



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

Anne Kelsey Lamb, MPH

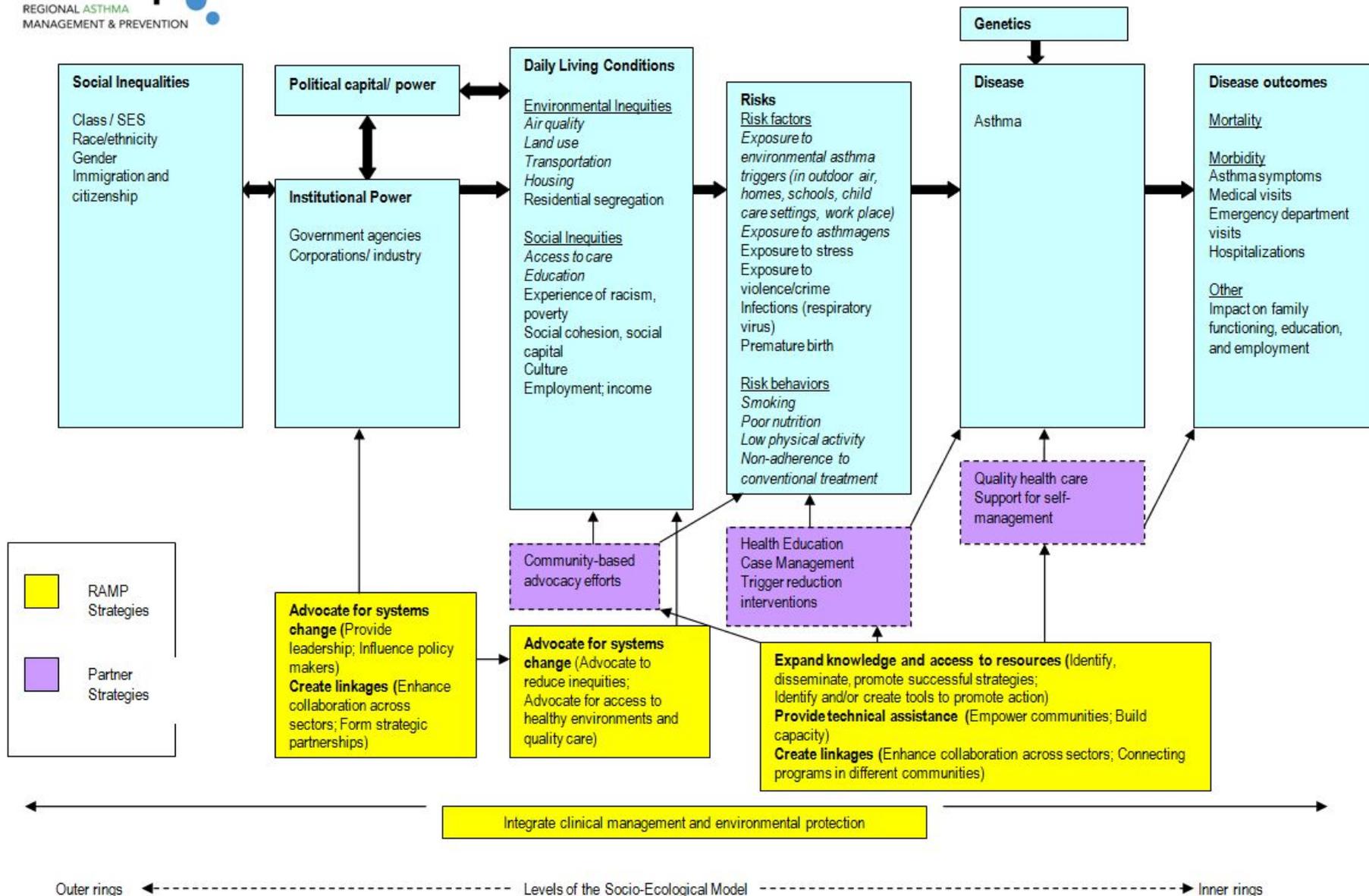
Director

Regional Asthma Management & Prevention

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



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:

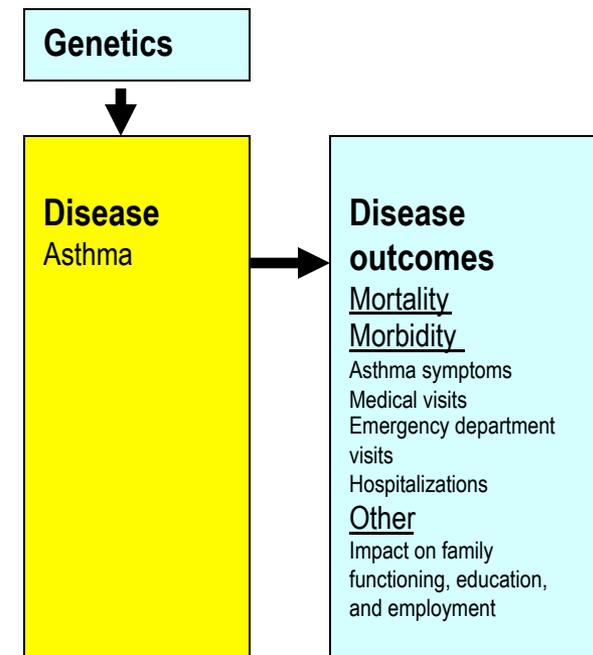
- Clinical settings

Types of strategies/ activities:

- Quality health care
- Support for self-management
- Provider, patient, and family education

Key partners:

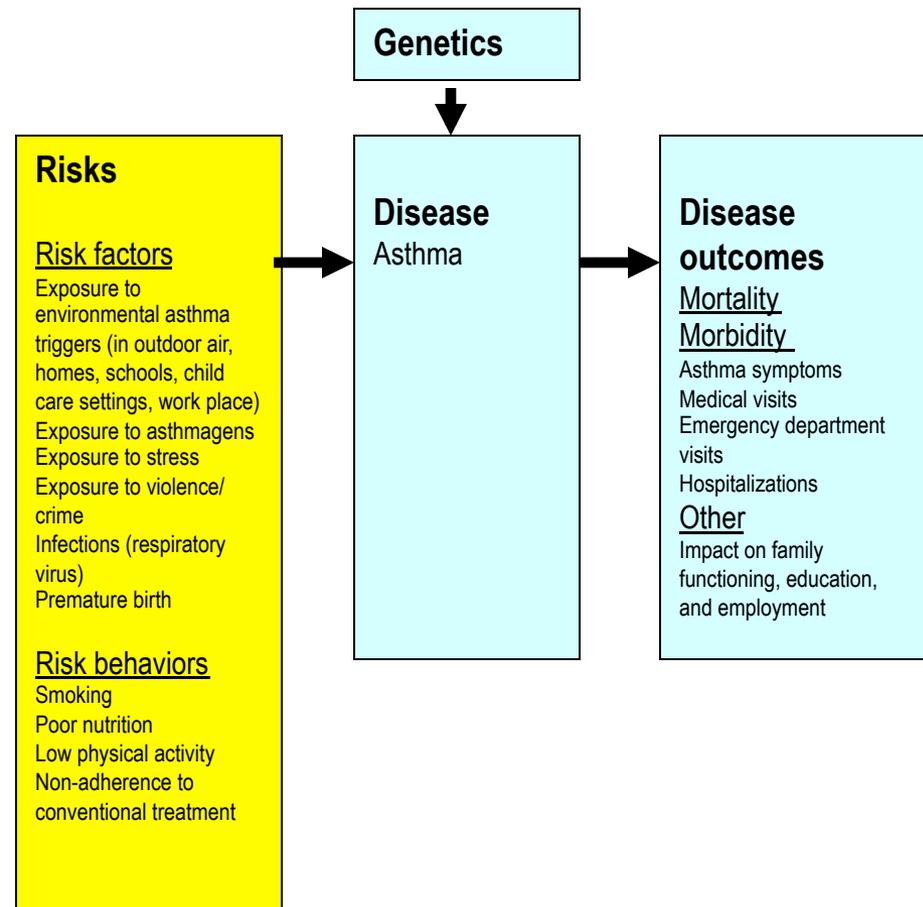
- Clinical providers
- Health plans
- Hospitals and clinics
- Lung health organizations



Addressing asthma...Part two: dust mites

Topics / settings:

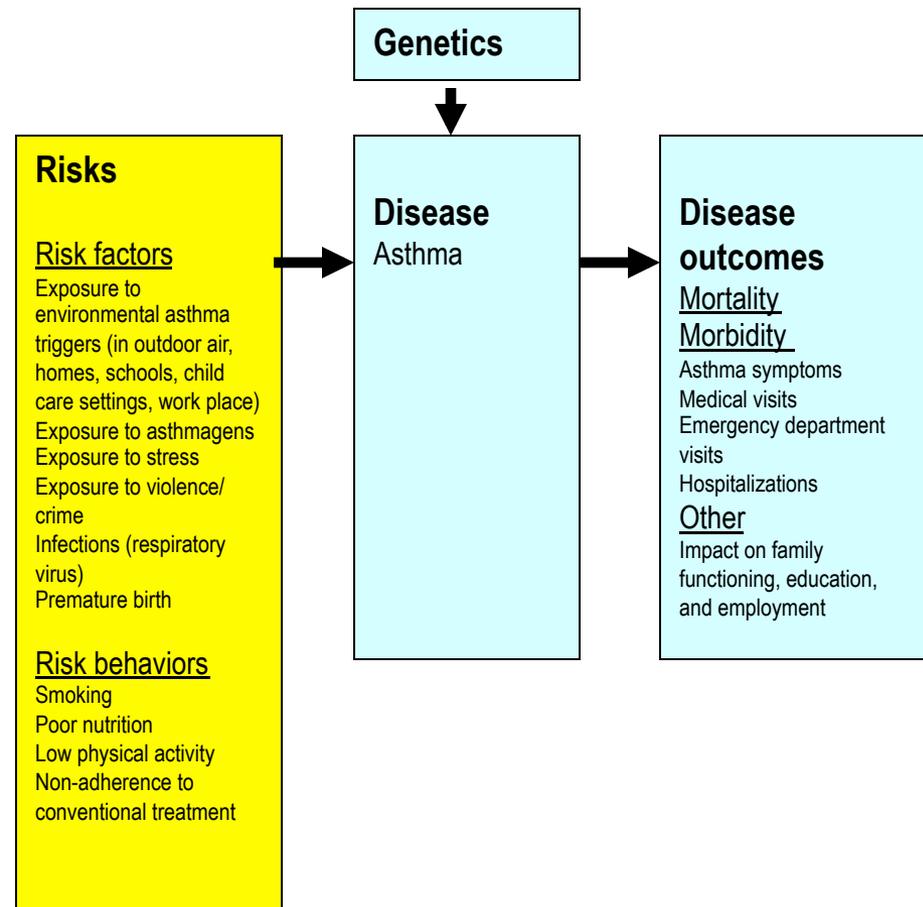
- Clinical settings
- Homes
- Schools
- Child care settings
- Work place



Addressing asthma...Part two: dust mites

Types of strategies/ activities:

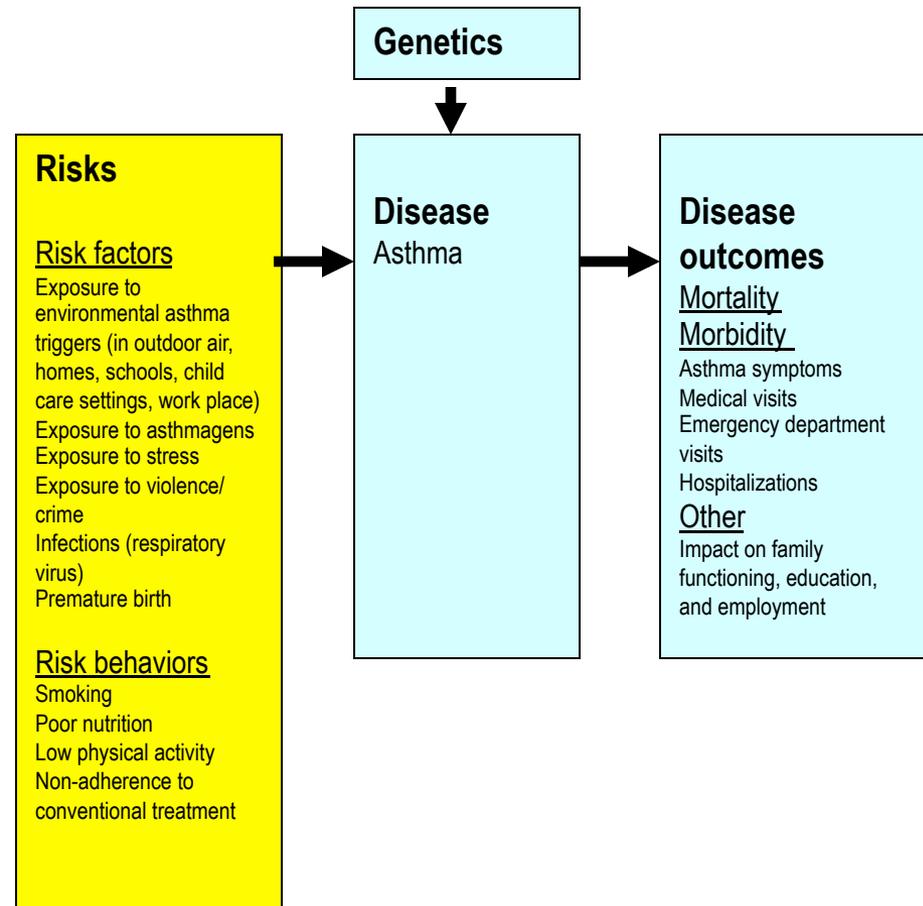
- Health education
- Case management
- Community health outreach workers
- Trigger reduction interventions



Addressing asthma...Part two: dust mites

Key partners:

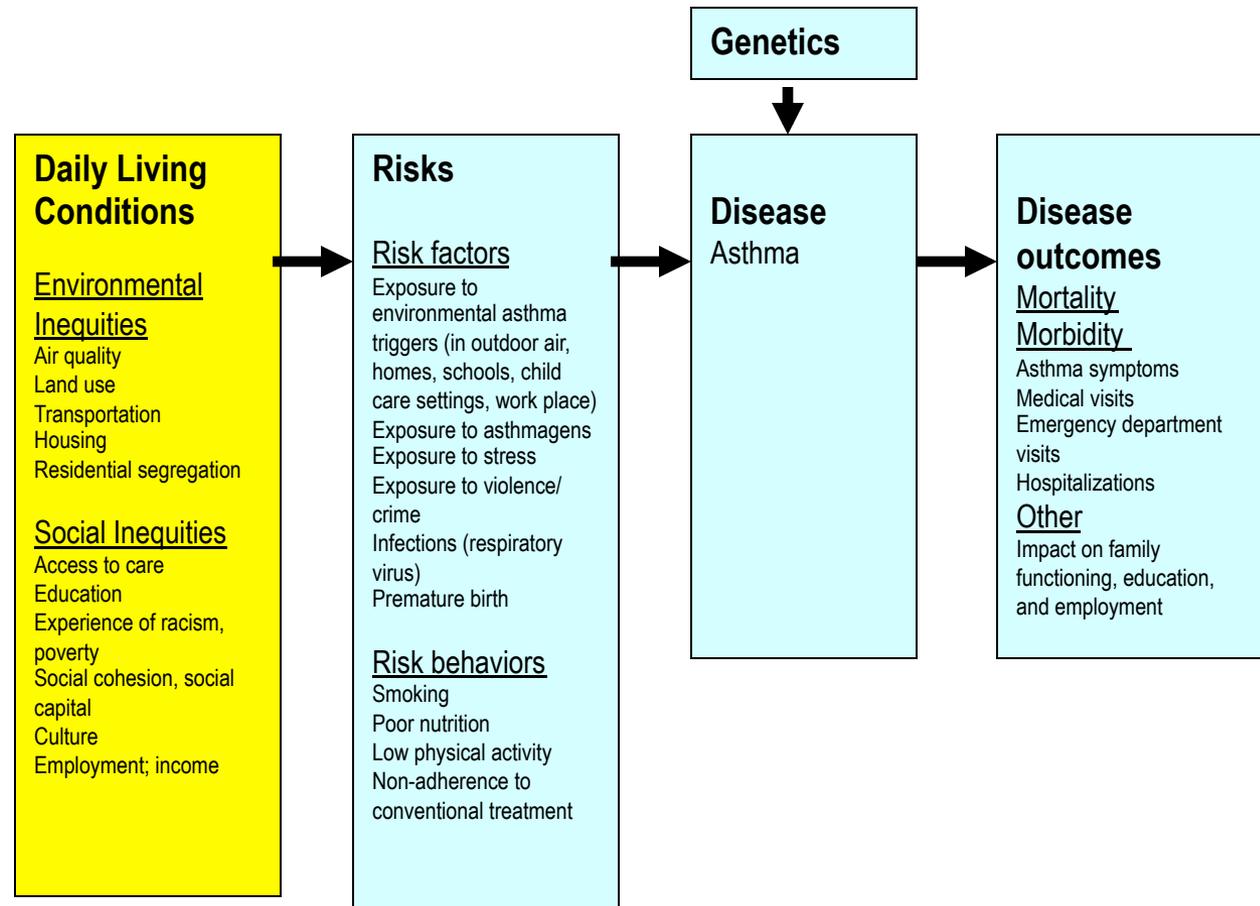
- Community health outreach workers
- School and child care staff
- US EPA
- Clinical providers
- Health plans
- Hospitals/ clinics
- Public health departments
- Lung health organizations



Addressing asthma...Part three: diesel

Topics / settings:

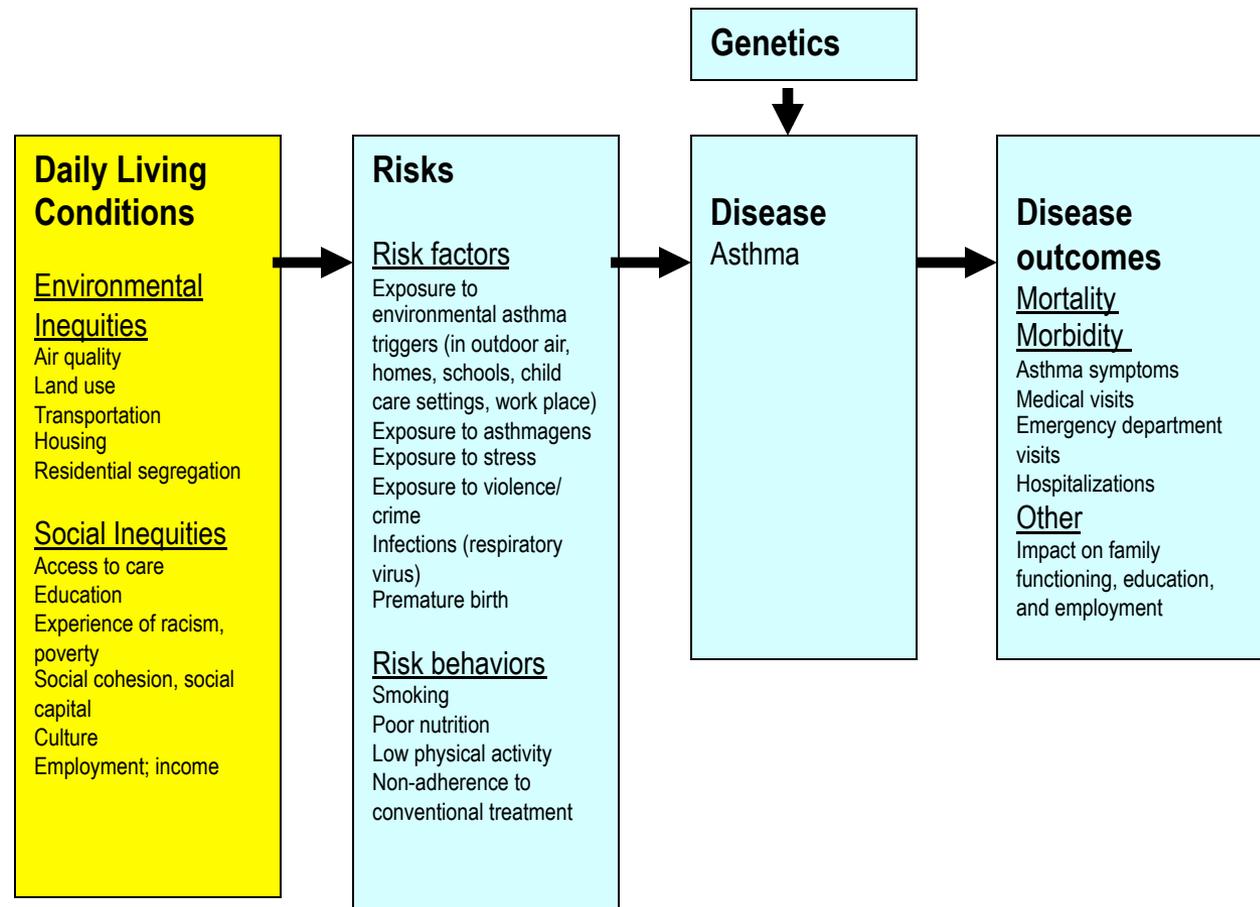
- Health Care access
- Housing quality
- Schools
- Outdoor air quality
- Land use / transportation planning



Addressing asthma...Part three: diesel

Types of strategies/ activities:

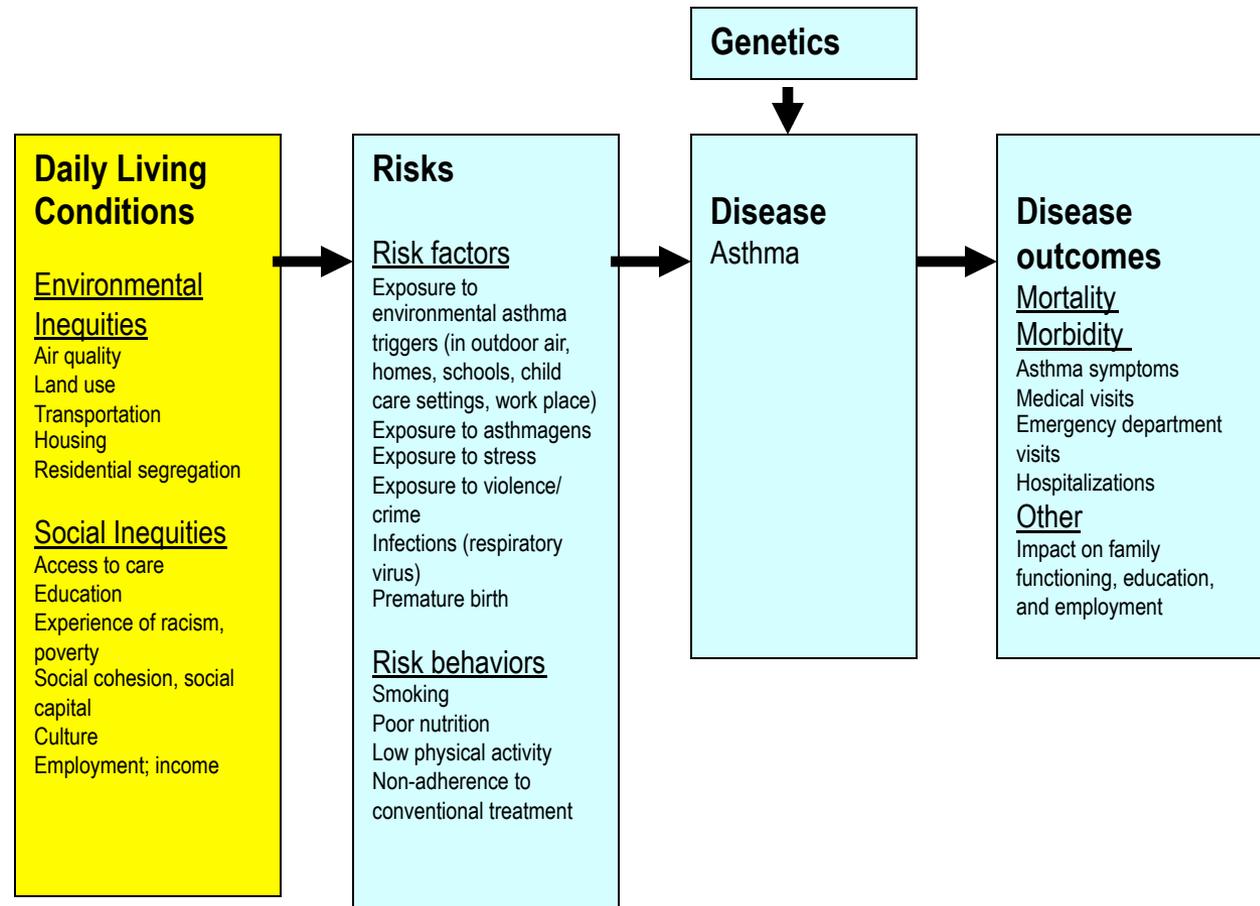
- Advocacy efforts aimed at systems change to reduce inequities
- Policy advocacy
- Capacity building
- Mobilization



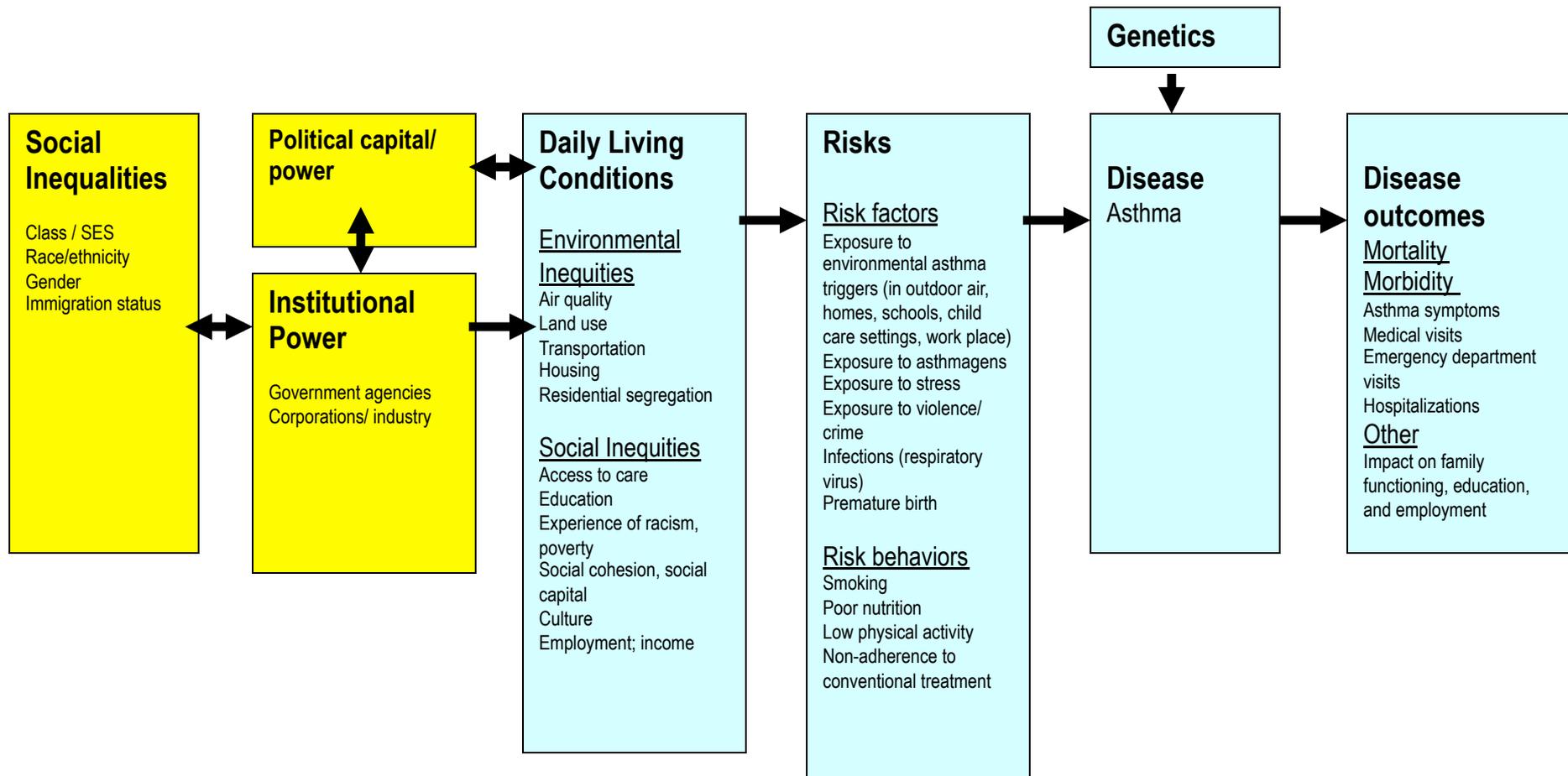
Addressing asthma...Part three: diesel

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



Addressing asthma...part four



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

Downstream

Land use

Topics/settings

Clinics

Advocacy

Strategies/activities

Education

EJ advocates

Key partners

Physicians

Asthma Coalition

Upstream

Downstream

Land use

Topics/settings

Clinics

Advocacy

Strategies/activities

Education

EJ advocates

Key partners

Physicians

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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