

# Chicago Asthma Consortium: Formation and Early Days

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# Significance of CAC

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  - CAC was the first organized asthma coalition with a variety of stakeholder partners, rather than one program. It has provided an inspiration and model for other communities to address asthma.
- CAC Formation
  - Organized in January 1996 by American Lung Association of Metropolitan Chicago (ALAMC, later the Respiratory Health Association RHA) and American College of Chest Physicians (ACCP) in response to the epidemic of asthma in Chicago, with support from the Otho S.A. Sprague Memorial Institute.
  - By 1998 over 350 members, coordinating the activities of individuals and institutions to provide synergy among these efforts.

# Context - U.S. National Asthma Education Efforts as of 1996

- National Heart, Lung, and Blood Institute (NHLBI), a major funder of asthma research, established the National Asthma Education Program (NAEP) in 1989. (Dr. Parker organized the initial efforts for the coordinating committee and guidelines)
- First Asthma Guidelines published in 1991
- NAEP Coordinating Committee - about 20 stakeholder organizations and agencies
- National Institute of Allergy and Infectious Disease (NIAID) also supported research on allergic aspects of asthma, including the National Inner City Asthma Study, organized by Kevin Weiss, MD.

# Beginnings of the CAC - Confluence of Interests

- Whitney Addington, MD, and Kevin Weiss, MD from Rush proposed to the Otho S.A. Sprague Institute, a Chicago-based foundation, that it focus on asthma in Chicago, funding several projects simultaneously.
- Dr. Addington was a major figure in Chicago medicine, serving on the Board of Health and on the Sprague Board.
- Sydney Parker, PhD moved to Chicago from NHLBI in 1994 to work for the American College of Chest Physicians in Health and Science Policy (HSP), organizing clinical practice guidelines, later also coordinating patient education and diversity programs.

## Beginnings of the CAC - Confluence of Interests (cont)

- ALAMC and ACCP, both with strong interest in asthma, together founded the CAC with funding from Sprague.
- Long term funding from Sprague for the initial infrastructure was critical to its success. Jim Alexander from Sprague continued to consult with CAC Board on organizational strategy.
- Subsequent funding – NHLBI funded 7 U.S. coalitions with multi-year demonstration projects. The CAC received funds in 2000 to target three communities with large African American populations to increase adoption of asthma friendly policies and improve asthma care.
- Other support came from the IDPH, pharmaceutical companies for educational programs, and from other sources for specific projects.

# CAC Goals

- Raise awareness among the public, patients, and practitioners that asthma is a serious disease
- Ensure the proper diagnosis and treatment of asthma by health professionals, and foster advances to the consensus guidelines
- Facilitate access to care for asthma patients regardless of income
- Foster partnerships among patients, caregivers, health care providers and community organizations to improve the care of asthma in Chicago

# CAC Initial Committees

- Access to Care
  - CASI collaboration provided baseline and follow up data
  - Chicago Emergency Department Collaborative
- Community – worked with Public Patient committee on outreach projects
- Data - Reports and annual data conferences
- Marketing - Chicago Asthma Resource Directory, press conferences
- Public/Patient Ed - Evaluated patient ed materials, provided info on website
- Professional Ed – offered regular educational sessions on the guidelines and other specific topics, speakers' kit
- School – Organized the successful effort to change CPS inhaler carry policy; programs for principals and CPS staff, encouragement of safer pest control in schools, poster for school nurses on emergency management

# Other Early Accomplishments and Influence of CAC on Other Coalitions

- A major accomplishment of CAC has been to foster partnerships among members, contributing to innovative and fruitful research and outreach programs.
- CAC helped promote data surveillance, the value of community health workers, thoughtful discussions of asthma policy, healthy homes and asthma friendly construction, use of IEPs in Schools, and many other projects.
- CAC has played a vital role in the Illinois Asthma partnership.
- The number of local asthma coalitions took off after 1996; at one time, it was estimated that there were over 200.
- “Asthma in Chicago” supplement to CHEST in 1999 described the rationale for the CAC and its early work.\*

\*Naureckas et al, 1999

# Changes in CAC Structure

- The ALAMC initially was the fiscal organization for the CAC.
- CAC later became an independent 501 c3 not-for-profit organization with an Executive Director, staff and an office. Subsequently, CAC has been managed by a contracted association management company or consultant.

# ACCP Efforts to Promote CAC and Support Local Coalitions

- ACCP – held an Asthma Coalition Symposium for U.S. coalitions at its annual meeting for 15 years, which included an update on CAC activities. The first symposium was in Chicago; keynote speaker was Sister Sheila Lynn, Commissioner of Health.
- ACCP/CHEST Foundation in 2000 supported a) Descriptive Survey of Asthma Coalitions – 75% formed after 1996, b) Development Manual for Asthma Coalitions, that promoted best practices for coalitions. CDC referred to this manual in its report on developing state asthma plans.

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# CAC and U.S. Asthma Coalitions

- There is no doubt that CAC has been used as a model and inspiration for the development of other asthma coalitions.
- The Association of Asthma Educators lists over 100 coalitions as of 2019.
- 2021 Google search on asthma coalitions has listed dozens of coalition websites that show that many have been institutionalized into state, county, city or regional health systems, or into local Lung Associations.

# Sources

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