Asthma Medications Posters

The new MDH Asthma Medications posters are designed to assist school health office staff and primary care clinics in prompting patients to identify their inhaled asthma medications. The posters display a photo of each inhaler; the generic and brand name of the medication; the delivery dose; and manufacturers’ name for all currently available inhaled asthma medications commonly prescribed in the US. The posters are available in two sizes: a double sided 8.5 x 11 for hands-on use, and an 11 x 17 poster size to place on the wall in an exam room or school health office. Click here to download posters at http://www.health.state.mn.us/asthma/asthmaMedsPosters.html.

Asthma Action Plans (AAP) for the New School Year

Fall is an exciting time of year. The weather is getting colder, leaves are changing color, and children are returning to school to make new friends and meet their teachers. Most children start the new school year with spiffy new clothes and shoes, pencils and notebooks, but some with asthma don’t bring the supplies that could save their life – a rescue inhaler and an asthma action plan (AAP). Each year school health staff send letters and make phones calls to parents requesting medical information about students who may have diseases or medical conditions that require a nurse’s attention while their child is at school. Asthma is one of those conditions.

In order for school employees to care for a child who has asthma, they need to know certain things:
- how severe a child’s asthma is;
- how well (or not well) controlled it is;
- what triggers asthma symptoms; and
- how to treat a child who is having an asthma episode.

Parents of a child with asthma should send their child to school with an asthma action plan (AAP) and a new, unused canister of rescue inhaler medication (Albuterol/Pirbuterol/Xopenex). Minnesota law allows children who are old enough and who have a good understanding of how to manage their asthma symptoms to carry their own rescue inhaler on them. However, a licensed school nurse (LSN) should assess the student’s ability to self-administer the medication and determined whether or not the student is able to successfully self-manage their asthma symptoms at school. http://www.health.state.mn.us/asthma/MNStatute.html.

A new AAP should be sent to the school health office every year following an appointment with the child’s health care provider. Because every student’s asthma is different, an action plan must be specific to each student’s needs.

Susan Ross, clinical nurse advisor with the MDH Asthma Program says, "An Asthma Action Plan completed by the medical provider is an essential tool in the management of asthma in the school setting."

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Fall is Good Time to Check on Your Child's Vaccinations

CDC report: Vast majority of Minnesota children are fully vaccinated when entering kindergarten

New data released by the Centers for Disease Control and Prevention (CDC) reaffirms that the vast majority of children in Minnesota enter kindergarten fully vaccinated. In 2012-13, 96.1 percent of all kindergarteners had received all of the immunizations required by Minnesota's school immunization law to protect them against vaccine-preventable diseases. The percent of children who entered kindergarten fully vaccinated has remained steady at about 96 percent since 2005, according to data from the CDC and the MDH.

For more information go to http://www.health.state.mn.us/news/pressrel/2013/vaccine080213.html

(continued from Page 1)

Advancement of Healthy School Environments in Minnesota

Minnesota Department of Health’s Indoor Air Unit (MDH IAU) received a grant to fund a project to advance the issue of healthy school environments in Minnesota. This project will centralize existing state school environmental health activities with the primary aim to help Minnesota schools create healthier environments. MDH, along with other state agencies and partners are collaborating to assist and recognize MN schools’ implementation of comprehensive school environmental programs. To learn more go to http://www.health.state.mn.us/divs/eh/indoorair/schools/.

Asthma Action Plans (AAP) for the New School Year

The AAP provides clear guidance at home and school, helping families and school nurses work together to make sure that asthma is in good control. The AAP is an evidence-based tool in asthma management that providers, families, and school nurses should use every day."

Action plans are meant to be shared with school employees who come in frequent contact with a student who has asthma – teachers, coaches, or any other school employee on a confidential, need-to-know only basis.

An AAP should contain:

- A list of daily controller medications (if any) and dosing instructions the child takes at home or at school
- What rescue medications should be used, how much and how often if the child begins to have breathing difficulties
- Symptoms a child might have when experiencing an asthma episode and/or personalized peak flow levels indicating when a child’s asthma is worsening and what steps to take according to peak flow readings and or symptoms
- A list of specific triggers that can make the child’s asthma worse.
- Contact information for the health care provider

Medicaid & Community-Based Asthma Interventions: Recent Changes and Future Steps

Effective January 1, 2014, the Centers for Medicaid and Medicare Services (CMS) is changing Medicaid regulations regarding which types of providers can be reimbursed for providing preventive services to Medicaid and CHIP beneficiaries.


Children’s Perceptions in Asthma Assessments

Annals of Allergy, Asthma & Immunology released a study indicating children’s perceived symptoms and quality of life varies significantly from what their caregiver perceives. The study suggests interviewing both the caregiver and the child with asthma during a hospital visit for the most accurate assessment and treatment.


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Asthma Hospitalization Rates in Minnesota are Substantially Higher in Low-Income Communities

Individuals living in low-income communities have much higher rates of asthma hospitalizations than those living in high-income communities, according to an analysis of 2008 data done by the US Department of Health & Human Services Agency for Healthcare Research and Quality (AHRQ) and available at [http://statesnapshots.ahrq.gov/snaps11/](http://statesnapshots.ahrq.gov/snaps11/). AHRQ considers hospitalizations for asthma to be “potentially prevents”; that is, “hospital admissions that evidence suggests could have been avoided, at least in part, through high-quality outpatient care.”

In this analysis, patient communities were designated as low-income when the median annual household income of the patient’s zip code of residence was less than $39,000. Communities were designated as high-income when the median annual household income of the patient’s zip code was $64,000 or more.

Key Findings for Minnesota:

Asthma hospitalization rates for children ages 2-17 are 2.6 times higher in low-income communities than in high-income communities.

Asthma hospitalization rates for adults ages 18 and older are 3.4 times higher in low-income communities than in high-income communities.

Asthma hospitalization rates for adults ages 65 and older are 1.3 times higher in low-income communities than in high-income communities.

Asthma Hospitalization Rates among Minnesota Residents in low-income compared to high-income communities

![Graph showing asthma hospitalization rates among Minnesota residents in low-income compared to high-income communities](image)

Source: Agency for Healthcare Research and Quality

Occupational Exposure to Isocyanates

Isocyanates are a family of highly reactive, low molecular weight chemicals. They are commonly used in the production of paints, coatings, leather finishing and foams—both rigid and soft. Besides being an irritant to the eyes, skin and respiratory system, isocyanates can cause occupational asthma. It is estimated that about 1 in 20 workers who work with isocyanates will become sensitized to them, and because of this health hazard, the Occupational Safety and Health Administration (OSHA) recently announced a new national emphasis program to help protect workers from the serious health effects from occupational exposure to isocyanates.

This emphasis will include a focus on inspections and outreach efforts over the next 3 years. The MDH will be collaborating with Minnesota’s OSHA consultation group on these efforts in Minnesota. Information about OSHA standards for isocyanates and the National Emphasis Program can be found at [https://www.osha.gov/SLTC/isocyanates/index.html](https://www.osha.gov/SLTC/isocyanates/index.html).

Recordings from the April 2013 international Isocyanates & Health conference, including the slides from the plenary presentations are free and available online at [http://www.isocyanates2012.org/content/home.cfm](http://www.isocyanates2012.org/content/home.cfm).
Pesticides and Respiratory Diseases – Caution!

The use of pesticides with odors, aerosols, vapors, and particulates in high exposure events has been associated with an increased risk of both allergic and non-allergic asthma. In addition, asthma-like conditions and/or obstructive lung changes have been reported following either acute or chronic exposure to pesticides. While the mechanisms of action are still being researched, it is accepted that pesticide use may be a risk factor for asthma both in occupational and environmentally exposed populations.

Pesticides have been misused in attempts to control and/or eliminate bed bugs in various indoor environments. While bed bugs are not known to transmit or spread diseases, the CDC considers bed bugs to be a public health pest. Both non-chemical approaches and several pesticides (insecticides) are available for bed bug control.


Certified Asthma Educator (AE-C) Recertification now offered by CEU’s

The National Asthma Education Certification Board (NAECB) has performed an extensive investigation regarding the process for recertifying by Continuing Education Units (CEUs). The Board has approved the option of utilizing CEUs for recertifying, rather than just by examination alone. The CEU option is now being offered for the first time to certificants whose credentials have expired or are about to expire. The Board has determined that 35 continuing education units in asthma-related content will constitute recertification for the AE-C® credential. For more information go to [http://naecb.com/index.php](http://naecb.com/index.php).

Minnesota Tribal Asthma Resource Network (MTARN) ‘Health of Many Nations’

Join the Minnesota Tribal Asthma Resource Network (MTARN) and many health professionals caring for Minnesota’s American Indian communities for a 2-day conference and workshop featuring half-day presentation and learning opportunities on:

Asthma, Hypertension, Suicide & Sexual Violence Prevention

When: Thursday and Friday, November 7 and 8, 2013
Where: Minnesota State Technical & Community College, 900 Hwy 34 East—Detroit Lakes, MN

- Continuing Education (CEU’s, CME’s etc.) for health professionals are available
- Limited travel & lodging scholarships are available for health professionals *
- Conference workshop is FREE

Registration is required: Space is limited, register early here: [http://www.health.state.mn.us/registration/nocharge/](http://www.health.state.mn.us/registration/nocharge/).

Who should attend: Health Professionals who work directly with Minnesota’s American Indian and tribal communities. Physicians, Nurses, Pharmacists, Respiratory Therapists, Local public health, Community Health Representative, Tribal Health Directors.

Questions? Please contact: Deanna Pepper, White Earth Health Center, 218-983-6212, Deanna.Pepper@IHS.gov or Susan Ross, MDH Asthma Program, 651-201-5629, Susan.Ross@state.mn.us.

*Please contact Deanna Pepper regarding travel scholarship qualifications and limitations.*
**Fall 2013 Calendar of Events**

**September 17-18**  
**Asthma Educator Institute**  
**American Lung Association in Minnesota, 490 Concordia Ave., Saint Paul, MN 55103**

The Asthma Educator Institute is a two-day course to teach health-care professionals how to help asthma patients manage their illness. Many participants go on to take National Asthma Educator Certification Board (NAECB) examination to become certified asthma educators. The curriculum covers the content outlined in the NAECB Candidate Handbook and includes case reviews, hands-on skills demonstration and practice. The course is delivered by local asthma experts, including Certified Asthma Educators (AE-C). For more information contact Cheryl Sasse at 651-223-9565 or Cheryl.Sasse@LungMN.org. To register go to [http://action.lung.org/site/TR?fr_id=8701&pg=entry](http://action.lung.org/site/TR?fr_id=8701&pg=entry).

**September 19**  
**Asthma Discussion Group and Webinar**  
**American Lung Association in Minnesota, 490 Concordia Ave., Saint Paul, MN 55103**

Updates on New Tobacco Products and E-Cigarettes -- ALAMN staff, Pat McKone, Director of Tobacco Control and Advocacy, will present the newest research and provide a show-and-tell of new products. Participants can join in-person at the ALAMN office in St. Paul or via webinar. Course provides healthcare professionals with a thorough overview of COPD information. For more information contact Cynthia Isaacson at 651-227-8014 or Cynthia.Issacson@lungmn.org.

**September 24**  
**EPA’s Back-To-School Webinar: Managing Asthma in Schools**  
2-3pm EDT

Learn how two innovative asthma programs with unique challenges have worked to improve asthma outcomes in their local schools. This webinar will feature: a school nurse Laura Wheeler, RN from Cedar Rapids, Iowa, who champions asthma management for her district and will share tips and lessons learned for flood preparedness; and professor Teresa Lipsett-Ruiz, PhD from University of Turabo, Puerto Rico, who leads innovative interventions in over a hundred schools facing some of the highest asthma rates in the U.S. Register at [https://www2.gotomeeting.com/register/506376682](https://www2.gotomeeting.com/register/506376682).

**September 25-27**  
**Community Health Conference: Working Together: Attaining Health Equity in Minnesota Communities**  
**Cragun’s Conference Center, Brainerd, MN**


**October 23**  
**Minnesota Asthma Alliance Meeting 2013 - 9:00 a.m. - 4:00 p.m.**  
**Optimizing Asthma Care in Minnesota: What You Can Do**  
**Royal Cliff Banquet and Conference Center, 2280 Cliff Rd., Eagan, MN**

Join health care leaders from across the state to listen, learn, and offer new perspectives on how to optimize asthma care.  
**Registration is now open!** at [www.health.state.mn.us/asthma](http://www.health.state.mn.us/asthma). Who should attend? Prescribing clinicians, public health staff, health care providers, school nurses, health plan employees, policy makers, and all asthma partners! Any additional questions, contact Kelly Raatz at 651-201-5899 or Kelly.Raatz@state.mn.us.

**November 7-8**  
**Minnesota Tribal Asthma Resource Network (MTARN) – “Health of Many Nations”**  
**Minnesota State Technical & Community College, Detroit Lakes, MN**

Join the "Minnesota Tribal Asthma Resource Network" (MTARN) & many health professionals caring for Minnesota’s American Indian communities for a registration FREE 2-day conference & workshop featuring half-day presentation & learning opportunities on: Asthma, Heart Disease & Stroke, Suicide & Sexual Violence Prevention. Register at [http://www.health.state.mn.us/asthma/mtarn.html](http://www.health.state.mn.us/asthma/mtarn.html).

For more information contact: Susan Ross, MDH Asthma Program at 651-201-5629 or Susan.Ross@state.mn.us or Deanna T. Pepper, White Earth Center at 218-983-6212 or Deanna.Pepper@ihs.gov.
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Toll Free Number: 1-877-925-4189.

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Do you have questions about lung health?
Call the American Lung Association HelpLine at: 1-800-548-8252
(Hours 7:00am to 9:00pm Central Time)
Staffed by registered nurses and registered respiratory therapists to answer your lung health questions.

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