Coalitions Then and Now: From dust mites to diesel... and beyond

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Who we are

• Regional Asthma Management & Prevention, a project of the Public Health Institute

• Our own history and evolution
  – Formed in 1996
  – Expanded statewide policy role in 2002
  – Expanded focus on inequities in 2007

• Our connection to asthma coalitions across California: Community Action to Fight Asthma
RAMP’s Framework for Reducing the Burden of Asthma

Social Inequalities
- Class/SES
- Race/ethnicity
- Gender
- Immigration and citizenship

Political capital/power
- Government agencies
- Corporations/industry

Institutional Power
- Advocate for systems change (Provide leadership; Influence policy makers)
- Create linkages (Enhance collaboration across sectors; Form strategic partnerships)

Daily Living Conditions
- Environmental Inequities
  - Air quality
  - Land use
  - Transportation
  - Housing
  - Residential segregation
- Social Inequities
  - Access to care
  - Education
  - Experience of racism, poverty
  - Social cohesion, social capital
  - Culture
  - Employment/income

Risks
- Risk factors
  - Exposure to environmental asthma triggers (in outdoor air, homes, schools, child care settings, work place)
  - Exposure to asthmagens
  - Exposure to stress
  - Exposure to violence/trauma
  - Infections (respiratory virus)
  - Premature birth
- Risk behaviors
  - Smoking
  - Poor nutrition
  - Low physical activity
  - Non-adherence to conventional treatment

Disease
- Asthma

Disease outcomes
- Mortality
- Morbidity
- Asthma symptoms
- Medical visits
- Emergency department visits
- Hospitalizations
- Other
  - Impact on family functioning, education, and employment

Quality health care
- Support for self-management

Community-based advocacy efforts

Health Education
- Case Management
- Trigger reduction interventions

Expand knowledge and access to resources
- Identify, disseminate, promote successful strategies
- Identify and/or create tools to promote action
- Provide technical assistance
  - Empower communities
  - Build capacity
- Create linkages
  - Enhance collaboration across sectors
  - Connecting programs in different communities

Integrate clinical management and environmental protection

This framework was adapted from the Bay Area Regional Health Inequities Initiative’s Public Health Framework for Reducing Health Inequities.
What does the framework tell us about the evolution of asthma coalitions?

- Increased focus on disparities and inequities
- Expansion in breadth of work (topics/settings)
- Expansion of strategies used
- Evolution in types of partnerships
Addressing asthma...Part one: medicine

Topics / settings:
• Clinical settings

Types of strategies/ activities:
• Quality health care
• Support for self-management
• Provider, patient, and family education

Key partners:
• Clinical providers
• Health plans
• Hospitals and clinics
• Lung health organizations

Disease outcomes
Mortality
Morbidity
Asthma symptoms
Medical visits
Emergency department visits
Hospitalizations
Other
Impact on family functioning, education, and employment
Addressing asthma...Part two: dust mites

Topics / settings:
• Clinical settings
• Homes
• Schools
• Child care settings
• Work place

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Genetics

Disease outcomes
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Working together to reduce the burden of asthma
Addressing asthma...Part two: dust mites

Types of strategies/activities:
- Health education
- Case management
- Community health outreach workers
- Trigger reduction interventions

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Genetics
Addressing asthma...Part two: dust mites

Key partners:
- Community health outreach workers
- School and child care staff
- US EPA
- Clinical providers
- Health plans
- Hospitals/clinics
- Public health departments
- Lung health organizations

Risks

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Addressing asthma...Part three: diesel

Topics / settings:
- Health Care access
- Housing quality
- Schools
- Outdoor air quality
- Land use / transportation planning

Daily Living Conditions
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Genetics

Working together to reduce the burden of asthma
Types of strategies/activities:

- Advocacy efforts aimed at systems change to reduce inequities
- Policy advocacy
- Capacity building
- Mobilization

Daily Living Conditions

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Addressing asthma...Part three: diesel

Key partners:
Environmental justice
Environmental health
Housing rights groups
Community residents
Social justice groups
Lung health orgs.
Clinical partners
CHOWs
Public health departments
Health plans
Hospitals/clinics
School advocates

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Genetics
Addressing asthma...part four

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Genetics
Examples....still evolving beyond diesel

• Form strategic partnerships and enhance collaboration across sectors
• Influence policy makers (Health in All Policies)
• How “upstream” can/should asthma coalitions work?
Upstream

Land use  Topics/settings  Clinics

Advocacy  Strategies/activities  Education

EJ advocates  Key partners  Physicians

Downstream
Challenges of this evolution

- More breadth equals more work
- Funding is already a challenge (and now there’s more work that needs funding)
- Some of these areas require new skills and expertise
- It can be hard to keep coalition members engaged if they’re not interested in all of these issues
Benefits of this evolution

• The breadth of the work lends itself to a coalition approach— which is good!
• It allows for a greater focus on disparities
• It includes systems change, which will have further-reaching, longer-lasting impact
• More partners means more creative solutions
• More topic areas means more funding opportunities
• Impact, impact, impact!
Thank you!

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