The Faces of Asthma:

Over the next year, the Breathing Space newsletter will include articles that will offer a more personal view and perspective about asthma from the patient, the caregiver, and the whole health care team. We hope that these unique perspectives will offer you the reader a “new” or revised way of looking at the “Faces of Asthma”.

Adult Asthma: Struggling to Breathe

My personal story of being diagnosed with the disease

Nobody had asthma in my family.

I didn’t know anyone with asthma as a child. My parents only went to the doctor for physicals or severe medical events such as my brother receiving a hockey puck to the head. We had a dog and I played with her all the time; we never had cats. However, each fall, after spending hours of time outside playing with friends, I would be home from school, sick, for about two weeks.

The Affordable Care Act - What You Should Know

President Obama signed the Patient Protection and Affordable Care Act (ACA) into law on March 23, 2010. This law was challenged in court, but this past June the US Supreme Court declared the law constitutional. The first phase, between now and 2014, will implement policies such as limiting insurers on how premiums are spent; making preventative care such as vaccinations and screenings free in many plans; banning lifetime cost limits on health
Written Asthma Action Plans for Adults with Asthma

The national guidelines for asthma diagnosis and management (Expert Panel Report 3 (EPR-3) Guidelines for the Diagnosis and Management of Asthma) recommend that healthcare providers provide written asthma action plans for all of their patients with asthma. Asthma action plans are documents that include instructions for everyday asthma care (e.g., daily medications) and steps to take when symptoms worsen.

In 2010, 37% of Minnesota adults with asthma reported that they had ever received an asthma action plan from their healthcare provider. Note that the survey did not specifically ask whether the action plan was current. This figure has increased slightly since 2005. In 2008, 29.9% of U.S. adults with asthma reported ever being given an asthma action plan.

Percentage of Minnesota adults with current asthma who have ever been given an asthma action plan

![Bar chart showing percentage of adults with asthma who have received an action plan]


This report details recent trends in asthma prevalence, health care use, and mortality since 2001 and presents an overview of trends since 1980. It finds that since 2001, asthma prevalence increased risk-based rates for visits to private physician offices and deaths declined, and risk-based rates for other types of ambulatory visits and for hospitalizations showed no clear trend. To learn more, access the report at: http://www.cdc.gov/nchs/data/series/sr_03/sr03_035.pdf

Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma

The EPR-3 Guidelines on Asthma was developed by an expert panel commissioned by the National Asthma Education and Prevention Program (NAEPP) Coordinating Committee, coordinated by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health. Using the 1997 EPR 2 guidelines and the 2004 update of EPR-2 as the framework, the expert panel organized the literature review and final guidelines report around four essential components of asthma care, namely: assessment and monitoring, patient education, control of environmental factors contributing to asthma and medication management. Subtopics were developed for each of these four broad categories.

http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm
coverage; and removing the pre-existing conditions clause.

Clocking in at over 1000 pages, the ACA is anything but simple. However, it contains many features designed to improve the health and wellbeing of American citizens—including children and adults with asthma.

The ACA does this in two ways: through insurance reform and health system reform. The overall goals are to expand coverage, control healthcare costs, and improve the health care delivery system. The ACA will benefit people with asthma in many ways:

**More Opportunities for Individual Asthma Management:**

Over 30 million more Americans will have health insurance by expanding Medicare, creating the American Health Benefit Exchange, and implementing tax credits for employer-sponsored insurance.

Newly eligible adults will be guaranteed a benchmark benefit package of essential health benefits, which includes chronic disease management.

Patients will have options for receiving asthma care, treatment, and management—before they have an extreme exacerbation that lands them in the emergency room.

**Pre-existing conditions, including Asthma:**

The ACA ensures that people with preexisting conditions have access to health insurance. Insurance companies can no longer discriminate against children with pre-existing conditions, including asthma and COPD, and cannot deny or revoke coverage if a patient develops a condition.

Millions of children with asthma cannot be denied coverage. In 2014, that protection will extend to adults with pre-existing conditions.

**Comprehensive Care for Chronic Disease:**

The ACA creates a new state Medicaid option to permit individuals with one or more chronic conditions - specifically including asthma - to select a “health care home,” which are designed to wrap the patient in continuous and coordinated care, fill gaps in services, and facilitate access to everything a patient needs to live a healthy life.

**Controlling Disparities:**

The ACA provides opportunities to reduce disparities in asthma. In the words of Health and Human Services secretary Kathleen Sibelius, “we know that African-American children visit emergency departments for asthma care more often than Caucasian children, and that Latino children are less likely to see a doctor for routine office visits than non-Latino Caucasian children. While we’ve made progress in reducing disparities over the years, more needs to be done. That is why the health care law and Recovery Act investments in expanding the capacity of community health centers to care for the most vulnerable Americans regardless of their ability to pay are so important.”

**Children and young adults:**

- Children’s Health Insurance Program (CHIP) will be reauthorized.
- Guidelines for CHIP address quality of care and access to services, and include measures about asthma management.
- Young adults can stay on their parents’ plan up to age 26, which ensures medical care for young adults with asthma during their transition to adulthood.

**Adults and parents:**

- Pregnant women on Medicaid are guaranteed coverage of smoking cessation programs and treatments. There is growing evidence that maternal smoking during pregnancy is associated with childhood asthma, as is second hand smoke exposure after birth.
- All new private health insurance plans must cover...
treatments to help smokers quit.

• Lifetime caps on medical costs are eliminated. These caps previously left many elderly patients with chronic diseases and complications out in the cold.

• The Medicare prescription coverage “doughnut hole” began to close in 2011, reducing out-of-pocket expenses for older Americans with lung conditions.

Prevention and Public Health:

• All people on Medicare will be entitled to a free wellness prevention doctor’s visit once per year.

• More dollars will be dedicated to prevention of chronic and preventable diseases. Currently, the US spends 3% of its healthcare dollars on prevention, even though 75% of healthcare dollars are spent on treating preventable diseases.\(^3\)

Affordable Care Act Resources:


• A basic Q and A from the American Public Health Association: [http://www.apha.org/advocacy/Health+Reform/ACAbasics/](http://www.apha.org/advocacy/Health+Reform/ACAbasics/)

• A timeline of ACA implementation:
  • [http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx](http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx)

Asthma and Lung Health Specific Resources:


• A paper from the Merck Childhood Asthma Network on the ACA, health care homes, and asthma:
  • [http://www.mcanonline.org/files/AffordableCareActMedicalHomesAndChildhoodAsthmaBrief.pdf](http://www.mcanonline.org/files/AffordableCareActMedicalHomesAndChildhoodAsthmaBrief.pdf) (PDF: 318 KB/14 pages)

• A one-hour webinar from Merck on the Affordable Care Act and Childhood Asthma (click the Playback button to listen to the recording): [https://merck1.uc.att.com/merck1/iMeeting/CD4376/](https://merck1.uc.att.com/merck1/iMeeting/CD4376/)

Citations


Indoor air quality—Keeping it healthy

Winter in the upper Midwest brings cold and inclement weather. To combat the forces of nature we keep our windows shut and often tighten up our homes to save energy. The decrease in ventilation can worsen the quality of air we breathe within our homes if we do not pay attention to what we are doing. For the roughly 392,000 children and adults in Minnesota who currently have asthma, maintaining a healthy indoor home environment can be critical.

To keep your home “healthy”, keep things dry, clean, pest free and safe, keep pollutants out of your home, and provide adequate ventilation. With proper maintenance your home can be your castle and a safe refuge.

Some winter tips include:

• Winter is a good time to test your home for radon if you have not done so;
• Keep things dry to prevent mold and moisture. If things get wet, dry materials within 24-48 hours;
• Minimize the use of chemicals in your home;
• Ensure that you have functioning smoke alarms and carbon monoxide detectors/alarms;
• Maintain combustion appliances and always vent these to the outdoors.

For additional tips on keeping your indoor air healthy, see pages 30-32 in the article by Kathy Norlien published in the October issue of Minnesota Health Care News at: http://issuu.com/mppub/docs/mhcnoct12

Welcome to Hannah Rivenburgh!

Hannah is a Public Health Associate (PHA) with the CDC, PHA Program. She’s been placed with the Asthma program through next summer. She graduated in 2010 from Macalester College in Saint Paul, MN, with a degree in environmental studies and media studies, completing an honors thesis on environmental factors and social determinants relating to breast cancer and obesity. After a yearlong stint in Americorps, she has been happy to be able to explore the field of public health since 2011. Hannah spent her first year at MDH with the sexual violence prevention program as their college campus liaison, researching the underreporting of sexual assault on college campuses and building an online database of college-specific sexual violence prevention resources. As she settles into her role in the asthma program, she looks forward to learning about asthma through an environmental health lens and examining strategies for alleviating the effects of asthma, particularly in urban areas.

“What do kittens, aerosol air freshener sprays, and cockroaches have in common? CDC Public Health Associate Hannah Rivenburgh quizzes a young visitor to the MDH booth at the state fair on household triggers of asthma.”
New COPD Interactive Maps and Updated Measures Available on MNPH Data Access

Chronic obstructive pulmonary disease (COPD) is a group of lung diseases that makes it difficult to breathe. Other names for COPD include emphysema and chronic bronchitis. COPD is the fifth-leading cause of death in Minnesota. The Minnesota Environmental Public Health Tracking (MN EPHT) Program at MDH is conducting the first routine COPD surveillance in Minnesota.

New interactive maps and updated data on COPD in Minnesota are available on-line at the Minnesota Public Health Data Access (MNPH Data Access): Chronic Obstructive Pulmonary Disease (COPD). Maps on the data portal include county-level age-adjusted rates of COPD hospitalizations. Updated data are available through dynamic queries and static charts.

COPD AWARENESS RETURNS TO 2008 LEVELS, ACCORDING TO NEW NIH SURVEY

Awareness of chronic obstructive pulmonary disease (COPD) has been rising gradually in recent years, but the results of a national survey show current awareness levels have returned to those of 2008. The survey was released by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health.

Additional COPD resources:

Minnesota:
American Lung Association of Minnesota: http://www.lung.org/lung-disease/copd/awareness/

National:
What is alpha-1 antitrypsin deficiency? www.nhlbi.nih.gov/health/health-topics/topics/aat/
Follow the COPD Learn More Breathe Better campaign on Facebook http://www.facebook.com/BreatheBetter and and Twitter: @BreatheBetter https://twitter.com/BreatheBetter

You can download maps and data on COPD in different formats for use in spreadsheets, reports, and presentations. Local public health professionals and others may use these maps and data to compare county and state COPD hospitalization rates to inform public health planning, assessment, and action. MDH works with the American Lung Association in MN, the CDC, and other partners to share these data and raise COPD awareness.

The Minnesota Hospital Association provides the COPD hospitalization data found at MN Public Health Data Access. The portal is updated and maintained by the MN EPHT Program through a cooperative agreement with the CDC.

To view the interactive maps and other data available for COPD, visit: https://apps.health.state.mn.us/mndata/copd.
Do I have asthma?

In July of 2008, I headed to the Boundary Waters Canoe Area for a four-night, three-day adventure with female friends. Ready for sore shoulders and co-habitating with mosquitoes, I was hopeful that the beautiful natural landscape would refresh my mind and soul.

As the six of us settled in for the night, in our small nylon tent, we couldn’t help but be very aware of the sounds of nature all around us. The loons and the lake were so peaceful. And then I heard my friend say to me, “Cara, are you wheezing? My son has asthma and I used to work in the field of public health addressing issues around asthma. Do you have asthma?” Somewhat stunned by this interruption of the beautiful sounds all around me, I assured my friend that I had taken my usual Claritin, and that I’d be fine.

That fall, I was working in a building that was undergoing major construction. There were dust curtains installed, but they couldn’t contain all the debris. It became evident that my breathing was strained. I wasn’t alarmed. I simply decided I would relax at home after work; that’s what I had always done. A female colleague I worked with decided that she couldn’t tolerate the conditions in the building. Feeling ill, she left in the middle of the workday. She was fighting a cold – I don’t recall her exact symptoms. I learned the next day that my colleague had not returned to work. She lived alone and her supervisor went to visit her. To my great shock, I learned that she had died early that morning. Everyone was stunned. Colleagues were talking about her recent health struggles. All I could do was listen and wonder.

I too, was struggling with respiratory symptoms more than normal that fall. That night as I tried to sleep, I struggled to breathe and couldn’t get my colleague out of my mind. I had exhausted my knowledge of over-the-counter antihistamines. In retrospect, I can say that each subsequent night leading up to that one, had become slightly more difficult for me, leaving me sleep deprived and feeling emotionally spent. My husband insisted I see a doctor as soon as possible.

Seeking answers – what is wrong with me?

A clinical visit with a physician assistant that day opened the door seeking more information from me about my health. He listened to my lungs and asked me a series of questions: how I felt during the day verses the night, do I have pets, was there a history of asthma in my family? Through tears of relief, we drew some preliminary conclusions about my physical health.

“Yes, Cara, I believe you may have asthma.” The physician assistant recommended I return for a follow-up visit with my physician and additional allergy testing to better understand what might be triggering my asthma episodes in my indoor and outdoor environment.

What can I do to take control and manage this chronic disease?

My follow-up visit with my allergist confirmed that I’m allergic to nearly every tree in Minnesota, as well as cats, dogs, mold, pollen, grass, and ragweed. No wonder I was so miserable during the Minnesota fall! I now know what makes my asthma worse. My allergist, Supriya Varadarajulu, M.D. diagnosed me with mild persistent asthma. She provided me with a patient education book about asthma that I read from cover to cover. She shared with me that emotional turmoil is often an asthma trigger for people. I never gave any credence to the connection between breathing issues and emotions. To gain better control of my asthma, I needed to avoid and remove my known asthma triggers. New home for our dog, removed carpeting and installed wood floors,
hired professional air duct cleaner, and made a weekly commitment to washing the bed sheets in hot water to control house-dust mites.

Maintaining my daily asthma control involves not only an awareness of my asthma triggers, but having the medications to properly manage my asthma long term. My written Asthma Action Plan (AAP) helps me know when and how to take daily actions to self-manage my asthma. I now take a daily controller (Flovent) and my rescue inhaler (Albuterol) is at the ready. It took a while to get used to taking medication via an inhaler. I’d only taken tablets or gel tabs in the past. I also take a nasal spray, Fluticasone, once daily and keep Loratadine tablets on hand should I be invited to a home with cats or dogs. Taking control of my asthma has allowed me to sleep better and have more energy; I have learned what my triggers are and ways to avoid them. Most importantly, I’m learning through the support of my family and my partnership with my physician how to be in control of my asthma.

What’s the point of one person’s journey?

I feel blessed to have a friend with extensive knowledge about asthma, to live so close to a clinic that employs a highly knowledgeable asthma specialist with stellar people skills, and to have health insurance to ease the costs of medications. I now have an Asthma Action Plan that enables me to live a richer, more active life. What would it be like if more people had this information? How can we better equip our teachers and coaches to recognize early symptoms? My life’s journey is so much more enjoyable now. Surely our society can duplicate these results for the many that live daily with undiagnosed asthma.

Asthma is a chronic medical condition involving inflammation of the lungs with symptoms of coughing, wheezing, chest tightness and/or breathlessness. It is a reversible airway obstruction that generally responds to inhalers. More than 20 million Americans suffer from asthma. Most patients with asthma today are able to lead very healthy active lifestyles without having their asthma get in the way. There is quite a wide spectrum to the disease from intermittent symptoms to severe persistent symptoms that require multiple medications daily. Asthma can also change over time and so the treatment may need to be adjusted over time, either step up or step down on medications.

It is very important for a person with asthma to educate themselves as much as they can about their condition. Knowing what their triggers are and avoiding them as much as possible will help prevent asthma exacerbations. If a person can identify when during the year they have more trouble, then the medications can be adjusted to prevent symptoms. Becoming familiar with asthma medications and the role they play is important in keeping asthma under control.

Supriya, Varadarajulu, MD – is an allergist with Park Nicollet Clinics. She sees both adults and children and believes strongly that in order to achieve the best outcome, the physician and patient need to work together as a team.

Patient Educational Resource provided to Cara by Dr. Supriya Varadarajulu


The MDH Asthma Program would like to thank Cara Coen-Pesch for sharing her very personal story of being diagnosed with asthma. Cara lives in the Twin Cities with her husband and two children.
Don’t forget your flu vaccine!

It’s not too late to get your flu vaccine! This is a perfect time to get vaccinated and be protected for the holidays. Influenza vaccine is recommended for everyone 6 months of age and older, especially people with asthma and other chronic respiratory conditions who are at high risk of complications from influenza. Even people with well-controlled asthma can become severely ill with influenza, so it’s very important to make sure these individuals and their family members get vaccinated. The CDC reports that less than half of all high-risk adults are vaccinated nationally. Minnesota’s vaccination rate was about 53% for this group last season (2011-12), which was a decrease of about 5% from the year before. Influenza is occurring in all regions of the state and activity is expected to increase in the weeks to come. Stay up to date with influenza activity in Minnesota by subscribing to MDH’s Weekly Influenza Statistics at: www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html.

You can find a flu shot clinic at www.mdhflu.com by clicking the “Find a flu shot clinic” link.

Pertussis vaccine, too!

Pertussis is still at high-levels in Minnesota. Make sure you receive the Tdap vaccine to protect yourself and your family from whooping cough. Ask your provider about it when you get the flu vaccine!

Enlightening and Innovative Convening

CLEAN AND HEALTHY TRIBAL CASINOS WORKSHOP

Casino managers, facility managers, maintenance personnel, compliance specialists, government (EPA, CDC, State and tribal government) representatives, researchers, consultants, and activists came together at Grand Portage Lodge and Casino on September 18 & 19, 2012, for a unique conference and open discussion about tobacco use and casinos. The focus of the 2-day event was to understand and improve indoor air quality in tribal casinos through the lens of culture, science, and technology.

The workshop provided information on tribal health and tobacco policies, both from a historical perspective as well as current perspectives on traditional use of tobacco. Various policies related to tobacco use were presented and discussed in an open forum. There were also presentations about the use of HVAC equipment, filtration and other air quality technologies, and the effectiveness or lack of effectiveness using these methods.

The MDH Asthma Program presented information from studies on how tobacco smoke affects the development of and exacerbation of asthma at various stages of human development.
Riverside Plaza will be going smoke-free on January 1, 2013.

Congratulations on your grand re-opening!

MDH, WellShare and Live Smoke-Free participated in the grand re-opening celebration held at Riverside Plaza in Minneapolis on October 10, 2012. The grand reopening was held to celebrate the upgrades made to the 40 year-old building designed by the late architect Ralph Rapson. Speakers at this event included Mayor R.T. Rybak, Paul Woxland (HUD) and Chief of Police, Tim Dolan. Riverside Plaza currently has 1,303 apartments and has on site an early child care center, a K-8 charter school, computer education labs and adult literacy programs.

During the 19–month construction period, major improvements were made to the mechanical systems, the plumbing, the exterior façade, and to residential units including safety upgrades. About 20% of the apartments received new appliances and counters. Windows were refurbished and heavy sliding doors were replaced to improve energy efficiency. The restoration cost $132 million and the $3 million annual utility bill is expected to be reduced by one-third as a result of improvements made to the buildings.

Healthy Minnesota 2020: Chronic Disease & Injury

This new report provides a strategic framework for action on key chronic conditions, including alcohol, asthma, arthritis, cancer, cardiovascular disease, diabetes, injury and violence, obesity, oral health and tobacco. Chronic diseases account for the seven leading causes of death in Minnesota, extracting a substantial toll on health across the state.

You can access this report by going to: http://www.health.state.mn.us/divs/hpcd/

Fed Website Consolidates Best Tobacco Resources

In November 2012, the US Department of Health and Human Services (HHS) announced the launch of BeTobaccoFree.gov, a comprehensive Web site providing one-stop access to the best and most up-to-date tobacco-related information from across its agencies (CDC/OSH, FDA, NIH/NCI, the Office of the Assistant Secretary, and the Office of the Surgeon General). This consolidated resource includes general information on tobacco as well as federal and state laws and policies, health statistics, and evidence-based methods on how to quit. BeTobaccoFree.gov uses responsive design, making information accessible anywhere, anytime, on any platform—from smart phones to tablets to desktops. The Web site’s unique social media dashboard, “Say it - share it,” constantly provides real-time updates from HHS tobacco-related social media accounts, including Facebook, Twitter, YouTube, Tumblr, infographics, and podcasts.

Visit www.BeTobaccoFree.gov for information on helping tobacco users quit and providing young people with information on avoiding or ending tobacco use.
## Winter 2013 Events

<table>
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<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td><strong>January 17</strong></td>
<td>8:15-9:15 AM</td>
<td>American Lung Assn 490 Concordia Ave St Paul MN 55103</td>
<td><strong>Minnesota Asthma Coalition Discussion Group:</strong> Telemedicine with Colonel Ron Poropatich, MD, a pulmonologist who works toward widespread implementation of telemedicine and advanced medical technology across the U.S. Army Medical Department. Dr. Poropatich will present on his experience and research. Registration information forthcoming.</td>
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<td><strong>January 18</strong></td>
<td>10:00AM-2:00PM</td>
<td>Le St Germain Hotel 404 West Saint Germain St Cloud, MN</td>
<td><strong>Smoke-Free Foster Care Policies Workshop:</strong> The American Lung Association Minnesota (ALAMN) &amp; Public Health Law Center training addresses the need to protect foster children from the health risks of secondhand smoke and tobacco products, provides an overview of the foster care regulatory landscape, and describes smoke-free foster care policy challenges and options for communities. Register at <a href="http://bit.ly/SJsnzS">http://bit.ly/SJsnzS</a>.</td>
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<td><strong>February 2</strong></td>
<td>4:00-8:00PM</td>
<td>Water Park of America 1700 American Blvd Bloomington MN 55425</td>
<td><strong>Fight for Air Day at the Water Park of America:</strong> Join the ALAMN for a splish-splashing good time for the whole family at the biggest indoor water park, where 88% of your donation goes toward ALA program services! Tickets are $10, available only online: <a href="http://www.lung.org/associations/states/minnesota/events-programs/fight-for-air-day-at-the.html">http://www.lung.org/associations/states/minnesota/events-programs/fight-for-air-day-at-the.html</a>.</td>
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<tr>
<td><strong>February 12</strong></td>
<td>applications due 11:59 PM EST</td>
<td></td>
<td><strong>EPA National Environmental Leadership Award in Asthma Management: Call for Applications for School-Based Programs:</strong> The U.S. EPA is seeking school-based asthma management programs to apply for the EPA’s highest honor for comprehensive asthma management programs. Apply and learn more: <a href="http://www.asthmaawards.info/awards/">http://www.asthmaawards.info/awards/</a>.</td>
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<tr>
<td><strong>February 12</strong></td>
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<td><strong>EPA National Environmental Leadership Award in Asthma Management: Call for Applications for Health Plans, Healthcare Providers, and Communities:</strong> The U.S. EPA is seeking asthma management programs to apply for the EPA’s highest honor for comprehensive asthma management programs. Apply and learn more: <a href="http://www.asthmaawards.info/awards/">http://www.asthmaawards.info/awards/</a>.</td>
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<td><strong>February 23</strong></td>
<td></td>
<td>Accenture Tower 333 South 7th St Minneapolis MN</td>
<td><strong>Fight for Air Climb 2013: Step up to the Challenge!</strong> Join the Fight for Air Stair Climb and climb once or join the Ultimate Challenge! Lung cancer is a leading killer. Join the ALAMN in fund raising to fight it. Register, pledge, and learn more: <a href="http://www.lung.org/pledge-events/mn/minneapolis-climb-fy13/local/schedule-of-events.html">http://www.lung.org/pledge-events/mn/minneapolis-climb-fy13/local/schedule-of-events.html</a>.</td>
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