



Arizona Asthma
Coalition

Breathing Easier

Visit our website at www.azasthma.org

VOLUME 3 ISSUE 1

AUGUST, 2010

AAC Meetings:

Wednesday, August 25,
2010 from 1:00 p.m. to
3:00 p.m. at St. Joseph's
Hospital and Medical
Center, 124 W. Thomas
Road, Second Floor Con-
ference Room, Phoenix,
AZ

Wednesday, October 27,
2010 from 1:00 p.m. to
3:00 p.m. Same location
as above.

Inside this issue:

A Message from the
Chair

A Message from the Ex-
ecutive Director

Legislative Update

FDA Approves Novel
Asthma Treatment

Support Asthma Friendly
Schools

Maricopa County
Asthma Coalition works
with Pinal-Gila Head
Start

Asthma Conference a
Great Success!

Asthma Resources and
Articles

Childhood Asthma
Linked to COPD

A Message from the Chair Lilia Parra-Roide, MD

Take control of your asthma!

If you or someone you care for has asthma, learn to recognize and easily report asthma control to your doctor. There are a few well-validated tools that both patients and health care providers can access on the Internet to assess control.

The TRACK test is designed for children who are 5 and under: <http://www.asthmatracktest.com/>. The Asthma Control Test is available for children 4 to 11 years and for people that are 12 years and over: <http://www.asthmacontrol.com/>.

The tests include questions asking you to recall how often you or your child experi-

ence coughing, wheezing or shortness of breath during the day and during the night. How often do these symptoms interfere with your daily activities and how often you have need to take medications?

Take the test even if you think the asthma is in control. You may be surprised. Make an appointment with your doctor and take your results to them. Discuss the symptoms, what they mean, and what you should be doing about them. Don't leave your doctor's office without a written asthma action plan. Developing an action plan with your healthcare provider is a great way to understand how to deal with the problem. Take control of your asthma!

A Message from the Executive Director Camille Tumolo, MA

The Environmental Protection Agency (EPA) hosted its annual Asthma Forum on June 17th and 18th in Washington, D.C. The EPA generously provided me with a full scholarship to attend the conference, because they wanted representation from the Arizona Asthma Coalition. The focus of the conference was on indoor asthma triggers, but other asthma topics were discussed as well. Attendees from each state sat together and worked collaboratively on projects that would benefit their state. The Arizona group included representatives from the American Lung Association, Novartis, the Native American Liaison from the Arizona Department of Health Services and several other representatives of the Native American community in Arizona. As a result of our work together, we will now have

the exciting opportunity to work collaboratively with the Native American community on asthma issues that effect them..

I will be presenting information about the AAC and how we can serve as a resource, on August 21 at a conference in Tubac, titled, *Asthma Trigger Management for Primary Care Providers*. For more information about the conference contact Diane Cruz at dyruz@mariposachc.net.

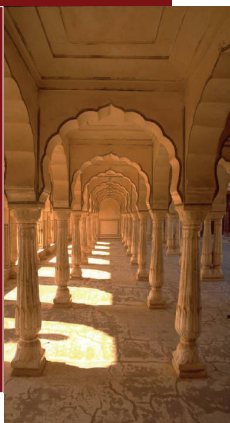
At the AAC Meeting on August 25th, we will receive an update on the ADHS Asthma Burden Report.. Attendees will have the opportunity to provide feedback.. Please come to this meeting and have your voice heard.



As a 501(c)3 non-profit charitable organization, your donations are tax deductible.

www.azasthma.org

Watch for more information about the Fifth Annual Arizona Asthma Conference to be held in May, 2010.



Legislative Update

Barbara Burkholder

KidsCare News: Arizona almost became the first state in the U.S. to eliminate its Children's Health Insurance Program for low-income families when the Legislature voted to repeal the program in Spring 2010. However, lawmakers reversed their decision because national health reform passed in March requiring states to maintain their effort in order to be eligible for federal matching funds. Currently, the Federal government

picks up 75% of the cost, with the state matching 25%.

The program is still threatened because Governor Brewer established an enrollment freeze on January 1, 2010. As a result, more than 100 uninsured kids are turned away from the program every day. According to Children's Action Alliance, through June 2nd, 46,966 children have been frozen out of KidsCare and enrollment has fallen by 31% since

December 2009.

The Coalition supports continuous access to comprehensive health care for people with asthma. Covering children with KidsCare health insurance is bargain for our state. Asthma and other chronic conditions should be managed in cost-effective outpatient settings rather than emergency rooms. We urge the Governor to lift the freeze on enrollment.

- continued on p. 5

FDA Approves Novel Asthma Treatment

The AP (4/29) reports that the FDA approved the "first non-drug asthma treatment." According to the developer of the Alair System, Asthmatx, the procedure known as "bronchial thermoplasty" would "only be appropriate for about two million adults with severe asthma who don't get relief from existing drugs."

The device, HealthDay (4/28, Roberts) reported, "delivers radiofrequency energy directly to the airways, heating and reducing the thickness of lung tissue and improving users' ability to breathe, the agency said in a news release." But, "to achieve the device's full benefit, users will require multiple sessions targeting different parts of the lungs." Notably, "as a condition of approval," the California-based manufacturer "must

conduct additional studies to evaluate the product's long-term safety and effectiveness, the FDA said."

The initial 297-patient study "found patients treated with Alair experienced an average 32% reduction in asthma attacks, 84% reduction in emergency" department "visits for respiratory symptoms, 73% reduction in respiratory-related symptoms, and 66% reduction in time absent from daily activities due to asthma," MedPage Today (2/28, Petrochko) reported. "Adverse effects of system treatment include asthma attacks, wheezing, chest tightness, chest pain, atelectasis, hemoptysis, anxiety, headaches, and nausea." Moreover, certain individuals should not use the device, and "those with an active respiratory infection, coagu-

lopathy, asthma exacerbation, or change in corticosteroid regimen within 14 days of intended device installation should wait until the condition clears before undergoing treatment." Medscape (4/28, Wakinine) also covered the approval.



Support Asthma Friendly Schools

Asthma is a leading chronic illness among children and youth in the United States. In 2006, 5.6 million school-aged children and youth were reported to currently have asthma, and 3.1 million had an asthma episode or attack within the previous year.

Check out this article from CDC on “Families,

Clinicians and Schools Working Together to Improve Asthma Management”.

<http://www.cdc.gov/Features/ManageAsthma/>

The article itemizes six key steps, provides additional steps and great resources.

1. Promoting asthma-friendly schools
2. Identifying students with

asthma

3. Educating students and staff about asthma
4. Reducing environmental exposures (IAQ Management Plan is suggested)
5. Managing asthma episodes at school
6. Monitoring and coordinating care for students with asthma

Support the AAC by becoming a member or by making a tax deductible donation.. Send your check to P.O. Box 25098, Scottsdale, AZ 85255 or go to our website at www.azasthma.org.

Maricopa County Asthma Coalition Works with Pinal-Gila Head Start

Pinal Gila Community Child Services Pre-school Head Start program has implemented the Maricopa County Asthma Coalition Asthma Screening process for the last two school years.

During the 2009/2010 school year approximately 1040 children in Pinal and Gila counties were screened. Of those, 14 (1%) scored in the possible range and 134 (13%) scored in the positive range. All who were still enrolled (130) received a letter from the Maricopa County Asthma Coalition with recommendations

regarding medical evaluation.

PGCCS Staff followed up with each parent who received a letter to discuss the child’s safety while at school. Meetings were scheduled to develop Individual Asthma Plans. The child’s parent and assigned classroom staff, Site Manager, and often the Health Coordinator participated in each meeting. Seventy two new Individual Asthma Plans were developed.

This is a valuable program and we appreciate being allowed to participate.

For more information contact Connie Morrison, Health Coordinator, Pinal Gila Community Child Services, Inc. (520)723-1224 or e-mail connie.morrison@pgccs.org

Arizona Asthma Conference a Great Success!

The Fifth Annual Arizona Asthma Conference, held at the University Medical Center in Tucson and sponsored by Diamond Children’s Medical Center on April 24th, 2010 was successful on every level. We are very grateful to the Medical Center. There were 90 attendees and 15 vendors at the conference and the feedback was very positive.

The outstanding speakers included Fernando Martinez, MD, Mark Brown, MD and Wayne Morgan, MD are all nationally and internationally respected asthma experts.

This year, there were several attendees from other states, so clearly the word is getting out that this is an outstanding conference and worth the trip.

We are currently negotiating with a hospital in the Valley for the Sixth Annual Arizona Asthma Conference, which will be held in May, 2011. We hope to have that information for you in November edition of this newsletter.





Arizona Asthma Coalition

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Mission: The Arizona Asthma Coalition will serve as a catalyst to decrease the burden of asthma in Arizona through awareness, advocacy and education.

Vision: To eliminate deaths from asthma.

Goals:

- Achieve cleaner air for all Arizonans through public policy
- Advocate for better access to healthcare for all Arizonans
- Improve asthma outcomes through education
- Build coalitions, relationships and partnerships

www.azasthma.org

Asthma Resources and Articles

HealthDay

It's well known that food laden with fat isn't good for your heart, but now a new study suggests that fatty meals may affect lung function, too. For more information go to <http://tinyurl.com/2enmcp6>

From [WebMD Health News](#)

Childhood Asthma Linked to Risk of COPD

Katrina Woznicki

May 17, 2010 — Children who suffer from severe, persistent asthma are nearly 32 times more likely to develop chronic obstructive lung disease (COPD) in adulthood, according to a study spanning nearly half a century.

That conclusion is based on data from the Melbourne Asthma Study, which includes children born in 1957 who were recruited at age 7 and tracked until their 50th birthdays. At the time they were recruited, the children were placed into four groups: those who did not experience wheezing or asthma symptoms, those who experienced occasional asthma such as wheezing associated with a viral respiratory infection, those who had persistent asthma not associated with a viral respiratory infection, and those who had severe, persistent asthma.

The objective was to see which children developed COPD as adults. At age 50, 197 of the surviving participants answered a detailed questionnaire and underwent lung function testing.

COPD was identified in 28 of the participants and was found to be more common among males. There was a direct correlation between the severity of the asthma as a child and the incidence of COPD as an adult. The study results showed:

- continued on p. 5

Childhood Asthma Linked to Risk of COPD - continued from p. 4

- 15 of the 28 COPD patients had a history of severe, persistent asthma as a child.
- 8 had persistent asthma as a child.
- 4 had occasional asthma as a child.
- Only one person who developed COPD did not have any wheezing or asthma as a child.

The study also showed that children with mild or occasional asthma were not at an increased risk of developing COPD.

Severe Asthma and COPD

The findings were presented by study researcher Andrew Tai of the Royal Children's Hospital in Melbourne, Australia, at the American Thoracic Society International Conference in New Orleans.

"There is important epidemiological evidence to suggest that events in childhood that influence lung growth constitute a significant risk for COPD," said Tai. "We believe that this severe asthma group start with a lesser baseline lung function and gradually deteriorate to the levels consistent with a diagnosis of COPD. At this stage, there is no data on when airway remodeling occurs in children and hence, its impact on lung function, but there is an emerging relationship between childhood severe asthma and adult obstructive lung disease."

COPD is a progressive disease in which lung function becomes steadily impaired and airways lose their elasticity, making it increasingly difficult to breathe. Cigarette smoking is the leading cause of COPD, but pollution exposure can also contribute to COPD risk.

The study was performed on a group of children recruited during the 1960s, when many of the asthma treatments, such as anti-inflammatory drugs, were not available. The researchers note that while they do not understand the biological connection between childhood asthma and adulthood COPD, the findings do suggest that abnormalities in lung function may be established during childhood and lead to irreversible airway obstruction in adulthood. Tai and his colleagues said that greater surveillance and earlier treatment to help prevent airway remodeling could potentially mitigate COPD complications later in life.

SOURCES:

American Thoracic Society International Conference 2010, New Orleans.

News release, American Thoracic Society.

National Heart, Lung, and Blood Institute: "What Is COPD?"

Legislative Update — continued from p. 2

Be a Smart Voter for the Fall Elections: The Governor and all 90 legislators will be selected by the Fall election on November 2nd. Be sure to vote in the August 24th Primary, where many seats are decided. Children's Action Alliance (CAA) has a special 2010 Elections Page where you can find voting dates, voter registration information, a list of all candidates, their replies to questionnaires, and details on ballot initiatives. www.azchildren.org/news/asp

Here are some questions for candidates, taken from the CAA website: Arizona ranks among the lowest states for children's issues, including percent of kids with no health insurance, percent of teens who are not high school graduates, and percent of students who are not proficient in reading levels on standardized tests: ***What are your priorities to address these challenges?***

KidsCare has provided affordable health care to children in working families for over 10 years and brings in \$3 in Federal funds for every \$1 spent from AZ funds. Enrollment is dropping by 100 kids per day due to a freeze put in by the Governor. It costs only \$20 million in state money to fully fund KidsCare. ***Do you support fully funding KidsCare and lifting the enrollment freeze so that eligible kids can be covered by insurance?***

State spending has been cut by \$2 billion, the state has borrowed \$2 billion, shifted special funds, sold state buildings, slashed spending for health, education and social services to address the huge deficit in the last 2 years. Despite a new sales tax, AZ faces a continuing deficit of \$900 million for the next year. ***What are your budget priorities or approaches for addressing the budget cuts?***