

CAFA *news*

Community Action to Fight Asthma



Reducing the risk for California's children

Visualizing Asthma:

The Alameda County Demonstration Project in Environmental Health Tracking

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

About 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.

The California Environmental Health Tracking Program (CEHTP) has been conducting a demonstration project in Alameda County. The project includes developing new ways to visualize and communicate the problem of asthma in local communities. This article is a brief summary of the project; for more information, please refer to www.catracking.com.

The CEHTP

Approximately 7 out of every 10 deaths in the United States are attributable to chronic diseases, and the national cost of these diseases is over \$325 billion. Growing scientific evidence suggests environmental factors are strongly linked to many chronic diseases such as asthma, birth defects, and cancers. However, there is a gap in knowledge in understanding the prevalence and incidence of chronic diseases and potentially associated environmental factors.

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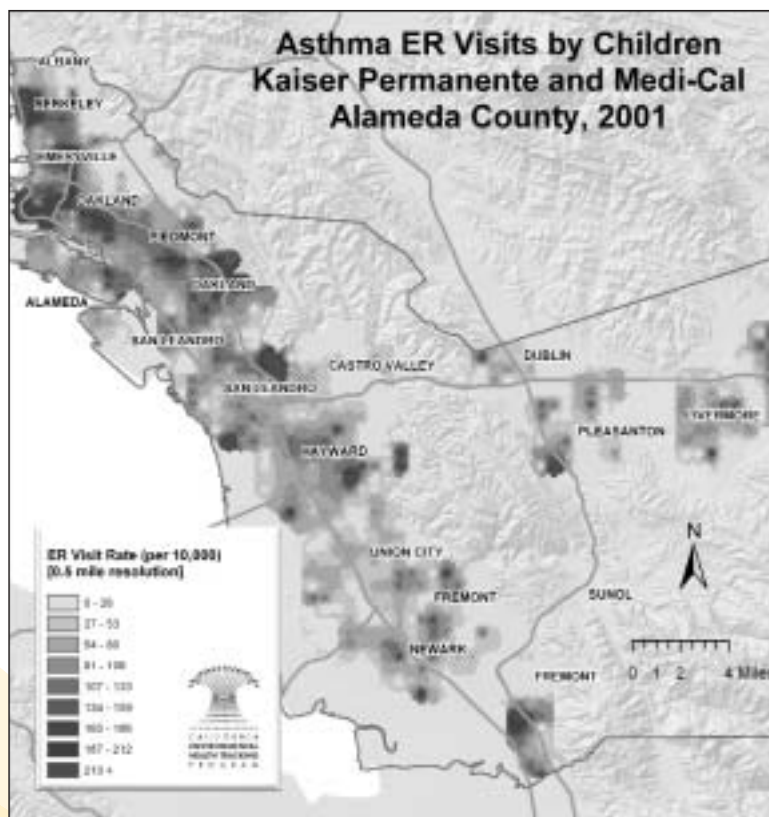
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www.calasthma.org

What is the connection between asthma in children and overweight and obesity?

A short review

Introduction

Particularly as childhood obesity is receiving more attention, people are asking questions regarding its connections with asthma. This article summarizes peer-reviewed clinical, laboratory and human epidemiology studies conducted and published during the last decade — the different hypotheses under consideration, and what the data have helped us understand so far. Please note details were excluded, and more research is ongoing or to be conducted worldwide over the next decade. Current research has suggested associations between diagnosed asthma and overweight/obesity, though it is not yet clear whether one causes the other, or another factor predisposes a person to both diseases. Researchers have proposed several hypotheses for the correlation, which warrant further studies.

For the complete list of 27 references cited for this article, please go to:
www.calasthma.org/resources/show_resource/429/.

Background

Below are several terms commonly used in scientific discussions on overweight and obesity:

- *Body Mass Index (BMI)* is a measure combining a person's weight and height; researchers can use BMI to compare the relative obesity of people of varying heights.
- *Overweight, obesity, and underweight* are often used in comparison to a reference population. Different researchers use different definitions.
 - *Obesity* is generally a more severe condition than *overweight*.
 - The health consequences of *underweight* usually result from malnutrition.

Overweight/obesity and underweight relate more to caloric intake and body type and composition (bone density, % body fat, and % lean muscle mass) rather than nutritional status based on essential vitamins and minerals. It is not healthy to be underweight, overweight, obese, or malnourished, and each condition may be related to asthma (Schachter et al., 2001).

Summary of current research

Several studies have reported associations between obesity and asthma, the severity of asthma symptoms, and the persistence of asthma later on in life:

- Data on 3792 California school children who did not have asthma at the start of the USC "Children's Health Study" (Gilliland et al, 2003) but later developed it suggested the risk of new-onset diagnosed asthma was statistically significantly higher among both overweight and obese children.
- In a sample of American children ages 4-17 (von Mutius et al, 2001), the prevalence of physician-diagnosed asthma, controlling for variables like tobacco smoke exposure and birth weight, was statistically significantly higher with increasing BMI.
- In a study of 1322 asthmatic children ages 4-9 in seven American cities, including two boroughs of New York City, asthmatic children who were obese had statistically significantly more emergency department visits and a higher mean number of days of wheezing per two-week period over nine months following initial, baseline health assessments (Belamarich et al, 2000).
- A study in Tucson, Arizona (Guerra et al, 2004) reported the majority of asthmatic children ages 6-16 reported their persistent wheezing continued after puberty (unremitting asthma); obesity was one statistically significant predictor variable for unremitting asthma. Another study in Arizona (Castro-Rodríguez et al, 2001) found females who were overweight or obese at age 11 were statistically significantly more likely to have current wheezing at ages 11 and 13.

Asthma and weight gain can affect anyone. Nevertheless, due to environmental factors, there may be differences in the prevalence and severity of asthma and overweight and obesity by gender, socioeconomic status, and race/ethnicity.

- Studies worldwide have suggested overweight or obese females have a higher prevalence of diagnosed asthma and/or allergic respiratory symptoms than males (Chen et al, 1999; Huang et al, 1999; Castro-Rodríguez et al, 2001; Figueroa-Muñoz et al, 2001). Only one study has reported asthmatic boys and girls were both statistically significantly more likely to be obese (Gennuso et al, 1998).
- Studies of New York State children reported:
 - The prevalence of overweight was statistically significantly higher in New York City black and Hispanic children with moderate to severe asthma as defined by school absenteeism, medications prescribed, and lung function measures (Luder et al, 1998).
 - More asthmatic than non-asthmatic black and Hispanic children in Buffalo were obese (Gennuso et al, 1998).

Most popular hypotheses

The association between asthma and obesity raises a "chicken or egg" question—is the asthma causing the obesity or is the obesity causing the asthma? Researchers in the USC "Children's Health Study" observed obesity can be present earlier in life than asthma (Gilliland et al, 2003), but this does not necessarily prove obesity causes asthma (Beckett et al., 2001). Several possible human physiological processes support each chronic disease in the role of exposure or of disease:

- Asthma, including exercise-induced asthma, may minimize or prevent physical activity, which can lead to being overweight or obese.
- Weight gain may affect how the lungs and upper airways operate mechanically, regardless of whether a person is susceptible to allergies or has lung inflammation. For example, the USC "Children's Health Study" documented increases in asthma among obese children who were not allergically sensitized (Gilliland et al, 2003). Alternatively, higher BMI (obesity) may indicate behaviors or lifestyle factors also associated with the increasing prevalence of asthma in different population groups (Chinn and Rona, 2001).

- Obesity alters levels of several hormones in a person's body, which may affect the underlying processes of asthma development such as inflammation or allergic sensitization (Tantisira and Weiss, 2001).
- Nutritional factors and genetics likely have roles in both the development and increasing prevalence of asthma (Greene, 1999) and obesity.
 - Increased intake of antioxidant vitamin C has been associated with a decreased prevalence of asthma diagnosis and/or symptoms (Harik-Khan et al, 2004; Rubin et al, 2004).
 - The possible association between salt intake and diagnosed asthma and/or airway responsiveness remains inconclusive (Demissie et al, 1996).
 - Some researchers have hypothesized a mother's nutritional status during pregnancy may lead to changes in physiology or metabolism during critical periods of development of the fetus, which predispose the child to both asthma and obesity later on (Tantisira and Weiss, 2001).
- Obesity alters the usual positions of the body and the stresses placed upon it. For example, obesity alters airway positioning during sleep, so obese people may snore more. Whether obesity could also affect airway development or functioning is unknown.

Conclusion

Current research suggests associations between diagnosed asthma among young children, adolescents and adults, particularly females, and overweight/obesity defined by BMI. However, it is not yet clearly understood whether one condition leads to the other, or whether a single factor predisposes a person to both conditions. Researchers have identified several possible ways asthma and obesity may be connected. Thus, this is an interesting and increasingly important area of research and public health education.

To that end, the U.S. Centers for Disease Control awarded California a three-year grant to support the development of an Environmental Health Tracking Network. The resultant collaboration, which includes several agencies and the University of California, is known as the CEHTP.

The Alameda County Demonstration Project

A key component of CEHTP is the implementation of a demonstration project in Alameda County. This project serves as a “road test” of the environmental health tracking system, focusing on a small number of diseases and environmental hazards in Alameda County. Data are assembled and analyzed regarding birth outcomes (preterm birth and low birth weight), traffic patterns, and asthma.

The project also convened a group of stakeholders from local organizations and county agencies to provide input on the utility of the pilot project results, as well as to guide staff in determining how to best present and disseminate the results. The project also involves collaboration with the Medical Care Statistics Section of the Department of Health Services and Kaiser Permanente of Northern

California, which makes data describing hundreds of thousands of health events available for project investigators while maintaining patient anonymity.

Selected Preliminary Findings

Through high-resolution mapping procedures, project staff has been able to develop pictures of geographic variations in asthma emergency room visits, outpatient visits, and medication purchases. For example, elevated rates of emergency room visits for asthma among children are being documented in different parts of Oakland, along I-80 in Berkeley, and in San Leandro. Elevated rates of maintenance medication purchases are being noted throughout the South Bay portion of the county, as well as in Pleasanton and Livermore. By producing maps of a variety of asthma indicators in this way, we can illustrate not only the areas where pollution may influence asthma, but also the consequences of disparities in health care access in determining the form of the asthma epidemic.



CAFA STATEWIDE POLICY

Building a Better Future for California's Children Through Policy Change

The landscape for asthma-related policy work has changed dramatically over the last three years. Coordinating their efforts, asthma coalitions from across California can now work together to share policy strategies and achieve greater collective impact, through the CAFA network. This has come about during a time of increasing concern about the asthma epidemic and its effects on school children.

“Now, not only do coalitions in the Valley talk with one another, but also with southern and northern coalitions,” says Justina Felix, of the Central California Asthma Project (CCAP), a CAFA Regional Center. Sonia Taddy of the National Latino Research Center (NLRC), a southern CAFA Regional Center, adds, “In the past year and a half, we’ve seen groups that work in asthma partnering with others, such as people working on [reducing exposure to] lead.”

CCAP’s Sandra Eaton concurs. “Broadening out the network to include other organizations, not just asthma organizations...has really broadened our impact.”

CAFA provides an infrastructure with the tools — information, training, and technical assistance — that coalitions and communities around the state need to advocate for a better asthma environment. Coalitions educate decision-makers, raise awareness in their communities, sit on citizens’ advisory boards, and help empower community members to speak out about issues concerning them. “News media, legislators, and others now frequently call upon coalitions,” says Eaton. “This ensures that the voice for health, for asthma, and for environmental issues is loud and clear.”

Director of the CAFA State Office, Diane Estrin comments, “Focusing on local policy promotes regional and statewide change,” citing the past example of indoor smoking efforts among communities, where local policy changes led to the present day, statewide smoke-free workplace and restaurant and bar policies of today.

CAFA’s focus on policy, at all levels, grows directly out of its central concern, reducing the root environmental triggers and causes of asthma. Says CAFA Director Diane Estrin, “To do primary prevention, there’s no other way. Policies have to change, systems have to change...locally, regionally, and statewide.”

CAFA’s successes include:

- Advocated for a local school district to adopt a policy on identifying environmental triggers of asthma.
- Established “flag” policies at local schools to highlight outdoor air quality problems and reduce children’s exposure to air pollution (ozone, particles) on bad air days.
- Helped with the passage of an ordinance to replace old diesel city buses with cleaner, alternative fuel buses.
- Influenced the direction of regional air regulation and enforcement discussions.
- Influenced the direction of policy discussions about expanding a local freeway.
- Raised awareness among the public and policymakers about the need for policies to address indoor air quality in schools. One bill, AB 736, which provides that new schools will be built to ensure good indoor air quality, is on the governor’s desk awaiting his signature.

- Contributed, through community advocacy efforts, to the passage of SB 352, which establishes safe distances between schools and highways.

- Through community advocacy efforts, contributed to passage of SB 700, which eliminates the exemption for agriculture from the Clean Air Act.

- Joined with other advocates to strengthen diesel regulations at the California Air Resources Board, such as one regulation that will reduce diesel pollution from 60,000 trucks in the state.

What is the difference between local air boards and the California Air Resources Board (CARB)?

CARB (California Air Resources Board) is a *statewide* regulatory body that sets and enforces emissions standards primarily for *mobile sources* such as passenger cars, trucks, buses, and heavy-duty construction equipment. CARB also regulates pollutants that have the potential to impact the public’s health statewide, such as toxic emissions from service stations and dry cleaners, and emissions from consumer products, such as aerosol paints and garden products. In addition to these regulatory activities, CARB oversees local air pollution agencies (see information on local air districts below). For more information about CARB, see www.arb.ca.gov/html/aboutarb.htm and http://www.arb.ca.gov/ch/public_participation_guide.pdf.

Local Air Districts (also called air pollution control districts or air quality management districts) regulate local *stationary sources* of air pollution, such as industrial and commercial facilities, power plants, outdoor burning, and other non-mobile sources of pollution. They are also responsible for enforcing federal, state, and local air pollution rules and regulations at the local level. There are 35 local air districts throughout the state. Each air district is operated independently, though CARB has authority to oversee and assist each district. For more information, including a map of local air districts and contact information, see www.arb.ca.gov/capcoa/roster.htm.

Tips for Meeting with Policymakers

One of the most important things to remember about meeting with a policymaker is that you are there to build a relationship. You may want to have the meeting set up by the coalition member with the best connection to the policymaker — either because they live in an area served by the policymaker or have shared interests. It can be helpful to research the policymaker’s record and background.

You should be prepared and know what you want out of the meeting — what you would like to see happen, your main arguments and messages, any questions the policymaker might ask, and good responses to those questions. As with any relationship, it’s critical to listen to what the policymaker has to say. This helps you understand their perspective, and may provide you with important information about obstacles to their support and how to overcome them.

Finally, even if you strongly disagree with the policymaker, be careful about burning bridges. Show an interest in continuing the conversation.

Los Angeles Asthma Collaborative

An Uphill Battle — Substandard Housing



In the poorest Los Angeles neighborhoods, the CAFA Los Angeles Asthma Collaborative has taken on the problem of substandard housing. A partnership of the St. Johns Well Child and Family

Center, Physicians for Social Responsibility, Esperanza Community Housing Corporation, Strategic Action for a Just Economy, and the Coalition for Community Health, the Collaborative works to improve housing conditions for kids with asthma by combining environmental home assessment with advocacy and tenants rights education (in addition to their asthma education, medical care, treatment, follow up and disease management services).

The conditions in much of the housing in these neighborhoods — Compton and South Central LA — are appalling. Mold grows rampantly, and leaks go unfixed. Apartments are infested with rats and cockroaches. Landlords routinely defer needed repairs. Families feel powerless to protest.

“When you’re an undocumented immigrant,” (as are many in these buildings) explains Katia Daher-Anenberg of the Collaborative, “you have no rights, you live in fear of being deported.” Landlords know this, says Daher-Anenberg, and terrorize families. If a family complains about the conditions, they may get evicted. When the LA Housing Department comes to inspect, or when community health workers do home visits, landlords have run through the building shouting, “La migra, la migra!” [“Immigration, immigration!”].

Daher-Anenberg says that children in these communities “are eaten by fleas from the rats. One child had a cockroach stuck inside his ear.” “These families live [in tenements] under the freeways, next to dumpsters,” she explains. Mold, fleas, roaches, poor ventilation, and pesticides (non-toxic alternatives are available) are significant asthma triggers.

Through the Collaborative, health workers provide families asthma education and home environmental assessments, and help them remove mold and reduce pests. They provide referrals to medical and other services. They explain that housing inspections enable the Housing Authority to force landlords to make repairs — housing inspectors are *not* connected with immigration. And, says Daher-Anenberg, “we end up doing a lot of counseling, too.”

At present, the program is funded by a patchwork of grants, limiting, at times, whom they can serve. Through it all, the Los Angeles Asthma Collaborative keeps fighting the battle to improve the lives, and the breathing, of the children in these neighborhoods. It’s not easy, says Daher-Anenberg, “but the need is huge.” Every effort the Collaborative makes helps improve the health of a child.

Oakland-Berkeley Community Action to Fight Asthma

Oakland Students, Asthma Video Stars!

This fall, students from James Madison Middle School in Oakland got a casting call. The Oakland-Berkeley Community Action to Fight Asthma project (OB-CAFA) is making a video, and they wanted students from Madison (one of their demonstration project sites) to play a part.

OB-CAFA, a project of The California Endowment and Alta Bates Summit Medical Center’s Ethnic Health Institute (EHI), came into being as EHI saw the asthma epidemic affecting the lives and school performance of children in the community. Its partnership with Madison has proven to be a good testing ground for implementing the U.S. EPA’s *IAQ Tools for Schools* program. Improving school indoor air and environmental quality (IAQ), and making sure kids with asthma have what they need to stay healthy while in school, requires putting systems and practices into place. But like many schools, Madison has a tight budget, an already busy staff, and much to accomplish with its students every day. “We sat down with Madison and discussed what *they* needed,” says Mindy Landmark, OB-CAFA Coordinator, “We then adapted our project to their needs.”

This approach has been a key to OB-CAFA’s success at Madison, and in the three other schools that are part of its pilot project. Gradually, OB-CAFA has helped each school to implement doable, affordable steps toward improved indoor air quality, has increased asthma awareness, and has worked to make sure these improvements are sustained. The upcoming video will show that the same tailored approach is possible with *Tools for Schools*. “*Tools for Schools is flexible*,” explains Landmark. “Schools don’t have to follow a strict program.”

The three-year pilot project has given OB-CAFA the opportunity to learn about the sorts of challenges East Bay schools face, and how to address them. They found ways to incorporate asthma-supportive changes into routines the schools already have in place. “Rather than an added burden, we want to add parts of the *Tools for Schools* program into existing practices,” says Landmark. OB-CAFA would like to see the *Tools for Schools* program used in every school district.

Reflecting what they’ve learned, OB-CAFA’s video, due out before year’s end, should help portray the benefits and feasibility of the *Tools for Schools* program in the East Bay. “We wanted to make a video that had a multi-ethnic cast, and would appeal to a general audience... something culturally relevant that reflects the diversity of the East Bay community,” says Landmark. “In a multiethnic community, all the educational materials should reflect that diversity.” In the video, just as in the demonstration project, OB-CAFA is staying closely attuned to the children and communities it serves. Indeed, their faces will be on film!

Tulare Asthma Coalition

Cultivating Asthma Awareness in the Central Valley



The roads from the home base of CAFA’s Tulare County Asthma Coalition to Buena Vista Elementary School stretch past endless fields. Tractors kick up dust as they go about their work, and from late spring well into fall, an 80-degree day is considered cool. On

hot days, the air gets really bad. “It just stagnates,” says coalition Project Director Christine Foster. When you add up traffic throughout the San Joaquin Valley, the agricultural industry, and geography and meteorology that trap pollutants in place, you have a recipe for some of the worst air in the country. This is bad news for kids with asthma.

But the Tulare County Asthma Coalition has sown seeds of change, and some are taking root. At Buena Vista Elementary, the coalition helped build a greenhouse in which kids learn about plants and their life cycles, the effects of air pollution on plants, and composting, while having fun digging in the dirt. The greenhouse has the enthusiastic support of the school’s principal. At Heritage Elementary School, the coalition planted several hundred low-allergy trees and plants, landscaping the entire school grounds. Tulare School District Superintendent John Beck, who himself suffers from asthma, loved the results so much he incorporated low-allergy landscaping into plans for his district’s next new school. “They’ve taken the concept and now they’re applying it,” says Foster.

Area schools, and even a city hall, have also embraced the coalition’s flag program. Green, yellow, orange, or red flags are flown to indicate the day’s air quality. [See article about Merced-Mariposa Asthma Coalition in the May 2004 CAFA Newsletter] “They already had ‘spare the air’ programs of some sort...so the visual of the flag was a quick sell,” explains Foster. Cities throughout the Central Valley recently ranked in the top five on a number of lists of worst outdoor air in the country. “People know the air is bad and probably makes your asthma worse,” notes Foster, “but what you do from there is hard.” Another option for where to go “from there” that the Tulare coalition has pursued is engaging in local air quality advocacy efforts.

With the success of the flags and the popular low allergy plants programs, the coalition has opened doors for more in-depth asthma prevention work in area schools. It has introduced the U.S. EPA’s *IAQ Tools for Schools* program to Buena Vista Elementary and Tulare School District staff. Says Foster, “our first project gave us some credibility and now they’re willing to try new things.”

Sonoma Asthma Coalition

Coalition Advocacy at Work — Watchdogs for Cleaner Air

When Santa Rosa’s contract for waste management services was up for renewal, the city, with American Lung Association (ALA) support, took a stand for cleaner air. The City Council voted unanimously to contract with a company promising to convert their fleet to operate on cleaner, alternative fuels. “These old [diesel] garbage trucks are the dirtiest of the dirty,” says Jenny Bard of the ALA. “Diesel exhaust is a dangerous toxicant. It exacerbates lung diseases such as asthma and emphysema, and can lead to lung cancer.” Selecting North Bay Corporation, the city had the backing of a community willing to pay a little more to breathe a little easier.

But as events unfolded, signing the ten-year contract with North Bay Corp. did not, alone, assure Santa Rosa of cleaner-burning garbage trucks. The Sonoma Asthma Coalition got involved when it saw problems brewing, says Asthma Project Director Kate Lorenzen, and they found that “North Bay has done the bare minimum.” Converting a fleet of 33 trucks takes time. “We went to the city to give them a heads up.” The coalition also informed North Bay about grant money available to support conversion. Despite such grants, says Lorenzen, and despite new California Air Resources Board (CARB) regulations that will eventually force such conversions, North Bay *hasn’t* chosen to become an industry leader.”

With the 2006 start of the contract less than two years away, North Bay has yet to produce a concrete plan. Initially it proposed to complete the conversion by the end — rather than the beginning — of the 10-year contract. It also has only considered converting to 100% biodiesel, and to date has not looked into other fuels, such as compressed natural gas. Biodiesel will not comply with CARB regulations for the long term, as CARB has stated on a number of occasions. Garbage fleet conversion abounds with such technical details. Without knowledge about fuels and fleet conversion, the city of Santa Rosa simply did not have the necessary tools to push North Bay to meet its commitment.

“We came in at the critical point — it was a good time to increase our direct participation,” remarks Barbara Young, coalition Project Assistant. “We’ve been able to bring in scientific evidence,” and so “bought ourselves a seat at the table.”

“Our organizing has been around getting the city to be as aggressive as it planned to be,” adds Lorenzen. “We’ll walk hand in hand with them the whole way,” so that the Council’s initial intentions — cleaner air — are realized.” So far, we’ve chosen to work from the inside. We haven’t chosen to use the public media, or the upcoming elections to push the process forward.”

The lesson so far, for Santa Rosa and other forward-looking cities? “We must watchdog a process *all the way through*,” says Bard, “so that the community gets the clean air they’re paying for.”

An Initiative of THE CALIFORNIA EMPLOYMENT
Coordinated by Community Health Works,
a Partnership of San Francisco State University
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NORTHERN CALIFORNIA CAFA COALITIONS

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**Kern County Asthma Coalition
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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
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SOUTHERN CALIFORNIA CAFA COALITIONS (IMPERIAL VALLEY/SAN DIEGO)

**Imperial Valley Asthma Coalition
San Diego Regional Asthma Coalition**

*CAFA depend on volunteers, grants and donations
to continue their work. To volunteer your time or
to donate please contact your local asthma coalition
or regional center.*