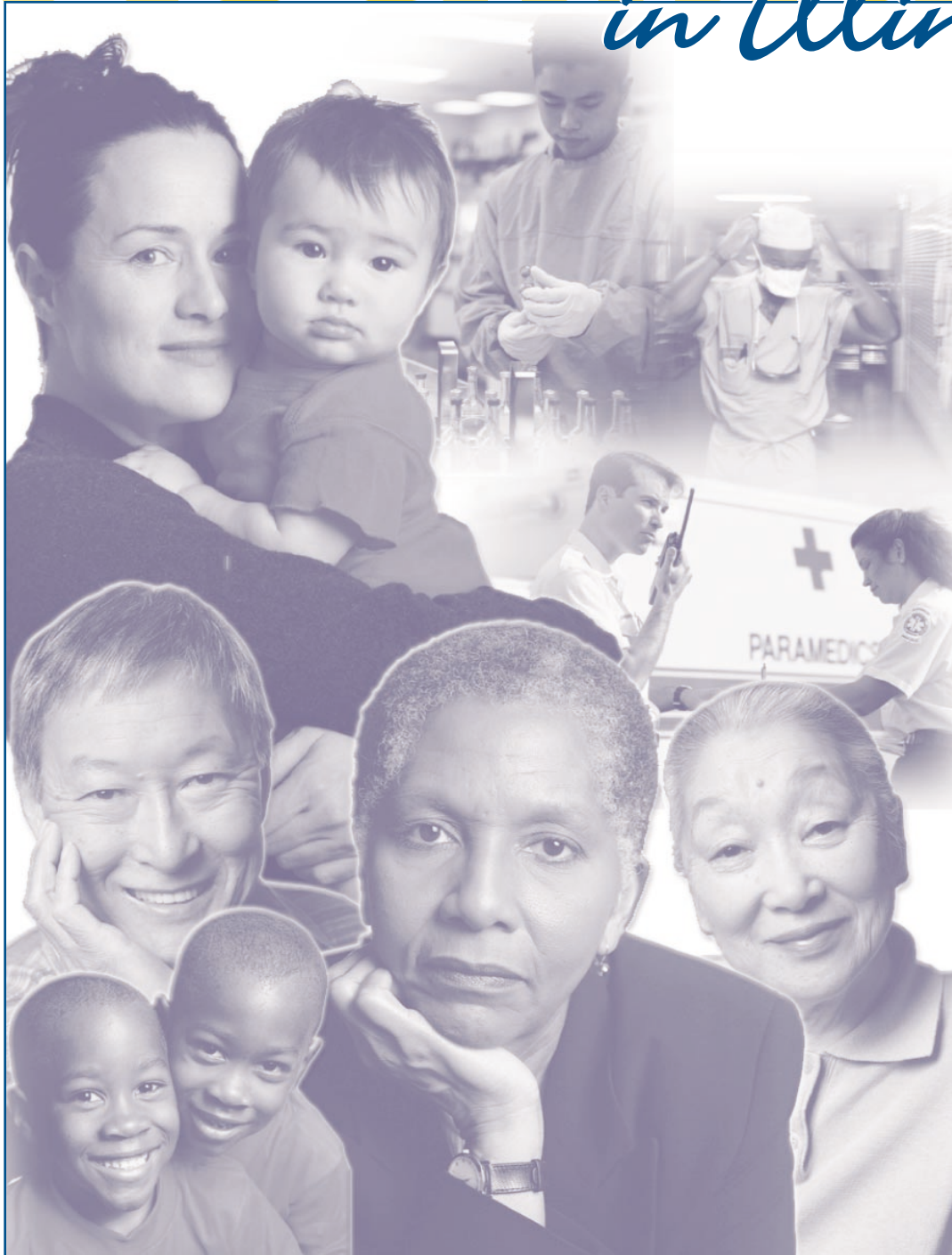


Addressing Asthma in Illinois



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Asthma
in Illinois

Illinois Department of Public Health

July 2002

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An estimated 14.6 million persons in the United States suffer from asthma and its prevalence has been increasing over the past 20 years. In Illinois, which has one of the nation's highest mortality rates from asthma related causes, there were 279 deaths in 1999.

In addition to the physical toll exacted by asthma, its economic impact is substantial. In 2000, direct expenditures related to asthma were estimated at \$8.1 million. In Illinois, direct expenditures totaled more than \$1.4 million.

In 1999, more than 50 organizations joined the Illinois Department of Public Health to form the Illinois Asthma Partnership. The group has grown and now comprises more than 100 members, who, using a public health approach, developed an asthma plan for Illinois. The plan's overarching goal is to reduce asthma morbidity and mortality in Illinois through implementation of best practices.

The Department extends its appreciation to those who served on the planning committee and contributed their time and expertise to the development of the Illinois Asthma Plan, Addressing Asthma in Illinois. Together, we can reduce morbidity and mortality in Illinois and ensure a better quality of life for persons with asthma.

--Director of Public Health

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Executive Summary

Asthma is a chronic lung disease associated with significant morbidity and mortality. Prevalence rates for asthma, particularly in children younger than 5 years of age, have been increasing rapidly during the last decade. While the cause of asthma remains unknown, environmental agents and genetics seem to play a role. Currently, asthma is not preventable or curable, but it is controllable. Although careful patient management would allow asthma to be successfully treated on an outpatient basis, billions of dollars are spent annually on inpatient expenses for persons with asthma.

Illinois has not escaped the burden of asthma. Indeed, the state has one of the nation's highest mortality rates from asthma-related causes. The devastating impact of asthma in Illinois paved the way for stakeholders across the state to form an Illinois Asthma Task Force in 1998. Initially the task force responded to Public Act 91-0515, which directed the Illinois Department of Public Health to develop a plan to address asthma, especially in high-risk populations. This plan, *Addressing Asthma in Illinois*, was developed and presented to the Illinois General Assembly in July 2000.

After receiving funds from the U.S. Centers for Disease Control and Prevention (CDC), IDPH expanded on the initial task force to form the Illinois Asthma Partnership (Partnership). During the first year of the CDC grant, partnership members were divided into four work groups: Community and School, Data and Surveillance, Work Site, and Professional and Patient Education. In the second year of the CDC grant, a partnership satisfaction survey revealed a need for partners to assume more definitive leadership roles. In response, a chairperson was selected for the partnership. During the third year of the CDC grant, the work groups were reorganized to better address the compelling areas of need. These work groups now include Data and Surveillance, Education, Occupational Asthma and School.

During the past three years, the work groups have successfully identified areas of need that must be addressed if asthma is to be approached from a public health perspective and appropriate strategies developed. The progress of the work groups and of the partnership's leadership laid a foundation that allowed the initial asthma plan to develop into a comprehensive state plan.

This state plan has been developed by the Illinois Asthma Partnership with the assistance of work group members. Through implementation of the plan, Illinois will succeed in reducing morbidity and mortality from asthma, thus reducing cost associated with the disease and improving the quality of life for persons with asthma and persons who care for them.

Scope of Problem Nationally

Asthma is one of this country's most common chronic conditions, affecting an estimated 14.6 million persons of all ages and races. In the past 20 years, the number of Americans with asthma has more than doubled. Tragically, the burden of asthma is most felt among specific populations, particularly among children and African Americans. Children under 5 years of age experienced the greatest increase in asthma prevalence during this 20-year period.

Asthma affects 4.4 million children and is one of the leading causes of school absenteeism, accounting for more than 10 million missed school days annually. Children with asthma miss an average of twice as many school days as other children. Other nonquantifiable symptoms also may impair quality of life for a child with asthma, for example, by restricting activities.

Among adults, asthma is the leading work-related lung disease. Keeping asthma under control is expensive and imposes financial burdens -- including lost work days, lost income and lost job opportunities -- on patients and their families. Asthma results in disruption to family and caregiver routines.

Tracking the epidemiology of asthma by reviewing data related to prevalence, morbidity and mortality is important because it provides information about several important issues:

- how the United States health care system is doing in addressing the challenges posed by asthma;
- progress in meeting Healthy People 2010 goals related to asthma; and
- important benchmarks that local jurisdictions can use to compare their own progress in reducing the burden of lung diseases, specifically asthma.

In addition to growing prevalence rates, the occurrence of adverse asthma mortality and hospitalization has been increasing. In 1998, in the United States, asthma accounted for more than 2 million emergency department visits, an estimated 423,000 hospitalizations and 5,438 deaths.

Asthma hospitalization is recognized by the public health system as conditions that can be used to assess the stability of change in health levels of a population. Hospitalization is commonly understood to be a marker for severe, uncontrolled or progressive disease, and is an important predictor of subsequent asthma mortality.

Mortality from asthma remains an important public health issue, especially for certain populations, such as inner-city African Americans. A review of the most recent national data can better describe the burden of asthma for the country.

Asthma Attack Prevalence Rates

National data show that, in 1998, 39 people out of every 1,000 persons in the U.S. had experienced an asthma episode or attack in the previous 12 months. This represents about 10.6 million people. The following table provides a more comprehensive breakdown of this figure.

Table 1	
<i>Asthma Attacks</i>	
<i>Crude Prevalence Rates for Asthma Attacks</i>	
Crude Prevalence Rate for Asthma Attacks	39/1,000 people (10.6 million people)
Age	
Children ages 0-17	53/1,000 people
Adults ages 18 years and older	35/1,000 people
Race/Ethnic Group	
Non-Hispanic whites	39/1,000 people
Non-Hispanic blacks	50/1,000 people
Hispanics	36/1,000 people
Gender	
Females	44/1,000 people
Males	35/1,000 people
Age/Gender	
Females, 0-17 years	41/1,000 people
Males, 0-17 years	59/1,000 people
<small>Source: National Center for Health Statistics, United States Population, 1998</small>	

Table 1 reports crude rates for prevalence of asthma attacks. When data are presented this way, it becomes possible to show the actual burden of asthma among subgroups of the population. To compare risk among groups (for example, those living in jurisdiction A vs. those residing in jurisdiction B), age-adjusted estimates of prevalence rates should be used.

The 20-year asthma national trend data show the following:

- asthma attack prevalence rates are 34 percent higher in children than in adults;
- asthma attack prevalence rates in blacks are 22 percent to 28 percent higher compared to other racial/ethnic groups; and
- asthma attack prevalence rates for all females are 21 percent higher than for males.

However, the data also show that males ages 0-17 have an asthma attack prevalence rate that is 31 percent higher than same-aged females.

Table 2
Use of Health Care Services by Persons with Asthma
Ambulatory/Outpatient Clinic Visits for Asthma

Total ambulatory visits for asthma515 visits/10,000 people
 (13.9 million visits)

Age

Ambulatory visits children ages 0-17 years.....823 visits/10,000 people
 Ambulatory visits adults ages >17 years407 visits/10,000 people

Race

Ambulatory visits, whites463 visits/10,000 people
 Ambulatory visits, non-whites778 visits/10,000 people

Gender

Females.....575 visits/10,000 people
 Males.....452 visits/10,000 people

Source: National Center for Health Statistics, United States Population, 1998

Table 3
Emergency Department Visits For Asthma

Total ED visits for asthma76 visits/10,000 people
 (2 million visits)

Age

ED visits children ages 0-17 years.....124 visits/10,000 people
 (ED visits children ages 0-4 years)(170 visits/10,000 people)
 ED visits adults ages >17 years59 visits/10,000 people

Race

ED visits, whites.....58 visits/10,000 people
 ED visits, non-whites204 visits/10,000 people

Gender

ED visits, females.....82 visits/10,000 people
 ED visits, males69 visits/10,000 people

Source: National Center for Health Statistics, United States Population, 1998

Tables 4 and 5 continue to reflect the earlier prevalence profiles. Use of medical services for asthma related morbidity is higher among children, particularly those under 5 years of age, non-whites and females.

Table 4
Hospitalizations for Asthma

Total hospitalizations for asthma16 hospitalizations/10,000 people
(423,000 hospitalizations)

Age

Hospitalizations*, children ages 0-17 years25 hospitalizations/10,000 people
(Hospitalizations*, children 0-4 years)47 hospitalizations/10,000 people
Hospitalizations*, adults ages >17 years13 hospitalizations/10,000 people
(*for asthma)

Race

Hospitalizations for asthma, whites10 hospitalizations/10,000 people
Hospitalizations for asthma, non-whites34 hospitalizations/10,000 people

Gender

Hospitalizations for asthma, females19 hospitalizations/10,000 people
Hospitalizations for asthma, males13 hospitalizations/10,000 people

Source: National Center for Health Statistics, United States Population, 1998

Table 5
Deaths from Asthma

Total deaths from asthma 2 deaths/100,000 people
(5,438 deaths; 6,850 deaths with asthma as a contributing cause)

Age

Deaths from asthma children ages 0-17 years 0.4 deaths/100,000 people
Deaths from asthma adults ages >17 years 2.6 deaths/100,000 people

Race

Deaths from asthma, non-Hispanic whites 1.8 deaths/100,000 people
Deaths from asthma, non-Hispanic blacks 3.9 deaths/100,000 people
Deaths from asthma, Hispanics 1.2 deaths/100,000 people

Gender

Deaths from asthma, females 2.5 deaths/100,000 people
Deaths from asthma, males 1.5 deaths/100,000 people

Source: National Center for Health Statistics, United States Population, 1998

Crude mortality rates for asthma present similar findings except in persons 17 years and older, who experienced a higher mortality rate than the younger pediatric age group.

Data adjusted for age, race and sex that document the change in asthma prevalence nationally have been published in the *Morbidity and Mortality Weekly Report* (MMWR), "Self-reported asthma prevalence among adults" (2000). This report showed that the self-reported prevalence rate for asthma increased 75 percent from 1980 to 1994. In 1993-1994, an estimated 13.7 million persons reported an asthma attack during the preceding 12 months. This increasing trend in rates was evident among all race, both sexes and all age groups with the most substantial increase occurring among children ages 0-4 years (160 percent increase, from 22.2 per 1,000 to 57.8 per 1,000) and children ages 5-14 years (74 percent increase from 42.8 per 1,000 to 74.4 per 1,000). The report further verified that the increase in asthma prevalence rates during 1980-1994 was evident in every region of the United States.

These data paint an alarming picture of asthma in the United States. In May 2000, a panel convened by the U.S. Department of Health and Human Services to develop an action plan to address asthma characterized the increasing trend in asthma prevalence and adverse asthma outcomes as an epidemic.

Scope of Problem In Illinois

The Burden of Asthma in Illinois

The burden of asthma in Illinois follows national trends. Illinois, which has one of the highest asthma mortality rates in the nation, has seen an increase in prevalence, morbidity and mortality over the past 20 years. The majority of the state's asthma deaths occur in the city of Chicago and Cook County.

There are several data sources in Illinois that can be used to better understand the statewide burden of asthma: the Behavioral Risk Factor Surveillance System (BRFSS), mortality data from the Illinois Department of Public Health's Illinois Center for Health Statistics, and hospital discharge data from the Illinois Health Care Cost Containment Council (IHCCCC).

The BRFSS is limited to non-institutionalized civilian adults over age 17. BRFSS data can be used to estimate the prevalence of asthma and several other chronic diseases and associated risk factors. In 2000, the BRFSS survey asked two question related to asthma.

1. *Have you every been told by a doctor or other health professional that you had asthma?*
2. *Do you still have asthma?*

The following table summarizes the demographic information from the 2000 BRFSS for the entire state.

Table 6
2000 BRFSS Demographic Data

Age	Percent
Between 18 and 24 years old	18.4
Between 25 and 34 years old	19.6
Between 35 and 44 years old	21.0
Between 45 and 54 years old	17.2
Between 55 and 64 years old	7.6
Over 65 years old	16.2
Race	
White	74.1
Non-white	25.9
Hispanic Origin	
Hispanic and have asthma	5.5
Gender	
Male	28.7
Female	71.3
Marital Status	
Married & unmarried couple	52.8
Divorced, widowed, or separated	19.2
Never married	28.0
Education Level	
Elementary & some high school	10.2
High school graduate	27.6
Some college	31.2
College graduate	31.1

Employment Status	Percent
Employed	58.8
Homemaker or student	10.8
Out of work	7.6
Retired/Unable to work	22.8
Household Income	
Less than \$10,000	5.0
Between \$10,000 and \$14,999	8.4
Between \$15,000 and \$19,999	5.9
Between \$20,000 and \$24,999	11.8
Between \$25,000 and \$34,999	8.6
Between \$35,000 and \$49,999	19.0
Between \$50,000 and \$74,999	23.2
More than \$75,000	18.1
Urbanicity	
Chicago	21.2
Suburban Cook County	19.0
Collar counties	25.0
Urban counties	13.6
Rural counties	21.2
Smoking Status	
Smoking at all	59.9
Not at all	40.1

Source: IDPH Center for Health Statistics

It is estimated that almost 11 percent (10.7 percent or an estimated 979,600 people [crude prevalence rate of 107 of every 1,000 adults]) of the adults in Illinois have suffered or currently suffer from asthma. Of these persons who self-report doctor-diagnosed asthma at some point in their lives, slightly more than three-quarters (75.1 percent) currently have asthma. These latter data show that almost 8 percent of adults (7.9 percent or an estimated 724,500 people [crude prevalence rate of 79 of every 1,000 adults]) currently have asthma.

It is difficult to compare data taken from the statewide BRFSS with national data. A lack of consensus between the reporting systems (e.g. in defining terminology) and the use of crude prevalence rates make direct comparisons between Illinois data and national data troublesome in assessing the impact of asthma on the state population. However, this more detailed examination of the state BRFSS data is appropriate and informative.

Hospital discharge data on inpatient stays related to an asthma diagnosis are collected through the Illinois Health Care Cost Containment Council (IHCCCC). Created in 1984 by the Illinois General Assembly, IHCCCC is mandated to collect and disseminate information about the costs of hospital care in Illinois. The following tables, from the Council's *Asthma Hospital Guide 2000*, emphasize the problem of asthma in Illinois.

Table 7
*Discharge Rate from Acute Care Hospitals by Age Group
Illinois vs. United States, 1999*

Age Group	Ill Rate *	U.S. Rate*	% Difference
Under 15	26.3	31.5	-16.5%
15-44	12.8	10.0	23.0%
45-64	18.2	15.9	14.5%
65 and over	24.0	21.2	13.2%

*Rate per 10,000 population
Source: Illinois Health Care Cost Containment Council

As the above data indicate, the rate of hospitalization is highest among the "under 15" and "65 and over" population. While the rate of hospitalization for the "under 15" age group was lower in Illinois compared to the United States; all other age groups in Illinois showed higher rates of hospitalization compared to those for the U.S.

Table 8
Total Charges for Illinois Asthma Discharge, 1996-2000

1996	1997	1998	1999	2000
\$181,665,968	\$183,917,904	\$174,468,752	\$197,666,752	\$187,026,144

Source: Illinois Health Care Cost Containment Council

Table 8 details the growing cost of asthma treatment in Illinois hospitals.

The following table, based on national figures, shows the direct cost of asthma in Illinois. In 2000, estimated cost of asthma treatments in Illinois was approximately \$1.4 billion. This includes all direct expenditures for inpatient and outpatient care.

Table 9
Estimated Asthma Expenditures, 2000

Category	Cost (in millions)	
	National	Illinois (estimated)
Direct Expenditures		
Hospital Care		
Inpatient	\$3,474.90	\$187.02*
Emergency Room	\$656.10	\$35.30
Outpatient	\$421.20	\$22.60
Physician's Services		
Inpatient	\$324.00	\$17.30
Outpatient	\$769.50	\$41.30
Medications	\$2,446.20	\$1,316.67
All Direct Expenditures	\$8,091.90	\$1,433.17

*actual amount from IHCCCC data
Source: Illinois Health Care Cost Containment Council

As reflected in Table 10, inpatient charges for those discharged with a primary diagnosis of asthma were \$187 million in 2000. Asthma as a primary diagnosis accounted for 1.39 percent of the discharges and 0.83 percent of all charges from Illinois hospitals in that year. Asthma as a secondary diagnosis accounted for more than 3 percent of all stays and charges. IHCCCC data show that asthma, as either a primary or secondary diagnosis, accounts for almost 5 percent of all Illinois inpatient stays and charges.

Table 10
Asthma Discharge Data

Type of Diagnosis	Total Charges	% of Total Charges	Total Discharges	% of Total Discharges
Asthma (primary)	\$187,026,144	0.83%	22,796	1.39%
Asthma (secondary)	\$832,116,736	3.68%	57,916	3.54%
Total Asthma	\$1,019,142,880	4.51%	80,712	4.93%
All other inpatient	\$22,630,889,472	95.49%	1,636,046	95.70%

Source: Illinois Health Care Cost Containment Council

In summary, the IHCCCC's *Asthma Hospital Guide 2000*, paints the following picture of asthma in Illinois.

- Each year since 1996, females of all ages have accounted for more than half of all asthma discharges in Illinois.
- Females were charged 17.9 percent more for their care than males in 2000; from 1996-2000 the average charge for women increased 13.2 percent, average male charges increased 11.4 percent.
- Medicaid patients had the highest average charge per discharge among all the other payor groups (Medicare, commercial, self-pay, other).
- From 1996 to 2000, the number of stays for asthma as a primary diagnosis decreased, while stays for asthma as a secondary diagnosis increased.
- From 1996 to 2000, 402 Illinois residents died while hospitalized for asthma.
- While IHCCCC does not capture specific data on emergency department (ED) visits, hospitals do report each time a patient is admitted through the ED. From 1996 to 2000,
 - The ED was the source of admission for 66.5 percent of asthma hospitalizations.
 - Physicians directly admitted 26.3 percent of asthma patients.

Tables 11-14 detail the mortality data related to asthma in Illinois from 1990 to 1999, with age and race breakouts from 1990 to 1998.

Table 11
Asthma Mortality

Year	Number of Deaths
1990	248
1991	257
1992	259
1993	277
1994	308
1995	308
1996	271
1997	316
1998	293
1999	279*

*In 1999 mortality deaths were coded using ICD-10 and prior to 1999 using ICD-9.
Source: IDPH Center for Health Statistics.

Asthma mortality data by age group and race are available for 1990 to 1998. These data are based on age specific death data rates per 1,000,000 population. Race is broken out by white and non-white. Further breakdown in race is not possible due to small sample size.

Table 12
Asthma Mortality, by age, Whites, 1990-1998

<u>Year</u>	<u>0-4</u>	<u>5-14</u>	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-64</u>	<u>65-74</u>	<u>75-84</u>	<u>85+</u>	<u>All</u>
1990	1.5	1.6	3.8	6.1	5.6	12.3	26.4	60.7	77.8	179.2	17.1
1991	1.5	3.1	3.1	3.7	6.8	14.2	24.2	35.9	96.9	95.1	14.8
1992	2.9	2.3	3.9	4.4	8.1	15.4	20.7	46.8	103.8	171.7	17.4
1993	1.4	2.3	3.9	5.8	5.9	12.0	14.7	56.4	88.9	146.9	16.1
1994	1.4	2.3	5.6	9.7	7.7	18.0	17.2	61.0	90.8	133.9	18.4
1995	0.0	2.3	2.4	8.6	7.0	16.6	29.6	61.3	98.8	210.8	20.1
1996	1.4	2.2	6.4	6.1	6.3	12.7	22.3	52.2	62.9	89.3	14.9
1997	1.4	3.7	4.0	2.8	12.4	18.9	25.7	44.6	109.1	180.0	19.6
1998	0.0	2.2	5.5	3.5	4.3	14.3	16.3	33.4	75.2	165.1	14.3

Source: IDPH Center for Health Statistics

Table 13
Asthma Mortality, by age, Non-whites, 1990 - 1998

<u>Year</u>	<u>0-4</u>	<u>5-14</u>	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-64</u>	<u>65-74</u>	<u>75-84</u>	<u>85+</u>	<u>All</u>
1990	10.4	14.0	28.2	33.6	41.0	68.7	93.7	105.9	115.7	416.7	42.8
1991	15.1	8.3	28.3	61.8	59.4	76.9	135.8	146.3	269.7	77.5	56.8
1992	9.8	21.8	20.1	31.6	38.9	67.0	101.2	156.4	176.6	148.1	44.8
1993	9.6	29.5	39.9	51.5	62.8	68.3	120.8	186.5	126.8	137.9	58.0
1994	0.0	21.4	47.8	80.5	55.5	78.8	113.4	155.3	189.1	135.1	61.1
1995	4.7	7.9	33.5	61.2	45.0	70.5	148.8	177.3	144.6	0.0	52.5
1996	18.9	5.2	41.9	50.3	65.7	90.2	99.1	190.1	203.3	192.3	58.4
1997	14.4	20.4	19.4	75.4	65.1	67.4	96.9	140.5	283.4	189.9	57.7
1998	4.8	35.7	27.6	94.8	82.4	105.9	67.8	161.8	240.5	246.9	69.4

Source: IDPH Center for Health Statistics

Table 14
Asthma Mortality, by age, All Races, 1990 - 1998

<u>Year</u>	<u>0-4</u>	<u>5-14</u>	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-64</u>	<u>65-74</u>	<u>75-84</u>	<u>85+</u>	<u>All</u>
1990	3.4	4.3	8.9	11.1	11.7	21.5	36.0	65.9	81.3	198.8	21.7
1991	4.5	4.2	8.5	14.2	15.8	24.5	40.3	48.7	113.0	93.6	22.3
1992	4.4	6.6	7.4	9.2	13.4	24.0	32.3	59.6	110.5	169.6	22.3
1993	3.3	8.3	11.7	14.1	15.8	21.5	30.3	71.6	92.5	146.0	23.7
1994	1.1	6.5	14.9	22.8	16.0	28.3	31.4	72.1	100.2	134.0	26.2
1995	1.1	3.5	9.3	18.3	13.6	26.0	47.3	75.0	103.2	191.6	26.0
1996	5.5	2.9	14.3	14.4	16.6	26.0	33.8	68.5	76.5	98.6	22.9
1997	4.4	7.4	7.4	16.4	21.5	27.2	36.3	55.9	125.8	180.9	26.6
1998	1.1	9.6	10.3	20.7	17.6	29.7	23.9	48.6	90.8	172.2	24.3

Source: IDPH Center for Health Statistics

The data from the BRFSS, IHCCCC, and the IDPH's Center for Health Statistics clearly indicate the burden of asthma in Illinois and the need to address asthma, in order to reduce morbidity and mortality.

A Public Health Approach to Reducing the Burden of Asthma

Within the health care field, the concept of "adopting a public health approach" to reduce the burden or impact of a disease or condition has emerged over the past 15 years. For purposes of this asthma plan, a public health approach would suggest adopting "a broad, multi-disciplinary perspective that is concerned with improving outcomes in all people who have asthma with attention to equity and the most efficient use of resources in ways that enhance patient and community quality of life."

Public health interventions, like the one proposed for Illinois' asthma state plan, focus on community rather than on an individual. These population-based interventions operate at three levels: preventing asthma (primary prevention), preventing disability from asthma in those who have the condition (secondary prevention, or reducing the impact) and limiting further deterioration or death (tertiary prevention, or reducing the consequences).

Rather than focusing on questions of appropriate treatment for someone with asthma, practitioners adopting a public health approach would look for methods or strategies that promised the **maximum benefit for the largest number of people**. It is important to recognize that the public health approach does not abandon care of individual patients. Instead it broadens the reach of the health care system to include all persons, particularly, those who might be designated as underserved.

In adopting a public health approach to reducing the burden of asthma, the Illinois Asthma Partnership also has incorporated the core functions of public health systems into the structure of its state plan:

1. Assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities;
2. Assuring that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and that the effectiveness of that care is effectively evaluated;
3. Formulating public policies, in collaboration with community and government leaders, designed to solve identified local and national health problems and priorities.

Illinois' asthma plan is built on this core functions model. For example, the Data and Surveillance Work Group, in conjunction with the Illinois Asthma Partnership has focused on assessment (systematic collection, analysis and distribution of information on the burden of asthma in Illinois). The School Work Group and the Occupational Asthma Work Group have emphasized projects related to assurance (determining and prioritizing asthma services and ensuring that the population receives the services needed). In addition to incorporating the first two functions, the Education Work Group has also focused on the policy function by promoting the use of scientific knowledge as a basis for public health decisions related to reducing the burden of asthma.

Goals and Strategies

The following five priority areas were identified through the Illinois Asthma Partnership's strategic planning process. They include data and surveillance, education, occupational asthma, schools, and state coordination. Within each of these priority areas, goals have been identified that incorporate the three core functions of public health. The strategies identified are the interventions that will be used to achieve the goals identified.

Data and Surveillance

Focus: Obtain scientific information related to asthma in Illinois; disseminate the information to those who are interested and who need to know; promote the use of scientific information as the foundation for action in alleviating the burden of asthma in Illinois; and evaluate the usefulness of this information for program development and implementation.

1. Goal

Improve asthma surveillance in Illinois.

Strategies

1. Identify or create an asthma specific data collection and evaluation component within a state agency.
2. Identify or develop a list of potential partners/stakeholders to be involved in community surveillance efforts.
3. Identify and monitor community health indicators related to asthma.
4. Identify environmental (occupational, urban, etc.) asthma health indicators.
5. With the Occupational Asthma work group, develop work-site surveillance systems.

2. Goal

Analyze and compare asthma data including prevalence by sex, race, ethnic group, age and other identified variables (income, education, occupation) in Illinois and in the U.S.

Strategies

1. Monitor changes in prevalence and its impact.
2. Identify disparities in asthma burden and access to care in targeted populations in Illinois.
3. Working within the framework of the Illinois Asthma Partnership, promote collaborative and comparative studies that identify factors responsible for wide variation of prevalence of asthma in different school districts or industries and occupations in Illinois.

3. Goal

Ensure standard and consistent use of terms related to asthma and surveillance of asthma in Illinois.

Strategies

1. Work with professionals to develop consensus on definition of asthma and on definitions of surveillance measures, including identifying and adopting nationally accepted terms used in asthma surveillance and research.
2. Create a task force to develop a classification system for asthma to ensure that etiologic information is better captured.
3. With the Education Work Group, study medical referral systems and access to different types of medical care, especially targeting vulnerable demographic groups.
4. Develop environmentally specific terminology (occupational, urban, etc.)

4. Goal

Develop or utilize existing planned population-based longitudinal data systems and existing information sources to track the occurrence, progression and impact of asthma for persons in Illinois.

Strategies

1. Use inventory of statewide and local past and current research studies and databases that can supplement knowledge gaps.
2. On an ongoing basis, with the Education Work Group, survey providers on treatment strategies used and on their beliefs about asthma.
3. On an ongoing basis, with the Occupational Asthma Work Group, collect and analyze more detailed state-level information on occupational factors in the development of asthma.
4. Support existing studies and work to initiate new studies where needed that would address disability from asthma, natural history of asthma and risk factors for exacerbation.
5. Incorporate state of Illinois data into national tracking systems.

5. Goal

Identify modifiable risk factors, particularly in the community and workplace, leading to a reduction in the incidence, morbidity and mortality associated with asthma in Illinois.

Strategies

1. Solicit information on co-morbid conditions.
2. Identify different risk factors for asthma in definable population subgroups.
3. Identify barriers to environmental modification that people with asthma may face.
4. Expand state agency involvement to address asthma-related factors.

6. Goal

Estimate the cost of asthma in Illinois.

Strategies

1. Review data on the cost effectiveness of a variety of interventions particularly chronic disease self-management strategies.
2. Develop a strategy to assemble a comprehensive list of indirect and direct costs of asthma and determine the total cost.

Education

Focus: Promote the National Heart, Lung and Blood Institute (NHLBI) guidelines; promote asthma training for health care professionals statewide who work with asthma patients; and promote best practices.

1. Goal

Promote asthma training for health care professionals statewide who work with asthma patients.

Strategies

1. Identify target population, especially primary care physicians (such as pediatricians, family practice physicians, internists), emergency physicians, nurse practitioners and physician assistants to receive asthma training.
2. Identify asthma experts who will provide training based on the NHLBI guidelines.
3. Identify quality improvement experts to assist trainers in providing high quality asthma training.
4. Provide asthma training for health care professionals (such as nurses, nurse practitioners, respiratory therapists, physician assistants) who will serve as asthma educators and improve the system of asthma care in their setting.

2. Goal

Disseminate the National Heart Lung and Blood Institute (NHLBI) guidelines across the state.

Strategies

1. Promote NHLBI guidelines on the IDPH Web site.
2. Disseminate NHLBI guidelines during workshops with target populations.

3. Goal

Facilitate provision of asthma education statewide for asthma patients and care givers of people with asthma.

Strategies

1. Identify and promote effective asthma self-management programs, based on the NHLBI guidelines, with emphasis on high-risk populations.
2. Develop and promote effective education for care givers of people with asthma, including identification and management of asthma emergencies.
3. Provide asthma training for health care professionals (such as nurses, nurse practitioners, respiratory therapists, physician assistants) who will serve as asthma educators.
4. Provide asthma training for community health workers and peer educators who will serve as asthma educators.

4. Goal

Promote asthma awareness, education and screening programs in communities across the state.

Strategies

1. Identify effective asthma outreach strategies for communities and local asthma experts who will provide education and/or screening.
2. Identify effective asthma educational materials and resources that promote the NHLBI guidelines, including materials geared toward low literacy, multiple languages and cultural competence.
3. Establish a clearinghouse for asthma information based on the NHLBI guidelines.

Occupational Asthma

Focus: Work with epidemiology specialists to determine the burden of asthma in the workplace; work through local or regional public health agencies to provide information to local businesses that address asthma as a public health issue in the workplace; use businesses, directly or indirectly through insurance carriers, as important sites for the distribution of resource materials related to prevention of asthma in the workplace; ensure that people affected by asthma in the work place receive the support and services they need.

1. Goal

Increase awareness of asthma, including its impact, the importance of early diagnosis and appropriate management, and the availability of effective treatment and prevention strategies, in working adults in Illinois.

Strategies

1. Develop a solid knowledge base on prevention of asthma in the workplace that can be shared with health care professionals working in industry.
2. Develop a solid knowledge base on asthma in the workplace that can be shared with primary care providers to allow them to more effectively educate patients who work in high-risk industries.
3. Work within Illinois communities to help identify and target those business/industrial environments that have high asthma prevalence rates.
4. Identify "best practices" locally, statewide and nationally that prevent the development of asthma or workplace exacerbations of asthma.

2. Goal

Identify effective methods of accommodation in the workplace for persons with asthma and similar methods of accommodation and change to help prevent employees from developing asthma through a bench marking process.

Strategies

1. Develop consistent asthma messages that are designed to reach specific employee populations, particularly those designated as underserved.
2. Become a clearinghouse for the latest public information on occupational asthma.
3. Work with insurers to develop programs that will help make employee-based health care systems more responsive and better able to meet the needs of working people with asthma.

3. Goal

Increase awareness among administration, management and human resource personnel in businesses throughout Illinois on occupational asthma, including risk factors, impact, prevention strategies and management.

Strategies

1. Develop a list of Illinois industries that have high asthma prevalence rates and distribute to local health departments to allow staff to identify businesses in their areas that can be targeted for health education messages related to asthma in the workplace.
2. Coordinate with the IDPH's Division of Environmental Health to educate businesses regarding integrated pest management (IPM) and other techniques that reduce worker exposure to potential risk factors.

4. Goal

Coordinate services or recommend services related to monitoring and improving the workplace environment.

Strategies

1. Develop and market an occupational tool kit that includes a list of resources businesses may contact to undertake workplace environment monitoring.
2. Work with state and federal enforcement agencies to develop a list of businesses with issues related to environmental quality and distribute educational material to those businesses.
3. Develop a mechanism to provide public recognition to businesses that improve the workplace environment.

5. Goal

Work with the Illinois Asthma Partnership to advocate for the development of adequate programs for health care insurance coverage, disability insurance coverage and retraining for workers affected by occupational asthma.

Strategies

1. Provide information to human resource personnel to accommodate persons who may need job retraining to avoid exposure to occupational asthma risk factors.
2. Identify current health care and disability insurance programs for occupational asthma in Illinois.
3. Partner with federal and state enforcement agencies to develop programs that protect workers and make the workplace environment safe.

Schools

Focus: Provide effective asthma educational materials and resources to school nurses, teachers, administrators, other professionals and all other school personnel, including but not limited to secretaries, security, maintenance, dietary, bus drivers, lunch and playground staff; promote a consistent message to the school community on the management of asthma; increase awareness about asthma among school personnel, parents and students; provide school staff with the necessary tools to develop strategies and policies that support the whole school community throughout the educational continuum, including day care through college, in the management of asthma.

1. Goal

Encourage all schools to obtain an appropriate written action plan for every child with asthma.

Strategies

1. Work with appropriate organizations and the Education Work Group to develop effective educational programs regarding asthma action/management plans based on the National Heart, Lung and Blood Institute (NHLBI) guidelines.
2. Encourage school districts to establish a team of school personnel to ensure an appropriate written action plan for each child with asthma.

2. Goal

Support appropriate continuing education in asthma management for school personnel.

Strategies

1. Encourage providers of continuing education programs for teachers, education administrators and school nurses to include asthma as part of the curriculum.
2. Encourage teacher and education administration students to take a course in health and safety as part of their college training.
3. Promote continuing asthma education for all school nurses (day care through college).
4. Continue to provide an annual satellite conference for administrators, personnel, children and families on issues related to asthma in the schools.
5. Implement evidence based programs related to asthma for school staff.

3. Goal

Support the development of indoor air quality and environmental improvements in schools.

Strategies

1. Identify effective indoor air quality assessment methods.
2. Provide information about indoor air quality to schools.
3. Work with school districts to identify potential funding sources to implement indoor air quality and environmental improvements.

4. Goal

Encourage schools to comply with the state's asthma medication law, (P.A. 92-0402).

Strategies

1. Provide information about the asthma medication law to all school personnel.
2. Provide information about the asthma medication law to the Illinois School Nurses Association, school personnel organizations and associations (including teachers, secretaries and bus drivers), parents and guardians, college educators and day care providers.

5. Goal

Advocate for asthma education certification for school nurses, coaches and physical education teachers.

Strategies

1. Identify appropriate certification programs.
2. Develop a plan of action to implement certification programs.
3. Mandate asthma education certification for school nurses, coaches and physical education teachers.

6. Goal

Improve access to asthma educational materials and asthma medications and supplies for schools.

Strategies

1. Encourage schools to ensure that teachers, parents and students have access to education on asthma.
2. Provide asthma information and resources to schools, day care workers and colleges through collaboration with the Illinois State Board of Education, the Illinois Department of Human Services and school networks.
3. Enhance knowledge of school personnel on proper use of asthma equipment (peak flow meters, nebulizers, spacers).
4. Work to identify funding sources for schools to obtain asthma medications and supplies to schools.
5. Advocate for health care insurance coverage for school-based asthma medications and supplies (inhaler, spacer, nebulizer, peak flow meter, and asthma education).

State Coordination

Focus: Link asthma initiatives with other chronic disease and environmental initiatives; build on existing co-morbidity projects; and enhance asthma initiatives through other chronic disease and environmental venues.

1. Goal

Expand Illinois Asthma Partnership to include organization/agencies not currently involved but which serve the same or similar target populations, address asthma or have the potential to address asthma.

Strategies

1. Identify target audiences for work groups and projects.
2. Identify organizations and agencies that work with target populations or address asthma (such as inner city clinics, asthma clinics, youth foundations).
3. Identify organizations and agencies with linkages to target populations that do not focus on asthma (for example, tobacco cessation programs).

2. Goal

Implement and evaluate a pilot project for chronic disease management based on a comprehensive case management approach that relies on public health nursing.

Strategies

1. Define case management.
2. Identify existing asthma case management programs and develop linkages.
3. Educate public health nurses in case management programs about techniques to address asthma.

3. Goal

Promote the development and/or recruitment of certified asthma educators in community settings to increase patient education.

Strategies

1. Promote nationally recognized training in asthma education as the standard for asthma educators.
2. Identify nationally certified asthma educators who can serve as resources for communities in need.

4. Goal

Obtain additional funding to support the state's asthma plan.

Strategies

1. Identify areas within the plan that need funding to implement strategies.
2. Identify potential sources of funding.
3. Develop linkages with potential funding sources.

5. Goal

Establish a steering committee to oversee and evaluate the progress of the state's asthma plan.

Strategies

1. Identify criteria for committee membership.
2. Identify and recruit members for steering committee.
3. Convene steering committee at regular intervals to assess progress of the state plan.

Implementation Guide

The implementation guide elaborates on the goals and strategies by providing detail for the strategies identified for each goal and to assist with implementation of the strategy. The user will have a more clear understanding of who the target audience is, who will be responsible for completion of the strategy, what resources are needed to implement the strategy, evaluation indicator, what are potential barriers to implementation, who else could assist with implementation of the strategy and how long it is expected to implement the strategy.

Data and Surveillance

1. Goal. Improve asthma surveillance in Illinois.

Strategy 1. Identify or create an asthma specific data collection and evaluation component within a state agency.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group	Data and evaluation tools, time	Specific collection and evaluation component identified or created	Time, buy-in	State epidemiologist	1 year

Strategy 2. Identify or develop a list of potential partners/stakeholders to be involved in community surveillance efforts.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group	Time, materials to survey persons on types of data now collected or that could be collected	List of stakeholders identified	Identifying potential stakeholders	Partnership, community-based agencies, local asthma consortia, local health departments (LHDs)	1 year

Strategy 3. Identify and monitor community health indicators related to asthma.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group	Linkages to communities, list of indicators	Health indicators identified	Time, access to resources to identify health indicators, decision on indicators	LHDs, community-based agencies, local asthma consortia	1 year

Strategy 4. Identify environmental (occupational, urban, etc.) asthma health indicators.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group	Access to databases and information to identify health indicators	Health indicators identified	Time, access to resources to identify health indicators, consensus on indicators	LHDs, community-based agencies, local asthma consortia, industries	1 year

Strategy 5. With the Occupational Asthma Work Group, develop work-site surveillance systems.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group, Occupational Asthma Work Group	Time, access to work-sites, systems design	Surveillance systems developed	Access to work-sites, buy-in	Business, industries, unions, local health departments	4 years

2. Goal. Analyze and compare asthma data, including prevalence by sex, race, ethnic group, age and other identified variables (income, education, occupation) in Illinois and in the U.S.

Strategy 1. Monitor changes in prevalence and its impact.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group	National and state data	Report on difference of national and state data	Access to data	Data sources	Annually

Strategy 2. Identify disparities in asthma burden and access to care in targeted populations in Illinois.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group	National and state data	Report on disparities in targeted populations	Access to data	Data sources, community-based agencies serving disparate target populations	2 years

Strategy 3. Working within the framework of the Illinois Asthma Partnership, promote collaborative and comparative studies that identify factors responsible for wide variation of prevalence of asthma in different school districts or industries and occupations in Illinois.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership	Data and Surveillance work group	Time, survey tools	List of factors identified, studies designed	Linkages to identify factors, databases to access information	Illinois Asthma Partnership, School and Occupational Asthma Work Groups	2 years

3. Goal. Ensure standard and consistent use of terms related to asthma and the data surrounding surveillance of asthma in Illinois.

Strategy 1. Work with professionals to develop consensus on definition of asthma and on definitions of surveillance measures, including identifying and adopting nationally accepted terms used in asthma surveillance and research.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership, health care professionals	Data and Surveillance Work Group	Linkages to healthcare professionals, listing of current definitions and nationally accepted terms	Consensus on definitions and measures, nationally accepted terms adopted	Consensus, buy-in, agreement of nationally accepted terms	Health care professional organizations, Illinois Asthma Partnership	2 years

Strategy 2. Create a task force to develop a classification system for asthma to ensure that etiologic information is better captured.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Data and Surveillance work group	Glossary of terms from professional groups	Task force developed, classification system developed	Buy-in to use of system/terms	Illinois Asthma Partnership, LHDs, community-based agencies, local asthma consortia	1 year

Strategy 3. With the Education Work Group, study medical referral systems and access to different types of medical care, especially targeting vulnerable demographic groups.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group and Education Work Group	Collaboration between the work groups, identification of current referral systems	Report on referral systems and access to medical care in vulnerable demographic groups	Identification of referral systems, modeling and stochastic processes to determine outcomes	Community organizations and agencies, local asthma consortia, local health departments	4 years

Strategy 4. Develop environmentally specific terminology (occupational, urban, etc).

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group	List of current terminology	List of terminology and issues identified for use	Agreement on terminology and issues	Occupational Asthma Work Group	1 year

4. Goal. Develop or utilize existing planned population-based longitudinal data systems and existing information sources to track the occurrence, progression and impact of asthma for persons in Illinois.

Strategy 1. Use inventory of statewide and local past and current research studies and databases that can supplement knowledge gaps.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Data and Surveillance work group	Databases	List of studies and databases identified and used to supplement knowledge gaps	Access to studies and databases	Local health departments, state agencies	2 years

Strategy 2. On an ongoing basis, with the Education Work Group, survey providers on treatment strategies used and on their beliefs about asthma.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group, Education Work Group	Survey tool and development of survey methodology	Survey tool designed, implemented and report developed on findings	Return of surveys from providers	Health care professionals	Ongoing

Strategy 3. On an ongoing basis, with the Occupational Asthma Work Group collect and analyze more detailed state-level information on occupational factors in the development of asthma.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group, Occupational Asthma Work Group	Data and information on occupational asthma, method to study	Report on analysis of occupational asthma information	Identifying and accessing information and data sources	Businesses and industries	Ongoing

Strategy 4. Support existing studies and work to initiate new studies where needed that would address disability from asthma, natural history of asthma and risk factors for exacerbation.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Data and Surveillance work group	Money, list of current studies	New studies initiated and report developed on findings from new and existing studies	Collection of information from studies, assessment of results and meta analysis of study results	Local health departments, community-based agencies, local asthma consortia	4 years

Strategy 5. Incorporate state of Illinois data into national tracking systems.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group	Data, information on national tracking systems	Data incorporated into national health tracking systems, such as Health Trak System	Collection of data, analysis of data, and reporting of data comprehensively	Illinois Asthma Partnership, organizations and agencies with data sources	5 years

5. Goal. Identify modifiable risk factors, particularly in the community and workplace, leading to a reduction in the incidence, morbidity and mortality associated with asthma in Illinois.

Strategy 1. Solicit information on co-morbid conditions.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership	Data and Surveillance work group	Linkages to co-morbid projects	Information on co-morbid conditions obtained and developed into reportable format	Identifying key information sources	Work groups, organizations and agencies that focus on co-morbid conditions	1 year

Strategy 2. Identify different risk factors for asthma in definable population subgroups.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership	Data and Surveillance work group	List of risk factors and definition of population subgroups, studies	Report on findings on risk factors within population subgroups	Time, knowledge gaps, availability of research	Work groups	2 years

Strategy 3. Identify barriers to environmental modification that people with asthma may face.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group	List of environmental risk factors, research studies	Recommendations for environmental modifications	Access to industries, business and other groups to determine barriers to identify recommendations	OA Work Group, community-based agencies, local asthma consortia, businesses and business assoc.	3 years

Strategy 4. Expand state agency involvement to address asthma-related risk factors.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership and state agencies	Data and Surveillance Work Group	Contact person	Partnerships established within state agencies	None	Illinois Asthma Partnership	1 year

6. Goal. Estimate the cost of asthma to the state in Illinois.

Strategy 1. Review data on the cost effectiveness of a variety of interventions, particularly chronic disease self-management strategies.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group	List of interventions and self-management strategies, research designs	Report on findings of cost analysis	Time, obtaining information	Chronic disease programs, work groups, healthcare professionals	4 years

Strategy 2. Develop a strategy to assemble a comprehensive list of indirect and direct costs of asthma and determine the total cost.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Data and Surveillance Work Group, Occupational Asthma Work Group	Time, access to databases, consensus on what constitutes direct and indirect costs	Strategy developed	Identification of and access to databases	State agencies, work groups, community-based agencies, local asthma consortia	5 years

Education

1. Goal. Promote asthma training for health care professionals statewide who work with asthma patients.

Strategy 1. Identify target population, especially primary care physicians (such as pediatricians, family practice physicians, internists), emergency physicians, nurse practitioners and physician assistants to receive asthma training.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Health care professionals	Education Work Group	Time	List of health care professionals for training	Time, buy in from health care professionals	Health care professional organizations	3 months

Strategy 2. Identify asthma experts who will provide training based on the NHLBI guidelines.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Health care professionals and asthma experts	Education work group	Time, materials (including NHLBI guidelines), linkages to target populations	List of asthma experts	Time, money, buy-in from health care professionals	Health care professional organizations	6 months

Strategy 3. Identify quality improvement experts to assist trainers in providing high quality asthma training.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Quality improvement experts	Education Work Group	Linkages, time, training materials	List of quality improvement experts to assist with training.	Time, money, linkages to identify experts	Illinois Asthma Partnership	6 months

Strategy 4. Provide asthma training for health care professionals (such as nurses, nurse practitioners, respiratory therapists, physician assistants) who will serve as asthma educators and improve the system of asthma care in their setting.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Health care professionals	Education Work Group	Time, meeting space, materials	Training implemented, agenda from workshops and meetings	Recruitment of health care professionals; logistics	Illinois Asthma Partnership, health care organizations	Ongoing

2. Goal. Disseminate the National Heart Lung and Blood Institute (NHLBI) guidelines across the state.

Strategy 1. Promote NHLBI guidelines on the IDPH Web site.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Health care professionals	Education work group	Time, computer system, internet access, materials to make others aware of site	Guidelines disseminated via web site. Notice of web site sent to target population	Time, materials, ensuring access to under-served (those with no computers)	IAP, health care professional organizations, librarians and other who can assist persons w/o computers.	1 year

Strategy 2. Disseminate NHLBI guidelines during workshops with target populations.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Health care professionals	Education Work Group	Time, materials, meeting spaces	Guidelines disseminated and workshops conducted, list of workshops and number of attendees	Time, travel, recruiting participants, printing Health care organizations,	Illinois Asthma Partnership	2 years

3. Goal. Facilitate provision of asthma education statewide for asthma patients and care givers of people with asthma.

Strategy 1. Identify and promote effective asthma self-management programs, which are based on the NHLBI guidelines, with emphasis on high-risk populations.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
High-risk populations with asthma	Education Work Group	Effective self-management programs, time, meeting space, recruitment mechanism	List of identified programs, list of workshops, and number and demographics of attendees	Time, identifying programs, access to high risk populations, adherence	LHDs, community-based agencies, local asthma consortia community gate keepers	6 months

Strategy 2. Develop and promote effective education for caregivers of people with asthma, including identification and management of asthma emergencies.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Caregivers of people with asthma (parents, family members, day care specialists)	Education work group	Educational programs, collaboration from health care professionals, recruitment mechanism	List of workshops and number of attendees	Time, access to care givers, collaboration from health care professionals	LHDs, community-based agencies, local asthma consortia, community gatekeepers	6 months

Strategy 3. Provide asthma training for health care professionals (such as nurses, nurse practitioners, respiratory therapists, physician assistants) who will serve as asthma educators.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Health care professionals	Education Work Group	Time, meeting space, materials	Training implemented, agenda from workshops and meetings	Recruitment of health care professionals; logistics	Illinois Asthma Partnership, health care organizations	Ongoing

Strategy 4. Provide asthma training for community health workers and peer educators who will serve as asthma educators.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Community health workers and peer educators	Education Work Group	Time, meeting space, materials	Training implemented, agenda from workshops and meetings	Recruitment of community members to train	Illinois Asthma Partnership, community organizations	Ongoing

4. Goal. Promote asthma awareness, education and screening programs in communities across the state.

Strategy 1. Identify effective asthma outreach strategies for communities and identify local asthma experts who will provide education and/or screening.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Target communities and asthma experts	Education Work Group	Time, collaboration with asthma experts, collaboration with marketing experts	List of key outreach and community strategies, list of local asthma experts	Time, access to asthma experts, access to marketing experts	Illinois Asthma Partnership, LHDs, community-based agencies, local asthma consortia	1 year

Strategy 2. Identify effective asthma educational materials and resources that promote the NHLBI guidelines, including materials geared toward low literacy, multiple languages and cultural competence.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
General public and people with asthma	Education Work Group	Time, access to databases	List of materials	Developing criteria for effective asthma educational materials	Illinois Asthma Partnership, organizations and agencies with translation capabilities	1 year

Strategy 3. Establish a clearinghouse for asthma information based on the NHLBI guidelines.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
People with asthma and their caregivers, school personnel, general public	Education Work Group	Time and location for clearinghouse, materials, collaboration with the American Lung Association	Clearinghouse established	Time, maintenance of clearinghouse, logistics of clearinghouse (e.g., virtual web-based clearinghouse)	Illinois Asthma Partnership, LHDs, community-based agencies, local asthma consortia	3 years

Occupational Asthma

1. Goal. Increase awareness of asthma, including its impact, the importance of early diagnosis and appropriate management, and the availability of effective treatment and prevention strategies, in working adults in Illinois.

Strategy 1. Develop a solid knowledge base on prevention of asthma in the workplace that can be shared with health care professionals working in industry.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Health care professionals	Occupational Asthma Work Group	Time, access to scientific databases, word processing mechanism	Finished document	Acceptance of material by businesses	Representatives from businesses	6 months

Strategy 2. Develop a solid knowledge base on asthma in the workplace that can be shared with primary care providers to allow them to more effectively educate patients who work in high-risk industries.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Primary care providers	Occupational Asthma and Education Work Groups	Time/access to scientific databases, word processing mechanism	Finished document	Acceptance by primary care providers and dissemination to providers	Primary care providers on committee, local asthma consortia	6 months

Strategy 3. Work within Illinois communities to help identify and target those business/industrial environments that have high asthma prevalence rates.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Businesses and administration	Occupational Asthma and Data and Surveillance Work Groups	Time/access to scientific databases, word processing mechanism	Finished document	Time	Business representatives and other state agencies	5 months

Strategy 4. Identify "best practices" locally, statewide and nationally that prevent the development of asthma or workplace exacerbations of asthma.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Employees and employers	Occupational Asthma Work Group	Access to health databases, evaluation of program materials related to benchmarked programs	Report containing one page descriptions of "best practices"	None	Business representatives	9 months

2. Goal. Identify effective methods of accommodation in the workplace for persons with asthma and similar methods of accommodation and change to help prevent employees from developing asthma through a benchmarking process.

Strategy 1. Develop consistent asthma messages that are designed to reach specific employee populations, particularly those designated as underserved.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Employees	Occupational Asthma Work Group	Time/access to scientific databases, word processing mechanism	Finished document, number of employees reached	Getting information to employees	Employee representatives	4 months

Strategy 2. Become a clearinghouse for the latest public information on occupational asthma.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Employees	Occupational Asthma Work Group	Time/access to scientific databases, word processing mechanism, access to Internet	Finished document, dissemination of records	Obtaining information	Employee representatives	Ongoing

Strategy 3. Work with insurers to develop programs that will help make employee-based health care systems more responsive and better able to meet the needs of working people with asthma.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Insurance personnel	Occupational Asthma Work Group	Meetings times and places	Program manual	Resistance	Insurance representatives, human resources representatives	5 years

3. Goal. Increase awareness among administration, management and human resource personnel in businesses throughout Illinois on occupational asthma, including risk factors, impact, prevention strategies and management.

Strategy 1. Develop a list of Illinois industries that have high asthma prevalence rates and distribute to local health departments to allow staff to identify businesses in their areas that can be targeted for health education messages related to asthma in the workplace.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Local health departments	Occupational Asthma Work Group	Materials, list of industries	Finished document	None anticipated	Enforcement personnel, local health department personnel	7 months

Strategy 2. Coordinate with the IDPH’s Division of Environmental Health to educate businesses regarding integrated pest management (IPM) and other techniques that reduce worker exposure to potential risk factors.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Businesses/ administrators	Occupational Asthma Work Group	Materials, time/access to scientific databases, word processing mechanism	Finished document	Acceptance of materials	Business representatives, chemists	9 months

4. Goal. Coordinate services or recommend services related to monitoring and improving the workplace environment.

Strategy 1. Develop and market an occupational tool kit that includes a list of resources businesses may contact to undertake workplace environment monitoring.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Local health departments and businesses	Occupational Asthma work group, relevant state agencies	Materials, time/access to scientific data-bases, word processing mechanism	Finished document	Distribution	Businesses	6 months

Strategy 2. Work with state and federal enforcement agencies to develop a list of businesses with issues related to environmental quality and distribute educational material to those businesses.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
State and federal enforcement agencies	Occupational Asthma Work Group, relevant government agencies	Materials, time/access to scientific databases, word processing mechanism	Finished document	Access to information	Government agencies	3 months

Strategy 3. Develop a mechanism to provide public recognition to businesses that improve the workplace environment.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Businesses, state and federal enforcement agencies	Occupational Asthma Work Group, relevant government agencies	Materials and plaques, meeting times and places	Model plaque and agenda for awards ceremony	None anticipated	Government agencies	1 year

5. Goal. Work with the Illinois Asthma Partnership to advocate for the development of adequate programs for health care insurance coverage, disability insurance coverage and retraining for workers affected by occupational asthma.

Strategy 1. Provide information to human resource personnel to accommodate persons who may need job retraining to avoid exposure to occupational asthma risk factors.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Businesses (human resources)	Occupational Asthma Work Group, relevant state agencies	Materials, time/access to scientific databases, word processing mechanism, meeting times and places	Finished document	Resistance	Business personnel (human resources)	7 months

Strategy 2. Identify current health care and disability insurance programs for occupational asthma in Illinois.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Insurers	Occupational Asthma Work Group, relevant state agencies	Materials, time/access to scientific data-bases	Write paper on issues	Access to information	Insurance personnel, Illinois Department of Public Aid	1 year

Strategy 3. Partner with federal and state enforcement agencies to develop programs that protect workers and make the workplace environment safe.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
State and federal enforcement agencies, businesses	Occupational Asthma Work Group, relevant government agencies	Materials, meeting times and places	Agenda from meetings, program plan	Resistance	Government agencies, businesses	5 years

Schools

1. Goal. Encourage all schools to obtain an appropriate written action plan for every child with asthma.

Strategy 1. Work with appropriate organizations and the Education Work Group to develop effective educational programs regarding asthma action/management plans based on the National Heart, Lung and Blood Institute (NHLBI) guidelines.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Health care professionals, care-givers, school personnel	School Work Group, Education Work Group	Guidelines, educational programs, materials, and meeting times and places	Illinois Asthma Partnership with health care societies established., distribution of the guidelines	Buy-in from health care professionals	IAP, health care organizations, health care societies such as the American Academy of Pediatrics	3 years

Strategy 2. Encourage school districts to establish a team of school personnel to ensure an appropriate written action plan for each child with asthma

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
School personnel	School Work Group	Asthma action plans	School personnel identified from each school	Materials, buy-in from school personnel	Schools	1 year

2. Goal. Support appropriate continuing education in asthma management for school personnel.

Strategy 1. Encourage providers of continuing education programs for teachers, education administrators and school nurses to include asthma as part of the curriculum.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Teachers, school nurses and education administrators	School Work Group	Educational programs and materials	Continuing education units (CEUs) given	Access to teachers and administrators, money for CEUs, integration with existing programs	Schools and continuing education groups	Ongoing

Strategy 2. Encourage teacher and education administration students to take a course in health and safety as part of their college training.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
College students enrolled in teacher and education administrator degrees	School Work Group	Time, curriculums	Curriculum taken by students	Colleges offering curriculum, time for students to take additional classes	Colleges, accrediting bodies of colleges	5 years

Strategy 3. Promote continuing asthma education for all school nurses (day care through college).

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
School nurses, university health services	School Work Group	Educational programs	Education programs implemented	Materials, time, school nurse buy-in	Illinois School Nurses Association, Illinois Board of Higher Education	Ongoing

Strategy 4. Continue to provide an annual satellite conference for administrators, personnel, children and families on issues related to asthma in the schools.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
School administrators, personnel, children and families	School Work Group	Speakers, funding, materials, printing	Satellite conference held	Obtaining speakers, funding, logistics	IDPH training center	Annually

Strategy 5. Implement evidence based programs related to asthma for school staff.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Schools	School Work Group	Model programs, such as the ALA's "Asthma 101"	Model programs provided	Access to schools, funding	American Lung Association, school, healthcare professionals	Ongoing

3. Goal. Support the development of indoor air quality and environmental improvements in schools.

Strategy 1. Identify effective indoor air quality assessment methods.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Schools	School Work Group	Access to scientific literature to benchmark effective assessment tools	Assessment tool identified or developed for implementation	Time and buy-in from the schools	Occupational Asthma Work Group, school administration	1 year

Strategy 2. Provide information about indoor air quality to schools.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
School districts and school boards	School Work Group	Assessment tools, checklists, educational information	List of partnerships developed, education provided, and assessment tools provided	Interest from target populations and buy-in	Occupational Asthma Work Group, schools and engineers, architecture and construction companies	2 years

Strategy 3. Work with school districts to identify potential funding sources to implement indoor air quality and environmental improvements.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Schools	School Work Group	Linkages to funding sources	Funding obtained	Time, identifying funding sources	Illinois Asthma Partnership, ISBE, IEPA	3 years

4. Goal. Encourage schools to comply with the state's asthma medication law (Public Act 92-0402).

Strategy 1. Provide information about the asthma medication law (Public Act 92-0402) to all school personnel.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
School personnel	School Work Group	Educational programs, materials	School personnel educated on asthma and on the asthma medication law (P.A. 92-042)	Time, money for programming, accessibility to school personnel	Schools, community-based agencies, local asthma consortia, local health departments	Ongoing

Strategy 2. Provide information about the asthma medication law (Public Act 92-0402) to the Illinois School Nurses Association, school personnel organizations and associations (including teachers, secretaries, and bus drivers), parents and guardians, college educators, and day care providers.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
ISNA, teachers union secretaries, bus drivers, secondary educators, day care providers, security, etc.	School Work Group	Materials	Education provided to target populations	Access to target populations, funding for materials	Schools, local health departments, community-based agencies, local asthma consortia	2 years

5. Goal. Advocate for asthma education certification for school nurses, coaches and physical education teachers.

Strategy 1. Identify appropriate certification programs.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
School nurses, coaches and physical education teachers	School work group, steering committee	Access to funding sources	Certification program identified	Identifying and justifying funding	ISBE, IAP, schools, community-based agencies, local asthma consortia, LHDs	1 year

Strategy 2. Develop a plan of action to implement certification programs.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
School nurses	School Work Group, steering committee	Language and support for certification	Plan of action developed	Resistance to certification	Illinois School Nurses Association, Partnership	2 years

Strategy 3. Mandate asthma education certification for school nurses, coaches, and physical education teachers.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
School nurses, coaches and physical education teachers	School Work Group, steering committee	Support for certification	Mandate in place	Resistance to certification	ISNA, Partnership, Department of Regulations, ISBE, Teachers Union	5 years

6. Goal. Improve access to asthma educational materials and asthma medications and supplies for schools.

Strategy 1. Encourage schools to ensure that teachers, parents and students have access to education on asthma.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
School administrators	School Work Group	Educational materials and programs	Educational materials and programs available to all schools	Resistance from schools	Schools, ISBE, LHDs, community-based agencies, local asthma consortiums	5 years

Strategy 2. Provide asthma information and resources to schools, day care workers and colleges through collaboration with the Illinois State Board of Education, the Illinois Department of Human Services and school networks.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Schools	School Work Group	Materials	Materials provided to target population	Funding for materials	Illinois State Board of Education, Illinois Department of Human Services, schools, colleges, daycare facilities	1 year

Strategy 3. Enhance knowledge of school personnel on proper use asthma equipment (peak flow meters, nebulizers, spacers).

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
School personnel	School Work Group	Equipment and educational materials	Education provided, school personnel competent in using equipment	Lack of equipment and desire to use equipment	Local health departments	4 years

Strategy 4. Work to identify funding sources for schools to obtain asthma medications and supplies to schools.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Schools	School Work Group	Materials, funding for equipment	Education provided, equipment in every school	Money, cost of medications and supplies	Schools, funding sources	4 years

Strategy 5. Advocate for health care insurance coverage for school-based asthma medications and supplies (inhaler, spacer, nebulizer, peak flow meter, and asthma education).

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Legislators, insurance companies	School Work Group, steering committee	Time, documentation of effectiveness/cost benefit for reimbursement	Cost benefit, educational program on benefit, and language for change completed	Access and buy-in to target population	Schools, Education Work Group	5 years

State Coordination

- 1. Goal. Expand Illinois Asthma Partnership to include organizations/ agencies not currently involved but which serve the same or similar target populations, address asthma or have the potential to address asthma.**

Strategy 1. Identify target audiences for work group projects.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Work groups, high-risk populations	Steering Committee and Illinois Asthma Partnership	Input from partnership and work groups, time, recruitment, materials, meeting time and space	Target groups identified, projects identified	No interest from targeted groups, lack of awareness of asthma initiative	LHDs, community-based agencies, local asthma consortia	1 year

Strategy 2. Identify organizations and agencies that work with target populations or address asthma (such as inner city clinics, asthma clinics, youth foundations).

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Key organizations and agencies that are not currently involved	Steering committee and work groups	Input from IAP and work groups on recruitment strategy and materials, meeting time and space	Increase in membership compared to quarterly report of membership logs	No interest from targeted groups, lack of awareness of asthma initiative	Local health departments, community organizations and agencies, local asthma consortia	6 months

Strategy 3. Identify organizations and agencies with linkages to target populations that do not focus on asthma (for example, tobacco cessation programs).

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Organizations that have the potential to address asthma through existing program areas	Steering committee and work groups	Identify linkages, recruitment materials and strategies, meeting times and spaces	Identified organizations identified in a report	No interest from org.'s; linking priorities to justify resources on joint projects; lack of awareness	Work group members, LHDs, community-based agencies, local asthma consortia	6 months

2. Goal. Implement and evaluate a pilot project for chronic disease management based on a comprehensive case management approach that relies on public health nursing.

Strategy 1. Define Case Management.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Steering committee	Steering committee	Definitions of case management, access to health care literature.	Agreed upon definition of case management, methods and analysis.	None	Education and Data and Surveillance Work Groups	6 months

Strategy 2. Identify existing case management programs and develop linkages.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Organizations and agencies that case management programs that do or can accommodate asthma	Steering committee and Education Work Group	Time, recruitment materials and strategy, meeting times and space	List of case management programs	None	Community liaisons and gatekeepers	1 year

Strategy 3. Educate public health nurses in case management programs about techniques to address asthma.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Public health nurses	Steering committee and Education Work Group	Time, materials, meeting space, media opportunities, satellite conferences	Asthma incorporated in case management programs	Territory issues, time, no interest from public health nurses	Public health nurses, case management programs	2 years

3. Goal. Promote the development and/or recruitment of certified asthma educators in community settings to increase patient education.

Strategy 1. Promote nationally recognized training in asthma education as the standard for asthma educators.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Allied health professionals, asthma educators	Illinois Asthma Partnership, work groups	Time, information on certification trainings	Acceptance of and interest in certification, developed plan to promote certification	Money, time, recruiting participants to be certified	Education Work Group, organization and agencies that have potential participants	2 years

Strategy 2. Identify nationally certified asthma educators who can serve as resources for communities in need.

Target Population	Responsible Person	Anticipated Resources	Measurable Indicator	Anticipated Barriers	Collaborators	Time Frame
Who is the primary audience?	Who will do it?	What is needed?	How will you show it was completed?	What issues need to be addressed?	Who else should be involved?	How long will the project take?
Asthma educators	Education Work Group	Time, certified asthma educators, identification of communities	Number of certified asthma educators statewide, compared to baseline	Territory issues, identifying asthma educators	LHDs, agencies with asthma educators, community gatekeepers	3 years

4. Goal. Obtain additional funding to support the state's plan.

Strategy 1. Identify areas within the plan that need funding to implement strategies.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Steering committee	Time, meeting times to develop consensus	List of strategies prioritized for funding	None	Work group members	6 months

Strategy 2. Identify potential sources of funding.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Steering committee	Access to list of potential funding sources	List of sources of funding	Potential barriers associated with going after grant funds, competition, correctly identifying sources etc.	Illinois Asthma Partnership, organizations and agencies	Ongoing

Strategy 3. Develop linkages with potential funding sources.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Funding sources	Steering committee	Time, contact to linkages, proposal developed	Linkage made with potential funding source, proposals developed	Time, aiming at interests of funding agencies, all the issues involved in developing proposals	Illinois Asthma Partnership	Ongoing

5. Goal. Establish a steering committee to oversee and evaluate the progress of the state's asthma plan.

Strategy 1. Identify criteria for committee memberships

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Illinois Asthma Partnership	Illinois Asthma Partnership	Time, volunteers	Criteria established	Agreement on criteria, volunteers	Work group members	3 months

Strategy 2. Identify and recruit members for steering committee.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Steering committee	Illinois Asthma Partnership	Time, members to volunteer	Steering committee established	Time and commitment from members	Work group members	6 months

Strategy 3. Convene steering committee at regular intervals to assess progress of the state plan.

Target Population Who is the primary audience?	Responsible Person Who will do it?	Anticipated Resources What is needed?	Measurable Indicator How will you show it was completed?	Anticipated Barriers What issues need to be addressed?	Collaborators Who else should be involved?	Time Frame How long will the project take?
Steering committee	Illinois Asthma Program	Time, space	Steering committee convened	Time and commitment from members	Illinois Asthma Partnership	6 months

Evaluation

The evaluation process answers several important questions: "Are the right things being done?" and "Are they being done correctly?" There are four stages of evaluation: formative, process, impact and outcome. The U.S. Department of Health and Human Services defines these stages in its document, *Demonstrating Your Program's Worth*:

- Formative** Process of testing program plans, messages, materials, strategies, or modifications for weaknesses and strengths before they are put into effect. It is also used when an unanticipated problem occurs after the program is in effect.
- Process** The mechanism for testing whether the program's procedures for reaching the target population are working as planned.
- Impact** The process of assessing the program's progress toward its goals (i.e., measuring the immediate change brought about by the program in the target population).
- Outcome** The process of measuring whether your program met its ultimate goal of reducing morbidity and mortality.

The work groups will oversee evaluation of the goals for their respective topic areas (e.g. the Data and Surveillance Work Group will oversee evaluation of the data and surveillance goals). Furthermore, each work group will develop an evaluation plan for the goals it will be working toward and will address the four stages of evaluation for each goal. The evaluation plans will be developed prior to the start of the implementation phase of the state plan. The steering committee will review each of the evaluation plans to provide technical assistance.

The CDC's "Framework for Program Evaluation in Public Health" (MMWR, September 17, 1999, Vol. 48 No. RR-11) will be adopted to provide a structured basis for the evaluations. Here is an example:

- 3.1 Engaging key stakeholders in acceding to the importance of an evaluation by assembling an evaluation team and addressing common concerns.
- 3.2 Describing the evaluation goals.
 - Identifying the evaluation design (understanding utility, feasibility, propriety, and accuracy of methods).
 - Agreeing on whom will conduct the evaluation.
 - Deciding on type of evaluation.
 - Focus the evaluation design.
 - Selecting measures of effectiveness.
 - Decide who to select as respondent.
 - Gather credible evidence by selecting measurement methods, developing

data collection instruments, deciding on sample size, defining time frame for data collection, collecting data, analyzing data.

Interpret data.

Justify conclusions.

Reporting results.

Ensuring use of materials.

Sharing lessons learned.

The steering committee will oversee the evaluation of the state plan. Meeting at regular intervals, it will review and discuss the progress of the plan, activities of the work groups and data issues. The steering committee will report to the Illinois Asthma Partnership quarterly and prepare an evaluation report annually.

Sustaining Illinois Asthma Initiatives

The structure of the Illinois Asthma Program (IAP) includes a partnership with over 100 members throughout the state of Illinois, four work groups (Occupational Asthma, Education, School and Data and Surveillance) and community asthma grants. The Illinois Asthma Partnership meets quarterly. Three meetings are held via video conference with a site in Springfield and a site in Chicago, and one meeting is face to face. On an annual basis, the Illinois Department of Public Health surveys the Illinois Asthma Partnership members. The purpose of the survey is to get feedback on meeting content, leadership, direction, and needed topics and focus. Based on the results of the first survey, the Partnership reformatted and refocused to meet the needs of the members. The members agreed that the Partnership needed statewide ownership and involvement from members. Two members were selected as co-chairs of the Partnership to identify concerns or issues regarding the IAP.

Each partner is key to sustaining the Illinois Asthma Partnership. The co-chairs will continue to coordinate the quarterly meetings. A steering committee will be created to oversee and evaluate the Asthma State Plan. Members for the Steering Committee will be selected based on criteria established the Illinois Asthma Partnership. The Asthma Partnership will serve as the centralized location for asthma resources and information on projects being implemented throughout the state. The Illinois Department of Public Health will continue to provide technical assistance to the Asthma Partnership and work groups, disseminate the annual partnership satisfaction survey, and provide an annual progress report on the state plan. To supplement this individual partner level of commitment the sustainability process proposed by the Center for Civic Partnerships will be adopted as a formal framework to keep the Partnership focused on maintenance (Center for Civic Partnership Sustainability Tool Kit. 10 Steps to Maintaining Your Community Improvements. Public Health Institute, Sacramento CA: 2001) In brief, the 10 steps to be followed include:

1. Create a shared understanding of sustainability within the Partnership.
2. Set up effort using factors that will help increase odds of sustainability.
3. Create plan for working through sustainability issues.
4. Look at the "current picture" on an annual basis.
5. Determine criteria for deciding what to sustain.
6. Prioritize what should be sustained.
7. Create options for how to sustain priority efforts (including funding).
8. Write sustainability plan.
9. Implement sustainability plan.
10. Evaluate effectiveness of sustainability plan (make revisions as needed).

As asthma continues to increase, more and more community asthma consortia are being formed. The consortia are an important component in the battle against asthma. Their strong ties to the community, with gatekeepers and key stakeholders often serving as members, make consortia important liaisons between their communities and the Illinois Asthma Partnership. Currently, the five consortia are located in Chicago, suburban Cook County,

DuPage County, Lake/McHenry counties, Rockford and the Greater St. Louis Metro East. They may vary in organizational structure, but they share common goals: to increase awareness and education about asthma to improve the diagnosis and management of asthma and to strengthen community resources. Many of the consortia receive a wide variety of resources to support their growth and development. The Illinois Asthma Program believes that consortia are powerful and effective mechanisms for implementing change at the community level. Because of this, the partnership will provide assistance and support the collaborative activities of the consortia.

To support community efforts to assist in reaching the goals of the state asthma plan, two types of local grants are proposed. Organization and planning grants will provide "seed money" for communities wanting to develop a consortium. Areas of the state where asthma-related activities or resources are limited will be the target for these grants. Implementation grants will assist established consortia in implementing program activities and evaluations to support the state plan.

In areas where competing community organizations apply for money, the Illinois Asthma Program will encourage a collaborative effort.

The Illinois Asthma Partnership work groups have accomplished a great deal and will continue to build on their successes and on the Partnership's efforts to achieve goals set in the state plan. The implementation section of the state plan will serve as a blueprint for work group projects. The Illinois Asthma Partnership will allocate funding for special work group projects and the groups will continue to identify other possible funding sources for their projects. The work groups will report on their activities at quarterly partnership meetings and will provide information on how they are progressing toward plan goals for inclusion in the annual report.

A partnership can be defined as an organization of two or more people or groups working together for a common purpose. The Illinois Asthma Partnership, created more than three years ago, continues to recruit new members and to identify new strategies and resources to accomplish the overarching goal of the state's asthma plan: to reduce the morbidity and mortality of asthma in Illinois.

Appendix A

Acronyms

Acronyms

AAP - American Academy of Pediatrics

ALA - American Lung Association

ACSLGME - Asthma Coalition for the St. Louis Greater Metro East

BRFSS - Behavioral Risk Factor Surveillance Survey

CAC - Chicago Asthma Consortium

CDC - U.S. Centers for Disease Control and Prevention

EPA - Environmental Protection Agency

IAP - Illinois Asthma Partnership

HP2010 - Healthy People 2010

IDHS - Illinois Department of Human Services

IDPH - Illinois Department of Public Health

IHCCCC - Illinois Health Care Cost Containment Council

ISBE - Illinois State Board of Education

LMAC - Lake/McHenry Asthma Consortium

NAEPP - National Asthma Education and Prevention Program

NIH - National Institutes of Health

NHLBI - National Heart Lung and Blood Institute

RAC - Rockford Asthma Coalition

SAC - Suburban Asthma Consortium

Appendix B

Healthy People 2010 Asthma - Related Objectives

Healthy People 2010

Asthma - Related Objectives

HEALTHY PEOPLE 2010

Asthma Related Objectives

24-1 Reduce asthma deaths.

- 24-1a. Children under age 5 years
- 24-1b. Children aged 5-14 years
- 24-1c. Adolescents and adults aged 15-34 years
- 24-1d. Adults aged 35-64 years
- 24-1e. Adults aged 65 years and older

24-2 Reduce hospitalizations for asthma.

- 24-2a. Children under age 5 years
- 24-2b. Children and adults aged 5 to 64 years
- 24-2c. Adults aged 65 years and older

24-3 Reduce hospital emergency department visits for asthma.

- 24-3a. Children under age 5 years
- 24-3b. Children and adults aged 5 to 64 years
- 24-3c. Adults aged 65 years and older

24-4 Reduce activity limitations among persons with asthma

24-5 (Developmental) Reduce the number of school or work days missed by persons with asthma due to asthma.

24-6 Increase the proportion of persons with asthma who receive formal education, including information about community and self-help resources, as an essential part of the management of their condition.

24-7 (Developmental) Increase the proportion of persons with asthma who receive appropriate asthma care according to the NAEPP Guidelines.

24-7a. Persons with asthma who receive written asthma management plans from their health care provider.

24-7b. Persons with asthma with prescribed inhalers who receive instruction on how to use them properly.

24-7c. Persons with asthma who receive education about recognizing early signs and symptoms of asthma episodes and how to respond appropriately, including instruction on peak flow monitoring for those who use daily therapy.

24-7d. Persons with asthma who receive medication regimens that prevent the need for more than one canister of short-acting inhaled beta agonists per month for relief of symptoms.

24-7e. Persons with asthma who receive follow up medical care for long-term management of asthma after any hospitalization due to asthma.

24-7f. Persons with asthma who receive assistance with assessing and reducing exposure to environmental risk factors in their home, school, and work environments.

24-8 (Developmental) Establish in at least 25 states a surveillance system for tracking asthma deaths, illness, disability, impact of occupational and environmental factors on asthma, access to medical care, and asthma management.

Appendix C

Illinois Asthma Partner List

Illinois Asthma Partner List

Allergy Indoors.com
American Academy of Pediatrics
American Lung Association of Illinois
American Lung Association of Metro Chicago
Asthma Coalition for the Greater St. Louis Metro East
Aunt Martha's Youth Service Center
Beethoven Elementary School
Center for Children's Environmental Health
Central DuPage Hospital
Chicago Asthma Consortium
Chicago Department of Public Health
Chicago Public Schools
Clay County Health Department
Community Health Council
Cook County Children's Hospital
Cook County Department of Public Health
Cook County Hospital, Division of Adolescent Medicine
Country Club Hills School District #160
Decatur Community Partnership
Department of Children and Family Services
DuPage County Health Department
Fayette County Health Department
Glaxo SmithKline
Health Care Consortium of Illinois
Health Research & Policy Centers at UIC
Healthcare Consortium of Illinois
Hult Education Center
Hygienic Institute
Illinois Coalition for School Based/Linked Health
Illinois Department of Human Services
Illinois Department of Public Aid
Illinois Department of Public Health
Illinois Public Health Association
Illinois Society of Allergy, Asthma & Immunology
Illinois State Board of Education
Knox County Health Department
La Rabida Children's Hospital
Lake County Health Department

Lake/McHenry Asthma Consortium
Loyola University
Macoupin County Health Department
McDonough County Health Department
Memorial Hospital
Mercy-Dunbar Health Center
Michael Reese Hospital, Comprehensive Quality Care
Midwest Occupational Health Associates
Millikin University
Oak Park Department of Public Health
Occupational Safety and Health Administration
Office of Inspector General
Proctor Hospital
Proctor In-School Health
Provena USMC
Rock Island County Health Department
Rockford Asthma Consortium
Rockford College
Rural Health Inc.
Rush-Presbyterian - St. Lukes Medical Center
Safe Effective Alternatives, Inc.
Sangamon County Health Department
Southern Illinois Healthcare Foundation
Southern Illinois University Edwardsville - School of Nursing
Springfield Department of Public Health
Springfield Public Schools
St. Clair County Health Department
St. Johns Hospital
Suburban Asthma Consortium
Trinity Enterprises, Ltd
University of Chicago
University of Illinois Chicago
University of Illinois, School of Medicine, Peoria
University of Illinois, School of Medicine, Rockford
U.S. Environmental Protection Agency
Washington University School of Medicine
Western Illinois University
Will County Community Health Center
Will County Health Department

Appendix D

Local Asthma Consortia

Local Asthma Consortia

Asthma Coalition for the St. Louis Greater Metro East

American Lung Association
1600 Golfview Drive, Suite 260
Collinsville, IL 62234
Phone 618-344-8891
Fax 618-344-8933

Chicago Asthma Consortium

400 N. May St.
Chicago, IL 60622-6480
Phone 312-243-1560
Fax 312-243-1656
Web page www.chicagoasthma.org

Lake/McHenry Asthma Consortium

1234 Sheridan Road
Winthrop Harbor, IL 60096
Phone 847-757-7560
Fax 847-776-4922

Rockford Asthma Consortium

University of Illinois at Rockford
1601 Parkview
Rockford, IL 61107
Phone 815-395-5701
Fax 815-395-5706

Suburban Asthma Consortium

1749 S. Naperville Road
Wheaton, IL 60187
Phone 630-260-9600
Fax 630-260-1111

Appendix E

Local Asthma Consortiums Map

ILLINOIS ASTHMA CONSORTIUMS

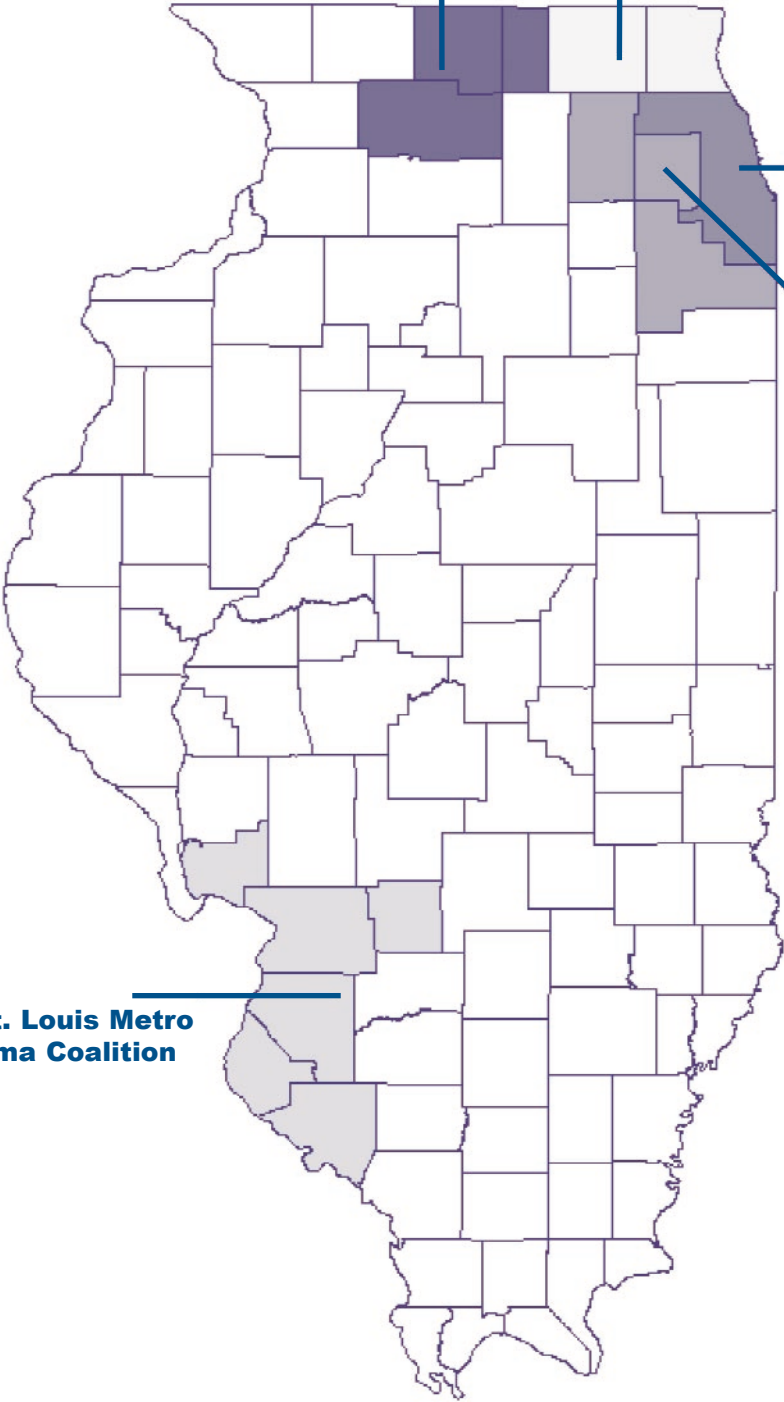
Rockford
Asthma
Consortium

Lake McHenry
Asthma
Consortium

Chicago
Asthma
Consortium

Suburban
Asthma
Consortium

Greater St. Louis Metro
East Asthma Coalition



Appendix F

Illinois Call To Action Form

Illinois Asthma Partnership

CALL TO ACTION

"Are you willing to make a sustained commitment in furthering the statewide agenda for asthma? Are you willing to assist with the implementation of strategies and activities identified in the state's plan: *Addressing Asthma in Illinois?*" After reviewing the work plan and your own organization's mission and goals, please identify at least one work group in which you or a representative from your organization will participate.

Data and Surveillance Work Group;

Identify data sources of local and statewide significance, disseminate and promote use of available data, coordinate expansion of data collection, identify and share successful local models.

Schools Work Group;

Provide effective asthma educational materials and resources to school personnel, promote consistent messages in the school community on the management of asthma, provide school personnel with the necessary tools to develop strategies and policies to support the school community throughout the educational continuum, including day care through college, in the management of asthma.

Occupational Asthma Work Group;

Assess the burden of asthma in the workplace, provide information to businesses that addresses asthma as a public health issue in the workplace, work toward ensuring that people affected by asthma in the workplace have access to resources.

Education Work Group;

Identify education and training needs of various health professionals, assess successful strategies for potential statewide or regional replication, promote the National Heart, Lung and Blood Institute guidelines.

Name: _____

Organization: _____

Address: _____

Phone: _____ FAX: _____

E-mail: _____

Work groups will meet via conference call. An Illinois Department of Public Health staff person will coordinate calls and provide minutes of the calls for each work group.

Please return form to:

**Illinois Department of Public Health,
535 W. Jefferson St., Springfield, Illinois 62761
Fax 217-782-1235**

If you have questions about participating in the state's asthma program, call 217-782-3300.