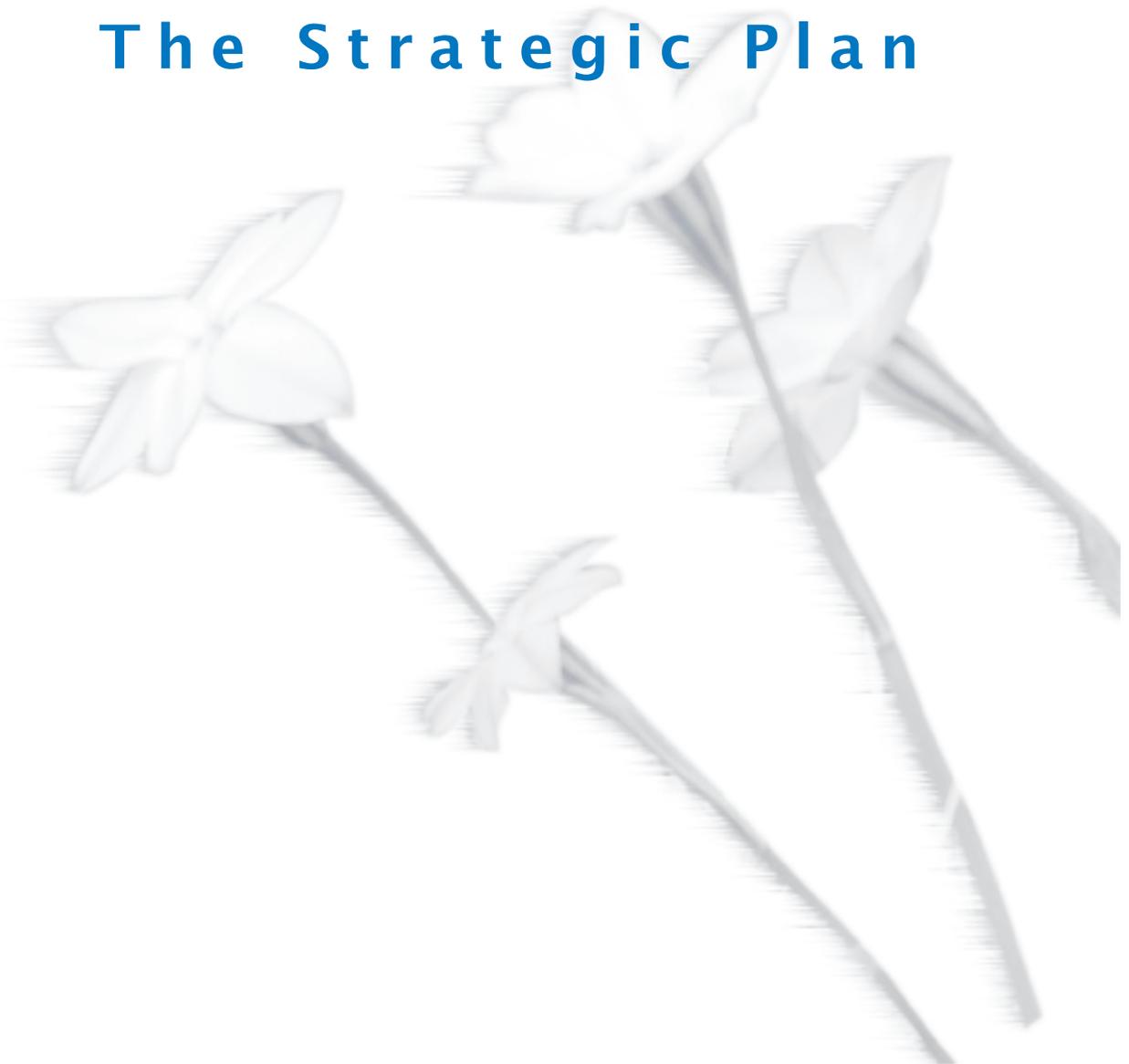


# The Strategic Plan



## Education and Public Awareness

### GOAL 1: Increase asthma education in the school system.

#### Objectives:

- 1) Through December 2012, promote the North Carolina standard of one school nurse to every 750 students.

#### Strategies:

- a) Educate stakeholders involved with children and asthma about the current school nurse-to-student ratio in North Carolina.
  - b) Communicate with legislative representatives quarterly regarding students' access to regular asthma management assistance and the current availability of school nurses.
- 2) By July 2009, increase access to schools and childcare centers for approved asthma healthcare providers.

#### Strategies:

- a) Increase asthma healthcare professional and asthma advocate representation on North Carolina's School Health Advisory Committees (SHACs).
  - b) Partner with local Child Care Health Consultants, as well as Asthma Educators, to assist with education and materials needed in childcare centers.
- 3) By July 2008, increase opportunities for students, staff, coaches, and school health professionals to receive education in asthma management.

#### Strategies:

- a) Support local asthma coalitions and workgroups in promoting and providing workshops on the "Winning with Asthma" coaches' clipboard project.
- b) Identify existing programs and resources across N.C. that provide education in asthma management, such as the American Lung Association of North Carolina's Open Airways Program, and others.

### GOAL 2: Ensure that schools are safe and healthy environments for children with asthma.

#### Objectives:

- 1) By September 2007, promote the use of a school asthma action plan in N.C. schools that includes education and reporting for staff and students, including plans to minimize asthma triggers.

**Strategies:**

- a) Convene an action planning subcommittee of AANC members to review existing school asthma action plans.
  - b) Create inventory of existing school asthma action plans in North Carolina. action plan and present to AANC for approval.
  - c) Draft recommendation on a sample school asthma action plan and present to AANC for approval.
  - d) Partner with the Medical Management workgroup to begin promoting sample school asthma action plan through schools, local asthma coalitions, local community groups, and healthcare providers statewide.
- 2) By June 2009, promote the 100% tobacco-free schools initiative.

**Strategies:**

- a) Collaborate with local asthma coalitions, local tobacco-free coalitions, and Healthy Carolinians partnerships to advocate for tobacco-free schools policies locally.
  - b) Invite speakers and presenters to include smoke-free schools information at asthma-related events (i.e., health fairs, N.C. Asthma Summit).
  - c) Work with the Tobacco Prevention and Control Branch to track the number of schools in North Carolina that go tobacco-free.
- 3) By December 2008, support appropriate in-school use of asthma medications in all N.C. public and private schools.

**Strategies:**

- a) Educate communities, and promote General Statute 115C-375.2 regarding “possession and self-administration of asthma medication by students with asthma or students subject to anaphylactic reactions, or both.”
- b) Promote the training (by trained school nurses and other healthcare professionals) of school principals in N.C. on the appropriate use of asthma medications in schools.

**GOAL 3: Educate North Carolina residents about the dangers of secondhand smoke and its relationship to asthma.**

**Objectives:**

- 1) By March 2010, promote health departments’ implementation of smoke-free dining policies in 50% of North Carolina restaurants.

**Strategies:**

- a) Collaborate with local asthma coalitions and local tobacco-free coalitions to advocate for smoke-free dining policies locally.

- b) Work with the Tobacco Prevention and Control Branch (NCDPH) to track the number of restaurants in North Carolina that go smoke-free.
- 2) By November 2011, implement a media campaign educating North Carolina residents on the danger of secondhand smoke and its relationship to asthma (emphasis in May during Asthma Awareness Month).

**Strategies:**

- a) Work with N.C. DHHS Public Affairs to develop a series of public service announcements for state and local media markets.
- b) Pilot media campaign in at least two North Carolina media markets.
- 3) By August 2007, educate the public about *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*.

**Strategies:**

- a) Make this report available through websites, such as the North Carolina Asthma Program, the Asthma Alliance of North Carolina, and the Tobacco Prevention and Control Branch (N.C. Division of Public Health).

**GOAL 4: Provide goals for primary care providers and other healthcare professionals that promote standards of care based on guidelines and expectations.**

**Objectives:**

- 1) By May 2008, provide and promote the National Institute of Health and National Heart, Lung, and Blood Institute (NIH/NHLBI) guidelines and/or Global Initiative for Asthma (GINA) guidelines to primary care doctors by December 2007.

**Strategy:**

- a) Collaborate with the Medical Management work group to identify qualified healthcare professionals as asthma champions. Utilize these asthma champions to promote guidelines within their respective practices.
- 2) By December 2008, encourage professional medical organizations to promote the use of these guidelines.

**GOAL 5: Develop and promote a standardized asthma education curriculum for North Carolina health professionals.**

**Objectives:**

- 1) Gain AANC approval of curriculum by May 2009.

**Strategies:**

- a) Establish a statewide committee to review existing asthma and other public health curricula by December 2007.
  - b) Research existing educational/training resources available in North Carolina for inclusion in the curriculum.
  - c) Draft curriculum in committee and through expert review by February 2009.
  - d) Identify and recruit funding sources to support curriculum development.
- 2) Pilot the curriculum through at least five local health departments and/or health systems by January 2010.
  - 3) Evaluate and collect data on the curriculum for evaluation and revisions by November 2010.

**Strategies:**

- a) Develop (in committee) a comprehensive evaluation plan for the curriculum.
- 4) Disseminate and promote the curriculum by June 2011.

**Strategies:**

- a) Develop and hold regional curriculum workshop, trainings, and/or teleconferences.

**GOAL 6: Strengthen and support community-based asthma initiatives.**

**Objectives:**

- 1) By December 2010, seek out opportunities for increased funding for evidence-based asthma initiatives by local asthma coalitions or workgroups.

**Strategies:**

- a) Update the N.C. Asthma Program website to include “funding opportunities” links and resources.
- 2) By July 2008, improve communication among local asthma coalitions and workgroups.

**Strategies:**

- a) Enhance and re-launch the existing local coalition listserv.
- b) Develop and distribute a biannual asthma coalition newsletter.
- c) Plan and hold annual regional coalition meetings/workshops on topics of interest, including coalition building.
- d) Coordinate and encourage, wherever possible, collaboration on activities and initiatives with other local coalitions, Healthy Carolinians partnerships, North Carolina Cooperative Extension, and others.

- 3) By January 2008, conduct, in conjunction with the North Carolina Asthma Program and the Local Coalitions Committee of the AANC, surveys of local asthma activities.

**Strategies:**

- a) Design a questionnaire to be distributed to local asthma contact(s) in each county.
- b) Administer the questionnaire to all local coalitions and/or workgroups, and compile results.

## Health Disparities

### **GOAL 1: Increase resources for asthma management and services for all underserved populations.**

**Objectives:**

- 1) By December 2008, partner with asthma coalitions across the state, local asthma representatives, and the Asthma Alliance of North Carolina to develop a resource guide of organizations currently working to increase access to care for underserved populations in our state.

**Strategies:**

- a) Identify and inventory organizations currently working to increase access to care for underserved populations in North Carolina.
  - b) Disseminate the resource guide to key stakeholders across the state.
- 2) By January 2011, promote culturally appropriate activities among local asthma coalitions, resulting in education/services to all underserved populations in the state.

**Strategies:**

- a) Pilot cultural competency trainings in at least three local asthma coalitions.
  - b) Survey local coalitions and workgroups on offering workshops on topics of interest relating to educating and serving disparate populations.
  - c) Have coalitions and workgroups share success stories on providing culturally appropriate activities through the local coalitions listserve, AANC activities, and the N.C. Asthma Program website.
- 3) By December 2009, increase the number of minority people with asthma who receive appropriate asthma care and education, including information about community resources and self-help management strategies.

**Strategies:**

- a) Identify and inventory culturally appropriate educational materials for disparate populations.
  - b) Provide a list of suggested culturally appropriate materials for disparate populations to use in asthma education programs, health departments, physicians' offices, and safety net organizations across the state.
- 4) By March 2011, increase the number of public awareness asthma programs and activities statewide that target disparate populations.

**Strategies:**

- a) Collaborate with the Division of Public Health, the N.C. Office of Minority Health and Health Disparities (OMHHD) and healthcare professionals to raise awareness, educate, and inform disparate populations on the importance of preventive measures, such as flu shots.
  - b) Collaborate with identified community groups and organizations to develop a public awareness program or campaign appropriate to disparate populations.
- 5) By January 2011, develop a public health campaign, for children and adults with asthma, that addresses health literacy.

**Strategies:**

- a) Promote the ASK ME 3 campaign, Teach Back Method, and Principle of Clear Health Communication resources to help people understand and process written and oral information about their asthma care (What is my main problem? What do I need to do? Why is it important for me to do this?)
- b) Use the recommendations from the N.C. Institute of Medicine (IOM) Task Force on Health Literacy to inform the campaign.

**GOAL 2: Promote the improvement of economic, social, and physical conditions that contribute to disparities in asthma.**

**Objectives:**

- 1) By December 2010, collaborate with the Department of Public Instruction, N.C. DPH, OMHHD, the Department of Environment and Natural Resources, N.C. Cooperative Extension, and other agencies to educate public school employees and child care center personnel regarding conditions that contribute to asthma symptoms.

**Strategies:**

- a) Pilot at least three train-the-trainer workshops for school and child care center personnel on minimizing conditions that contribute to asthma symptoms.

- 2) By December 2008, support the Department of Public Instruction (DPI) in implementing the Children’s Health Act of 2006 as it relates to asthma triggers, including:
  - Establishing guidelines to reduce students’ exposure to diesel emissions.
  - Studying methods for mold and mildew prevention and mitigation and incorporating recommendations into the public school facilities guidelines.
  - Establishing guidelines for Integrated Pest Management consistent with the policy of the North Carolina School Boards Association, Inc., as published in 2004.
  - Establishing guidelines for notification of parents or guardians, custodians, and school staff of pesticide use on school grounds.
- 3) By January 2010, at least three Asthma Alliance members will serve on the North Carolina Health Access Coalition.

**Strategies:**

- a) N.C. Health Access Coalition representatives will give yearly report on initiatives and partnership opportunities to AANC.

## Medical Management

### **GOAL 1: Promote the use of best practices, guidelines, and data related to the diagnosis and management of asthma.**

**Objectives:**

- 1) By 2010, increase by 20% persons with asthma who have been seen by a healthcare provider for preventative asthma care in the past year.
- 2) By May 2009, increase public and health care providers’ access to and use of health information, resources, and data about asthma diagnosis and management.

**Strategies:**

- a) Include information about best practices and guidelines as part of asthma awareness campaigns during Asthma Awareness Month.
- b) Use pre- and post-test knowledge assessments of the general public and providers about best practices and guidelines about diagnosis and management of asthma before and after awareness campaigns.
- c) Educate the public on the medical management of asthma incidents on an ongoing basis.
- d) Encourage coalitions and other asthma groups to compile an inventory of national, state, and local asthma-related health care services, education programs, and other resources available to individuals with asthma related to diagnosis and management. Disseminate this information through the Local Coalition listserve, newsletters, and N.C. Asthma Program web site.

- e) Disseminate, through local pharmacies, information regarding available local asthma education programs and resources.
  - f) Collaborate with N.C. AHEC, the N.C. Pediatric Society, the N.C. Academy of Family Physicians, and other health care provider associations to provide educational programs for health care providers reinforcing the use of NIH and NAEPP guidelines for the diagnosis and medical management of asthma and resources about asthma data.
- 3) By December 2011, increase the number of healthcare offices and clinics that treat people with asthma that have at least one health care professional identified as an “asthma champion.”

**Strategies:**

- a) Develop an email listserve to incorporate all identified “N.C. asthma champions,” to disseminate information throughout the state on asthma and to serve as a resource for asthma-related information.
- b) Update this listserve as new physician and other health care professional “asthma champions” are identified.

**GOAL 2: Provide individuals with asthma and their families with education, skills, and resources to effectively manage their asthma.**

**Objectives:**

- 1) By January 2011, increase the number of individuals diagnosed with asthma who receive written asthma action plans from their healthcare provider.

**Strategies:**

- a) Work through the AANC Action Planning workgroup to develop a sample school asthma action plan, following the NAEPP guidelines, to be recommended for statewide use.
- b) Present this plan for approval to the AANC.
- c) Promote consistent use of an asthma action plan in schools and through health care providers statewide.
- d) Provide supplemental recommendations to patients and their families regarding activities in which they may participate (i.e., exercise) with some limitation.
- e) Work through the AANC Action Planning workgroup and through local asthma coalitions and other asthma partners to develop a sample asthma action plan, following the NAEPP guidelines, to be recommended for use in child care centers across the state.
- f) Work with health care providers and provider associations to disseminate tools and training materials to help providers teach children, families, and adults how to correctly use a peak flow meter, inhaler, spacer and other devices.

- 2) By January 2012, increase the number of professionals who provide education to people with asthma and their families through the support of the National Asthma Educator Certification Board (NAECB) certification as asthma educators, as well as those who complete nationally recognized asthma educator programs, such as the NRTC, AAE, the NBRC/AARC, and other nationally recognized groups for continuing education.

**Strategies:**

- a) Identify all North Carolina credentialed asthma educators (AE-C).
  - b) By June 2008, compile an asthma educator resource list to be made available to healthcare providers and patients with asthma.
  - c) Compile a list of accredited asthma educator certification programs.
  - d) Work to increase the number of public and private payers that reimburse for qualified non-physician asthma education.
  - e) Annually, promote and support the Association of Asthma Educators Annual Conference.
- 3) By January 2009, collaborate with the Education and Public Awareness workgroup, the North Carolina Asthma Program, and other key asthma stakeholders to increase public awareness of the impact of second-hand smoke exposure to those with asthma.

**Strategies:**

- a) Support and assist the American Lung Association of North Carolina (ALANC) in disseminating ongoing education to patients with asthma, schools, day cares, parents, and healthcare professionals.
- b) Work with the Tobacco Prevention and Control Branch to support smoke-free dining, smoke-free school campuses, tobacco-free hospital campuses, and other selected smoke-free policies.
- c) Promote 1-800-QUIT-NOW (1-800-784-8669), the N.C. tobacco use Quitline, to persons with asthma and their family members who smoke.

**GOAL 3: Work to assure that all individuals with asthma have access to a quality medical home.**

**Objectives:**

- 1) By June 2010, increase the number of N.C. healthcare providers who treat people with asthma who have a comprehensive understanding of the medical home concept.

**Strategies:**

- a) Provide N.C. healthcare providers education on the medical home concept and basic quality improvement techniques for working on system changes in their practices or clinics.
- b) Continue to partner with CCNC, IPIP, and other state and local initiatives on strategies for asthma assessment and control.

- 2) By January 2010, promote the medical home concept for medical practices in North Carolina.

**Strategies:**

- a) Increase the number of primary care providers who have done a self-assessment of their practice's medical home initiatives.
- b) Through January 2012, encourage primary care providers to develop action steps to improve one or more aspects of the medical home concept in their practices.

## Surveillance

### **GOAL 1: Identify and monitor populations at risk for asthma in North Carolina.**

**Objectives:**

- 1) Beginning in June 2007, utilize burden report to identify and communicate information to constituents on who is most at risk for asthma.

**Strategy:**

- a) According to the *Burden of Asthma in North Carolina*, 2006 high-risk populations include: children (especially those on Medicaid), African Americans, and females. Target information to these groups of people.
- 2) By March 2011, work to determine which disparities are due to asthma management gaps and which are a true representation of high-risk populations.

**Strategies:**

- a) Partner with the Medical Management and Education and Public Awareness committees to promote the use of asthma management plans.
- b) Devise and conduct survey(s) on utilization of asthma management plans in health care systems and programs.
- 3) By December 2008, enhance systems for monitoring county-level data.

**Strategies:**

- a) Begin to report to the public on asthma-related emergency department visits by county.
- b) Meet with surveillance work group advisors to develop a report format and determine whether to release this report once or twice per year.
- 4) By January 2008, assess existing datasets to ensure compliance with all confidentiality reporting requirements.

**Strategy:**

- a) Review confidentiality requirements and datasets annually.

**GOAL 2: Assess the surveillance needs of asthma stakeholders in North Carolina.**

**Objectives:**

- 1) By June 2008, create an inventory of currently available asthma surveillance resources.

**Strategies:**

- a) Establish a work group consisting of partners with expertise in data and surveillance to determine the best available sources of asthma data in North Carolina.
  - b) Update the Matrix of Data Sources in North Carolina (developed in March 2006) quarterly.
  - c) Make the Matrix of Data Sources available through the N.C. Asthma Program's web site and through local asthma representatives.
- 2) By December 2008, conduct a data needs assessment with key asthma stakeholders and communities.

**Strategies:**

- a) Design an assessment instrument and develop list of key targeted stakeholders and community representatives.
  - b) Analyze results of the needs assessment, and target the areas of highest priority.
  - c) Report results to community asthma representatives.
- 3) By December 2008, identify any gaps in existing North Carolina asthma data.

**Strategies:**

- a) Identify data and resources needed to fill existing data gaps.
  - b) Identify potential sources of funding for enhancements to asthma surveillance.
  - c) Promote the addition of asthma-related questions to N.C. survey instruments (such as BRFSS, CHAMP, YRBS, School Health Survey, etc.), where applicable.
- 4) By June 2008, convene bi-annual surveillance advisory task force to review and target asthma surveillance needs across North Carolina.

**Strategies:**

- a) Develop a list of potential task force members.
- b) Convene the first meeting of the surveillance advisory task force.
- c) When available, review the results of the data needs assessment, and target surveillance activities based upon the results.

### **GOAL 3: Disseminate asthma surveillance data to appropriate populations and organizations to influence policy and drive interventions, education, and behavior.**

#### **Objectives:**

- 1) Beginning in late spring 2007, distribute the first bi-annual surveillance update newsletter to asthma stakeholders across North Carolina.

#### **Strategies:**

- a) Identify surveillance topics of interest for the newsletter.
  - b) Identify target audiences for the newsletter.
  - c) Develop or identify email listserve of key partners and audiences for distribution of the newsletter.
- 2) Beginning in December 2006, issue an updated version of *Burden of Asthma in North Carolina* report every three years.

#### **Strategies:**

- a) Identify data necessary for each report, and identify organizations and sources of obtaining the necessary data.
- b) Utilize a committee to review drafts, and report content and data sources for the report.
- c) Prepare summary sheets both for legislative representatives and the general public.

## **Environmental**

### **GOAL 1: Identify and reduce exposure to indoor asthma triggers.**

#### **Objectives:**

- 1) Beginning in 2007, partner with stakeholders with an interest in identifying and reducing asthma triggers, including representatives from the following sectors: families, health, housing, education, and the legal community.
- 2) By January 2011, educate asthma stakeholders about indoor asthma triggers, through messages tailored to specific audiences, using the following media:
  - Internet
  - Local and state agency outreach resources
  - Educational materials appropriate to all education levels
  - Radio, TV and print public service messaging
  - Continuing education for housing and health professionals

#### **Strategies:**

- a) Update the Asthma Alliance website to include resources on managing indoor asthma triggers.

- b) Provide links on indoor asthma triggers that may be downloaded to local coalition homepages.
  - c) Identify links to other websites that appropriately address indoor asthma triggers, such as N.C. Air Aware, CDC Asthma Management, and N.C. HealthyBuilt Homes and schools.
  - d) Develop for download local and targeted press releases, messages, and talking points.
  - e) Develop speaker and topic lists for presentations and trainings relating to indoor air quality.
- 3) Beginning in 2007, review existing regulations and codes addressing indoor asthma triggers for a yearly report to the Asthma Alliance of North Carolina (AANC).

**Strategies:**

- a) Partner with Legal Aid of North Carolina to have law interns research building codes/regulations and housing codes/regulations that promote “asthma-safe” buildings (as defined by the ALA Healthy House Standard, EPA/DOE Energy Star Indoor Air Quality specifications, and N.C. HealthyBuilt Home criteria).
  - b) Partner with the N.C. Department of Insurance, Building Code Council to promote awareness of “asthma safe” construction.
  - c) Partner with the N.C. Department of Public Instruction (NCDPI) to promote awareness of “asthma-safe” construction and remediation in schools.
- 4) By April 2010, promote policies supporting the identification and elimination of asthma triggers in Section 8 and public housing units.

**Strategies:**

- a) Partner with HUD and Local Housing Authorities (LHAs) to promote “asthma safe” properties to be qualified to participate in Housing Assistance Programs (Section 8, for example).
- b) Partner with agencies, such as HealthyBuilt Homes and schools and the Office of Economic Development, to promote “asthma-safe” new construction and remediation, for example HealthyBuilt Homes and schools and the Office of Economic Development.
- c) Encourage LHAs to withhold Housing Assistance payments from property owners who fail to maintain rental properties in “asthma-safe” condition.
- d) Develop and implement an education and outreach program for LHA administrators on the importance of identifying and managing asthma triggers in rental assistance properties.
- e) Develop and implement an education and training program for inspection staff at LHAs to recognize asthma triggers in the properties they inspect.
- f) Develop and implement education and training programs, including printed materials, for tenants on measures that can be used to manage asthma in their homes, including training on proper cleaning methods.

- 5) By March 2011, promote the updating of existing regulations and codes addressing indoor asthma triggers where appropriate, according to a consensus vote from the AANC.

**Strategies:**

- a) Identify jurisdictions (cities and counties) without local minimum housing codes, and encourage those jurisdictions to enact appropriate housing codes.
- b) Partner with the N.C. Building Code Council to promote “asthma-safe” construction.
- c) Partner with North Carolina Councils of Government to encourage local jurisdictions to adopt minimum housing ordinances.
- d) Draft model minimum housing codes and encourage jurisdictions to adopt and enforce them.

**GOAL 2: Identify and reduce exposure to outdoor asthma triggers.**

**Objectives:**

- 1) By January 2011, educate asthma stakeholders about outdoor asthma triggers using the following media:
  - Internet
  - Local and state agency outreach resources
  - Educational materials appropriate to all education levels
  - Radio, TV, and print public service messaging
  - Continuing education for housing and health professionals

**Strategies:**

- a) Update the Asthma Alliance website to include resources on managing outdoor asthma triggers.
  - b) Provide links on outdoor asthma triggers that can be downloaded onto local coalition homepages.
  - c) Identify and manage links to other websites that appropriately address outdoor air quality, such as the N.C. Division of Air Quality and the EPA.
  - d) Develop for download local and targeted press releases, messages, and talking points.
  - e) Develop and maintain speaker and topic list for presentations and trainings relating to outdoor air quality.
- 2) By January 2010, promote awareness of alternative actions to air pollution that may contribute to asthma:
    - Encourage mass transit options.
    - Support policies that encourage walkable (smart growth) communities.
    - Support policies that encourage alternate fuel technology.
    - Promote awareness about the negative health effects of open burning.

**Strategy:**

- a) Partner with the Division of Air Quality to promote mass transit, smart growth, alternative fuels, and open burning awareness.
- 3) By March 2011, promote awareness of the air quality index.

**Strategies:**

- a) Display educational posters/fliers in childcare centers, possibly with color wheel, web address to find air quality status, etc.
- b) Partner with N.C. Cooperative Extension, N.C. Division of Child Development, N.C. Division of Air Quality, and/or Children's Environmental Health Branch to distribute appropriate educational materials on the air quality index to child care centers.
- c) Partner with the Division of Air Quality and local news outlets across N.C. to include air quality information/warnings during weather segments.

**GOAL 3: Explore correlations between environmental exposure and health impact.**

**Objectives:**

- 1) By January 2009, identify and review scientific research studies relevant to the mission of the AANC.

**Strategies:**

- a) Partner with collegiate health programs to have students research and develop initial list of studies.
- b) Encourage members of AANC to forward information (articles, links, etc.) to a designated member of the Environmental Committee for distribution and archiving.
- 2) Beginning in August 2008, create and report summaries of scientific research studies biannually to the AANC.

**Strategies:**

- a) Designate the Environmental Committee to review summaries and present annual report to the AANC.
- b) Place report on the NC Asthma Program's website.
- 3) By December 2008, promote the inclusion of scientific research in asthma prevention efforts statewide.

**Strategy:**

- a) Collaborate with other AANC committees to ensure the inclusion of scientific research in their efforts to address asthma.
  
- 4) By February 2009, promote enhancement of communication and dissemination between researchers and stakeholders.

**Strategies:**

- a) Place list of researched resources (as identified under objective 1) on the Asthma Alliance website.
- b) Maintain updated list of research studies on Asthma Alliance website.
- c) Develop web method for interested parties to send inquiries to the Environmental committee.



