

**ASTHMA COALITION OF LOS ANGELES COUNTY  
GENERAL COALITION MEETING**

**Meeting Notes  
January 26, 2009**

| ISSUE/TOPIC                             | DISCUSSION  | ACTION/FINDINGS |
|---|---|-----------------|
| <b>Welcome and Introductions</b>        | Dr. Vinetz called the meeting to order at 1:30 pm.  |                 |
| <b>Main Presentation and Discussion</b> | <p>Dr. Rishi Manchanda spoke on “Applying a Health Equity Approach to Asthma: Opportunities and Challenges.”</p> <p>Dr. Manchanda began his discussion by tracing the history of social medicine, which began with Rudolf Virchow (Physicians have a social mandate to act as “attorneys for the poor”). The work of later proponents, Jack Geiger (community health center) and Paul Farmer (social understanding of medicine) were also discussed. Many groups currently do this kind of work, such as SAGE, Esperanza, and St. John’s Well Child and Family.</p> <p>Good health is not a choice. There are social determinants of health. Human rights are universal, indivisible, interdependent, and related. Equity is a fundamental part of human rights. It is based on justice and a fundamental sense of fairness. Health inequities arise from preventable, avoidable, systemic conditions and policies. These are based on imbalances of political power. Because this is political, there is and will be political opposition to the core value of health equity.</p> <p>Dr. Vinetz noted that the Watts Community Health Clinic was founded on the social medicine concept. The questions is when you get political, how do you keep physicians from taking sides?</p> <p>We carry in assumptions of “politics”, but that does not always mean partisanship. We must acknowledge that we will get opposition because everything we do is political. That is, what we do has implications for [shifting the balance of] power. Groups such as Physicians for Social Responsibility are physician groups that advocate for policy.</p> <p>Dealing with health equity is usually out of the purview of traditional medicine. Social gradients of health represent the balance of power. There is a need to evaluate social and economic environments, the physical and built environment, policies and the political environment, and the balance of social gradients besides the usual – health behaviors, health care access, genetics, and biology. It is necessary to confront the upstream (root) causes.</p> <p>St. John’s was the first community health center to establish a social medicine/health equity department. They are involved in organizing a health equity curriculum, policy advocacy, a speaker’s series, and a community health worker program. Social medicine seeks to understand how social and economic conditions affect health, disease, and the practice of medicine.</p> |                 |

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|  | <p>What to do on the front lines? Physicians can help patients change the balance of power. Power comes from our patients and our ability to speak with them. Therefore, physicians should ask patients about more than their health history. For example, whether they are eligible and registered to vote.</p> <p>Our power is derived from our patients and our ability to speak with and them<br/>Help our patients change the balance of power.</p> <p>Dr. Vintez noted that his clinical work is focused more downstream. Public Health and the Coalition work on upstream causes. Downstream causes of illness are easier to measure and address than upstream causes.</p> <p>The most developed parts of the Coalition's <i>Call to Action</i> are downstream causes. Some upstream indicators are addressed, but as indicators are closer to root causes, the weaker the focus. Dr. Manchanda recommended collaborating with other entities, such as Labor, to do more upstream work.</p>   |   |
| <p><b>Service Planning Area 1 Asthma Task Force Report</b></p> | <p>Dr. Douglas Melnick, Physician Specialist for SPAs 1 and 2 spoke on asthma in SPA 1 (Antelope Valley). TSPA 1 has the highest smoking rate and the asthma rate there is second behind SPA 6. The environment differs from the County: mountainous, with pollution from the immediate area, Central Valley, and Los Angeles. SPA 1 assembled an asthma task force comprising the Antelope Valley Partners for Health, the Lung Association, and the PH Department/SPA 1.</p> <p>It is more difficult to access health care in SPA 1 than the rest of the County. Transportation is a problem, and specialist care is lacking (e.g., pediatricians and asthma specialists). Children's hospitalization rates are higher in the Antelope Valley than in LA County and California.</p> <p>Dr. Vinetz asked Dr. Melnick about his role. Dr. Melnick works on chronic disease. In terms of years of life lost, asthma does not come out in the top 10, but there is significant community interest. The next step will be to go to the Antelope Valley Partners in Health Board to decide what the group's activities and where to concentrate efforts.</p> | <p>Health Educator Sabahat Quraish will inform her director about SPA 1 asthma so CHDP can collaborate with SPA 1 work.</p> <p>Dr. Melnick is interested in more hospitalization data. Dr. Vinetz suggested that Janet Scully ask coalition members about available data. The County would also have information on groups that work on pollution (e.g., AQMD, Environmental Health).</p> |
| <p><b>Strategic Plan Update</b></p>                            | <p>A. Nunez-Alvarez explained that the Strategic Plan builds on the Coalition's current work. Members have completed 20 coalition assessment surveys. She encouraged members to complete surveys. Getting as much input as possible is important to identify where to focus, what stakeholders should join, etc. Many coalitions nationwide are reflecting on the power of the coalition for advocacy. Coalitions have amazing, untapped power.</p> <p>Dr. Vinetz summarized the accomplishments of the Steering Committee retreat at N. Halpern Ibrahim's home in November 2008. N. Halpern Ibrahim explained that the group engaged in a disciplined discussion on what the coalition has done well, what is needed, setting up the survey, how to connect members, and our work that does not usually come out of this venue. K. Van Cleve reported on Dr. Vinetz's exercise on coalition "imaginables" about what we want to accomplish and what the Coalition can become. S. Quraish reported on the Steering</p>   | <p>Dr. Vinetz encouraged members to take the survey. Most meeting participants said they could take the online survey by next Monday. Participants were also given time during the meeting to complete the survey.</p> <p>Member interviews will be conducted. At least one member from each member organization should be interviewed.</p>   |

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|                      | <p>Committee's work to revise mission and vision statements.</p> <p>According to A. Nunez-Alvarez, much more discussion is needed to define levels of advocacy. For example, what does it mean to be an advocate and how does that integrate into the coalition. The immediate next step is to build on what it means for a coalition to do advocacy. How do we put advocacy into practice so that all of our organizational members buy in? How do we engage legislators and track policies that support our work? The survey results will give us these benchmarks</p> <p>Dr. Vinetz acknowledged that all members belong to organizations that we cannot control, so it is important to identify the limits of participation and what is needed from our organizations to be active and overcome obstacles.</p> <p>Dr. Manchanda suggested the group decide what is the one policy target to work towards. Dr. Melnick noted that LA County is so large that settling on a single goal leaves out too many other groups. K. Van Cleve thinks that working with smaller groups helps. New LA Supervisor Mark Ridley-Thomas has been very active on asthma issues; this is a great resource that the Coalition did not have in the past.</p> <p>Preliminary survey results will be reported in April.</p> |                 |
| <b>Announcements</b> | <p>ACLAC Steering Committee member Elina Green recently moved from LBACA to UCLA.</p> <p>Dr. Rishi Manchanda's contact information is available for anyone who is interested. Contact ACLAC Coordinator, Janet Scully, at <a href="mailto:jscully@ph.lacounty.gov">jscully@ph.lacounty.gov</a>.</p> <p>K. Van Cleve from the American Lung Association brought applications for the Southern California Medical Program (SCAMP) Camp. This is an asthma camp for children aged 8 – 14 years.</p> <p>The American Lung Association Certified Asthma Educator Training Institute will be in Santa Barbara. There is a \$150 materials fee.</p> <p>Marlene Gomez and Esther Schiller from S.A.F.E. (Smokefree Air for Everyone) brought handouts.</p> <p>Dr. Vinetz thanked G. Donatoni for her work as coalition coordinator and thanked the Department of Public Health for leading the launch and staffing of the coalition.</p>   |                 |

Recorded by Giannina Donatoni