To conclude, asthma programs that correctly train medical personnel will improve awareness and diagnosis of the disease and enable patients to receive appropriate treatment as early as possible. This can help prevent changes in the pulmonary inflammatory process and reduce the number of hospitalizations. These data are comparable to what Clark et al. found,[1] showing that these mobilizations are possible not only in developed countries but also in developing ones. ■

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This letter was derived from a study approved by the ethical committee of the Federal University of Uberlândia.

References

1. Clark NM, Lachance L, Benedict MB, et al. Improvements in health care use associated with community coalitions: long-term results of the allies against asthma initiative. *Am J Public Health*. 2013;103(6):1124–1127.

2. Ministério da Saúde. Sistema nacional de dados 1993-2011. Available at: http://www.datasus.gov.br. Accessed May 20, 2012.

3. Lasmar L, Fontes MJ, Mohallen MT, Fonseca AC, Camargos P. Wheezy child program: the experience of the Belo Horizonte pediatric asthma management program. *World Allergy Organ J*. 2009;2(12):289–295.

4. Jentzsch NS, Camargos P, Sarinho ES, Bousquet J. Adherence rate to beclomethasone dipropionate and the level of asthma control. *Respir Med*. 2012;106(3):338–343.

5. Maspero J, Jardim J, Gonzalez-Diaz S, Aranda A, Paolo T. Asthma management in Latin America: learnings from the Latin America asthma insight and management (LA AIM) survey patients. *World Allergy Organ J*. 2012;5(suppl 2):S123–S124.

CLARK AND LACHANCE RESPOND

We very much agree with the observation that coalitions mobilizing stakeholders across a community to introduce improvements in asthma care and education is relevant to developing countries not just developed ones.[1] The types of components developed in Goias, Brazil, by their city-wide Asthma Program (a holistic approach, strengthening links across levels of care, patient education, clinical provider training) are central to achieving the structures and behaviors necessary for asthma control.[2] Our evaluation of the Allies Against Asthma coalitions provided evidence that new and invigorated policies are necessary to sustain such structural and behavioral change. The perspectives of stakeholders across communities are needed to identify areas of policy and practice that require enhancement, and to activate the available levers of change.

Getting asthma sufferers onto the right medicine is a necessary objective.[3] However, it is neither easy to do nor is it sufficient. Studies have shown that many clinicians do not follow asthma clinical guidelines.[4] Even when taught how to use metered dose inhalers and spacers, both patients' and providers' skills decay over time,[5,6] and access to medicines does not ensure adherence to recommendations.[7]

Asthma control requires a range of concerted and integrated elements. These include assistance to individuals and families with initial and follow-up education and support to enable them to become high-level self-managers.[8] They also include health professionals who provide gold standard care, clinical systems where coordination of care is routine, data sharing to target those most in need and to monitor outcomes, insurance that is comprehensive and based on evidence of effectiveness, physical environments that are clean and healthful, and community resources and strategies that function optimally. Policies that can create such a system and that address and complement each other are dependent on getting the right people together at the right time, including some who have never before been at the same table. Their joint expertise and influence can effect improvements not only at the organizational and community level but, as shown in our article, at regional and state levels as well. High-functioning coalitions can mobilize the needed expertise and experience and can realize asthma outcomes that reach people population-wide. Equally as important, they can produce fundamental change in the way medicine and public health approach chronic diseases in general.

Public health can play a critical role, especially, in decentralized systems like Goias where across regions approaches to health and health care can differ significantly. By seeking consistency and standardization in practice, data sharing, and sharing of resources, public health-led coalitions can help to close the clinic–community gap. The goal is seamless provision of support to individuals and families managing asthma that stretches from their physicians' offices to schools and workplaces to their homes and community centers. Coalitions can tackle the policy development needed to make the links of this chain stronger and more likely to control not only asthma but the staggering costs associated with it. ■

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References

1. Global Initiative for Asthma. Global strategy for asthma management and prevention. 2012. Available at: http://www.ginasthma.org. Accessed June 6, 2013.

2. Rosenthal MP, Butterfoss FD, Doctor LJ, et al. The coalition process at work: building care coordination models to control chronic disease. *Health Promot Pract.* 2006;7:117S–126S.

3. National Heart, Lung, and Blood Institute. Expert panel report 3: guidelines for the diagnosis and management of asthma. 2007. Available at: http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdfý. Accessed June 2, 2013.

4. Cabana MD, Kiyoshi-Teo H. The broader picture on guideline adherence. *JPEN J Parenter Enteral Nutr.* 2010;34:593–594.

5. Gillisen A. Patient's adherence in asthma. *J Physiol Pharmacol.* 2007;58:205–222.

6. Halterman JS, Aligne CA, Auinger P, McBride JT, Szilagyi PG. Inadequate therapy for asthma among children in the United States. *Pediatrics.* 2000;105:272–276.

7. Rand CS, Nides M, Cowles MK, Wise RA, Connett J. Long-term metered-dose inhaler adherence in a clinical trial. The Lung Health Study Research Group. *Am J Respir Crit Care Med.* 1995;152:580–588.

8. Guevara JP, Wolf FM, Grum CM, Clark NM. Effects of educational interventions for self management of asthma in children and adolescents: systematic review and meta-analysis. *BMJ.* 2003;326:1308–1309.