

Introduction

Asthma: A Major Public Health Problem

Asthma is a chronic inflammatory disease of the airways characterized by intermittent recurrent episodes of wheezing, breathlessness, chest tightness, and cough. People who have asthma experience episodes of barely being able to breathe. Some people with asthma end up in the hospital or emergency room; some even die from it.

The economic cost of asthma is high: in 2004, the United States spent \$16.1 billion on asthma. This figure includes \$4.6 billion in lost productivity. It doesn't include the emotional cost of having a disease that, if not properly treated, can limit activity and interfere with daily living.

As is detailed later in this plan, asthma has increased dramatically in the past 30 years. This increase is apparent in deaths from asthma, in hospitalizations with asthma, and in the proportion of people who have asthma. This increase is not limited to the United States; many other industrialized nations report a similar increase.

Our current understanding of asthma is that it is a multi-factorial disease that is associated with familial, infectious, allergenic, socioeconomic, psychosocial, and environmental factors. How these factors interact to cause asthma is not known. However, we know that asthma morbidity and mortality are largely preventable. With improved patient education regarding the factors associated with asthma, with appropriate medical management, and with public policies that support people with asthma, the impact of asthma can be greatly ameliorated and people with asthma can lead healthy normal lives. This can only be accomplished through a combination of coordinated public and private efforts.

Asthma is no longer considered just a clinical issue. The increase in asthma, and the fact that we have substantial information about how to control the disease but no information about how to prevent it, leads us to the inevitable conclusion that asthma is a public health problem of significant magnitude.

Minnesota has been fortunate to have a wealth of stakeholders from the health and medical community that are focused on the health and well being of individuals and families that live with asthma. Many of these institutions, organizations, and agencies have developed initiatives around asthma and have been able to show measurable outcomes with these programs. Various managed care organizations have instituted case management programs for people with asthma. The Healthy Learners Asthma Initiative (a community-wide collaboration between the Minneapolis and St. Paul public schools and health care delivery and public health systems); the Controlling Asthma in American Cities Project; the asthma trainings for Minnesota school personnel; the EPA-supported environmental interventions for childhood asthma project; and the asthma training for coaches are all examples of successful efforts undertaken in recent years. On a statewide and regional level, the American Lung Association of Minnesota (ALAMN) and MDH have been working for the last eight years to build the structure of the Minnesota Asthma Coalition through nine regional coalitions throughout Minnesota. In 2006 Washington County Public Health and Environment launched a county-wide, multi-faceted asthma initiative.

Although Minnesota has been very active in addressing the issue of asthma, much work remains. Many clinicians, health care professionals, public health officials, and other agencies and organizations have been working in relative isolation from each other. A statewide dialogue on the issues confronting Minnesota in responding to the asthma challenge has begun, but further work is needed for a common set of strategies for addressing asthma priorities. To sustain the good work that has been done and to build momentum for addressing the issues that have not been resolved, Minnesota is continuing its statewide coordinated planning effort to address asthma which is focused, realistic, and based on good science.

In October 2001, the Commissioner of Health brought together a broad array of public and private representatives with clinical care, education, environmental, housing, data, government and public policy, and public health expertise to begin discussions on how Minnesota could develop a coordinated statewide effort to reduce the impact of asthma. Participants included agencies and organizations that hadn't had a voice before in statewide asthma discussions. The working groups and advisory group tackled different aspects of the asthma problem and in 2002 developed a plan which has now been revised and updated.

Revision and updating of the 2002 plan began in late 2006, again with four work groups and the Minnesota Asthma Steering Committee. It also included the work of the special Work-Related Asthma Advisory work group that had met during 2005 and 2006 (see Appendices A and B for membership of these groups). The work groups proposed goals, objectives, and strategies that were reviewed and integrated by the Minnesota Asthma Steering Committee.

This revised strategic plan is intended to provide direction and strategic program approaches for public health officials, health care professionals, public policy experts, and other members of the education, health and medical community in addressing the asthma burden in Minnesota. The Steering Committee and work group members believe that Minnesota can continue to see successful results through a coordinated multi-disciplinary approach in providing high quality care for individuals with asthma. No single institution or organization can solve the problem of asthma alone. But by working together, in a systems approach, we believe that we can decrease the economic and emotional burden that currently affects people with asthma and the entire community.