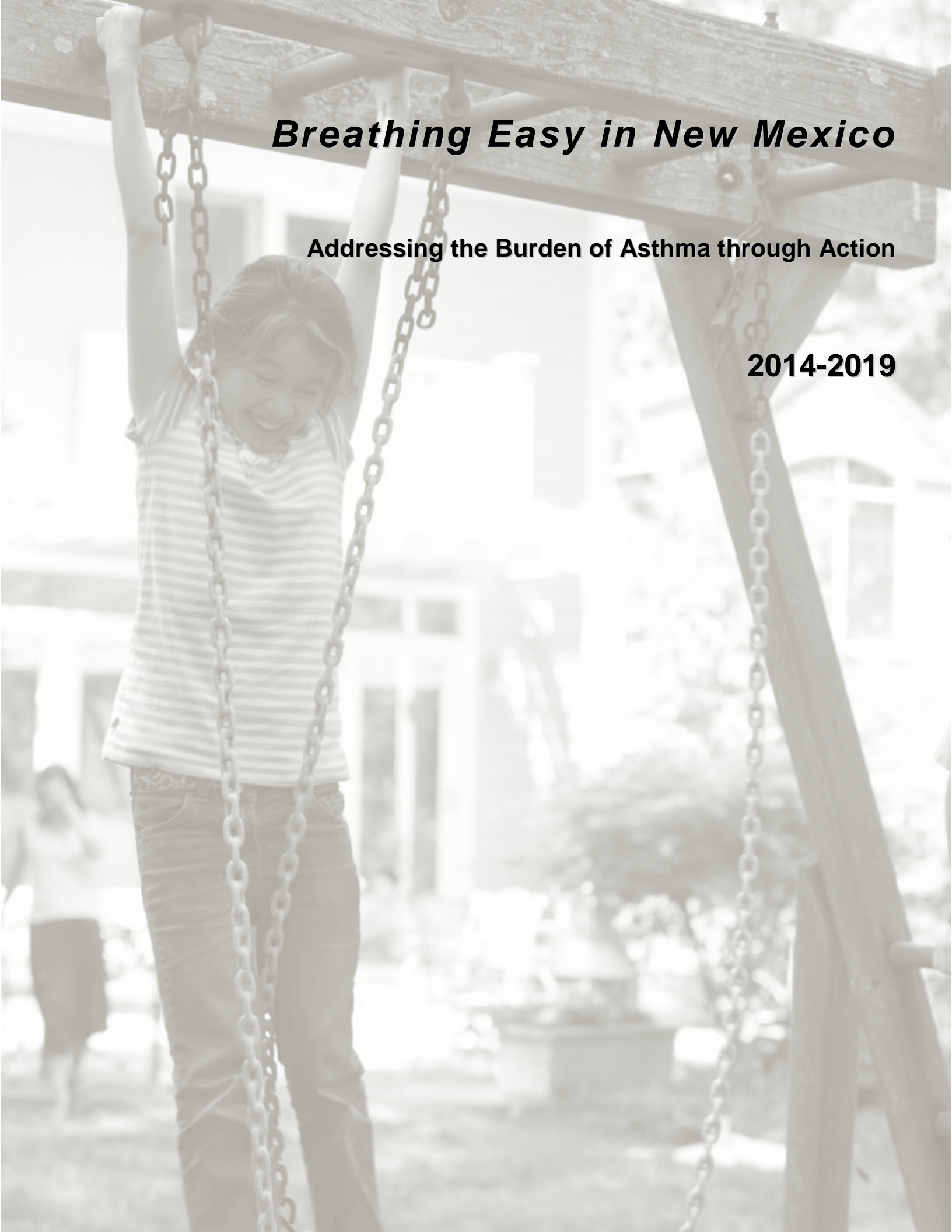


Breathing Easy in New Mexico

**Addressing the Burden of
Asthma through Action**

2014-2019



A young girl with long hair, wearing a striped shirt and jeans, is smiling and hanging from a wooden playground structure. The background is a blurred outdoor setting with other people and buildings.

Breathing Easy in New Mexico

Addressing the Burden of Asthma through Action

2014-2019



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LETTER FROM CO-CHAIRS

The New Mexico Council on Asthma (NMCOA) presents ***Breathing Easy in New Mexico: Addressing the Burden of Asthma through Action, 2014-2019***. This is our five-year plan for improving asthma outcomes in the state. We are a unique state in terms of our strong cultural and socioeconomic diversity, but we are faced with many distinct challenges. New Mexico is one of the poorest states in the nation. In 2013, the state ranked 49th worst in the nation with respect to child economic well-being and 50th in overall child well-being according to the KIDS COUNT® Data Book.¹ Much of the population is medically underserved. According to the Kaiser Family Foundation,² 21% of all New Mexicans lack health insurance entirely. Access to care is often hindered by long travel distances in this large state with many rural and frontier counties. In terms of asthma, approximately 9.6% of adults and 9.0 % children currently have the disease in New Mexico.³

The New Mexico healthcare community is provided with a special opportunity to improve asthma care in the state. The NMCOA is a coalition of healthcare organizations sharing a vested interest in reducing the disease burden by making significant improvements in the care of people with asthma.. We are continually expanding our membership and exploring new avenues of partnership with groups within our state to influence asthma care.

Breathing Easy in New Mexico: Addressing the Burden of Asthma through Action, 2014-2019 details four goal areas designed to enhance asthma care in the state. These include the following: data sharing, education of providers, education of patients and families, and legislative advocacy. The work in these goal areas must be tailored to the needs and special attributes of our state. Creative ways of reaching out to rural providers, patients with limited access resources, and to our state leadership, will help guide implementation of our plan.

The NMCOA leadership thanks the ***Breathing Easy in New Mexico*** Working Group for its participation in developing this document. We will continue to work together to maximize positive outcomes for New Mexicans with asthma.

Sincerely,



Michelle Harkins, MD
Co-Chair, NMCOA



Esmeralda Morales, MD
Co-Chair, NMCOA

EXECUTIVE SUMMARY

Asthma is a widespread and serious health condition, particularly for children, that requires regular and consistent health care to control. The NMCOA is poised to improve asthma care and outcomes in the state through professional and community outreach. This document highlights the work of the NMCOA to date, the current state of asthma in New Mexico, goals and objectives for the next five years and summary descriptions of the participating partners, which include advocacy groups, researchers and health systems. The goals of the NMCOA focus on communication, education and policy and include:

- Facilitating sharing expertise and information among asthma stakeholders;
- Increasing asthma education targeted to health care providers;
- Promoting the use of National Asthma Education and Prevention Program (NAEPP) Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma⁴;
- Reducing asthma hospitalization rates and regional and ethnic disparities in asthma health outcomes, through educational programs aimed at patients, families, schools, and communities;
- Creating and supporting legislative advocacy for school based health reform to address emergency situations.

In New Mexico, asthma affects nearly 200,000 people, one quarter of whom are children.³ The numbers have increased steadily since 2000 and burden varies by location in the state. Although best-practice guidelines have been established, adherence to them remains poor. Exacerbations of asthma are an important clinical marker of inadequately controlled or worsening asthma and are one of the most important outcomes from both a patient and health economics viewpoint. Acute



asthma exacerbations led to over 8,000 emergency department (ED) visits and 1,800 hospitalizations in New Mexico in 2012.³ Direct costs due to asthma hospitalizations and ED visits, as well as medications and regular visits to the doctor, are substantial. Total real costs to New Mexicans for asthma are not easily calculated. Indirect costs are high and include loss of work, school days lost, and mortality as well as limited physical activity, suffering, worry and pain. Clearly, reducing asthma exacerbations and resultant health care utilization in the ED and hospitals, as well as the ongoing indirect effects on society, are very important. This large and increasing burden has created an atmosphere in which the NMCOA has a great opportunity to influence and improve asthma care.

NMCOA's mission and vision is to reduce asthma health disparities and improve the quality of life for all people with asthma in New Mexico by coordinating statewide efforts, bringing together community organizations and others to achieve sustainable statewide changes in the environment, education and quality of health care as they relate to asthma.

This document will help to serve as a guide for the NMCOA to fulfill its mission and vision in the coming years.

SUMMARY OF ACCOMPLISHMENTS 2009-2013

The New Mexico Asthma Control Program (NMACP) began in 2000 through funding from the U.S. Centers for Disease Control and Prevention. Since then, the NMACP has focused much of its effort on developing a statewide asthma coalition comprised of health care professionals and stakeholders committed to improving asthma care in New Mexico. In 2010, these efforts culminated in the creation of the NMCOA.

In the past 3 years, the NMCOA has evolved and grown and the scope of its influence has increased. Three committees have been established – Administrative Support, Education, and Policy. Representation is broad and diverse, with individuals from 17 organizations. Two of the 17 organizations have several programs as participants. In 2012 the NMCOA became a 501c3-sponsored organization under the auspices of the American Lung Association of New Mexico (ALA-NM).

During the last several years, the NMACP and NMCOA have made progress towards improving asthma health outcomes in New Mexico. In addition to helping establish a statewide asthma coalition, the NMACP has provided trainings to healthcare professionals, funded and promoted self-management education opportunities, and maintained and improved upon the asthma surveillance system which guides many of the asthma public health initiatives around the state.

The NMCOA has primarily focused on improving and standardizing asthma management among healthcare providers. This has included adapting and promoting the California Asthma Public Health Initiative (CAPHI) “*Summary of the NAEPP EPR-3: Stepwise Approach for Managing Asthma in Children and Adults*” as a standardized tool for use by healthcare providers statewide. The NMCOA also helped to develop the *New Mexico Asthma Action Plan for Schools* form used by health care providers and school nurses throughout the state. Creating one standardized and easily-accessible asthma action plan form saves providers the additional time and effort needed when working with many different types of forms. The standardized form also makes this information more accessible to anyone who may need to refer to it.

The NMCOA is currently working on improving reimbursement for self-management education provided by health care professionals, including certified asthma educators (AE-C). Further, during the 2014 NM Legislative Session, the NMCOA led the effort to pass legislation that would allow stocking of emergency epinephrine and albuterol medication in schools around the state.

The accomplishments of the NMACP and NMCOA have contributed to improved asthma care and laid a foundation for addressing asthma from a public health perspective in New Mexico. With continued effort and leadership, the burden of asthma for individuals, families, and the health care sector can further be reduced.

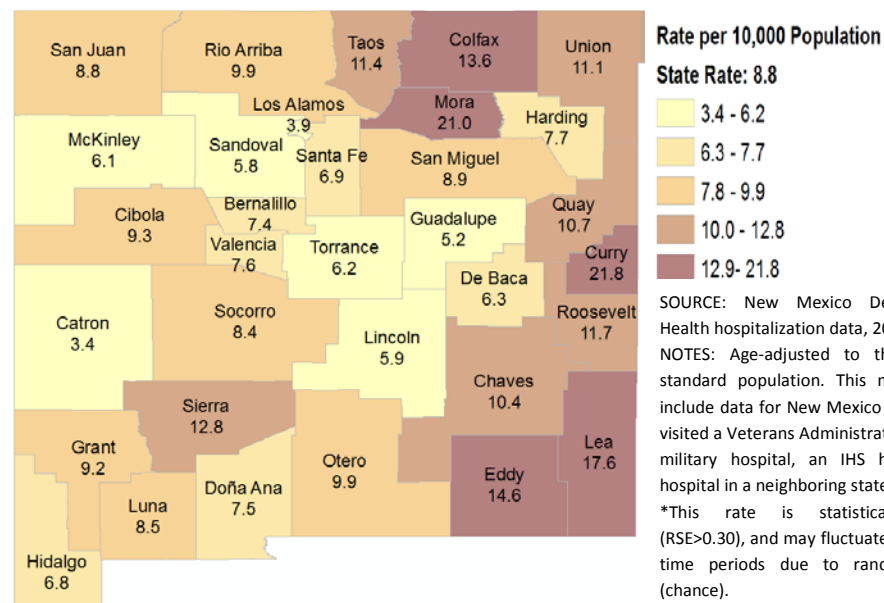
ASTHMA IN NEW MEXICO

Asthma is one of the most common chronic diseases affecting both children and adults in New Mexico. From 2011-2012, an estimated 9.6% of adults and 9.0% of children in New Mexico had asthma.³ This translates to about 150,000 adults and 47,000 children with the disease. In addition, each year there are about 7,700 visits to the ED and 1,800 hospitalizations for asthma.³ Due to the high prevalence of asthma and the many preventable asthma ED visits and hospitalizations, the direct and indirect costs of the disease in New Mexico are substantial.

Although asthma affects all populations throughout New Mexico, it affects some populations more than others. Adults and children from low-income households are more likely to have asthma than adults and children from households with higher incomes.³ Adults and children from low-income households are also the most likely to have poorly controlled asthma.³ There are important geographical asthma disparities as well (highlighted in the map below). In particular, counties in southeastern New Mexico have significantly higher adult and child asthma ED visit and hospitalization rates compared to the rest of the state. These increased rates in southeastern New Mexico have been observed for a number of years and may be related to the higher smoking and obesity rates in this part of the state.

A particular area of concern is that many individuals with asthma do not have their disease under control. Among adults and children who currently have asthma in New Mexico, approximately 52% and 38% have poorly or very poorly controlled asthma, respectively.³ With proper care and management, asthma control can be achieved for a vast majority of those with the disease. Unfortunately, many people with asthma do not receive proper care or learn how to manage their disease effectively.

Figure. Asthma hospitalization rates, New Mexico, 2008-2012



ABOUT THE NMCOA GOALS, OBJECTIVES AND STRATEGIES

In 2012, the NMCOA created and approved four goals to help guide its future efforts and activities. For every goal, corresponding objectives were also developed, describing the types of activities the Council will engage in for each goal.

The goals of the NMCOA are listed below:

1. Coordinate data sharing and efforts from all organizations with asthma interests to obtain a picture of the state of asthma in New Mexico, concentrating on improving the quality of life of New Mexicans with asthma.
2. Increase asthma education of health care providers and promote the use of NAEPP EPR-3 Guidelines (or any new revisions) recommended standards of care.
3. Educate patients, families, schools, and communities in order to reduce asthma hospitalization rates and regional and ethnic disparities in asthma health outcomes.
4. Participate in legislative advocacy for school based health reforms that affect the access to emergency treatment of asthma and anaphylaxis in the school setting.

For this document, the ***Breathing Easy in New Mexico*** Working Group developed strategies for every objective. The strategies describe how each objective, and more broadly, each goal, will be accomplished. The strategies were developed using SMART goals. They are measurable, include timelines, and have been assigned to specific committees within the NMCOA.

The following section outlines the goals, objectives, and strategies of the NMCOA. They are meant to be used as the primary blueprint that will guide the work of the NMCOA through 2019.

GOALS, OBJECTIVES AND STRATEGIES

GOAL 1

Coordinate data sharing and efforts from all organizations with asthma interests to obtain a picture of the state of asthma in New Mexico, concentrating on improving the quality of life of New Mexicans with asthma.

Long-Term Objective 1

Identify key asthma stakeholders within the NMCOA that collect, analyze and disseminate asthma data.

Strategies

- Review the partnership list and assess partners' data-sharing capacity annually by March 31. **Leader: Administrative Support Committee.**
- Assess the data needs of NMCOA and other stakeholders across NM annually by June 30. **Leader: Administrative Support Committee.**
- Recruit new potential partners with data sharing capacity annually by Sept 30. This initiative will be partially driven by the amount of data available from the above-listed strategy. **Leader: Administrative Support Committee.**
- The Administrative Committee will report on these activities annually by June 30.

Long-Term Objective 2

Improve asthma surveillance and data dissemination capacity.

Strategies

- Develop a central list for asthma-related data that can be used by NMCOA partners by September 30, 2014. This list would comprise information/data available from partner groups and other stakeholders, frequency collected, and how the compiled data can be used to reduce the asthma burden. **Leader: Administrative Support Committee.**
- Establish an effective means to evaluate how the data are compiled, analyzed and disseminated annually by September 30. **Leader: Administrative Support Committee.**
- The Administrative Committee will report on these activities annually by June 30.

GOALS, OBJECTIVES AND STRATEGIES

GOAL 2

Increase asthma education of health care providers and promote the use of National Asthma Education and Prevention Program Expert Panel Report 3 Guidelines recommended standards of care (or any new revisions).

Long-Term Objective 1

Encourage the utilization of asthma action plans by healthcare providers in order to empower their patients with asthma to improve their asthma control.

Strategies

- Promote asthma action plans to healthcare providers statewide (e.g. medical practices, clinics, school-based health centers) by communication methods available (e.g. NMCOA and coalition partners' websites, conferences, meetings, and small educational sessions). Information will emphasize using asthma action plans in a primary care setting. **Leaders: Education/Administrative Support Committees.**
- The Education/Administrative Support Committees will report on these activities each year by June 30.

Long-Term Objective 2

Encourage the utilization of the Asthma Control Test™ by healthcare providers as a validated tool for assessing asthma control.

Strategies

- Promote the Asthma Control Test™ to healthcare providers statewide (e.g. medical practices, clinics, school-based health centers) by communication methods available (e.g. NMCOA and coalition partners' websites, conferences, meetings, and small educational sessions). Information will emphasize using the **Asthma Control Test™** in a primary care setting. **Leaders: Education/Administrative Support Committees.**
- The Education/Administrative Support Committees will report on these activities each year by June 30.

GOALS, OBJECTIVES AND STRATEGIES

Long-Term Objective 3

*Promote the use of the NMCOA's one page **Summary of the NAEPP's EPR-3: Stepwise Approach for Managing Asthma in Children and Adults** to healthcare providers statewide.*

Strategies

- Promote the use of the one page *Summary of the NAEPP's EPR-3: Stepwise Approach for Managing Asthma in Children and Adults* through the NMCOA and partners' websites, conferences, meetings, and small educational sessions. **Leaders: Education/Administrative Support Committees.**
- The Education/Administrative Support Committees will report on these activities each year by June 30.

Long-Term Objective 4

Advance reimbursement measures for certified asthma educators and other clinical staff to be a self-sustaining process.

Strategies

- Collaborate with health insurance companies to increase reimbursement rates for asthma self-management education provided by certified asthma educators and other non-physician healthcare providers. **Leader: Policy Committee.**
- Update the state list of certified asthma educators on the National Asthma Educator Certification Board website annually. **Leader: Policy Committee.**
- The Policy Committee will report on these activities each year by June 30.

GOALS, OBJECTIVES AND STRATEGIES

GOAL 3

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

Long-Term Objective 1

Participate in local and regional health events and other appropriate venues (e.g. conferences, symposiums, trainings) to promote asthma awareness.

Strategies

- Identify local and regional health events throughout New Mexico and encourage NMCOA membership to attend at least one local and one regional event each calendar year. **Leaders: Education/Administrative Support Committees.**
- Identify appropriate, up-to-date and evidence-based asthma educational resources for patients and families. Material will include but not be limited to the prevalence of asthma, triggers, management, and asthma care and resources available in New Mexico. **Leader: Education Committee.**
- Disseminate asthma resources as identified in the above-listed strategy at health events. The NMCOA will coordinate with health event organizers to ensure that asthma materials are disseminated. **Leaders: All Committees.**
- All Committees will report on their respective activities each year by June 30.

GOALS, OBJECTIVES AND STRATEGIES

Long-Term Objective 2

Partner with health care providers statewide to provide educational resources to use with patients and their families.

Strategies

- Identify evidence-based educational materials to be used by asthma patients and their families. **Leader: Education Committee.**
- Promote and disseminate the educational resources in the above-listed strategy to healthcare providers, including school nurses, through available communication methods (e.g. NMCOA and coalition partners' websites, hard copy packets, email). **Leaders: Education/Administrative Support Committees.**
- Identify and promote evidence-based educational programs based on the feedback in the above-listed strategy annually by September 30. **Leader: Education Committee.**
- The Education/Administrative Support Committees will report on their respective activities each year by June 30.

GOALS, OBJECTIVES AND STRATEGIES

GOAL 4

Participate in legislative advocacy for school based health reforms that affect the access to emergency treatment of asthma and anaphylaxis in the school setting.

Long-Term Objective 1

Support stakeholders in pursuing plans to allow stock emergency medications in schools.

Strategies

- Serve as a facilitator to stakeholder groups advocating for legislation that allows emergency stock medication in schools. This will include providing a location for meetings, communicating information to stakeholders related to the legislative and pharmacy regulatory change processes, and providing technical expertise when needed and as requested (SB75 was signed into law March 2014). **Leader: Policy Committee.**
- Support the New Mexico Board of Pharmacy in its effort to create a separate licensure for “medication rooms” in schools. This will enable schools to stock albuterol and epinephrine for emergency use before December 31, 2014. **Leader: Policy Committee.**
- The Policy Committee will report on these activities each year by June 30.

GOALS, OBJECTIVES AND STRATEGIES

Long-Term Objective 2

Support stakeholders in developing effective school nurse training protocols and procedures related to emergency stock medications.

Strategies

- Provide technical expertise to New Mexico Department of Health, New Mexico Public Education Department and New Mexico School Nurses Association as requested in support of developing training protocols and procedures related to emergency stock medications. This will include identification of best practices in place nationwide and identification of key stakeholders that should be included in the process before December 31, 2014. **Leader: Policy Committee.**
- Inform stakeholders about the Department of Health rule making process and the pharmacy classification process before December 31, 2014. This will ensure stakeholders can provide input as needed. **Leader: Policy Committee.**
- The Policy Committee will report on these activities each year by June 30.

HOW THIS PLAN WAS REVISED

Two years ago, the NMACP and its partners began informal reviews and discussions regarding the revision of New Mexico's *2009 Breathing Free* state asthma plan. Although several presentations were made in previous years to several groups and partnerships about the state asthma plan and its purpose, the work toward revising this document began in 2012.

Breathing Easy in New Mexico: Addressing the Burden of Asthma through Action, 2014-2019 was written by the State Asthma Plan Working Group, a committee comprised of partners from the NMCOA. The Working Group formed in 2013 to begin the work on this document. The document will serve as a road map to address asthma issues in our state over the next five years. The group had an opportunity to review several state asthma plans, as well as the previous New Mexico plan, and used them to form ideas about content, format, and style. The group set up a timeline to begin the first draft, had several face-face meetings and communicated by email extensively.

The Goals, Objectives and Strategies of ***Breathing Easy in New Mexico*** take into consideration previous and continued combined efforts of the asthma stakeholders, including data sharing, educational venues for communities, education for patients and healthcare professionals and policy creation to reimburse for asthma education. They also address the stocking of emergency asthma medications in schools.

Breathing Easy in New Mexico is created as a living document. The NMCOA will utilize it proactively to help it achieve its goals. The NMCOA will also promote this document and the work of the NMCOA among future stakeholders statewide to improve asthma management and reduce the disease burden.

APPENDIX A

GLOSSARY

The words and phrases listed below have been used in the state plan.

Allergens – Substances that can cause an allergic reaction or an asthma exacerbation. Common allergens include dust, pets, pollen, smoke, chemicals, and some medications.

Asthma action plan – A written plan developed in consultation with an asthma patient, their family and their health care provider. It outlines the patient’s daily treatment approach, such as what kind of medicines to take and when, how to handle worsening asthma or asthma attacks, and when to call the doctor or go the emergency room.

Asthma Control Test™ (trademark of QualityMetric Incorporated) – A validated and reliable patient self-administered survey used to identify poorly-controlled asthma in patients (ages 12 and above) based on 5 questions regarding control of asthma over the preceding 4 weeks. (A pediatric version is available and named, “The Childhood Asthma Control Test” for ages 4-11 years and developed by GlaxoSmithKline.)

Asthma exacerbations – Commonly referred to as an asthma attack, the symptoms include shortness of breath, chronic cough, wheezing, and chest tightness. Frequent asthma exacerbations are an indication that asthma is poorly controlled in a patient.

Asthma health disparities – Refers to differences in the prevalence of disease, health outcomes, quality of health care and access to health care services among different groups.

Best Practice Guidelines – Methods that have consistently shown results superior to those achieved with other means, and that are used as a benchmark.

Centennial Care – The new name of the New Mexico Medicaid program that started January 1, 2014. Centennial Care covers physical health, behavioral health, and long-term care and community benefits for eligible populations.

Certified Asthma Educators – Health professionals who have earned a certification from the National Asthma Educator Certification Board. Certified Asthma educators are trained to educate and counsel people with asthma and their families so they can properly manage the condition and minimize the impact it has on their quality of life.

Emergency stock medications – Medication stored for use in emergency situations only. For example, schools may have a stock supply of albuterol or epinephrine for use when a student is having an asthma attack or an allergic reaction.

Health care providers – A person who helps in identifying or preventing or treating illness or disability.

Irritant – Inhaled substances in the environment such as dust and tobacco smoke that may cause an asthma exacerbation.

KIDS COUNT Report® – A project of the Annie E. Casey Foundation, KIDS COUNT Report® is a nationally funded and state-by-state effort to track the well-being of children in the United States. By providing high-quality data and trend analysis, Kids Count Report seeks to enrich local, state and national discussions concerning ways to secure better futures for all children and to raise the visibility of children's issues through a nonpartisan, evidence-based lens.

Medically underserved – Populations that have reduced access to quality health care due to geography or an inability to access the health care system.

NAEPP guidelines – National Asthma Education and Prevention Program Expert Panel Report 3 (EPR3) Guidelines for the Diagnosis and Management of Asthma published in 2007 and coordinated by the National Heart, Lung, and Blood Institute. This clinical guideline for diagnosing and managing asthma built upon prior guidelines from 1997 and 2004. An expert panel of 18 unpaid consultants weighed the available scientific evidence to come to agreement on a basic guideline that emphasized four areas of care: assessment and monitoring, patient education, control of factors contributing to asthma severity, and pharmacologic treatment.

Poorly-controlled asthma – Refers to the level of asthma control in an asthma patient. Poorly controlled asthma is characterized by daily symptoms, nighttime awakening 4 times a week or more, extreme limitation in normal activity, and constant use of rescue medications.

Prevalence of asthma – The percentage of people who have asthma in a defined population at a single point in time.

Proper care and management – Includes routine health care visits, use of effective medication, use of self-management techniques such as trigger recognition and reduction and adherence to nationally accepted protocols and guidelines.

Quality of Life – The perceived quality of an individual's daily life, including emotional, social and physical aspects.

School Based Health Center - SBHCs provide basic, quality, primary medical care services (e.g. immunizations, asthma and diabetes management, and nutrition advice) and behavioral/mental health services, (e.g. grief therapy, suicide prevention, and peer pressure coping skills) where students are – in school. In New Mexico, there are more than 80 SBHCs providing services to students. In communities where clinics and hospitals are not easily accessible, SBHCs provide an important safety net to entire families.

SMART goals – S.M.A.R.T. is an acronym: specific, measurable, achievable, relevant, and time-based. S.M.A.R.T. goals help organizations achieve their desired results.

Work Related Asthma – Work-related asthma includes work aggravation of preexisting asthma and new-onset asthma induced by occupational exposure.

APPENDIX B

HEALTHY PEOPLE 2020

About Healthy People

Each decade since 1990, the Department of Health and Human Services' Healthy People initiative has provided science-based, 10-year national objectives for improving the health of all Americans. By setting benchmarks and assessing progress toward shared goals, the Healthy People initiative seeks to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

About Healthy People 2020 and Respiratory Diseases such as Asthma

'**Respiratory Diseases**' (RD) is one of 42 health topic areas listed in the Healthy People 2020. Asthma and chronic obstructive pulmonary disease (COPD) are included in this topic area while other respiratory conditions are listed under other topics.

The Goal specified for Respiratory Diseases is to "Promote respiratory health through better prevention, detection, treatment, and education efforts."

The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors. Risk factors for asthma currently being investigated include: Having a parent with asthma, sensitization to irritants and allergens, respiratory infections in childhood, and weight status (overweight).

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include:

- Children
- Women (among adults)
- Boys (among children)
- African Americans
- Puerto Ricans
- People living in the Northeast United States
- People living below the Federal poverty level
- Employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.⁵

RD-1 Reduce asthma deaths

- RD-1.1 Reduce asthma deaths among children and adults under age 35 years
- RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old
- RD-1.3 Reduce asthma deaths among adults aged 65 years and older

RD-2 Reduce hospitalizations for asthma

- RD-2.1 Reduce hospitalizations for asthma among children under age 5 years
- RD-2.2 Reduce hospitalizations for asthma among children and adults aged 5 to 64 years
- RD-2.3 Reduce hospitalizations for asthma among adults aged 65 years and older

RD-3 Reduce emergency department (ED) visits for asthma

- RD-3.1 Reduce emergency department (ED) visits for asthma among children under age 5 years
- RD-3.2 Reduce emergency department (ED) visits for asthma among children and adults aged 5 to 64 years
- RD-3.3 Reduce emergency department (ED) visits for asthma among adults aged 65 years and older

RD-4 Reduce activity limitations among persons with current asthma

RD-5 Reduce the proportion of persons with asthma who miss school or work days

- RD-5.1 Reduce the proportion of children aged 5 to 17 years with asthma who miss school days.
- RD-5.2 Reduce the proportion of adults aged 18 to 64 years with asthma who miss work days

RD-6 Increase the proportion of persons with current asthma who receive formal patient education

RD-7 Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines

- RD-7.1 Increase the proportion of persons with current asthma who receive written asthma management plans from their health care provider according to National Asthma Education and Prevention Program (NAEPP) Guidelines
- RD-7.2 Increase the proportion of persons with current asthma with prescribed inhalers who receive instruction on their use according to National Asthma Education and Prevention Program (NAEPP) guidelines
- RD-7.3 Increase the proportion of persons with current asthma who receive education about appropriate response to an asthma episode, including recognizing early signs

and symptoms or monitoring peak flow results, according to National Asthma Education and Prevention Program (NAEPP) guidelines

- RD-7.4 Increase the proportion of persons with current asthma who do not use more than one canister of short-acting inhaled beta agonist per month according to National Asthma Education and Prevention Program (NAEPP) guidelines
- RD-7.5 Increase the proportion of persons with current asthma who have been advised by a health professional to change things in their home, school, and work environments to reduce exposure to irritants or allergens to which they are sensitive according to National Asthma Education and Prevention Program (NAEPP) guidelines
- RD-7.6 (Developmental) Increase the proportion of persons with current asthma who have had at least one routine follow-up visit in the past 12 months according to National Asthma Education and Prevention Program (NAEPP) guidelines
- RD-7.7 (Developmental) Increase the proportion of persons with current asthma whose doctor assessed their asthma control in the past 12 months according to National Asthma Education and Prevention Program (NAEPP) guidelines
- RD-7.8 (Developmental) Increase the proportion of adults with current asthma who have discussed with a doctor or other health professional whether their asthma was work related according to National Asthma Education and Prevention Program (NAEPP) guidelines

APPENDIX C

BREATHING EASY IN NEW MEXICO WORKING GROUP

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Photos courtesy of CDC/Dawn Arlotta

APPENDIX D

NMCOA PARTNERSHIP LIST

The following groups and organizations have agreed to support the goals, objectives and strategies of NMCOA in efforts to reduce the asthma burden for New Mexicans.

Albuquerque Public Schools (APS) Asthma Program: The APS Asthma Program is located within the Nursing Services Unit of the Student, Family, and Community Supports Department of APS Public Schools. The APS Asthma Program strives to create and maintain, “asthma-friendly” schools by providing school nurses and staff with best practice policies and procedures and current asthma information. The APS Asthma Program offers supports to students with asthma by partnering with school nurses to provide on-going care management and asthma management education.

Contact Information: Website: www.aps.edu/nursing/asthma
Phone: (505) 855-9836
E-mail: goradia_r@aps.edu

American Lung Association of New Mexico: The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through Education, Advocacy and Research. With the generous support of the public, we are “*Fighting for Air.*” When you join the American Lung Association in the fight for healthy lungs and healthy air, you help save lives today and keep America healthy tomorrow.

Contact Information: Website: www.lungnewmexico.org
Phone: (505) 265-0732
E-mail: jdemaria@lungnewmexico.org

Blue Cross Blue Shield of New Mexico: Blue Cross Blue Shield of New Mexico is a division of HealthCare Service Corporation, an independent licensee of the Blue Cross and Blue Shield Association. We offer healthcare insurance through individual and family plans on the health insurance marketplace, employer plans, Medicare plans, and Blue Cross Community Centennial. Our purpose is to stand with our members—and all citizens of New Mexico—in sickness and in health. We are proud to work with community partners, such as the New Mexico Council on Asthma, who share our mission to lead the people of New Mexico towards better health through education and best medical practices.

Contact Information: Website: www.bcbsnm.com
Phone: (505) 291-3500

BreatheAmerica: BreatheAmerica, with Medical Director, Steven Tolber, M.D. & Pamela Daffern, M.D. operate a center of excellence for patients with asthma and airway disease. BreatheAmerica is located at 4901 Lang Avenue NE, Suite 100. BreatheAmerica's comprehensive patient care program includes a certified asthma educator, who works with asthma patients in order to increase compliance and a better quality of life for the patient.

Contact Information: Website: www.breatheamerica.com
Phone: (505) 883-2574

Envision New Mexico (ENM): Envision New Mexico (ENM) is located in the Department of Pediatrics at the University at New Mexico Health Sciences Center. ENM connects healthcare providers, children and families in New Mexico with the right resources for healthy living. ENM offers an Asthma Quality Improvement Initiative to increase provider adherence to the NHLBI guidelines for the management of pediatric asthma. At Envision we aim to close the gap between what physicians know and what they do in their care for children with asthma.

Contact Information: Website: www.envisionnm.org
Phone: (505)925-7600

Molina Healthcare of New Mexico, Inc.: The mission of Molina Healthcare of New Mexico, Inc. is to provide quality health services to financially vulnerable populations through government programs like Centennial Care. Since Dr. C. David Molina founded the company in 1980, beginning with a single clinic in Southern California, Molina Healthcare grew to establish health plans in over 10 states. Molina Healthcare values quality as a key component to caring for its members. This includes ensuring members understand what asthma is, asthma medications and proper use, how to identify asthma triggers, as well as providing resources as needed. As part of spreading asthma knowledge, Molina Healthcare is dedicated to the reimbursement of certified asthma education across the state.

Contact Information: Website: www.molinahealthcare.com
Phone: (505) 348-0929
E-mail: peter.conticelli@molinahealthcare.com

New Mexico Allergy Society: The New Mexico Allergy Society is an association of allergists practicing in the State of New Mexico and chartered under the New Mexico Medical Society. Our society meets semi-annually for collegial and educational events. Our mission is to educate the general public and medical professionals about asthma and allergic diseases, promote the training of future New Mexico allergists and allergy medical assistants, support organizations that provide aide to people suffering from asthma and allergic disease, present issues pertinent to our New Mexico allergists to the National Societies and to improve care for people suffering from asthma and allergic diseases in the State of New Mexico.

Contact Information: Website: nmallergysociety.org
Phone: (505) 294-1471
Katherine Abernathy-Carver, MD
President, New Mexico Allergy Society

NM Alliance for School-Based Health Centers: The New Mexico Alliance for School-Based Health Care is a non-profit organization that envisions healthy students who are ready to learn. The Alliance represents over 70 School-Based Health Centers in New Mexico and collaborates with other partners to promote, facilitate, and advocate for comprehensive, culturally-competent health care, including health education, in schools. Of paramount importance to the Alliance is advocacy in support of School Based Health Centers in their delivery of preventive medical and behavioral health services at school for students when they need it, preventing health-related absences and promoting students' academic success. The Alliance supports the work of the New Mexico Council on Asthma and has a long history of advocating for policies that benefit children with asthma, including such efforts as dissemination of the asthma action plan for schools and advocating for self-carry of asthma inhalers. Anyone with questions about the New Mexico Alliance for School-Based Health Care is welcome to contact us.

Contact Information: Website: www.nmasbhc.org
Executive Director, Nancy Rodriguez
Email: nancyrodrigueznmashbc@gmail.com

New Mexico Department of Health

Asthma Control Program (ACP): The Asthma Control Program (ACP) is part of the New Mexico Department of Health and is funded by the Centers for Disease Control and Prevention National Center for Environmental Health Air Pollution & Respiratory Health Branch. The purpose of the ACP is to collaborate with stakeholders statewide to reduce the burden of asthma by collecting/analyzing data and sharing data results, increasing public awareness about asthma control and providing up-to-date information about national asthma guidelines to healthcare professionals and the public.

Contact Information: Website: www.nmhealth.org/eheb
Phone: (505) 476-1734
E-mail: DOH-eheb@state.nm.us

Family Health Bureau (FHB): The Family Health Bureau is part of the New Mexico Department of Health and offers preventive services to reproductive age women, mothers, infants, children, adolescents/youth, including children and youth with special health care needs, and their families. One of the services provided includes holding asthma clinics for underserved youth populations in rural areas of New Mexico. These clinics help to expand access to quality care for all pediatric asthma patients in New Mexico.

Contact Information: Website: http://nmhealth.org/phd/about_FHB.shtml
Phone: (505) 476-8854
Email: Janis.Gonzales@state.nm.us

New Mexico Emergency Medical Systems Bureau (NMEMS): The New Mexico Emergency Medical Systems Bureau is located in the New Mexico Department of Health and is the lead agency for the emergency medical services (EMS) system in New Mexico. The NMEMS is authorized by the EMS Act (24-10B NMSA) to enhance and regulate a comprehensive EMS system in New Mexico. This includes regional EMS planning and development, licensing of EMS personnel, EMS communications coordination, EMS data collection, certification of air ambulances and other EMS agencies, and the development and maintenance of EMS scopes of practice for each licensure level. The EMS scopes of practice include treatment modalities for asthma patients at all levels of EMT licensure, including the use of epinephrine, albuterol and other medications and skills.

Contact Information: Website: www.nmems.org
Phone: (505) 476-8204
E-mail: KyleL.Thornton@state.nm.us

Office of School and Adolescent Health (OSAH): The Office of School and Adolescent Health (OSAH) is part of the New Mexico Department of Health and works to improve student and adolescent health through integrated school-based or school-linked health services. The OSAH engages in adolescent health promotion and disease prevention activities directly and through collaboration with public and private agencies across New Mexico. The OSAH staff also provide on-going technical assistance and training about asthma support systems to school health personnel and other partners.

Contact Information: Website: <http://nmschoolhealth.org>
Phone: (505) 222-8684
Email: Winona.Stoltzfus@state.nm.us

Tobacco Use Prevention and Control (TUPAC) Program: The TUPAC Program is located in the Chronic Disease Bureau of the New Mexico Department of Health. The TUPAC program is funded by the Centers for Disease Control and Prevention (CDC) and the 1998 Master Settlement Agreement paid to New Mexico by the tobacco industry. The TUPAC program and its partners use a comprehensive, evidence-based approach to promote healthy lifestyles that are free from tobacco abuse and addiction among all New Mexicans. The TUPAC program works with communities, schools, and organizations to implement activities and services that decrease harmful and addictive use of commercial tobacco, outside of traditional, sacred or ceremonial purposes. TUPAC follows CDC's four goal areas for comprehensive tobacco control programs:

- Prevent initiation among youth and young adults
- Promote quitting among adults and youth
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities among population groups.

Contact Information: Website: <http://www.nmtupac.com>
Phone: (505) 222-8616
E-mail: benjamin.jacquez@state.nm.us

Southeast Public Health Office (SE PHO): The Southeast Public Health Office is part of the New Mexico Department of Health and aims to promote health and sound health policy, prevent disease and disability, improve health services systems and assure that essential public health functions and safety net services are available to New Mexicans living in southeastern New Mexico.

Contact Information: Website: <http://nmhealth.org/PHD>
Phone: (575) 347-2409
Email: Jeffrey.Lara1@state.nm.us

New Mexico Pediatric Society: The New Mexico Pediatric Society is the New Mexico Chapter of the American Academy of Pediatrics. The NMPS was established in 1945 and is dedicated to the principle of a meaningful, healthy life for every child. We are an organization of physicians and allied health professionals who care for the infants, children and adolescents of New Mexico. We place special emphasis on leveraging influence on various health initiatives through legislative advocacy, our statewide Pediatric Council, and partnerships with New Mexico Department of Health, New Mexico Council on Asthma, and other organizations working to improve the health and welfare of children.

Contact Information: Website: www.nmaap.org
Phone: (505) 962-2207
E-mail: jruddy@nmapp.org (Executive director)

New Mexico Society for Respiratory Care (NMSRC): The NMSRC is an affiliate of the American Association of Respiratory Care (AARC), and is a non-profit professional organization. The NMSRC was established in 1996. New Mexico became the third state in the nation to pass legislation for respiratory care. The mission of the NMSRC is to represent and support its members through public and legislative advocacy, educational opportunities and to continuously strive for excellence in the cardiopulmonary profession. By these values, the NMSRC is committed to health, healing and disease prevention for patients in NM and wherever its professional presence can make a difference.

Contact Information: Website: <http://www.nmsrc.org>
E-mail: info@nmsrc.org

Presbyterian Healthcare Services (PHS): PHS is a not-for-profit system of hospitals, a health plan and a growing medical group. Highlights to consider: PHS is governed by a Board of Trustees; shows commitment to communities through outreach initiatives, such as the First Born program; reviews health issues facing communities via the annual Community Health

Assessments; patients and members can view health information and manage their health insurance coverage through a secure patient portal; and for more than 100 years Presbyterian has been committed to a single purpose -- improving the health of the patients, members and communities it serves.

Contact Information: Website: <https://www.phs.org/about-us>
Phone: (505) 923-5678 or (800) 356-2219
E-mail: info@phs.org

University of New Mexico

Adult Pulmonary Clinic: The adult pulmonary clinic provides care to patients with mild to severe asthma. The clinic offers standardized education to patients that include how to use medication, irritant avoidance, home treatments and written action plans. Patients who may benefit the most from the clinic are those with poorly controlled asthma and most at risk of ED visits and hospitalizations.

Contact Information: Website: https://hospitals.unm.edu/outpt/adult_asthma.shtml
Phone: (505) 272-3840

College of Pharmacy: The mission of the College of Pharmacy is to develop innovative leaders in pharmaceutical care and research who enhance the quality of life of the people of New Mexico. The College graduates about 90 pharmacists each year. These pharmacists provide patient care, medication, and education and help to improve the health for residents of New Mexico. Pharmacists are in a unique position to help increase knowledge about and treatment for asthma. Pharmacists are easily accessible and provide a link for patients and their providers.

Contact Information: Phone: (505) 272-3241
Email: pharmacy@salud.unm.edu

Pediatric Pulmonary Clinic: Pediatric Pulmonary Clinic treats pediatric patients with respiratory problems including cystic fibrosis, asthma, neuromuscular diseases, pediatric rheumatologic diseases, bronchopulmonary dysplasia, ventilator dependence, tracheostomy dependence, sleep disorders, bronchiectasis, and chronic lung disease. Patients are seen by an interdisciplinary team, if needed, including respiratory therapy, pharmacy, nursing, social work, and nutrition. Patients with asthma may also be seen in UNM/CMS asthma outreach clinics held throughout the state.

Contact Information: Website: <http://hospitals.unm.edu/children/pss/pulmonology.shtml>
Phone: (505) 272-6633

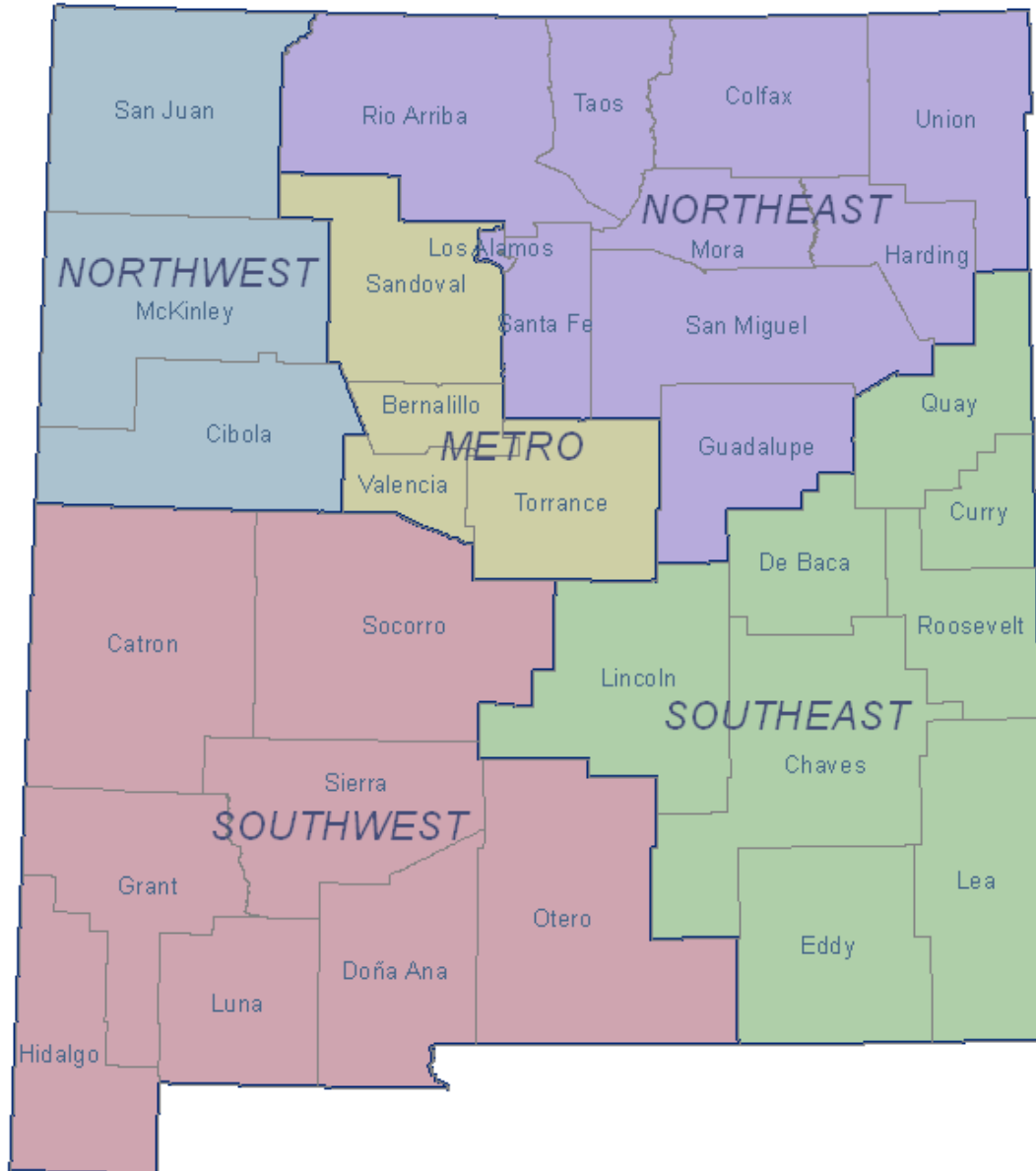
APPENDIX E

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APPENDIX F

NM DOH PUBLIC HEALTH REGIONS MAP



Northwest Region: San Juan, McKinley, and Cibola Counties

Northeast Region: Rio Arriba, Taos, Colfax, Union, Los Alamos, Santa Fe, Mora, San Miguel, Guadalupe, and Harding Counties

Metro Region: Bernalillo, Sandoval, Torrance, and Valencia Counties

Southeast Region: Quay, DeBaca, Curry, Lincoln, Roosevelt, Chaves, Eddy, and Lea Counties

Southwest Region: Catron, Socorro, Grant, Sierra, Hidalgo, Luna, Doña Ana, Otero

CONTACT INFORMATION:

New Mexico Council on Asthma (NMCOA)

nmcouncilonasthma@gmail.com
