

Board Of Directors

Chair

Maureen Damitz, AE-C
Director of Community Education,
Respiratory Health Association of Metropolitan Chicago

Treasurer

Kristen Ellensohn, CNP
Asthma Program Coordinator,
PCC Community Wellness Center

Secretary

Dennis Bryan, RPh, MBA, FAPhA
Pharmacist, Dominick's

Joel Africk
President and CEO,
Respiratory Health Association of Metropolitan Chicago

Jaime Dirksen, MSW
Manager of Family and Community Partnerships,
Chicago Public Schools

Lisa Ely, RRT
Respiratory Clinical Specialist, Teleflex Medical

Allen I. Goldberg, MD, MBA, Master FCCP
Past-President, American College of Chest Physicians

Semone Greene, RRT
Asthma Educator/Coordinator,
Roseland Community Hospital

Anne Krantz, MD, MPH
Physician, John Stroger Hospital of Cook County

Helen Margellos-Anast, MPH
Epidemiologist, Sinai Urban Health Institute,
Sinai Health System

Molly Martin, MD, MAPP
Departments of Preventative Medicine and Pediatrics,
Rush University Medical Center

Joel McCullough, MD, MPH, MS
Assistant Commissioner and Medical Director of
Environmental Health, Chicago Department of Public Health

Sydney Parker, PhD
Vice President, Development and Outreach,
American College of Chest Physicians

Stephen Samuelson
Executive Director, Mobile C.A.R.E. Foundation

Dolores Weems, Jr.
Project Coordinator, CAACP,
University of Illinois - School of Public Health

Raoul Wolf, MD
Director, Allergy, University of Chicago
Professor of Pediatrics, University of Chicago

Myra Zuvich, RPh
Pharmacist, Walgreens

Advisors

Lenore Coover, RN, MSN, AE-C
President-Owner, Pediatric Case Management Services

Michael Foggs, MD
Chief of Allergy and Immunology, Advocate Health Care

Edward Naureckas, MD, FCCP
Associate Professor, University of Chicago

Victoria Persky, MD
Professor, Epidemiology, University of Illinois at Chicago -
School of Public Health

Norman Ryan, MD
Vice President, Special Services,
Rush University Medical Center

Sandra Thomas, MD, MS
Assistant Commissioner, Epidemiology,
Chicago Department of Public Health

Kevin Weiss, MD
Director, Center for Healthcare Studies
at Northwestern University

Staff

Joel Masse
Executive Director

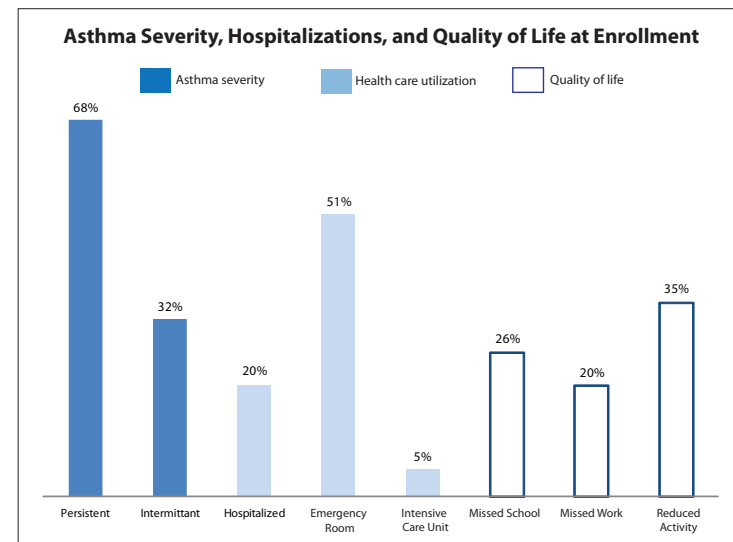
Beth Sosler
Program Associate

Addressing Asthma in Englewood

Victoria W. Persky, MD¹, and Maureen Damitz, AE-C²

¹Division of Epidemiology, School of Pubic Health, University of Illinois at Chicago, Illinois; and ²Respiratory Health Association of Metropolitan Chicago, Chicago, Illinois.

The Addressing Asthma in Englewood Project is a multifaceted intervention whose primary goal is to decrease asthma morbidity among children in the Englewood and West Englewood communities of Chicago. These communities were selected because they are two of the hardest hit by asthma. Asthma hospitalizations are 64 per 10,000 - nearly double Chicago's average. The program will increase surveillance, develop linkages among institutions serving children with asthma, enhance education, develop long-term sustainable infrastructures and establish a community model for addressing pediatric asthma in urban settings. The project is a collaborative effort of a wide variety of public institutions, non-profit groups, academic organizations, health care providers and community based organizations. Children in area schools are screened and referrals are provided to those who desire further services. Assistance with smoking cessation and case management by a community asthma educator is offered to families. The case manager works with the family on general asthma education, and identification and modification of factors in the home which may exacerbate the disease during a series of home visits. Over two hundred children have been enrolled in the project so far (n = 225). Of the first 176 participants, the majority have persistent asthma, half visited the emergency room for asthma in the last year, and a quarter missed 3 or more days of school in the previous month. Overall, the program has thus far been well received by the community. Recruitment for the case management will continue for another year with an additional year of follow-up. Over the next two years screening, educational programs and environmental assessments at area schools will be completed. Educational programs for providers and community residents, and work with partners to develop long-term sustainable infrastructures will continue.



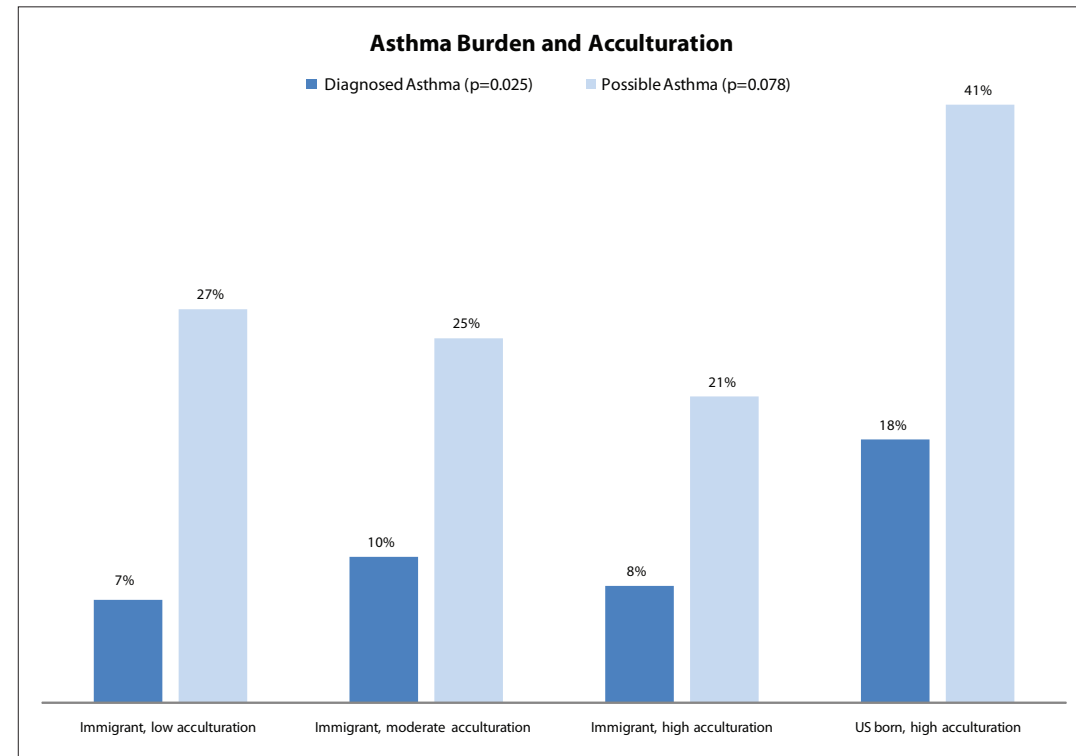
The Effects of Acculturation on Asthma Burden in Mexican Children: Data from the Social Factors and the Environment in Pediatric Asthma Study (SPARC)

Molly A. Martin, MD, MAPP¹; Madeleine U. Shalowitz, MD, MBA²; Tod Mijanovich, MPA³; Elizabeth Clark-Kaufmann, MHS²; Elizabeth Perez, BA²; Carolyn A. Berry, PhD³

¹Departments of Preventive Medicine and Pediatrics, Rush University Medical Center, Chicago, Illinois;

²Department of Child and Family Health Studies, Evanston Northwestern Healthcare, Evanston, Illinois;

³Center for Health and Public Service research, Robert F. Wagner Graduate School of Public Service, New York University, New York, New York



Data from the Social Factors and the Environment in Pediatric Asthma Study (SPARC), an observational study of pediatric asthma in Chicago, was used to test if low caregiver acculturation is protective for asthma in Mexican-American children. Dependent variables were diagnosed asthma and total (diagnosed plus possible) asthma. Regression models controlled for caregiver acculturation, insurance, education, marital status, depression, life stress and social support. Caregiver acculturation was associated with diagnosed asthma (p = 0.025) and total asthma (p = 0.078) in bivariate analyses. In multivariate models, protective effects of caregiver acculturation were mediated by the other covariates. Independent predictors of increased diagnosed asthma included caregiver life stress [Odds ratio (OR) = 1.12, p = 0.005] and child insurance (reference group is no insurance), public (OR = 4.71, p = 0.009) and private (OR = 2.87, p = 0.071). Only caregiver life stress predicted increased total asthma (OR = 1.21, p = 0.001). The protective effect of caregiver acculturation on diagnosed and total asthma for Mexican-American children is mediated by social factors, especially caregiver life stress. Among acculturation measures, foreign birth is more predictive of disease status than language use or years in country. Increased acculturation among immigrant groups does not appear to lead to greater asthma risk.

For more information, please see the full article in the American Journal of Public Health 2007;97:1290-1296.

Obesity and Asthma Morbidity in an Inner City Community-Based Cohort: the Chicago Initiative to Raise Asthma Health Equity (CHIRAH)

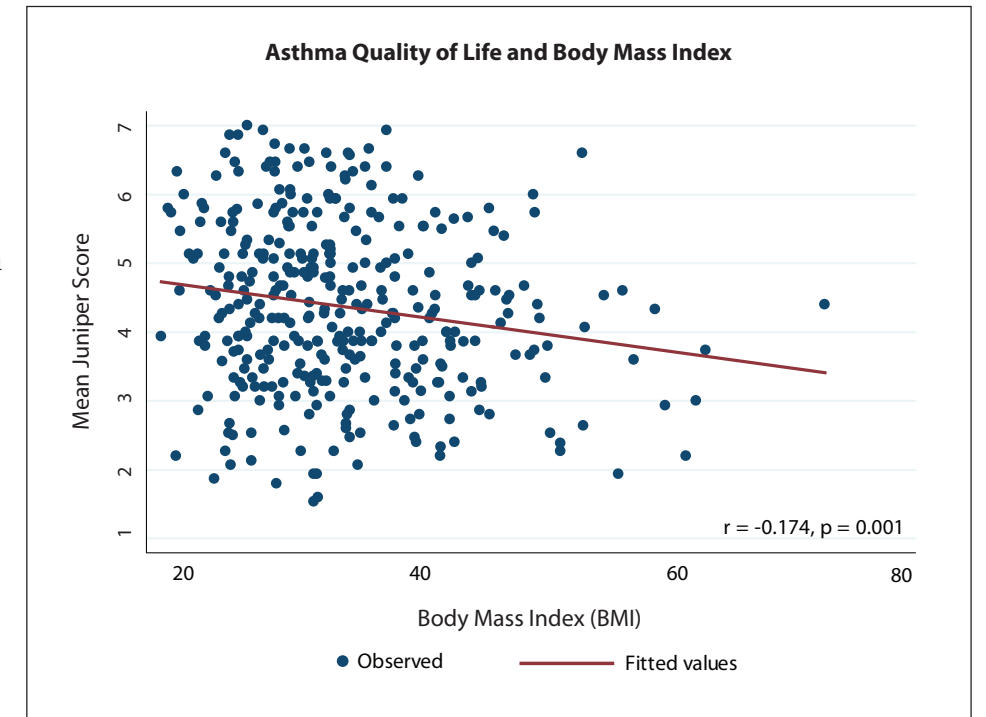
Jennifer B. Pedicano, MD¹, Laura M. Curtis, MS¹, Linda G. Kimmel, PhD², Kevin B. Weiss, MD^{1,3}, Leslie C. Grammer, MD¹

¹Feinberg School of Medicine, Northwestern University, Chicago, Illinois

²Division of Science and Mathematics Education, Michigan State University, East Lansing, Michigan;

³Hines VA Hospital, Hines, Illinois

Inner city minority populations experience increased rates of obesity and increased asthma prevalence and severity. Using the CHIRAH cohort, we sought to determine whether obesity, as measured by body mass index (BMI), was associated with asthma quality of life (AQOL) and morbidity. This was a cross-sectional analysis of 352 adult subjects (age 30.9 ± 6.1, 77.8% female, FEV1%pred = 87% ± 18.5) with self-reported asthma from a community-based Chicago cohort. Outcome variables included AQOL (Juniper Questionnaire) and health care utilization (hospitalizations or emergency department (ED)/urgent care visits) in the previous year. Bivariate tests were used as appropriate to assess the relationship between BMI or obesity status and asthma outcome variables. Multi-variate regression analyses were performed, controlling for demographics, income, depression score and beta-agonist use. More than half of the subjects (54.3%) were obese (BMI ≥ 30). Subjects with a higher BMI were older (p = 0.008), African-American (p < 0.001), female (p = 0.002) or from lower income households (p = 0.002). BMI was inversely related to overall AQOL scores



(r = -0.174, p = 0.001) as well as to individual domains: symptoms (p = 0.009), activity level (p = 0.001), environmental stimuli (p = 0.001), and emotional status (p = 0.046). Multivariate regression revealed a lesser influence of BMI with AQOL (β = -0.015, p = 0.019). Obese subjects were more likely to have visited ED/urgent care for asthma than non-obese subjects (Odds Ratio = 1.8, p = 0.036) though the number of hospitalizations was similar for these two

groups. In conclusion, obesity was related to worse asthma-specific quality of life and increased ED/urgent care utilization in our community-based sample of asthmatic adults.

Supported by, NHLBI 5 UO1HL72478-05, Ernest S Bazely Grant