandria, Minnesota. Dr. Orlene Hoffman and Dr. Farrukh R. Sheikh will speak about asthma. This is an educational event for people of all ages. It will include games for children, food and prizes for everyone.

The next coalition meeting will be September 19, 2007, from 12:00 to 1:00 p.m. in person (at Douglas County Public Health) or via teleconference.

For more information contact: Doreen Hanson at doreen.hanson@mail.co.douglas.mn.us or 320-762-3043.

Northeast Regional Asthma Coalition (NERAC) Updates and Upcoming Events:
On May 1, 2007, on “World Asthma Day”, Mayor Herb Bergson, signed and read a proclamation in Duluth, MN.

On Thursday, July 26, 2007, the coalition worked with College of St. Scholastica nursing students to develop a “Caring for Kids with Asthma” one-hour presentation for day care providers.

The next coalition meeting is on September 24, 2007, at 3:00 p.m., Regional Heart Center-SMDC, Duluth, Minnesota.

For information on coalition activities, contact Lori Saari at saarid@aol.com or 218-391-3942.

Southeast Minnesota Regional Asthma Coalition (SERAC) Updates & Upcoming Events:
The coalition has formed an “America on the Move-Physical Activity Campaign” team in collaboration with STEPS to a Healthier Rochester. They will be engaging all coalition members and recruiting new members, including people who have asthma, in this fun and worthwhile program. The team member sign-up deadline is Sept. 24. All are welcome and people interested in joining should contact Judy Wothke, SERAC Coordinator at jwothke@hbci.com prior to the deadline for registration information.

The coalition is pleased to support the mission and work of our STEPS to a Healthier Rochester partners at Olmsted County Public Health Services. Jo Anne Judge-Dietz, STEPS School Coordinator, is a very active and dedicated member of our Southeast MN Asthma Coalition and we welcome Jill Walter, new STEPS Coordinator. For information on coalition activities contact: Judy Wothke, SERAC Coordinator at jwothke@hbci.com or 507-453-0714.
East Central Regional Asthma Coalition (ECRAC)  
Updates & Upcoming Events:

The “Live Well, Breathe Well” training was offered in Mora. There was a better than anticipated response to this program with 16 adults with asthma in attendance. There was a waiting list for the program and the Coalition is discussing whether or not to hold training.

In May we raised awareness of “World Asthma Day” by having a display in the community and by participating in an employee health fair for a large local employer were invited to staff a table and be available to students and staff at a local school. In July, asthma educational material was available at the Kanabec County Fair.

In September members of the Coalition have been invited to provide information and instruction to parents and staff at local school open houses.

This fall asthma activities in Kanabec and Pine Counties will be incorporated into the Northeast region and activities for Isanti and Chisago Counties will be facilitated by the Metro MAC coordinator. MDH asthma program staff will continue to be available to provide technical assistance and training in the region. We would like to thank Kanabec-Pine Public Health and their staff for supporting the work of the coalition and look forward to continuing work with them in the future!

Southwest Regional Asthma Coalition (SWRAC)  
Updates and Upcoming Events:

At the July Coalition Meeting, Sandra Schlagel, the Program Manager of the Kandiyohi Tobacco Coalition, gave a presentation on how the Tobacco Coalition role has changed since the passing of the Statewide Law. She will be doing a lot of education on what this law means and how people need to keep supporting it. Our Coalition members then discussed ways the two coalitions can collaborate in the future, since the radio public service announcements aired in May were such a success. Look for new combined ventures from this partnership!

A “Lunch & Learn Asthma Presentation” will be held at Redwood Area Hospital in September. Contact Amy for the date and time.

On September 25, 2007, from 7-9 p.m. a “Caring for Kids with Asthma” Class will be held at Ridgewater College.

An “Implementation and Interpretation of Spirometry in the Primary Care Setting” Training is tentatively scheduled for Thursday, February 7, 2008, at Rice Memorial Hospital.

If you have any questions or would like more details regarding any future SWRAC Events, please contact Amy Roggenbuck, Coordinator, at aaroggen@farmerstel.net or 320-568-2471.

Central Minnesota Regional Asthma Coalition (CMRAC)  
Updates & Upcoming Events:

September 22, 2007, 5k/1k Run/Walk For Asthma  
Sartell, MN

Where:
Abbott Northwestern’s Sartell Outpatient Center  
2000 Abbott Northwestern Court  
Sartell, MN 56377 (Across from Hennen’s)

1k Run/Walk 5k Run/Walk
9:00 a.m.-Registration 8:00 a.m.-Registration
10:00 a.m.-Race 9:00 a.m.-Race

The registration fee is $10 in advance, if received by September 5, or $15 if received after the deadline. Registration will be accepted on race day.

For more information and registration form contact Kathleen Milligan, Central Region Coordinator, at kathleen.milligan@allina.com or 320-534-2009.

South Central Regional Asthma Coalition (SCRAC)  
Updates & Upcoming Events:

For more information contact Amy Roggenbuck at aaroggen@farmerstel.net or 320-568-2471.

Northwest Regional Asthma Coalition (NWRAC)  
Updates & Upcoming Events:

If you would like to join or would like more information on this coalition, contact Amy Roggenbuck at aaroggen@farmerstel.net or 320-568-2471.
BREATHING SPACE, a quarterly respiratory disease newsletter, is produced by the Minnesota Department of Health Asthma Program. The purpose of this newsletter is to provide health professionals, school nurses, and community members with current research, information, and resources on respiratory disease.

This newsletter is supported by Grant/Cooperative Agreement #U59/CCU522470 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

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

**MDH Asthma Staff Contact Information:**
Asthma Program Telephone Number: 651-201-5909
Toll Free Number: 1-877-925-4189
Asthma Web Site: [http://www.health.state.mn.us/asthma/](http://www.health.state.mn.us/asthma/)

Wendy Brunner, 651-201-5895, email: wendy.brunner@health.state.mn.us
Erica Fishman, 651-201-5899, email: erica.fishman@health.state.mn.us
Janet Keysser, 651-201-5691, email: janet.keysser@health.state.mn.us
Laura Oatman, 651-201-5914, email: laura.oatman@health.state.mn.us
Susan Ross, 651-201-5629, email: susan.ross@health.state.mn.us
Janis Smith, 651-201-5909, email: janis.smith@health.state.mn.us