NHMA Congressional Briefing

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

Speakers

Raul Ruiz, MD
Chairman
Congressional Hispanic Caucus

Vivian Hernandez-Trujillo, MD
Attending Physician
Allergy and Immunology Care Center of South Florida

Moderator

Elena Rios, MD, MSPH, MACP
President and CEO
National Hispanic Medical Association

Purvi Parikh, MD
Clinical Assistant Professor
NYU Grossman School of Medicine

July 27th
1 - 2 p.m. ET

Register today:
bit.ly/AsthmaBriefing
Welcome

Elena Rios, MD, MSPH, MACP
President & CEO
National Hispanic Medical Association

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
National Hispanic Medical Association

Congressional Briefing

COVID-19 & Health Equity: Lessons Learned for Critical Patients with Asthma

Elena Rios, MD, MSPH, MACP
President & CEO
www.nhmamd.org
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 (1) 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.
TREAT Long COVID Act - S 4015 and HR7482

- (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, long-term 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.
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

[Link to event information](https://allergyasthmanetwork.org/news/allergy-asthma-advocacy-aadch-2022/)
The Spectrum of Asthma in Hispanics

Vivian Hernandez-Trujillo, MD, FAAP, FAAAAI, FACAAI
Clinical Professor of Pediatrics
Herbert Wertheim School of Medicine, Florida International University
Division Director, Allergy and Immunology
Fellowship Training Program Director, Allergy and Immunology
Nicklaus Children’s Hospital
Miami, FL
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.

Pathology of Asthma

Normal airway

Asthmatic airway

Asthmatic airway during attack

Allergy and Asthma Network; Eugene Washington Engagement PCORI award
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?

25 MILLION Americans diagnosed

1 in 10 CHILDREN

$80 BILLION annual costs

3,168 DEATHS annually

75% higher for black persons than white persons

13.8 MILLION missed school days per year

14.2 MILLION missed work days per year

3 in 5 limit physical activity

71% misuse inhalers

1 in 5 CANNOT AFFORD medications

Allergy and Asthma Network; Eugene Washington Engagement PCORI award
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.

Allergy and Asthma Network; Eugene Washington Engagement PCORI award
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

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<th>5–17 years</th>
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<td>2012</td>
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<tr>
<td>2018</td>
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<td>3.8</td>
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<td>8.9</td>
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Current asthma among children under age 18 years, by race and Hispanic origin: 2018

<table>
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<tr>
<th>Year</th>
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<th></th>
<th>Black</th>
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<td>1.5</td>
<td>3.6</td>
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</table>

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 I, 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.

Allergy and Asthma Network; Eugene Washington Engagement PCORI award
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

Allergy and Asthma Network; Eugene Washington Engagement PCORI award
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

Dr. Purvi Parikh
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

Chronic disease
6.4% of Hispanic people have asthma
Puerto Ricans have twice the asthma rate when compared with the overall Hispanic population

Emergency Care
Hispanics are twice as likely to visit the emergency department for asthma than non-Hispanic whites

Children
Hispanic children are 40% more likely to die from asthma compared to non-Hispanic whites

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 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 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.
Deep-rooted Inequities
Asthma care & the COVID-19 pandemic have revealed deep-rooted 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 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-19**
People with moderate-to-severe or uncontrolled asthma are more likely to be hospitalized.

**Get Vaccinated**
Talk to your doctor about vaccines & boosters.

**Follow CDC Recommendations for Cleaning**
Choose disinfectants less likely to cause an asthma episode, cleaning when necessary.

**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.

**Cope with Stress & Anxiety**
Consult your doctor if you are feeling overwhelmed or unusually anxious.
Notes on COVID-19 & Asthma
From the American Academy of Allergy, Asthma & Immunology

Fear
People with asthma tend to be fearful about worse outcomes with COVID-19

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

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

• **COVID-19 Virtual Briefing Session** 17, 7-8:15 PM ET – August 31, 2022

• **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 – [HispanicHealth.info](https://www.hispanichealth.info) & [Vaccinateforall.org](https://www.vaccinateforall.org)
  - Register for FREE to join over 200+ individuals and organizations the champions today!

[QR Code]

*If you have any questions about our programs or events, please email vgearity@nhmamd.org.*
Thank You