

CAFA news

Community Action to Fight Asthma

Reducing the risk for California's children



Why do we need to advocate for policies to address asthma?

Roughly one in ten children in California suffer from asthma, a chronic condition. African Americans and Latinos suffer disproportionately, being more likely to be hospitalized or die from an asthma attack. In an asthma attack, the airway passages become inflamed and constrict, making it difficult to breathe. Asthma can be controlled, through a combination of access to high quality health care and decreased exposure to environmental triggers. CAFA coalitions focus on reducing environmental triggers of asthma, and support efforts to ensure access to quality health care for people with asthma.

Fewer Than Half of California Legislative Districts Within Guidelines for Asthma Hospitalization Rates, CAFA Analysis Shows

Staff of Community Action to Fight Asthma (CAFA), along with CAFA's scientific partners, analyzed hospitalization discharge data for asthma from the years 1998 to 2000. Among the findings:

- ▶ For fewer than half of the Senate and Assembly districts in California, the asthma hospitalization rate for children was significantly lower than recommendations set forth within *Healthy People 2010*. *Healthy People 2010* is a comprehensive set of nationwide public health goals set forth by the federal government to help measure progress by 2010 in improving health and reducing or eliminating health disparities.
- ▶ Throughout California, hospitalization rates were higher in poorer communities.
- ▶ There are nearly 18,000 hospitalizations for asthma in California each year, nearly 7,000 of these occurring among children. The cost of hospital stays for asthma alone amounted to \$480 million in California in 2000.

These findings underscore the pervasiveness of asthma as a problem across the state. Hospitalizations for asthma are considered largely preventable in the health care community through adequate medical treatment and environmental interventions.

The accompanying article briefly describes details of the CAFA analysis, along with some highlighted results. For numbers of hospitalizations in each legislative district, maps, and charts, please see <http://www.calasthma.org>.

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Hospitalization Rates of Asthmatic Children: California, 1998-2000, by Legislative Districts

INTRODUCTION

This article presents two statistical analyses conducted by CAFA staff in collaboration with its scientific partners (California Department of Health Services, Environmental Health Investigations Branch and Impact Assessment, Inc., Oakland, CA (CA Breathing)). We found in more than half of Senate and Assembly districts in California the federally recommended objectives for reductions in asthma hospitalizations are not met.

We graphically summarize age-adjusted asthma hospitalization rates for 1998-2000 among children ages 0-14 in California, by Assembly Legislative District (LD) and by Senate LD, compared to *Healthy People 2010* goals. Similar results were processed for "all ages." We also summarize results from statistical analyses of asthma hospitalization rates by poverty rate in of the zip code tabulation area of residence. For the data, including numbers of hospitalizations in each LD, maps, and charts, please see <http://www.calasthma.org>.

"Healthy People 2010" (HP 2010) is a comprehensive set of nationwide public health goals set forth by the federal government to help measure progress by 2010 in both reducing and eliminating health disparities (by age, gender, and race/ethnicity). HP 2010 has been adopted at local, county, and state levels by government agencies and non-profits to promote interventions and policies to change health behaviors, environmental quality, and access to and availability of health care including medications. HP 2010 includes goals about asthma:¹⁻²

- Hospitalization rate (of admissions) due to asthma, per 10,000 population:
 - Pediatric (under 18 years old): 17.3 or lower
 - Child (under five years old): 25 or lower

METHODS

Data Sources

Data on asthma hospitalizations among children during 1998-2000 were from the California Patient Discharge Data Set, Public Version B, California Office of Statewide Health Planning and Development (OSHPD).³ OSHPD data included annual discharges from civilian hospitals in California, except federal hospitals and state hospitals for patients with documented mental disorders or developmental disabilities. Only discharge records with a three-digit code of 493 signifying asthma (*International Classification of Diseases, 9th Revision — Clinical Modification*) were included. Data from the 2000 U.S. Census⁴ were used to determine the size of the populations "at risk" — from which hospitalizations occurred — in each LD.

Calculations

In 2000, Census data were available at block and tract levels but not for U.S. Postal Service zip codes like before. Therefore, for each LD, researchers: estimated the number of hospitalizations by combining appropriate census blocks, since block groups and tracts overlapped LD boundaries; determined for each zip code what percentage of the population lived in a given LD; and finally, calculated the total population "at risk" per LD.^{4,5} LD boundaries were obtained from the California Spatial Information Library.⁶ Estimated age-adjusted rates with 95% confidence intervals were calculated according to methods described in Fay and Feuer (1997).⁷ Researchers also estimated the number of hospitalizations in each zip code tabulation area (ZCTA), overall and by percentages of the ZCTA population below the federal poverty line, based on the majority zip code in each census block, excluding unique and single-delivery point zip codes; further detail is available elsewhere.⁸

HIGHLIGHTED RESULTS

The relationship of age-adjusted childhood hospitalization rates for asthma to HP 2010 objectives are presented by Assembly LD and Senate LD at <http://www.calasthma.org>. Less than half of the Assembly LDs (37 of 80) and Senate LDs (15 of 40) have an estimated rate significantly below the published HP 2010 goal (Table 1). Three of the Assembly LDs (#16, 62, and 80) and one Senate LD (#9) have estimated rates 2-3 times higher than the HP 2010 goal.

TABLE 1

Summary of age-adjusted asthma hospitalization rates by LD, 1998-2000*

	LDS ABOVE HP2010 (BAD)	LDS BELOW HP2010 (GOOD)
Assembly, children 0-14	34/80	37/80
Senate, children 0-14	17/40	15/40
Assembly, all ages	43/80	22/80
Senate, all ages	29/40	10/40

* Numerators do not include LDs with 95% confidence intervals which overlapped with the HP 2010 goal.

TABLE 2

Age-adjusted asthma hospitalization rates, by poverty status of zip code tabulation area (ZCTA) of residence among children aged 0-14 years, 1998-2000. (HP 2010 target: 17.3 per 10,000)

% OF POPULATION BELOW POVERTY LINE	AGE-ADJUSTED RATE PER 10,000	95% CONFIDENCE INTERVAL
< 20 %	16.4	(16.3 - 16.7)
20 - 40 %	26.3	(25.9 - 26.7)
> 40 %	29.3	(27.7 - 31.0)

Table 2 suggests California children ages 0-14 in 1998-2000 were more likely to be hospitalized for asthma in poorer communities. Furthermore, these hospitalization rates consistently rose with increasing numbers of households below the federal poverty line.

PRELIMINARY CONCLUSIONS, POLICY IMPLICATIONS, AND RELATED WORK

Overall, these data have suggested a high prevalence of asthma attacks and acute and chronic symptoms throughout most of California. The problem is relatively more serious in urban/suburban areas due to multiple environmental, genetic, economic, and social factors. In most of California, as of 2000, HP 2010 goals related to childhood asthma may not be met.

In those areas where available data suggests HP 2010 goals can be achieved, stakeholders should strive for further improvements — *we know with proper medication and prevention of exposure to environmental triggers we can reduce childhood asthma hospitalization rates*. Therefore, interventions and policies at local (including school district), county, and state levels are urgently required to improve the lives of Californians, especially our most vulnerable groups.

Other analyses underway by CAFA staff and CA Breathing include data on asthma hospitalization rates, asthma hospital emergency department visits, and asthma mortality in California, at multiple geographical levels by age, gender, and racial and ethnic groups.

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OVERVIEW OF RECENT SCIENCE

Asthma, Diesel, and Freeway Traffic

Diesel exhaust is a mixture of airborne particles and gases emitted by trucks, school buses, older cars, and off-road construction and industrial equipment with engines running on diesel fuel. Diesel exhaust includes organic gases (chemicals which contain carbon) and inorganic compounds (like metals) known or suspected of causing various cancers in humans and increased respiratory illness among children with asthma. California has formally recognized *diesel exhaust particulate* (DEP) as a toxic air contaminant. As a result, DEP is subject to regulation to reduce emissions and therefore human exposure.

Children are highly vulnerable to health risks from exposure to diesel exhaust. Children breathe in air at higher rates than adults per unit of body weight, which can increase their exposure to traffic-related air pollutants including DEP, nitrogen dioxide, particles, and ozone. Researchers have conducted studies of animals in laboratories and of human volunteers. Overall, the results have suggested exposure to the combination of DEP and known allergens was worse than exposure to only allergens; immune system function was disrupted and development of allergic sensitization increased. People who acquire allergic sensitization can then have more asthma symptoms like airway inflammation. In addition, particles and ozone can damage the cells lining our lungs directly or indirectly through inflammation.

A study of about 6,000 low-income asthmatic children in San Diego found asthmatic children living close to high-traffic areas made more doctor visits than those who lived further from traffic.¹ In California in 2000, 173 K-12 public schools, with an enrollment over 150,000, were sited within 500 feet of high-traffic roadways.² Potential exposures to traffic-related pollutants like particles are lower 500 or more feet away from freeway traffic.³⁻⁵

Actions to reduce potential community exposures to traffic-related pollutants include:

- Advocate for rapid production, availability, and use of low-sulfur diesel fuel. Higher sulfur content inhibits the ability of filter traps to reduce emissions of particles that make asthma worse.
- Advocate for mandatory implementation of diesel software upgrades in heavy-duty trucks. (*Please refer to the accompanying policy summary article, on page 4, for more details.*)

- Implement and enforce policies to reduce idling of diesel-powered trucks and buses, including at schools, to reduce emissions and potential exposure during daily travel and work activities.
- Change community-wide transportation — traffic patterns and density — for a large, positive impact on outdoor air quality, especially in urban centers. For example, promote policies to increase incentives to use public transit.

For further information and references, please see our new Briefing Kit and <http://www.calasthma.org>.

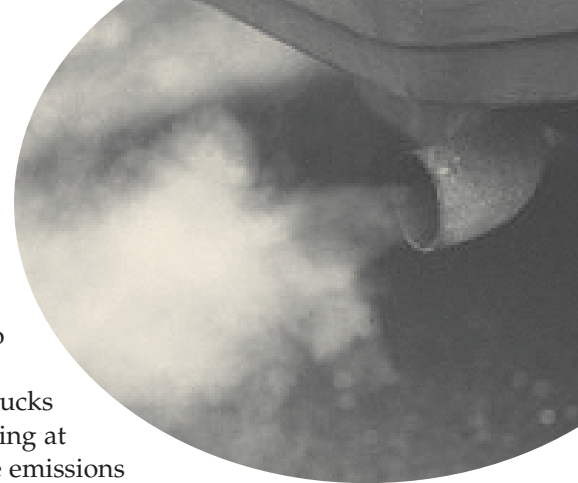
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Asthma and School Indoor Air and Environmental Quality

Approximately 1 in 5 Americans work and learn in school facilities 6-8 hours every day. Good indoor air and environmental quality can contribute to a favorable, healthy learning environment for children and better productivity for teachers and staff. Asthma is the number one cause of school absence (millions of days) due to chronic illness in the United States, with many consequences.

The major issues of concern are:

1. Bacteria, fungi, and pet allergens found in air and dust. These indoor allergens are believed to be a major — if not the primary — reason for the prevalence of asthmatic symptoms among school-aged children.
2. Moisture damage due to leaks, high indoor relative humidity, or siting and design issues.
3. Poorly mechanically ventilated portable and traditional classrooms, which have been noted in schools throughout California.



4. Potentially toxic and odorous organic gases, or volatile organic compounds, like formaldehyde.
5. Particles and dusts, and chemical residues like pesticides.

There is enough science to improve school facilities, which will promote the health and performance of students and staff. Practical actions to advocate for in your community include:

- Promote the use by school staff of USEPA's Tools for Schools walk-through checklists, or other easy-to-use surveys, to identify and prioritize indoor air quality issues.
- Conduct proper cleaning and maintenance to keep dust and allergen levels in classrooms low, and hence reduce or even prevent allergic sensitization and asthma symptoms. For example, regularly vacuum and clean carpets and rugs. Also, keep pets out of school facilities.
- Provide adequate mechanical ventilation with filtered outdoor air continuously, as required by California codes.
- Prevent, or detect and fix, leaks under sinks, in roofs, and under floors or behind walls. The goal is to reduce potential risks from moisture incursion-related dampness such as materials damage and growth of mold (fungi) and bacteria.
- Minimize the presence and use of sources known to emit VOCs, which are respiratory irritants, including building and interior finish materials, furnishings, and cleaning and teaching products.

For further information and references, please see our new briefing kit and <http://www.calasthma.org>.



CAFA STATEWIDE POLICY PRIORITY:

Strengthening Diesel Regulations

"Five Valley counties are among the 10 most ozone-polluted in the nation ... So, I don't think it's a coincidence that our asthma rates are more than double the national average."

– Mary-Michal Rawling,

Merced/Mariposa County Asthma Coalition

"One of the main factors for the aggravation for people with asthma in this community is the amount of diesel exhaust in the local neighborhood from...trucks and trains. So we're trying to work on policy, which will ensure community health and safety by reducing emissions. [Every time] we do some type of presentation and ask how many people or [if] someone in their house has asthma, 100% of the time it's an overwhelming yes and it's an overwhelming number."

– Angelo Logan,

East Yard Communities for Environmental Justice
(A new asthma CAFA coalition member in Southeast Los Angeles)

A recent report from the U.S. Environmental Protection Agency showed almost every county in California is currently out of compliance for ozone — and gasoline and diesel powered vehicles are major culprits. California also has extremely high levels of particulate pollution, with diesel a primary source. Ozone and particulate pollution can cause asthma attacks, and there is some evidence outdoor air pollution may help cause new cases of asthma. Across the state, CAFA coalitions target reducing diesel emissions as a key goal for improving air quality for people with asthma.

The state regulatory agency charged with reducing emissions from motor vehicles, fuels, and other sources of air pollution, the California Air Resources Board (CARB), aims to reduce diesel emissions by 2010. In coming years, CARB will develop specific regulations to achieve this goal. CAFA coalitions are pushing CARB to adopt the strongest regulations possible. This year, CAFA will urge the Board to adopt strong regulations to reduce truck idling, and to require city and county government trucks to use available technology to reduce emissions.

CAFA advocacy is already making a difference. On March 25th, CARB approved a program to fix a diesel engine software problem impacting about 60,000 trucks in California. Engine manufacturers in the 1990's (1993-98) designed their diesel engines in a way that allowed trucks to meet emission standards when tested, but then the trucks emitted far greater emissions on the highway. Thanks to letters and testimony from CAFA members and other advocates, the board strengthened their proposal, raising target percentages of engines to be fixed and shortening the timeline when this must be achieved. Under the final proposal adopted, engine manufacturers must immediately fix problem engines by specific dates, at no cost to truckers who purchased the engines. If these voluntary targets are not met, a mandatory regulation goes into effect. More advocacy will be needed in December to ensure CARB indeed moves to a mandatory regulation if the manufacturers are not meeting these goals.

For further information, see the CAFA website at: <http://www.calasthma.org> or contact Rebecca Flournoy at 510-663-2333.

CAFA STATEWIDE POLICY PRIORITY:

Improving Indoor Air Quality in Schools – AB 2863

"Many schools have air conditioning but they don't clean the air ducts so it's blowing bad air into the school."

– Mother of a child with asthma, LA County

In California, and across the country, asthma is the leading cause of school absences due to chronic conditions. In some cases, schools themselves may be keeping children with asthma sick. A 2003 report by the California Air Resources Board and the California Department of Health Services found indoor air quality problems in traditional and portable classrooms, including problems with ventilation, humidity, floor dust contaminants, moisture and mold, and air pollutants. These conditions can, directly or indirectly, trigger an asthma attack.

A bill authored by Assembly Member Fran Pavley (AB 2863) aims to make sure greatly needed new school construction and school remodeling projects optimize indoor air quality (IAQ) for the sake of our children's health. California is currently making large investments in new school construction — well over 1,000 new schools will be built in California in the next several years. Under AB2863, the State Architect will incorporate the California Collaborative for High Performance Schools' "Best Practices" for improved indoor air quality into the design and construction of new or remodeled school facilities. The bill also requires existing schools to conduct self-assessments to identify indoor air quality problems and to develop an IAQ management plans. Assembly Member Wilma Chan also supports the use of IAQ management plans in her bill on asthma, AB 2367.

Schools from across the state have begun to demonstrate these IAQ management plans are easy to use and can make a real difference. A school uses a short checklist to identify problems. Many problems can be fixed easily and at little cost — by simply moving books and papers blocking an air vent, for example. CAFA coalitions support AB2863 because it stops air quality problems in new schools before they start and become more costly. The bill saves school districts money by reducing asthma-related absences and therefore increasing funds from the state for average daily attendance.

The results can be dramatic. At Carver Elementary School in the Bay View/Hunter's Point neighborhood in San Francisco, low-cost IAQ improvements reduced asthma episodes in school, and visits to the office for asthma inhalers dropped by half. Unfortunately, only about 11% of schools in the state currently use IAQ management plans. Improving air quality in new and existing schools is a common sense way to improve the health of teachers and students across the state.

For further information, see the CAFA website at: <http://www.calasthma.org> or contact Rebecca Flournoy at 510-663-2333.

COALITIONS WORKING AROUND THE STATE

Mid-City San Diego Regional Coalition: Garbage and Asthma?

A vibrant street corner in Mid-City San Diego "looks like the United Nations," remarks Kirk Arthur, CAFA Project Supervisor for the San Diego Regional Coalition. Somali immigrants cross paths with US born Latino middle school kids, multiple languages can be heard on the sidewalks, and grocers and corner stores cater to a range of cuisines. Mid-City also happens to be the only high-density area in San Diego, with 30,000 people per square mile, four times that of the rest of the city. When the coalition surveyed community members as to which asthma-related problem in the area they felt was most pressing, the overwhelming answer was garbage. Garbage supports rats and cockroaches, both of which produce known asthma triggers. Despite its high population density, Mid-City garbage pickup still happens only once a week, with the same size bins, as elsewhere in the city.



The coalition has taken on the issue through deep and systematic community organizing. Neighborhood cleanup days have gotten people involved, and the coalition now has community members on staff and doing outreach. Trainings in leadership, public speaking, asthma, media, and the environment (and more) were conducted with simultaneous translation in English, Spanish, and Somali, and have given community members the skills they need to advocate on their own behalf. The coalition has also arranged for community advocates to meet people with key roles in addressing the garbage problem — at Section 8, the City of San Diego Housing Department Commission, Environmental Services, and Legal Aid, among others. In the year to come, with this essential groundwork laid, advocacy begins in earnest.

Teaching the community about its rights, and about advocacy, were key. For example, learning landlords could not legally evict them for complaining about substandard conditions gave community members confidence to speak up. "We're not afraid anymore," said outreach worker Rukiya Mahada. The community is finding its voice. "Community organizing is not a short cut," says Arthur. "This is a long term strategy for change. It changes the community. It empowers the community. It creates system change."

Merced/Mariposa County Asthma Coalition: Working to Improve the Valley's Air Quality



Alicia Bohlke has a personal reason to care about asthma. One month after moving to Merced, her six year old son, while at school, suffered the worst asthma attack in his life. Her associate at the Merced/Mariposa County Asthma Coalition (MMCAC), environmental scientist Mary-Michal Rawling, is professionally passionate about air quality. They are working hard to improve asthma and air quality policies at the local, regional, and even state level.

The area is fortunate to have them. The San Joaquin Valley Air Pollution Control District (SJVAPCD) has the dubious distinction of achieving "severe non-attainment" for both ground-level ozone and small particulate matter federal standards. "We have some of the worst air quality in the entire nation here in the valley," notes Rawling.

The coalition has now built an extensive network of community interest in the issues of asthma and air quality, including faith communities, groups such as the Hispanic Network and the NAACP, the YMCA, the Rotary Club, and the business community. Rawlings has conducted countless presentations on air quality on behalf of the coalition. She sits on the citizen's advisory committee of the Air Quality District (along with Tulare County Asthma Coalition's Christine Foster), and numerous other committees. Bohlke and Rawlings are working to build the connections that make change in a complex and difficult problem possible.

The coalition approaches the asthma issues through a range of work. It has launched the school flag program (which originated in Kern county), in which flags indicating poor or good air quality are flown on school flagpoles to inform parents, teachers, and children with asthma whether it's safe for these children to play outdoors. The flag program has taken off in Merced, with 22 out of 50 schools participating. The flag program has opened doors for introducing the EPA's "Tools for Schools" indoor air quality kit. The coalition also offers asthma training to health care providers and community health workers. And Bohlke and Rawlings will be doing an ongoing monthly asthma segment on a local area network show.

The problem of poor air quality in the San Joaquin Valley affects everyone. By building networks and raising awareness, MMCAC is doing its part to involve everyone in the solution.

Long Beach Alliance for Children with Asthma: Bringing Children's Health into the 710 Freeway Equation

Gym class at a middle school. Children play sports, and socialize on the sidelines. In most places, the soundtrack to this would be dominated by young voices. But at a school near the Port of Long Beach, instead you hear the steady roar of 18-wheelers on the 710 freeway that runs adjacent to the yard. Long Beach hosts the 3rd largest port complex in the world. Every day, over 40,000 diesel trucks carry goods to and from the port, causing congestion, air and noise pollution. A proposed expansion of the 710 freeway, through the heart of Long Beach neighborhoods, threatened to make the problem worse. Port operations and the freeway expansion plan have become hot button issues in the south coast air basin, with significant mobilization among an array of stakeholders. The Long Beach Alliance for Children with Asthma (LBACA) has been fighting to bring children's health into the discussion. They are succeeding.

A year ago, in response to uproar from the community including LBACA, the Oversight Policy Committee (OPC, the body governing the freeway planning study) created a community advisory committee. With the new committee, the coalition and other community members now have direct access to decision makers. On March 25, 2004, the community advisory committee presented to the OPC a first draft of its alternate plan for extending the freeway. Not surprisingly, its proposal differed substantially from the initial plan, developed behind the closed doors that originally had left community voices out.

LBACA is one of the oldest asthma coalitions in the state of California. Since 1999, it has been building connections among diverse groups with a stake in childhood asthma. The coalition includes parents from the predominantly Latino communities in the area, health care providers, and representatives from schools; legislators, and organizations addressing the environment, legal issues, and housing; media, foundations and pharmaceutical companies; and the regional air quality district.

Creating the community advisory committee was a challenging process. The 710 expansion is a complex issue involving shipping schedules, the inner workings of the port, and transport schedules. When LBACA's leadership began attending meetings, they discovered that no one was mentioning health. They brought back what they learned to the rest of the coalition. They also brought back their concerns about the lack of community participation. "We didn't like how the meetings were run," says LBACA Project Coordinator Maura Dwyer. "The community was shut out." Increasing community protest eventually resulted in the creation of the community advisory committee, with LBACA coalition Project Director Dr. Elisa Nichols as a member.

"The 'health' voice has been inserted into this debate," says Dwyer, "and it wasn't before. That's a success!"

San Francisco Asthma Task Force:

A City Working Together to Address the Epidemic

The San Francisco Asthma Task Force (SFATF), uniquely among asthma coalitions in California, was created by city mandate. For years, people had been working to fight asthma in Bayview Hunters Point, an area of the city hardest hit by the disease. With growing recognition that several other areas of the city also shouldered a heavy asthma burden, a call went out for coordinated action. Community advocates joined forces with the Board of Supervisors, creating the task force as a city-wide response to the asthma epidemic. Members of the Bayview Hunters Point Asthma Task Force and others drafted the legislation for the task force, and in May 2001, the Mayor signed it into law.

Two years later, July 2003, the SFATF released the City's first-ever "Strategic Plan on Asthma for the City and County of San Francisco." The release of the plan was a milestone for San Francisco, where three children had died of asthma within a six-month period in 2002, the first such reported deaths since 1987. The plan provides a blueprint for managing and preventing asthma in San Francisco, a blueprint that should guide significant work over the years to come. Now, the SFATF has turned its attention to the plan's implementation.

Being a legislated task force "really has opened doors for us," says task force member Marie Hoemke. In December 2003, the task force convinced the Board of Education to pass a resolution to require individual asthma action plans for all students with asthma in Pre-K through 12. The task force also inspired the Superintendent of the San Francisco Unified School District to establish a District Asthma Team to oversee the district-wide implementation of asthma action plans. This summer the District Asthma Team will launch a poster campaign to raise parent and provider awareness.

School indoor air quality is emerging next on the task force agenda. The San Francisco Unified School District established an Indoor Air Quality Policy in 1998, but the policy hasn't been fully implemented or monitored. In the coming months, the task force will urge the school district to better implement this policy so that students with asthma don't have to struggle with constant exposure to asthma triggers during the school day. "The good news," says Marie Hoemke, "is that many common indoor air quality problems in schools can be prevented in the first place with practical low cost solutions."

One step at a time, the SFATF is building partnerships and making San Francisco safer for children with asthma.

West Contra Costa County Asthma Coalition:

Community Demands Flare Control!



In West Contra Costa County, in 2002, a refinery accident occurred on average every three months for which "sirens were activated," and people were told to "shelter in place," to avoid toxic materials released into the air. Local refineries

routinely release dioxin, an incineration byproduct, into the water and air. Debate centers only on how much, not whether, the toxin is released. One of the biggest issues for the West Contra Costa County Asthma Coalition (WCCCAC) is refinery "flares" — unscheduled, unmonitored, and uncontrolled burning of refinery products. Recent data collected by the Bay Area Air Quality Management District suggested as much as 30% of Contra Costa County's air pollution comes from these "flares."

While most sources of ozone and other air pollutants are being carefully monitored, flares are not. No one has the data from which to assess whether refineries are using flares appropriately — as emergency measures. What people do know is that air quality is a serious issue for West Contra Costa County residents with asthma. The Air District decided to introduce rules to monitor toxic outputs from refinery flares. "The community said 'That's not good enough!'" says Kim Cox, Program Manager of WCCCAC. They insist that flares be *controlled* — putting the precautionary principle into action.

For this advocacy effort to succeed, the community needed information. This is where some of the most important work of the WCCCAC takes place. This coalition's locus — within Contra Costa Health Services — gives it the advantage of access to data, and to the people who can interpret it. Asthma-related environmental issues here are scientifically and technically complex. To work effectively for better policies and enforcement, community members and coalitions sought a stronger understanding of the technical issues. When attending hearings or approaching decision makers, they wanted to be able to speak directly to the health and policy implications of the data.

One of WCCCAC's most successful efforts was an "Ozone 101" training, a collaborative effort undertaken by the Air District, and Health Services staff, and held prior to the formal public comment community meeting on ozone and refinery flares. The purpose of the training was to ensure meaningful participation by members of the community most affected by these pollution sources cited in their own community. "People shouldn't be put in that position where they don't have enough knowledge," says Cox. "They deserve it."

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NORTHERN CALIFORNIA REGIONAL CENTER

Regional Asthma Management & Prevention Initiative (RAMP)

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NORTHERN CALIFORNIA CAFA COALITIONS

West County Asthma Coalition
Oakland/Berkeley Community Action
to Fight Asthma
San Francisco Asthma Task Force
Solano Asthma Coalition
Sonoma County Asthma Coalition

CENTRAL CALIFORNIA REGIONAL CENTER

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CENTRAL CALIFORNIA CAFA COALITIONS

Kern County Asthma Coalition
Merced/Mariposa County Asthma
Coalition
Tulare County Asthma Coalition

SOUTHERN CALIFORNIA REGIONAL CENTER

(LONG BEACH/LOS ANGELES)

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SOUTHERN CALIFORNIA CAFA COALITIONS (LONG BEACH/LOS ANGELES)

Long Beach Alliance for Children
with Asthma
Los Angeles Asthma Collaborative
East Yard Communities for
Environmental Justice

SOUTHERN REGIONAL CENTER (IMPERIAL VALLEY/SAN DIEGO)

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SOUTHERN CALIFORNIA CAFA COALITIONS (IMPERIAL VALLEY/SAN DIEGO)

Imperial Valley Asthma Coalition
San Diego Regional Asthma Coalition

CAFA

Community Action to Fight Asthma



An Initiative of **THE CALIFORNIA ENDOWMENT**

Coordinated by Community Health Works of San Francisco,

a partnership of San Francisco State University and City College of San Francisco