NHMA Congressional Briefing

Achieving Health Equity for Hispanic Populations: Lessons Learned - COVID-19 and Severe Asthma







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Housekeeping

- All participant microphones will be muted, but please feel free to use the raised hand feature to be unmuted to ask a question or type your question into the Q & A box for the panelists to address during our Q & A session at the end.
- The recording will be housed on NHMAmd.org and our YouTube channel.
- The recording and slides will be sent out one week after the event.



Welcoming Remarks

Raul Ruiz, MD
Chairman
Congressional Hispanic Caucus





Elena Rios, MD, MSPH, MACP President & CEO <u>www.nhmamd.org</u>

Comprehensive Access to Resources and Education for Long COVID Act or the CARE for Long COVID Act S3726 and HR 2754

- This bill requires multiple agencies to carry out research and other activities targeted at post-acute sequelae of COVID-19 (long-term symptoms)or PASC, (AKA Long Covid)including health disparities related to this condition.
- Agency for Healthcare, Research and Quality (Patient-Centered Outcomes Research Trust Fund) to support a patient registry to collect information on symptoms, treatments, and demographics.
- Department of Health and Human Services must, along with relevant agencies (I) conduct or support research on the U.S. health care system's response to long-term symptoms of COVID-19; and (2) develop resources about PASC or other post-viral illnesses, including about their potential impact on rights associated with employment, disability status, and education.
- Centers for Disease Control and Prevention must disseminate information about the common symptoms, treatment options, and other topics that pertain to PASC and related post-infectious illnesses.
- Centers for Medicare & Medicaid Services must expand its Chronic Conditions Data Warehouse to collect data on items and services furnished through Medicaid/CHIP.
- Administration for Community Living must award grants or contracts to states, health care providers, legal services providers, for expanding access to legal assistance.



- (04/06/22) Sen Duckworth, Rep Pressley
- This bill requires the Department of Health and Human Services to award competitive
 grants to create or expand the capacity of clinics that treat patients with persistent, longterm symptoms following recovery from acute COVID-19 (i.e., Long COVID). Eligible
 recipients include federally qualified health centers, rural health clinics, urban Indian health
 centers, and state and local health departments.

COVID-19 Prevention and Awareness Act of 2021- HR17

- (01/02/21) Rep Nydia Velasquez
- This bill authorizes the Centers for Disease Control and Prevention to award various grants to federally qualified health centers and other organizations to prevent, treat, and raise awareness of certain diseases or conditions, such as asthma or cancer, that increase the risk of mortality from COVID-19.
- Introduced in the House sent to Energy and Commerce Committee- then to Subcommittee on Health

COVID-19 Health Disparities Action Act of 2021- S 465

- (02/25/2021) Sen Menendez
- This bill requires the Centers for Disease Control and Prevention (CDC) to raise awareness about COVID-19 (i.e., coronavirus disease 2019) and promote vaccination among racial and ethnic minority groups and other populations that have experienced health disparities related to the disease.
- The CDC must conduct, subject to available funding, a public awareness campaign that targets those populations. The CDC must coordinate the campaign with the White House COVID-19 Health Equity Task Force and other federal, state, tribal, and local entities.
- The CDC must also award grants to health departments for similar COVID-19 awareness campaigns. Grant-funded campaigns must complement the CDC's campaign, as well as other efforts to inform the public about the disease. In addition, the Department of Health and Human Services must develop prototype materials for grantees to use in their campaigns.

Allergy & Asthma Day Capitol Hill

- 5/4/2022
- This advocacy event aims to support, "life-saving legislation impacting people with asthma, allergies, COVID-19 and related conditions" (Allergy & Asthma Network).
- Policy Goals:
 - Provide access to health care and innovative treatments that are safe and affordable
 - Expand funding for asthma & allergy programs supported by the federal government
 - Reduce health risks in asthma and severe allergy emergencies
 - Support the lung health of minority communities by reducing environmental health hazards
 - Aid COVID-19 prevention and treatment, such as long COVID

https://allergyasthmanetwork.org/news/allergy-asthma-advocacy-aadch-2022/



The Spectrum of Asthma in Hispanics

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Outline

Asthma

• Severe asthma in pediatrics

Asthma in Latinx/ Hispanics

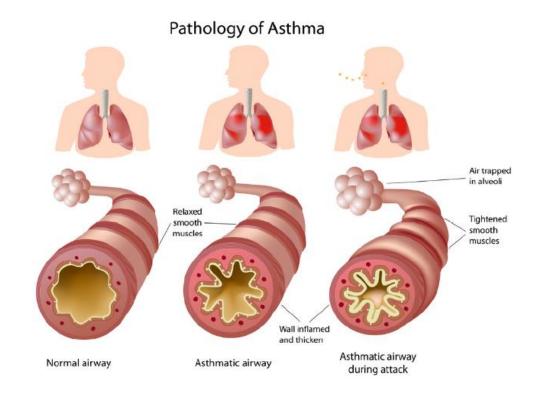
Asthma in Latinx/ Hispanic Children

Asthma

Asthma is a chronic disease that causes inflammation and bronchoconstriction in the airways.

This results in coughing, shortness of breath, wheezing, difficulty breathing.

Patients can live a normal life if adequate asthma control is maintained.



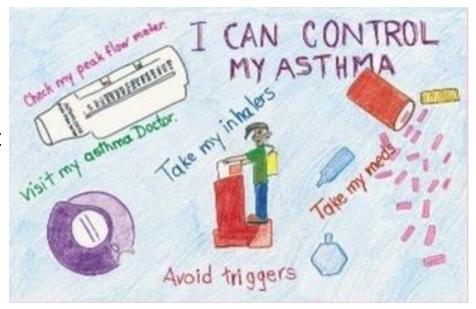
Asthma triggers

- Respiratory infections
- Environmental allergens- dust mites, cockroaches, mold, pet dander
- Smoke or sudden temperature changes
- Strong emotion- laughter, crying
- Intense exercise



Can asthma be cured?

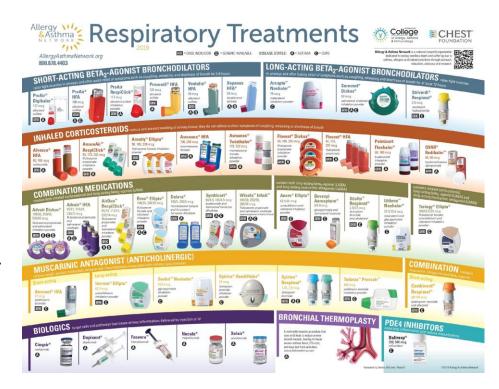
- Asthma is a chronic condition.
- While it cannot be cured, it can be well controlled with proper treatment and often improves with time.



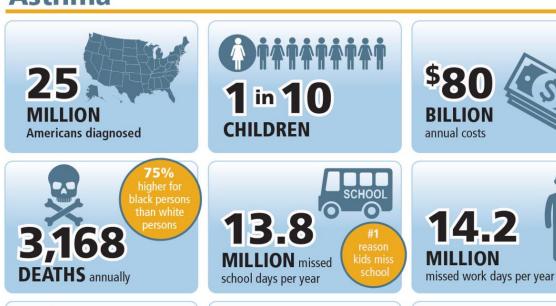
Asthma Treatment Options

- Beta agonists- short and long acting – "rescue or quick relief"
- Inhaled corticosteroids –
 "maintenance or controller"

 Biologics - depends on the type of asthma you have- different injectable options



Why is control of Asthma important?









Pediatric asthma

• One of the most common chronic conditions affecting over 7 million children in the US.

• Severe pediatric asthma is difficult to manage and utilizes a large part of the resources available for treatment of patients with asthma.

• A need exists to improve the treatment of patients with severe asthma.

Asthma Prevalence in Hispanics

- In 2018, 2.3 million Hispanics reported asthma
- Prevalence of asthma is 100 % higher in Hispanics/ Latinx, as compared to caucasians
- In the Latinx community, among adults, 6.4% Asthma rates among all Hispanics
- Of this group, 15% Puerto Rico and 5% Mexico
- Prevalence rates are increasing, in particular, in underserved areas or with difficulty accessing medical resources



Allergy and Asthma Network; Eugene Washington Engagement PCORI award

Asthma severity in children



- Patients with persistent asthma require long-term controller medications in order to control asthma symptoms
- Almost 60% children with current asthma have persistent asthma- either controlled using long-term medications or poorly controlled due to lack of response to medications or lack of medications- either not available or not being used as prescribed
- Prevalence of persistent asthma in children varies by state from 45% in Oregon to 74.4% in Mississippi

Prevalence in children

- Among children under 18 years, 8% of all Hispanic are affected by Asthma
- Of this group, 17% Puerto Rico and 7% Mexico
- Asthma cases in Puerto Rico represent twice as many asthma cases compared to other Hispanics
- Children of Puerto Rican origin suffer from asthma three times more than white children of non-Hispanic origin



Data table for Figure 10. Current asthma among children under age 18 years, by age and race and Hispanic origin: United States, 2008–2018

Excel and PowerPoint: https://www.cdc.gov/nchs/hus/contents2019.htm#Figure-010

Current asthma among children under age 18 years, by age: 2008-2018

50	Total		Under 5 years		5–17 years	
Year	Percent	SE	Percent	SE	Percent	SE
2008	9.4	0.4	6.2	0.6	10.7	0.5
2009	9.6	0.4	6.3	0.6	11.0	0.5
2010	9.4	0.3	6.0	0.5	10.7	0.4
2011	9.5	0.3	6.9	0.5	10.6	0.4
2012	9.3	0.3	5.4	0.5	10.7	0.4
2013	8.3	0.3	4.2	0.4	9.9	0.4
2014	8.6	0.3	4.3	0.5	10.2	0.4
2015	8.4	0.3	4.7	0.5	9.8	0.4
2016	8.3	0.3	3.8	0.5	10.0	0.4
2017	8.4	0.4	4.4	0.6	9.9	0.5
2018	7.5	0.4	3.8	0.5	8.9	0.5

Current asthma among children under age 18 years, by race and Hispanic origin: 2018

Year			Not Hispanic or Latino							
	Hispanic		White		Black		Asian			
	Percent	SE	Percent	SE	Percent	SE	Percent	SE		
2018	8.0	0.8	5.6	0.4	14.3	1.5	3.6	0.9		

NOTES: SE is standard error. Data are for the civilian noninstitutionalized population. Based on a parent or knowledgeable adult responding yes to both questions, "Has a doctor or other health professional ever told you that your child had asthma?" and "Does your child still have asthma?" Children of Hispanic origin may be of any race. Race-specific estimates are tabulated according to the 1997 "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity." See Appendix II, Hispanic origin; Race.

SOURCE: NCHS, National Health Interview Survey. See Appendix I, National Health Interview Survey (NHIS).

Health disparities in the Latinx community

- Latinos who prefer to communicate in Spanish received fewer asthma diagnoses in community health centers in the United States compared to Latino patients who prefer to communicate in English
- Latinos received a diagnosis of asthma less frequently the first day they presented with symptoms compared to white non-Latino patients



Factors affecting the Latino community

Respiratory infections during the first two years of life increase the risk of developing asthma in Puerto Rican patients

In the National Health Survey (NHIS) of Children, more visits to the Emergency Room among Asthma Patients from Puerto Rico and Mexico / Americans. ER visits and hospitalizations related to asthma in Hispanics/LatinX are double those in caucasians and numbers of rehospitalization are 50% higher

Among obese children, the risk of oral steroid use increases by 15%- can have long-term side effects if used over time

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.

Importance of adequate asthma control

- Studies show that in Latino school-age children - from Puerto Rico, Mexico and Central / South America - use of rescue medications greater than in other groups
- Mortality from asthma is higher among Latinos, especially from origin of Puerto Rico
- The death rates from asthma in Puerto Rican patients is 75% to 200% higher than in Caucasians

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	7X HIGHER				
African-American adults:	2.8X	3X HIGHER				
Hispanic children:	2.1X HIGHER	2X HIGHER				

Summary slide

A need to exists to improve the medical care of patients with asthma

 Resources to improve the understanding of the disease and thereby improve treatment in Latinx communities

 Outreach is needed to improve the outcomes of our asthmatic patients in our communities, improve health equity and decrease the healthcare disparities that disproportionately affect our communities

Acknowledgment

Allergy and Asthma Network for the use of slides and graphics

 Eugene Washington Engagement Award- Engaging Hispanic Asthma Patients in PCOR/CER Nationwide- PCORI grant

Thank you for your attention





The Hispanic Community: Severe Asthma and COVID-19

What do patients need?

- All patients need to understand their health and human condition.
- All patients need to have access to medical care, medications and ongoing healthcare support.
- Hispanic patients experience barriers to health care, and we need to respond to create health equity for all



Health conversations that they can understand & meet their needs

Spanish resources, appropriate reading levels, sensitivity to cultural norms



A Medical Home

Patients without a medical home often access care through the emergency department



Assistance to navigate the healthcare system

Help with paperwork, making appointments, procuring needed medications, transportation







Asthma in the Hispanic Community



Hispanic Americans need the knowledge and skills they need to make informed, evidence-based decisions about their health – they need trusted partners and sources of information and learn how to help themselves and others. It appears poorly controlled asthma is what increases risk especially for children and Hispanic populations who tend to have worse asthma control due to health inequities.

INCOME LEVEL AND EDUCATION PLAY A SIGNIFICANT ROLE IN ASTHMA PREVALENCE

Adults with an annual income of

<\$75,000

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

asthma flare



ADULTS WHO CANNOT AFFORD THEIR ASTHMA MEDICATION:

1 in 4

African-Americans

1 in 5 Hispanics

FACTORS THAT CAN LEAD TO ASTHMA DISPARITIES



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Inequities in Healthcare with COVID-19

Deep-rooted Inequities

Asthma care & the COVID-19 pandemic have revealed deeprooted inequities in healthcare for communities of color.

COVID-19

Hispanic Americans are twice as likely to die from COVID-19 than non-Hispanic whites.

Hospitalizations

The Hispanic community has among the highest rates of COVID-19 hospitalizations.

Severe Symptoms

Many have underlying medical conditions that put them at higher risk for severe symptoms.



Children with poorly controlled asthma at higher covid risk

Children with poorly controlled asthma are three to six times more likely to be hospitalised with Covid-19 than those without the condition, research suggests.

Experts advise that 5 to 17 year olds with poorly controlled asthma should be considered for vaccination to reduce the risk of infection and the spread of Covid-19 in schools and households.

Poorly controlled asthma was defined as using two or more courses of oral steroids.



People with Moderate to Severe Asthma & COVID-19

Risk of Severe Illness from COVID-

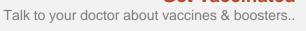
People with moderate-to-severe or uncontrolled asthma are more likely to be hospitalized.



Protect Yourself from COVID-19

Follow the steps below to protect yourself & others.









Follow Your Asthma Action Plan

Avoid asthma triggers, continue current medications. Have emergency supply as needed.





Choose disinfectants less likely to cause an asthma episode, cleaning when necessary.



Cope with Stress & Anxiety

Consult your doctor if you are feeling overwhelmed or unusally anxious.

Notes on COVID-19 & Asthma

From the American Academy of Allergy, Asthma & Immunology





No Evidence

Currently no evidence of increased infection rates in those with asthma



No Data

There is no published data that people with moderate to severe asthma are at risk for more severe disease



Non-allergic Asthma

May be associated with more severe COVID-19 disease



Continue Medications

Continue taking controller medications — do not stop them



Have Asthma?

Keep doing what you're doing during COVID-19



Audience Q & A

NHMA Updates



- Biomarker Testing: Improving Access to Improve Care August 25, 2022 12:00-1:00 PM EST
 - Register at https://bit.ly/biomarker3
- COVID-19 Virtual Briefing Session 17, 7-8:15 PM ET August 31, 2022
 - Register at <u>bit.ly/NHMASurgeonGeneral</u>
- NHMA 26th Annual Conference: Chicago, IL April 27 April 30th, 2023: Hyatt Regency Chicago
- Call for speaker abstracts on nhmamd.org
- NHMA VaccinateForAll Campaign
 - New websites launched <u>HispanicHealth.info</u> & <u>Vaccinateforall.org</u>
 - Register for FREE to join over 200+ individuals and organizations the champions today!



If you have any questions about our programs or events, please email <u>vgearity@nhmamd.org</u>.

Thank You











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