Late Season Push for Flu Vaccination

Influenza is rampant statewide and, with the recent death of a 12-year-old Minnesota child from complications of flu, MDH is encouraging those who haven’t done so yet to be vaccinated.

MDH has asked local public health agencies to work with healthcare providers to assess vaccine supplies in their areas and, if possible, consider holding public clinics or find other ways to make influenza vaccine available to those who want it. In the Twin Cities metropolitan area, a number of public influenza vaccine clinics are being set up, and MDH is working with local health officials and the Minnesota Visiting Nurse Agency (MVNA) to set up more, if necessary. The dates, times and locations of public flu shot clinics will be available at the MDH website www.mdhflu.com under Find a Flu Shot Clinic.

While it has been widely reported nationally that some of the influenza strains circulating this year are not well-matched to the vaccine, health officials said they do not have enough information yet to fully characterize the situation in Minnesota, although it appears this may be true here as well.

“Influenza vaccine still provides the best protection against influenza, even when some of the circulating strains are not exactly matched to the vaccine,” Ehresmann said. “Although influenza viruses change over time, the viruses are still close enough to the vaccine strains for the vaccine to provide a good degree of protection. And even if they do get influenza, people who’ve had the vaccine are likely to have a much less severe illness.”

MDH officials strongly recommend that people who are most at risk for complications from influenza get an annual dose of flu vaccine. Those most at risk include:

- People 50 years of age and older
- People with chronic illnesses, including asthma
- Children 6 months to 5 years of age
- Residents of nursing homes or other chronic care facilities.

(continued on page 4)
AE-C Training in Duluth
April 15-16, 2008

The American Lung Association of Minnesota (ALAMN) Asthma Educator Institute & Minnesota’s North East Regional Asthma Coalition is presenting a two-day workshop for those interested in becoming Certified Asthma Educators on April 15-16, 2008. The training will be at:

The Inn on Lake Superior
350 Canal Park Drive
Duluth, MN 55802
(218) 726-1111

This workshop is designed for nurses, respiratory therapists, pharmacists, physicians, and other credentialed professionals looking to become certified asthma educators who have experience working with patients who have asthma.

For more information and to register go to: http://www.mrsnv.com/evt/home.jsp?id=1885

Minnesota Student Survey, 2007

For the first time, the 2007 Minnesota Student Survey included a question on asthma. Students were asked if they had ever been told by a doctor or nurse that they had asthma. This measure is often referred to as the lifetime prevalence of asthma.

The Minnesota Student Survey is administered every three years among students in grades 6, 9, and 12 in public schools, including charter and tribal schools, across Minnesota. Students in all grades of alternative schools and juvenile correctional facilities are also included. The survey is a joint effort of the Minnesota Departments of Education, Health, Human Services, and Public Safety.

The table below shows the percentage of students by sex reporting that they had ever been diagnosed with asthma.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 6</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Grade 9</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>Grade 12</td>
<td>17%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: Minnesota Student Survey, 2007

For more data on asthma from the Minnesota Student Survey, check out the statewide and county tables from 2007 at: http://www.health.state.mn.us/divs/chs/mss/

Note that the results to the asthma question can be found on page 18 of each of the statewide and county tables.

ATTENTION: Certified Asthma Educators

If you’re a Certified Asthma Educator (AE-C), you play a key role in managing asthma in Minnesota! Please watch your mailbox for information about an online survey of Minnesota’s AE-C’s which MDH will be conducting to determine how we might best support and assist you in the important work that you do.

Also, a list serve for Minnesota’s Certified Asthma Educators may be established. If you’d like to be contacted when this occurs, please send your e-mail address and contact information with the message, “Please contact me when the AE-C list serve is established” to: Janis.Smith@health.state.mn.us

And especially, please share this information with Certified Asthma Educators you know of who may not receive this newsletter!! Thanks!
MINNESOTANS OVERWHELMINGLY SUPPORT THE FREEDOM TO BREATHE ACT

A January 2008 survey found 76 percent of Minnesotans support the statewide smoke-free law. Support for the law increased by 7 percent over a similar January 2007 survey.

The statewide smoke-free law is strongly supported among every major political and demographic subgroup in the state. Of those who already have a strong opinion about the smoke-free law, eleven times as many people strongly support the law as strongly oppose it (44 percent to 4 percent).

Opinion on the Statewide Smoke-Free Law

Other Key Findings

- Secondhand smoke is viewed as a health hazard by a decisive majority of Minnesotans (82 percent).
- Minnesotans believe that all Minnesota workers should be protected from exposure to secondhand smoke in indoor workplaces (84 percent).
- Minnesota smokers are smoking less and thinking about quitting as a result of the law.
  - 19 percent report smoking fewer cigarettes.
  - 22 percent report that they are seriously considering quitting.

These results are from a survey sponsored by CleanWay Minnesota™. Eight hundred randomly selected 2008 voters from across the State of Minnesota were interviewed by telephone by Decision Resources, Ltd. of Minneapolis from January 10-21, 2008. The results of the study are projectable to all adult Minnesota residents within ± 3.5 % in 95 out of 100 cases. For more information on the survey, go to www.cleanwaymn.org.
Flu Vaccination
(continued from page 1)

Children under 6 months of age cannot receive flu vaccine, so people who share living quarters with young children are also a top priority for vaccination.

This time of year, it is also important to avoid getting or spreading influenza by following these guidelines:

- Do your best to stay healthy. Get plenty of rest, physical activity and healthy eating.
- Stay home from school or work if you have a respiratory infection. Avoid exposing yourself to others who are sick with flu-like illness.
- Cover your nose and mouth with a tissue whenever you cough or sneeze, then throw the tissue away. If you don’t have a tissue, cough or sneeze into your sleeve.
- Clean surfaces you touch frequently, such as doorknobs, water faucets, refrigerator handles and telephones.
- Wash your hands often with soap and water, or with an alcohol based, waterless hand sanitizer.

The symptoms of influenza, which tend to come on suddenly, can include a sore throat, coughing, fever, headache, muscle aches and fatigue. People who become severely ill with influenza-like symptoms should see a physician. Influenza is caused by a virus and antibiotics are not effective against it.

In late February, the CDC’s Advisory Committee on Immunization Practices (ACIP) voted to recommend influenza vaccination for all children 6 months to 18 years, beginning in the 2008-2009 influenza season. The new recommendation expands on the previous recommendation that influenza vaccination be given to all children 6-59 months of age, and to children who have underlying medical conditions that may place them at higher risk.

The goal is to improve vaccine coverage for all children, including those at high risk.

May is Asthma Awareness Month
(continued from page 1)

Tips in the Event Planning Kit include:

- Holding an asthma awareness event at a school, local hospital, clinic, or library;
- Distributing asthma materials (flyers, newsletters, etc.) and educating parents about environmental asthma triggers;
- Partnering with local organizations to pool resources and increase publicity for your event;
- Collaborating with local leaders/celebrities to boost awareness for your campaigns;
- Garnering media attention for your event; and
- Much more!

To reach Spanish-language populations in your community, use EPA’s free bilingual asthma education by visiting Asthma Awareness Month Webpage in Spanish for comprehensive information, tools, and resources for Spanish-language communities.

- Help Your Child Gain Control Over Asthma/Ayude a Su Niño a Controlar el Asma are low-literacy, information-packed booklets that are great learning tools for families coping with asthma. View and request free copies here.
- Dusty the Asthma Goldfish Asthma Triggers Funbook/Dusty la Carpa Dorada del Asma Provocadores del Asma Revista De Muñequitos are a fun, simple way to engage children and teach them to identify asthma triggers in their environments. Visit EPA’s resources Web page to request free copies.

Join the Online Community Network!
Become a member of the Communities in Action for Asthma-Friendly Environments Online Network to access cutting-edge tools that facilitate collaboration, problem solving, and learning between leaders of asthma programs. Join the Network.
MDH Project to Reduce Environmental Triggers of Asthma Shows Significant Cost Savings and Quality Improvement

The Reducing Environmental Triggers of Asthma Home Intervention Project (RETA) received this year’s Program Delivery Award from the National Association of Chronic Disease Directors (NACDD) at its annual meeting in Denver, Colorado, on Feb. 21. The project, developed to minimize or eliminate exposures to environmental allergens and triggers of asthma, has been shown to dramatically improve health outcomes and reduce health care costs by almost $2,000 per child with asthma.

Laura Oatman (center) received the award for MDH. She is pictured with Doreleena Sammons Posey and John Robitscher of NACCD.

“Replicating this program throughout the chronic disease community has the potential for saving millions of dollars in health costs annually and improving health and quality of life,” said Minnesota Commissioner of Health Dr. Sanne Magnan. “An investment of only $468 per child yields savings of almost $2,000. If we used this approach with 1,000 children with moderate to severe asthma, we would save about $2 million.”

In 2006 and 2007, the MDH’s Asthma Program partnered with Pediatric Home Service (PHS), an independent health care organization, to conduct the project. Funded by the U.S. Environmental Protection Agency, RETA was designed to reduce environmental triggers of asthma through patient-specific asthma education from a certified asthma educator (AE-C) and inexpensive, uncomplicated treatments, such as high efficiency particulate air (HEPA) cleaners, pillow and mattress dust encasements and HEPA vacuum cleaners.

Sixty four families received family-specific education and appropriate treatment products. During the initial home visit, information was collected about emergency department visits, hospitalizations, missed school days and unscheduled clinic visits that occurred in the previous three months. Products were delivered in a follow-up visit, with the total average cost of these visits being $468.

Commissioner Magnan emphasized that the key to project success was the certified asthma educator who provided education about medications and asthma management, ensured an asthma action plan, and assessed the environment for asthma triggers. Prior to RETA, the use of services such as hospitalizations and emergency department visits was substantial. Each child had, on average, one hospital visit, one emergency department visit, two unscheduled office visits, and one use of oral prednisone during the three months prior to the project.

According to urgent care claims data from the Minnesota Council of Health Plans, an average unscheduled asthma office visit (urgent care) costs $84. Using hospital discharge data from the Minnesota Hospital Association, the MDH Asthma Program has estimated that the average hospitalization for pediatric asthma in the Twin Cities metropolitan area costs $2,260.

Health outcomes showed dramatic improvements after participation in the project. At the 12-month follow-up visit, reports showed that unscheduled office visits declined by approximately two office visits. Hospital visits declined by approximately one visit. These visits would have cost $2,428. Since the average cost of treatment was $468, the cost savings were approximately $1,960 per child.

Prior to RETA, children had missed significant amounts of school. During a three-month period, the average number of school days missed was seven. Several children missed more school—up to four weeks. After participating in the project, the number of missed school days declined from seven days to less than one day.

For more information about the RETA project go to: http://www.health.state.mn.us/asthma/documents/07retactsheet.pdf
Don't Purchase High Ozone Air Cleaners

Air cleaning is one of three methods for reducing indoor air pollutants in the home; the other two are source control (eliminating or reducing the source of the pollutant) and ventilation. Before buying an air cleaner, make sure it does not produce ozone. Several organizations, including the US Environmental Protection Agency and the MDH, recommend that consumers not purchase air purifiers or air cleaning devices that intentionally generate ozone.

Ozone is a colorless gas composed of three atoms of oxygen. Ozone affects the lungs by causing inflammation of the airways and by reducing lung function so that breathing becomes difficult. Ozone can also aggravate asthma and increase your susceptibility to respiratory infections. People who have been exposed to elevated levels of ozone may experience throat irritation and notice that they cough more frequently. Children and people with existing lung disease, including asthma, bronchitis, and emphysema can be more sensitive to the effects of ozone.

The MDH Health Risk Assessment Unit has more information on ozone at http://www.health.state.mn.us/divs/eh/air/ozone.htm.

Concern about ozone-generating air cleaners prompted the California Air Resources Board (CARB) to adopt a regulation that limits the amount of ozone released by these devices. The new regulation is expected to take effect in May 2008. Even though this regulation will not directly impact Minnesota consumers, the CARB website has useful information especially if you are buying an air cleaner.

The California regulation requires the testing of air cleaners by certified laboratories to measure the amount of ozone released. Because the testing may take two years, CARB recommends that consumers avoid purchasing any air cleaner for your home or office that intentionally emits ozone. A list of air cleaners to avoid is available at http://www.arb.ca.gov/research/indoor/o3g-list.htm.

The best and most effective way to avoid indoor air pollution problems is to remove the sources of the pollution or prevent emissions to begin with. Improving fresh air ventilation is also helpful. Information on these approaches is available at http://www.arb.ca.gov/research/indoor/indoor.htm.

If you want to purchase an air cleaner look for models that use high efficiency pleated air filters, known as HEPA filters, or electrostatic precipitators. Ratings for these are available in Consumer Reports articles and at the Association of Home Appliances' Clean Air Delivery Rate directory, accessible at http://www.cadr.org/.

Information about ozone-emitting air cleaners and the Air Resources Board regulation can also be found at http://www.arb.ca.gov/research/indoor/aircleaners/aircleaners.htm

Overweight Children and Asthma

A study of Head Start children in Arkansas, which has the highest national rate of overweight children, suggests a link between being overweight and worsened asthma in this group of low-income, disadvantaged children. It found that 19% of 3- to 5-year-old Head Start children with asthma were overweight (body mass index or BMI in the 95th percentile or greater) compared with 11% of a national sample of similar-aged children (National Health and Nutrition Examination Survey data) and 14% of Arkansas pre-kindergarten children not in Head Start.

Compared with Head Start children with asthma and a BMI less than the 85th percentile (normal weight), those with a BMI in the 85th percentile or greater, considered at risk for becoming overweight, had significantly worse indicators of asthma. For example, the at-risk group had more asthma-related emergency department visits, more lifetime hospitalizations, more school days missed, and more frequent activity limitations than their non-overweight counterparts.

They also tended to have more daytime asthma symptoms and lower quality of life, but less use of oral corticosteroids (such as prednisone) than their non-overweight counterparts. This finding suggests that oral corticosteroid use, which can cause weight gain, is unlikely to be responsible for significant weight gain in this group. It is more likely that the relationship between asthma and being overweight is an interaction of several factors including hormonal, mechanical, genetic, and environmental characteristics.

The study was supported in part by the Agency for Healthcare Research and Quality (HS11062). See "Relationship of body mass index with asthma indicators in Head Start children," by Perla A. Vargas, Ph.D., Tamara T. Perry, M.D., Elias Robles, Ph.D., and others in the July 2007 Annals of Allergy, Asthma, and Immunology 99, pp. 22-28.
Clear the Air

Imagine this situation: Your child has asthma and has seen a medical provider who has written an asthma action plan. You’ve learned about the disease, about your child’s triggers. You’ve maintained the proper medication schedule. You’ve given away the cat, you’ve purchased a high efficiency particulate air (HEPA) vacuum, and you have encased the mattress and pillows in their bedroom to reduce exposure to dust mites. However, you live in an apartment building and your neighbor smokes in his unit. The smoke travels throughout the building including your apartment. According to the U.S. Surgeon General, no amount of secondhand smoke is safe. Additionally, according to the U.S. EPA, secondhand smoke can trigger asthma episodes and increase the severity of attacks. Exposure to secondhand smoke can also cause asthma in very young children.

Home is where children are most exposed to secondhand smoke and is a major location of secondhand smoke exposure for adults. Although secondhand smoke exposure among children has declined over the past 15 years, children remain more heavily exposed to secondhand smoke than adults. Almost 60% of U.S. children aged 3-11 years—or almost 22 million children—are exposed to secondhand smoke. About 25% of children aged 3-11 years live with at least one smoker, compared to only about 7% of nonsmoking adults who live with a smoker. Smoke-free rules in homes and vehicles can reduce secondhand smoke exposure among children and nonsmoking adults. Some studies indicate that these rules can also help smokers quit and can reduce the risk of adolescents becoming smokers.

The MDH Tobacco Prevention & Control Office has funded five organizations to focus on reducing exposure to secondhand smoke in their communities. The American Lung Association of Minnesota is funded to work in St. Louis, Carlton, and Lake Counties as part of this effort. “Take it Outside” encourages smoke-free home and car pledges. Information is distributed to parent groups, WIC clinics, hospital birthplaces, pediatricians and others. A “Secondhand Smoke and Cars” fact sheet has been developed for driver’s education classes, infant car seat clinics, or anyone who wishes to make a smoke-free car promise. Apartment managers and owners in the region are encouraged to include a “no-smoking” rule in their leases. “Play Tobacco Free” works with parks and other outdoor areas where kids play to maintain or develop tobacco free policies.

Of course, the best way to eliminate secondhand smoke exposure is to quit smoking! However, if you or someone you know is not yet ready to make that move, here are some actions you can take to protect children and others from second hand smoke:

- Choose to make your home smoke-free and let others know that they must step outside to smoke.
- Choose to make your car smoke-free.
- Talk with family and friends about your concerns regarding your child's asthma and how secondhand smoke exposure affects them. Ask them to step outside to smoke for the health of your child.
- Invite your children's friends to your smoke-free home for a play date.
- Talk to your children’s teachers and day care providers about keeping the places your child spends time smoke-free.
- Encourage family and friends to quit smoking and let them know about Quit Plan and other resources. The Quit Plan can be reached at 1-800-354-PLAN or www.quitplan.com. The American Lung Association Lung Help Line can be reached at 1-800-548-8252 or http://www.alamn.org/helpline.

Tobacco control advocates are working across the state to encourage smoke-free home and car pledges, as well as working toward educating apartment owners and managers that they can create healthy, no-smoking policies in their apartment buildings and require no smoking in their leases. Groups are working on tobacco free parks and fairs, too! Please encourage those who works with respiratory health, asthma coalitions, or tobacco control groups to partner together to help protect kids from secondhand smoke.

There are also national and global initiatives to protect our kids from secondhand smoke. The U.S. EPA encourages smoke-free home/car pledges with free materials found at: http://www.epa.gov/Smokefree/pledge/index.html. The global initiative to protect kids from secondhand smoke dangers is equally important to check out: www.worldcancercampaign.org – they have a poster, “I love my smoke-free childhood”… someday, it would be great if everyone can truthfully say they did, indeed, have a smoke-free childhood! Let’s keep up the momentum!

For more information on protecting kids from secondhand smoke or how to partner with a local tobacco control group, contact, contact Christina Thill at 651-201-3668 or Christina.Thill@health.state.mn.us. Information on regional asthma coalitions can be found on Pages 8, 9, and 10 of this newsletter.

Jan Salo Korby, RRT, contributed to this article and is the Coordinator, Northeast Regional Asthma Coalition & Tobacco Control Programs/Policy of the American Lung Association of Minnesota.
Message from the Co-chairs

The Minnesota Asthma Coalition is finalizing our 2008-2009 Action Plan. While the plan emphasizes the need to continue to support our regional coordinators in planning and implementing local activities, we hope to develop new resources to support our many collaborators around the state. For example, we will update the MAC speaker’s bureau and the materials available on the website to use for asthma related talks.

To further promote activities for World Asthma Day we hope to facilitate a proclamation by Governor Pawlenty to increase media awareness and support statewide. An advisory committee will be established to support World Asthma Awareness month regional activities. In addition, we plan to work with the regions to provide at least one professional educational workshop in each region by August 30, 2008. Outreach will also be initiated to childcare providers, school personnel staff, and adults with asthma.

In this time of political attention to health care and public health, we will revive our MAC policy committee and extend our interest in environmental issues that impact asthma both at the legislative and local level. For example, the MAC will promote and disseminate information on how to receive electronic notices of air quality alerts in Minnesota. You can sign up at http://www.pca.state.mn.us/air/agi-subscribe.html.

Of course, we hope to stay in touch with everyone in Minnesota interested in improving the lives of people living with asthma. That includes contributing to this newsletter and keeping the website updated and valuable to you. Please let us know your suggestions for working with Minnesotans interested in asthma.

Barbara P. Yawn, MD, MSc
Brenda Guyer, MD
Co-chairs of the MAC

If you would like additional information on the Minnesota Asthma Coalition (MAC) in general or for a specific region, contact Jill Heins Nesvold at 651-223-9578 or Jill.Heins@alamn.org or visit the MAC Website at www.mnasthma.org

Part-time Coordinator Positions Open!

MDH is looking for part-time coordinators for the Northwest Region, South Central Region and Southeast Regions of Minnesota. Please contact Erica Fishman at Erica.fishman@health.state.mn.us or 651-201-5899 if you would like additional information.

Metro Regional Asthma Coalition (Metro MAC)

Event Highlights:

The Metro MAC has promoted asthma control this winter to a variety of audiences and venues in the metro community. Community outreach efforts included reaching young adults with disabilities in transition and their parents at the Transition Resource Fair in Rosemount, new immigrant families at the Dakota County Cultural Resource Fair in Burnsville and Dakota County employees at employee wellness fairs in Apple Valley, W. St. Paul and Hastings. Many people found the asthma resources helpful for themselves or someone they knew who has asthma.

Current coalition initiatives include: 1) Increasing the visibility of Certified Asthma Educators as important partners in asthma care, to health professionals and the public and 2) Implementing the Asthma Care Fax in pilot pharmacies, a tool to alert primary care providers of their asthma patients’ overuse of rescue inhalers.

The Metro MAC’s had a lively coalition meeting on March 3, 2008, in St. Paul. The meeting focused on working on their initiatives and discussing ideas for promoting May’s Asthma Awareness month and Asthma Awareness Day, May 6!

Upcoming Events:

March 10 and April 28, 2008: “Caring for Kids with Asthma” training to in-home childcare providers in Dakota County.

April 14, 2008: “Caring for Kids with Asthma” training to people with asthma of all ages through community education in Hastings.

If you have any questions or would like more details regarding any future Metro MAC events, please contact Stephanie Kimmes at stephanie.kimmes@alamn.org.
**Southwest Regional Asthma Coalition (SWRAC)**

**Event Highlights:**

An Air Pollution Health Advisory was issued by the Minnesota Pollution Control Agency for the southern half of the state on February 4. This information was e-mailed out to all Southwest Regional Asthma Coalition members, to in turn pass along the information to those who may be vulnerable. The alert was to caution those with any preexisting respiratory illnesses to stay inside and refrain from any physical activity in the outdoors. This may help to warn those with asthma, when the air quality is not at its best. The Southwest Regional Asthma Coalition is committed to forwarding on any future alerts in a timely fashion. For more information on the Air Quality Index go to [http://aqi.pca.state.mn.us/](http://aqi.pca.state.mn.us/).

Dr. Amy Ellingson has been giving presentations at area Medical Clinics on the new Asthma Management Guidelines. The last couple of months she was at the Canby and Ortonville Clinics. Thank you to Dr. Ellingson for all the time and effort she has put into this education!

March 6, 2008: “Caring for Kids with Asthma” daycare provider training was held at Ridgewater College in Willmar, MN.

**Upcoming Events:**

May 5, 2008: Family Asthma Event at the Willmar Area YMCA. This is a fun event for parents/guardians and their children with asthma. A light supper will be served to kick off the evening. An adult presentation will be given by Dr. Ellingson while the kids have fun learning about asthma through educational games.

LOOKING for new members! If you have an interest in the topic of asthma, would like to help others, and live in Southwestern Minnesota, then the Southwest Regional Asthma Coalition is the group to join! We are on the lookout for new members to join our group and offer some fresh ideas. Contact Amy Roggenbuck, the Regional Coordinator, if you would like to sign up!

If you have any questions or would like more details regarding any future SWRAC Events, please contact Amy Roggenbuck at aaroggen@farmerstel.net or 320-558-2471.

**Southeast Regional Asthma Coalition (SERAC)**

**Upcoming Events:**

On April 3, 2008, 11:30 am, the Southeast Regional Asthma Coalition will be sponsoring “Coaching Across Life Stages,” a health coaching seminar directed to public health nurses, case managers, and social workers at the Olmsted County Health Department, 2100 Campus Drive SE, Rochester, MN 55904, in the Cascade/Whitewater room.

This educational session will explore generational and cultural differences, using disease state case scenarios (asthma, cancer, coped, co-morbid depression, diabetes, heart disease, and migraine headaches). 1.5 contact hours will be provided. Presenter is Diane Mackie RN, BSN, MHN, COHN-S/CM of Glaxo SmithKline Health Management Innovations.

If interested in attending, please pre-register by contacting Laura Mix at 507-328-7482. Seating is limited.

If you would like additional information on future Southeast RAC activities, contact Jill Heins Nesvold at 651-223-9578 or [Jill.Heins@alamn.org](mailto:Jill.Heins@alamn.org)

**West Central Regional Asthma Coalition (WCRAC)**

**Upcoming Events:**

March 8, 2008: “Parent’s Fair” Fargo Civic Center, 207 4th St. N., Fargo, ND. Free admission and free parking. Vickie Haberman will be staffing a booth at this event.

March 15, 2008: Health Fair in Perham at the Community Center from 10 am to 2 pm.

March 17, 2008, 10:00 am: Next coalition meeting will be held at Lake Region Hospital in Fergus Falls and via teleconference.

**May:** Several community awareness events are being planned for World Asthma Awareness Month including using “Toilet Paper” (posting asthma education information in restrooms) and participating in radio shows.

If you have any questions or would like more details regarding any future WCRAC Events, please contact Doreen Hanson at [doreen.hanson@mail.co.douglas.mn.us](mailto:doreen.hanson@mail.co.douglas.mn.us) or 320-762-3043.
## Event Highlights

On February 20, 2008, at Pine County Technical College, a presentation was given to approximately 75 licensed practical nurse students on asthma by Heather Steffens, RRT.


## Upcoming Events:

**March 7, 2008:** AEOA “Caring for Kids with Asthma” presentation to Head Start staff in Virginia, MN.

**April 21, 2008, 1:30 pm:** Next coalition meeting will be held at St. Mary’s Medical Center in the Regional Heart Center Conference Room in Duluth, MN.

## Upcoming Events:

**April 24, 2008:** Third annual Central Minnesota Asthma Coalition Lecture featuring Stephen C. Kurachek, M.D. Dr. Kurachek, is a specialist in Pediatric Critical Care and Pediatric Pulmonary Medicine with Children’s Respiratory and Critical Care Specialists, P.A. Minneapolis, MN. His presentation “Spirometry: How it Relates to the Asthma Diagnosis and Care” will be held at the Radisson Inn and Suites, St. Cloud, MN.

If you have any questions or would like more details regarding any future Central MAC Events, please contact Kathleen Milligan at kathleen.milligan@allina.com.

## Breathing A-Zzz

Breathing A-Zzz is a multi-respiratory disease update for physicians, physicians assistants, nurse practitioners, nurses, pharmacists and respiratory therapists that need to expand their knowledge of various pulmonary disease states. The Breathing A-Z conference will enhance the care they are delivering to their patients.

Breathing A to Zzzz will be held Tuesday, May 13, 2008, Sheraton Minneapolis West. Details will be posted on www.alamn.org by March 13. For more information contact Heather Steffens at heather.steffens@alamn.org.

If you are interested in future events in the Northwest region, please contact Erica Fishman at Erica.fishman@health.state.mn.us or 651-201-5899.
Wanted: Camp SuperKids Volunteers!
Join an excellent team of health professionals in medicine, nursing, and pharmacy for the ALA of MN’s Camp SuperKids, a summer camp experience for children with asthma, July 6-11, 2008!

Full and part-time positions are available for MD’s, Residents, Nurse Practitioner’s, RN’s and RT’s. Up to 24 CEUs are provided. Medical, nursing and respiratory students are welcome! contact Stephanie Kimmes, CPNP, AE-C at stephanie.kimmes@alamn.org for more information.

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/

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