

Allergy & Asthma Network News



July Webinar:
Coordinating Allergy Care Through the Lifespan
Dr. Kelly Maples
July 23 – 4:00 PM Eastern




Want more information on the coronavirus?
Visit our COVID-19 Information Center – look for the red bar on our home page




Do you have asthma? Know someone who does?
Join our Asthma360[®] Patient Research Registry

More information at allergyasthmanetwork.org



COVID-19 & Asthma: The Time for Equity in Healthcare is NOW

Dr. LeRoy Graham
Dr. Purvi Parikh
Tonya Winders

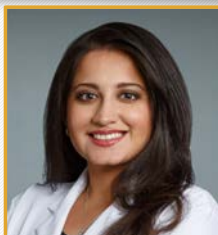


Our Speakers



Dr. LeRoy Graham

LTC US Army MC (retired)
Medical Director
Not One More Life, Inc
CEO
HP&G, Inc.



Dr. Purvi Parikh

Clinical Assistant Professor of
Medicine NYU Langone School of
Medicine & Director, Allergy and
Asthma Association, Murray Hill

National Spokesperson,
Allergy & Asthma Network



Tonya Winders

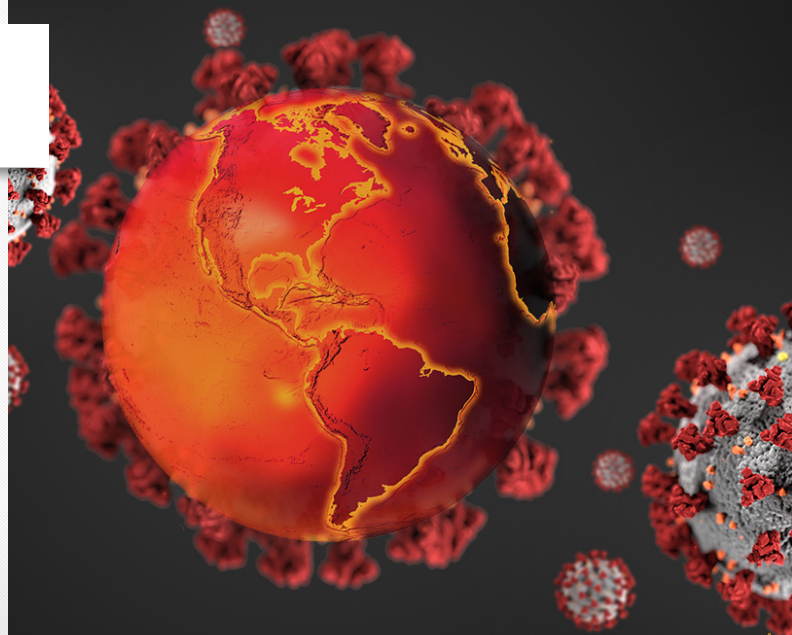
President & CEO, Allergy & Asthma
Network

President, Global Allergy &
Airways Patient Platform



Outline

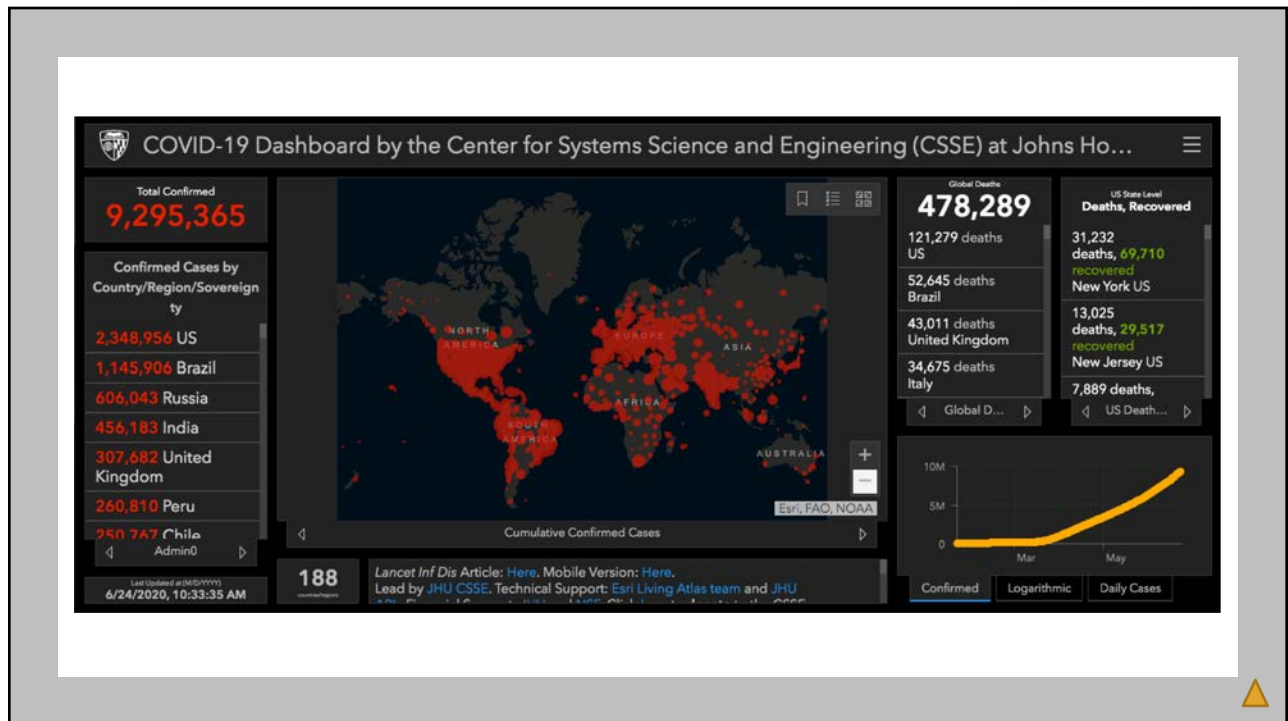
- Current State of COVID-19
- History of Asthma Disparities in the US
- COVID-19: Magnifying Disparities in Care
- Where Do We Go From Here?





Current State of COVID-19

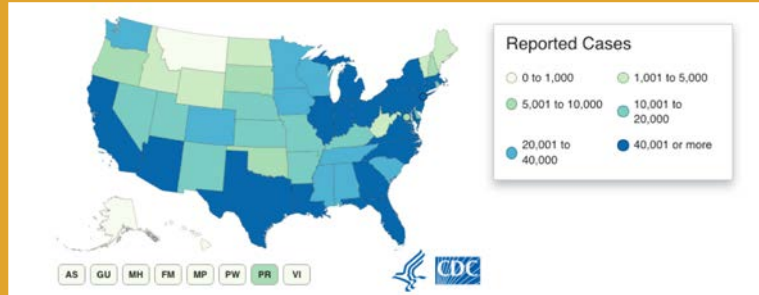
Tonya Winders



US Data Report



Total Confirmed Cases	2,302,288
Total New Cases	26,643
Total Deaths	120,333
Total New Deaths	410

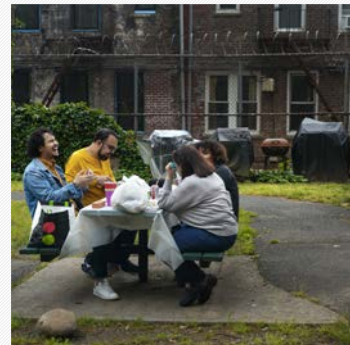


Data as of 6/24/20



In the News

- NY Times: Churches serving communities of color have been transformed overnight into mini-clinics offering free coronavirus tests to all comers. The initiative, a partnership of the churches, Gov. Andrew M. Cuomo's office and Northwell Health, is an effort to expand testing among black and Hispanic citizens, who have been disproportionately affected by the pandemic.
- WHO: Dexamethasone, a corticosteroid, can be lifesaving for patients who are critically ill with COVID-19.
 - For patients on ventilators, the treatment was shown to reduce mortality by about one third, and for patients requiring only oxygen, mortality was cut by about one fifth, according to preliminary findings.



nytimes.com

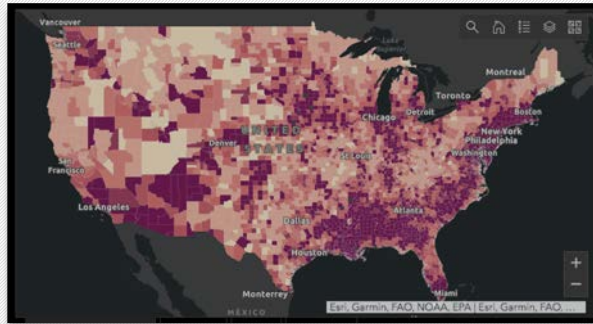


abcnews.go.com

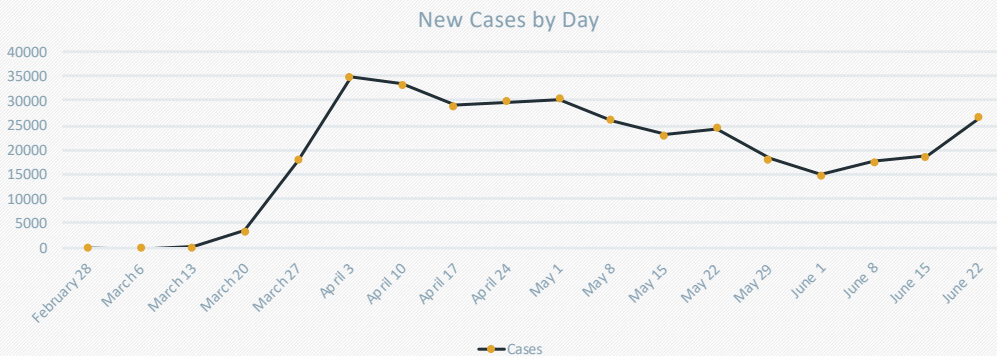


In the News

- While most states have decreased in COVID-19 cases, 3 states have become “hot spots”
 - Florida, Arizona, Texas
 - Dr. Fauci cites “disturbing surge”
 - Cases are “spotty”
 - Should be expected with reopening
- NY, NJ, & CT governors announced today that visitors coming from “hot spots” must quarantine for 14 days
 - 9 states meet threshold of 10 out of every 100,00 people testing positive to qualify for quarantine
 - Alabama, Arkansas, Arizona, Florida, North Carolina, South Carolina, Washington, Utah and Texas

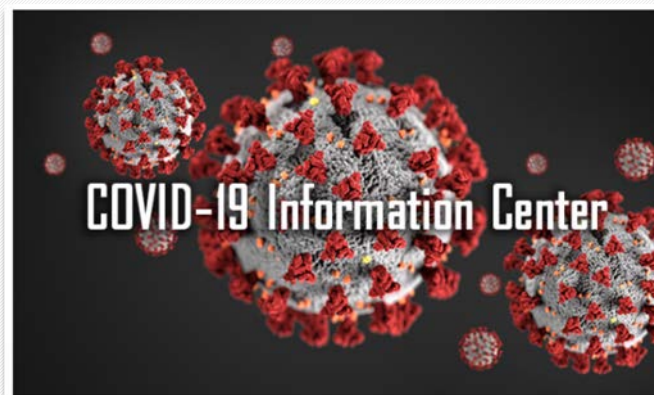


COVID-19 Cases in US by Date Reported



COVID-19 Information Center – Allergy & Asthma Network

- <https://allergyasthmanetwork.org/health-a-z/covid-19/>
- Webinar recordings
- Patient program with ATS recording
- Infographics
- Fact Sheets and Q & A's
- Managing Pediatric Asthma during COVID-19
- What coronavirus looks like
- State by State guidance on reopening



History of Asthma Disparities in the US

Dr. Purvi Parikh



Start at the beginning . . .

What does "disparity" mean?

- Health disparities are racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.

What does "health equity" mean?

- The attainment of the highest level of health for ALL people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.



Health Equity is the Goal

Getting there is the part we need to do better.



Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks

Resources that enhance quality of life can have a significant influence on population health outcomes. Examples:

- Safe and affordable housing
- Access to education
- Public safety
- Availability of healthy foods
- Local emergency/health services
- Environments free of life-threatening toxins



Health Disparities

- Exist across the spectrum of all chronic health conditions
- Very apparent in asthma care
- It is not acceptable
- Time for change

ASTHMA HEALTH DISPARITIES

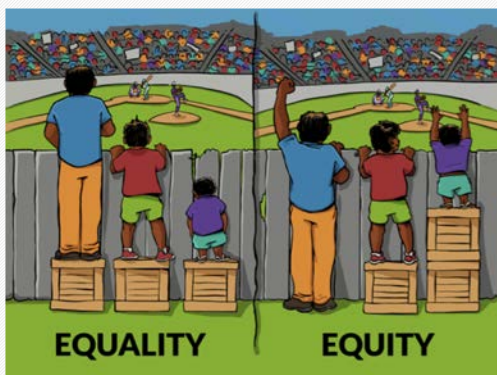
Asthma crosses all racial, ethnic and socioeconomic groups. It is more common among African-American, Hispanic and Native American populations, particularly those living in poor urban areas.

RATE OF ASTHMA-RELATED ER VISITS AND DEATHS COMPARED WITH CAUCASIANS

	ER VISITS	DEATHS
African-American children:	4.5X HIGHER	7X HIGHER
African-American adults:	2.8X HIGHER	3X HIGHER
Hispanic children:	2.1X HIGHER	2X HIGHER



Asthma



INCOME LEVEL AND EDUCATION PLAY A SIGNIFICANT ROLE IN ASTHMA PREVALENCE

Adults with an annual income of **<\$75,000** are **MORE LIKELY** to have asthma

Adults who didn't finish high school are **MORE LIKELY** to have asthma



People with asthma who earn **<\$50,000** per year are **twice as likely** to have an asthma flare



ADULTS WHO CANNOT AFFORD THEIR ASTHMA MEDICATION: **1 in 4** African-Americans **1 in 5** Hispanics



Factors in Disparities

“Over the years, efforts to eliminate disparities and achieve health equity have focused primarily on diseases or illnesses and on health care services.

However, the absence of disease does not automatically equate to good health.”

-Healthy People.gov

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 knowledge and understanding of the disease can lead to problems such as using asthma inhalers incorrectly or not following through on treatment.



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



Food Allergy Disparities

- Disparities exist in the economic impact of food allergy based on socioeconomic status.
- Affordable access to specialty care, medications, and allergen-free foods are critical to keep all food-allergic children safe, regardless of income and race

What can lead to disparities in food allergies?

Cost of epinephrine auto-injectors

Direct medical costs

Lack of insurance

Lack of access to allergen-free foods



How Do We Get From Here to There?

Disparity

to

Equity

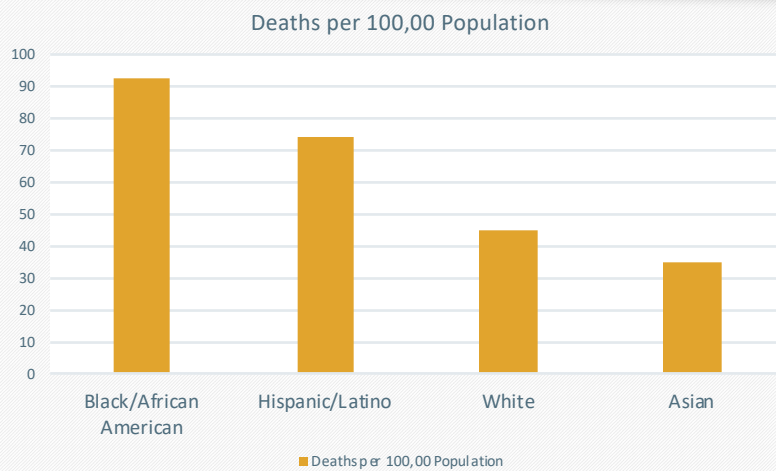




COVID-19: Magnifying Disparities in Care

Dr. LeRoy Graham

Taking a short detour to COVID-19



Within the United States, limited emerging data reveal that Hispanic and African Americans residing in the urban cores of many large U.S. cities appear to account for an alarmingly disparate proportion of both cases and deaths relative to their respective populations in these heavily populated urban centers.

Data Tells the Story

People living in the urban cores of large metropolitan areas

comprise more than half the residents who live in counties with the highest COVID-19 prevalence

New York City (all boroughs) accounted for 14,551 deaths, which, if considered a country, would rank 5th in the world

Chicago, Illinois - Early April, African Americans accounted for 68% of the city's 118 deaths and 52% of the roughly 5,000 reported cases, despite accounting for only 30% of the city's population

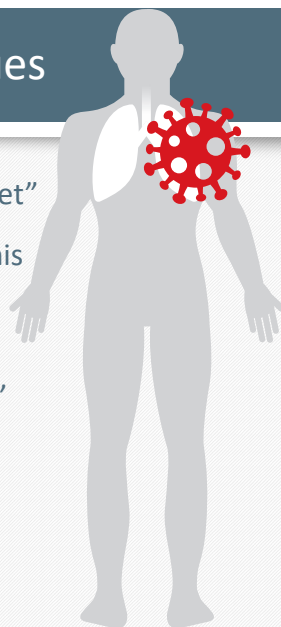
Milwaukee, Wisconsin - African Americans accounted for 73% of the deaths due to COVID-19 while account

Across the country, a strong relationship between the size of the African American population of a county and its COVID-19 prevalence has been noted



Reports from Colleagues

- In one large inner-city “safety net” hospital, a colleague recounted the overwhelming majority of his patients who succumbed to COVID-19 were indeed black. These patients all had poorly controlled comorbid conditions, including chronic obstructive pulmonary disease, diabetes, asthma, cardiovascular disease, and renal disease



- A colleague at the suburban flagship hospital of a large regional health-care system noted almost exclusively Hispanic laborers with often underdiagnosed and undertreated comorbidities as discussed above



When is it time for change?

If the COVID-19 pandemic and its associated suffering and death does not motivate substantive change -
 What does that say about our society, given our aggregate wealth in this age of expanding knowledge and discovery?

The Path to Health Equity

- Discrimination/Minority Stressors
- Food Security – Access to health foods
- Stable income & Job security
- Environmental Quality
- Neighborhood Conditions
- Quality Affordable Healthcare
- Educational Opportunities
- Housing

The Path to Achieving Health Equity

What social and economic factors must be addressed on the continued path to achieving Health Equity?



Health Equity aims to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

The Health Equity Institute
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 San Francisco, CA 94132
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HEALTH EQUITY INSTITUTE
for Research, Practice & Policy



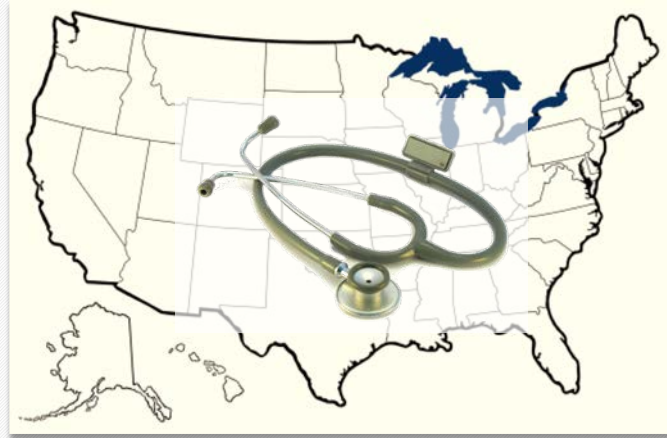
Find us on:



Strategy for Change

National Plan of
Universal Health Care

- Easily accessed by all citizens
- Cost is scaled to an accurate assessment of resource-based ability to pay
- Instead of coming together, as we have done in the past after major disasters, health-care reform is currently under attack as opposed to being refined to be both effective and inclusive.



Strategy for Change

Community-based Health
Education

- Effective models sorely needed
- Foster enhanced health literacy in high-risk communities of individual & families with limited resources
- Partner with community partners that have established trust within at-risk populations
 - Places of worship
 - Educational institutions
 - Fraternal organizations





Where Do We Go From Here?

A Discussion Facilitated by Tonya Winders



The Road to Health Equity

As a physician: How do you routinely assess & address social determinants of health with your patients?

What can each of our listeners do to reduce disparities?





Questions?

Please record your questions in the Question box on your webinar control panel

We will address as many questions as we can



Join us on **July 9th at 4:00 PM Eastern** for the 8th webinar in our COVID-19 Webinar Series -



COVID-19 & Respiratory Tools: How to Access, Use and Clean Inhalers, Nebulizers & More

*Tonya Winders
Dr. Purvi Parikh*





COVID-19 & Asthma: The Time for Equity in Healthcare is NOW

Thank you for listening!
Get guidelines-based information at
allergyasthmanetwork.org

