

Executive Summary

Introduction

Asthma is one of the most common chronic diseases. It affects the lungs, causing repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing (CDC). In most cases, there is neither a known cause or a known cure for the disease. Asthma may, however, be controlled by proper management, education, and avoidance of certain environmental triggers.

Asthma has significant impact upon many North Carolinians, and it particularly affects women, children, the elderly, certain minority groups, and those with a low socioeconomic status. According to the North Carolina State Center for Health Statistics, in 2005, 10.1% of adults (age 18+) in North Carolina reported ever having been told by a health care provider that they have asthma. Also in 2005, the parents or caregivers of 17.8% of children in North Carolina reported ever having been told by a health care provider that their child has asthma.

A large number of organizations and individuals in North Carolina are committed to asthma care and management. The North Carolina State Asthma Plan can help maximize resource usage among those working to reduce the burden of asthma. It will also be crucial in helping us to identify new resources and opportunities. The plan is based largely on key surveillance findings, as reflected in the *Burden of Asthma in North Carolina* report.

This state plan was collaboratively developed by a number of organizations and individuals who work with asthma initiatives. This effort was coordinated by the North Carolina Asthma Program and the Asthma Alliance of North Carolina (AANC) and was made possible under a planning grant from the Centers for Disease Control and Prevention (CDC).

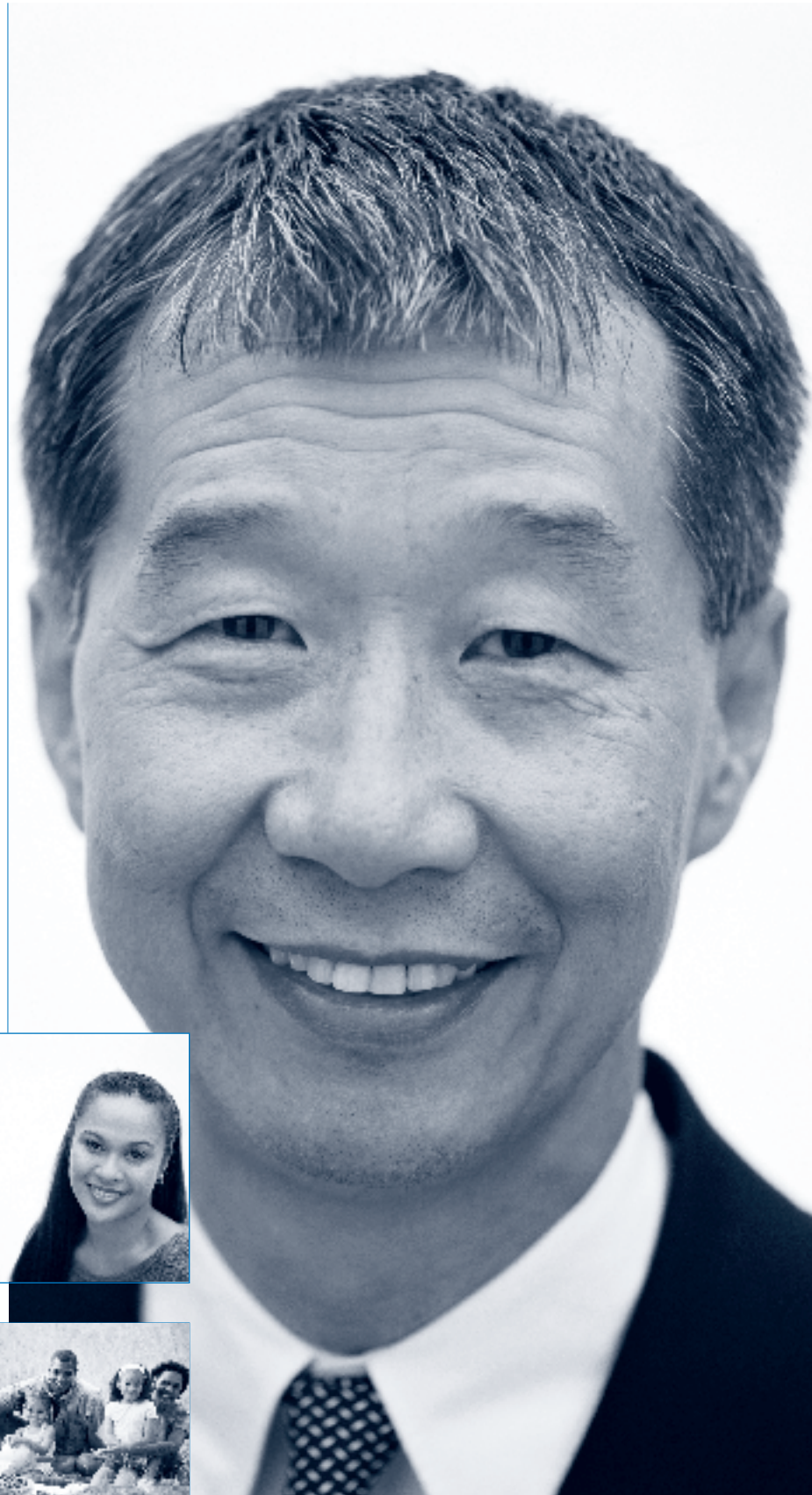
Goals and Priorities for Addressing Asthma in North Carolina

The ultimate goal of the North Carolina State Asthma Plan is to reduce the burden of asthma upon our state. Prior to the convening of asthma workgroups, the North Carolina Asthma Program developed eighteen key priorities to be addressed by the state asthma plan. These priorities were presented to key asthma stakeholders at an April 2006 facilitated workshop and were subsequently approved by workshop participants. The priorities are listed below (in no particular order):

- Reduce disparities in the asthma mortality rate among racial and ethnic groups;
- Reduce the prevalence of asthma among Native Americans, African Americans, and other disproportionately affected groups;
- Reduce the impact of asthma on women in North Carolina;
- Reduce the prevalence of asthma among those with a low socioeconomic status;
- Reduce asthma mortality for those in the 65+ age bracket;
- Align asthma hospitalization rates in North Carolina with the Healthy People 2010 and Healthy Carolinians goals;
- Decrease the number of emergency room and urgent care visits due to asthma;
- Promote systems change in health care settings to improve the quality of care of people with asthma;
- Increase the number of North Carolina schools with full-time nurses on staff;

- Increase the number of North Carolina schools educating staff about asthma;
- Increase the number of North Carolina schools educating students with asthma about asthma management;
- Increase the number of North Carolina counties with active asthma coalitions or work groups;
- Reduce environmental asthma triggers in public housing settings;
- Work to reduce secondhand smoke exposure;
- Address challenges due to lack of uniformity in school asthma action plans;
- Promote self medication and other asthma or asthma related legislation; and
- Reduce the barriers in access to surveillance data.

From these priorities and from national asthma-related goals and objectives, workgroup members were asked to develop goals and objectives for the following plan category areas: Education and Public Awareness; Environmental; Health Disparities; Medical Management; and Surveillance.



Sections of the Strategic Plan

Education and Public Awareness

Education and Public Awareness are two of the most vital elements of any successful group of asthma interventions and initiatives. Many aspects of Education and Public Awareness emphasize being proactive with asthma care and management, rather than reactive.

Key goals addressed in this section are as follows:

- Increasing asthma education in schools and childcare centers;
- Ensuring that schools are safe and healthy environments for children with asthma;
- Educating North Carolinians about the dangers of secondhand smoke and its relationship to asthma;
- Providing goals for primary care providers and other healthcare professionals that promote standards of care based on guidelines and expectations;
- Developing and promoting a standardized asthma education curriculum; and
- Enhancing community-based asthma coalition and workgroup activities.

Environmental

Addressing and managing asthma requires a strong environmental component. Effective control of environmental components and triggers can have a substantial impact on controlling asthma episodes. North Carolina is fortunate to have a strong foundation of individuals and organizations working on environmental quality issues, such as air quality, healthy homes, asthma-safe construction and environmental outreach, among others.

Goals for addressing asthma from an environmental perspective include:

- Identifying and reducing exposure to indoor asthma triggers;

- Identifying and reducing exposure to outdoor asthma triggers; and
- Exploring correlations between environmental exposure and health impact.

Health Disparities

People from all backgrounds and walks of life are indeed affected by asthma. Key surveillance findings do, however, indicate that certain groups of people are disproportionately affected by asthma in North Carolina. These groups include women, the elderly, certain minority groups, children, and those with a low socioeconomic status.

Goals for addressing and reducing these asthma-related health disparities in North Carolina include:

- Increasing resources for asthma management and services for all underserved populations; and
- Promoting the improvement of economic, social, and physical conditions that contribute to disparities in asthma.

Medical Management

North Carolina has a long history of statewide efforts to improve the quality of care and medical management of children and adults with asthma. Interventions have occurred, and will occur, at the policy, system and practice levels in a variety of agencies, disciplines and settings.

Medical management goals for North Carolina include:

- Promoting the use of best practices, guidelines and data related to the diagnosis and management of asthma;

- Providing individuals with asthma and their families with education, skills and resources to effectively manage their asthma; and
- Working to assure that all individuals with asthma have access to a quality medical home.

Surveillance

Surveillance will play an integral role in North Carolina's success in reducing asthma morbidity and mortality. Surveillance will be used to:

- Aid the North Carolina Asthma Program and its partners in identifying populations at risk for asthma and adverse health effects associated with asthma;
- Continue to monitor these at-risk populations;
- Evaluate the evidence-based interventions to be implemented in North Carolina;
- Obtain quantitative indicators for measuring success of interventions; and
- Identify gaps in existing data sets and sources.

Asthma surveillance in North Carolina will be a fluid process, ever changing and improving to meet the needs of all partners and stakeholders that rely on the data for accurate planning and decision making.

Conclusion and Sustainability

The North Carolina Asthma Plan was written to be a living, working document. The planning and development processes will continue through work in AANC subcommittees, Asthma Project Management Team (a key advisory

committee to the North Carolina Asthma Program) meetings, focus groups throughout the state, and other forums. The plan will be reviewed annually by the state asthma program, the AANC, and other key stakeholder groups to assess the plan's effectiveness and progress toward reaching specified goals and objectives. Potential sources of funding and resources will also be identified. The plan will be formally updated and re-released in approximately five years.

