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Welcome, Kathy, and Best Wishes, Andrea!

The MDH Asthma Program is pleased to welcome Kathy Norlien. Kathy is an Environmental Research Scientist, and has assumed the responsibilities of Laura Oatman who retired on August 9.

Our thanks and best wishes go with Andrea Baeder who will be leaving MDH on September 30. Andrea is concluding her two years as a CDC Prevention Specialist and moving to Atlanta. She has contributed so much, including editing Breathing Space. We will miss her and wish her well!!

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 most who have 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 symptoms to begin; 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 determine 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](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. Denise Herrmann, a school nurse with the St. Paul School District says, “An Asthma Action Plan completed by the medical provider is an essential tool in the management of asthma in the school setting. 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.”

Cont on page 2
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

Template Asthma Action Plans, in both English and Spanish, are available on the Minnesota Department of Health (MDH) website at http://www.health.state.mn.us/asthma/ActionPlan.html

According to data from the 2005 Minnesota Asthma Callback Survey:
- School-aged children with asthma missed an average of 1.9 days of school due to asthma
- 61.6% were allowed to carry asthma medications at school
- 35.8% had a written asthma action plan on file at school

AAPs cont from page 1

Coach’s Asthma Clipboard Program – Winning with Asthma

This program was created so coaches could learn about asthma, how it affects an athlete’s ability to compete, and how a coach can help athletes manage their symptoms while playing their very best! The coach’s program was designed primarily for coaches working with young athletes, but is appropriate for all age groups.

What’s in the program?
This 30-minute online educational program focuses on what coaches, referees, and physical education teachers should know about asthma, including:
- Asthma basics
- What medications are used and when
- Ways to prevent exercise-induced asthma
- Steps to take when athletes are experiencing asthma attacks

Those who complete the program receive a booklet with additional asthma information and a coach’s clipboard with "What to do during an asthma attack" printed on the back, and a laminated card to put inside the first aid kit.

The training can be viewed at http://www.winningwithasthma.org/

Guidance for Schools and Child Care Facilities During Poor Air Quality Days

The MDH, in collaboration with the Minnesota Pollution Control Agency (MPCA), has put together guidance for schools and daycare centers to use during poor air quality days for ozone and fine particles. The health benefits of regular physical activity are well documented. Physical activity promotes normal growth and development, and helps to reduce the risk of developing obesity and chronic diseases.

The Air Quality Guidance for Schools and Child Care Facilities is a color-coded table that provides physical activity recommendations based upon the forecasted level of air pollution, the intensity of the activity, and the duration of the physical activity. The colors on this guidance document are similar to the MPCA Air Quality Index (AQI) publications. An additional resource designed to identify alternative activities for students between kindergarten – 6th grade and 6th – 8th grade during poor air quality days is available on the MDH Asthma website.

Cont on page 3
How-To Guide for Tracking School Attendance for Students with Asthma

With the help of a work group made up of district nurses, the MDH Asthma Program has developed a measure and How-To Guide for school health offices to monitor asthma control among their students with asthma. This measure compares the overall attendance rate for students with asthma with the overall attendance rate for students who do not have asthma and is based on an attendance indicator used in the evaluation of the Healthy Learners Asthma Initiative in Minneapolis Public Schools.

Several surveys have documented that students with asthma in Minnesota are missing school because of their asthma. According to the CDC, it is reasonable to expect that students with asthma can achieve similar attendance rates as students who do not have asthma. This measure can be used by school health office staff to track school attendance for students with asthma and demonstrate the importance of asthma management in keeping students with asthma healthy and in school.

Pilot-testing of the how-to guide was to begin last fall; however, those activities were interrupted by H1N1. The Asthma Program is planning to re-start pilot-testing and would like to hear from districts that are interested in participating. For more information, or to receive a copy of the “How-To Guide for Tracking School Attendance for Students with Asthma” and the data collection spreadsheet, contact Wendy Brunner, MDH, Asthma Program Epidemiologist at wendy.brunner@state.mn.us or 651-201-5895.

The MDH Asthma Program would like to thank the following individuals who participated on the district nurse work group for this project:
Lynda Lankford, Wayzata Public Schools
Irene Merz, Wayzata Public Schools
Tammy John, South Washington County Schools
Kay Hanson, Albany Area Schools
Betty Elliot, Edina Public Schools
Donna McKenny, Centennial Schools

If you are a school nurse and would like to pilot test the How-To Guide in your school, please contact Wendy Brunner at 651-201-5895 or wendy.brunner@state.mn.us
New Occupational Health Surveillance Program to Include Respiratory Disease

The Minnesota Department of Health’s Center for Occupational Health and Safety recently received a five-year grant from the National Institute for Occupational Safety and Health (NIOSH) to enhance occupational health surveillance in Minnesota. With this new grant the Center will be able to track and monitor 19 measures of occupational health, including several occupational respiratory diseases. Minnesota will join a cooperative of 23 states, 9 newly funded, which are working to reduce occupational injury and illness through the surveillance of occupational health and safety at the state-wide level.

“State-based health surveillance provides critical information for tracking the incidence of occupational injuries and illnesses, identifying trends, understanding risk factors, and recognizing new and emerging problems,” said NIOSH Director John Howard, M.D.

The grant will provide the resources for the creation of several indicators, as surveillance tools, to track and monitor respiratory diseases with a known association to occupational exposure. These respiratory diseases include the pneumoconioses and malignant mesothelioma. Pneumoconioses include workers’ pneumoconiosis, asbestosis, silicosis, or other unspecified pneumoconiosis. Most pneumoconioses are the product of an occupational exposure to dust; such as the association between silica dust exposure and silicosis. The program will also collaborate with the MDH Asthma Program to address issues related to work-related asthma.

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Updated Recommendations on Long-Acting Beta-Agonists (LABA’s)

FDA Drug Safety Information – June 2010

Long-Acting Beta-Agonists (LABAs), a class of medications used for the treatment of asthma and chronic obstructive pulmonary disease (COPD), now have new recommendations in their drug label intended to promote their safe use in the treatment of asthma. The new recommendations do not apply to the use of LABAs for the treatment of COPD.

LABAs are approved as single-ingredient products (Serevent and Foradil) and as an ingredient in combination products containing inhaled corticosteroids (Advair, Symbicort, Dulera) for the treatment of asthma and chronic obstructive pulmonary disease (COPD). LABA’s work by relaxing muscles in the airway and lungs. This helps patients breathe easier, and reduces symptoms such as wheezing and shortness of breath. The new recommendations only apply to the use of LABAs in the treatment of asthma.

The FDA has announced it now requires manufacturers to revise their drug labels because of an increased risk of severe exacerbation of asthma symptoms, leading to hospitalizations, in pediatric and adult patients, as well as death in some patients using LABAs for the treatment of asthma.

The new recommendations in the updated labels state:

• Use of a LABA alone without use of a long-term asthma control medication, such as an inhaled corticosteroid, is contraindicated (absolutely advised against) in the treatment of asthma.

• LABAs should not be used in patients whose asthma is adequately controlled on low or medium dose inhaled corticosteroids.

• LABAs should only be used as additional therapy for patients with asthma who are currently taking but are not adequately controlled on a long-term asthma control medication, such as an inhaled corticosteroid.

• Once asthma control is achieved and maintained, patients should be assessed at regular intervals and step down therapy should begin (e.g., discontinue LABA), if possible without loss of asthma control, and the patient should continue to be treated with a long-term asthma control medication, such as an inhaled corticosteroid.

• Pediatric and adolescent patients who require the addition of a LABA to an inhaled corticosteroid should use a combination product containing both an inhaled corticosteroid and a LABA, to ensure adherence with both medications.

The FDA believes that when LABAs are used according to the recommendations outlined above and in the approved drug labels, the benefits of LABAs in improving asthma symptoms outweigh their risks of increasing severe asthma exacerbations and deaths from asthma. Prescribing providers should thoroughly evaluate their patient’s reaction to all asthma medications and adjust therapy choices accordingly.
September Peak in Asthma-Related Hospitalizations and Emergency Department Visits

Rates of asthma hospitalizations and emergency department visits reach their highest levels in September. As shown in the graph below, the most distinct peaks are seen in pre-school and school-aged children. The causes of the fall peak are thought to include increased respiratory infections associated with children returning to school and increased levels of ragweed pollen and outdoor mold.

Asthma Hospitalization Rates by Month and Age Group, Minnesota, 2008

For more information, see MDH Asthma Program fact sheet, “Asthma Hospitalizations Peak in September” available at [http://www.health.state.mn.us/asthma/documents/08asthmahospeaksept.pdf](http://www.health.state.mn.us/asthma/documents/08asthmahospeaksept.pdf).

Asthma in Minnesota: Slide Presentation, June 2010

This slide set provides a cross-section of recent data on asthma in Minnesota and has been developed as a resource for our partners in the asthma community. Speaker's notes are included.

The slide set can be downloaded at: [http://www.health.state.mn.us/asthma/documents/asthmainminnesota062810.ppt](http://www.health.state.mn.us/asthma/documents/asthmainminnesota062810.ppt)

NIOSH cont. from page 4

The indicators tracking respiratory disease outcomes will help in the identification of at-risk occupations. They will also aid in the planning and evaluation of intervention/prevention programs and disease management programs. Pneumoconioses and malignant mesothelioma are diseases with long latencies; the indicators will not be a measure of current but rather past exposure. Measurement of these indicators over time will help in the evaluation of intervention and prevention measures that have been implemented over the past several decades.

The data sources for the indicators include hospital discharge records, the state-wide cancer registry, death certificates, the federal Bureau of Labor Statistics, and the state Department of Labor and Industry (DLI). Partnerships with the DLI, academia, and occupational health professionals in labor and industry will be useful in the creation and utilization of these indicators to evaluate rates and trends and to establish priorities for occupational health and safety programs in Minnesota. For further information about this program, please contact the Program Director, Adrienne Kari, MPH (Adrienne.Kari@state.mn.us).
Healthy Communities Count! Asthma Hospitalizations

The Site Assessment and Consultation (SAC) unit in the Minnesota Department of Health’s Environmental Health division has been working with Minneapolis and Saint Paul, MN communities who will be affected by a new Central Corridor Light Rail Transit (LRT) line.

The “Healthy Communities Count (HCC)” project is designed to identify community concerns and provide baseline measures prior to construction of the LRT. The HCC project’s goal is to provide these communities with baseline measures so they can influence the LRT development process in ways that will positively impact public health. To increase the communities’ knowledge concerning environmental health, the HCC project developed information sheets with maps to help communities understand health-related issues in specific areas.

HCC staff chose to evaluate asthma hospitalization rates in communities along the LRT route as a measure of existing respiratory health, household construction year and local air quality. To respond to resident concerns about the rate of asthma among residents, HCC project staff worked closely with the MDH-Minnesota Environmental Public Health (MN EPHT) staff to obtain asthma hospitalization rates in project area Zip codes. Based on the MN EPHT data, HCC staff created community-level maps and information sheets displaying environmental factors and asthma. Since asthma is a widely recognized condition, maps and factsheets based on EPHT surveillance data have been well-received by community residents and have been a contributing factor in community-proposed changes to the LRT route.

The fact sheet can be downloaded at [http://www.health.state.mn.us/divs/eh/hazardous/lightrail/asthmahosp.pdf](http://www.health.state.mn.us/divs/eh/hazardous/lightrail/asthmahosp.pdf)
WE ARE ALL “FACES” OF INFLUENZA

To help prevent influenza from spreading and to encourage influenza immunization, the American Lung Association brings Faces of Influenza, a national educational campaign, to Minnesota. This multi-year public awareness initiative helps Americans put a “face” on this serious respiratory disease and recognize annual influenza immunization as an important preventive measure to help protect themselves, their loved ones and their community every year.

We all are “faces” of influenza and are at risk of contracting the virus. This year, the Centers for Disease Control and Prevention (CDC) issued a universal influenza vaccination recommendation for everyone 6 months of age and older. The new recommendation reinforces annual influenza vaccination as a public health priority and highlights the need for people to talk to their health care provider about getting immunized this season.

This year, the seasonal influenza vaccine will include the 2009 pandemic H1N1 strain, so only the seasonal influenza vaccine will be needed.

Vaccination is safe and effective, and the best way to help prevent influenza and its complications. You should be immunized as soon as the vaccine is available in early fall. It only takes about two weeks for the vaccine to protect against the virus, so the immunization is available through the duration of the influenza season, usually through March.

For more information about influenza and immunization, visit www.facesofinfluenza.org.

Campaign Aims to Match Lung Cancer Patients with Clinical Trials

In our continued fight against lung cancer, the American Lung Association (ALA) is joining the Lung Cancer Clinical Trial Call to Action campaign as a way for lung cancer patients to take charge of their diagnosis and learn about new clinical trials.

Resources available through the Lung Cancer Clinical Trial Call to Action campaign provide personalized education to quickly identify trial options that match each patient’s specific diagnosis, stage, and treatment history. The service aims to help lung cancer patients discuss with their doctor clinical trials that may be appropriate for them.

“Each time a person with lung cancer faces a treatment decision, clinical trials is an option they should know to consider,” said Susan Rappaport, Vice President of Research & Program Services for the ALA. “Our goal is to help ease the burden patients and their families may experience when trying to understand and identify clinical trials available to them.”

Lung cancer is the number one cancer killer of both men and women, and there are currently 365,000 people living with the disease. “African Americans suffer from lung cancer more than any other population group in the United States. They are also woefully under enrolled in clinical trials,” said William J. Hicks, M.D, expert spokesperson for the ALA report Too Many Cases, Too Many Deaths: Lung Cancer in African Americans. “This initiative is an important opportunity to increase African American’s access to the best available options for care and to ultimately eliminate this health disparity.”

Through the Lung Cancer Clinical Trial Call to Action campaign, the ALA is hoping to advance patient care for individuals affected by lung cancer. Patients may access the service by calling the toll-free number (1-800-698-0931) or by visiting LungUSA to be matched with a compassionate and informed Clinical Trial Specialist who will guide them through the entire process.
Hands-On Indoor Air Quality Assessment: A Practical Approach to Investigation, Sampling, and Reporting
Date: Tuesday, September 28, 2010
http://www.sph.umn.edu/ce/trainings/coursepage.asp?activityId=9494

This course offers a practical approach to assessing indoor air quality. In addition to up-to-date information on health effects, costs of poor indoor air quality, and sources of problems, you will have an opportunity to perform building enclosure and HVAC assessments, take samples, and write a report.

Respiratory Protection Programs: Features, Facts and Fit Testing
Date: Thursday, October 7, 2010
http://www.sph.umn.edu/ce/trainings/coursepage.asp?activityId=9728

This class is designed to review and explain the OSHA Respiratory Protection Standard (1910.134), and the newest updates. Key elements of daily program implementation as well as planning for emergencies will be addressed using a practical approach. In addition, fit testing will be presented and you will have the opportunity to participate in a fit testing laboratory.

NIOSH Approved Spirometry Training
Date: Monday, October 11 – Tuesday, October 12, 2010
Registration: $450.00 includes refreshments, lunch, course materials and CEU certificate for 16 continuing education hours. Register online.
http://www.sph.umn.edu/ce/trainings/coursepage.asp?activityId=9120

This NIOSH approved program will provide instruction in spirometry through lectures, workshops, and testing. This workshop includes American Thoracic Society (ATS) standards for pulmonary function testing and the 1978 NIOSH standards. Each participant will have ample opportunity to practice pulmonary function testing utilizing a variety of spirometry equipment with one-on-one instruction from the faculty.

NIOSH-Approved Spirometry Refresher
Date: Monday, October 18, 2010
Registration: $225.00 includes refreshments, lunch, course materials and CEU certificate for 7 continuing education hours. Register online.
http://www.sph.umn.edu/ce/trainings/coursepage.asp?activityId=9119

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. If a certificate is dated on or after January 1, 2000, that person may take a Refresher course until December 31, 2010.

All training options and descriptions listed online:
http://www.sph.umn.edu/ce/mcohs/
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.

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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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