

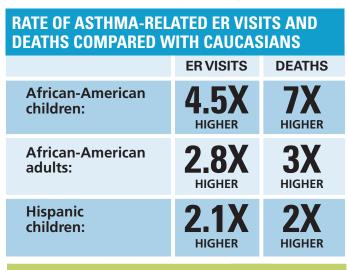


ASTHMA: TAKE ACTION, TAKE CONTROL

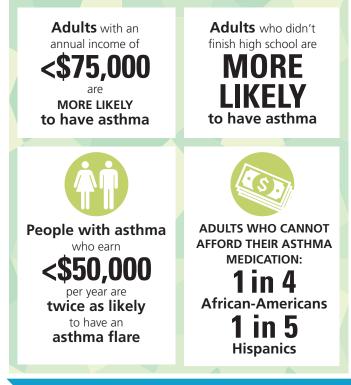
asthma.chestnet.org

ASTHMA HEALTH DISPARITIES

Asthma crosses all racial, ethnic and socioeconomic groups. It is more common among African-American, Hispanic and Native American populations, particularly those living in poor urban areas.



INCOME LEVEL AND EDUCATION PLAY A SIGNIFICANT ROLE IN ASTHMA PREVALENCE



Native Americans **30%** MORE LIKELY to have asthma Asthma-related deaths **20%** HIGHER Asthma prevalence among **Puerto Ricans** is

GREATER than other Hispanic populations

FACTORS THAT CAN LEAD TO ASTHMA DISPARITIES



- ACCESS TO CARE Limited or lack of transportation can result in patients missing or rescheduling doctor appointments and forgoing or delaying medication use.
- INCOME Poverty can affect access to healthcare and health insurance, forcing low-income patients to skimp on medical care, including preventive medications.
- ENVIRONMENTAL ALLERGENS AND IRRITANTS – People with asthma who live in urban areas with substandard housing are exposed to more asthma triggers, including mold, dust mites, cockroaches and mice, cigarette smoke and vehicular exhaust from nearby highways.

EDUCATION INEQUALITY – A lack of





to problems such as using asthma inhalers incorrectly or not following through on treatment. • LANGUAGE AND CULTURAL

knowledge and understanding of the disease can lead

DIFFERENCES – People with asthma who speak Spanish as a primary language may struggle to get appropriate health services.

TALK WITH YOUR LEGISLATORS ABOUT POLICIES THAT IMPACT COMMUNITIES EXPERIENCING A GREATER BURDEN OF ASTHMA.

Sources: Centers for Disease Control and Prevention, Office of Minority Health and Health Equity; National Institutes of Health; American Academy of Allergy, Asthma & Immunology