

Breathing Free

An Asthma Plan for New Mexico

GOALS OF THE NEW MEXICO ASTHMA PLAN

1. Improve asthma surveillance in order to inform the public on the disease burden and to guide Asthma Program health interventions.
2. Improve coordination of and increase the number of Asthma Coalition partners.
3. Increase asthma education of health care providers and promote the use of the NAEPP (EPR-3) Guidelines recommended standards of care.
4. Educate patients, families, schools, and communities in order to reduce asthma hospitalization rates as well as regional and ethnic disparities in asthma health outcomes.
5. Reduce environmental exposures to asthma triggers.

ASTHMA PROGRAM

March 2009

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March 2009

Table of Contents

New Mexico Asthma Coalition Members	5
New Mexico Asthma Coalition Steering Committee	7
Table of Acronyms.....	8
New Mexico Asthma Coalition Mission Statement	9
Executive Summary	10
I. Asthma in New Mexico	11
II. History of the Asthma Coalition.....	16
III. Accomplishments since the Last State Plan.....	17
IV. Development of the 2009 State Plan.....	19
V. Goals, Objectives, and Strategies.....	20
VI. How this Plan will be Revised.....	26
Map of New Mexico Regions	28

New Mexico Asthma Coalition Members

<p>Alamogordo</p> <ul style="list-style-type: none"> ▪ Gerald Champion Regional Hospital <p>Albuquerque</p> <ul style="list-style-type: none"> ▪ Albuquerque Area Indian Health Services ▪ Albuquerque Area Southwest Tribal Epidemiology Center ▪ Albuquerque Health Partners (formerly Lovelace) ▪ Albuquerque Public Schools DASH Program ▪ Asthma Allies ▪ Blue Cross Blue Shield NM ▪ Children, Youth and Families Department, Early Childhood Training and Technical Assistance Programs (TTAP) ▪ Human Services Department, Medicaid Assistance Division ▪ Kaseman Hospital ▪ Lovelace Medical Center ▪ Michael Clayton, M.D. ▪ Molina Health Care NM ▪ New Mexicans Concerned About Tobacco ▪ NMDOH <ul style="list-style-type: none"> ○ Chronic Disease Tobacco Use and Prevention and Control Program ○ Office of School and Adolescent Health ○ Region 3 Public Health Office ○ EPHT Program ▪ New Mexico Medical Association ▪ New Mexico Medical Review Association ▪ New Mexico Pediatric Society ▪ New Mexico Primary Care Association ▪ New Mexico Public Health Association ▪ NM Office of African American Affairs ▪ Presbyterian Health Services ▪ Presbyterian Hospital ▪ Robert Sapien, M.D., Department of Pediatrics Emergency Medicine ▪ STOMP, Tobacco Prevention Coalition ▪ UNM <ul style="list-style-type: none"> ○ College of Nursing ○ College of Pharmacy ○ Office of Research & Economic Development ○ Internal Medicine, Adult Asthma Clinic ○ Pulmonary Division Pediatric Clinic 	<p>Artesia</p> <ul style="list-style-type: none"> ▪ Artesia General Hospital <p>Clayton</p> <ul style="list-style-type: none"> ▪ Union County Hospital <p>Clovis</p> <ul style="list-style-type: none"> ▪ Plains Regional Medical Center <p>Deming</p> <ul style="list-style-type: none"> ▪ Mimbres Memorial Hospital <p>Española</p> <ul style="list-style-type: none"> ▪ Española Hospital ▪ Tara Beverwyck-Abouda, El Centro Health <p>Farmington</p> <ul style="list-style-type: none"> ▪ San Juan Citizens Alliance ▪ San Juan Regional Medical Center <ul style="list-style-type: none"> ○ San Juan Pediatrics <p>Gallup</p> <ul style="list-style-type: none"> ▪ Gallup Indian Medical Center ▪ DOH- Office of School and Adolescent Health ▪ Rehoboth McKinley Christian Health Services ▪ T'iis Nazbas Community School <p>Hobbs</p> <ul style="list-style-type: none"> ▪ Hobbs Public Schools ▪ CHS Physicians Work Group ▪ Lea Regional Medical Center <p>Las Cruces</p> <ul style="list-style-type: none"> ▪ NMDOH <ul style="list-style-type: none"> ○ Office of School and Adolescent Health- Region 5 ○ Office of Border Health ▪ Casa Alegre Pediatrics ▪ Memorial Medical Center ▪ Mountain View Regional Medical Center ▪ Southern Area Health Education Committee <p>Las Vegas</p> <ul style="list-style-type: none"> ▪ Alta Vista Memorial Center <p>Los Alamos</p> <ul style="list-style-type: none"> ▪ Los Alamos Public Schools <p>Lovington</p> <ul style="list-style-type: none"> ▪ Nor-Lea Regional Hospital <p>Picuris Pueblo</p> <ul style="list-style-type: none"> ▪ Picuris Indian Health Center <p>Portales</p> <ul style="list-style-type: none"> ▪ Roosevelt General Hospital
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<p>Pueblo of Cochiti</p> <ul style="list-style-type: none"> ▪ Pueblo of Cochiti Tribal Government <p>Pueblo of Jemez, New Mexico</p> <ul style="list-style-type: none"> ▪ Pueblo of Jemez Elementary School <p>Pueblo of Sandia, New Mexico</p> <ul style="list-style-type: none"> ▪ Pueblo of Sandia Tribal Government ▪ Pueblo of Sandia Health Department <p>Pueblo of Santo Domingo</p> <ul style="list-style-type: none"> ▪ Pueblo of Santo Domingo Tribal Government <p>Raton</p> <ul style="list-style-type: none"> ▪ Miners Colfax Hospital <p>Roswell</p> <ul style="list-style-type: none"> ▪ Cecilia Contreras, Health Affiliate ▪ NMDOH <ul style="list-style-type: none"> ○ Office of School and Adolescent Health- Region 4 ○ Children's' Medical Services- Region 4 ▪ Eastern New Mexico Medical Center ▪ Eastern New Mexico University-Roswell ▪ Primm Drug ▪ CHS Physicians Work Group ▪ Karen Valliant, M.D. <p>Ruidoso</p> <ul style="list-style-type: none"> ▪ Lincoln County Medical Center <p>Santa Fe</p> <ul style="list-style-type: none"> ▪ Children, Youth and Families Department ▪ Ann McCampbell, M.D. ▪ NM Health Policy Commission ▪ Human Services Department, Medicaid Assistance Division ▪ La Familia Medical Center ▪ NMDOH <ul style="list-style-type: none"> ○ Children's' Medical Services ○ Region 2 Public Health Office ○ Family Health Bureau ○ BRFSS Coordinator ○ YRRS Coordinator ○ Survey Unit ○ Occupational Health Program ○ Office of Multicultural Health ○ Office of American Indian Health ○ Office of School and Adolescent Health 	<ul style="list-style-type: none"> ▪ NM Environment Department- Air Quality Bureau ▪ NM Public Regulation Commission, Managed Care Bureau ▪ Public Education Department ▪ St. Vincent's Hospital ▪ Santa Fe Community College ▪ Santa Fe Indian School Health Center ▪ Santa Fe Public Schools ▪ STOMP; Tobacco Prevention Coalition <p>Ohkay Owingeh Pueblo</p> <ul style="list-style-type: none"> ▪ Office of Environmental Assistance <p>Santa Rosa</p> <ul style="list-style-type: none"> ▪ Guadalupe County Hospital <p>Silver City</p> <ul style="list-style-type: none"> ▪ Gila Regional Medical Center <p>Socorro</p> <ul style="list-style-type: none"> ▪ Socorro General Hospital <p>Sunland Park</p> <ul style="list-style-type: none"> ▪ Gadsden Independent Schools <p>Taos Pueblo</p> <ul style="list-style-type: none"> ▪ Taos Pueblo Tribal Government <p>Tucumcari</p> <ul style="list-style-type: none"> ▪ Dan C. Trigg Memorial Hospital ▪ Quay County School Health Partnership <p>Zia Pueblo</p> <ul style="list-style-type: none"> ▪ Zia Pueblo Tribal Government <p>OUT OF STATE:</p> <ul style="list-style-type: none"> ▪ Navajo Nation Division of Health, Window Rock, AZ ▪ Texas Department of Health, Austin, TX
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New Mexico Asthma Coalition Steering Committee

- Brad Whorton, Ph.D., Asthma Epidemiologist, Environmental Health Epidemiology Bureau, Epidemiology and Response Division, New Mexico Department of Health, Santa Fe, NM.
- Geri Jaramillo, B.A., Asthma Program Coordinator, Environmental Health Epidemiology Bureau, Epidemiology and Response Division, New Mexico Department of Health, Santa Fe, NM.
- Elizabeth Matthews, M.D. Medical Director, Family Health Bureau, Public Health Division, New Mexico Department of Health, Santa Fe, NM.
- Heidi Krapfl, M.P.H., Bureau Chief, Environmental Health Epidemiology Bureau, Epidemiology and Response Division, New Mexico Department of Health, Santa Fe, NM.
- Gerri Rivers, OSC, Co-Founder, Asthma Allies, Albuquerque, NM.
- Romelia Rodriguez, Co-Founder, Asthma Allies, Albuquerque, NM.
- Kathleen Moseley, R.N., Nurse Health Educator, Project ECHO, University of New Mexico, Albuquerque, NM.
- Michelle Harkins, M.D., xx, Health Sciences Center, University of New Mexico, Albuquerque, NM.
- Jeff Lara, M.S., Health Promotion Program Manager, Region 4, Public Health Division, New Mexico Department of Health, Roswell, NM.
- Art Bechechi, R.N., Quality Improvement Specialist, Molina Healthcare, Albuquerque, NM.
- Lynn Christiansen, M.S.W., Program Manager, Children's Medical Services, Public Health Division, New Mexico Department of Health.

Table of Acronyms

ACT	Asthma Control Test
AE-C	Asthma Educator Certified
AHE	Asthma Health Educator
ALANM	American Lung Association of New Mexico
AP	Asthma Program
BHO	Border Health Office
BRFSS	Behavioral Risk Factors Surveillance System
CDC	Centers for Disease Control and Prevention
CMS	Children’s Medical Services
CHR	Community Health Representatives
CYFD	Children Youth and Families Department
ED	Emergency Department
EHEU	Environmental Health Epidemiology Unit
EPA	Environmental Protection Agency
EPR-3	(NAEPP) Expert Panel Report- 3, 2007
ETS	Environmental Tobacco Smoke
HIDD	Hospital Inpatient Discharge Data
HCP	Health Care Provider
H₂S	Hydrogen sulfide
IAQ	Indoor Air Quality
IHS	Indian Health Services
NAEPP	National Asthma Education and Prevention Program
NHIS	National Health Interest Survey
NHLBI	National Heart Lung Blood Institute
NM	New Mexico
NMAC	New Mexico Asthma Coalition
NMBIS	New Mexico Indicator Based information System
NMDOH	New Mexico Department of Health
NMED	New Mexico Environment Department
NMOHSP	NM Occupational Health Surveillance Program
OA	Occupational Asthma
TTAP	(Early Childhood) Training and Technical Assistance Programs

TUPAC	Tobacco Use Prevention and Control
UNM	University of New Mexico
VA	Veteran’s Administration
WRA	Work Related Asthma
YRRS	Youth Risk and Resiliency Survey
YTS	Youth Tobacco Survey

New Mexico Asthma Coalition Mission Statement

Reduce the burden of asthma in New Mexico by: assessing the scope and magnitude of the asthma problem; providing asthma education/training for health care professionals, patients, families, schools, employees, employers, and communities; improving access to and delivery of asthma health care; and reducing exposures to environmental factors that may trigger or cause asthma episodes.

Executive Summary

Asthma, a chronic inflammatory disease of the airways that impacts children and adults is one of the major illnesses affecting New Mexicans. Asthma can be controlled through appropriate management of the disease by correct use of medications and avoidance of triggers that exacerbate asthma. According to the 2007 BRFSS survey, approximately 8.7% of New Mexico adults report they currently have asthma (the U.S. rate was 8.3%).

Management of asthma in New Mexico is complicated by the state's relatively high poverty rate, low population density and large size. However, the New Mexico Department of Health's Asthma Program has made significant progress during the past three years both in coalition building and developing institutional support as well as in making progress in meeting the five program goals outlined in 2006: Conducting asthma surveillance; Increasing asthma education of health care professionals; Educating patients, families, schools, and communities about asthma; Improving access to and delivery of asthma care; and Mobilizing to reduce environmental exposure to asthma triggers.

While New Mexico's current asthma rate is similar to the national average, analysis of surveillance data has uncovered significant regional and racial/ethnic variation, such as high hospitalization rates in southeast New Mexico. For example, Hospital Inpatient Discharge (HID) data, Emergency Department (ED) data, and Vital Records death data indicate that the burden of asthma is significantly higher in southeastern New Mexico than in other regions in the state.

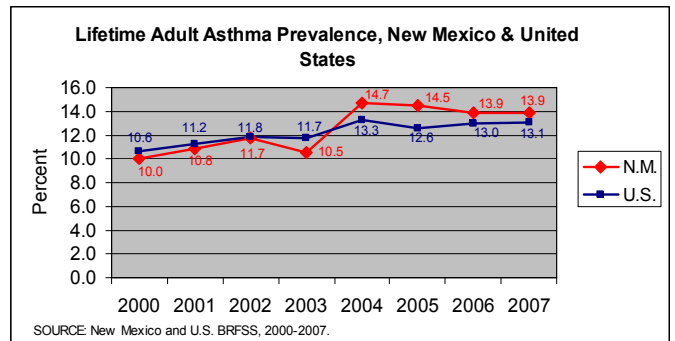
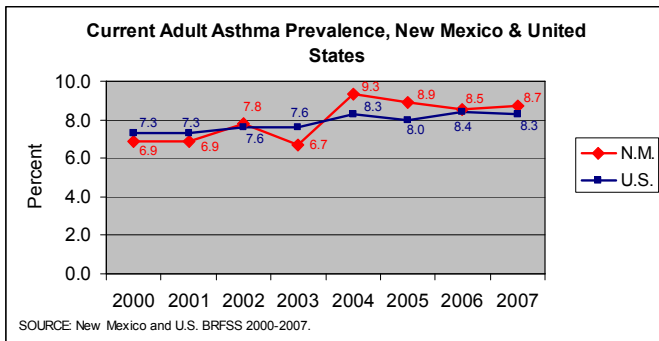
Through a series of state Asthma Summits which included a broad and diverse group of people (such as health care professionals, citizens' advocacy groups, families with asthma, pediatricians, nurses, Medicaid staff and tribal governments) the Asthma Program has developed the goals found in this state Asthma plan. These goals are: 1) Improve asthma surveillance in order to inform the public on the disease burden and to guide Asthma Program interventions; 2) Improve coordination among and increase the number of Asthma Coalition partners; 3) Increase asthma education of health care providers and promote the use of NAEPP (EPR-3) Guidelines' recommended standards of care. 4) Educate patients, families, schools and communities in order to reduce hospitalization rates as well as regional and ethnic disparities in asthma health outcomes; and 5) Reduce environmental exposures to asthma triggers. A series of strategies with measurable indicators are described for each goal.

In addition, this document lays out a process by which this plan will be revised in the 2010 to 2012 time frame. The New Mexico Department of Health will provide the organizational framework to insure the success of the plan.

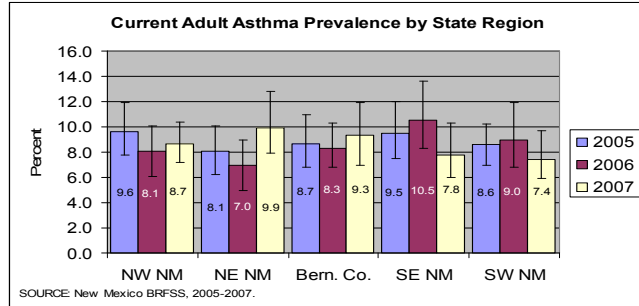
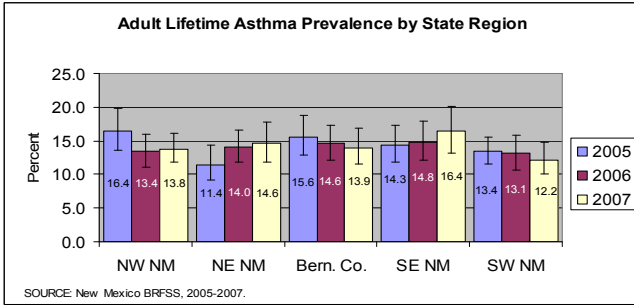
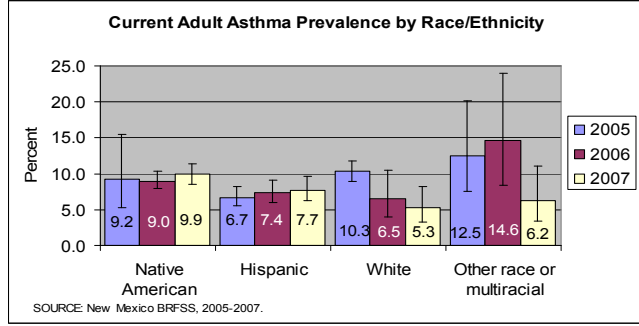
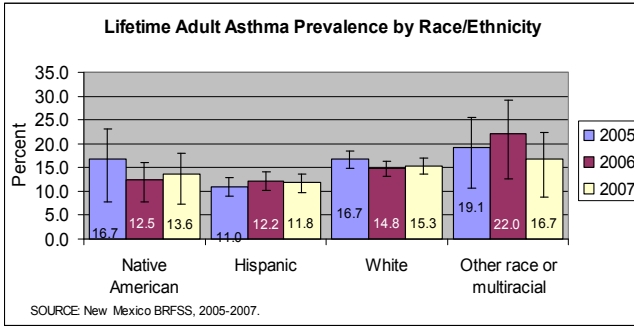
I. Asthma in New Mexico

Asthma is a chronic inflammatory disease of the airways that can be controlled through appropriate management of the disease by correct use of medications and avoidance of triggers that may exacerbate asthma. Getting asthma under control is the principal way of reducing asthma hospitalizations and emergency room visits.

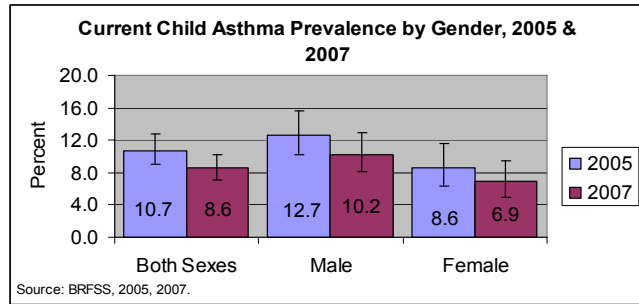
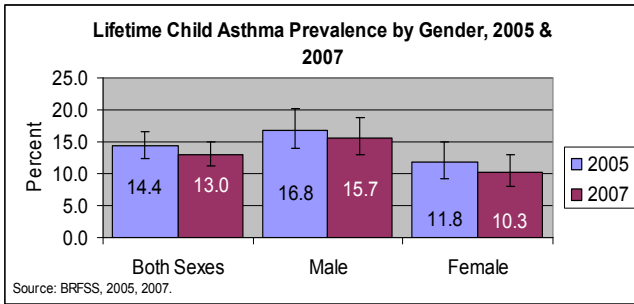
According to the 2007 BRFSS survey, approximately 13.9% of New Mexico adults reported that at some point a doctor or other health care provider had told them that they had asthma while 8.7% of reported that they currently had asthma. Both lifetime and current prevalence for adults in the state have increased since 2000 as it has for the nation.



In 2007, lifetime asthma prevalence did not vary significantly by race/ethnicity or region, although the Native American current asthma prevalence (9.9%) was significantly higher than the White current prevalence (5.3%).



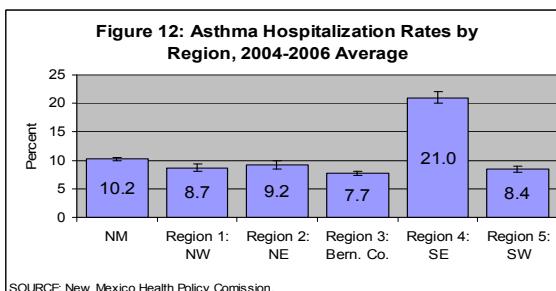
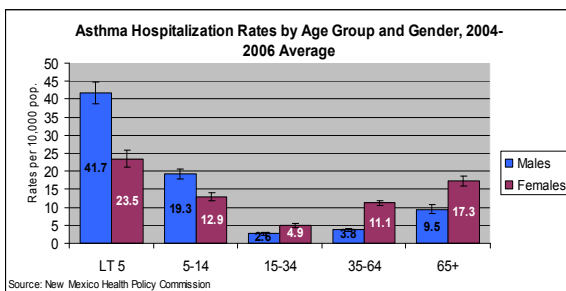
In 2007, current adult male prevalence was 7.4% and current adult female prevalence was 9.9%. The 2007 current child prevalence rate was 8.6%, but there were no significant gender, race/ethnicity, or regional differences.



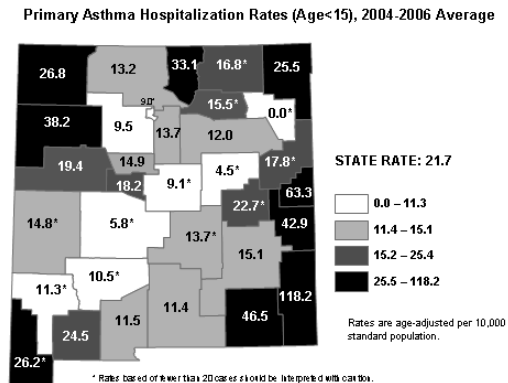
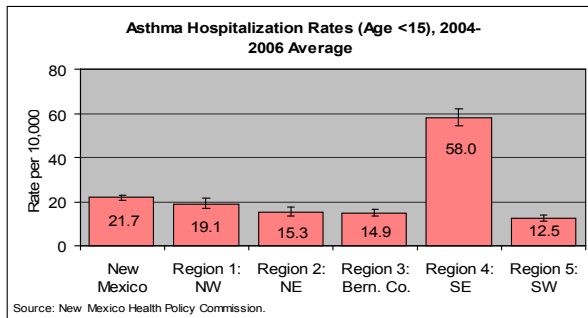
Asthma affects people from all income and education levels. According to the BRFSS survey (2006), of those with asthma over one-half (53.9%) had an asthma attack and one in seven (14.4%) visited the emergency room for their asthma during the past 12 months. More than one in five (23.7%) reported experiencing limitations which made it difficult to work or

carry out usual activities during the past 12 months, while three-fourths of those with asthma experienced asthma symptoms during the past 30 days.

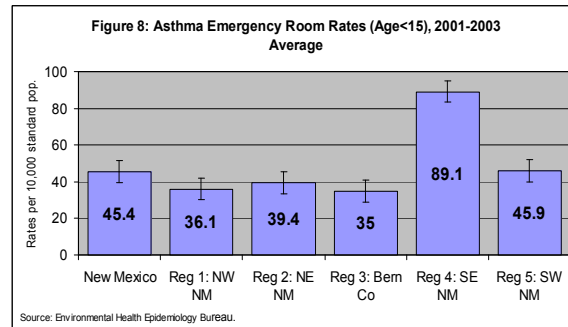
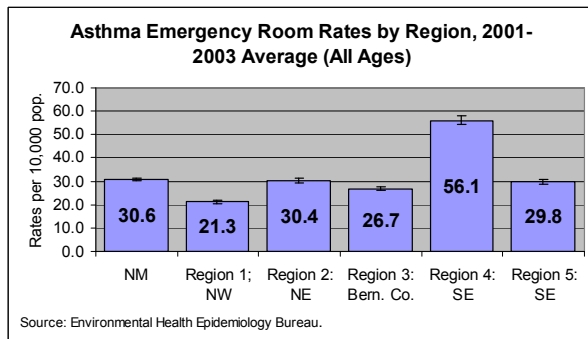
Asthma hospitalization rates are highest in the under 5 age group and lowest in the 15-34 age groups. Males have the higher rates in the two youngest age groups (Under 5 and 5 - 14) whereas females have the higher rates in all other age groups. Asthma hospitalization rates show a dramatic and statistically significant geographic disparity. The 2004-2006 age-adjusted first-listed asthma hospitalization rate was 10.2 per 10,000 standard population. The rate in the southeast region (21.0) was more than double the state rate. All other geographic regions had rates ranging from 7.7 to 9.2). The three highest county rates are all in the Southeastern region (Lea County 35.6—more than triple the state rate, Curry County 23.1, and Eddy County 19.1).



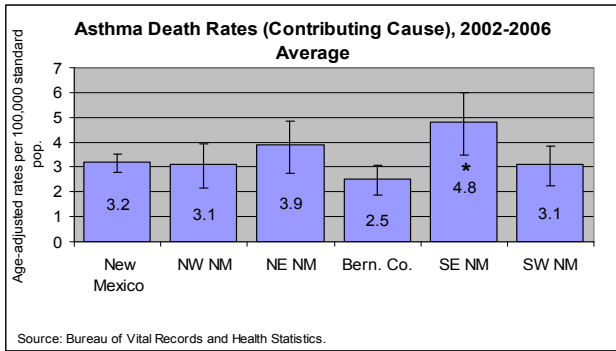
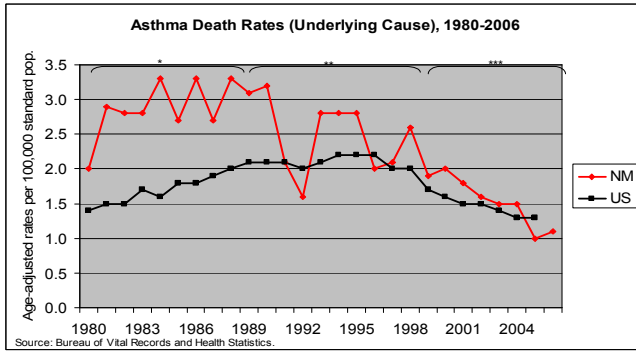
When hospitalization rates for those under age 15 are examined, this geographical disparity is even more alarming. The state asthma hospitalization rate for this age group is 21.7. The Southeastern NM rate for the Under 15 age group is 58.0—that is 167.3% higher than the state rate. Lea County had the highest rate in the state at 118.2 (which is more than five times higher than the state rate).



Similar patterns are found when asthma emergency department rates are examined. The 2001-2003 average asthma ED rate for the state was 30.6 per 10,000 standard population. All regional rates varied little with the exception of southeastern New Mexico which had an ED rate of 56.1. When ED rates for those under age 15 are examined, southeastern New Mexico had a rate of 89.1 which was much higher than the state rate of 45.4.



Asthma death rates have declined during the past several years. Today, very few New Mexicans die of asthma. In 2006 the age-adjusted death rate for asthma as the underlying cause of death was 1.1 per 100,000 standard population and the death rate for asthma as a contributing cause of death was 3.0. When 2002-2006 average death rates are examined, southeastern New Mexico's contributing cause death rate was significantly higher (4.8) than the state rate (3.2).



New Mexico is a large resource-poor state. New Mexico is the fifth largest state and has the fourth lowest population density which can make communications with partners and the delivery of asthma care challenging. In addition, the state has the fourth highest child poverty rate (out of 51) and has the eighth lowest per capita personal income.¹ The existence of immigrant communities along the border and elsewhere in the state provided added challenges to the delivery of care and asthma self-management education. Furthermore, the state lacks a diversified tax base. Yet, in spite of these challenges, the New Mexico Asthma Program has made great strides in addressing its asthma problem.

¹ New Mexico Department of Health, *New Mexico Selected Health Statistics, 2006*; U.S. Census Bureau, Current Population Survey 2006; U.S. Department of Commerce, Bureau of Economic Analysis, Survey of Current Business, 2007

II. History of the Asthma Coalition

The Environment Health Epidemiology Unit (later to become the EHEB) of the New Mexico Department of Health (DOH) began by taking the first steps in contacting organizations and people who had a vested interest in asthma. As a result of these steps, the first meeting of the New Mexico Asthma Coalition (AC) was held in April 1999. By, August 1 of the following year, the NMDOH received its first three-year CDC *Addressing Asthma from a Public Health Perspective* grant.

The early work of the Asthma Program during the planning phase included introducing the Asthma Program to potential partners across the state and inviting them to join the Asthma Coalition. Surveillance work began during this phase with an initial emphasis on obtaining and analyzing asthma death, asthma hospitalization, and BRFSS survey data.

In coming up with its first state plan, Asthma Coalition meetings were held in which participants brainstormed on potential goals, objectives, and activities. Based on the input received, at subsequent meetings the Coalition adopted five principal goals. Participants were then divided into five planning groups formed around each of these goals. The groups refined objectives and activities to work on. The five goals that were adopted were: 1) Conduct asthma surveillance; 2) Increase asthma education of health care professionals; 3) Educate patients, families, schools, and communities about asthma; 4) Improve access to and delivery of asthma care; and 5) Mobilize to reduce environmental exposure to asthma triggers. The NMAC then formed a steering committee comprised of the group coordinators and DOH staff to review and revise the plan. The result of these efforts was the release of the 2003, *Breathing Free- An Asthma Plan for New Mexico*.

III. Accomplishments Since the Last State Plan

The Asthma Program has made great strides since the release of the 2003 State Asthma Plan, *Breathing Free- An Asthma Plan for New Mexico*. The Asthma Program has also accomplished much since September 2006. Some of the highlights of the past three grant years (9/2006 – 8/2009), are listed below by categories corresponding to the goals of the last Asthma Plan, plus an additional category: Coalition Building and Institutional Support:

Coalition Building and Developing Institutional Support

- 98 organizations are now members of the New Mexico Asthma Coalition, up from 26 in 2006, a 277% increase.
- Asthma was made one of three DOH Epidemiology & Response Division (ERD) health priority areas, and a 10% reduction in asthma youth hospitalization rates within 5 years was established as one of ERD's health outcome goals.

Goal 1. Conduct asthma surveillance

- Completed a new Asthma Burden Report in 2009.
- Greatly expanded the number and quality of asthma data available for analysis by acquiring and analyzing the School Nurse Report data set, the BRFSS Adult Asthma Call-back and Child Asthma Call-back surveys, the asthma Medicaid data set, and the Vital Statistics Contributing Cause death data set.
- In 2009, published an article in the *New Mexico Epidemiology* entitled "High Child Asthma Rates in Southeastern New Mexico."

Goal 2. Increase asthma education of health care professionals

- 266 HCPs have received training on the NAEPP (EPR-3) Guidelines.
- 24 presentations involving asthma surveillance results and asthma education were given by Asthma Program staff which were attended by approximately 650 individuals (both health care professionals and the general public attended these presentations).

Goal 3. Educate patients, families, schools, and communities about asthma

- Approximately 450 children from low income families and their care givers received pediatric asthma self-management education.
- 326 people attended the Asthma Summit meetings held around the state, offered input, and worked on creating new asthma solutions for NM (again, both health care professionals and representatives of the general public attended these presentations).
- Enhanced the Asthma Program website with more and better information about asthma, including posting downloadable versions of public asthma program presentations and data about asthma in New Mexico.
- Approximately 17 news articles and TV news segments have covered either the Asthma Summit, Asthma Program activities, or the activities of our closest partners since 9/2006. These articles and news programs have been effective methods of reaching the public in New Mexico with general information about asthma. Many of the articles and news segments have referred viewers and readers to the Asthma Program web site for additional information.

Goal 4. Improve access to and delivery of asthma care

- 266 HCPs received training on the NAEPP (EPR-3) Guidelines, thus increasing the quality of care.
- Funded asthma education component of Region 2 asthma clinics, resulting in underprivileged children and their families receiving asthma education they might otherwise go without.

Goal 5. Mobilize to reduce environmental exposure to asthma triggers

- 88 schools or school units have received the Indoor Air Quality Tools for Schools assessment affecting approximately 34,154 children in the state².

² Includes an Asthma Program managed contract based on Legislative appropriation.

IV. Development of the 2009 State Asthma Plan

This 2009 State Asthma Plan is the result of an 18 month process that began with the Albuquerque Asthma Summit in September 2007. Invitees included families with asthma, school nurses and school health advocates, principals and superintendents, pediatricians and other health care providers, child care providers, regional health office staff and community health councils, citizens' advocacy groups and health plan representatives, as well as Medicaid staff and tribal government representatives—among others. Care was taken to involve a broad and diverse group of people representing all age groups, gender, races, ethnicities, and income levels.

During the Albuquerque Asthma Summit and the four other regional Asthma Summits that followed, surveillance data was presented to communities, input was solicited from Asthma Coalition partners, and breakout groups were formed to discuss problems with access to care; health care provider education; environmental triggers in the home, at school, and at work; and patient education. During the Asthma Summits, attendees discussed what was working in the communities and what the barriers were. During the breakout sessions problems were identified and potential solutions discussed. The results of the breakout groups were then shared with the entire group.

One important purpose of the Asthma Summits was to mobilize communities to be a crucial part of the solution to the problems they faced; another purpose was to get input on what the goals and objectives of the new State Asthma Plan should be. During the Asthma Summits, participants were divided into four issue groups that mirrored the four of the five original NMAC goals (Access to care; Health Care Provider Education; Environmental Triggers; and Patient Education) and brainstormed on possible solutions to the asthma issues in their communities.

After the regional Asthma Summits were completed, the core partners (Asthma Program, CMS, FHB) assimilated the findings to come up with key focus area and presented these at the final Asthma Summit in September 2008. From these key focus areas, goals, objectives, and activities were developed for the new State Asthma Plan, which are presented below.

V. Goals, Objectives and Strategies

GOAL 1: Improve asthma surveillance in order to inform the public on the disease burden and to guide Asthma Program health interventions.

Rationale: The analysis of surveillance data will indicate who has asthma, whose asthma is not well managed or under control, who does not have a written asthma action plan from their physician, who gets admitted to the hospital or the emergency room, and who dies from asthma. From surveillance data, we can identify which segments of the population are suffering disproportionately. The purpose of measuring this is not only to increase knowledge and awareness of the problem but to help us to tailor interventions that can have the greatest chance of success. Surveillance data can also help the AP evaluate the effectiveness of its own interventions.

Strategy 1: Analyze existing asthma data sources.

- The Asthma Program (AP) will continue its partnering with data stewards so that each year new datasets will be available to analyze. Measurable Indicator: Number of years of existing datasets analyzed.

Strategy 2: Develop new sources to analyze.

- The AP will expand existing relationships with existing data steward partners as well as develop new relationships in order to acquire and new datasets. For instance, the AP will acquire and analyze the School Nurse Interview data and the National Survey

of Child's Health. Relationships will also be developed in order to acquire Workers' Compensation data and Occupational Disease Registry Occupational Asthma data.

Measureable indicator: Number of new datasets analyzed.

Strategy 3: Disseminate surveillance findings to a wide audience.

- The AP will expand its dissemination of surveillance findings. For instance, the AP will redesign its website and create new "Asthma Data" WebPages. Other new dissemination venues include: live webinar presentations, medical society presentations, and data tables for the NM-IBIS website. Measureable Indicator: Number of dissemination venues.

Strategy 4: Use asthma surveillance data to measure progress in reaching goals.

- The AP will use asthma surveillance data to measure intermediate outcomes as well as long-term outcomes. For instance, the effectiveness of asthma self-management education may be measured by asthma control indicators in the BRFSS survey and ultimately by declines in asthma hospitalization and asthma emergency department rates.

GOAL 2: Improve coordination among and increase the number of Asthma Coalition partners.

Rationale: Collaborations between agencies or organizations is how partners can come together to achieve common objectives. Top-down directives imposed without discussion are seldom effective or sustainable. Collaborations among partners require open dialogue and pooling of resources.

Strategy 1: Continue the successful Asthma Summit model in order to implement solutions to identified asthma problems.

- The AP will continue to work with regional partners and hold Asthma Summit follow-up meetings in order to formulate solutions and work for their implementation.

Measurable Indicator: Number of Asthma Summit Follow-up meetings held.

Strategy 2: Support the creation of an Asthma Advisory Council to work for implementing long term asthma solutions.

- This organization would educate “movers and shakers” in order to bring about systems and public policy changes that came out of the Asthma Summit process.

Measurable Indicator: Number of systems or public policy changes implemented.

Strategy 3: Generate new collaborations with new partners.

- The AP will establish new relationships with such agencies as the newly created NMDOH Office of Community Health Workers to explore the use Promotoras for asthma education in the home setting. The AP has begun to work with the Occupational Health Program in order to increase HCP education about reporting Occupational Asthma to the Notifiable Conditions Registry. Measurable Indicator: Number of new collaborations.

GOAL 3: Increase asthma education of health care providers and promote the use of NAEPP (EPR-3) Guidelines’ recommended standards of care.

Rationale: Health care providers that follow NAEPP (EPR-3) Guidelines are insuring that their that patients receive the most effective, up-to-date, evidence-based treatment available to manage the disease and prevent hospitalizations and emergency room visits. Surveillance data suggests that many HCPs are not aware of the new Guidelines, especially in southeastern New Mexico where asthma rates are very high.

Strategy 1: Provide and support NAEPP (EPR-3) HCP trainings.

- The AP will develop and disseminate a Provider Tool Kit with the input of Asthma Coalition HCPs that will be used to do Guidelines trainings. The AP website will also include “Providers” WebPages on the Guidelines. Measurable Indicator: Number of educational materials disseminated.

Strategy 2: Increase the number of HCPs that received NAEPP (EPR-3) Guidelines training.

- The AP will provide and support HCP Guidelines training through in-person presentations, telemedicine webinars, and presentations to physician groups, especially in southeastern NM. Measurable Indicator: Number of HCPs that received NAEPP (EPR-3) Guidelines training.

Strategy 3: Increase the use of the Asthma Control Test as recommended by the NAEPP (EPR-3) Guidelines.

- The AP will require that all AP-funded asthma education contractors use the ACT, the AP will encourage all Public Health clinics to use the ACT, and the AP will post the ACT on the AP’s website. Measurable Indicator: Number of known HCPs that use the ACT.

Strategy 4: Increase educational outreach to occupational health specialists and pulmonologists on reporting OA.

- The AP will develop and disseminate educational materials, present information at professional conferences, and support on-site educational trainings at occupational clinics. Measurable Indicator: Number of educational materials developed.

GOAL 4: Educate patients, families, schools, and communities in order to reduce asthma hospitalization rates as well as regional and ethnic disparities in asthma health outcomes.

Rationale: Asthma self-management education is an effective means of preventing many asthma hospitalizations and ED visits. It also empowers patients to take control of their asthma. BRFSS and HID data suggest that asthma control is not high in the state, especially in the southeast where the number of repeat hospitalizations is significantly higher than elsewhere.

Strategy 1: Increase the number of Spanish-language educational trainings given in the state, especially in southeastern NM.

- In collaboration with the DOH Community Health Worker Program, the AP will develop and disseminate Spanish-language educational materials, investigate using promotoras to deliver education during home visits. Measurable indicator: Number of educational trainings delivered in Spanish-speaking communities.

Strategy 2: Increase asthma self-management in underserved communities throughout the state.

- The AP will develop and disseminate asthma educational materials and support asthma self-management education. Measurable Indicator: Number of asthma self-management sessions held.

Strategy 3: Develop and disseminate asthma education materials to school nurses and child care providers.

- The AP will post the School Asthma Manual on AP's website and update as needed, disseminate digital copies of the School Asthma Manual to schools with the highest priority going to schools in counties with the highest asthma hospitalization rates, will develop a needs assessment of the training requirements of child care providers will develop a curriculum tool that will be used for the training of child care providers. Measurable Indicator: Number of educational materials developed and disseminated.

Strategy 4: Redesign the Asthma Program’s website and increase the number of educational WebPages.

- The AP will develop “Asthma Education” WebPages for those with asthma on the AP’s website that will include information on asthma triggers, medication, and treatment that is consistent with NAEPP (EPR-3) Guidelines. The AP will also develop a counter and a feedback mechanism for views to provide information on usefulness and make suggestions for improvement.

GOAL 5: Reduce environmental exposures to asthma triggers.

Rationale: Most asthma hospitalizations and emergency department visits occur during the months when school is in session. Improving air quality in public schools where students spend most of their day will reduce asthma triggers and asthma attacks in school. Educating adults and children about the risk of tobacco smoke to those with asthma so that first- and second-hand exposure is reduced is an important step in reducing asthma exacerbations.

Strategy 1: Increase the number of schools that have received an Indoor Air Quality Tools for Schools (IAQTfS) assessment.

- The AP will strategize with school nurses, school health advocates, Asthma Coalition members, and others about ways to motivate principals and superintendents to accept IAQTfS assessments, especially in southeast NM, and will disseminate indoor air quality educational materials and develop WebPages for the AP’s website.

Measurable Indicator: Number of Schools that undergo IAQTfS.

Strategy 2: Increase asthma education messages in AP partner tobacco-cessation education materials, curriculum, and websites.

- The AP will collaborate with other state agencies, HMOs, and/or nonprofits to incorporate asthma education content within tobacco cessation educational curriculum and materials and will provide web links to our partner's tobacco-cessation educational WebPages on the AP's website. Measurable Indicator: Number of asthma education incorporations in the educational materials of partners.

Strategy 3: Increase asthma education about outdoor air quality so that those with asthma can avoid outdoor triggers.

- The AP, in collaboration with the EPHT, will plan the development of a system that will provide timely information on air quality around the state by providing a web link between the EPHT and the AP's websites so that vulnerable populations can access an air quality early warning system and will develop asthma educational materials and AP website content to educate those with asthma about what to do during periods of poor air quality. Measurable Indicator: Number of WebPages devoted to outdoor air quality.

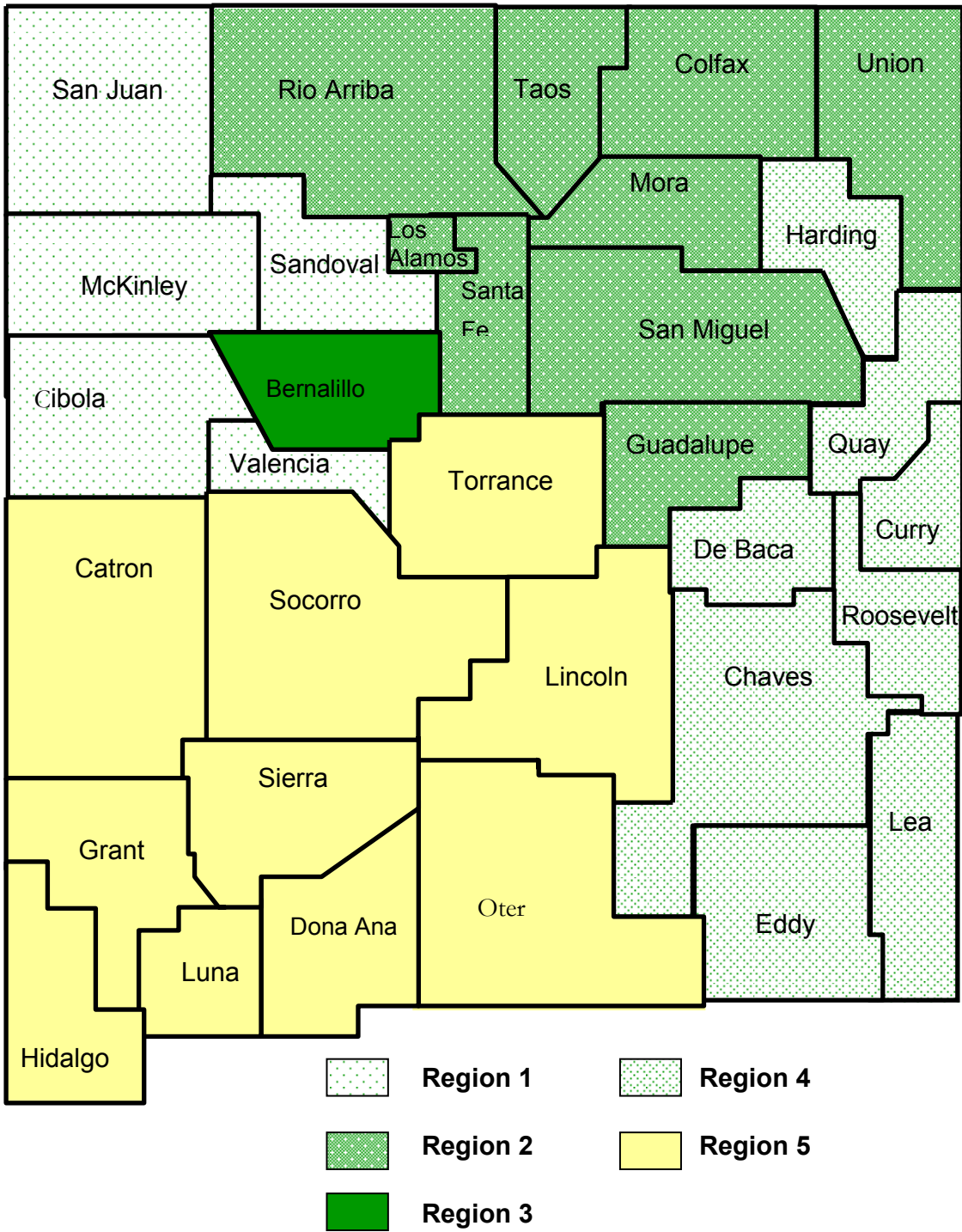
VI. How this Plan will be Revised

Breathing Free will be revised through a multistage process involving continuous input and feedback from 2010 to 2012:

1. Through Asthma Summit follow-up meetings as well as meetings with DOH leadership, key partners (Asthma Action Group), and other partners we will continually assess how well the current asthma plan is meeting the needs of NM communities. These meetings will involve an exchange of ideas and input in which we anticipate existing objectives and activities will need to be refined and revised;

2. The current plan will be posted on the AP's website and the plan will be discussed during all Asthma Program public presentations. The AP will invite input on revisions of the State Asthma Plan to address gaps between needs and current NMAC activities;
3. In early 2012, the Asthma Program will initiate at least five specific meetings with NMAC members specifically for the goal of inviting input on future directions of the Coalition.
4. By mid-2012, the Asthma Program will present the findings of NMAC members during a webinar with partners in order to come up with a list of key focus areas.
5. The Asthma Program will then derive preliminary goals, objectives, and activities from the input.
6. The preliminary plan will be placed on the AP website and additional comments will be requested.
7. These efforts will result in a new State Asthma Plan that will be completed by the end of 2012.

Map of New Mexico Regions



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