ASTHMA IN MINNESOTA

A STRATEGIC FRAMEWORK | 2026-2030

DEPARTMENT OF HEALTH

TABLE OF CONTENTS

OVERVIEW

Welcome to "Asthma in Minnesota: A Strategic Framework 2026-2030"!

This Framework aims to guide efforts to improve asthma care and management across the whole state of Minnesota. It is intended to reach and reflect the priorities of all communities from greater Minnesota to the Twin Cities metro area, long-time Minnesotans to new Minnesotans, children and youth to elderly, and of individuals of all abilities, family structures, and other differences that contribute to the richness of Minnesota. It is a collective framework that belongs to all of us!

The vision is for this Framework to be user-friendly and adoptable for health care providers, public health, educators, community health workers, trusted messengers, community organizations and leaders, businesses, families, and others. It provides practical information, strategies, and links to tools and resources to help inform your efforts around asthma. It is not set-in-stone; it is intended to be **a living document that can grow and change to best meet this goal.**

This document is an update to the Strategic Framework 2021-2030. We have shortened the document to a more readable length, moved most data to webpages that can be updated more readily as information changes, and incorporated partner priorities that have evolved since 2021.

Credit goes to the **Asthma Strategic Framework Workgroup,** a subset of the new **Minnesota Asthma Alliance,** which is made up of faith community and community organizations, local public health, health systems and clinics, and school leaders, for their role in shaping this update. The Framework also aligns with and builds on strategies established by the Centers for Disease Control and Prevention's National Asthma Control Program, which has provided core support and direction for the Asthma Program at Minnesota Department of Health (Who We Are Asthma Program - MN Dept. of Health) since 1999.

HEALTH EQUITY is core to the Framework: we recognize that asthma impacts some communities more than others due to additional challenges for accessing care and managing it. At the same time, all communities bring strengths to navigate asthma, and collective effort is needed to narrow gaps and meet goals.

SUSTAINABILITY is also key to this Framework. The Asthma Program at Minnesota Department of Health (MDH) is a convener and connector, supporter and sharer of resources, but ongoing progress on asthma requires collective effort. We believe that the Framework positions effective work to continue if and when MDH support changes.

Please read this Framework with an eye for how you and your community can use it. At the end, you will find "Join the Statewide Effort" with ways to provide feedback, connect, and influence the evolution of this Framework.

ASTHMA is the third most commonly diagnosed chronic disease in Minnesota, following only hypertension and high cholesterol. Unlike these two other conditions, asthma is common in children as well as in middle-aged and senior adults. Asthma represents a significant burden in Minnesota, with combined direct costs (e.g., health care and medical expenses) and indirect costs (e.g., missed work or school) in the billions of dollars. The emotional and psychological cost of living with asthma or with a family member who has asthma is more difficult to measure.

While asthma prevalence in Minnesota has been and continues to be **lower than the national average,** the **health disparities that exist in Minnesota are among the worst in the nation.** Low-income groups and communities of color experience higher levels of environmental exposures that widen the asthma disparity gap. Despite Minnesota's public insurance programs and the relatively low percentage of people who are uninsured, asthma-related emergency department visits and hospitalizations are elevated in lower income areas, especially in the Twin Cities metro area.

Both individual and system-level factors contribute to these disparities.

HEALTH DISPARITIES
that exist in Minnesota
are among the
WORST
IN THE NATION

The complex factors that contribute to higher rates of asthma cannot be addressed without increased partnerships that support state and system-wide interventions and collaboration with Minnesota communities. Impactful interventions must include guidelines-driven asthma diagnosis and management, availability of affordable asthma medications, providing patients with individualized asthma self-management skills, and comprehensively addressing the environmental triggers of asthma in Minnesota's communities.

Clearly, there is still much work to be done to reduce the burden of asthma in Minnesota and achieve health equity.

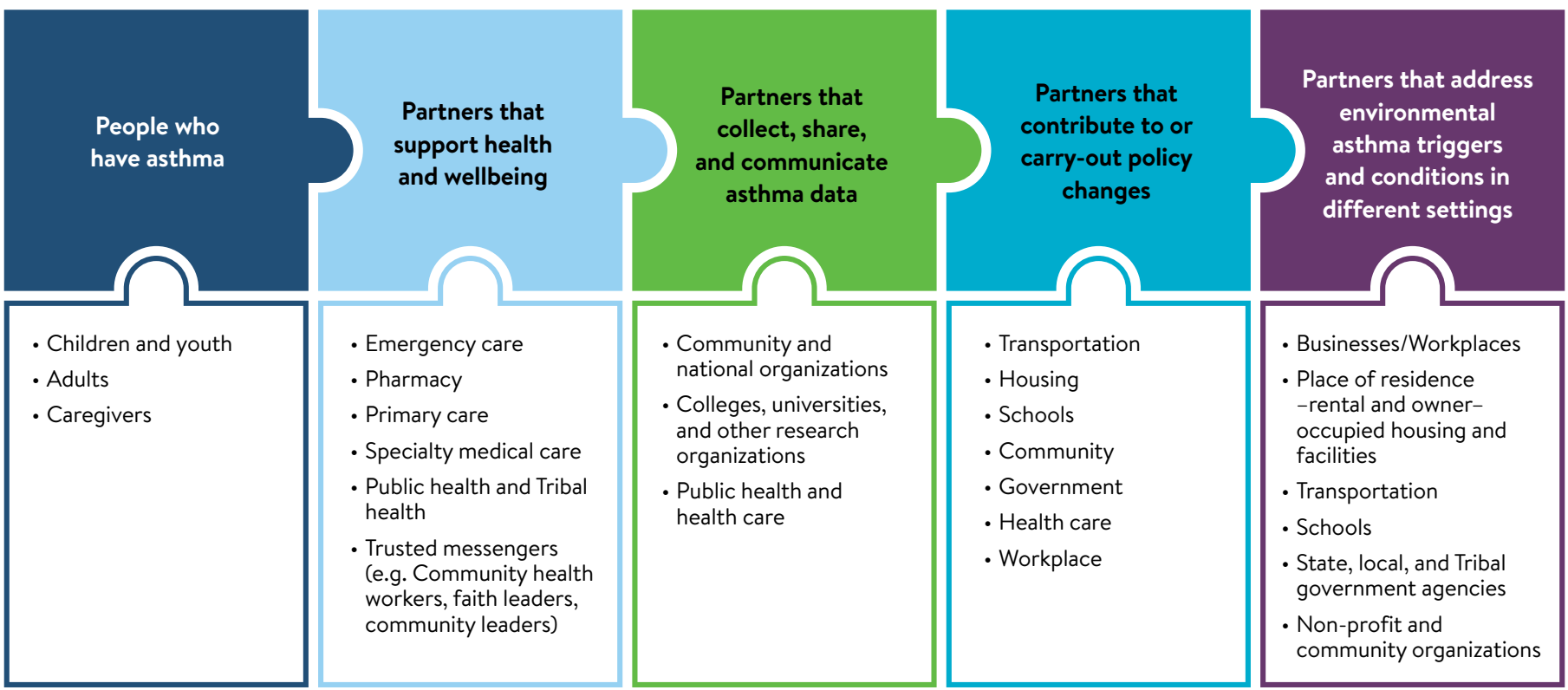
OVERVIEW

ASTHMA PARTNERS

Quality of life for all Minnesotans with asthma can only be changed through the collective network of strong partnerships across Minnesota that includes people from the private, public, and governmental sectors.

To reduce asthma's burden and seek health equity, Minnesotans need the collaboration of many different types of partners that can contribute ideas, resources, and sustainable funding for the goals and strategies outlined in this Strategic Framework. This will be challenging work as we navigate the current and unknown public health and health care infrastructure challenges of addressing this disease across urban and rural areas of our state.

Partners are shown here in a variety of shapes, colors, and sizes as puzzle pieces. The partner puzzle does not remain static, but pieces change as partnerships evolve. Partners are the VOICES of each puzzle piece. Partners bring forth their unique challenges, successes, lessons learned, and the asthma stories that spotlight the true reality of a chronic health condition that is different for everyone and impacts some communities more than others. There is no cure for asthma, but with proper treatment and management, people who have asthma can live healthy, productive lives.



ASTHMA FACTS

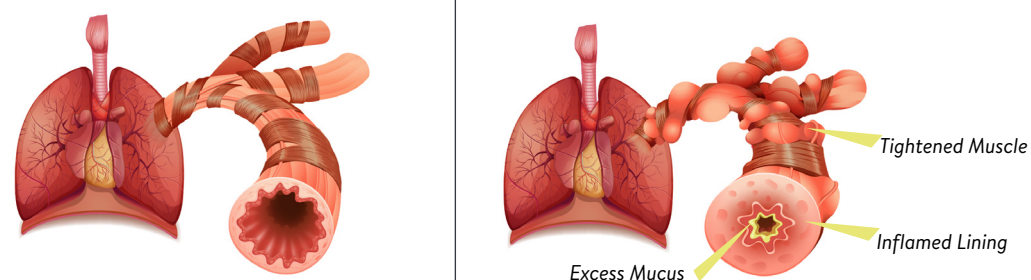
FACTS

WHAT IS ASTHMA?

ASTHMA is a chronic inflammatory disease of the lungs and one of the most common lifelong health conditions. In asthma, muscles surrounding the airways contract, narrowing the airways; the lungs produce excessive mucus that clogs the airways; and the tissue lining the airways swells. All these factors limit the amount of air that can get through and make breathing difficult.

Asthma can be challenging, disruptive, and frightening for those who have it, as well as for family, friends, and caregivers. While prompt and appropriate medical attention can usually resolve asthma attacks, in 2024, **over 3,000 Americans died due to asthma** (Centers for Disease Control and Prevention, National Center for Health Statistics - FastStats - Asthma, 2024).

AIRWAY OF PERSON WITH ASTHMA VS WITHOUT ASTHMA



NORMAL AIRWAY **INFLAMED AIRWAY**

Genetics and the environment in which we live, work, and play both contribute to the development of asthma and an individual's ability to keep their asthma under control. **Symptoms, onset,** and **triggers** vary greatly from person to person. Allergens, irritants, strong odors, poor air quality, both indoors and out, cold air and changes in the weather, cold and flu viruses, exercise, hormones, strong emotions, and even some medications can trigger attacks. While there is currently no cure for asthma, with proper management, **people who have asthma can live normal, healthy lives.**

2024 | MORE THAN
3,000
AMERICANS DIED FROM ASTHMA

For more information on asthma, please check-out our Asthma Resources list on page 32 of this Framework.

FACTS

WHAT IS THE IMPACT OF ASTHMA IN MINNESOTA?

APPROXIMATELY
428,370
MINNESOTANS
HAVE ASTHMA

Source: Behavioral Risk Factor Surveillance System, 2023

1 in 12 ADULTS

1 in 24 CHILDREN

1 in 7
MINNESOTA STUDENTS REPORTED THEY HAVE EVER BEEN TOLD THEY HAVE ASTHMA

Source: Minnesota Student Survey, 2022

FACTS

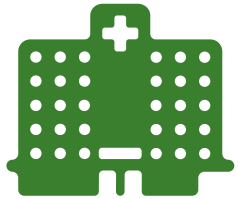
EMERGENCIES AND HOSPITALIZATIONS

ASTHMA EMERGENCIES AND HOSPITALIZATIONS are relatively common.

15,180

EMERGENCY DEPARTMENT VISITS DUE TO ASTHMA IN 2023

Source: Minnesota Hospital Association, Minnesota Hospital Discharge Data, 2023



1,423

HOSPITALIZATIONS DUE TO ASTHMA IN 2023

Source: Minnesota Hospital Association, Minnesota Hospital Discharge Data, 2023

14%

OF STUDENTS HAD EVER BEEN TOLD THEY HAD ASTHMA IN 2022

Source: Minnesota Departments of Education, Health, Human Services, and Public Safety, Minnesota Student Survey, 2022

64

DEATHS DUE TO ASTHMA IN 2023

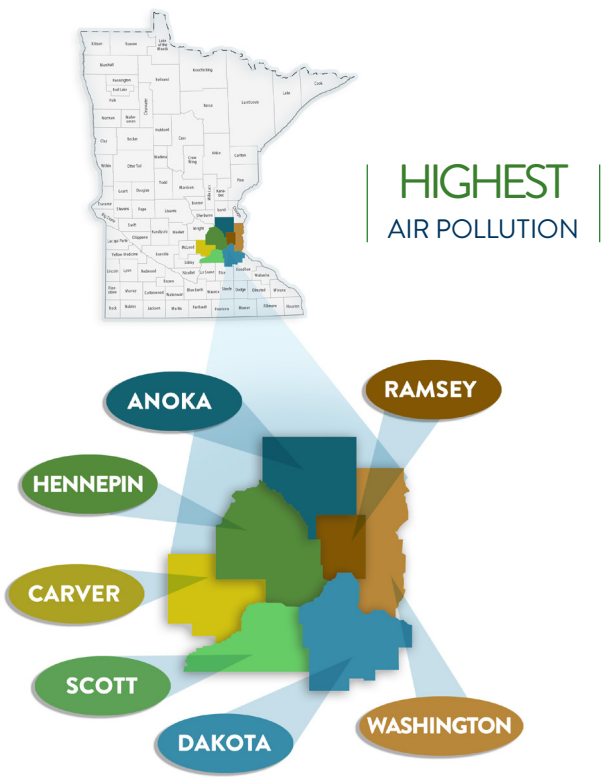
Source: Minnesota Department of Health Office of Vital Records, Minnesota Vital Statistics - Mortality Data, 2023

Asthma-related emergency department visits and hospitalizations have historically been higher in the Twin Cities than in most parts of Minnesota, especially for children.

Exposure to criteria air pollutants, such as ozone and PM2.5, can aggravate the respiratory system, potentially triggering or exacerbating asthma symptoms. Individuals with asthma are particularly sensitive to poor air quality, which may lead to increases in emergency department visits and hospitalizations. Given the Twin Cities metro area's disproportionate exposure to air pollution relative to other areas of the state, this is a major health equity concern.

FACTS

HEALTH EQUITY: SOCIAL DETERMINANTS OF HEALTH



Reasons for disparities in the burden of asthma are varied:

- Minnesota's non-White populations are concentrated in the Minneapolis-St. Paul metropolitan area—the area of the state with the **highest levels of air pollution.**
- Impoverished areas are generally more likely to be **located near industrial areas and major highways.** Thus, air pollution is likely to be higher in these areas than in other parts of the metropolitan area.
- Impoverished areas are more likely to have **substandard housing,** so residents are subject to more environmental triggers such as mold and pests (e.g., rodents) in the home. Carpeting, which collects and harbors environmental triggers, is more likely to be old.
- Poorer families in rural areas may be more likely to use a wood-burning stove for heat.
- In rental housing, when landlords do not respond to requests for repairs, tenants in low-income rental housing may **lack means to purchase supplies and equipment** for repairs, and other more pressing priorities may prevent effective follow-up to eradicate environmental triggers.

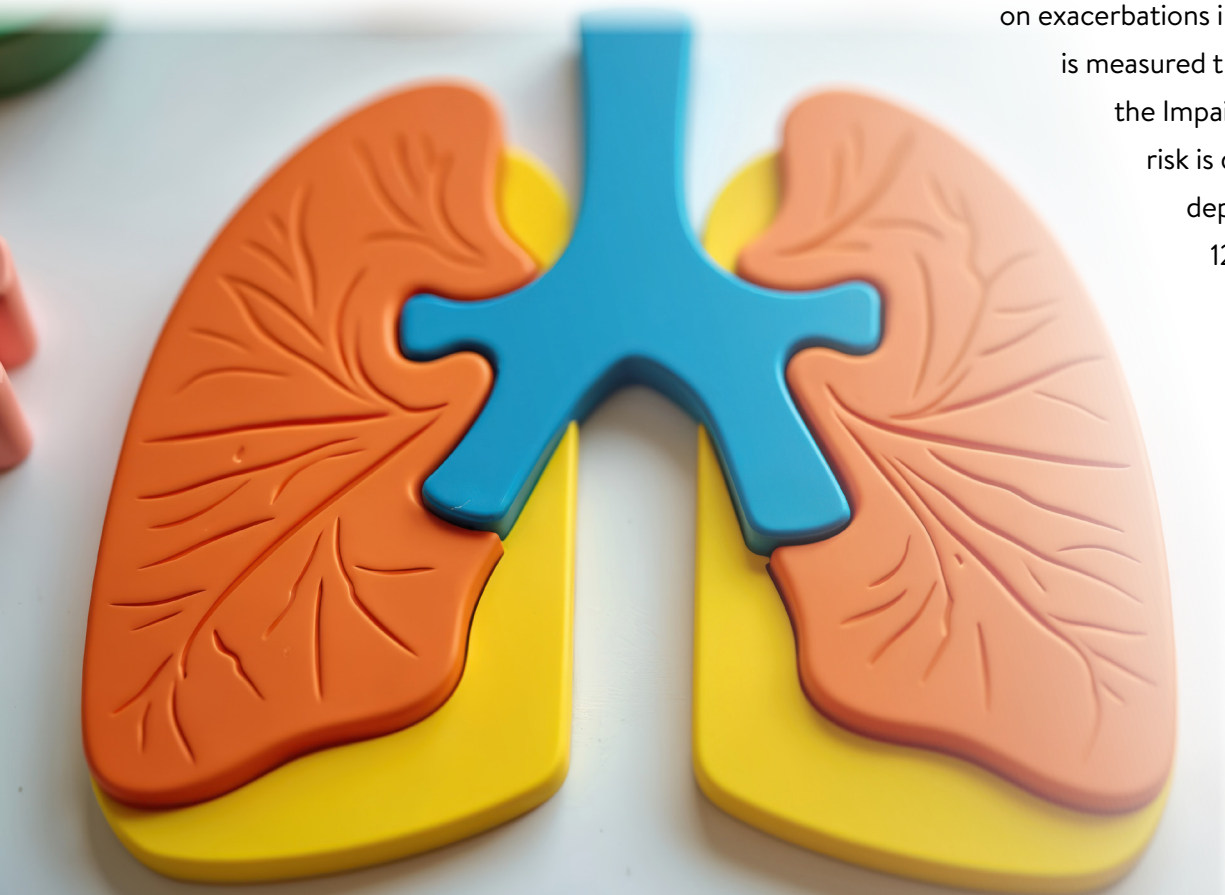
- Immigrants frequently occupy lower rungs on the economic ladder and may be less likely to seek medical care due to cost or **language barriers.** Further, less acculturated immigrants with less formal education may not fully understand or resonate with medical directives such as when and how often to take medication, how to use an inhaler, how to recognize and ward off an asthma attack, and what triggers to avoid if possible.

- Due to the long history of structural inequities, many communities are distrustful of institutions. In response to this distrust, many communities (including but not limited to: certain racial and ethnic groups, immigrants, LGBTQ+, individuals with disabilities, people living in rural areas) may be less likely to seek help early, if at all.

- Finally, the **multiple stressors** that people living in poverty face every day likely complicate adherence to regular medication protocols and prevent scheduling and attending regular medical appointments.

OPTIMAL ASTHMA CONTROL, generally defined by reduced asthma-related symptoms and exacerbations, as well as maintenance of a normal lifestyle, is a key goal in asthma management and provides context of the asthma experience.

Minnesota Department of Health's Statewide Quality Reporting and Measurement System (SQRMS) established a standardized set of quality measures to ensure consistent reporting of key clinical and process outcomes across the state. Included in the SQRMS framework is optimal asthma control, defined as whether an individual (i) has well-controlled asthma and (ii) is not at elevated risk based on exacerbations in the previous 12-month period. Well-controlled asthma is measured through responses to the Asthma Control Test and the Impairment and Risk Questionnaire. Asthma exacerbation risk is determined by the number of reported emergency department visits and/or hospitalizations in the previous 12-month period; greater than two visits indicates increased asthma exacerbation risk.



Using this definition of optimal asthma control, approximately 51% of adults and 54% of children in Minnesota had well-controlled asthma in 2023, with slightly lower rates observed among non-White or Asian racial/ethnic groups (*MN Community Measurement, Health Care in Minnesota - Summary Report on Quality, Disparities, and Cost, 2023)*

FACTS

THE BURDEN OF UNCONTROLLED ASTHMA

Source: Health Economics Program. Chronic Conditions in Minnesota: New Estimates of Prevalence, Cost and Geographic Variation for Insured Minnesotans, 2012.

DIRECT COSTS

Direct costs associated with asthma are costs for health care and medical expenses, including emergency department visits, hospitalizations, physician visits, and medications. However, this is only part of the economic burden of asthma. The true burden of a disease is complex and includes both direct and indirect costs, as well as the decreased quality of life an individual with asthma may experience, especially if their asthma is uncontrolled.

INDIRECT COSTS

Indirect costs associated with asthma are less obvious and harder to assess. Uncontrolled asthma may result in missed work, missed school, or both. Children with poorly controlled asthma miss school more frequently and cause their parents or caregivers to miss work in order to care for them. **Asthma is a leading cause of school absenteeism** due to chronic illness in the United States.

Even when a child with asthma is able to attend school, asthma may affect a child's academic performance, resulting in **decreased learning and a lifelong deficit in earning potential.**

QUALITY OF LIFE

Asthma can be challenging, disruptive, and frightening for those who have it, and for family, friends, and caregivers. Without adequate access to medical care and asthma management resources, individuals with asthma experience a decreased quality of life. Although there is currently no cure for asthma, **with proper treatment, people who have asthma can live normal, healthy lives.**

Through collaborative goals and action steps, Minnesota asthma partners are committed to lessening the burden for all Minnesotans with asthma.

ASTHMA FRAMEWORK

FRAMEWORK

SEVEN GOALS

OUR MINNESOTA FRAMEWORK aligns with and builds on goals established by the Centers for Disease Control and Prevention's National Asthma Control Program. Through collaborative partnerships across the state, we can achieve these goals and improve the health and quality of life for people with asthma and their families. In turn, all of these goals are essential for sustainability of progress.

ADVOCACY

Build support for people who have asthma.

Improving the quality of life for Minnesotans who have asthma requires raising asthma awareness, increasing educational outreach, and working together to improve access to asthma care and to supportive community services.

PARTNERSHIPS

Build strong community and statewide ***partnerships to increase linkages to care, education,*** and ***community support*** for people living with asthma.

Collaborative partnerships are essential to approach asthma in a holistic manner. Health systems, local public health, Tribal health, schools, businesses, nonprofit organizations, environmental organizations, and communities all have a role in managing asthma and reducing environmental triggers that lead to asthma episodes.

DATA

Collect, analyze, and communicate usable data on asthma, populations, and the environment.

Data forms the basis for policy development, clinical care guidelines, and public health programs. It should be used to effectively communicate successes and opportunities for improvement across communities and sectors. Tracking and evaluating asthma prevalence, emergency department visits and hospitalizations, mortality, and other measures will help identify and define trends to guide strategic action.

HEALTH EQUITY

Work with individuals, communities, and health systems to create healthy communities and ***ensure that all people have the resources needed*** to be healthy.

Similar to many other diseases and health conditions, asthma disproportionately impacts certain races, ethnicities, economic levels, and geographical regions in Minnesota. To eliminate these disparities and achieve health equity, we must view strategies through a health equity lens and comprehensively address the social determinants of health.

HEALTHY ENVIRONMENTS

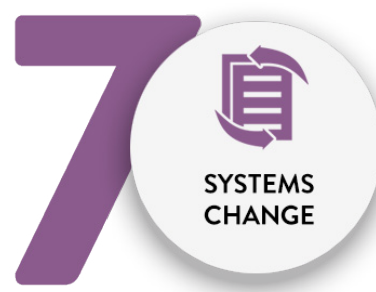
Reduce environmental factors that trigger asthma episodes.

Various factors in both indoor and outdoor environments can lead to asthma attacks or episodes. Individuals, families, policymakers, industry leaders, professional groups, and grassroots organizations can take actions that will eliminate, reduce, or simply improve those factors.

ASTHMA MANAGEMENT

Increase the number of ***people who have the information, skills, and tools*** to manage their asthma successfully.

Asthma care is a partnership and a shared responsibility between the patient, the health care provider, and the systems supporting them. Asthma can be controlled using the guiding principles of patient-centered care and individualized education and support for asthma self-management.



SYSTEMS CHANGE

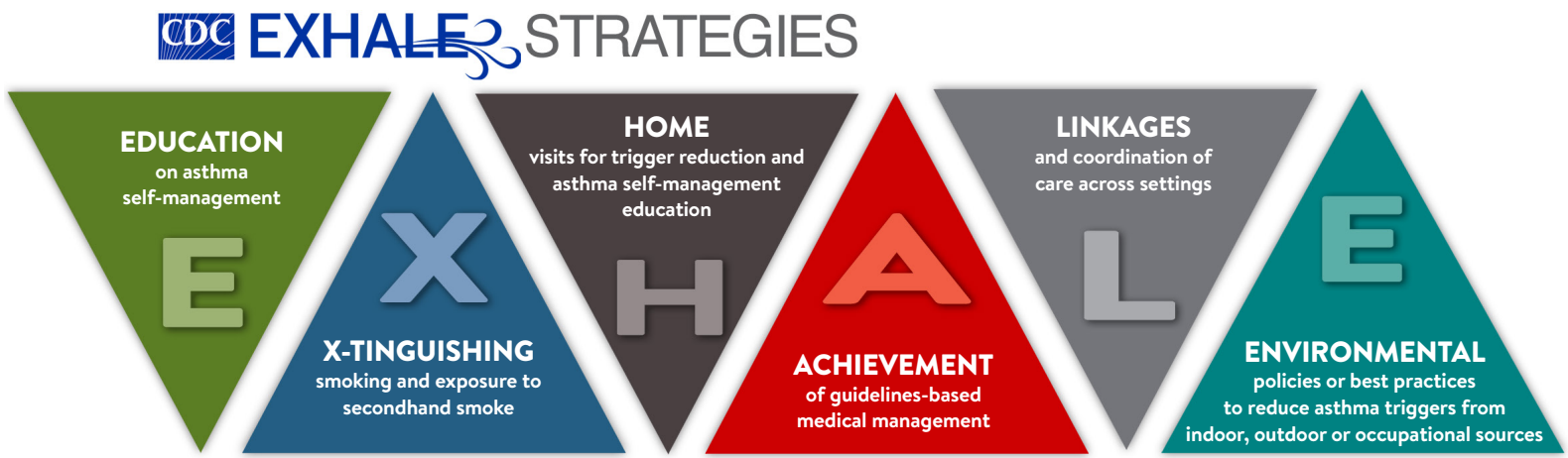
Support ***development and piloting of new systems*** to improve the efficiency and effectiveness of asthma management.

To improve asthma in Minnesota, the complex systems, structures, and policies that affect asthma must first be understood and then strategically improved or even restructured. By cultivating system changes, we can implement new approaches to improve quality and delivery of asthma care and reduce the impact of asthma.

FRAMEWORK

CDC'S NATIONAL ASTHMA CONTROL PROGRAM STRATEGIES

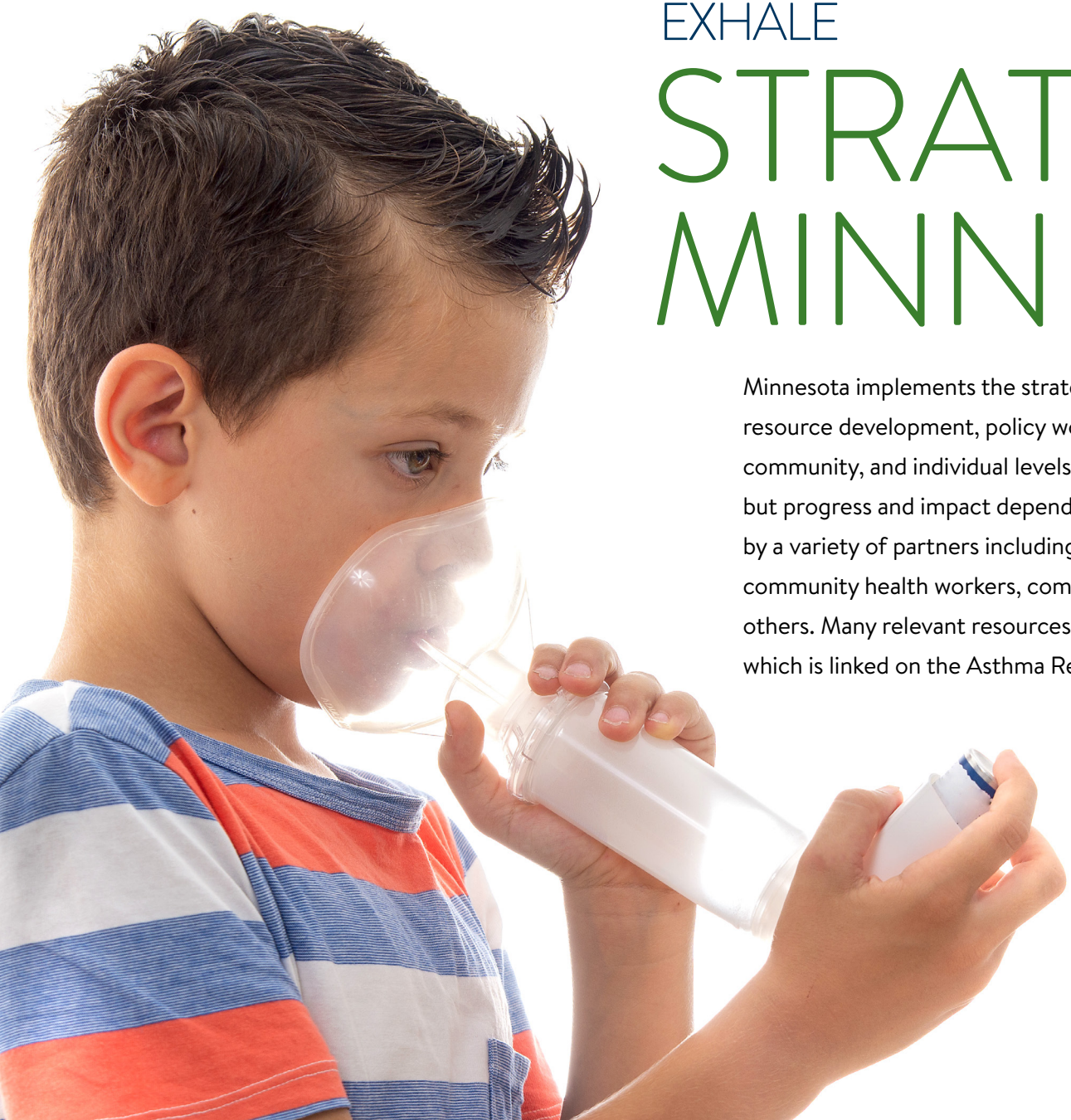
CDC'S NATIONAL ASTHMA CONTROL PROGRAM (NACP) and its partners help people with asthma achieve better health and improved quality of life. Through the NACP, CDC funds state, territorial, and local health departments to ensure that people with asthma have access to guidelines-based medical management and medications. NACP developed a set of six strategies that each contribute to better asthma control. Together, these strategies comprise the EXHALE package.



EXHALE strategies contribute to better asthma control. Each strategy in EXHALE has been proven to reduce asthma-related:

- Emergency department visits
- Hospitalizations
- Missed days of work or school
- Health care costs

EXHALE can be used by public health professionals, health care organizations, schools, community and faith-based organizations, and people with asthma and their caregivers. When implemented together, CDC EXHALE Strategies make an even bigger difference!



EXHALE

STRATEGIES IN MINNESOTA

Minnesota implements the strategies of CDC's EXHALE package through partnerships, resource development, policy work, and engagement at the state, Tribal nation, county, community, and individual levels. The Minnesota Asthma Program is core to many efforts, but progress and impact depend on collective collaboration across sectors and efforts by a variety of partners including public health, Tribal health, health care, educators, community health workers, community organizations and leaders, businesses, families, and others. Many relevant resources can be located on the MDH Asthma Program website, which is linked on the Asthma Resources page on page 32 of this Framework.

STRATEGIES

E | EDUCATION

ASTHMA SELF-MANAGEMENT EDUCATION (AS-ME)

Promoting and expanding AS-ME through partnerships, training and education opportunities, support of asthma home-visiting programs, and resource development. Collaboration with partners to support AS-ME efforts is crucial to success. These initiatives include education, training, and partner support to:

- Ensure and improve medication adherence and medication use accuracy
- Bring awareness and actionable guidance to reduce and/or mitigate environmental asthma triggers in the home and in communities
- Achieve or maintain individual optimal asthma management and control

STRATEGIES

X | X-TINGUISHING

X-TINGUISHING SMOKING AND EXPOSURE TO SECONDHAND SMOKE AMONG PEOPLE WITH ASTHMA

Collaboration with the Minnesota Department of Health's Commercial Tobacco Prevention and Control Program supports education and provides resources to our partners and the public that promote statewide commercial tobacco prevention and treatment efforts with the goal of reducing smoking, vaping, and exposure to secondhand smoke. Efforts include:

- Creating awareness and accessibility to free Minnesota services: My Life, My Quit for teens ages 13 – 17, and Quit Partner for adults
- Collaborating with partners to educate legislators and the public about the need for legislation related to commercial tobacco, vaping, and secondhand smoke
- Partnering with clinical providers, health plans, and community-based organizations to create direct referral portals to cessation resources that create a sustainable referral source
- Strengthening and sustaining robust funding and infrastructure for statewide commercial tobacco prevention and control efforts that support effective collaboration with and funding to communities

VAPING
ERASED 15 YEARS
OF PROGRESS

STRATEGIES

H | HOMES

HOME VISITS FOR TRIGGER REDUCTION AND AS-ME

HOMES

H

The Minnesota Asthma Program works closely with local public health and Tribal health agencies providing Asthma Home-Based Services (AHBS). It also develops resources for AHBS provider organizations that support sustained programs when there are changes in operations, leadership, and staff. Asthma home visits result in fewer asthma symptoms, improved asthma control, reduced missed days from school and work, as well as reduced use of unscheduled clinic, emergency department and urgent care visits, and inpatient hospitalizations.

Efforts include:

- Recruitment of new agencies who will implement and carry-out AHBS programs that address both AS-ME and environmental triggers of asthma. This effort is supported by the recently developed AHBS manual and associated resource webpage that offers implementation and operational guidance for program development and sustainability
- Maintenance of the Reducing Environmental Triggers of Asthma (RETA) online training resource
- Integration of AHBS service information into communication channels to engage partners, cultivate referral sources, and create awareness of services
- Working with large health systems to create sustainable, embedded referral processes to AHBS programs

HOME-BASED SERVICES ARE

HIGHLY EFFECTIVE

STRATEGIES

A | ACHIEVEMENT

ACHIEVEMENT OF GUIDELINES-BASED MEDICAL MANAGEMENT

Educate health care professionals, the public, and others about managing asthma in alignment with guidelines-based medical management. Tools and information needed to diagnose, treat, and teach effective self-management skills to patients and their families are available on the MDH Asthma website. Materials available to partners and the public include but are not limited to:

- Information on asthma medications, including the role of these medications, administration technique and guidance, and links to downloadable posters that assist with inhaler identification and education
- Asthma trigger identification resources with exposure reduction and mitigation guidance
- Links for health care professionals to guidelines for diagnosing and managing asthma as well as links to quick-guide provider resources and clinician and provider guidelines training
- Links to a variety of asthma patient education materials in multiple languages

STRATEGIES

L | LINKAGES

LINKAGES AND COORDINATION OF CARE ACROSS SETTINGS

All Minnesotans can play a role in reducing the burden of asthma in Minnesota. Health professionals in clinics, hospitals, urgent care, schools, pharmacies, Tribal health, and local public health all play a part in improving the quality and consistency of asthma care across our state. Boundary-crossing models of care focus on developing ties between clinics, social service agencies, community resources, schools, and other venues. The Minnesota Asthma Program implements linkages by:

- Participating in the interagency School Health Services Collaboration meetings that support strategic networking and cross-sharing with state agency divisions and teams that intersect with K-12 schools to support the whole child framework
- Endeavoring to link clinics, schools, local public health and Tribal health agencies, community organizations, and pharmacists to provide asthma services utilizing a team-based care model
- Convening a Minnesota Asthma Alliance (MAA) with the following goals: 1) to collectively share, problem-solve, strategize, and support resource development to reduce the impact of asthma across Minnesota, with special attention to communities and groups especially impacted; and 2) to advise the Minnesota Asthma Program on decisions and programs in keeping with this goal. The MAA launched in June 2025 with partners from a variety of areas of expertise, organizations, sectors, and communities across Minnesota

STRATEGIES

E | ENVIRONMENTAL

ENVIRONMENTAL POLICIES OR BEST PRACTICES TO REDUCE ASTHMA TRIGGERS FROM INDOOR, OUTDOOR, AND OCCUPATIONAL SOURCES

Engage partners across Minnesota and collaborate with weatherization and air quality agencies and organizations to promote the reduction or elimination of exposures to environmental asthma triggers.
Efforts include:

- Collaboration on projects, communications, training, and development of education materials with state agencies that focus on achievement of cleaner and healthier air, including Minnesota Pollution Control Agency; the MDH Environmental Health Division, including Indoor Air, Environmental Surveillance and Assessment, and the Climate and Health Program; the MDH Commercial Tobacco Prevention and Control Program; and Clean Air Minnesota.
- Environmental trigger assessment training and education for health professionals, asthma advocates and trusted messengers, and the public.
- Engagement with a variety of partners to support efforts to achieve cleaner and healthier air, a reduction in indoor air quality hazards, and mitigation of environmental risks.

ASTHMA TARGETS

TARGETS

MEASURES AND TARGETS FOR 2030

THIS SECTION describes measures and targets that will be used to assess progress in improving asthma control from 2026 to 2030. Factors included in the selection of measurable targets included:

- Quality of the data source from which the target measures are drawn
- The target measure's validity (i.e., it measures what it is intended to measure)
- Stability of the target measure
- Ability of Minnesota asthma partners to affect the measure in a meaningful way

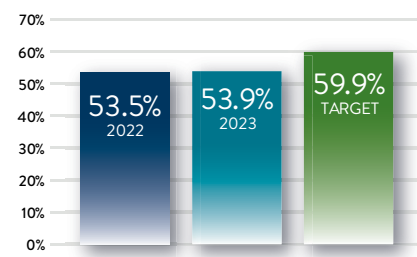
OPTIMAL ASTHMA CONTROL

Optimal asthma control is a measure within the Minnesota Statewide Quality Reporting and Measurement System (SQRMS) of MDH. Data on SQRMS measures are submitted by health care providers from across the state. The definition of optimal asthma control is included on page 11 in the Asthma Facts section of this Framework.

TARGET 1

Increase the proportion of children in Minnesota whose asthma is considered optimally controlled from 53.9% to 59.9%.

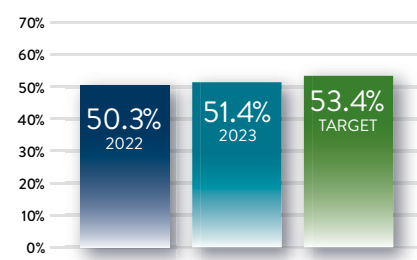
Source: MN Community Measurement, Health Care in Minnesota — Summary Report on Quality, Disparities, and Cost, 2023



TARGET 2

Increase the proportion of adults in Minnesota whose asthma is considered optimally controlled from 51.4% to 53.4%.

Source: MN Community Measurement, Health Care in Minnesota — Summary Report on Quality, Disparities, and Cost, 2023



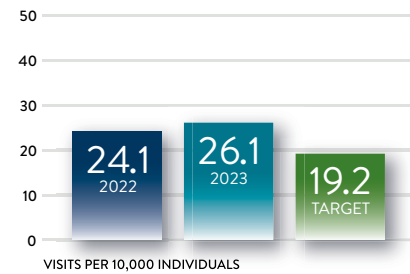
EMERGENCY DEPARTMENT VISITS AND HOSPITALIZATIONS DUE TO ASTHMA

The Minnesota Department of Health collects data on asthma-related emergency department visits and hospitalizations, which are submitted by health systems throughout the state.

TARGET 3

Decrease the rate of emergency department visits due to asthma for individuals aged 5 or older from 26.1 visits per 10,000 individuals to 19.2 visits per 10,000 individuals.

Source: Minnesota Hospital Association, Minnesota Hospital Discharge Data, 2023



TARGET 4

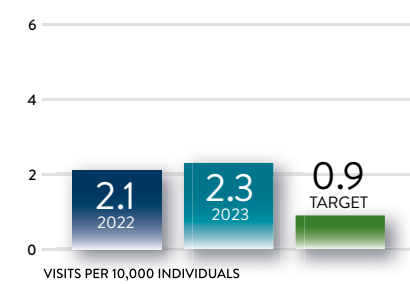
Decrease the rate of hospitalizations due to asthma for individuals ages 5 to 64 from 2.0 hospitalizations per 10,000 individuals to 1.2 hospitalizations per 10,000 individuals.

Source: Minnesota Hospital Association, Minnesota Hospital Discharge Data, 2023

TARGET 5

Decrease the rate of hospitalizations due to asthma for individuals aged 65 and older from 2.3 hospitalizations per 10,000 individuals to 0.9 hospitalizations per 10,000 individuals.

Source: Minnesota Hospital Association, Minnesota Hospital Discharge Data, 2023



MORTALITY DUE TO ASTHMA

The Minnesota Department of Health also collects vital statistics data, including deaths due to asthma. Asthma-related deaths are identified through death certificate data collected by MDH and are defined as those with asthma listed as an underlying cause of death.

TARGET
6

Decrease the asthma mortality rate from 9.6/1,000,000 individuals to 8.9/1,000,000 individuals.

Source: Minnesota Department of Health — Office of Vital Records, Minnesota Vital Statistics — Mortality Data, 2023

ASTHMA SUMMARY

JOIN THE STATEWIDE EFFORT

This Framework has presented key information about asthma as a chronic condition and its impact on individuals, families, and communities in Minnesota. We have highlighted the challenges and achievements, as well as broad-based strategies, goals, and resources for improving asthma care and management toward health equity and lower burden everywhere across our state. Improving care for people with asthma and extending high levels of asthma care to all of Minnesota require strong partnerships—with clinics, health care providers, schools, local public health, Tribal health, businesses, community organizations, and faith community. These goals warrant high priority from policymakers and the public.

Strong partnerships, commitment, financial resources, and policy change are essential not only to making progress but to sustaining that progress. **It takes a village! Please join us in this effort!**

HOW CAN YOU GET INVOLVED?

- We welcome your feedback, questions, and ideas on the Framework at any time.
- You can reach the Minnesota Department of Health Asthma team at health.asthma@state.mn.us or 651-201-5909.
- Please share what you're working on and how the Minnesota Asthma Program and the Minnesota Asthma Alliance can connect with your efforts.
- Sign-up for the MN Asthma Program newsletter (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_49) Please select **Asthma Information** from the list.
- Keep an eye out for periodic online meetings (on Microsoft Teams) to provide feedback and ask questions about the Framework or to just share about your asthma experience, efforts, successes, or challenges.

We are grateful to the contributions of the Asthma Strategic Framework Workgroup, a subset of the new Minnesota Asthma Alliance made up of faith community and community organizations, local public health, health systems, and clinics. They have graciously contributed their voices and their time to guide the process of updating and improving the Framework for 2026-2030.

ASTHMA

RESOURCES

Minnesota Department of Health Asthma Program: Asthma - MN Dept. of Health—who we are and multiple informational and educational resources

Health Equity: Creating Health Equity in Minnesota - MN Dept. of Health

Minnesota Asthma Data:

- Asthma Data Quick Facts - MN Dept. of Health: including data overview and links to fact sheets, Minnesota Community Measurement, and national organizations
- Asthma in Minnesota: MN Public Health Data Access Portal - MN Dept. of Health - MN Data

National Organizations and Information:

- American Lung Association: Asthma | American Lung Association
- Asthma and Allergy Foundation of America: Asthma Information and Facts | AAFA.org
- Centers for Disease Control and Prevention (CDC):
  - About CDC's National Asthma Control Program | NACP | CDC
  - About Asthma | Asthma | CDC: including materials in multiple languages
- National Asthma Education and Prevention Program: National Asthma Education and Prevention Program Coordinating Committee (NAEPPCC) | NHLBI, NIH
- Allergy and Asthma Network: Your Trusted Resource - Allergy & Asthma Network
- US Environmental Protection Agency: Asthma | US EPA
- National Environmental Education Foundation (NEEF): Health and Environment

MY FRAMEWORK

ACTION STEPS

I'm committed to doing the following to advance the goals in this Framework:

1

2

3

ACKNOWLEDGMENTS

This Strategic Framework for Addressing Asthma in Minnesota would not have been possible without the contributions and ongoing input from Strategic Framework Workgroup members from the Minnesota Asthma Alliance (MAA) launched by the Minnesota Department of Health's (MDH) Asthma Program) in Summer 2025.

Thank you to **Strategic Framework Workgroup** members, as well as their respective organizations:

Alejandra Eppinger | Park Nicollet Minneapolis Clinic

Ora Hokes | Greater Friendship Missionary Baptist Church

Jenny Oliphant | Ramsey County Public Health

Nneka Sederstrom | Hennepin Healthcare

Angela Fields | CHW Concepts

Isabel Marsh | Lighthouse Global

Gail Brottman | Hennepin Healthcare

THANK YOU

CONTACT

DEPARTMENT OF HEALTH

ASTHMA PROGRAM

Location: 625 Robert St. N, St. Paul, MN 55155-2538
Mailing: PO Box 64975, St. Paul, MN 55164-0975
651-201-5909
health.asthma@state.mn.us
www.health.mn.gov/asthma

The Minnesota Department of Health's Asthma Program (MN AP) receives funding and technical support from the Centers for Disease Control and Prevention's National Asthma Control Program (NACP). The NACP aims to "improve the reach, quality, effectiveness, and sustainability of asthma control services and to reduce asthma morbidity, mortality and disparities by implementing evidence-based strategies."

This *Strategic Framework for Addressing Asthma in Minnesota* represents a collaboration between the Minnesota Department of Health, the Minnesota Asthma Alliance, and asthma partners across the state.

This work is supported by Cooperative Agreement #_1 NUE1EH001506-01-00 from the Centers for Disease Control and Prevention. Its contents are the sole responsibility of the MN AP and do not necessarily represent the official views of the CDC.

To obtain this information in a different format, call 651-201-5909.

Revised August 2025

REFERENCES

Centers for Disease Control and Prevention, National Center for Health Statistics — FastStats — Asthma, 2024

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2023

Minnesota Hospital Association, Minnesota Hospital Discharge Data, 2023

Minnesota Departments of Education, Health, Human Services, and Public Safety, Minnesota Student Survey, 2022

Minnesota Department of Health — Office of Vital Records, Minnesota Vital Statistics — Mortality Data, 2023

MN Community Measurement, Health Care in Minnesota — Summary Report on Quality, Disparities, and Cost, 2023

MN Community Measurement, Minnesota Health Care Disparities by Race, Ethnicity, Preferred Language, and County of Origin, 2023

Minnesota Department of Health — Health Economics Program, Chronic Conditions in Minnesota: New Estimates of Prevalence, Cost and Geographic Variation for Insured Minnesotans, 2012

Minnesota Department of Health, Statewide Quality Reporting and Measurement System (SQRMS), 2023