

## **Asthma in West Oakland**

20% of the children and 37% of the adults in West Oakland have asthma. Children in West Oakland are seven times more likely to be hospitalized for asthma than any other children in California. The Oakland-Berkley Asthma Coalition reviewed hospitalization rates for Alameda County in 1999-2001 and found a 28% increase in West Oakland over data collected by RAMP in 1994-1996. The rate of African Americans in Oakland is 1235 per 100,000 for children 0-14 years compared to a California State wide rate of 111 per 100,000. The second highest rate is in Latinos.

Data from the Department of Health Services of the State looking at ER Visits, Hospitalizations and medication purchases show that generally speaking, Zip Code 94607, ranks very high for events reflecting severe asthma and/or poor access to preventive care, and ranks very low for events reflecting the standards of care (such as maintenance medication purchases).

The demographic composition of West Oakland is 64% African Americans, 16% Latinos, 9% Asian/Pacific Islanders. Poverty is a serious problem, 71% have incomes less than \$30,000 and 50% have incomes less than \$11,399. Almost half (45%) of residents 25 years and older do not have high school diplomas.

West Oakland is a Community affected by air pollution from the intersection of multiple freeways. In the area 10,000 diesel trucks per day move in and out of the Port of Oakland with diesel emissions from ships going into the Port and non-vehicular diesel emissions from construction sites in and around West Oakland.

This community is disproportionately affected by asthma and is historically underserved. A survey of providers serving patients in this community shows that only one provider is located in the heart of West Oakland, West Oakland Health Center. This institution lacks an allergist, a pulmonologist and a pulmonary function laboratory. Over 70% of residents in West Oakland are covered by MediCal.

The West Oakland Asthma Coalition has been in existence since 2001 and is very active in the community, particularly with asthma education in the schools and at the pre-discharge clinic at Children's Hospital Oakland (CHO). We have shown in consecutive years how effective 1:1 education by dedicated educators and follow up can be with re-hospitalizations rate of 4% in 2005-2006 and 8% in 2006-2007.

There are so many diseases that we can not control but **asthma is a controllable disease**. We can drastically reduce medical costs, absenteeism and morbidity by managing asthma. Just last week, concern has been expressed by OUSD about the absenteeism of children at Prescott Elementary due to asthma. Nikala is a typical 8 year-old who often finds herself out of medication. Her grandmother, who is her primary caregiver frequently, does not have money for bus fare to take her to CHO out patient clinic.

While we are working on improving the environment, we can reduce current barriers of cost, distance to clinics and inadequate medical care by providing a well-equipped clinic with asthma expertise on board. This will ensure that even poor patients can receive the health care they require. A mobile clinic can provide follow up care, case management services and education about asthma management.

The solution is the Breathmobile™ concept that has been operational for years in Los Angeles County, governed by a partnership of LA County, Asthma and Allergy Foundation of American, LA County School District and University of Southern California.

In my opinion, it is inexcusable to have a disease like Asthma that is controllable and not do something about it. We have the ability to bring this disease under control and drastically reduce the cost to our community. The first step is to create a mobile clinic to serve our community.