

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Health Promotion and Disease Prevention

The AARC acknowledges that professional respiratory therapists (RTs) in both the civilian and uniformed/military services are integral members of the health care team around the world. They serve in acute care hospitals, long term acute care hospitals (LTACH), long-term facilities, home care settings, pulmonary function laboratories, pulmonology practices and clinics, rehabilitation programs, critical care transport, managed care organizations and a multitude of other environments where respiratory care is practiced.

The AARC recognizes that the highest quality professional education and training of the respiratory therapist is required to enhance the ability to improve the patient's quality and longevity of life through their practices. Knowledge and skills must be incorporated into formal Commission on Accreditation for Respiratory Care (CoARC) accredited education and learning programs for the RT. Training initiatives place an emphasis on expanding roles for RTs including, but not limited to: Disease Management, Health Coaching, Case Management, Clinical Consulting, Patient Education, COPD Education and Asthma Education. Higher education attained at the baccalaureate level and beyond, permits RTs to participate in advanced and independent roles in health promotion and disease prevention.

The AARC recognizes the RT's responsibility to take a leadership role in pulmonary disease teaching, smoking cessation programs, second-hand smoke awareness, pulmonary screening for the public, air pollution awareness, allergy and sulfite warnings. RTs must also demonstrate initiative in research in those and other areas where efforts could promote improved health and disease prevention. Furthermore, the RT is in a unique position to provide leadership in determining health promotion and disease prevention activities for students, faculty, practitioners, patients, and the general public, in both civilian and uniformed service environments.

The AARC recognizes the need to:

1. Provide and promote consumer education related to the prevention and control of pulmonary disease;
2. Establish a strong working relationship with other health agencies, educational institutions, Federal and state government, businesses, military and other community organizations for better understanding and prevention of pulmonary disease;
3. Work with CoARC and training programs to prepare practitioners for crucial expanding roles in Disease Management, Health Coaching, Case Management, Clinical Consulting and COPD/ASTHMA Patient Education;

4. Encourage RTs to advance their education to the baccalaureate level and beyond, thereby enhancing their ability to perform in higher level professional roles;
5. Promote the application of Evidence-Based Medicine in all aspects of health promotion and disease prevention;
6. Monitor all such activities for appropriateness and effectiveness.

Furthermore, the AARC supports efforts to develop personal and professional wellness models and action plans related to health promotion and disease prevention. The AARC seeks to inspire RTs to demonstrate their expertise in pulmonary disease etiology, pathology and treatment, and to lead the way nationally in health promotion and pulmonary education.

Effective 1985
Revised 2000
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