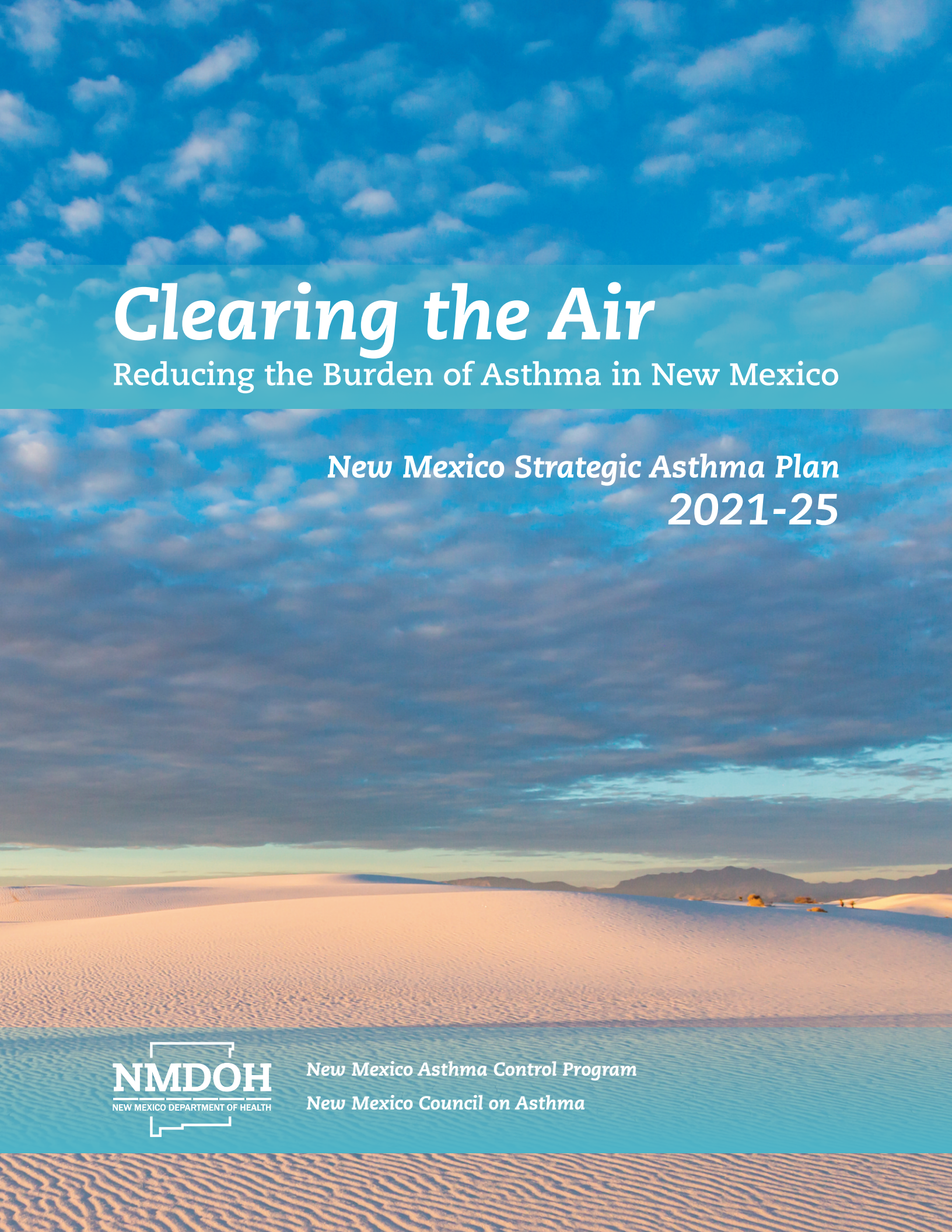

Clearing the Air

Reducing the Burden of Asthma in New Mexico

New Mexico Strategic Asthma Plan
2021-25

NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

New Mexico Asthma Control Program

New Mexico Council on Asthma

Our Vision

New Mexicans with asthma achieving healthy outcomes and a high quality of life

Our Mission

Working collectively to reduce asthma health disparities and improve the quality of life for all New Mexicans living with asthma

Executive Summary

In New Mexico, more than 150,000 children and adults have asthma. Uncontrolled asthma can disrupt daily activities and lead to a life-threatening asthma attack. New Mexicans visited the emergency department for asthma 6,126 times in 2019. The economic costs of asthma in NM was estimated at $320 million in 2020. But asthma control is possible with access to comprehensive care. Comprehensive care requires a fair, dynamic, and multi-faceted approach, which includes treatment, patient education/behavior change, and trigger avoidance.

The Centers for Disease Control and Prevention's (CDC) National Asthma Control Program and the National Heart, Lung, and Blood Institute's (NHLBI) Expert Panel Report (EPR-4) Guidelines for the Diagnosis and Management of Asthma provides evidence-based recommendations for asthma care. Adapting the recommendations to New Mexico's resources and services is achievable through collaborative, multiorganizational responses. The strategies incorporate disease surveillance, interventions, and partnerships. New Mexico Council on Asthma (NMCOA) is focused on improving asthma control in the state.

The strategic plan will elaborate on how NMCOA plans to expand the reach, quality, effectiveness, and sustainability of asthma management services. We aim to reduce the burden of asthma, promote equitable and accessible programs, and improve health outcomes across the state. We strive to establish new partnerships, while continually nurturing existing relationships with key stakeholders. Such partnerships enhance the collective effort to implement an array of evidence-based and best practice initiatives. The initiatives align with the CDC Four Domains of Chronic Disease Prevention and the six strategies outlined in the EXHALE technical package. Both the Four Domains and the EXHALE package (see page 4 for details) helps focus and organize public health response to asthma and guide decision-making around asthma control strategies and efforts to reduce the overall burden of disease.

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Photography credit: Norma Rey Vázquez de Houdek has graciously allowed us to utilize some of her photography showcasing the beautiful landscapes, animals, flora, and clean air that make New Mexico so special.

Introduction

Asthma is a chronic disease that cannot be cured but can be managed. People living with asthma can enjoy daily life and activities. Asthma is a condition in which airways narrow and swell due to inflammation. Inflammation can make breathing difficult and causes wheezing, chest tightness, and cough. Asthma triggers can include environmental factors, viral infections, exercise, and stress. Asthma control is possible with adequate care and management.

Asthma is one of the most common chronic health conditions in New Mexico, affecting 136,000 (8.4%) adults and 26,000 (5.4%) children across the state[1]. Asthma health disparities are abundant across certain New Mexico populations. Low-income communities and communities of color bear the disproportionate burden of asthma. Before, many claimed that the differences in genetics and socioeconomic status caused asthma disparities. But other factors, such as environmental injustice and access to health care contribute to a high asthma burden. We know economic opportunity, structural racism, and public policy have affected the disparities. To reduce asthma disparities in New Mexico, it is critical to ensure all people with asthma have equal access to comprehensive care. Effective solutions are grounded in collaborative, multiorganizational responses that incorporate disease surveillance, interventions, evaluation, advocacy, and coalition building. Emphasis is placed on equitable deliverables that reach all communities throughout New Mexico.

Low-income households are more likely to have current and/or uncontrolled asthma (Figures 1 and 2). From 2015-2019, 9.9% of children living in households with an annual income less than $15,000 had a current diagnosis of asthma, significantly higher than the statewide prevalence (5.4%)[1]. Furthermore, 40.8% of children with asthma living in households making less than $25,000 report having very poorly controlled asthma (which is defined by having asthma symptoms every day, using medications at least twice per day, and a high amount of nighttime awakenings per month) compared to 7.4% among those living in households making greater than $75,000[2]. Asthma severity is also greater among certain racial/ethnic groups. Data show that Black/African American individuals are more likely to be hospitalized for asthma than non-Hispanic whites and Latinx/Hispanics[3]. Black/African Americans and American Indian/Alaska Natives also have higher mortality rates than the state overall[4]. There are also disparities in asthma control among geographic areas of the state. From 2014-2018, the ED visit rate in the Southeast Public Health Region (56 per 10,000) was two times higher than in the Metro Public Health Region (28 per 10,000)[5]. A map of the New Mexico public health regions is available on page 15.

Current Asthma Prevalence by Household Income, NM Children and Adults, 2015-2019

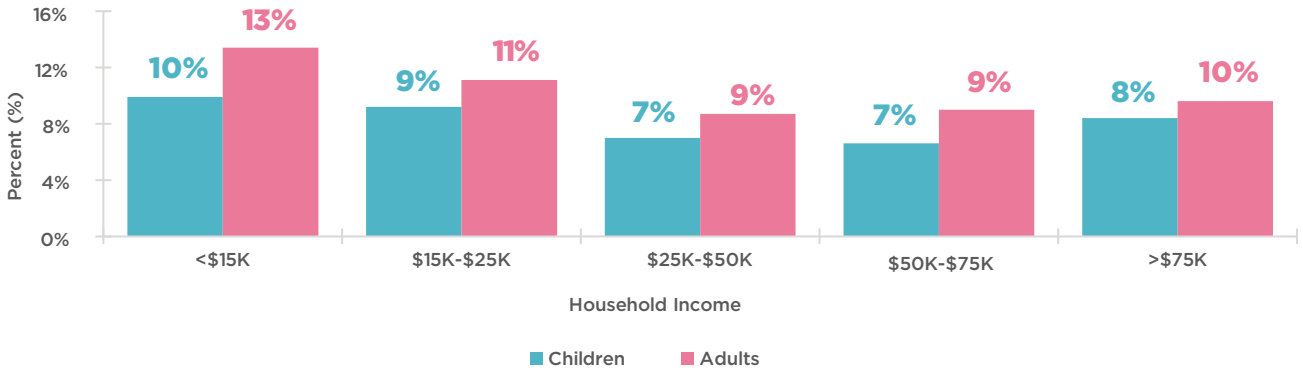


Figure 1. The graph above displays asthma prevalence by household income in NM. Children and adults in lower income low-income households are more likely to report having current asthma[1].

Reported Childhood Asthma Control by Household Income, NM, 2015-2017

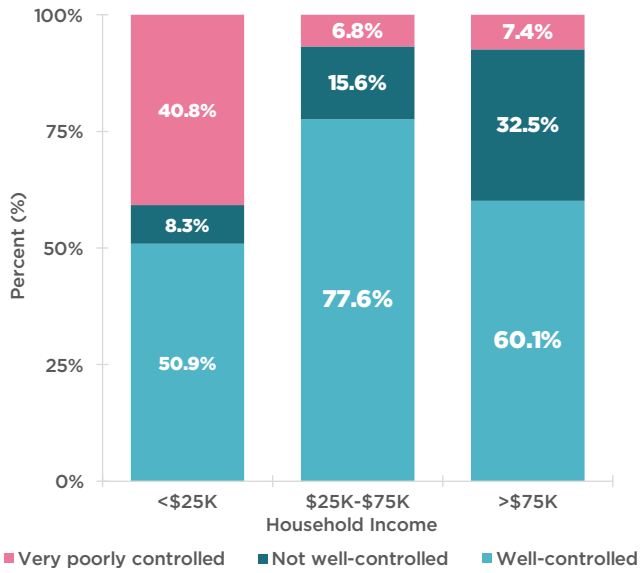


Figure 2. The graph above illustrates reported childhood asthma control by household income in NM. Poorly controlled asthma is much more common among children living in the lowest income households[2].

Asthma-Related Emergency Department Visit Rates (per 10,000) by County, NM, 2015-2019

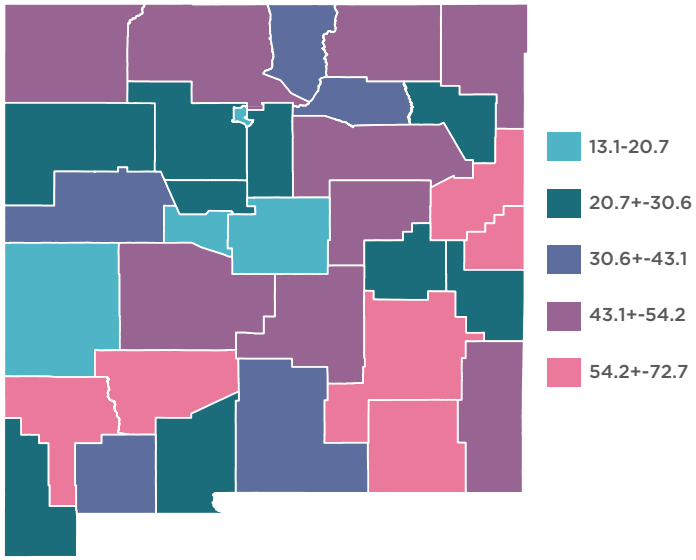


Figure 3. The map above illustrates asthma-related ED visit rates by County in NM. Over the past 5 years, the counties with highest rates are Chaves, Curry, Eddy, Grant, Quay, and Sierra[5].

Asthma-Related Emergency Department Visit Rates (per 10,000), NM Children and Adults, 2010-2019

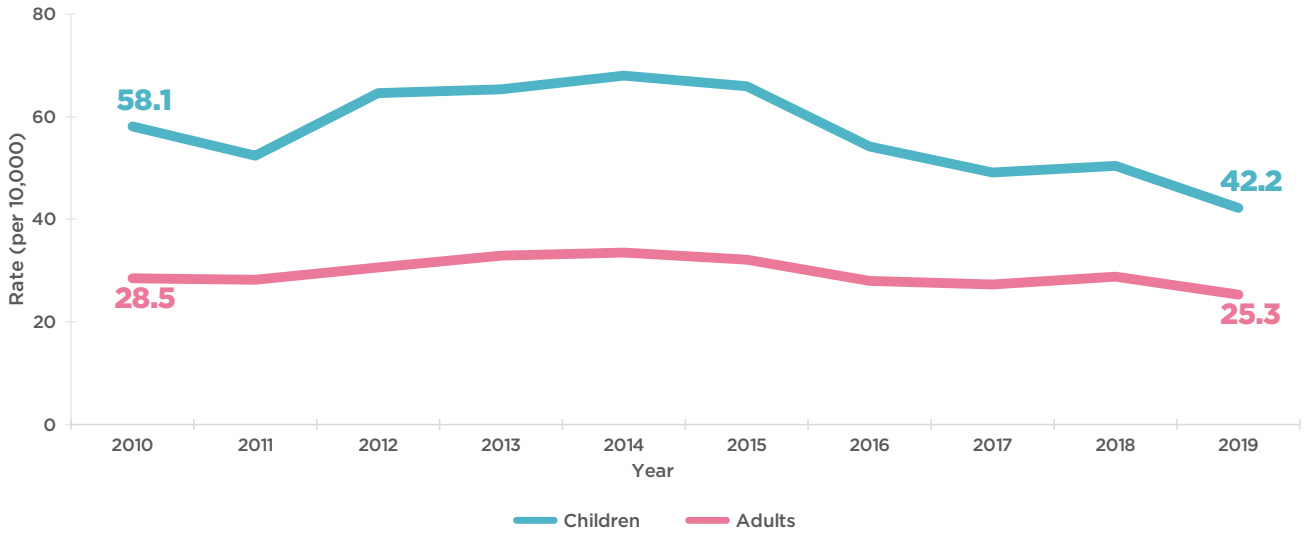


Figure 4. The chart above shows the trend in asthma-related ED visits among children and adults in NM. Rates are about twice as high among children compared to adults. Since 2010, childhood and adult asthma-related ED rates have decreased by 27% and 11%, respectively[5].

The economic impact of asthma is substantial in New Mexico. The economic costs of asthma in NM is estimated to have been $320,800,000 in 2020[6]. This includes medical costs and indirect costs from loss of productivity due to absenteeism from work or school. From 2015-2017, about 1 in 3 adults missed work and over half of children missed school because of their asthma[2]. Beyond missing work or school, asthma has a significant impact on other quality of life measures. New Mexicans with asthma are more likely to report worse mental health, less physical activity, and less sleep[1].

Surveillance data suggest that certain populations experience a higher burden from the disease. With the goal of reducing the overall burden across the state and helping those most in need, asthma initiatives and prevention/control efforts should be directed at certain populations and geographic regions in NM.

History

In 2010, NMCOA was established to reduce the asthma burden in NM. NMCOA is a coalition of community representatives and organizations working together to improve the health and quality of life of New Mexicans with asthma. NMCOA meets quarterly as a general council and has multiple committees. The three committees are Administration, Education, and Policy. The council achieves successful outcomes by coordinating data sharing and efforts from all key stakeholders to accurately depict the burden of asthma within the state, promoting the use of the NHLBI EPR-4 guidelines, and increasing asthma education among healthcare providers. Additionally, NMCOA strives to educate patients, families, schools, and communities to reduce ED visits, hospitalizations, and regional and ethnic disparities in asthma health outcomes. NMCOA participates in legislative advocacy for school-based health centers and other health reforms that affect exposure to environmental triggers, the treatment of asthma and access to asthma self-management education (AS-ME) services.

CDC EXHALE Technical Package

The CDC EXHALE technical package is a resource to inform decision making. The strategies outlined below address asthma improvement and health care cost reduction. By using the package, we use evidence-supported approaches to address asthma.

E	**Education** on asthma self-management
X	**X-tinguishing** smoking and exposure to secondhand smoke
H	**Home** visits for trigger reduction and asthma self-management education
A	**Achievement** of guidelines-based medical management
L	**Linkages** and coordination of care across settings
E	**Environmental** policies or best practices to reduce asthma triggers from indoor, outdoor and occupational sources

Four Domains of Chronic Disease Prevention

The CDC's National Center for Chronic Disease Prevention and Health Promotion developed a framework to address risk factors for chronic disease on both the individual and the population level. The CDC emphasizes the importance of working at both levels and optimizing the efficiency and efficacy of public health initiatives. The recommended prevention efforts are in four key domains. Doing so helps organize, focus, and strengthen public health programs, enhance expertise, address gaps in services and build collaboration. NMCOA is using the domains to outline this strategic plan.

			
Data and Surveillance	**Environmental Approaches**	**Health Care System Interventions**	**Community Programs Linked to Clinical Services**
Monitor trends, track progress, provide information for action. Disseminate data to improve health outcomes.	Promote health, support and reinforce healthful behaviors in schools, childcare, worksites, and communities. Create awareness of asthma triggers and environmental factors that affect those living with asthma.	Improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect diseases early, and reduce or eliminate risk factors and mitigate or manage asthma complications.	Connecting clinical services to community programs and resources that help people prevent and manage their asthma.

New Mexico Asthma Plan

The plan is intended to provide asthma stakeholders with a collective effort to reduce the burden of asthma across the state and improve the quality of life of New Mexicans. Together we can promote a culture of health and well-being through culturally responsive, accessible, equitable, and sustainable programs. This document is a framework for community partners to mobilize toward common goals and improve asthma control in NM. Components of the framework are based on the Four Domains of Chronic Disease Prevention and the CDC EXHALE Technical Package. The Four Domains are linked to specific strategies, which stakeholders can apply to asthma management initiatives within their communities.

While it is difficult for an individual entity or program to directly improve state-wide asthma control, we believe a collective effort can achieve measurable improvements. This includes the baseline and goals for each performance measure and updated annually and disseminated via NMCOA website.

The strategies are promising examples identified by NMCOA. We acknowledge that many others exist and encourage partners to identify the best fits for the communities you serve. Key stakeholders include advocates, healthcare professionals, schools, policy makers, and state agencies.

Stakeholders play an important role in reducing the burden of asthma in NM and can enhance their contribution to asthma control efforts by adopting the main concepts and principles of the Four Domains of Chronic Disease. Each domain, along with strategies for implementation and outcome goals are outlined in the following.

ADVOCATES

Advocates range from individuals who are passionate about asthma to community action and social services groups. They play a significant role in influencing policies that affect the promotion of AS-ME services and environmental factors that contribute to asthma.

HEALTHCARE PROFESSIONALS

Healthcare Professionals include Community Health Workers/Representatives and *Promotoras* that directly deliver AS-ME services in hospitals, clinics, private practices, and homes. They treat asthma symptoms and help patients and families understand and prevent it through education around medication adherence, understanding triggers, and reducing indoor asthma triggers.

SCHOOL PERSONNEL

School Personnel extend vital AS-ME services directed at students and families. The school professionals include Nurses, Teachers, Administrators, and other staff. This includes identifying and responding to acute asthma exacerbations, reinforcing proper inhaler/valved-holding chamber technique and the use of asthma action plans. Schools also provide asthma safe environments by taking the initiative to improve indoor air quality, reduce triggers in the classroom and by implementing prudent sports and recreation programs for students with asthma.

POLICY MAKERS

Policy Makers are responsible for passing legislation that creates healthy environments and communities. Their efforts help decrease asthma exacerbations by improving access to asthma treatment and prevention programs and reducing exposure to external triggers.

STATE AGENCIES

State Agencies are responsible for the oversight and administration of specific functions, such as implementing rules and regulations, and maintaining statewide surveillance systems. The agencies can also develop programming aimed at increased collaboration and communication with the general public and stakeholders.

Strategic Goals

GOAL 1: Reduce childhood asthma-related emergency department visits by 2025

- Childhood emergency department visit rate is currently 42.2 per 10,000

GOAL 2: Reduce childhood asthma-related hospitalizations by 2025

- Childhood hospitalization rate is currently 10.0 per 10,000

GOAL 3: Reduce missed school and workdays by 2025

- 54.9% of children with asthma report missing school at least one day in the past year
- 37.6% of adults with asthma report missing work at least one day in the past year

EXHALE*

Domain 1: Data and Surveillance

Monitor trends, track progress, provide information for action. Disseminate data to improve health outcomes.

***While data and surveillance is not directly related to any EXHALE strategies, it is used to guide evaluation and program initiatives for all strategies.**

Surveillance systems allow us to better understand, monitor, and evaluate disease trends and patterns, all of which are necessary for effective asthma prevention and management. The NMDOH Epidemiology and Response Division maintains surveillance datasets and disseminates information. The aim is to use data to respond to inquiries and to inform policy makers, local public health, and others.

Goal 1: Increase communication of asthma surveillance findings

- 1,312 visits to the New Mexico Indicator-Based Information System asthma indicator reports in the past year
- 2,795 visits to the New Mexico Environmental Public Health Tracking asthma pages and reports in the past year

Goal 2: Evaluate asthma control activities in New Mexico

- Share and discuss strategic plan report card and objectives annually at NMCOA quarterly meeting

ADVOCATE

- Include current asthma burden data in presentations and talking points
- Implement data-driven awareness campaigns and messaging
- Increase knowledge of where and how to access asthma data from state and national databases

HEALTH CARE PROFESSIONAL

- Utilize ED surveillance and feedback from staff and patients to identify common barriers to asthma control
- Use data from electronic health records to determine the burden of asthma among patient populations and use data to target high risk groups for AS-ME
- Use data from insurance plans to identify cost-effective asthma medications for patients

POLICY MAKER

- Understand data around barriers to accessing asthma medications and use data to identify trends in cost and guide related policy-making decisions
- Learn about the burden of asthma in the communities served
- Increase knowledge of where and how to access asthma data from state and national databases

SCHOOL PERSONNEL

- Develop data collection tools; report data to appropriate entities
- Accurately count how many students and staff have asthma in your school system. Share data with appropriate staff and partners
- Track receipt of asthma action plans

STATE AGENCY

- Increase access to asthma data and information
- Expand key partnerships and agreements that support access to critical data systems
- Maintain and expand surveillance systems

NOTE: The figure above provides examples of data and surveillance strategies. This list is not comprehensive; stakeholders are encouraged to identify and implement additional strategies that align with their asthma prevention and control efforts.

EXHALE

Domain 2: Environmental Approaches

Promote health, support and reinforce healthful behaviors in schools, childcare, worksites, and communities. Create awareness of asthma triggers and environmental factors that affect those living with asthma.

Many external factors can trigger asthma symptoms. Exacerbations include both environmental exposures and individual health behaviors. Policy change and changes in physical surroundings can reduce exposure to environmental triggers, like reducing secondhand smoke. Both are essential components of asthma self-management.

Goal 1: Increase education about home and work environmental triggers by 2025

- 28.1% of children with asthma report talking with a healthcare provider about modifying their environment to help manage their asthma
- 32.0% of adults with asthma report talking with a healthcare provider about modifying their environment to help manage their asthma

Goal 2: Decrease smoking rates by 2025

- 16.0% of adults are current smokers
- 32.7% of high school students are current smokers (including e-cigarettes)

Goal 3: Prevent or reduce exposure to asthma triggers in outdoor environments by 2025

- Annually, 1.9% of days have ozone levels exceeding the national standards
- Annually, 1.4% of days have PM10 (Particulate Matter of coarse particles) levels exceeding the national standards

ADVOCATE

- Raise awareness of air quality alerts, what they mean, and what to do with them
- Educate communities and policy makers about the need for current and future tobacco-free programming that supports measures to reduce 2nd and 3rd hand smoke exposure
- Advocate for improved building and maintenance codes to support good indoor air quality

HEALTH CARE PROFESSIONAL

- Use environmentally focused educational tools that can be handed to patients to review
- Check-in with and educate clients about smoking and 2nd and 3rd hand smoke in their home, work, and social environments
- Educate yourself about environmental education resources aimed at reducing patient/client exposure to asthma triggers

POLICY MAKER

- Support the use of health impact assessments and the inclusion of health in all policies to achieve optimal and equitable population health in relation to air quality
- Fund and promote policy that support tobacco-free environments and homes to reduce 2nd and 3rd hand smoke exposure
- Support policies that promotes clean air and decreases environmental pollution

SCHOOL PERSONNEL

- Raise awareness of the EPA air quality flag program and develop policies (e.g., coordinate indoor recess when appropriate)
- Perform an environmental scan in your school
- Start awareness asthma awareness campaigns. Include school health staff in goal setting or strategy development

STATE AGENCY

- Connect organizations to resources and advocates to support environmental approaches to reduce asthma burden
- Provide data, information, and resources to bolster initiatives to improve environmental conditions
- Increase collaboration among state departments working to achieve common goals

NOTE: The figure above provides examples of environmental approaches. This list is not comprehensive; stakeholders are encouraged to identify and implement additional strategies that align with their asthma prevention and control efforts.

EXHALE

Domain 3: Health Care System Interventions

Improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect diseases early, and reduce or eliminate risk factors and mitigate or manage asthma complications.

Healthcare systems include the people, resources, and medical facilities that meet population health needs and provide health services to surrounding communities. Improvements to systems lead to early diagnosis and better management of asthma through trigger reduction, achievement of guidelines-based medical management, and promoting coordinated care for people with asthma.

Goal 1: Increase routine care for individuals with asthma by 2025
- 75.4% of children with asthma report at least one routine check-up for asthma in the past year
- 50.3% of adults with asthma report at least on routine check-up for asthma in the past year

Goal 2: Increase the use of asthma action plans among children by 2025
- 52.8% of children with asthma report having an asthma action plan

Goal 3: Reduce asthma exacerbations by 2025
- 45.0% of children with asthma report having an asthma attack in the past year
- 52.9% of adults with asthma report having an asthma attack in the past year

Goal 4: Reduce cost barriers of obtaining asthma medications by 2025
- 9.4% of children with asthma report cost was a barrier to buying medications in the past year
- 15.6% of adults with asthma report cost was a barrier to buying medications in the past year

ADVOCATE

- Promote use of best practice for asthma disease management and disseminate
- Promote policies that improve asthma medication access including cost reduction
- Tell stories to highlight healthcare success among high burden populations in NM

HEALTH CARE PROFESSIONAL

- Start AS-ME workshops and capitalize on health plan incentives
- Install reimbursement policies that are structured to incentivize use of databases and proactive asthma management
- Begin a quality improvement project to improve delivery of guidelines-based care

POLICY MAKER

- Pass legislation that supports certified asthma educators providing in-house services and/or telehealth platforms
- Support clinic-based policies that promote asthma control (e.g., emergency stock medications and licensed healthcare workers in schools)
- Collaborate with health insurance companies to reduce the cost of prescription medications

SCHOOL PERSONNEL

- Increase training opportunities for workforce development for School Health Care Professionals
- Explore improved electronic links and partnerships between schools and healthcare systems/clinics
- Ensure there is an up-to-date asthma action plan for every student with asthma

STATE AGENCY

- Provide data, information, and resources to bolster initiatives to improve healthcare delivery services
- Encourage conversations and action among NM stakeholders to address improved access to asthma medical care
- Monitor and evaluate health care system interventions

NOTE: The figure above provides examples of health care system intervention. This list is not comprehensive; stakeholders are encouraged to identify and implement additional strategies that align with their asthma prevention and control efforts.

EXHALE

Domain 4: Community Programs Linked to Clinical Services

Connecting clinical services to community programs that help people prevent and manage their asthma.

Poorly managed asthma can have a significant impact on quality of life and linking community programs to clinical services is an effective method for connecting patients with relevant resources.

Goal 1: Increase individuals and programs addressing asthma needs in New Mexico by 2025

- 10 organizations regularly participate in the New Mexico Council on Asthma quarterly meetings

Goal 2: Increase communication and coordination between school and healthcare providers by 2025

- 47.2% of children with asthma report having an asthma action plan at school
- 56.9% of children with asthma report being allowed to carry asthma medication at school

ADVOCATE

- Implement awareness campaigns in schools and workplaces, as part of sciences and wellness initiatives
- Identify and promote appropriate, up-to-date, and evidence-based AS-ME resources for patients and families
- Promote resources and opportunities for healthcare providers to link patients to coordinated care

HEALTH CARE PROFESSIONAL

- Collaborate with other medical providers and departments around asthma-related ED visit follow-ups (e.g., phone calls, provider links, data gathering and sharing)
- Build support to implement continuing education unit-bearing training efforts
- Continue to provide asthma training to allied health professionals and medical support staff

POLICY MAKER

- Confer with constituents with asthma about their asthma management needs
- Support policy to increase and retain licensed healthcare and behavioral health providers in NM
- Provide funding for asthma education programs

SCHOOL PERSONNEL

- Share what schools are doing to empower students to better manage their asthma
- Create asthma awareness campaigns and include the importance of being tobacco/nicotine free
- Enhance School-Based Health Center provider participation and engagement to increase awareness of chronic disease management in school settings

STATE AGENCY

- Establish forums to bring stakeholders together and promote collaboration
- Promote asthma as a priority and cultivate asthma champions across sectors
- Increase collaboration among state departments working to achieve common goals

NOTE: The figure above provides examples of community programs linked to clinical services. This list is not comprehensive; stakeholders are encouraged to identify and implement additional strategies that align with their asthma prevention and control efforts.

Next Steps

NMCOA will continue to work on reducing asthma burden in New Mexico by implementing the road map set forth. Through partnerships, we will create linkages that serve our mission and increase awareness. We will continue to move forward by using surveillance data to drive our knowledge of the asthma issues that face our state and address health equity. Implementation of the Four Domains strategies and EXHALE package to drive the process will increase linkages in health systems and further engage communities about asthma.

Reducing the burden of asthma remains a significant public health challenge in NM. Effective mitigation calls for multi-level, multi-sector collective action that spans individuals, families, communities, and society in healthcare, school, workplace, and community settings. By implementing strategies like those outlined in this plan, asthma advocates, healthcare workers, schools, policy makers, and state agencies can improve asthma control for all New Mexicans. Annual updates on performance measures will be shared on the NMCOA website.

NMCOA will continue to collaborate with community partners to identify next steps for implementing this plan and aims to achieve successful outcomes through shared vision and collective action. Community partners will contribute to asthma control efforts by joining NMCOA, participating in quarterly NMCOA meetings, posting stories and current projects on NMCOA website, and by partnering with NMCOA to implement asthma control programs within local communities.

Appendices

Resources

American Lung Association is committed to supporting those affected by asthma and offers a variety of resources and information about the disease **(https://www.lung.org/asthma).**

Asthma and Allergy Foundation of America is a not-for-profit organization founded in 1953. It is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient group in the world **(https://www.aafa.org/).**

Asthma Community Network is designed for community-based asthma programs and organizations to help each other to achieve remarkable health and quality of life improvements for people with asthma. This interactive network introduces effective strategies that are key to achieving positive health outcomes **(https://asthmacommunitynetwork.org/).**

Asthma Disparities in America report examines how asthma affects Black, Hispanic, and Indigenous populations in the United States **(https://www.aafa.org/asthma-disparities-burden-on-minorities.aspx).**

Asthma Home Environment Checklist was developed by the EPA, CDC, and HUD. It guides home visitors in identifying environmental asthma triggers commonly found in homes and provides cost-effective actions steps for remediation **(https://www.epa.gov/asthma/asthma-home-environment-checklist).**

CDC's 6|18 Initiative is bringing together public and private health care payers, purchasers, and providers to improve health and control health care costs. This innovative effort is linking proven prevention activities to health coverage and delivery with a focus on six high-burden, high-cost health conditions, including asthma. The "18" refers to a set of evidence-based interventions that address the six conditions **(https://www.618resources.chcs.org/priority-conditions/control-asthma/).**

CDC Asthma Surveillance Data include a collection of asthma data at the national and state level and examines factors such as prevalence, activity limitation, days of work/school lost, rescue and maintenance medication use, asthma self-management education, Emergency Department visits and hospitalizations due to asthma, asthma prevalence and asthma related deaths **(https://www.cdc.gov/asthma/asthmadata.htm).**

CDC EXHALE Technical Package is a set of six strategies that can be used by public health professionals, healthcare organizations, schools, people with asthma and their families, and others to contribute to better asthma control (**https://www.cdc.gov/asthma/exhale/**).

CDC National Asthma Control Program was created in 1999 to help the millions of people with asthma in the United States gain control over their disease. The program's goals include reducing the number of deaths, hospitalizations, emergency department visits, school days or workdays missed, and limitations on activity due to asthma **(https://www.cdc.gov/asthma/nacp.htm).**

CDC's Practical Strategies for Culturally Competent Evaluation is a resource for state partners to use to promote cultural competency. It highlights the role of culture in public health initiatives and provides strategies for approaching this work with a cultural lens **(https://www.cdc.gov/dhdsp/docs/cultural_competence_guide.pdf).**

CDC's Review and Selection of Core Asthma Quality Measures introduces a core set of evidence-based measures that drive improved asthma outcomes **https://www.cdc.gov/asthma/pdfs/White_paper_508.pdf).**

Change Lab Solutions works to support innovation, promote partnerships and collaboration, and spread effective interventions that improve population health **(https://www.changelabsolutions.org/sites/default/files/Asthma%20Prevention%20Slide%20Deck.pdf)**.

National Center for Cultural Competence (NCC) at Georgetown University strive to design, implement and evaluate culturally and linguistically competent services to address disparities and promote health equity **(https://nccc.georgetown.edu)**.

NHLBI EPR-4 Guidelines provide an essential framework for asthma care through assessment/monitoring, patient education, control factors contributing to asthma severity and pharmacologic treatment **(https://www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates)**.

New Mexico Environmental Public Health Tracking is an outlet for environmental health data and information that helps New Mexicans understand the connection between health and the environment. NM tracking is a site where people can access data and get health information on a variety of environmental health topics **(https://nmtracking.org/)**.

New Mexico Indicator Based Information System provides data and information on New Mexico's priority public health issues and can help provide answers to realize the state's public health goals **(https://ibis.health.state.nm.us/)**.

New Mexico Council on Asthma aims to reduce asthma disparities and improve the quality of life for all people with asthma in New Mexico **(https://www.nmasthma.org)**.

New Mexico Asthma Control Program resides in the New Mexico Department of Health Environmental Health Epidemiology Bureau and strives to develop strategies in collaboration with communities and health systems to improve and expand the reach of comprehensive asthma control services **(https://www.nmhealth.org/about/erd/eheb/ap/)**.

Regional Asthma Management and Prevention (RAMP) aims to reduce the burden of asthma and focus on equity. RAMP emphasizes prevention and management and builds capacity, creates linkages, and mobilizes networks to advocate for policy and systems changes that target the root causes of asthma disparities **(www.rampasthma.org)**.

The Community Guide is a collection of evidenced-based findings of the Community Preventative Services Task Force (CPSTF). It is a resource designed to help select interventions to improve health and prevent disease in the state, community, community organizations, businesses, healthcare organizations and schools **(https://www.thecommunityguide.org/topic/asthma)**.

Acronyms

AS-ME	Asthma self-management education
CDC	Centers for Disease Control and Prevention
ED	Emergency Department
EPR	Expert Panel Report
NHLBI	National Heart, Lung, and Blood Institute
NM	New Mexico
NMACP	New Mexico Asthma Control Program
NMCOA	New Mexico Council on Asthma
NMDOH	New Mexico Department of Health

References

1. NMDOH Behavioral Risk Factor Surveillance System. Accessed 01/2021. Available from: **https://ibis.health.state.nm.us/**

2. NMDOH Behavioral Risk Factor Surveillance System, Asthma Call-Back Survey.

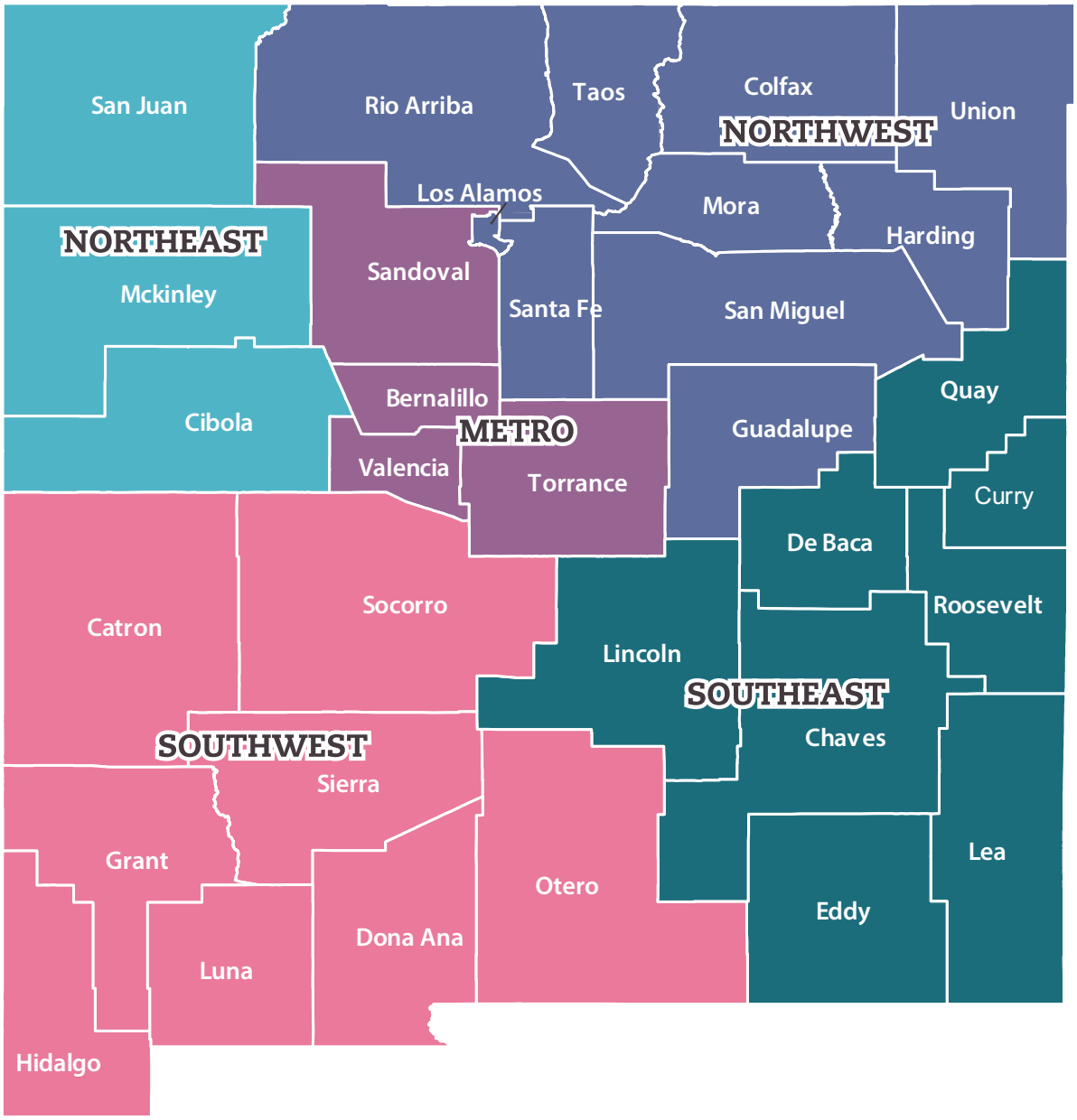
3. NMDOH Hospitalization Inpatient Discharge Dataset. Accessed 01/2021. Available from: **https://ibis.health.state.nm.us/**

4. NMDOH Vital Statistics Mortality Data. Accessed 01/2021. Available from: **https://ibis.health.state.nm.us/**

5. NMDOH Emergency Department Visit Dataset. Accessed 01/2021. Available from: **https://ibis.health.state.nm.us/**

6. Nurmagambetov T, Khavjou O, Murphy L, Orenstein D. State-level medical and absenteeism cost of asthma in the United States. J. Asthma. 2017;54(4):357-370.

New Mexico Health Regions Map



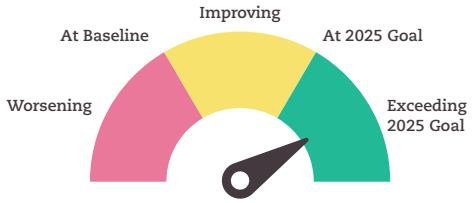
Northwest Region: San Juan, McKinley, and Cibola Counties
Northeast Region: RioArriba,Taos,Colfax,Union,LosAlamos, Santa Fe, Mora, San Miguel, Guadalupe, and Harding Counties
Metro Region: Bernalillo,Sandoval,Torrance, and Valencia Counties
Southeast Region: Quay, DeBaca, Curry, Lincoln, Roosevelt, Chaves, Eddy, and Lea Counties
Southwest Region: Catron,Socorro,Grant,Sierra,Hidalgo,Luna,DoñaAna,Otero

Effective September 4, 2012

The New Mexico State Asthma Strategic Plan Report Card, 2021-25

Based on the domains and goals outlined in the New Mexico State Asthma Plan, this report card provides performance measure data and related goals to monitor progress towards our collective work to improve asthma outcomes. The report card will be updated annually through the end of the Plan (2025).

Current status chart definitions:



Strategic Goals	Baseline level	Goal by 2025	Current level	Current status
Goal 1: Reduce childhood asthma-related emergency department visits				
Childhood emergency department visit rate[1]	42.2 per 10,000	Decrease by 10%	42.2 per 10,000	
Goal 2: Reduce childhood asthma-related hospitalizations				
Childhood hospitalization rate[2]	10.0 per 10,000	Decrease by 10%	10.0 per 10,000	
Goal 3: Reduce missed school and workdays				
Proportion of children with asthma who report missing school at least one day in the past year because of their asthma[3]	54.9%	Decrease by 10%	54.9%	
Proportion of adults with asthma who report missing work at least one day in the past year because of their asthma[3]	37.6%	Decrease by 10%	37.6%	

Domain 1: Data and Surveillance	Baseline level	Goal by 2025	Current level	Current status
Goal 1: Increase communication of asthma surveillance findings				
Number of visits to the New Mexico Indicator-Based Information System asthma indicator reports in the past year[4]	1,312 visits	Increase by 10%	1,312 visits	
Number of visits to the New Mexico Environmental Public Health Tracking asthma pages and reports in the past year[4]	2,795 visits	Increase by 10%	2,795 visits	
Goal 2: Evaluate asthma control activities in New Mexico				
Share and discuss strategic plan report card and objectives annually at NMCOA quarterly meeting[5]	1 time per year	Maintain frequency	1 time per year	

Domain 2: Environmental Approaches

	Baseline level	Goal by 2025	Current level	Current status
Goal 1: Increase education about home and work environmental triggers				
Proportion of children with asthma who report talking with a healthcare provider about modifying their environment to help manage their asthma[3]	28.1%	Increase by 10%	28.1%	
Proportion of adults with asthma who report talking with a healthcare provider about modifying their environment to help manage their asthma[3]	32.0%	Increase by 10%	32.0%	
Goal 2: Decrease smoking rates				
Proportion of adults who are current smokers[6]	16.0%	Decrease by 10%	16.0%	
Proportion of high school students who are current smokers (including e-cigarettes)[7]	32.7%	Decrease by 10%	32.7%	
Goal 3: Prevent or reduce exposure to asthma triggers in outdoor environments				
Statewide annual percentage of days with ozone exceeding the national standard[8]	1.9%	Decrease by 10%	1.9%	
Statewide annual percentage of days with PM10 exceeding the national standard[8]	1.4%	Decrease by 10%	1.4%	

Domain 3: Healthcare Systems Interventions

	Baseline level	Goal by 2025	Current level	Current status
Goal 1: Increase routine care for individuals with asthma				
Proportion of children with asthma who report at least one routine check-up for asthma in the past year[3]	75.4%	Increase by 10%	75.4%	
Proportion of adults with asthma who report at least one routine check-up for asthma in the past year[3]	50.3%	Increase by 10%	50.3%	
Goal 2: Increase the use of asthma action plans among children				
Proportion of children with asthma who report having an asthma action plan[3]	52.8%	Increase by 10%	52.8%	
Goal 3: Reduce asthma exacerbations				
Proportion of children with asthma who report having an asthma attack in the past year[3]	45.0%	Decrease by 10%	45.0%	
Proportion of adults with asthma who report having an asthma attack in the past year[3]	52.9%	Decrease by 10%	52.9%	
Goal 4: Reduce cost barriers of obtaining asthma medications				
Proportion of children with asthma who report cost was a barrier to buying medications in the past year[3]	9.4%	Decrease by 10%	9.4%	
Proportion of adults with asthma who report cost was a barrier to buying medications in the past year[3]	15.6%	Decrease by 10%	15.6%	

Domain 4: Community Programs Linked to Clinical Services	Baseline level	Goal by 2025	Current level	Current status
Goal 1: Increase individuals and programs addressing asthma needs in New Mexico				
Organizations who regularly participate in the New Mexico Council on Asthma quarterly meetings[5]	10 members	Increase by 100%	10 members	
Goal 2: Increase communication and coordination between school and healthcare providers				
Proportion of children with asthma who report having an asthma action plan at school[3]	47.2%	Increase by 10%	47.2%	
Proportion of children with asthma who report being allowed to carry asthma medication at school[3]	56.9%	Increase by 10%	56.9%	

Data sources:

[1] Annual Emergency Department Visit Dataset. New Mexico Department of Health Epidemiology and Response Division. 2019.

[2] Hospitalization Inpatient Discharge Dataset. New Mexico Department of Health. 2019.

[3] Asthma Call-Back Survey Dataset, Behavioral Risk Factor Surveillance System. New Mexico Department of Health Epidemiology and Response Division. Adults: 2017; Children: 2015-2017.

[4] New Mexico Indicator-Based Information System and Environmental Public Health Tracking Website Analytics. New Mexico Department of Health. NM-IBIS: 2019; NM-EPHT: 2020.

[5] New Mexico Council on Asthma Meeting Minutes. New Mexico Council on Asthma. 2020.

[6] Behavioral Risk Factor Surveillance System. New Mexico Department of Health Epidemiology and Response Division. 2019.

[7] Youth Risk and Resiliency Survey. New Mexico Department of Health Epidemiology and Response Division. 2017.

[8] U.S. Environmental Protection Agency, EPA Air Quality System Monitoring Data, State Air Monitoring Data. 2019.

NMDOH

NEW MEXICO DEPARTMENT OF HEALTH

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