RAMP's Framework for Reducing the Burden of Asthma

Social Inequities
Class / SES
Race / ethnicity
Gender
Immigration status

Political Power

Climate Change

Institutional Power
Government agencies
Corporations/industry

Daily Living Conditions

ENVIRONMENTAL
Air quality
Land use
Transportation
Housing
Residential segregation

SOCIAL
Access to care
Education
Experience of racism, poverty
Social cohesion, social capital
Employment; income

Risks

RISK FACTORS
Environmental asthma triggers
Asthmagens
Stress and violence
Respiratory infections
Premature birth

RISK BEHAVIORS
Smoking
Poor nutrition
Low physical activity
Non-adherence to treatment

Disease
Asthma
Co-morbidities (e.g. heart disease, diabetes)

Disease outcomes

MORTALITY

MORBIDITY
Asthma symptoms
Medical visits
ED visits
Hospitalizations

IMPACTS ON
Family functioning
Education
Employment

PARTNER STRATEGIES

RAMP STRATEGIES

Community-based advocacy efforts

Health Education Trigger reduction interventions

Quality health care Support for self-management

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

UPSTREAM   **DOWNSTREAM**

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