

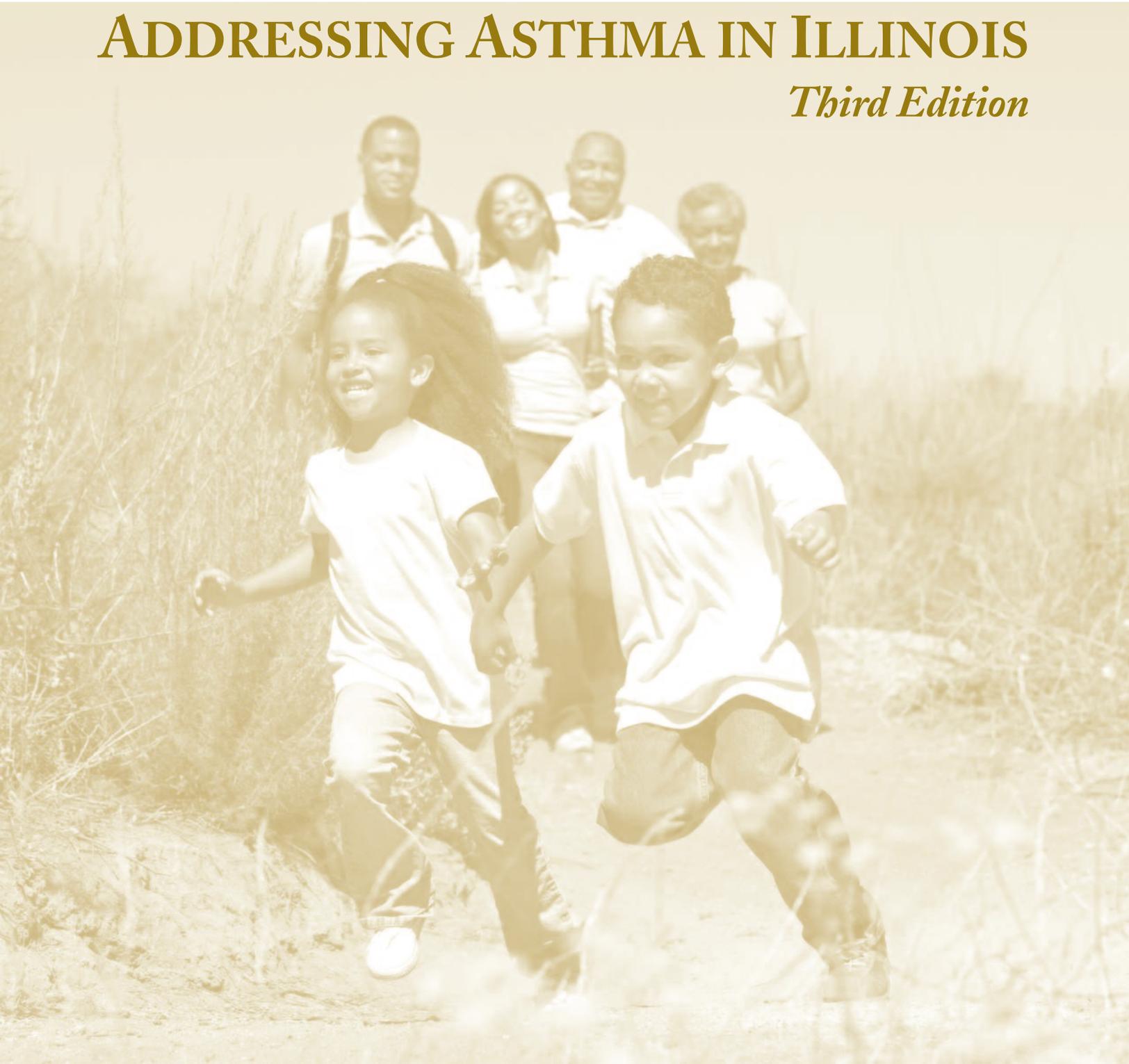
State of Illinois
Pat Quinn, Governor

Illinois Department of Public Health
Damon T. Arnold, M.D., M.P.H., Director



Illinois Department of Public Health
2009-2014 Illinois Asthma State Plan

ADDRESSING ASTHMA IN ILLINOIS
Third Edition



The Illinois Department of Public Health is pleased to share the *2009–2014 Illinois Asthma State Plan, Addressing Asthma in Illinois, 3rd edition*. An estimated 25 million persons in the United States suffer from asthma and its prevalence has been increasing over the past 20 years. In Illinois, we have a higher rate of mortality from asthma than the U.S. population. However, Illinois rates have been declining at a higher rate than the U.S., thus narrowing the gap.

The Illinois Asthma Partnership has expanded from a 50-member task force in 1999 to more than 140 members in 2009. Due to the expansion of the partnership, successful program interventions and the ever-changing needs of asthma, the asthma strategic plan is regularly updated and revised to better reflect the needs of Illinois citizens.

The Illinois asthma strategic plan is a framework for action and collaboration. There continues to be six priority areas within the plan with goals and objectives that have been developed by the partnership and its work groups. Each priority area addresses specific concerns and needs using a public health approach to reflect the plan's overarching goal to reduce the burden of asthma.

The Department extends its appreciation to those who served on the executive committee and Illinois Asthma Partnership who contributed their time and expertise to the development of this plan. Together, we can reduce the burden of asthma in Illinois and ensure a better quality of life for persons with asthma.

Sincerely,



Damon T. Arnold, M.D., M.P.H.
Director

■ 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.

The Illinois Asthma Program began in 1999 as a result of funding from the U.S. Centers for Disease Control and Prevention. An original task force of 50 members grew into the Illinois Asthma Partnership in 2000. Since then the partnership has grown to approximately 140 members. It is through the work of the Department's Illinois Asthma Program and collaboration with the partnership that the first *Illinois Asthma Strategic Plan, Addressing Asthma in Illinois* was developed in 2002 and a second edition was published in 2006. In 2009, the state plan was again revised to produce the third edition of *Illinois Asthma Strategic Plan, Addressing Asthma in Illinois*.

Due to the changing needs of asthma and the growth and progress of the partnership, the Illinois Asthma Program and the partnership are continually monitoring the burden of asthma to develop new strategies and implement evidence-based interventions to be the most effective in reducing the burden of asthma in Illinois.

It is through the implementation of the asthma strategic plan and the hard work and efforts of the Illinois Asthma Program and partnership that Illinois will address its goal of reducing morbidity and mortality from asthma, thereby reducing the costs associated with the disease and improving the quality of life for people with asthma and the people who care for them.



■ NATIONAL ASTHMA DATA AT A GLANCE

Asthma is one of this country's most common chronic conditions. In 2007, an estimated 25 million persons of all ages and races had asthma. 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 children, Hispanics and African Americans. Children under 5 years of age experienced the greatest increase in asthma prevalence during this 20-year period.

Asthma affects approximately 6.2 million children and is one of the leading causes of school absenteeism, accounting for more than 14 million missed school days annually. Children with asthma miss an average of twice as many school days as other children. Other symptoms also may impair quality of life for a child with asthma, such as by restricting activities.

Among adults, asthma is the leading work-related lung disease. Employed adults 18 years of age and over missed 11.8 million work days due to asthma. Keeping asthma under control can be expensive and imposes financial burdens, including lost work days, lost income and lost job opportunities for patients and their families. Asthma also results in disruption to family and caregiver routines.

In addition to growing prevalence rates, the occurrence of adverse asthma mortality and hospitalization has been increasing.

A snapshot of national asthma data

In 2007, an estimated

- 39.5 million people had been diagnosed with asthma during their lifetime
- 25 million people currently were diagnosed with asthma

In 2006, asthma accounted for

- 10.5 million doctor visits
- 6.3 million hospital outpatient visits
- 3,884 deaths or 1.3 per 100,000 people

Source: CDC National Center for Health Statistics



■ ILLINOIS ASTHMA DATA AT A GLANCE

The burden of asthma in Illinois mirrors national trends. Over the past 20 years, Illinois has had one of the highest asthma mortality rates in the nation and increasing prevalence, morbidity and mortality rates. The majority of the state's asthma deaths occur in Cook County (Chicago and suburban Cook County).

There are several data sources in Illinois that can be used to better understand the statewide burden of asthma - Illinois Behavioral Risk Factor Surveillance System, Illinois hospital discharge data and mortality data.

In 2007, it was estimated that 12.8 percent of the adults in Illinois (an estimated 1,226,335 people) have suffered or currently suffer from asthma. Of these persons who self-report doctor-diagnosed asthma, 64.9 percent currently have asthma. These latter data show that 8.2 percent of adults (an estimated 783,581 people) currently have asthma.

The occurrence of adverse asthma mortality and hospitalization in the state has been increasing. In 2007, asthma accounted for approximately 111,618 hospitalizations either as a primary or secondary diagnosis.

A snapshot of Illinois asthma data

In 2007, an estimated

- 1,226,335 people had been diagnosed with asthma during their lifetime
- 783,581 people currently were diagnosed with asthma
- 18,504 hospitalizations were due to asthma or 14.4 percent per 10,000 people
- \$280,423,044 were direct charges for asthma hospitalizations

In 2006, asthma accounted for

- 169 deaths or 1.3 per 100,000 people

Source: Illinois Department of Public Health Center for Health Statistics



■ **TEN YEARS OF ASTHMA IN ILLINOIS**
A REVIEW OF THE PAST AND A
GLANCE TOWARD THE NEXT TEN YEARS

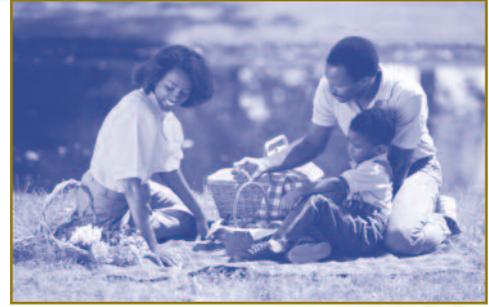
In 1999, the Illinois Asthma Program was created as a result of funding from the U.S. Centers for Disease Control and Prevention. As a result of this funding, the Department's Illinois Asthma Program expanded an initial asthma task force to create the Illinois Asthma Partnership. Over the past 10 years, the partnership has grown from approximately 50 members to 140 members representing diverse organizations and individuals statewide.

The partnership has developed five work groups, an executive committee and a system for regular communication. It has been through the work of the partnership and its work groups that successful interventions have been implemented to reduce the burden of asthma. In addition, the Illinois Asthma Program provides funding to local and regional asthma coalitions to assist the program and the partnership with reaching the goals and objectives of the asthma state plan.

The work accomplished over the past 10 years is significant and spans across many areas. Examples include educating schools through satellite conferences; educating health care professionals through trainings; daycare trainings; educating students; surveillance projects (school absenteeism, emergency department data collections, health care system changes); developing local and regional asthma coalitions; working with chronic disease programs and other areas, such as funding to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and tobacco cessation; development of an occupational asthma toolkit; development of a statewide asthma resource document; educating school nurses on proper use of asthma medication and equipment; and, most recently, addressing asthma through health disparities initiatives. These are just a few examples of the work the Illinois Asthma Program and partnership have done.

The accomplishments over the past 10 years have contributed to reducing the burden of asthma. It is through the leadership of the Illinois Asthma Program and work of the partnership and asthma coalitions that the next 10 years and beyond will continue to reduce the burden of asthma.

The Illinois Asthma Program and the Illinois Asthma Partnership are pleased to present a third edition of the *2009-2014 Illinois Asthma Strategic Plan – Addressing Asthma in Illinois* and are committed to making Illinois asthma friendly and healthy.



■ GOALS AND OBJECTIVES

There are five work groups in the Illinois Asthma Partnership: Advocacy and Policy; Data, Assessments and Outcomes; Education; Occupational Asthma; and Schools. The partnership as a whole addressed the area of sustainability. It is through the areas address by the work groups, including sustainability, that the six priority areas for the partnership have been developed.

Within each of the six priority areas, goals, objectives and strategies have been identified. The goals, objectives and strategies were identified through a strategic planning process guided by the partnership's Executive Committee. It is by reaching these goals and objectives that the burden of asthma in Illinois will be reduced.



■ ADVOCACY AND POLICY

Focus: Identify key advocacy/policy issues to be addressed, identify strategies that will increase policy makers' awareness of asthma as a public health problem, secure legislative support for state and local asthma initiatives and support policies that provide environmental protection for individuals with asthma in multiple settings (including, but not limited to, schools, child care centers, workplaces and public places).

1. Goal. Identify and address key policy issues based on the needs of communities.

Long-term Objective: By December 31, 2011, develop a system to call partners to action to support key lung health issues.

Strategies

- Establish key advocacy and policy partners, such as the American Lung Association and the Respiratory Health Association, as leads for lung health advocacy and policy issues.
- Establish a list serve to use when there is a call to action for partners to address a key lung health issue.



■ DATA, ASSESSMENT AND OUTCOMES

Focus: Obtain scientific information related to asthma in Illinois, disseminate this information to those who are interested and who need to know, promote the use of this information as the foundation for action in alleviating the burden of asthma and provide an evaluation and feedback mechanism that will help the Illinois Asthma Partnership assess the usefulness of this information.

1. Goal. Identify and evaluate asthma interventions being conducted within the Illinois Asthma Partnership, and assess the impact of these interventions on asthma outcomes.

Long-term Objective: By December 31, 2014, develop and implement a system that will track, monitor and evaluate interventions to address priority areas in the Illinois asthma strategic plan.

Strategies

- Establish a database to track asthma interventions being conducted by the Illinois Asthma Partnership.
- Identify interventions and programs that will be tracked to obtain statewide outcomes.
- Establish indicators that will be used to evaluate outcomes.

2. Goal. Improve Illinois asthma surveillance capacity.

Long-term Objective: By December 31, 2014, develop a system to regularly communicate data outcomes, assess needs for additional data and identify new data collection tools.

Strategies

- Develop an inventory of current data collection tools and systems to address asthma, other chronic diseases and risk factors and identify new data collection tools when needed.
- Assess the data needs of the Illinois Asthma Partnership, regional and local asthma coalitions, and stakeholders.
- Collaborate with other chronic disease programs and risk factor areas to develop a system to collect, to analyze and to share data.

3. Goal. Evaluate the performance of the Illinois Asthma Partnership, regional and local asthma coalitions, and other partners.

Long-term Objective: By December 31, 2012, develop a process to annually evaluate the Illinois Asthma Partnership, regional and local asthma coalitions, and other partners addressing asthma.

Strategies

- Develop a survey tool to measure the effectiveness and needs of the Illinois Asthma Partnership, regional and local asthma coalitions, and other partners.
- Implement the survey tool annually and provide a report on survey results to all partners.



■ EDUCATION

Focus: Promote asthma education and awareness using the National Heart, Lung, and Blood Institute (NHLBI) asthma guidelines.

1. Goal. Facilitate provision of asthma education statewide through asthma stakeholders for people with asthma and those involved in the care of people with asthma.

Long-term Objective: By December 31, 2014, establish a statewide network to provide effective asthma education to those who have asthma and those who care for people with asthma.

Strategies

- Develop a statewide database to identify and describe effective asthma education interventions, including those focusing on health disparate populations.
- Establish a statewide protocol to provide standardized asthma interventions and training to ensure statewide implementation of consistent messages and programs.
- Provide an annual minimum of 20 statewide asthma trainings for people with asthma and those who care for people with asthma.

2. Goal. Promote asthma trainings statewide for health care professionals who work with asthma patients.

Long-term Objective: By December 31, 2014, establish a statewide system that will ensure consistent and regular asthma trainings for health care professionals who work with asthma patients.

Strategies

- Develop a database to identify, describe and track interventions conducted using effective asthma education techniques.
- Establish a protocol to provide standardized asthma trainings to ensure statewide implementation of consistent messages and programs.
- Provide an annual minimum of 15 statewide asthma trainings for health care professionals.

3. Goal. Promote community asthma awareness statewide.

Long-term Objective: By December 31, 2014, establish a statewide system that will promote consistent and regular community education using effective interventions.

Strategies

- Conduct an annual minimum of 10 statewide asthma education programs.
- Develop a list of educational materials promoting the NHLBI asthma guidelines, including materials that are low literacy, focus on disparate populations and are culturally appropriate, that will be used to promote a consistent message.
- Develop an electronic clearinghouse for asthma information based on the NHLBI guidelines to be used by health care professionals and the general public.
- Develop a list of asthma experts who will provide asthma education interventions.

4. Goal. Promote asthma screening programs statewide.

Long-term Objective: By December 31, 2014, establish a statewide system that will promote consistent asthma screenings.

Strategies

- Identify effective and standardized methods to conduct asthma screenings with particular emphasis on disparate populations.
- Conduct an annual minimum of 10 statewide asthma screenings.
- Develop a list of asthma experts who will provide asthma screenings.



■ OCCUPATIONAL ASTHMA

Focus: Work with epidemiology specialists to determine the burden of work-related asthma, collaborating with local and regional public health agencies to provide information to local businesses that address work-related asthma as a public health issue, partner with businesses directly (or indirectly through insurance carriers) to distribute information related to prevention of work-related asthma, advocate that people affected by work-related asthma receive the support and services they need.

1. Goal. Increase awareness of work-related asthma (in addition to occupational asthma), including its impact, the importance of early diagnosis and the availability of effective treatment and prevention strategies, in working adults.

Long-term Objective: By December 31, 2014, establish a statewide system to ensure standardized and regular education and messages targeting worksites to address work-related and occupational asthma.

Strategies

- Identify consistent educational messages, information and materials to increase awareness of work-related and occupational asthma.
- Conduct an annual minimum of 15 statewide asthma education programs for working adults with an emphasis on work-related and occupational asthma targeting working adults.

2. Goal. Increase awareness among administration, management and human resource personnel in businesses throughout the state on risk factors, impact, prevention strategies and management of asthma.

Long-term Objective: By December 31, 2014, establish a statewide protocol to educate businesses by providing asthma education and tools to establish asthma friendly work environments.

Strategies

- Establish statewide guidelines to conduct effective asthma education concerning work-related asthma.
- Update the Illinois Occupational Asthma toolkit.
- Implement the toolkit in an annual minimum of five businesses within each region.



■ SCHOOLS

Focus: Provide effective asthma education to child care providers and the school community (school parents, nurses, teachers, administrators, secretaries, security, maintenance, dietary, bus drivers, lunch and playground staff, coaches and athletic directors) to promote consistent messages on the management of asthma. Provide school personnel across the educational continuum, including child care through college, with the necessary information and tools to develop strategies and policies for addressing asthma.

1. Goal. Provide effective education and information to schools to create and support asthma friendly schools.

Long-term Objective: By December 31, 2014, provide asthma information and materials to all school districts, and if requested, asthma education programs to establish an asthma friendly school.

Strategies

- Establish statewide standards for educational material, information and programs offered to schools to allow for evaluation of outcomes.
- Create a schedule to provide all school districts with asthma information, materials and, if requested, asthma education programs.
- Identify and train school staff as advocates to create an asthma friendly environment in their schools
- Develop a system to identify schools in need of assistance to create an asthma friendly school.
- Update the Illinois Asthma Coach's Guide to Asthma Resources.
- Promote the Winning with Asthma program to coaches statewide.

2. Goal. Facilitate provision of asthma education and information to child care facilities.

Long-term Objective: By December 31, 2014, establish a statewide network to provide effective asthma education and awareness in child care facilities.

Strategies

- Establish statewide standards for educational materials, information and programs offered to child care facilities to allow for evaluation of outcomes.
- Create a schedule to provide all child care facilities with asthma information, materials and if requested, asthma education programs.
- Identify and train child care facility staff as advocates to create an asthma friendly environment in their facility.
- Update the *Managing Asthma in Illinois Child Care Facilities – A Resource Guide*.
- Provide an annual minimum of 15 statewide asthma trainings for child care facilities.

3. Goal. Support the development of a statewide communication system to effectively promote asthma education at colleges.

Long-term Objective: By December 31, 2014, develop a system that will provide colleges with asthma information and materials.

Strategies

- Identify and develop materials, information and resources that will provide consistency statewide in promoting asthma friendly college/university environments.
- Collaborate with the Illinois Department of Public Health's Tobacco Control Program to add asthma information and resources into their existing tobacco prevention and control programs being conducted at colleges/universities.



■ SUSTAINABILITY

Focus: Develop a framework to sustain the structure and function of the Illinois Asthma Partnership and the regional and local asthma coalitions.

1. Goal. Link asthma initiatives with other chronic disease and environmental initiatives, build upon existing co-morbidity projects and identify new resources (funding, partners, collaborative opportunities).

Long-term Objective: By December 31, 2014, in collaboration with other chronic disease and risk factor programs, develop a comprehensive plan to reduce the burden of chronic diseases, including asthma.

Strategies

- Implement a minimum of two projects that focus on a comprehensive chronic disease approach to reduce the impact of asthma.
- Collaborate with other chronic disease and risk factor programs to identify similar target populations, geographic areas and interventions.
- Expand the Illinois Asthma Partnership to include representation from organization, agencies and groups that address other chronic disease and risk factor areas not currently involved in the Illinois Asthma Partnership.
- Identify past and current partnerships, interventions and programs in the areas of chronic disease and risk factors that address asthma.

2. Goal. Increase funding and sustainability efforts.

Long-term Objective: By December 31, 2012, establish strategies to help all partners identify and to obtain funding, working within their organization's limitations.

Strategies

- Assess partner organizational limitations to pursue and to obtain funding.
- Identify key elements to achieve sustainability.
- Identify existing and new funding sources.
- Create a system to track and monitor progress of sustainability efforts.

3. Goal. Develop a menu of programs and interventions that will be used by Illinois Asthma partnership members and regional and local asthma coalitions.

Long-term Objective: By December 31, 2014, inventory all asthma interventions being conducted by the Illinois Asthma Partnership and the impact toward sustainability.

Strategies

- Develop a tracking system for partners to report interventions being conducted.
- Assess which interventions provide resources to achieve sustainability.



■ EVALUATION

The evaluation process answers several important questions: “Are the right things being done?” and “Are they being done correctly?” There are four types of evaluations commonly used in community and public health: formative, process, impact and outcome. The U.S. Department of Health and Human Services defines these types in the 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 populations).
- Outcome** The process of measuring whether the program met its ultimate goal of reducing morbidity and mortality.

The Data, Assessment and Outcomes Work Group will be the lead on evaluation activities for the Illinois Asthma Partnership and addressing the asthma strategic plan goals. With the assistance of the Data, Assessment and Outcomes work group, each work group will develop an evaluation plan for the goals the Work Group will be working toward for the appropriate focus area. The Executive Committee along with the Data, Assessment and Outcomes work group, will review each of the Work Group evaluation plans.

An annual evaluation will be conducted to determine the needs, barriers and progress of the Illinois Asthma Partnership, and local and regional asthma coalitions.

Annually, a report on the progress of the asthma strategic plan and the Illinois Asthma Partnership will be developed to assist with measuring outcomes and determine future direction.

■ SUSTAINING ILLINOIS ASTHMA INITIATIVES

The Department's Illinois Asthma Program works closely with the Illinois Asthma Partnership to address asthma. These two entities have created a statewide network of asthma coalitions, five partnership work groups and an asthma strategic plan. Over the course of the next two years, the Illinois Asthma Program and the partnership will develop a sustainability plan. This plan will lay out the process, resources and direction for the partnership and its members to be sustainable regardless of funding.

The Illinois Asthma Program has funded local asthma coalitions to implement interventions to address the asthma state plan goals and objectives. In 2007, four asthma regions were established in Illinois – northeastern, northwestern, central and southern asthma regions. Within each of these regions, the local asthma coalitions work collaboratively to address common issues and barriers to meet the asthma strategic plan goals and objectives. All regions identify common issues annually to address statewide. Conducting workshop for school personnel on how to properly administer asthma medication, use asthma equipment and overall asthma education is one example of a statewide effort being conducted in each region through local asthma coalitions. The process of having the asthma coalitions work on the same issues and conduct the same intervention will provide outcome measures and identify evidenced-based interventions.

It is through a collected effort of the local and regional asthma coalitions that interventions are being implemented to address the asthma strategic plan goals and objectives. These interventions will be integrated into their organizations and communities to bring about a system level change to reach sustainability.

■ **APPENDIX A • ACRONYMS**

- AAP** – American Academy of Pediatrics
- ALA** – American Lung Association
- BRFSS** – Behavioral Risk Factor Surveillance Survey
- CAC** – Chicago Asthma Consortium
- CDC** – U.S. Centers for Disease Control and Prevention
- CRAC** – Central Regional Asthma Coalition
- EPA** – U.S. Environmental Protection Agency
- PARTNERSHIP** – Illinois Asthma Partnership
- HP2010** – Healthy People 2010
- IDHS** – Illinois Department of Human Services
- IDPH** – Illinois Department of Public Health
- ISBE** – Illinois State Board of Education
- NAEPP** – National Asthma Education and Prevention Program
- NERAC** – Northeast Regional Asthma Coalition
- NWRAC** – Northwest Regional Asthma Coalition
- NIH** – National Institute of Health
- NHLBI** – National Heart, Lung, and Blood Institute
- RAC** – Rockford Asthma Consortium
- SRAC** – Southern Regional Asthma Coalition

■ **APPENDIX B • 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 a person 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. Person with asthma with prescribed inhalers who receive instruction on how to use them properly.
 - 24-7c. Person 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. Person with asthma who receive follow up medical care for long-term management of asthma after any hospitalization due to asthma.
- 24-7f. Person with asthma who receive assistance with assessing and reducing exposure to environmental risk factors in their home, school and work environment.

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

Advocate Health Center
Advocate Hope Children's Hospital
Advocate Illinois Masonic Medical Center
American College of Chest Physicians
American Lung Association
Amerigroup Illinois
Aunt Martha's Women's Health Center
Beu Health Center, Western Illinois University
Bradley University
BREATH Consortium
Bureau/Putnam County Health Department
Capital Area Asthma Coalition
Central DuPage Health
Chicago Asthma Consortium
Chicago Department of Public Health
Community Health Improvement Center
Community Medical Center
Cook County Department of Public Health
Decatur Area Asthma Coalition
Decatur Community Partnership
DuPage County Health Department
Egyptian County Health Department
Fayette Asthma Coalition Team
Fayette County Health Department
Ford-Iroquois Health Department
Genentech
GlaxoSmithKline Pharmaceuticals
Granite City, CUSD #9
Healthy School Campaign
Henry/Stark County Health Department
Hygienic Institute
Illinois Chapter American Academy of Pediatrics
Illinois Department of Children and Family Services
Illinois Department of Human Services
Illinois Department of Labor
Illinois Department of Public Health
Illinois Public Health Association
IVAX
John H. Stroger, Jr. Hospital of Cook County
Knox County Health Department
LaRabida Children's Hospital
Logan County Health Department
Loyola University Medical Center
Macon County Health Department
Macoupin County Health Department
Madison County Health Department
McDonough County Health Department
McLean County Health Department
Mercer County Health Department
Methodist School Health
Mobile C.A.R.E. Foundation
Montgomery County Health Department
Naperville School District 203
Oak Park Department of Public Health
Occupational Safety and Health Administration
Osco Drug
Pediatric Case Management
Peoria City/County Health Department
Rockford Health Council
Rockford Asthma Consortium
Roseland Community Hospital
Rural Health Inc.
Rush University College of Nursing
Rush-Presbyterian-St. Lukes Medical Center
Safe Effective Alternatives, Inc.
Safer Pest Control Project
Scherring-Plough
Sepracor
Southern Illinois University School of Medicine
Southern Illinois University-Edwardsville
Southern Illinois Healthcare Foundation
Springfield School District #186
Stephenson County Health Department
SwedishAmerican Health System
University of Illinois at Chicago
University of Illinois at Urbana-Champaign
University of Illinois College of Medicine
U.S. EPA Region 5
Vietnamese Association of Illinois
Washington University School of Medicine
Western Illinois Area Health Education Center
Western Illinois University
Will County Health Department

■ APPENDIX D • LOCAL AND REGIONAL ASTHMA COALITIONS

Bureau/Putnam Asthma Team

Bureau/Putnam County Health Department
526 Bureau Valley Parkway
Princeton, IL 61356
815-872-5091

Central Regional Asthma Coalition

Capitol Area Asthma Coalition
American Lung Association
3000 Kelly Lane
Springfield, IL 62711
217-787-5864

Decatur Asthma Partnership

Community Health Improvement Center
2905 N. Main St.
Decatur, IL 62526
217-877-9117

East Central Asthma Coalition

UIUC College of Education
506 S. Matthews
Urbana, IL 61801
217-333-5198

Logan County Asthma Coalition

Logan County Health Department
109 Third St.
Lincoln, IL 62656
217-735-2317

McLean County Asthma Coalition

McLean County Health Department
200 W. Front St.
Bloomington, IL 61701
309-888-5968

Northwestern Regional Asthma Coalition

BREATH Consortium
Mercer County Health Department
1007 NW 3rd St.
Aledo, IL 61231
309-582-3759

Northeastern Regional Asthma Coalition

Chicago Asthma Consortium
4541 N. Ravenswood Ave.
Chicago, IL 60640
773-769-6060

Knox/Henry/Stark Asthma Coalition

Knox County Health Department
1361 W. Fremont St.
Galesburg, IL 61401
309-344-2224

McDonough/Hancock Asthma Coalition

McDonough County Health Department
505 E. Jackson St.
Macomb, IL 61455
309-837-9951

Peoria Asthma Coalition

Peoria City/County Health Department
2116 N. Sheridan Road
Peoria, IL 61604
309-679-6013

Rockford Asthma Consortium

1601 Parkview Ave.
Rockford, IL 61107
815-395-5701

Southern Illinois Asthma Coalition

Southern Illinois University Edwardsville
School of Nursing
Edwardsville, IL 62026
618-650-3935

Southern Regional Asthma Coalition

Fayette Asthma County Team
Fayette County Health Department
509 W. Edwards
Vandalia, IL 62471

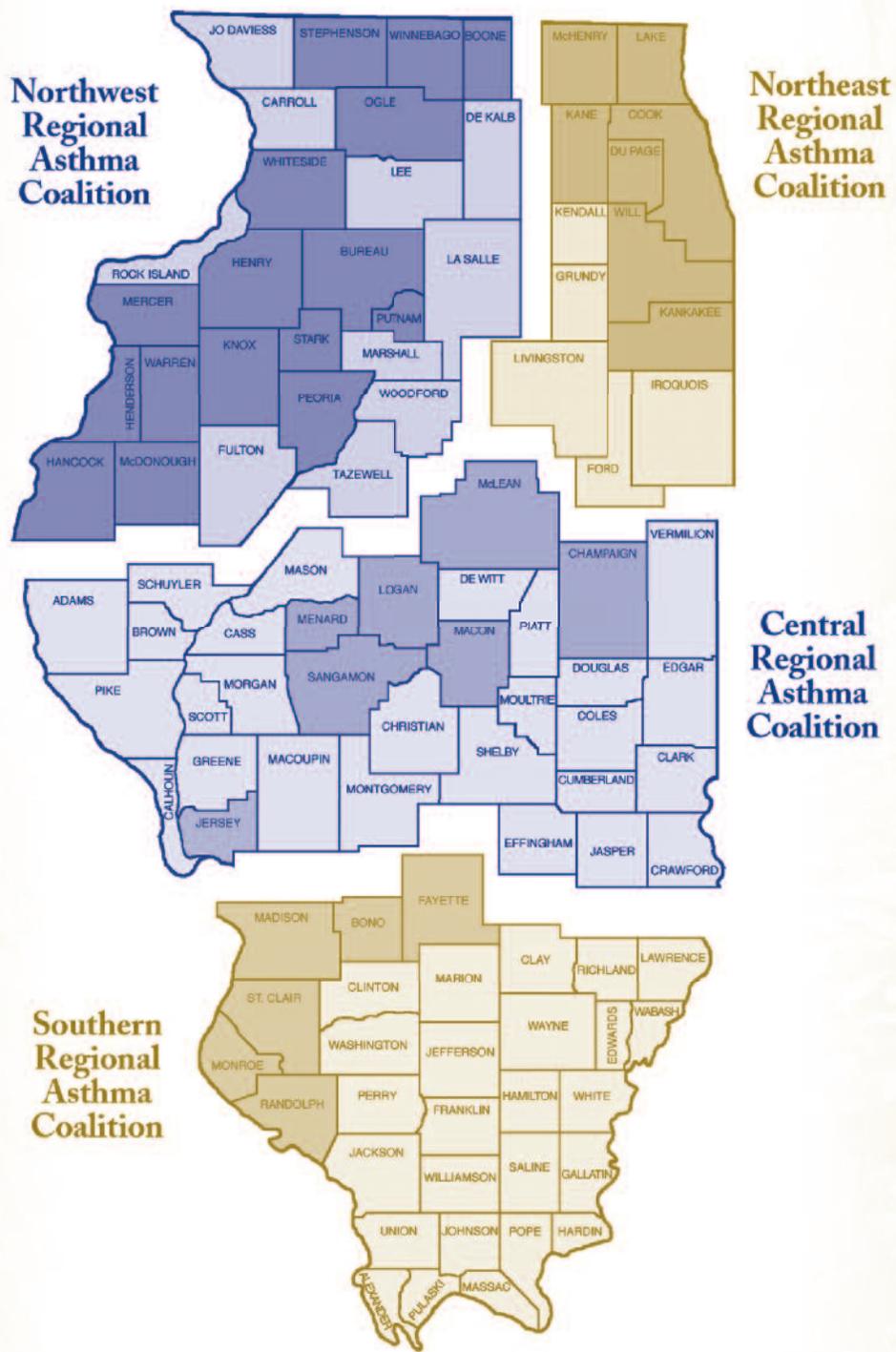
Whiteside County Asthma Coalition

Whiteside County Health Department
1300 W. Second St.
Rock Falls, IL 61071
815-626-2230

Will/Kankakee Asthma Network

Will County Health Department
501 Ella Ave.
Joliet, IL 60433

■ APPENDIX E • REGIONAL ASTHMA COALITIONS MAP



Illinois Department of Public Health
2009-2014 Illinois Asthma State Plan

ADDRESSING ASTHMA IN ILLINOIS