



SR0481

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1 SENATE RESOLUTION

2 WHEREAS, An estimated 1,044,936 people in Illinois had been  
3 diagnosed with asthma during their lifetime; and

4 WHEREAS, An estimated 680,417 people in Illinois were  
5 diagnosed with asthma in 2003; and

6 WHEREAS, An estimated 21,649 hospitalizations in this  
7 State were due to asthma or 17 per 10,000 people in 2003; and

8 WHEREAS, In this State, an estimated \$237,654,449 were  
9 direct charges for asthma hospitalizations in 2003; and

10 WHEREAS, In Cook County, 317,906 adults and 121,610  
11 children have been diagnosed with asthma; and

12 WHEREAS, More than half of all children in Chicago with  
13 asthma have had a severe asthma attack in the past year and  
14 nearly one-third had episodes in which they thought their lives  
15 were in danger; and

16 WHEREAS, Approximately 40% of people visiting selected  
17 Chicago Emergency Departments for asthma attacks had 3 or more  
18 other Emergency Department visits in the previous 12 months;  
19 and

1           WHEREAS, Asthma is the number one cause of school  
2 absenteeism for children in Chicago; and

3           WHEREAS, The burden of asthma falls disproportionately on  
4 the African-American and Latino populations, and especially on  
5 children of ethnic minorities; and

6           WHEREAS, The asthma death rate for African-Americans in  
7 this State is 4 times the national average; and

8           WHEREAS, 15.1% of African-American persons in Illinois had  
9 asthma in 2000; and

10           WHEREAS, 12.3% of Latino persons in Illinois had asthma in  
11 2000; and

12           WHEREAS, In Illinois, asthma accounted for 20,708 asthma  
13 hospitalizations or 16.5 per 10,000 people and 247 deaths or 2  
14 per 100,000 people in 2002; and

15           WHEREAS, Asthma accounts for one-quarter of all emergency  
16 room visits in the U.S. each year; and

17           WHEREAS, Adults 18 years of age and over who were currently  
18 employed missed 10.1 million work days due to asthma in 2003;

1 and

2 WHEREAS, Nearly 4 million children missed a cumulative  
3 total of 12.8 million school days due to asthma in 2003; and

4 WHEREAS, The annual cost of asthma is estimated to be  
5 nearly \$18 billion; and

6 WHEREAS, A clean environment and appropriate asthma care  
7 are critical to the quality of life of our citizens with  
8 asthma; and

9 WHEREAS, Access to care for ethnic minorities is often  
10 hampered by socioeconomic disparities, shortages of primary  
11 care physicians in minority communities, language and literacy  
12 barriers, and cultural beliefs about the role and usefulness of  
13 medicine; and

14 WHEREAS, As much as 40% of the risk of asthma in minority  
15 children is attributable to exposure to residential allergens  
16 that could be reduced, if not eliminated; and

17 WHEREAS, If left untreated or poorly controlled, asthma can  
18 cause irreversible damage to the lungs; and

19 WHEREAS, 11 Americans die from asthma each day, which is

1 more than 4,000 each year; and

2 WHEREAS, Puerto Ricans have the highest asthma mortality  
3 rate of any racial or ethnic subgroup; and

4 WHEREAS, African-Americans are 3 times more likely than  
5 Caucasians to die from asthma; and

6 WHEREAS, The death rate for children under 19 years old due  
7 to asthma has increased by nearly 80% since 1980; and

8 WHEREAS, Many asthma deaths are avoidable with proper  
9 treatment and care; and

10 WHEREAS, The State bears a responsibility in matters of  
11 public health and the well-being of Illinois citizens and that  
12 includes the quality of life for our citizens with asthma and  
13 those citizens who are at risk for asthma; and

14 WHEREAS, The Illinois Asthma Partnership Strategic Plan  
15 identifies goals for combating the asthma epidemic and  
16 recommends advocating for access to treatment and education for  
17 all persons with asthma, using data to identify and evaluate  
18 asthma interventions and assess the impact of asthma outcomes;  
19 and

1           WHEREAS, The Illinois Asthma Partnership Strategic Plan  
2 recommends facilitating the provision of asthma education for  
3 people with asthma and those involved in the care of people  
4 with asthma, promoting asthma awareness, education, and  
5 screening programs in communities; and

6           WHEREAS, The Illinois Asthma Partnership Strategic Plan  
7 recommends identifying effective methods of accommodation in  
8 the workplace for employees with asthma that will help prevent  
9 them from work-related exacerbations, increasing awareness  
10 among administrative, management, and human resource personnel  
11 concerning occupational asthma, including risk factors,  
12 impact, prevention strategies, and management; and

13           WHEREAS, The Illinois Asthma Partnership Strategic Plan  
14 recommends developing a statewide communication network to  
15 effectively advocate for the positions of the local asthma  
16 coalitions, encouraging childcare providers and schools to  
17 obtain an appropriate written asthma action plan for every  
18 child with asthma; and

19           WHEREAS, The Illinois Asthma Partnership Strategic Plan  
20 recommends identifying asthma education programs for the  
21 childcare, school, and college communities and supporting the  
22 development of indoor air quality and environmental  
23 improvements in childcare and school communities; therefore,

1 be it

2 RESOLVED, BY THE SENATE OF THE NINETY-FIFTH GENERAL  
3 ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES  
4 CONCURRING HEREIN, that that we urge the Illinois Department of  
5 Public Health to implement the recommendations within the  
6 Illinois Asthma Partnership Strategic Plan and continue to work  
7 in the best interests of the public health of our citizens with  
8 asthma, especially those minority populations who are at a  
9 greater risk for asthma; and be it further

10 RESOLVED, That the Minority Coordinating Council be tasked  
11 with delivering an annual report addressing program successes,  
12 new trends, data, and issues surrounding minority populations  
13 suffering for asthma; and be it further

14 RESOLVED, That the Minority Coordinating Council is  
15 encouraged to share this report and the State's successes with  
16 other states as a best practice model for other states.