Regional Asthma Management & Prevention (RAMP) works to reduce the burden of asthma with a focus on health equity. Established in 1996 and based in Oakland, California, RAMP is a project of the Public Health Institute. Building on past successes and responding to current needs and opportunities, this Strategic Plan outlines the goals and strategies that RAMP will pursue over the next three years to bring us closer toward achieving our vision.

Vision and mission

RAMP envisions healthy communities where asthma is reduced and well-managed, and the social and environmental inequities that contribute to the unequal burden of the disease for low-income communities and communities of color are eliminated.

RAMP's mission is to reduce the burden of asthma with a focus on health equity. Emphasizing both prevention and management, we build capacity, create linkages, and mobilize networks to advocate for policy and systems changes targeting the root causes of asthma disparities.

Overarching Strategies

To fulfill our mission and vision, and in support of our goals in this strategic plan, RAMP utilizes the following core strategies:

• **Build capacity**: RAMP keeps the asthma field abreast of best practices, opportunities and research. By disseminating tools, providing strategic guidance, and facilitating technical assistance, RAMP increases our collective impact on reducing the inequitable burden of asthma.

• **Create linkages**: RAMP creates linkages among partners and topics to enhance collaboration and effectiveness.

• **Mobilize networks to advance policy and systems change**: RAMP advocates—and lifts the voices of our asthma networks and partners—for policy and systems changes to address asthma, asthma disparities and social and environmental inequities.

Goals

**Goal 1—Stable and Healthy Housing**: Advance comprehensive policies on housing quality, affordability and tenant protections.

Housing quality directly impacts asthma. Environmental asthma triggers like mold and pest infestations are commonly found in substandard housing. Rental housing is more likely to be substandard and these...
conditions are more likely to be experienced by the same low-income communities and communities of color disproportionately impacted by asthma.

Housing quality is just one essential component of housing stability. Housing is stable when tenants are protected from excessive rent increases or eviction. Housing is stable when homes are safe and well maintained. Housing is stable when housing costs are affordable. This stability is the foundation for healthy and equitable communities. RAMP simultaneously advances our efforts to improve housing quality and collaborates with others to advance the broad and comprehensive goal of housing stability.

Intended outcomes include:
- State policies hold landlords accountable for providing safe and healthy housing.
- Financial structures and policies distribute housing-related resources to comprehensively promote healthy housing and reduce health disparities.
- State policies advance a comprehensive approach to housing instability with health equity as a unifying concept.
- Policies, programs and investments related to climate resilience and housing maximize co-benefits for people with asthma.

**Goal 2-- Healthy Air for All:** Shape policies to reduce air pollution in inequitably burdened communities.

As a result of unjust policies, investments and planning decisions, low-income communities and communities of color are inequitably exposed to air pollution, which can exacerbate asthma and contribute to the onset of the disease. While there are many sources of air pollution, RAMP focuses on those sources that inequitably impact low-income communities and communities of color—for example, diesel pollution from the freight transportation sector, including ports, railyards, freeways and distribution centers. RAMP also focuses on policies that address cumulative impacts, meaning the combined impact of pollution from multiple sources.

With the growing body of climate mitigation and adaptation policies in California, RAMP works to ensure that those efforts maximize co-benefits for people with asthma and low-income communities and communities of color, more broadly. RAMP also supports health and public health leaders in responding to climate impacts, such as wildfires, that directly affect asthma.

Intended outcomes include:
- Benefits for low-income communities and communities of color are maximized by California’s Community Air Protection Program.
- Local, regional and state freight transportation plans prioritize health and equity.
- Climate-related investments maximize co-benefits for people with asthma.
- Tools support health and public health leaders in responding to wildfires and other climate impacts that directly affect asthma.
- The public health voice supports policy efforts of environmental health and justice groups across the state.

**Goal 3-- Health Care Equity:** Increase access to prevention-oriented services within health care, and advance workforce development for asthma professionals.
Prevention plays a fundamental role in asthma management. The National Clinical Guidelines highlight the importance of education and environmental control measures to avoid or eliminate factors that contribute to asthma onset and severity. Additionally, there are many best and promising practices supported by robust literature. Yet prevention-oriented services are not systematically accessible to the low-income communities and communities of color who need them most.

RAMP advocates for sustainable financing to support the integration of prevention-oriented services into the health care system, focusing on MediCal given the disproportionate impact of asthma on low-income communities. RAMP also builds the capacity of a diverse asthma workforce to implement a comprehensive approach to asthma management and prevention. Efforts include building the capacity of: Community Health Workers and others to conduct asthma home visits; School-Based Health Centers to lead environmental asthma interventions; and clinical providers to understand the impact of social determinants of health on their patients’ asthma.

Intended outcomes include:

- Asthma home visiting programs have increased capacity to deliver prevention-oriented care to families disproportionately impacted by asthma.
- More School-Based Health Centers incorporate environmental asthma interventions into asthma management.
- Clinical providers are better able to utilize a social determinants of health approach to health care, and to advocate for the policy and systems changes necessary to promote health equity.
- Systematic access to prevention-oriented services, like asthma home visits, provided for low-income Californians enrolled in Medi-Cal.

Goal Integration

While presented as three distinct goals, RAMP will operationalize them in a more integrated process. For example, Goals 1 and 3 are linked through our advocacy for sustainable health care financing for asthma in-home services, which include environmental assessments and environmental remediation. The asthma home visiting programs would identify and remediate some asthma triggers (those within the tenants’ control), but others require policy changes to hold landlords accountable. As another example, indoor air quality and outdoor air quality are inextricably linked. RAMP’s housing work includes strategies for reducing the impact of outdoor air pollution on residents in their homes (whether they are filtration systems that serve as a barrier, decisions related to the placement of housing in proximity to pollution sources, or policies aimed at reducing polluting sources near housing). As a final example, climate change is an overarching theme affecting asthma in California. Climate mitigation and adaptation are integrated into Goals 1 and 2 with a focus on climate resilience. Goal 1 includes energy efficiency services as a key component of healthy housing, and Goal 2 includes a focus on outdoor air pollutants that contribute to both air pollution and asthma. As RAMP staff work toward completing our goals, we will integrate strategies and activities across goals to create a unified and comprehensive approach.

This integration, as well as the overarching strategies are shown in RAMP’s Framework for Reducing the Burden of Asthma. The Framework visually conveys the factors affecting asthma outcomes and demonstrates the impact of social and environmental inequities on asthma disparities.
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**
- Access to care
- Education
- Experience of racism, poverty
- Social cohesion, social capital
- Culture
- Employment; income

**Daily Living Conditions**
- Environmental Inequities
- Air quality
- Land use
- Transportation
- Housing
- Residential segregation

**Climate Change**
- Risk factors
- Exposure to environmental asthma triggers
- Exposure to asthmagens
- Exposure to stress and violence
- Respiratory infections
- Premature birth
- Risk behaviors
- Smoking
- Poor nutrition
- Low physical activity
- Non-adherence to treatment

**Risks**
- Asthma
- Co-benefits or adverse consequences for other chronic diseases (e.g., heart disease, diabetes)

**Disease**
- Mortality
- Morbidity
- Asthma symptoms
- Medical visits
- Emergency department visits
- Hospitalizations

**Disease Outcomes**

**RAMP Strategies**
- Mobilize networks to advance policy and systems change
- Create linkages and enhance collaboration among partners and topics
- Build capacity of the asthma field to implement best practices

**Outer rings** — Levels of the Socio-Ecological Model

This framework was adapted from the Bay Area Regional Health Inequities Initiative’s Public Health Framework for Reducing Health Inequities.