



Strategic Plan January 2022-December 2024

Established in 1996 and based in Oakland, California, Regional Asthma Management & Prevention (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 help achieve our vision.

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.

While asthma is a significant public health issue across California –about 1 in 7 people have asthma – there are considerable asthma disparities by income, race, and ethnicity.ⁱ These disparities result from historic and current policies and systems that create environmental and social inequities related to air quality, land use, transportation, housing, access to care, education, and the experience of racism and poverty. As a result,

- Low-income Californians experience more asthma symptoms, use the emergency room more for asthma care, miss more school due to asthma, and are more likely to encounter asthma risk factors.ⁱⁱ
- In California, African-Americans experience the greatest asthma disparities and are 5 times more likely to go to the emergency department for asthma, 4 times more likely to be hospitalized for asthma, and 3 times more likely to die from asthma compared to White Californians.ⁱⁱⁱ
- Latinx Californians are 1.3 times more likely to go to the emergency department for asthma and 1.4 times more likely to be hospitalized for asthma compared to White Californians.^{iv} Further, 2.2 million of the 5.9 million Californians diagnosed with asthma are Latinx.^v

To achieve RAMP's vision and mission, the goals and activities described in this Strategic Plan were developed in response to these disparities, targeting the social and environmental inequities that create them. The RAMP Framework for Reducing the Burden of Asthma, at the end of this document, visually conveys the array of factors impacting asthma prevalence and outcomes from downstream factors, like medication use to upstream factors, like racism. It also conveys the multiple strategies for addressing these factors, both for RAMP's partners that provide direct services and for RAMP.

RAMP's 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 creating and disseminating tools and models, providing strategic guidance, and facilitating training and technical assistance, RAMP increases the collective impact on reducing the inequitable burden of asthma.
- *Create linkages:* RAMP creates linkages among partners for peer learning, collaboration, and network-building. RAMP also creates connections across issues and sectors to reduce siloes and advance comprehensive solutions.
- *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—Healthy and Stable Housing: Advance comprehensive policies on housing quality, affordability and tenant protections.

Housing instability is a driver of health inequities, including for asthma. As a result of historical disinvestment in housing in communities of color through policies such as redlining and racially restrictive covenants, combined with a lack of policies that hold landlords accountable, unhealthy housing conditions are far more common in communities of color. Because substandard housing conditions such as mold and pest infestations can not only exacerbate asthma, but also cause the disease, it is no surprise that these same communities suffer disproportionately from asthma. Further, with few affordable alternatives and minimal protections from excessive rent increases and eviction, many tenants in low-income communities and communities of color are forced to face displacement or accept unhealthy living conditions, exacerbating health problems like asthma.

RAMP works to improve housing quality through leadership of the California Healthy Housing Coalition, which brings together diverse stakeholders to advance state-level solutions to substandard housing conditions. Simultaneously, we collaborate with partners who work on tenant protections and preservation of affordable housing in order to advance the broad and comprehensive goal of housing stability.

Intended outcomes include:

- 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.
- Broader and deeper partnerships with tenants' rights and affordable housing stakeholders leading to increased engagement with impacted tenants and more comprehensive solutions.
- 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 and eliminate exposure to air pollution in inequitably burdened communities.

Historic and ongoing unjust and racist policies, investments and planning decisions expose low-income communities and communities of color to inequitable amounts of air pollution, which can exacerbate asthma and contribute to the onset of the disease. RAMP focuses on pollution common to these communities—for example, diesel pollution from the freight transportation sector, including ports, railyards, freeways and distribution centers. RAMP also focuses on policies that address the cumulative impacts of multiple sources of pollution in a community.

Similarly, climate change inequitably impacts people with asthma and low-income communities and communities of color. RAMP works to ensure that mitigation and adaptation policies and programs in California maximize co-benefits for people with asthma and low-income communities and communities of color, more broadly. RAMP is especially focused on the impact of wildfire smoke and aims to reduce smoke exposure in the homes, schools, and communities of low-income Californians with asthma.

Intended outcomes include:

- Regulations, legislation, and air quality plans will reduce outdoor pollution from a wide range of mobile and stationary sources, particularly in low-income communities and communities of color.
- California’s freight transportation system will increasingly use zero emission technology.
- Low-income Californians with asthma will have access to cleaner air spaces in homes, schools, and communities during wildfire smoke events.
- RAMP and public health partners will strengthen 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 community health workers, *promotoras*, and other 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 scientific literature. Yet prevention-oriented services are not systematically accessible to the low-income communities and communities of color who need them most. Additionally, many of the services that are available are not provided with the cultural humility and understanding needed to reach historically marginalized communities of color.

RAMP advocates for sustainable financing to support the integration of prevention-oriented services into the health care system, focusing on Medi-Cal given the disproportionate impact of asthma on low-income communities, and guides implementation of policies and programs aimed at this goal. RAMP shares best practices and lessons learned throughout California and across the country, simultaneously building our own knowledge through peer engagement.

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, *promotoras*, and other professionals to conduct asthma home visits and clinical providers to

understand the impact of social determinants of health on their patients' asthma. RAMP also builds the capacity of the full asthma workforce to respond and adapt to emerging issues impacting its work, like COVID-19, increasing numbers and size of wildfires, and updates to asthma guidelines.

Intended outcomes include:

- Asthma home visiting programs have increased capacity to deliver prevention-oriented care with cultural humility to families disproportionately impacted by asthma.
- 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.
- The diverse asthma workforce has increased capacity to respond and adapt to significant emerging issues impacting their work.
- Systematic access to prevention-oriented services, like asthma home visits, are provided for low-income Californians enrolled in Medi-Cal.

Goal Integration

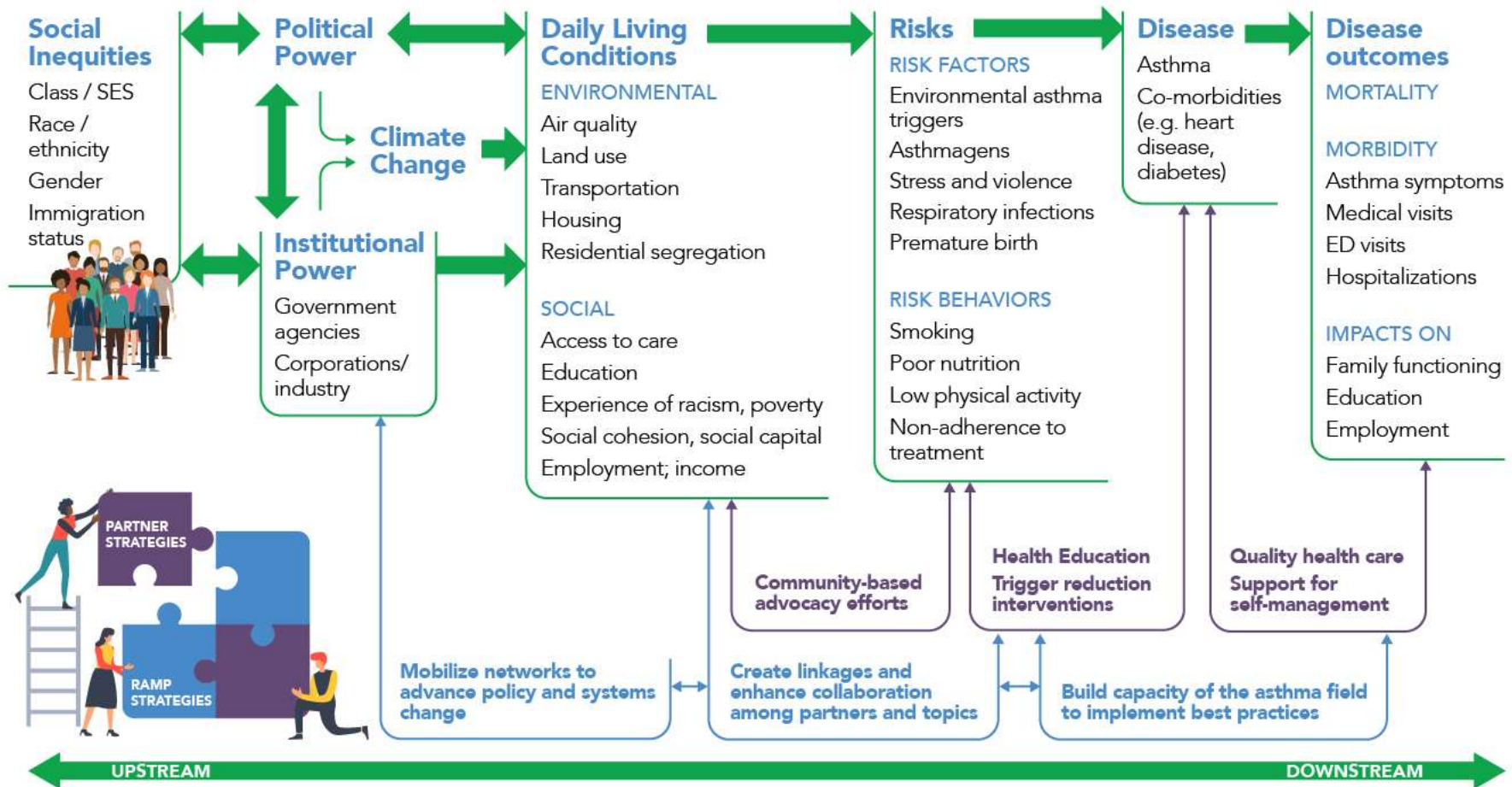
While presented as three distinct goals, RAMP will operationalize them in a more integrated process. For example, Goals 1 and 3 are linked through our advocacy for sustainable health care financing for asthma in-home services, which include environmental assessments and environmental remediation. The 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 (Goal 1) and outdoor air quality (Goal 2) are inextricably linked. RAMP's housing work includes strategies for reducing the impact of outdoor air pollution on residents in their homes (whether through 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, our activities to reduce exposure to wildfire are placed within Goal 2, as wildfire smoke is a complex mixture of outdoor air pollutants. However, many of the strategies are focused on creating clean air spaces in homes, thus they are also linked to Goal 1. As RAMP staff work toward completing our goals, we will integrate strategies and activities across goals to create a unified and comprehensive approach.

Geographic Scope

Most of RAMP's work focuses on the state of California: building the capacity of the asthma workforce across the state, creating linkages to form statewide networks, and mobilizing networks to create statewide policy and systems change. Additionally, there are times when RAMP engages in community-level projects, particularly if they can serve as demonstration projects that could be scaled or lead to broader policy and system changes. There are also times when RAMP shares lessons learned from California with groups across the country, supports and learns from other states, and partners with others on federal policy change.



RAMP's Framework for Reducing the Burden of Asthma



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

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- ⁱ Asthma in California Infographic. California Department of Public Health. https://www.cdph.ca.gov/Programs/CCDCPHP/DEODC/EHIB/CPE/CDPH%20Document%20Library/CA_Asthma_2021-Infographic.pdf?TSPD_101_R0=087ed344cfab200006b8f1afc02676f830f59341391ec30e0845cbc04523e9fb6d09a1cb4f3697bd087192d7ae1430005611606d7ae456d77b23ea30916b7dc140363188a4cb37e8d2d440cd872edb80c0aa48faca908e200304a834a5965fee Accessed September 9, 2021.
- ⁱⁱ Milet M. Asthma Prevalence in California: A Surveillance Report. Richmond, CA: California Department of Public Health, Environmental Health Investigations Branch, January 2017.
- ⁱⁱⁱ Asthma Racial Inequities In California Infographic. California Department of Public Health. https://www.cdph.ca.gov/programs/ccdphp/deodc/ehib/cpe/cdph%20document%20library/ca_asthma_racial_inequities_2021-infographic.pdf. Accessed September 2, 2021.
- ^{iv} *ibid*
- ^v California Health Interview Survey data from 2019. <https://ask.chis.ucla.edu/>. Accessed September 2, 2021.