



### **Who We Are**

The **Asthma Alliance of North Carolina (AANC)** is a partnership of local and state government agencies, academic institutions, local asthma coalitions, non-profits and private industry working collaboratively to address asthma.

### **Mission**

To reduce asthma morbidity and mortality for all people in North Carolina through a comprehensive public health approach.

### **History**

The Asthma Alliance of North Carolina was born out of another statewide asthma initiative – the North Carolina Childhood Asthma Management Task Force. In 1998, the state health director convened the Task Force in response to the rising number of children with asthma symptoms. Its charge was to assess pediatric asthma and recommend ways to more effectively address this disease from both state and local levels. The resulting Task Force report has been the foundation for building a comprehensive, cohesive system of care for children and adults with asthma. In the spring of 2000, the Task Force broadened its focus to include adult asthma, established a more formal organizational structure, and changed its name to the Asthma Alliance. It serves as an “umbrella” group to ensure coordination and collaboration among the many asthma-related organizations in this state. Our partner, the NC Division of Public Health, has established a program infrastructure that is helping to move the Alliance forward and strengthen the relationships between this statewide effort and local initiatives. Most recently, the Alliance played a key advisory role in the development (and now in the implementation) of the *North Carolina Asthma Plan (2007-2012)*.

### **Committees**

Several committees form the backbone of the Alliance – Education and Public Awareness, Environmental, Medical Management, and Policy. Alliance members work in committees centered around education for health professionals and patients, reducing environmental asthma hazards, changing public and private asthma-related policies, collecting data, and building local asthma coalitions. While Evaluation and Surveillance do not have standing committees at this time, these two crucial elements are addressed as part of each Alliance Committee meeting. Committees are dedicated to implementing the goals, objectives, and activities that each helped develop for the *North Carolina Asthma Plan (2007-2012)*.

#### **➤ Education and Public Awareness**

***Goal: Assure appropriate, population-based asthma care education, programs and resources for persons with asthma and parents of children with asthma. This committee is working to:***

- (1) improve asthma education for child care staff, teachers, school nurses, parents and patients;
- (2) identify (or design) and disseminate appropriate patient and parent educational materials; and,
- (3) publicize national, state, and local asthma resources.

➤ **Environmental**

**Goal: Identify, develop and promote effective asthma-related environmental interventions. This committee is working to:**

- (1) ensure indoor air quality assessment and management training is available for local environmental health specialists, schools, homes, and others;
- (2) identify and reduce exposure to outdoor asthma triggers;
- (3) explore correlations between environmental exposure and health impact;
- (4) test effectiveness of low-cost environmental interventions in homes, schools, and child cares; and
- (5) monitor Sanitation Rules governing child care centers, schools, hospitals, nursing homes and other institutional facilities to include environment trigger control requirements.

➤ **Medical Management**

**Goal: Ensure the appropriate diagnosis and management of asthma by health professionals. This committee is working to:**

- (1) increase number of qualified health professionals serving areas with high asthma prevalence;
- (2) promote the use of best practices, guidelines, and data related to the diagnosis and management of asthma;
- (3) train and certify health care professionals in asthma education, and identify “asthma champions” within healthcare offices and clinics;
- (4) create supportive measures to help clinicians incorporate asthma guidelines into their practices;
- (5) increase the number of individuals with asthma who have written asthma actions from their healthcare provider; and,
- (6) improve the quality of asthma care for all patients, especially Medicaid enrollees and the uninsured.

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**AANC Contact Information**

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