Commissioner Advocates Asthma Action Plans for Schoolchildren

With Asthma

Minnesota Commissioner of Health Dr. Edward Ehlinger has issued a special back-to-school message for parents of children with asthma.

“Every school child with asthma should have a written asthma action plan (AAP) and a rescue inhaler available during the school day,” Ehlinger said “These resources can be lifesaving.” Ehlinger added that they can also help children perform better in school. “Children who are healthy do better in school,” Ehlinger said. “That’s why it is so important to have the right tools in place to ensure good health for children with asthma.”

The commissioner also said a new AAP should be sent to the school health office every year following an appointment with the child’s health care provider. Because each student’s asthma is different, an AAP must be specific to that student’s needs.

The School Nurse Organization of Minnesota (SNOM) concurs with these recommendations. SNOM president Mary Heiman said, “An Asthma Action Plan completed by the medical provider is an essential tool in managing asthma in the school setting. By providing clear guidance, the AAP helps 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.”

School health staff need medical information about a child’s asthma. For school employees to best care for a child who has asthma, they need to know:

- how severe a child’s asthma is;
- how well (or not well) it is controlled;
- what triggers the asthma symptoms; and
- how to treat a child who is having an asthma episode.

Parents of a child with asthma should send their child to school with an 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 inhalers. However, the law states that 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.

More information on this law is at http://www.health.state.mn.us/asthma/MNStatute.html

Asthma 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 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

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;
- only 35.8% had a written asthma action plan on file at school.

Templates for AAPs, in both English and Spanish, are available on the (MDH) website at http://www.health.state.mn.us/asthma/ActionPlan.html. An electronic, computerized decision-support tool for providers in developing and printing an AAP can be found at http://www.asthma-iaap.com/.

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**Trends in Flu Vaccination Among Minnesota Adults With Asthma**

Over the past 10 years, flu vaccination rates have climbed among adults in Minnesota. Since 2000, flu vaccination rates have risen 11% among adults with asthma, from 47% in 2000 to 58% in 2010. This is good news since people with asthma are more likely to become seriously ill if they contract influenza. Flu vaccination rates rose 17% among adults who did not have asthma over the same time period. Note that the increase in vaccination rates in 2009 and 2010 may be related to the H1N1 flu pandemic.

**Source: Minnesota Behavioral Risk Factor Surveillance System**

**Kudos to Kay and Barb!!**

Kudos to Kay Kufahl, LRT, AE-C, and Barb Lehn, LRT, AE-C, of Pediatric Home Service (PHS) for their pro-active work to guarantee that Minneapolis elementary school children returned to school this fall with their asthma “supplies.” This summer, while visiting the dozens of Minneapolis children who they serve, Kay and Barb got parents’ signatures on asthma action plans (AAPs) and ensured that each child had a properly labeled rescue inhaler with a new holding chamber. They put the AAP, inhaler, and holding chamber in a plastic bag with the child’s name and let the child put it in his/her backpack to take to school. Kay then presented at a Minneapolis school health staff meeting so that staff would know to expect a packet from these PHS clients. Pro-active measures like these can do much to keep kids healthy and reduce student absenteeism. Thanks, Kay and Barb!
Environmental Tobacco Smoke Exposure Among Nonsmoking Youth With Asthma in Minnesota

Environmental tobacco smoke (ETS), also known as secondhand smoke or passive smoke, is a known carcinogen. In people with asthma, ETS is an environmental irritant that contributes to asthma symptoms and can trigger asthma attacks.

There are several settings where young people can be exposed to ETS. Household smoking is often considered a major source of ETS exposure in children. Children can also be exposed in settings like the car, in a friend’s or relative’s house, at their place of work, or in public spaces.

To determine the current level of exposure to ETS among children with asthma who don’t smoke, the Minnesota Environmental Public Health Tracking (EPHT) Program gathered and analyzed data from the 2008 Minnesota Youth Tobacco and Asthma Survey, an MDH statewide surveillance tool which measures both asthma-related issues and ETS exposure. The survey was conducted by MDH Center for Health Statistics and included regular public schools, charter schools, and alternative learning centers.

Over 4,500 youth in grades six through twelve from randomly selected middle and high schools across Minnesota participated in the 2008 Youth Tobacco and Asthma Survey. There were 1,091 Minnesota nonsmoking youth with asthma who either reported a diagnosis of asthma or current asthma symptoms.

Almost half (48%) of Minnesota nonsmoking youth with asthma were exposed to ETS on one or more days a week indoors (same room as a smoker) or in the same car as a smoker.

- Females were more likely to be exposed to ETS than males (50% of females vs. 47% of males)
- High schoolers were more likely to be exposed to ETS than middle schoolers (51% of high schoolers vs. 48% of middle schoolers)

About 45% of Minnesota youth who have asthma and are nonsmokers are exposed to ETS indoors (same room as a smoker) on one or more days in a week.

**Figure 1:** Percentage of nonsmoking youth with asthma that were exposed to ETS in the same room by number-of-days category.

About 25% of Minnesota youth who have asthma and are nonsmokers are exposed to ETS in the same car as a smoker on one or more days in a week.

**Figure 2:** Percentage of nonsmoking youth with asthma that were exposed to ETS in the same car by number-of-days category.

Data source: 2008 Minnesota Youth Tobacco and Asthma Survey (Center for Health Statistics, Minnesota Department of Health)
Youth who reported one of the following race/ethnicity categories were more likely to be exposed to ETS: American Indian or Alaskan Native (65%), Hispanic or Latino (61%), or Black or African American (62%)

**Figure 3:** Percent of nonsmoking youth with asthma exposed to ETS one or more days in the past week in the same car or same room.

Data source: 2008 Minnesota Youth Tobacco and Asthma Survey (Center for Health Statistics, Minnesota Department of Health)

For more information about the 2008 Minnesota Youth Tobacco and Asthma Survey and other Youth Tobacco Reports, go to: http://www.health.state.mn.us/divs/chs/tobacco/youth.html

For more information about the Minnesota (EPHT) Program, which gathers and analyzes data about environmental health hazards, people’s exposure to hazards, and health effects, go to: http://www.health.state.mn.us/tracking/

Written by Blair Sevcik, MPH; Epidemiologist with the Minnesota EPHT Program (email: blair.sevcik@state.mn.us).

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Antibiotic Reduces COPD Exacerbations in a Recent Study

Patients with a lung condition called chronic obstructive pulmonary disease (COPD) worry about experiencing what doctors call an “exacerbation.” Akin to heart attacks for patients with cardiovascular disease, COPD exacerbations can send these patients racing to the emergency room with a disabling shortness of breath that can result in being put on ventilators to help them breathe.

But researchers have found that by taking the antibiotic azithromycin once a day, patients with COPD cut their risk of an having an exacerbation by nearly 30 percent, according to a study being published today. (“Azithromycin for Prevention of Exacerbations of COPD”; N Engl J Med 2011; 365:689-698, August 25, 2011)

The finding is a significant step forward for patients, but it comes with tradeoffs. Considering the millions of people who have COPD, widespread use of the antibiotic could lead to the development of bacteria that are resistant to the drug. There’s also a risk of hearing loss in patients who take the medicine. “This is not a clear-cut victory,” said Dr. Dennis Niewoehner, a pulmonologist at the VA Medical Center in Minneapolis, which participated in the study. Read the full article here:  http://www.twincities.com/health/ci_18751895

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Immunization Information for School Health Personnel

Sign up to receive an email alert when the new information is added the MDH immunization and vaccine-preventable disease web pages. Go to www.health.state.mn.us/divs/idepc/immunize/school/index.html - the For School Health Personnel web page - and click on the red envelope at the top of the page to sign up.

Also, consider subscribing to Influenza Information for Health Professionals to receive updates for health professionals on influenza. Go to www.health.state.mn.us/divs/idepc/diseases/flu/hcp/index.html and click on the red envelope at the top of the page to sign up.

Enroll in and utilize MIIC

School personnel can access the Minnesota Immunization Information Connection (MIIC) immunization registry to look up and track students’ immunization histories. Contact your MIIC regional coordinator or the MIIC website for more information, www.health.state.mn.us/divs/idepc/immunize/registry/hp/index.html
Hypoallergenic Pets May Only Be a Myth, According to a Study of 60 Dog Breeds

A study in the *American Journal of Rhinology & Allergy* suggests that there may be no such thing as a hypoallergenic canine after all. Researchers at Henry Ford Hospital in Detroit analyzed dust samples from 173 dog-owning households, representing 60 breeds, 11 of which are considered hypoallergenic, including Portuguese water dogs, poodles and schnauzers. They found that the homes with allegedly hypoallergenic pets contained just as much of the prime dog allergen, known as Can f 1, as those with the other breeds. “Any way we looked at it, there just wasn’t a difference,” says senior author and epidemiologist Christine Cole Johnson. “There is simply no environmental evidence that any particular dog breed produces more or less allergen in the home than another one.” A summary of this article can be found at [http://www.sciencedaily.com/releases/2011/07/110707161738.htm](http://www.sciencedaily.com/releases/2011/07/110707161738.htm)

Access to the full research article ("*Dog allergen levels in homes with hypoallergenic compared with nonhypoallergenic dogs*") can be found on the [ingentaconnect](http://www.ingentaconnect.com/content/ocean/ajra/2011/00000025/00000004/art00021) website here: [http://www.ingentaconnect.com/content/ocean/ajra/2011/00000025/00000004/art00021](http://www.ingentaconnect.com/content/ocean/ajra/2011/00000025/00000004/art00021)

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Smoking During Pregnancy Linked to Persistent Asthma in Childhood

Children with severe asthma are 3.6 times more likely to have been exposed to tobacco smoking before birth – even without later exposure – than children with a mild form of the disease, according to a multicenter study led by researchers at University of California, San Francisco (UCSF).

The prenatal exposure also was associated with three times the number of daily and nighttime asthma symptoms later in the child’s life, as well as nearly four times the number of asthma-related emergency room visits, even when the researchers controlled for other risk factors, such as current tobacco exposure, ethnicity and allergies.

The prenatal impact far outweighed the role of exposure to cigarette smoke during the first two years of life, or current exposure to smoke, the study found. Findings will be published in the September 2011 edition of the journal *Pediatrics* and can be found in the advance online edition at [http://pediatrics.aappublications.org](http://pediatrics.aappublications.org)

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CDC Holds Meeting for Asthma Program Evaluators

Erica Fishman and Janet Keysser from the MDH Asthma Program participated in a meeting of evaluators from the 32 state asthma programs.

This meeting, sponsored by CDC, was held following the AEA/CDC Summer Evaluation Institute in Atlanta in mid-June.
100% of Maine Housing Authorities Adopt No-Smoking Policies

Maine becomes first State in nation to protect tenants from secondhand smoke

Beginning January 1, 2012, tenants who live in Maine public housing authorities will be protected from the dangers of secondhand smoke. Each of the 20 public housing authorities across Maine has now adopted a smoke-free policy. Though 250 public housing authorities throughout the nation have passed policies, Maine is the first state in the nation to have all of its public housing authorities achieve this level of protection for their residents.

The Smoke-Free Housing Coalition of Maine is a unique public–private partnership that has been working with public housing authorities and property owners throughout Maine since 2004. To learn more, please visit us at http://www.smokefreeforme.org/landlord.php?page=Government+Subsidized+Housing.

For information about smoke-free initiatives in Minnesota visit:

**Live Smoke Free Program** http://www.mnsmokefreehousing.org/

Landlord and tenant guidance and information on smoke-free housing from the Association for Nonsmokers - Minnesota

**Smokefree Housing** www.lungmn.org/smokefreehousing

Landlord and tenant guidance and information on smoke-free housing from the American Lung Association of Minnesota

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**All About Health Care Homes**

Health care homes (HCH) offer a significant redesign of health care in Minnesota. Also known nationally as “medical homes,” health care homes focus on primary care and developing a strong partnership between providers, patients and families to improve health and, ultimately, contain or decrease health care costs.

The HCH model offers an innovative, team approach to primary care in which providers, families, and patients work in partnership to improve the health and quality of life for individuals, especially those with chronic conditions or complex health conditions. It puts patients and families at the center of their care, develops proactive approaches through care plans, and offers more continuity of care through increased care coordination between providers and community resources. This approach is consistent with recommended strategies to reduce the frequency and severity of asthma included in the 2007 Expert Panel Report - 3: Guidelines for Diagnosis and Management of Asthma developed by the National Asthma Education and Prevention Program, National Heart, Lung, and Blood Institute. (http://www.nhlbi.nih.gov/guidelines/asthma/).

While the term “medical home” is more common, Minnesota’s Legislature specifically chose to name this transformation of primary care “health care homes” as a way to acknowledge a move away from a purely medical model of health care and to emphasize a focus on linking primary care with preventive and community services. Minnesota’s initiative showcases a redesign of both care delivery and payment through several components:

- **Statewide system of provider certification**, with practice transformation supported by multiple interactions with providers, including a statewide learning collaborative.
- **Multi-payer payment system**, with reimbursement stratified by patient complexity.
- **Emphasis on evaluation and outcomes measurement**, with an expectation of budget neutrality and provider recertification based on outcomes.
- **Focus on patient- and family-centered care**, with consumers involved in both certification site visits and quality improvement efforts.

**Certification**

Becoming certified as a health care home is voluntary for providers. Currently there are 134 primary care clinics certified in Minnesota with many more working

(continued on page 7)
towards it. The certified clinics represent a broad range both geographically and in clinic size and scope.

They are in several regions of the state, include both urban and rural clinics, and range from single-physician to large system clinics.

The standards for certification, developed through an extensive stakeholder process revolve around five main categories: 1) Access and communication, 2) Participant registry and tracking participant care activity, 3) Care coordination, 4) Care plan, and 5) Performance reporting and quality improvement.

Outcomes Measures
During 2010, the HCH Outcomes Measurement Work Group (comprised of a number of community stakeholders including representatives from the provider community, health plans, and government) developed recommendations for measurement for the evaluation of certified clinics and the overall HCH model. The purpose of the work group (and its technical committee counterpart) is to recommend outcomes for measuring HCH improvement in the areas of patient health, patient experience, and cost-effectiveness for the total patient population.

The technical committee underwent an expedited process for identifying the initial measures for the certified HCH applicants. The team reviewed a summary document of the current and potential measures that MN medical groups report. These standardized measures had been vetted through national organizations. They are suitable for accountability, are derived from all data sources, are fully developed and precisely specified, and are fully open sources.

The recommended conditions were selected because they impact a cross section of patient and payer populations, they have high prevalence rates, they require a level of care coordination and a care plan, they have high variability in cost among providers, and they are either identical or similar to other measures that the clinics report. The following is a summary of the discussion of the criteria:

- Condition represents a significant public health issue or a high impact clinical condition.
- Potential of savings through a reduction in avoidable ER visits and hospitalizations.
- Care will be supported by partnerships among various members of the health care team (e.g., primary care clinician [MD, NP, PA], RN, care coordinator, medical assistant, specialists).
- Opportunity exists for greater coordination of care by diverse health care disciplines (e.g., pharmacy, respiratory therapists, school nurses, mental health, cardiac rehabilitation, nurse educators, health educators, dieticians).
- Opportunity exists for community partnerships for care coordination and resources e.g., specific sites (schools, home schools, center-based child care, family day care, and summer camps), WIC, food stamps and community-based organization services health care navigation with a community health worker, public (health nursing, counseling, health education workshops, case management, and fitness).

The work group recommended, and the Commissioner of Health announced the following initial measures for HCH evaluation:

Clinical quality:

a. **Optimal Asthma Care** (well-controlled, no increased risk of exacerbations and a written asthma action plan in the medical record).

b. **Optimal Vascular Care** (LDL cholesterol =<100 mg/dl, blood pressure <130/80, daily aspirin use as appropriate and documented tobacco free).

In addition to collecting the data for the optimal composite measures, certified HCHs are asked to submit additional data elements for evaluation purposes. These elements are: assigned HCH primary care provider, patient acceptance or decline of receiving additional care coordination services, the complexity level of the patient, and if the patient has a persistent mental illness or if English is the second language.

The data collection from the clinics follows the same timeline and methodology as the Statewide Quality Reporting and Measurement System. This system has exposed the majority of health systems and clinics across the state to reporting quality measures for the first time. The Optimal Asthma Care measure is a new measure for clinics. The first data submission for the clinics has just ended for dates of service July 1, 2010 – June 30, 2011. MDH will receive the results this fall.

The technical work group is developing benchmarks for these clinical outcomes that MDH staff can use for determining HCH recertification. MDH also plans to use the measure results to address training and education needs.

For more information contact Cherylee Sherry, MPH, CHES at (651) 201-3769 or Cherylee.Sherry@state.mn.us
Almost 40% of the adults who have participated in the **Living Well With Chronic Conditions Workshops** across Minnesota have asthma or a related lung disease. These workshops may also be known by the names *Living in Balance or Better Choices, Better Health* in some communities and are all examples of the Chronic Disease Self-Management Workshop (CDSMP) developed by Stanford University. This evidence-based community program is being implemented by a wide variety of partners across the state working with the MDH Division of Health Promotion and Chronic Disease.

The chronic disease self-management workshop was developed by a team of researchers at Stanford University’s Patient Education Research Center to help participants with any on-going health conditions, such as asthma, learn skills and techniques to manage their own health. The program is very helpful for those people who are dealing with more than one chronic condition. In Minnesota, about 80% of participants have more than one chronic condition. The age range for participants to date is 19 to 100 years.

Workshop participants attend a 2-2 ½ hour interactive session once a week for six weeks. Sessions are facilitated by 2 trained peer leaders and help participants learn techniques for managing problems common to people with ongoing health conditions such as problem-solving, goal-setting, exercising, using medications appropriately, communicating effectively with family, friends and health care providers, and dealing with the emotional ups and downs of having a chronic condition. CDC recently did a review of the published studies on the program and found these studies showed consistently that participants had more energy, less depression, did more aerobic exercise, were better at managing their symptoms, communicated better with their health care team and felt more confident in managing their conditions day-to-day. In addition, these outcomes persisted for up to 4 years after participants completed the workshop.

The CDSMP workshops in Minnesota are being offered by a variety of community and health care organizations. To find a workshop in your community, go to the statewide calendar at www.mnhealthyaging.org. You’ll find information about the program, location, time and who to contact to register. The MDH program offers training for leaders and support for community organizations in implementing the workshops. More partners are needed across the state to expand the capacity of the program to meet the needs of people in the state with on-going health conditions who can benefit. If you are interested in knowing more about the program and how your organization might be involved, contact health.mncdsmp@state.mn.us.

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**Federal Government Releases National Prevention Strategy**

In June the National Prevention, Health Promotion, and Public Health Council released the “National Prevention Strategy: America’s Plan for Better Health and Wellness,” a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life. The National Prevention Strategy recognizes that good health comes not just from receiving quality medical care, but also from clean air and water, safe outdoor spaces for physical activity, safe worksites, healthy foods, violence-free environments and healthy homes. At its core is the acknowledgement that prevention should be woven into all aspects of our lives, including where and how we live, learn, work and play. The Regional Asthma Management Program of California was included in the “Elimination of Health Disparities” section of the report, which can be viewed at [http://www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf](http://www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf)
MDH Asthma Program Resource Survey Results

Thanks very much to those of you who took the MDH Asthma Program’s web-based survey regarding the program’s resources, such as the Breathing Space newsletter and the website in May and June 2011! Of the 237 individuals who completed the survey, Breathing Space was read by 56% of them in the past six months and 53% responded “yes” when asked if they “ever clicked on a link in one of the articles”. Forty-three percent forwarded the newsletter or information in it to others, and 32% of the total respondents said they had used information or taken action based on something found in the newsletter. Examples included applying information to nursing practice and using the home assessment information. Breathing Space can be found on the MDH website at: http://www.health.state.mn.us/asthma/Newsletter.html.

The MDH Asthma website was accessed by 49% of the respondents in the past six months. Thirty-four percent of the respondents have used the information or taken action based on the resources identified on the website. Examples of action taken include using the iAAP, patient education materials, and data reports. Information has been shared with patients and forms have been incorporated into practice. Most people who had accessed the website rated it as “very useful” or “useful”. Forty-seven percent of the respondents referred others to the website.

The survey also asked about awareness and use of the following program resources:
- Managing Asthma in MN Schools
- Coaches’ Asthma Clipboard Program: Winning with Asthma
- Interactive Asthma Action Plan
- Air Quality Guidance for Schools and Child Care Facilities
- Questions to Ask Your Health Care Provider
- A Strategic Plan for Addressing Asthma in Minnesota
- Asthma in Minnesota 2008 Epidemiology Report.

The website can be found at: www.health.state.mn.us/asthma.

The MDH Asthma Program Staff is continuing to review the many useful suggestions received for changes to the Website, Breathing Space and other program resources. Based on the results of the survey, we will expand promotion of our program resources in order to increase the use of them. We plan to use your input to improve our communication resources to better address your needs. If you have additional comments or suggestions, please contact Erica Fishman at Erica.Fishman@state.mn.us. Thanks again for your input!

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Home-Based Environmental Interventions

CDC’s National Asthma Program announced the recent release of a special supplement of the American Journal of Preventive Medicine on “Reducing Asthma Morbidity through Home-Based Environmental Interventions”.

This newly published special supplement includes two comprehensive systematic reviews of the effectiveness and economic efficiency of these interventions as well as several editorial reviews by experts in asthma care, epidemiology, and health economics. The systematic review of effectiveness studies demonstrated that home-based environmental interventions were effective in reducing asthma morbidity in children and adolescents. The systematic review of economic evaluation examined whether these interventions represent a good value for the money invested. Both reviews not only present detailed analyses of these interventions from the point of view of effectiveness and economic efficiency but also provide guidance on practical steps to implement such programs.

The supplement is available on the Community Guide website: www.thecommunityguide.org.

NEW! Online training for home environmental triggers of asthma available at www.retahome.org.
NIOSH Approved
Spirometry Training
October 10 – 11, 2011
U of M School of Public Heath
2221 University Ave. SE
Minneapolis, MN

This NIOSH approved program will provide instruction in spirometry through lectures, workshops, and testing. The workshop includes American Thoracic Society (ATS) standards for pulmonary function testing and the current 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. Individuals who will find this program valuable include nurses, physicians, industrial hygienists, technicians and medical assistants, and others responsible for performing accurate pulmonary function testing.

This activity has been designed to meet the Minnesota Board of Nursing continuing education requirements for 19.2 (50 Minute) contact hours. The registration fee is $450.00. For more information link to http://www.sph.umn.edu/ce/trainings/coursepage.asp?activityId=10378

School Indoor Air Quality (IAQ) Coordinator Certification Training

Every Minnesota public school district that can levy property taxes for health and safety is required to have at least one Indoor Air Quality (IAQ) Coordinator. It is recommended that IAQ Coordinators attend IAQ Coordinator Training. Charter and non-public schools are not required to have an IAQ Coordinator but are welcome to attend. There is no cost for this training (lunch is NOT provided).

What:
The Minnesota Departments of Health (MDH) and Education (MDE) will host an IAQ Coordinator Certification Training in October. In addition to discussing IAQ in schools, participants will learn how to identify indoor air problems and will learn about methods used to improve IAQ. Participants will also learn about components needed to implement an IAQ Management Plan. After completion of the training, attendees will receive a certificate.

Where and When:
Thursday, October 6, 2011
8:30 am - Noon
MDH Snelling Office Park (SOP) - Red River Room
1645 Energy Park Drive, Suite 300
St. Paul, MN 55101

Registration: Information can be found at:
http://www.health.state.mn.us/divs/eh/indoorair/schools/iaqtraining.pdf

Questions can be directed to Tina Leland at 651-201-4540 or tina.leland@state.mn.us

Revised School Nursing Protocol for the Management of Asthma Exacerbations

The National Asthma Education & Prevention Program (NAEPP), Expert Panel Report 3 (EPR-3) have revised their asthma treatment protocol for school nursing personnel to include the option of epinephrine for life-threatening exacerbations of asthma in the school setting. The specific details of this protocol were worked out by EPR-3 Panel members and the language is consistent with EPR-3 asthma guidelines. It will be posted on the NAEPP website very soon but is also available on the MDH asthma website:
http://www.health.state.mn.us/asthma/guidemed.htm

Got Your Shots? Conference


The conference will be held Oct. 20-21, 2011, at the Northland Inn in Brooklyn Park. Featured speakers include Dr. Kristine Sheedy, CDC; Dr. Ari Brown, pediatrician and author; and Dr. Wendy Sue Swanson, pediatrician, Seattle Children’s Hospital. More information, including registration, is available at http://www.health.state.mn.us/divs/idepc/immunize/conference/index.html

Questions can be directed to Tina Leland at 651-201-4540 or tina.leland@state.mn.us
The American Lung Association in Minnesota (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.

**Where:** ALAMN, 490 Concordia Ave., St. Paul, MN

**Cost:** $250.00 before September 8, 2011

**To register:** [http://www.mrsnv.com/evt/home.jsp?id=3203](http://www.mrsnv.com/evt/home.jsp?id=3203)

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

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The next Asthma Discussion Group webinar hosted by the American Lung Association in Minnesota and the Minnesota Asthma Coalition is Thursday, September 15. September’s asthma discussion group will include three presentations:

1. **Environmental Improvements for Children’s Asthma:** The impact on symptom burden and return on investment of a home-based environmental assessment and modification project - Jill Heins, ALAMN and Angie Carlson, Data IQ

2. **RETA Home Project** - Kathy Norlien, MDH

3. **TEACH:** Tribal Environmental Improvements for the Advancement of Children’s Health - Jill Heins and Cynthia Isaacson, ALAMN

Join by webinar or in person at the American Lung Association in Minnesota at 490 Concordia Ave St. Paul, MN 55103. To register go to: [https://cc.readytalk.com/cc/schedule/display.do?udc=tg2izzr7kv3f](https://cc.readytalk.com/cc/schedule/display.do?udc=tg2izzr7kv3f)

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If you’re coaching a sport this fall, check out the Coach’s Asthma Clipboard Program, Winning With Asthma, at [www.WinningWithAsthma.org](http://www.WinningWithAsthma.org).

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, including suggestions for cold-weather sports

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

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**Asthma Educator Institute**

*September 20-21, 2011*

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For additional information or questions contact Cheryl Sasse at 651-223-9565 or cheryl.sasse@lungmn.org.
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 #1U59EH000498-01 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.

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