



## REDUCING THE BURDEN OF ASTHMA IN RHODE ISLAND



### Asthma State Plan 2014–2019

### **Rhode Island Asthma Control Coalition (RIACC)**

The Asthma Control Coalition is comprised of over 50 members coming from over 25 organizations and the community-at-large. The coalition members advise, advocate, and participate in activities that address asthma in the areas of clinical care, healthy housing, schools, and public education.

The mission of RIACC is to provide leadership to improve health outcomes of all Rhode Islanders affected by asthma by increasing access to quality healthcare, education, community resources, services, and healthy environments where we live, work, learn, and play. Interventions will address the prevention and management of asthma with emphasis on communities of color and low-income communities in the core cities of Rhode Island, which are more severely impacted by asthma.



# REDUCING THE BURDEN OF ASTHMA IN RHODE ISLAND



## Asthma State Plan 2014-2019

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# Integrated Asthma Care Systems Approach



The Rhode Island Asthma State Plan is based on adaptation of the Integrated Asthma Care Systems Approach, detailed in this diagram. This approach emphasizes relationships within and between five interlocking systems. The Goals, Objectives, and Activities of the Rhode Island Asthma State Plan align with each of the five systems, and are described in the pages to follow.

# Surveillance & Evaluation System

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**GOAL 1: Develop a cross-cutting *epidemiology and surveillance system* that ensures that policies, programs, and system-wide changes are based on and evaluated using timely, comprehensive, and accurate asthma data.**

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## **Objective 1.1**

**By 2019, complete and disseminate at least four surveillance products yearly.**

### **Activities**

- 1.1.1 Complete and disseminate annual summary of asthma prevalence, hospital discharge, emergency department, and vital records data. (Key Partner: Rhode Island Department of Health (HEALTH))
- 1.1.2 Complete and disseminate annual asthma disparities report. (Key Partner: HEALTH)
- 1.1.3 Update and disseminate Asthma Surveillance Project asthma maps by adding health plan claims data from 2013-2018. (Key Partners: HEALTH, Providence Plan)
- 1.1.4 Complete and disseminate targeted annual data reports based on geographic disparities using multiple data sets. (Key Partner: HEALTH)
- 1.1.5 Complete and disseminate targeted annual data reports based on disparities within schools, housing, and low-income neighborhoods using multiple data sets. (Key Partner: HEALTH)
- 1.1.6 Complete and disseminate surveillance data identifying asthma paid claims prevalence and possible correlations with flood zones, highways, seasonal allergens, air quality alerts, temperature fluctuations, and heat indexes. (In development. Key Partners: HEALTH, Rhode Island Department of Environmental Management (DEM))

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## **Objective 1.2**

**By 2019, complete at least one updated Asthma Burden Report using all data sets of the Asthma Surveillance System.**

### **Activity**

- 1.2.1 Include and analyze all Asthma Surveillance System data sets listed below. (Key Partner: HEALTH)
  - Vital Records – Death Certificates
  - Hospital Discharge Data
  - Behavioral Risk Factor Surveillance System (BRFSS) Core Adult Prevalence
  - BRFSS Child Prevalence
  - BRFSS Random Child Selection Module
  - BRFSS Adult Asthma Call-Back
  - BRFSS Child Asthma Call-Back
  - Emergency Department Data
  - RI Medicaid Data
  - Air Quality Data
  - RI Health Plans' Claims Data

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### Objective 1.3

By 2019, integrate asthma into the KIDSNET system for better communication between primary care providers and school nurse teachers.

#### Activities

- 1.3.1 Add Asthma Action Plans to patient medical records in KIDSNET to increase the use and sharing of Asthma Action Plans between primary care providers and school nurse teachers.
- 1.3.2 Increase the number of provider referrals through KIDSNET for Breathe Easy at Home code inspections.
- 1.3.3 Train Rhode Island Chronic Care Collaborative (RICCC) and Patient Centered Medical Home – Kids (PCMH-Kids) providers on the use of KIDSNET to post Asthma Action Plans.

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**GOAL 2: Develop a cross-cutting *evaluation system* that allows for timely, accurate, and useful evaluation of Rhode Island asthma interventions, surveillance and other key components of the Rhode Island Asthma Control Program.**

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### Objective 2.1

By 2019, implement at least five Asthma Evaluation Plans.

#### Activities

- 2.1.1 Implement the Partnership / Rhode Island Asthma Control Coalition Evaluation Plan. (Key Partner: HEALTH)
- 2.1.2 Implement the Home Asthma Response Program (HARP) Evaluation Plan. (Key Partner: HEALTH)
- 2.1.3 Implement the Breathe Easy At Home Evaluation Plan. (Key Partner: HEALTH)
- 2.1.4 Implement the Controlling Asthma in Schools Effectively (CASE) Evaluation Plan. (Key Partner: HEALTH)
- 2.1.5 Implement the RICCC Evaluation Plan. (Key Partner: HEALTH)
- 2.1.6 Create new Process Evaluation Plans for Certified Asthma Educators, RICCC, and Patient Centered Medical Home Kids linkages to the Community Health Network. (Key Partner: HEALTH)

# Health Communication System

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**GOAL 3: Increase public awareness about living well with asthma, including resources and information for self-management.**

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## **Objective 3.1**

By 2019, complete at least five projects aimed at raising general awareness of living well with asthma.

### **Activities**

3.1.1 Assess gaps in asthma materials with key partners within each of the five systems: Environmental, Communications, Community, Healthcare, Surveillance/Evaluation. (Key Partner: RIACC Executive Committee)

3.1.2 Identify asthma materials and resources available from other states and national organizations that can be adapted for Rhode Island. (Key Partners: HEALTH, RIACC Committees)

3.1.3 Establish a speaker's bureau for public presentations, including both asthma professionals and people impacted by asthma. (Key Partners: HEALTH, RIACC)

3.1.4 Update HEALTH asthma web pages quarterly. (Key Partner: HEALTH)

3.1.5 Develop an Asthma Awareness Month Calendar of Events and Newsletter. (Key Partner: HEALTH)

3.1.6 Conduct a leadership development training for people impacted by asthma and their families. (Key Partners: HEALTH, Rhode Island Parent Information Network (RIPIN))





# Environmental Health System

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## **GOAL 4: Reduce environmental asthma irritants and allergens, indoors and outdoors.**

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### **Objective 4.1**

**By 2019, complete five projects designed to improve awareness and knowledge of healthy housing practices pertinent to asthma among the general public, legislators, the workforce, and key stakeholders.**

#### **Activities**

- 4.1.1 Provide annual healthy housing trainings to home visitors. (Key Partners: HEALTH-Asthma, Healthy Housing, Home Visiting Program, Healthy Housing Collaborative)
- 4.1.2 Develop and distribute healthy housing related materials/information in public housing authorities (e.g., resident community center). (Key Partner: HEALTH-Asthma, Healthy Housing, Healthy Housing Collaborative)
- 4.1.3 Develop and distribute healthy housing related materials/information (healthy housing principles and environmental health of the home's surroundings) through community-based organizations and Centers for Health Equity and Wellness (CHEW) sites in core cities. (DRAFT)
- 4.1.4 Provide training for CHEW. (Key Partner: HEALTH-Asthma, Healthy Housing, Healthy Housing Collaborative)

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### **Objective 4.2**

**By 2019, replicate the Newport Housing Authority, Healthy Residents, Healthy Homes model in at least one public housing authority.**

#### **Activities**

- 4.2.1 Seek funding. (Key Partners: HEALTH-Chronic Care and Disease Management, Health Disparities and Access to Care, Environmental Health Teams, Rhode Island Medicaid)
- 4.2.2 Identify partners. (Key Partners: HEALTH-Chronic Care and Disease Management, Health Disparities and Access to Care, Environmental Health Teams, Rhode Island Medicaid)
- 4.2.3 Identify housing authority. (Key Partners: HEALTH-Chronic Care and Disease Management, Health Disparities and Access to Care, Environmental Health Teams, Rhode Island Medicaid)





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### **Objective 4.3**

**By 2019, establish evidence-based asthma home visiting programs, such as the Home Asthma Response Program (HARP), as an integrated reimbursable component of quality asthma care.**

#### **Activities**

- 4.3.1 Complete evaluation and Return-on-investment (ROI) cost-benefit calculations for HARP. (Key Partner: HEALTH-Asthma)
- 4.3.2 Integrate asthma home visiting into patient services defined under the Affordable Care Act (ACA) system at the state level. (Key Partner: HEALTH-Asthma)

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### **Objective 4.4**

**By 2019, increase the number of Local Education Agencies (LEAs), including both districts and charter public schools that adopt and implement an indoor environmental management plan (such as EPA's Tools for Schools) in accordance with School Construction Regulations, which require environmentally healthy construction, maintenance, and cleaning practices from 16 in 2012 to 36.**

#### **Activities**

- 4.4.1 Seek additional funding to support the implementation, monitoring, enforcement, and evaluation of LEA Indoor Environmental Management programs. (Key Partners: Rhode Island Department of Education (RIDE), HEALTH-Environmental Health, HEALTH-Asthma, Rhode Island Committee on Occupational Safety and Health (RICOSH))
- 4.4.2 Provide technical assistance to schools. (Key Partners: HEALTH-Environmental Health, HEALTH-Asthma, RIDE, RICOSH, American Lung Association Northeast (ALANE))
- 4.4.3 Advertise resources for schools online. (Key Partners: HEALTH, RIDE)

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### **Objective 4.5**

**By 2019, increase the number of Controlling Asthma in Schools Effectively (CASE) schools from four in 2013 to 14.**

#### **Activities**

- 4.5.1 Complete evaluation of 2013 CASE pilot. (Key Partner: HEALTH-Asthma)
- 4.5.2 Seek additional funding to support the implementation, monitoring, enforcement, and evaluation of CASE in schools statewide. (Key Partner: HEALTH-Asthma)
- 4.5.3 Build strong partnerships with school districts in each core city to ensure support for individual school participation with CASE. (Key Partner: HEALTH-Asthma)
- 4.5.4 Recruit at least ten new CASE focus schools based on surveillance data showing high rates of student asthma prevalence and emergency department utilization. (Key Partner: HEALTH-Asthma)
- 4.5.5 Build partnerships with existing district-based Wellness Committees focusing on nutrition and exercise in order to include asthma issues and promote CASE. (Key Partner: HEALTH)

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### **Objective 4.6**

**By 2019, increase the number of public housing authorities that have implemented smoke-free housing policies from 21 in 2013 to 25.**

#### **Activities**

- 4.6.1 Provide individual, workshop, and electronic technical assistance to public housing authorities on the development, implementation, and maintenance of smoke-free housing policies.
- 4.6.2 Provide tools and resources on the HEALTH website.
- 4.6.3 Develop and disseminate a newsletter addressing the development, implementation, and maintenance of smoke-free policies.

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### **Objective 4.7**

**By 2019, increase the percentage of privately owned, multi-family Affordable Housing buildings that have implemented smoke-free housing policies by 20% of baseline.  
(DEVELOPMENTAL)**

#### **Activities**

- 4.7.1 Compile a master list of privately owned, multi-family Affordable Housing buildings.
- 4.7.2 Provide individual, workshop, and electronic technical assistance to landlords on the development, implementation, and maintenance of smoke-free housing policies.
- 4.7.3 Survey landlords to determine the number of buildings with smoke-free housing policies.
- 4.7.4 Provide tools and resources on the HEALTH website.
- 4.7.5 Develop and disseminate a newsletter addressing the development, implementation, and maintenance of smoke-free policies.

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### **Objective 4.8**

**By 2019, increase the number of cities and towns with a smoke-free policy for outdoor public places (e.g., parks, beaches, recreation areas) from 20 in 2013 to 39.**

#### **Activities**

- 4.8.1 Compile a master list of cities and towns with a smoke-free policy for outdoor public places (e.g., parks, beaches, recreation areas).
- 4.8.2 Survey city/town officials to determine the number of cities and towns with a smoke-free policy for outdoor public places (e.g., parks, beaches, recreation areas).
- 4.8.3 Provide individual, workshop, and electronic technical assistance to cities and towns on the development, implementation, and maintenance of smoke-free policies.
- 4.8.4 Provide tools and resources on the HEALTH website.
- 4.8.5 Develop and disseminate a newsletter addressing the development, implementation, and maintenance of smoke-free policies.

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### **Objective 4.9**

**By 2019, increase the number of policies in Rhode Island that reduce exposure to vehicle emissions.**

#### **Activities**

- 4.9.1 Assess current state and national vehicle emission standards. (Key Partners: RIDE, RICOSH, ALANE)
- 4.9.2 Advocate for clean air policies and legislation (e.g., emission, transportation). (Key Partners: RIDE, RICOSH, ALANE)
- 4.9.3 Increase the number of worksites that provide Ecopasses/Rhode Island Public Transit Authority (RIPTA) passes. (Key Partners: RICOSH, ALANE)
- 4.9.4 Support policies that reduce vehicle emissions (e.g., idling laws, public transit, bike paths, walkable cities/towns, climate change, etc.). (Key Partners: Rhode Island Asthma Control Coalition (RIACC), HEALTH)

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### **Objective 4.10**

**By 2019, increase awareness around workplace-related asthma.**

#### **Activities**

- 4.10.1 Integrate questions regarding asthma into the Worksite Wellness small business survey.
- 4.10.2 Work with HEALTH's OSHA Consultation Program as a mechanism to increase awareness of evidence-based asthma-related programs among small businesses in the state.
- 4.10.3 Connect small businesses that identify asthma as an area of need to evidence-based programs through the Community Health Network. (Key Partner: HEALTH)
- 4.10.4 Deliver presentations about asthma to organizations focused on worker rights and improving workplace conditions. (Key Partner: HEALTH-Asthma)

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### **Objective 4.11**

**By 2019, increase the number of childcare centers and/or home daycares that participate in an evidence-based asthma program from zero in 2013 to 30.**

#### **Activities**

- 4.11.1 Provide referral information about the Community Health Network to childcare centers.
- 4.11.2 Build partnership with BRIGHTSTARS to integrate healthy housing indicators into the evaluation and quality improvement system for home daycares and childcare centers. (Key Partners: HEALTH and BRIGHTSTARS)
- 4.11.3 Provide educational materials and presentations about asthma triggers and healthy indoor environments to childcare centers and daycares. (Key Partner: HEALTH)

# Healthcare System

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**GOAL 5: Improve access to high-quality patient-centered asthma care that includes patient and provider access to community-based resources for disease self-management.**

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## **Objective 5.1**

**By 2019, increase collaborative efforts to educate providers on the 2007 National Asthma Education and Prevention Program (NAEPP) Guidelines for the Diagnosis and Management of Asthma from four activities per year to ten activities per year.**

### **Activities**

- 5.1.1 Complete assessment of initiatives in the healthcare system that aim to improve patient access to asthma tools, medications, and resources.
- 5.1.2 Provide at least one American Lung Association (ALA) Asthma Education Institute annually. (Key Partners: HEALTH, Rhode Island Association of Certified Asthma Educators (RIACAE), ALANE)
- 5.1.3 Provide at least one HEALTH Public Health Grand Rounds addressing the 2007 NAEPP Guidelines for the Diagnosis and Management of Asthma. (Key Partner: HEALTH)
- 5.1.4 Provide at least one on-site training or educational session within a primary care office of a RICCC clinic or PCMH site. (Key Partner: HEALTH)
- 5.1.5 Increase the number of primary care practices that refer asthma patients to an evidence-based program to improve patient self-management of asthma through the Community Health Network. (Key Partner: HEALTH)

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## **Objective 5.2**

**By 2019, increase the number of Certified Asthma Educators (AE-C) from 56 in 2013 to 150.**

### **Activities**

- 5.2.1 Offer at least one ALA Asthma Education Institute annually. (Key Partners: HEALTH, RIACAE, ALANE)
- 5.2.2 Offer a set of three learning/mentoring sessions to complement each of the ALA Asthma Education Institutes. (Key partners: HEALTH, RIACAE, ALANE)



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### **Objective 5.3**

By 2019, increase the number of Spanish-speaking Certified Asthma Educators (AE-C) from one in 2013 to 40.

#### **Activities**

- 5.3.1 Offer an annual ALA Asthma Education Institute with Spanish-speaking presenters. (Key Partners: HEALTH, RIACAE, ALANE)
- 5.3.2 Offer a set of three Spanish learning/mentoring sessions to complement the Spanish ALA Asthma Education Institute. (Key Partners: HEALTH, RIACAE, ALANE)

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### **Objective 5.4**

By 2019, increase the membership of the Rhode Island Association of Certified Asthma Educators from 16 in 2013 to 100.

#### **Activities**

- 5.4.1 Create incentives to encourage existing Certified Asthma Educators to become RIACAE members. (Key Partners: HEALTH, RIACAE)
- 5.4.2 Develop RIACAE's capacity to offer support for members to get credentialed with insurance companies and receive reimbursement for services. (Key Partners: HEALTH, RIACAE)

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### **Objective 5.5**

By 2019, integrate at least 20 Certified Asthma Educators (AE-C) into the Community Health Network in Rhode Island.

#### **Activities**

- 5.5.1 Complete an asthma education curriculum. (Key Partners: HEALTH, RIACAE, ALANE)
- 5.5.2 Negotiate with health plans on the reimbursement of independent AE-C services. (Key Partners: HEALTH, RIACAE, ALANE)

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### **Objective 5.6**

By 2019, maintain the number of Rhode Island Chronic Care Collaborative (RICCC) sites that integrate asthma at nine.

#### **Activities**

- 5.6.1 Establish contracts with RICCC sites through the integrated Request for Proposal (RFP) process. (Key Partner: HEALTH)
- 5.6.2 Provide technical support to RICCC sites on 2007 NAEPP Guidelines and reporting on asthma measures. (Key Partner: HEALTH)
- 5.6.3 Increase the number of evidence-based disease self-management and lifestyle behavior programs in the Community Health Network. (Key Partner: HEALTH)
- 5.6.4 Develop a mechanism for RICCC providers to refer patients into the Community Health Network. (Key Partner: HEALTH)

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### Objective 5.7

By 2019, increase the number of Rhode Island health plans that provide reimbursement for services of Certified Asthma Educators (AE-C) from two in 2013 to four.

#### Activities

- 5.7.1 Complete an asthma education curriculum. (Key Partners: HEALTH, RIACAE, ALANE)
- 5.7.2 Negotiate with health plans on the reimbursement of independent AE-C services. (Key Partners: HEALTH, RIACAE, ALANE)
- 5.7.3 Integrate asthma-related benefits, including AE-C and HARP services, into healthcare benefit and payment reforms associated with the Affordable Care Act. (Key Partners: HEALTH, RIACAE, ALANE)

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### Objective 5.8

By 2019, increase the number of Rhode Island health plans that provide reimbursement for services of evidence-based asthma home visiting services, such as the Home Asthma Response Program (HARP), from zero in 2013 to four.

#### Activities

- 5.8.1 Complete evaluation and return-on-investment calculations on the HARP pilot (2010-2014). (Key Partners: HEALTH, RIACAE, ALANE)
- 5.8.2 Negotiate with health plans on the reimbursement of asthma home visits (e.g., HARP). (Key Partners: HEALTH, RIACAE, ALANE)
- 5.8.3 Integrate asthma-related benefits, including AE-C and HARP services, into healthcare benefit and payment reforms associated with the Affordable Care Act. (Key Partners: HEALTH, RIACAE, ALANE)



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### **Objective 5.9**

**By 2019, increase the number of asthma patients who complete a written asthma management plan (Asthma Action Plan) with their healthcare providers from 28% for adults and 47% for children in 2011 to 40% and 70%, respectively.**

#### **Activities**

- 5.9.1 Administer a mailing to primary care providers highlighting evidence of impact of the Asthma Action Plan and its value in meeting National Committee Quality Assurance (NCQA) accreditations for quality asthma care.
- 5.9.2 Insert a check box for “Asthma Action Plan Attached” on the Rhode Island School Medical Form.
- 5.9.3 Develop and implement a video targeting providers on how to complete an Asthma Action Plan.
- 5.9.4 Provide tools to school nurse teachers to increase the rate of students with Asthma Action Plans sent to school.
- 5.9.5 Disseminate Asthma Action Plan rack cards in community-based organizations, pharmacies, and schools.
- 5.9.6 Implement the Controlling Asthma in Schools Effectively (CASE) Program in schools statewide, with special emphasis on Providence and other core cities. (Key Partners: HEALTH, Hasbro Children’s Hospital)
- 5.9.7 Provide access to completed Asthma Action Plans on KIDSNET.

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### **Objective 5.10**

**By 2019, increase the number of school nurse teachers who have a policy that follows the school health regulation on self-carry and self-administration of asthma inhalers, from baseline of 90% in 2009 School Nurse Teachers Survey.**

#### **Activities**

- 5.10.1 Resurvey school nurse teachers every other year. (Key Partners: Asthma Control Coalition-Asthma in Schools Committee, HEALTH)
- 5.10.2 Implement the Controlling Asthma in Schools Effectively Program in schools statewide, with special emphasis on Providence and other core cities. (Key Partners: HEALTH, Hasbro Children’s Hospital)

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### **Objective 5.11**

**By 2014, increase the number of school nurse teachers who report receiving Asthma Action Plans from primary care providers “frequently” or “very frequently” from baseline of 3% in 2009 School Nurse Teachers Survey.**

#### **Activities**

- 5.11.1 Resurvey school nurse teachers every other year. (Key Partners: Asthma Control Coalition-Asthma in Schools Committee, HEALTH)
- 5.11.2 Integrate the Controlling Asthma in Schools Effectively (CASE) Program in schools statewide, with special emphasis on Providence and other core cities. (Key Partners: HEALTH, Hasbro Children’s Hospital)
- 5.11.3 Disseminate the Asthma Action Plan Cards through school nurse teachers, pharmacists, and community-based organizations.
- 5.11.4 Provide tools to school nurse teachers to increase the rate of students with Asthma Action Plans sent to school.
- 5.11.5 Integrate the Asthma Action Plan into school policy.
- 5.11.6 Insert a check box for “Asthma Action Plan Attached” on the Rhode Island School Medical Form.
- 5.11.7 Educate principals and school nurse teachers about the role of the Asthma Action Plan in a student’s 504 and health plan.

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### **Objective 5.12**

**By 2019, increase the number of elementary schools that provide Draw-A-Breath workshops to their students with asthma and their families from 38 in 2013 to 43.**

#### **Activities**

- 5.12.1 Expand the CASE pilot program to include entire school districts in core cities rather than individual schools.
- 5.12.2 Continue including Draw-A-Breath workshops for all CASE schools.

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### **Objective 5.13**

**By 2019, increase the percentage of children with asthma who reportedly received a flu shot from 74.6% in 2012 to 85%.**

#### **Activities**

- 5.13.1 Collaborate with the HEALTH Immunization Program on a joint campaign regarding the importance of flu shots for people with asthma.



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### **Objective 5.14**

By 2019, increase the percentage of adults with asthma who report receiving flu shot from 40.7% in 2012 to 65%.

#### **Activities**

- 5.14.1 Collaborate with the HEALTH Immunization Program on a joint campaign regarding the importance of flu shots for people with asthma.

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### **Objective 5.15**

By 2019, decrease the percentage of students with asthma who report that they smoke from 15% in 2012 to 10%.

#### **Activities**

- 5.15.1 Collaborate with the HEALTH Tobacco Program on a joint campaign regarding the impact of smoking and second-hand smoke on asthma.

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### **Objective 5.16**

By 2019, decrease the percentage of adults with asthma who report that they smoke from 24.8% in 2012 to 20%.

#### **Activities**

- 5.16.1 Collaborate with the HEALTH Tobacco Program on a joint campaign regarding the impact of smoking and second-hand smoke on asthma.



# Community System

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**GOAL 6: Ensure a broad and strong Asthma Control Coalition that has a shared vision of reducing the burden of asthma and ensuring that all people with asthma achieve their optimal state of well being and quality of life, and are able to participate fully in their communities.**

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## **Objective 6.1**

**By 2019, maintain a government structure for the Rhode Island Asthma Control Coalition (RIACC) yearly.**

### **Activities**

- 6.1.1 Hold annual elections of RIACC officers and Ex Committee members. (Key Partners: HEALTH, RIACC)
- 6.1.2 Review annually the by-laws and revise as needed. (Key Partners: RIACC Executive Committee)

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## **Objective 6.2**

**By 2019, maintain a diverse Rhode Island Asthma Control Coalition of at least 60 members on a yearly basis.**

### **Activities**

- 6.2.1 Establish a Membership Committee charged with ensuring a diverse representation on the RIACC including those living with asthma and their caregivers. (Key Partner: RIACC Executive Committee)
- 6.2.2 Collect member information through the completion of the annual RIACC membership form. (Key Partners: HEALTH, RIACC)
- 6.2.3 Analyze gaps in membership representation annually, including representation of those living with asthma and their caregivers. (Key Partners: HEALTH, RIACC)
- 6.2.4 Assess representation of RIACC members annually on external coalitions and groups with common goals. (Key Partners: RIACC Executive Committee)
- 6.2.5 Recruit individuals with asthma and caregivers of people with asthma to participate in RIACC through the Asthma Advocates in Action outreach and leadership training effort (Key Partners: HEALTH, RIPIN)



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**GOAL 7: Ensure that people affected by asthma have access to resources to increase community awareness and advocate for change to reduce the burden of asthma.**

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**Objective 7.1**

By 2019, increase the number of outreach to community-based organizations to ensure that they assist the people they serve in assessing asthma information, education, services, and resources that reflect best practices.

**Activities**

- 7.1.1 Provide informational meetings at the local level for community-based organizations and agencies regarding data, resources, and tools available to address asthma in the community.
- 7.1.2 Invite community-based organizations and agencies to participate in asthma-related events (e.g., smoke-free housing, clean air campaigns, flu shots).
- 7.1.3 Work with a variety of groups and existing efforts to get input on how to improve communication.

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**Objective 7.2**

By 2019, increase the number of RIACC satellite committees in core cities from zero to four, in order to gain more community input, involvement, empowerment and advocacy at the local level within areas with the highest geographic asthma disparities.

**Activities**

- 7.2.1 Define geographic asthma disparities based on surveillance data. (Key Partners: HEALTH, RIACC)
- 7.2.2 Identify community leaders. (Key Partners: HEALTH, RIACC)
- 7.2.3 Provide support to community leaders in the development of satellite committees. (Key Partners: HEALTH, RIACC)
- 7.2.4 Recruit individuals with asthma and caregivers of people with asthma to create RIACC satellite committees through the Asthma Advocates in Action outreach and leadership training effort. (Key Partners: HEALTH, RIPIN)

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**Objective 7.3**

By 2019, complete five projects that increase awareness of asthma within communities disproportionately affected by asthma.

**Activities**

- 7.3.1 Sponsor at least one Asthma Symposium. (Key Partners: HEALTH, RIACC)
- 7.3.2 Hold the Dare to Dream Workshop.
- 7.3.3 Hold Annual Bus Pull Event in Providence. (Key Partner: Environmental Justice League of Rhode Island (EJLRI))
- 7.3.4 Develop a Calendar of Asthma Events. (Key Partners: HEALTH, RIACC)
- 7.3.5 Hold Annual World Asthma Day event. (Key Partners: HEALTH, RIACC)

DIVISION OF COMMUNITY, FAMILY HEALTH, AND EQUITY: ASTHMA CONTROL PROGRAM

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