

Vermont Asthma Program

Helping Vermonters

Breathe Easier

March 2015

Greetings from the Vermont Asthma Program!

With winter ending (hopefully soon), and flu season drawing to a close, I want to highlight the excellent work being done at Rutland Regional Medical Center (RRMC) with the M.A.P.L.E. Plan. This plan, which serves as a tool for asthma education, trigger identification, medication training, and coordination of care, was developed by members of our Asthma Advisory Panel last year. RRMC started implementing this program on January 5, 2015 and we look forward to sharing related data with you soon. [Check out the new M.A.P.L.E. Plan here](#). Special thanks to our Advisory Panel and members of the RRMC team.

March is *National Nutrition* month!



There is high interest in the links between nutrition and asthma, but few established links. Some research has shown an association between asthma control and dietary intake of vitamin E, vitamin C, carotenoids, selenium, polyphenols, fruit, polyunsaturated fatty acid intake ratio (between n:3 and n:6), and vitamin D. However, study on supplementation has yielded few results. More research is needed, particularly in the pediatric population and maternal intake during pregnancy (Allan and Devereux, 2011).

New federal guidelines are being released for optimal nutrition. Despite limited direct links, a healthy diet can help with maintaining a strong immune system and preventing other co-morbidities that can exacerbate asthma symptoms, such as obesity. Approximately 32% of Vermont adults with current asthma have at one co-occurring chronic condition, including obesity, depression, cardiovascular disease, diabetes, and cancer. 14% of Vermonters with current asthma have two co-occurring conditions and 6% have three or more. 35% of Vermonters with current asthma are obese, as compared to 25% of Vermonters without asthma. Extra weight can place even more restrictions on already limited lung capacity. [Visit choosemyplate.gov](http://www.choosemyplate.gov) for guidelines.

Environmental Health: Spotlight on the Workplace

There is still time to register for the annual Worksite Wellness Conference!

Upcoming Events

*Vermont Worksite Wellness Conference:

March 25, 2015

*Asthma Advisory Panel Meeting:

April 24, 2015

*Champ Camp

August 17-22, 2015

Did you know?

23% of adults with current asthma in Vermont are current smokers.

The most common environmental trigger for Vermonters with asthma is having an indoor pet.

67% of Vermonters with current asthma live in homes where pets are allowed in the bedroom.

Fact Sheets

[MAPLE Plan for Controlling Asthma](#)

[Managing Air Quality in the School Environment](#)

[Healthy Cleaning and Asthma-Safer Schools](#)

[Asthma Triggers in the Classroom](#)

Publications

[Asthma Data Pages](#)

[Vermont State Asthma Plan](#)

[The Burden of Asthma in](#)

Employers throughout Vermont are invited to attend the Vermont Worksite Wellness Conference, March 25th, 8 a.m. to 4 p.m. at the Sheraton Hotel & Conference Center in South Burlington. Vermont business leaders, human resources professionals, and wellness specialists will share ideas for inspiring employees to make healthy choices on and off the job. Governor Peter Shumlin, Health Commissioner Harry Chen, MD, and the Vermont Governor's Council on Physical Fitness and Sports will present awards to 92 employers for their efforts to create a culture of wellness at their worksites. The deadline to register is March 17. [Find out more.](#)



The Minnesota Department of Health offers a free online training program to reduce asthma triggers in the home. The program offers education and advice targeting health care providers, educators and families. The training is offered in two components. One is a 40-minute session on common triggers, their identification and steps to reduce their presence. The second is resource section offering tools and reference materials. [Access the training program for free here.](#)

Moldy and moist homes increase the risk of asthma in children. A new study published in the journal *Pediatrics* found that children living in moisture-damaged homes during early infancy were more likely to develop asthma and respiratory symptoms. Increased rate of diagnoses were most often seen with mold in the main living spaces, usually the living room or child's bedroom. The children were followed up until age 6. The association was higher in children with atopy than children without. The study did not find any results to suggest that presence of mold increased likelihood of developing atopy. [Read the study here](#)

School-Age Children and Asthma

A video interview about the AIR Back to School Asthma Readiness program delves into the reasons asthma can flare up when children head into the classroom. The program, based in Seneca, SC, works with health care providers to find solutions to prevent flare-ups at this crucial time for children, addressing correct prescriptions, asthma management equipment at the school, and communication about management. To learn more, watch the interview below:

[Vermont](#)

[Healthy Vermonters 2020](#)

[Quick Links](#)

[Champ Camp](#)

[VDH Asthma Program](#)

[Controlling Asthma](#)

[Tools for Managing Asthma](#)

[Asthma Surveillance](#)

[Resources & Information](#)

[Envision Program](#)



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AIR Program Interview

Champ Camp:

The [American Lung Association's Champ Camp for Kids with Asthma](#) will be held August 16-21, 2015 at Camp Chingachgook on Lake George in New York. Thanks to generous donors and sponsors, the Lung Association provides full scholarships for children ages 8-11 with moderate to severe asthma. Know of a child that would enjoy this opportunity? For more information, contact Ron Douglass, rdouglass@lungne.org or 802-876-6860.

Asthma and Health Literacy

A new study from NIOSH (National Institute for Occupational Safety and Health) says that very few workers who have asthma will speak with their doctors about how work affects their condition. The study included almost 50,000 adults with asthma and found that only about 15 percent of the workers had spoken with their doctor about the interactions between work and their chronic disease. Almost half (46 percent) of those in the study had possible work-related asthma. Researchers suggested that reasons for this may include a belief that "nothing can be done" or a fear of losing a job. [Read the abstract from Annals of Allergy, Asthma and Immunology.](#)

Kid Specific Asthma Education Video: An animated video explains asthma in language children can understand. The video is produced by Kids Health and explains the simple anatomy and physiology of an asthma attack. [Find the video here.](#)

Smoking and Asthma

New research in epigenetics suggests that fathers who smoke before conception have children with an increased risk of asthma. The results were associated only for those with non-allergic, and not allergic, asthma. In children of fathers who smoked before conception, the odds of having asthma were 1.58 times those of children whose fathers did not smoke pre-conception. Similar results were not seen for maternal asthma. [Read about the research here.](#)

New findings add several diseases to the list of those associated with tobacco smoke. Findings include that smokers were approximately twice as likely as non-smokers to die from infection, kidney disease, respiratory diseases, and hypertensive heart disease. These findings add weight to the known ailments caused and exacerbated by tobacco smoke: esophageal cancer, stomach cancer, colon cancer, liver cancer, pancreatic cancer, laryngeal cancer, lung cancer, bladder cancer, kidney cancer, oral cancers, cervical cancer, acute myeloid leukemia, diabetes, heart disease, stroke, atherosclerosis, aortic aneurysm, chronic lung disease, influenza, pneumonia, and tuberculosis. [Read about the findings in the New York Times.](#) For smoking cessation, check out [802 quits](#) for resources, motivation, and tips.

Please keep in touch!

Let us know if you have any questions -- or if there's an asthma-related issue you'd like to know more about.

Take care,

Jane

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