May is World Asthma Month!

World Asthma Day is on Tuesday, May 4, 2010

World Asthma Day is an annual event organized by the Global Initiative for Asthma (GINA) to improve asthma awareness. The theme of World Asthma Day 2010 will be “You Can Control Your Asthma.”

The US EPA has created an Event Planning Kit for World Asthma Month which includes ideas on:
- 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!

Once you have planned your activities, you can share them using the online Activity Submittal Form to promote your event on US EPA’s national web site at no cost.

US EPA’s Event Planning Kit and Activity Submittal Form can be accessed at http://www.epa.gov/asthma/awm/index.html

Sign up to receive GINA’s email newsletter with tips and advice about World Asthma Day activity planning and early access to important resources. http://www.ginasthma.com/Newsletter.asp?l1=2&l2=4

For more information on GINA and World Asthma Day, as well as, available resources, go to http://www.ginasthma.com/WADIndex.asp?l1=1&l2=0

May Asthma Activity

Asthma and COPD 101 Course for Home Care Nurses

Where: St. Peter, MN
When: Thursday, May 13, 2010, at 6:30 pm

Please RSVP if you plan on attending this event. For more information and to RSVP contact Erin Simmons at Erin.Simmons@lungmn.org
Asthma in Minnesota Children:  
Data from the 2007 National Survey of Children’s Health
The National Survey of Children’s Health is a telephone survey of households across the United States asking parents about their children’s health. Approximately 1,800 households in Minnesota were included in this survey, which included several questions on respiratory diseases, such as asthma. Some of survey’s findings are listed below:
- 8.7 percent of Minnesota children have ever been diagnosed with asthma, compared to 13.5 percent of the children nationwide.
- 6.0% of Minnesota children currently have asthma, compared to 9.0% of children nationwide.
- Nationwide, 71.4% of parents described their child’s asthma as mild, 23.0% as moderate, and 5.6% as severe.
- In Minnesota, 66.6% of parents described their child’s asthma as mild and 33.4% as moderate. None described their child’s asthma as severe.

The graph below shows the prevalence of current asthma and common allergy-related health conditions from the 2007 National Survey of Children’s Health:

Retrieved 03/08/2010 from www.nschdata.org

Changing pO2licy: The Elements for Improving Childhood Asthma Outcomes
The George Washington University, School of Public Health and Health Services released a new report titled “Changing pO2licy: The Elements for Improving Childhood Asthma Outcomes.” The report, supported by the Merck Childhood Asthma Network, Inc. (MCAN) and the RCHN Community Health Foundation (RCHN CHF), is the result of a year-long investigation into America’s childhood asthma problem to discover why the country has not benefitted more from what is known about asthma, the single most common chronic disease among children. The report identified five essential elements that are key to improving asthma outcomes and provided practical and evidence-based recommendations about how to bring these elements to life to improve childhood asthma outcomes.

Asthma and COPD Hospitalization Data

The Minnesota Environmental Public Health Tracking Program has published a new report, "Hospitalizations: Asthma, Heart Attack, and COPD Data and Measures (1999-2007)."

This report, the third in a series of eight reports, provides data on trends in hospitalizations for asthma, heart attacks, and chronic obstructive pulmonary disease (COPD) in Minnesota. Additional reports in this series include data and measures for drinking water quality, carbon monoxide poisonings, childhood blood lead, air quality, birth defects, reproductive outcomes, and cancer.

In Minnesota, asthma hospitalization rates follow seasonal patterns, with the greatest number of hospitalizations seen in the fall months. Seasonality is most pronounced in young people and may be associated with children going back to school.

Overall, the statewide rate of asthma hospitalizations decreased from 2000 to 2006, with increases in 2003 and 2007.

Minnesota COPD hospitalization rates follow a subtle seasonal pattern, with a slightly greater number of hospitalizations seen in the fall and winter months. These rates are far less pronounced than that seen in asthma hospitalizations.

The COPD hospitalization rate increases with increasing age. The rate of COPD hospitalizations remained constant over time from 2000 to 2007, with the exception of an increase in 2005.

The complete report can be accessed at http://www.health.state.mn.us/divs/eh/tracking/hospreport.pdf

Coach’s Asthma Clipboard – Winning with Asthma Evaluation

Program evaluation shows many coaches effectively support athletes with asthma

In 2009, to evaluate the Coach’s Asthma Clipboard Program—Winning with Asthma (WWA), the Minnesota and Utah Asthma Programs developed and conducted online surveys of those who had completed the program in their respective states.

The Minnesota evaluation focused on the use of WWA materials, long-term knowledge gain, and attitudes and behaviors of coaches, referees, and physical activity teachers toward athletes with asthma.

WWA is a free 25-minute online educational program that provides coaches and those who work in youth athletics with basic information on asthma and how to help athletes properly manage their asthma during athletic events. The program explains proper medication management, ways to prevent exercise-induced asthma, steps to take when an athlete is experiencing an asthma attack, common asthma triggers, and suggestions for those who play cold-weather sports.

Minnesota coaches, referees, and physical education teachers who complete the program and provide a mailing address receive a clipboard with the words, “What to Do During an Asthma Attack” printed on the back; a laminated emergency card; a special coach’s booklet with additional asthma information; and a certificate of completion.


Full evaluation report: http://www.health.state.mn.us/asthma/Educate.html.

Journal Article - Prevalence of work-related asthma in Michigan, Minnesota, and Oregon

MDH Epidemiologist, Wendy Brunner, collaborated on an analysis of data on work-related asthma from the Behavioral Risk Factor Surveillance System Adult Asthma Call-Back Survey, piloted in 2005. The results have been published in the March 2010 issue of Journal of Asthma. The abstract and reference are included below.

INTRODUCTION: Adults who have asthma that is caused or aggravated by triggers at work experience a reduced quality of life. In this study, the authors sought to estimate the proportion of asthma that is associated with work using a state-based survey of adults with asthma.

METHODS: In 2005, Michigan, Minnesota, and Oregon piloted the Behavioral Risk Factor Surveillance System Adult Asthma Call-Back Survey, with sample sizes of 867, 469, and 1072, respectively. Six questions addressing work-related asthma (WRA) were analyzed to generate estimates of the proportion of adult asthma that is work-related and compare those with and without WRA.

RESULTS: Over half of all adults with asthma (53%) reported that their asthma was caused or made worse by any job they ever had, and among these respondents reporting WRA, only 21.5% to 25.1% reported ever telling or being told by a health professional that their asthma was work-related. Additionally, adults with WRA consistently reported poorer asthma control and higher health care utilization than adults with non-WRA.

CONCLUSIONS: WRA is a common but frequently unrecognized health problem, and this lack of recognition might contribute to poorer asthma control among adults with WRA. Because early recognition, treatment, and management of WRA are crucial for improving long-term prognosis, clinicians need to include assessment of workplace triggers in both their diagnostic and treatment plans for adult patients with asthma.


New Asthma Direct Data Submission Measure

A new asthma Direct Data Submission measure, Optimal Asthma Care, was approved by the Minnesota Community Measurement’s (MNCM) Board of Directors on December 16, 2009. This new measure requires providers to submit data demonstrating that their asthma patients are in control, not at elevated risk for future exacerbations, and received asthma education through the use of a written asthma management plan. A workgroup of community experts that developed the new measure with MNCM staff, emphasized the importance of patient’s control of asthma throughout its discussions. International, national, and local guidelines all note that the patient’s level of asthma control needs to be a primary focus for providers. The Global Initiative for Asthma (GINA) states that “the goal of asthma care is to achieve and maintain control of the clinical manifestations of the disease for prolonged periods.” Together, asthma control and asthma risk make up an overall picture of how a patient’s asthma is being managed and whether or not the patient needs further intervention or evaluation by the provider.

Another unique facet of this measure is including patient education by way of a written asthma management plan. Patients and providers are encouraged to partner to address issues and create solutions to minimize asthma impairment and improve control. Several expert bodies suggest the use of written asthma management plans to educate patients. These plans would outline what triggers a patient’s asthma, how to use medications, how much medicine to take, and what to do when a patient has an exacerbation.

The new Optimal Asthma Care measure will replace the current medication measure that is gathered from health plan claims data. The new measure will be more descriptive of the entire asthma treatment regimen, as outlined by national and international clinical guidelines, and will help to highlight the variation in practice. This will provide medical groups and clinics with information that can help inspire and guide improvement in this area. The reporting period for this measure will cover dates of service from July 1, 2010, through June 30, 2011.

If you would like more information about this measure, please contact support@mncm.org. Information for this article was excerpted from The Minnesota Moment http://www.mncm.org/site/assets/newsletters/MNCM_eNewsletter_2009-12.html accessed on March 11, 2010.
Many Lung Diseases More Prevalent in Diverse Populations

Despite decades of advances in medical technology and research, a new report released by the American Lung Association reveals improvements in lung diseases have not been equally distributed by income, race, ethnicity, education and geography. The report, “State of Lung Disease in Diverse Communities: 2010”, provides members of these communities much needed health information that can be used in the fight against lung diseases, including lung cancer, asthma and influenza, as well as risk factors that cause or contribute to lung disease.


Peak Flow Meter Incentive for Asthma Education

In 2010, the American Lung Association in Minnesota (ALAMN) and the Minnesota Asthma Coalition (MAC) are providing peak flow meters as incentives to health care professionals who are implementing asthma education classes. Specifically, five peak flow meters will be provided at no charge (except shipping) for each of the following classes:

- To licensed school nurses in Minnesota who conduct an Asthma 101: What you need to know for parents of students with asthma
- To public health departments who conduct an Asthma 101: What you need to know for parents of children with asthma
- To primary care clinics who conduct an Asthma 101: What you need to know for parents, adults, or staff
- To public health nurses who are using the Controlling Asthma: What you need to know, a clinical education flipchart

Peak flow meters will be sent out once ALAMN has received documentation of the scheduled class and $10 for shipping and handling. Peak flow meters can also be picked up at the ALAMN offices in St. Paul, Duluth, and Mankato. Please send documentation of the class and $10 shipping and handling (credit cards are accepted) to Minnesota Asthma Coalition, 490 Concordia Avenue, St. Paul, Minnesota 55103, fax 651-227-5459 or jill.heins@alamn.org.

Asthma Educator Institute

The ALAMN Asthma Educator Institute is a two-day workshop for individuals wanting to improve their ability to provide asthma education for patients and families with asthma. It is expected that many of these individuals will go on to take the certified asthma educator exam offered by NAECB and become certified asthma educators.

Date: Tuesday - Wednesday, April 20-21, 2010

Where: American Lung Association in Minnesota, 490 Concordia Ave., St Paul, MN

Cost: $250.00 before April 5, 2010

To register: http://www.mrsnv.com/evt/home.jsp?id=2918.

For additional information or questions contact Cheryl Sasse at 651-223-9565 or cheryl.sasse@lungmn.org.

Minnesota Asthma Coalition Seeking New Members

The Minnesota Asthma Coalition (MAC) is seeking new members. The purpose of the MAC is to provide an opportunity for networking, information sharing, community building, “friend-raising” and to provide a venue to deliver asthma programs statewide. To become a member of the MAC, all you have to do is complete a 2010 membership form and dues payment form. Membership dues have been set at $20. Membership forms can be accessed online at http://www.mnasthma.org/mnasthma/membership.asp or by contacting Jill Heins at jill.heins@alamn.org.
NIH-Funded Study Unveils Potential Genetic Links to Lung Disease Risk

NIH News Release: December 13, 2009

A new study involving data from more than 20,000 individuals has uncovered several DNA sequences linked to impaired pulmonary function. The research, an analysis that combined the results of several smaller studies, provides insight into the mechanisms involved in reaching full lung capacity. The findings may ultimately lead to better understanding of lung function and diseases like asthma and chronic obstructive pulmonary disease (COPD), the fourth leading cause of death in the United States.


COPD, Even When Mild, Limits Heart Function

NIH News Release: January 20, 2010

A common lung condition, COPD (chronic obstructive pulmonary disease) diminishes the heart’s ability to pump effectively even when the disease has no or mild symptoms, according to research published in the Jan. 21 issue of the New England Journal of Medicine. The study is the first time researchers have shown strong links between heart function and mild COPD. The research was funded by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health. Researchers have long known that severe cases of COPD have harmful effects on the heart, decreasing its ability to pump blood effectively. The new results suggest that these changes in the heart occur much earlier than previously believed, in mild cases and even before symptoms appear. One in five Americans over the age of 45 has COPD, but as many as half of them may not even be aware of it.


NIOSH Approved Spirometry Training
This NIOSH approved program will provide instruction in spirometry through lectures, workshops, and testing.

When: Monday - Tuesday, April 19-20, 2010, 8 a.m.- 5 p.m.

Registration: $450 and includes refreshments, lunch, course materials and CEU certificate for 16 continuing education hours.

NIOSH Approved Spirometry Refresher
This one-day interactive program is designed as an update for those who have successfully completed an introductory NIOSH Approved Spirometry Training Course on or after January 1, 2000, and can provide a copy of their certificate to the course director.

When: Monday, April 26, 2010, 8 a.m.- 5 p.m.

Registration: $225 and includes refreshments, lunch, course materials and CEU certificate for 7 continuing education hours.

For Emergencies Only?
Successful Respiratory Protection Program Implementation
This class is designed to review and explain the OSHA Respiratory Protection Standard (1910.134), along with several new respiratory updates. Special attention will be paid to implementing a successful program.

When: Thursday, May 6, 2010, 8 a.m.- 3 p.m.

Registration: $95 includes refreshments, lunch, course materials and CEU certificate for 7 continuing education hours.
BREATHING SPACE

For more information, or to request this material in another format call the Minnesota Asthma Program at:
651-201-5909
MN Relay Service TDD
1-800-627-3528

To receive this newsletter electronically, go to:
http://www.health.state.mn.us/divs/hpcc/cdee/asthma/Newsletter.html
and click on -Subscribe to Breathing Space.

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

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