

Illinois Should Develop a Comprehensive State Asthma Plan That Addresses “Upstream,” Root Cause Environmental Contributors

Susan Kaplan, J.D. • Research Assistant Professor • Environmental & Occupational Health Sciences

- Illinois should develop a **comprehensive approach to its 2021-2025 asthma plan** that addresses the range of indoor and outdoor environmental contributors to asthma.
- The state should include, but also go beyond, the 2015-2020 plan’s focus on asthma management and treatment, and on home- based education and interventions. The new plan should **expand its focus on prevention**.
- To accomplish this, the Illinois Department of Public Health should bring together a full complement of **federal, state and local government agencies and community and non - profit organizations** whose programs and policies – from transportation and housing to school siting and pest control – impact asthma.

What is the issue?

Asthma is a chronic and serious disease. According to 2015 data from the U.S. Centers for Disease Control & Prevention, 8.4 percent of Illinoisans have asthma. Children with asthma miss twice as many school days as other children, on average. Keeping asthma under control causes financial burdens including lost work days, reduced productivity, lost income, and reduced quality of life, according to the Illinois Department of Public Health (IDPH).

State or Territory	Number with Current Asthma	Percent with Current Asthma
Illinois	828,784	8.4

Asthma triggers inside the home that can be better controlled through health department home visits and education include dust mites, pests, and mold. Illinois’ brief 2015-2020 asthma plan focuses on management of existing asthma and on home-based asthma education and environmental interventions. This issue remains critically important, and third-party funding of home visits by community health workers should be required.

But many other asthma contributors are beyond the control of individuals or families. These include air pollutants like ozone and particulate matter; diesel exhaust; pesticides applied by an applicator contracted by a landlord or management company or by a city parks department; and disinfectants. Some of these triggers are expected to increase in Illinois as a result of climate change. There is also growing evidence linking some of these exposures to asthma onset.

The 2015-2020 state plan does not discuss the broad array of indoor and outdoor environmental influences on asthma. Its references to air quality are general suggestions around education that do not include specific actions to reduce exposure to pollutants that can contribute to asthma problems, and a limited number of agencies or organizations whose policies or practices affect such asthma triggers were included.

Why is this important?

Reducing exposure to environmental conditions that cause asthma problems will reduce asthma exacerbation and possibly even onset, save money, improve quality of life, and enhance the reputation of the state as proactive.

The American Public Health Association emphasizes the “health in all policies” viewpoint that a range of practices and policies - beyond just health services - affects public health. It focuses on “collaborative approaches to improve population health by embedding health considerations into decision-making processes across a broad array of sectors,” according to the association.

For example, decisions about where to site schools can affect how much air pollution students are exposed to during the school day. A school located close to a highway or on a heavily travelled road is likely to expose students to greater amounts of diesel and other contaminants linked with asthma problems, while a school located close to agricultural fields may expose students to airborne pesticides, also linked with asthma problems. The same issues may arise with housing.

A range of occupational exposures are linked with asthma problems, including exposure to dusts, some cleaning agents, and other chemicals. Both children and workers in day care settings may be exposed to cleaning agents linked with asthma problems.

What should policymakers do?

Development of the state’s 2021-2025 asthma plan should take a broader, upstream, “health in all policies” approach. While continuing to include hospitals and local health departments, and addressing the issue of insurance reimbursement for home visits to identify home asthma triggers, it should also include a range of agencies and organizations that have an impact on asthma through their practices and policies.

Massachusetts provides a model. Its 124-page plan outlines specific goals and action steps. Participants included the state environmental protection agency; urban planning agencies; a school nurse association; university environmental and occupational health departments; and federal agencies including the regional offices of OSHA, EPA and DHHS, and HUD’s Office of Healthy Homes.

Since IDPH estimates that the cost of asthma to Illinois Medicaid alone was more than \$818 million in 2015, including mostly preventable hospital costs, the costs for personnel to develop a broader, upstream state asthma plan should be more than paid for in improved asthma outcomes and associated cost savings.

The Illinois Department of Public Health should:

1. Identify an environment health expert to lead this initiative. The expert should start with a literature review to understand and summarize the most current knowledge about full range of asthma contributors, and practices and policies that can address them.
2. Identify major agencies/organizations in the state whose practices or policies impact asthma.
3. Secure funding via grant or budgeted funds to develop a comprehensive, “health in all policies”-focused 2021-2025 asthma plan.
4. Convene participants to develop the plan.

The Illinois Department of Public Health should take responsibility for implementing these actions.

Agencies and organizations to involve:

- Illinois Department of Public Health
- Illinois Environmental Protection Agency
- Illinois Department of Agriculture
- Illinois Department of Transportation
- Illinois Department of Labor
- Illinois State Board of Education
- U.S. EPA Region 5
- State and local OSHA offices
- Local health and environment departments
- Chicago Metropolitan Agency for Planning; other planning organizations
- Illinois Public Health Association
- University public health and school health/school nursing departments
- Public health organizations with asthma focus, like Respiratory Health Association
- Environmental organizations whose work impacts asthma, like the IPM Institute of North America
- Community organizations

Sources

American Public Health Association, Health in All Policies: <https://www.apha.org/topics-and-issues/health-in-all-policies>

Centers for Disease Control & Prevention, Most Recent Asthma State or Territory Data: https://www.cdc.gov/asthma/most_recent_data_states.htm

Illinois Department of Public Health, Illinois Asthma State Plan 2015-2020: <http://www.dph.illinois.gov/sites/default/files/publications/publicationsohp/illinois-asthma-state-plan.pdf>

Illinois Department of Public Health, The Burden of Asthma in Illinois, 2000-2011: <http://www.dph.illinois.gov/sites/default/files/publications/ilburdenasthmaaugust2013r.pdf>

Massachusetts Asthma Action Partnership, Strategic Plan for Asthma in Massachusetts 2015-2020, <https://massclearinghouse.ehs.state.ma.us/PROG-ASTH/AS931.html>

Report prepared for IDPH by Respiratory Health Association, Sinai Urban Health Institute, Chicago Asthma Consortium and American Lung Association: Home-Based Asthma Education and Environmental Interventions in Illinois: The Case for Sustainable Financing, Sept. 2017, https://resphealth.org/wp-content/uploads/2017/12/Asthma-Business-Case-Final_IDPH-Approved.pdf