

The Right to Live Asthma Free

Strategic Plan for the Asthma
Coalition of Los Angeles County

2013-2017





Strategic Plan

2013-2017

Contents

Acknowledgments	iv
Executive Summary	viii
Asthma in Los Angeles County	1
About Asthma	1
The Asthma Burden	1
The Asthma Coalition of Los Angeles County	2
Vision Statement	2
Mission Statement	2
Guiding Principles	2
Structure	2
ACLAC Structure Model	3
Goals, Objectives, and Strategies	4
Health Care, Clinical Settings	4
Asthma Friendly Schools	5
Indoor Air Quality	6
Outdoor Air Quality	7
Cross-Cutting	8
ACLAC Strategic Plan Model	9
Implementation Process	10
Work Plan Development	10
Logic Model	11
Evaluation Plan	12
Process Evaluation	12
Outcome Evaluation	12
Process Evaluation Plan Matrix	13
Sustainability Plan	15
Coordination and Funding	15
Leadership and Recruitment	15
Appendices	16
List of Figures	16

Acknowledgments

Steering Committee

The following members contributed to the development, review and editing of this document:

Carlos Aguilar, Coalition for Economic Survival

Katie Balderas, Los Angeles County Department of Public Health (LAC DPH), Maternal, Child and Adolescent Health Programs

Jennifer Clark, BREATHE California of Los Angeles County

Regina Clemente, St. John's Well Child and Family Center

Francisco Covarrubias, Inner City Law Center

Yolanda Cuevas, Los Angeles Unified School District

Aarti Harper, LAC DPH, Child Health and Disability Prevention Program

Monica Morello, LAC DPH, Maternal, Child and Adolescent Health Programs

Janet Scully, LAC DPH, Maternal, Child and Adolescent Health Programs

Carrie Tayour, LAC DPH, Toxics Epidemiology Program

Jessica Tovar, Long Beach Alliance for Children with Asthma

Kerry Van Frank, Pasadena Unified School District

Robert Vinetz, MD, QueensCare Family Clinics

Resources

This document was printed by the Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs.

Member Organizations

1. Air Quality Management District (AQMD)
2. American Lung Association
3. Antelope Valley Health Center
4. Anthem Blue Cross*
5. Asian American Drug Abuse Program
6. Asian Youth Center
7. Barlow Respiratory Hospital*
8. BREATHE California of Los Angeles County*
9. California Hospital Medical Center
10. Center for Tobacco Policy and Organizing
11. Children’s Hospital Los Angeles
12. Coalition for Clean Air
13. Coalition for Economic Survival*
14. Community Clinic Association of Los Angeles County
15. Crystal Stairs
16. Curtis Tucker Clinic
17. Day One
18. East Los Angeles Corporation
19. East Yard Communities for Environmental Justice
20. Eisner Pediatric & Family Medical Center
21. Esperanza Community Housing Corporation*
22. FAME
23. First 5 Los Angeles
24. Glendale Adventist Medical Center
25. Glendale Unified School District
26. Health Net
27. Healthy African American Families
28. Healthy Homes Collaborative*
29. Inner City Law Center*
30. Inquilinos Unidos
31. JWCH Institute, Inc.
32. Kaiser Permanente, LA Medical Center
33. LA Care Health Plan*
34. LA County Office of Education
35. LA Unified School District*
36. LAC DPH Child Health and Disability Prevention (CHDP) Program*
37. LAC DPH Childhood Lead Poisoning Prevention Program (CLPPP)
38. LAC DPH Environmental Health
39. LAC DPH Maternal, Child and Adolescent Health (MCAH) Programs*
40. LAC DPH Service Planning Area (SPA) 1 & 2*
41. LAC DPH SPA 3 & 4
42. LAC DPH SPA 5 & 6
43. LAC DPH SPA 7 & 8
44. LAC DPH Tobacco Control and Prevention Program*
45. LAC DPH Toxics Epidemiology Program*
46. LAC USC Breathmobile
47. Long Beach Alliance for Children with Asthma*
48. Long Beach Comprehensive Health Center
49. Long Beach Department of Health and Human Services*
50. Los Angeles Office of the City Attorney
51. Merck
52. MotherNet Los Angeles

53. National Latino Research Center
54. Northeast Valley Health Corporation
55. Pacoima Beautiful*
56. Pasadena Unified School District Health Programs*
57. People's Core
58. Physicians for Social Responsibility
59. Public Health Foundation Enterprises WIC
60. QueensCare Family Clinics*
61. S.A.F.E. Smokefree Air for Everyone*
62. St. John's Well Child and Family Center*
63. St. Mary's Medical Center
64. Strategic Actions for a Just Economy
65. The Children's Clinic
66. UCLA Center for Health Policy Research
67. UCLA Family Medicine Department
68. USC Clinical Translational Science Institute (CTSI)
69. USC Environmental Health Sciences Center
70. Watts Healthcare Corporation
71. White Memorial Pediatric Medical Group

*Meets Coalition membership and attendance requirements for voting privileges per the ACLAC Organizational Guidelines as of October 2013



Executive Summary

Asthma is a common chronic inflammatory disease of the lungs that makes it difficult to breathe. Common symptoms include recurrent wheezing and coughing, difficulty breathing, and tightness of the chest.¹ Asthma attacks can range in severity from inconvenient to life-threatening. The exact causes of asthma are not fully known, but both genetics and the environment are contributing factors.

There is no known cure for asthma, but it can be controlled by following a medical management plan and by reducing exposure to environmental “triggers,” such as air pollution, cockroaches, dust mites, furry pets, mold, tobacco smoke, and other toxic and hazardous chemicals. Additionally, addressing social determinants of health such as poverty, unemployment, lack of quality health insurance, low educational attainment, old and substandard housing, environmental pollution, location of hazardous industries, and limited access to healthcare services will contribute to improving community health.

Children, communities of color (particularly African Americans and Latinos), and low-income communities bear the burden of asthma, having higher prevalence of asthma and increased rates of hospitalizations, deaths, and emergency room usage.² This inflammatory lung disease is one of the most common chronic childhood diseases affecting millions of children nationwide. In Los Angeles County, approximately 1,250,000 children and adults have been diagnosed with asthma.³

An effective approach in the fight against asthma will be one that incorporates multiple strategies designed to address the numerous factors that lead to asthma--including access to health care, adherence to housing and building codes, tobacco control, improved public transportation and reduced vehicle and industrial emissions.

This Strategic Plan builds upon the previous *2010-2012 Strategic Plan for the Asthma Coalition of Los Angeles County*. This revised Plan includes specific goals and objectives based upon the four coalition workgroups: Health Care/Clinical Settings, Asthma Friendly Schools, Indoor Environments, and Outdoor Environments. This Plan is designed to be in alignment with the *Strategic Plan for Asthma in California* in order to guide the work of the Asthma Coalition of Los Angeles County by providing specific and attainable objectives to prevent or minimize asthma in Los Angeles County.

¹ National Institutes of Health (April 2011). Asthma. Retrieved from <http://health.nih.gov/topic/Asthma>.

² California Breathing (May 2011). The Burden of Asthma in California: A Surveillance Report. Retrieved from <http://californiabreathing.org/asthma-data/burden-report>

³ California Breathing (May 2011). Los Angeles County Asthma Profile. Retrieved from <http://www.californiabreathing.org/asthma-data/county-asthma-profiles/los-angeles-county-asthma-profile>.

Asthma in Los Angeles County

About Asthma



Asthma is a common chronic inflammatory disease of the lungs that makes it difficult to breathe. Symptoms include wheezing, coughing, chest tightness, and shortness of breath. The exact causes of asthma are not fully known, but both genetics and the environment are contributing factors. Environmental triggers of asthma include indoor allergens, irritants and air pollutants such as dust mites, animal dander, cockroaches, mold, cleaners, pesticides, and tobacco smoke, as

well as outdoor air pollutants resulting from motorized vehicle exhaust fumes and industrial emissions. While asthma cannot be cured, it can be effectively managed with proper medical care and with reduced exposure to both indoor and outdoor environmental triggers.

The Asthma Burden

Asthma rates across the nation have increased substantially over the past years, including within the Los Angeles area. Those affected most by asthma are individuals living within communities that lack access to regular, quality medical care and are exposed more frequently to indoor and/or outdoor asthma triggers. Low-income communities of color in Los Angeles County suffer the highest asthma rates due to a myriad of extenuating factors. Often, these communities lack health insurance and access to health care; live, work or go to school in substandard buildings where exposure to indoor asthma triggers is significantly prevalent; exhibit higher rates of tobacco use and exposure to second-hand smoke; or they may live, work or play in close proximity to congested freeways and industrial sites.⁴

According to data from a recent California Breathing report, more than 1.2 million children and adults have been diagnosed with asthma in Los Angeles County over their lifetime. Nearly one out of 10 children under the age of 17 in Los Angeles County has active asthma. More than 6% of adults aged 18 to 64, and 7% of those over age 65, have active asthma.⁵ The National Heart, Lung, and Blood Institute reports that rates of hospitalizations and deaths due to asthma are three times higher among African Americans than among Whites. Also, compared to White children, asthma prevalence is 1.6 times higher among African American children. The percentage of people with asthma taking daily controller medication is lower among Hispanics (23.2%) and African Americans (25.1%) than among Whites (35.1%).⁶ Likewise, low-income people of color with asthma miss more school and work days due to asthma.⁷

⁴ UCLA Center for Health Policy Research (December 2012). Income Disparities in Asthma Burden and Care in California.

⁵ California Breathing (May 2011). Los Angeles County Asthma Profile. Retrieved from <http://www.californiabreathing.org>.

⁶ National Heart, Lung, and Blood Institute. Reducing Asthma Disparities. Retrieved from <http://www.nhlbi.nih.gov/health/prof/lung/asthma/naci/discover/disparities.htm>.

⁷ UCLA Center for Health Policy (February 2007). Health Policy Research Brief. CA's Racial and Ethnic Minorities More Adversely Affected by Asthma.

The Asthma Coalition of Los Angeles County

Vision Statement

Los Angeles County residents will live, work and learn in healthy environments where the effects of asthma are prevented or minimized and people with asthma will enjoy a high quality of life.

Mission Statement

The Asthma Coalition of Los Angeles County is a collective, powerful voice for policy and systems change to prevent, minimize and manage the burden of asthma.

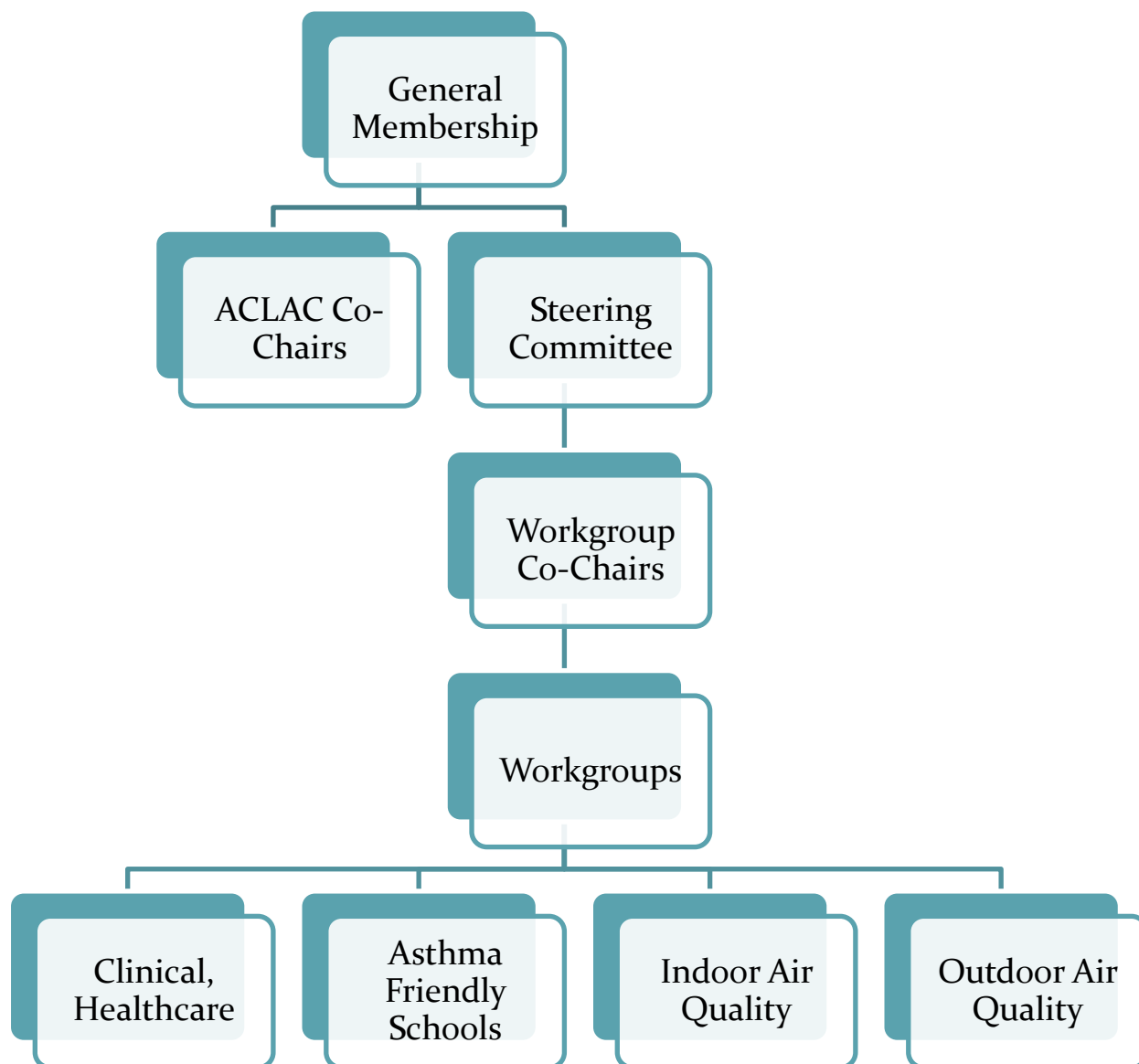
Guiding Principles

1. We, the members of the Asthma Coalition of Los Angeles County, affirm we have a common purpose. Therefore, we commit ourselves to act in synergy, to pursue our shared vision by setting aside competitiveness, to pool our resources to achieve our mission, and to share responsibility for the Coalition's successes and challenges.
2. We believe that consistency of individual participation over time is important and necessary for successful collaboration. Therefore Coalition members are encouraged to attend all Coalition meetings and events and to take responsibility for staying informed regarding Coalition actions and decisions.
3. We believe that each Coalition member has a voice. Therefore all opinions are respected and diverse opinions are encouraged.
4. We believe that developing relationships among Coalition members is key to our successful collaboration. Therefore all members are actively welcome at meetings and encouraged to greet new members and network with others.
5. We believe the Los Angeles region is a culturally, linguistically and economically diverse community. Therefore, we strive for diversity in our membership.

Structure

The general membership of the Coalition is the highest governing body and ultimate decision-maker (see Figure 1). The Coalition is organized by the Coordinator and functions through its Steering Committee and Workgroups. The Steering Committee provides leadership and direction to the ACLAC, and the Workgroups conduct activities in support of the Coalition's goals and objectives.

Figure 1. ACLAC Structure Model



Goals, Objectives, and Strategies

The document “Controlling Asthma in Los Angeles: A Call to Action” (available online at www.asthmacoalitionla.org) set the foundation for the strategic priorities of the Asthma Coalition.

The six key recommendations in the Call to Action include:

Increase access to and improve quality of health care; improve indoor air quality; improve outdoor air quality; improve asthma management in schools/child care centers; address racial/ethnic and socio-economic disparities; and strengthen

research related to asthma. These were incorporated into the revised goals and objectives.



Health Care, Clinical Settings

Goal 1: To increase access to and improve quality of health care

Goal Statement

Comprehensive, culturally-appropriate, and high quality asthma care will be accessible to everyone in Los Angeles County, with a special focus on children, resulting in optimal prevention, diagnosis, treatment, and management of asthma.

Objectives

- 1.1 Advocate for professional development opportunities for asthma health care providers and community health workers/*promotores de salud*.
- 1.2 Identify and promote implementation of guidelines and best practices for asthma management.
- 1.3 Advocate for coverage, reimbursement, and on-going quality improvement for comprehensive asthma care.
- 1.4 Promote access to high quality asthma care for underserved populations in Los Angeles County and advocate for strategies to reduce barriers to care.
- 1.5 Utilize available research and data to identify populations with disproportionate asthma burden and promote asthma education, prevention of exacerbations, and control.
- 1.6 Promote integrated asthma support services and encourage communication and collaboration among patients, families, schools, and health care providers.

Strategies

1.S1: (supports objectives 1.1, 1.2, 1.3, 1.4)

Utilize data and engage with partners to identify high-need providers for asthma education, and collaborate with other organizations that are already conducting asthma provider trainings to expand training opportunities for high-need providers in Los Angeles County.

1.S2: (supports objectives 1.5 and 1.6)

Collaborate between the Clinical/Healthcare Workgroup and the Asthma Friendly Schools Workgroup to develop one comprehensive LA County asthma action plan (AAP) form and attain endorsement by the LA County Office of Education (LACOE).

1.S3: (supports objectives 1.2 and 1.6)

Contact County and community clinics to work on implementing AAPs for pediatric patients.

Asthma Friendly Schools

Goal 2: To improve asthma awareness and management in schools

Goal Statement

Everyone in Los Angeles County will benefit from schools that meet the needs of students with asthma and support, to the greatest extent possible, awareness of asthma management.

Objectives

- 2.1 Support the development and implementation of comprehensive and coordinated asthma policies and procedures in school districts to ensure the health and well-being of students with asthma.
- 2.2 Promote good air quality through education in the reduction of asthma triggers to teachers, nurses, staff, and students to improve air quality in schools.
- 2.3 Advocate for the utilization of Asthma Action Plans (AAP) in schools for students with asthma.
- 2.4 Encourage participation in physical education and appropriate physical activity for students with asthma.
- 2.5 Promote collaboration between schools and health care providers to improve the health of students with asthma.



Strategies

2.S1: (supports objectives 2.1, 2.2, and 2.4)

Inform school staff about current policies and protocols and gain their support.

2.S2: (supports objectives 2.1 and 2.3)

Engage LACOE to present positive asthma management strategies for school districts.

2.S3: (supports objectives 2.1 and 2.5)

Encourage local health care providers to provide an AAP to all of their pediatric asthma patients.



Indoor Air Quality

Goal 3: To improve indoor air quality in homes

Goal Statement

Everyone in Los Angeles County will benefit from homes that meet the needs of people with asthma and provide, to the greatest extent possible, indoor spaces and adjacent environments that are free from air pollutants, allergens, and chemicals that cause or exacerbate asthma.

Objectives

- 3.1 Advocate for improved code enforcement by City and County housing inspectors.
- 3.2 Educate stakeholders about health and safety housing standards and the legal consequences of substandard housing.
- 3.3 Utilize available research and data to promote awareness of the association between health and substandard housing.
- 3.4 Promote collaboration among tenant rights groups, health care providers, community health workers/*promotores de salud*, and code enforcement officials.
- 3.5 Advocate for the use of integrated pest management (IPM) in homes.



Strategies

3.S1: (supports objectives 3.1, 3.2, 3.3, and 3.4)

Develop recommendations for the improvement of housing inspections and develop and distribute a resource guide for tenants seeking assistance and services for indoor air quality-related housing issues.

3.S2: (supports objectives 3.3 and 3.5)

Promote integrated pest management (IPM) as a viable healthy housing strategy that improves occupant health and reduces long-term maintenance costs.

3.S3: (supports objectives 3.2)

Educate tenants, landlords & other key stakeholders on strategies to reduce smoking and second-hand smoke in multi-family housing while protecting all parties involved in the issue.

3.S4: (supports cross cutting objective 3)

Increase the size of meetings by identifying, recruiting, and engaging stakeholders for the ACLAC and the IAQ workgroup.



Outdoor Air Quality

Goal 4: To improve outdoor air quality

Goal Statement

A healthy and safe outdoor environment will exist for everyone in Los Angeles County, with a focus on preventing and controlling asthma.

Objectives

- 4.1 Promote policies and community plans that improve conditions or people with asthma.
- 4.2 Advocate for reducing air pollution from sources such as “goods movement” industries, stationary industries, and transportation.
- 4.3 Promote the elimination of disproportionate exposure to outdoor air pollution impacting vulnerable groups or communities.
- 4.4 Advocate for reducing smoking rates and decreasing exposure to secondhand smoke.

Strategies

4.S1: *(supports objectives 4.1, 4.2, 4.3, and 4.4)*



Respond to requests to sign on to campaigns, send letters of support and offer testimony for policies related to outdoor air quality and asthma.

4.S2: *(supports objectives 4.1 and 4.4)*

Gather and disseminate information and resources about current outdoor air quality-related policies and plans to Coalition members and other stakeholders.

4.S3: *(supports objectives 4.1, 4.2, 4.3, and 4.4)*

Coordinate meetings with legislators for Coalition members to educate them on the Coalition, the problem of asthma in their specific districts, and policies that the ACLAC is currently supporting.

Cross-Cutting Objectives

1. Health Disparities

Advocate for policy and systems changes to address racial/ethnic and socioeconomic asthma disparities.

2. Research and Data

Utilize available research and data to advocate for policy and systems changes and promote ongoing research related to asthma.

3. Recruitment and Member Engagement

Outreach to new and former Coalition members and encourage participation in the Coalition, including the Workgroups.

4. Networking and Collaboration

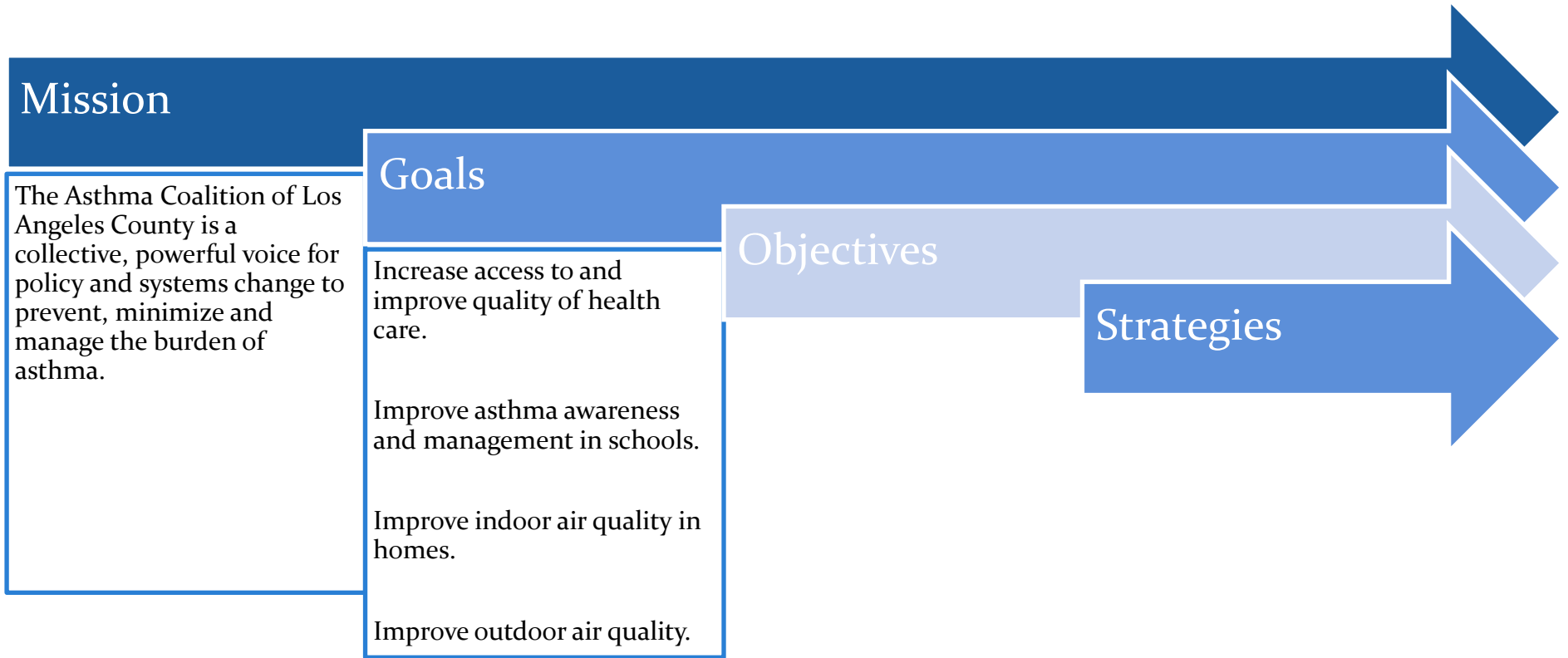
Provide opportunities for interaction, communication, and collaboration among members and others working on related health and environmental issues at Coalition and Workgroup meetings.

5. Professional Development

Provide relevant presentations, information, and resources to members at Coalition meetings to increase members' knowledge and skills related to asthma policy, prevention, and control.



Figure 2: ACLAC Strategic Plan Model



Implementation Process

This Strategic Plan was developed to be in alignment with the “Strategic Plan for Asthma in California” (available online at www.asthmapartners.org). The Plan will be implemented through the work of the four ACLAC Workgroups and monitored by the Steering Committee and the ACLAC Coordinator. In addition, the general Coalition will conduct meetings and activities in support of the Strategic Plan. Workgroup Co-Chairs will lead their groups in developing annual work plans that include strategies, deliverables, activities, and time lines based upon the goals and objectives of the Plan.

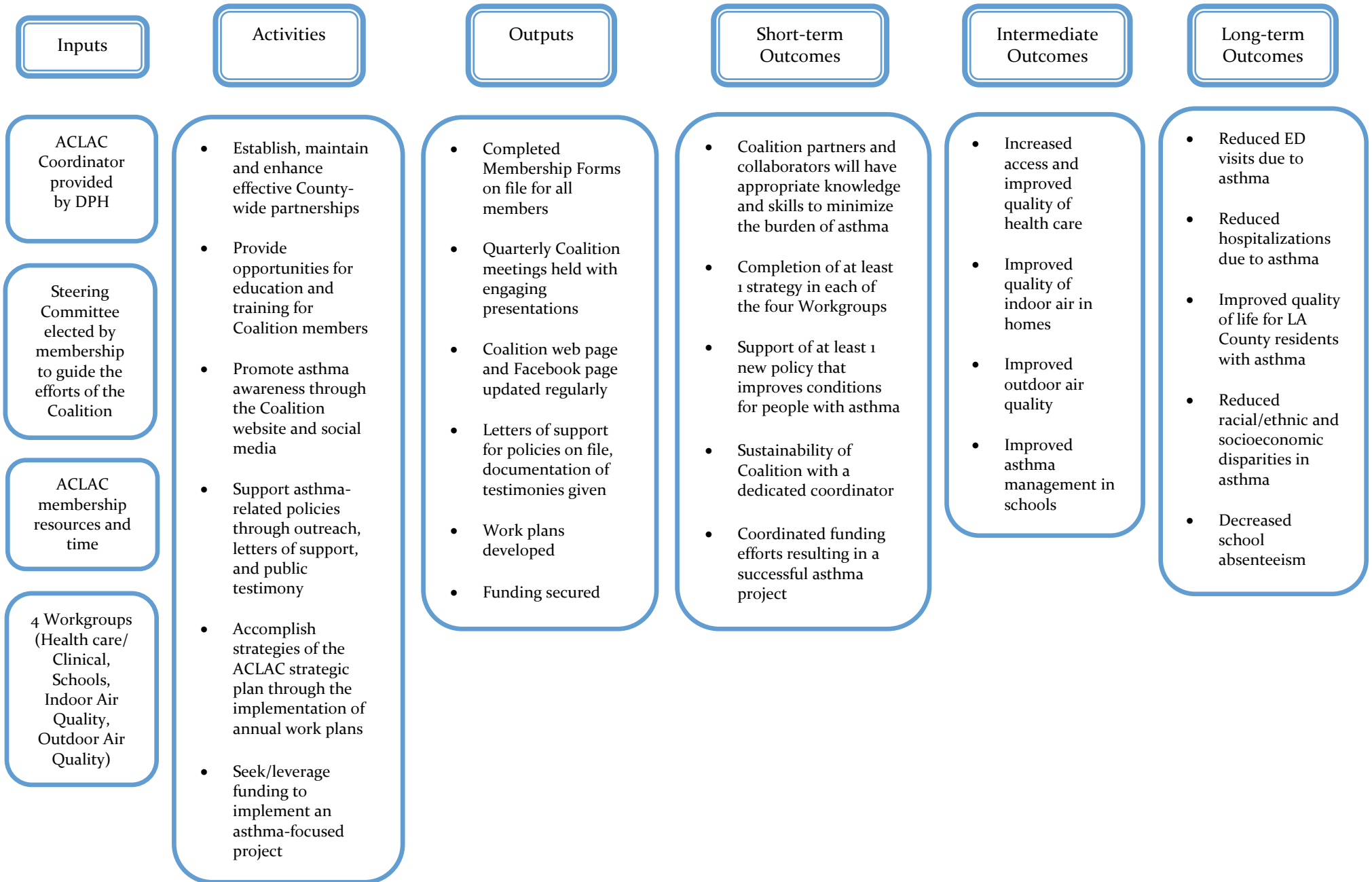
Work Plan Development

The ACLAC Workgroups will develop one-year work plans for each of the four focus areas of the Coalition: Clinical, Healthcare; Asthma Friendly Schools; Indoor Air Quality and; Outdoor Air Quality. The goals and objectives in this Strategic Plan were developed by the Workgroups in accordance with standard guidelines from the ACLAC Coordinator. The Workgroups will use these goals and objectives to develop concrete strategies, deliverables, activities, and realistic timelines. A sample work plan template is provided in Figure 3 below.

Figure 3: Sample Work Plan Template

WORK PLAN FOR THE ASTHMA COALITION OF LOS ANGELES COUNTY OUTDOOR AIR QUALITY WORKGROUP 2013-2014			
GOAL 4: <i>To improve outdoor air quality.</i>			
STRATEGY: <i>Sign on to support policies that improve outdoor air quality and respiratory health and draft and submit letters of support.</i>			
OBJECTIVE(S) SUPPORTED: 1.1 <i>Support policies and community plans that improve conditions for people with asthma.</i> 1.2 <i>Advocate for reducing air pollution from sources such as “goods movement” industries, stationary industries, and transportation.</i>			
CORRESPONDING STRATEGIC PLAN FOR ASTHMA IN CALIFORNIA GOAL AND/OR OBJECTIVE: 1.1 <i>Support policies and community plans that improve conditions for people with asthma.</i> 1.2 <i>Reduce air pollution from sources such as “goods movement” industries, stationary industries, and transportation.</i>			
Activities:	Person(s) Responsible:	Time Frame:	Progress Status:
1. <i>Write a letter in support of the American Lung Association’s campaign to protect AB 32, California Global Warming Solution Act.</i> 2.	<i>Carrie & Juan</i>	<i>Jan - Mar</i>	<i>Template created</i>
DELIVERABLES: <i>Formal letters of support or written endorsements of policies or plans.</i> <i>Presentations made to stakeholders or decision-makers in support of policies or plans.</i>			

Figure 4: ACLAC Logic Model



Evaluation Plan

Process Evaluation

The ACLAC will conduct ongoing process evaluation to track the quality of the Coalition's work and to monitor fidelity to the Strategic Plan. A process evaluation plan was developed by the ACLAC Coordinator and approved by the Steering Committee (see Figure 5). Data collected through the process evaluation will inform Coalition members and stakeholders of important findings that may improve processes, activities, and short- and long-term outcomes.

Data Collection

The ACLAC Coordinator and/or Evaluator, in conjunction with the Workgroup Co-Chairs, will collect process evaluation data for nine key elements on a bi-monthly or quarterly basis (see Figure 5). The ACLAC Coordinator will regularly update and maintain standard documents and tracking spreadsheets. In addition, the Coordinator will distribute and collect General Meeting Evaluation forms at the quarterly general Coalition meetings. The evaluations will be analyzed and a summary of the results will be produced and shared with the Steering Committee after each General Meeting. In addition, workgroup Co-Chairs will use standard forms and templates to conduct meetings and track attendance. The Co-Chairs will share these completed forms with the ACLAC Coordinator.

Data Analysis and Reporting

Through the various methods described in the process evaluation plan, the ACLAC Coordinator and/or Evaluator and Workgroup Co-Chairs will summarize results in a written annual report. These results will be shared with the Steering Committee at the December meeting. Issues that are identified will be discussed at Steering Committee meetings, and possible changes or solutions will be proposed and implemented. Additionally, the ACLAC Coordinator will maintain regular communications with Workgroup Co-Chairs to monitor progress and provide technical assistance in collecting, analyzing, and reporting data.

Outcome Evaluation

The ACLAC will conduct outcome evaluation to ensure that intermediate and long-term outcomes are being achieved, resulting in effective and impactful Coalition work. An outcome evaluation plan will be developed by the Steering Committee and the ACLAC Coordinator based on the deliverables that the Workgroups develop for each of their strategies. The ACLAC Co-Chairs and Coordinator will review Work Plans with each Workgroup's Co-Chairs at the end of each fiscal year (April) to determine whether activities were conducted and deliverables produced.

Figure 5. Process Evaluation Plan Matrix

Element	Method	Sources	Process	Frequency
Fidelity: Extent to which activities were completed as planned or per protocol, including the logic model.	<ul style="list-style-type: none"> ▪ Document Review 	<ul style="list-style-type: none"> ▪ Email Records ▪ Outlook Calendars ▪ Workgroup Meeting Sign-In Sheets ▪ Workgroup Work Plans 	The Coordinator/Evaluator reviews documents to determine whether (1) at least 1 Workgroup meeting is held every two months (6 meetings total per FY), (2) meeting processes were followed (created agendas & minutes), (3) emails and communications were distributed in a timely way, and (4) activities were conducted as stated in the Work Plans. All of this data will be entered into the ACLAC Process Evaluation Database.	Bi-monthly (February, April, June, August, October, December)
Recruitment: Quality and appropriateness of strategies used to promote the Coalition and recruit members.	<ul style="list-style-type: none"> ▪ Document Review 	<ul style="list-style-type: none"> ▪ General Meeting Sign-In Sheets ▪ Workgroup Meeting Sign-In Sheets ▪ Membership Agreements ▪ Membership Tracking Spreadsheet 	The Coordinator/Evaluator reviews documents to determine (1) the total and average number of participants in general meetings, (2) the total and average number of participants in workgroup meetings, (3) the number of new Coalition members. All of this data will be entered into the ACLAC Process Evaluation Database.	Quarterly (January, April, July, October)
Dose: Number of Coalition units delivered (e.g. presentations, meetings, messages).	<ul style="list-style-type: none"> ▪ Document Review ▪ Logs 	<ul style="list-style-type: none"> ▪ General Meeting Agendas ▪ Workgroup Meeting Agendas ▪ Presentation Log ▪ Policy Actions and Activities Matrix 	The Coordinator/Evaluator reviews documents to determine (1) the number of Workgroup meetings conducted, (2) the number of presentations given to Coalition members, and (3) the number of Coalition events conducted/participated in. All of this data will be entered into the ACLAC Process Evaluation Database.	Quarterly (January, April, July, October)

Element	Method	Sources	Process	Frequency
Accountability: Extent to which internal staff and external partners are fulfilling their responsibilities as planned, communicating needs, and making adjustments.	<ul style="list-style-type: none"> Document Review 	<ul style="list-style-type: none"> Membership Tracking Spreadsheet 	The Coordinator/Evaluator determines (1) the number and percent of active members, (2) the number and percent of members meeting voting requirements, and (3) the number and percent of inactive members. All of this data will be entered into the ACLAC Process Evaluation Database.	Quarterly (January, April, July, October)
Relevance: Applicability of the Coalition’s activities to the work of its members.	<ul style="list-style-type: none"> Survey 	<ul style="list-style-type: none"> Summary of General Meeting Evaluation Forms 	The Coordinator/Evaluator reviews evaluation results to determine the number and percent of members reporting that Coalition meetings are relevant to their work.	Quarterly (January, April, July, October)
Participation: Frequency and quality of participation in meetings, events and activities.	<ul style="list-style-type: none"> Surveys 	<ul style="list-style-type: none"> Summary of General Meeting Evaluation Forms 	The Coordinator/Evaluator reviews General Evaluation results to (1) determine the number and percent of members reporting the extent to which members paid attention and participated in Coalition meetings, and (2) Co-Chairs review Workgroup Evaluation results similarly.	Quarterly (January, April, July, October)
Leadership: The appropriate balance of leadership.	<ul style="list-style-type: none"> Surveys 	<ul style="list-style-type: none"> Summary of General Meeting Evaluation Forms 	The Coordinator/Evaluator reviews General Evaluation results to determine the number and percent of members reporting an appropriate balance between coalition members and leadership.	Quarterly (January, April, July, October)
Organization: Extent to which meetings were well-organized and productive.	<ul style="list-style-type: none"> Surveys 	<ul style="list-style-type: none"> Summary of General Meeting Evaluation Forms 	The Coordinator/Evaluator reviews General Evaluation results to determine the number and percent of members reporting the extent to which meetings were well-organized and a good use of time.	Quarterly (January, April, July, October)
Decision-Making: The quality of decision-making based on mutual participation of all members.	<ul style="list-style-type: none"> Surveys 	<ul style="list-style-type: none"> Summary of General Meeting Evaluation Forms 	The Coordinator/Evaluator reviews General Evaluation results to determine the number and percent of members reporting the extent to which everyone took part in decision-making.	Quarterly (January, April, July, October)

Sustainability Plan

Coordination and Funding

The ACLAC will ensure that there is always a coordinator to organize, strategize and oversee all activities and outcomes for the Coalition. The current coordinator is provided in the form of a CDC Public Health Prevention Service (PHPS) Fellow from October 2012-October 2014. After the PHPS Fellow assignment is completed, the MCAH programs at DPH will appoint another staff person(s) to dedicate a substantial portion of his/her time to coordinate the ACLAC.

The coalition will continue to seek funding through appropriate grant opportunities and identify feasible projects to implement asthma-focused activities throughout LA County.

Leadership and Recruitment

Another important component of the ACLAC's sustainability is ensuring that there is a strong leadership base of members who are dedicated to the Coalition's work and capable of carrying out and maintaining activities. The ACLAC Coordinator will continue working with the current leadership to help build their capacity and enable them to take on roles and tasks independently. The Steering Committee members and Workgroup Co-Chairs will also outreach to new, current, and returning members to continually engage them in the Coalition and encourage them to step into leadership roles.



Appendices

List of Figures

Figure 1. ACLAC Structure Model 3

Figure 2. ACLAC Strategic Plan Model 11

Figure 3. Sample Work Plan Template 12

Figure 4. ACLAC Logic Model 13

Figure 5. ACLAC Process Evaluation Plan Matrix 15

For more information about the ACLAC
please visit us online:

www.asthmacoalitionla.org

www.facebook.com/AsthmaCoalitionLA

Mailing Address:

Attn: Asthma Coalition of LA County
600 S. Commonwealth Avenue
Suite 800
Los Angeles, CA 90005

Telephone:

(213) 639-6400

Fax:

(213) 427-6160

