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The 2020 AAFA Report: “Asthma Disparities in America: A Roadmap to Reducing Burden on Racial and Ethnic Minorities”

The Asthma and Allergy Foundation of America (AAFA) has published the report, “Asthma Disparities in America: A Roadmap to Reducing Burden on Racial and Ethnic Minorities.” The report discusses “serious gaps in asthma rates, care and outcomes” and is follow-up to AAFA’s 2005 report, “Ethnic Disparities in the Burden and Treatment of Asthma.”

The new report demonstrates that “over the past 15 years, there have been moderate advances in United States public policy, healthcare and research, but racial gaps in asthma outcomes have not changed. The burden of asthma in the US falls disproportionately on Black, Hispanic and American Indian [and] Alaska Native people, which have the highest asthma rates, hospitalizations and deaths.”

In addition, the reports identifies 69 “specific strategies and tactics for prioritizing policies and programs to improve asthma health for Americans most at risk while dismantling systems that fuel harmful disparities.”

Populations of color “disproportionally impacted”

“The significance of the timing of this report is not lost on us as the struggles of the world around us closely mirror our findings and objectives,” said Kenneth Mendez, AAFA’s CEO and president. “The COVID-19 pandemic continues to surge and expose what we’ve found when it comes to asthma:



populations of color are disproportionately impacted.”

Key findings of the report show:

- Black and Hispanic Americans continue to have the highest rates of asthma.
- Hispanics of Puerto Rican descent have the highest rates of asthma compared to any racial or ethnic group.
- American Indian and Alaska Natives also have some of the highest rates of asthma prevalence, morbidity and mortality.
- Black patients are five times more likely to be treated for asthma in hospital emergency rooms compared to white patients, a gap that has remained unchanged since 2005.
- Black Americans remain three times more likely to die from asthma than white Americans.
- More Black women die from asthma than any other group

Driven by social determinants and structural inequities

AAFA indicates that racial and ethnic disparities in asthma can be caused by complex factors, which they group into four categories:

- Structural determinants such as systemic racism, segregation and discriminatory policies
- Social determinants such as socioeconomic status, education, neighborhood and physical environment, employment, social support networks and access to healthcare
- Biological determinants such as genes and ancestry
- Behavioral determinants such as tobacco use and adherence to medicines

Among these, they note that social determinants and structural inequities are larger driving factors for asthma compared to genetics and individual behaviors.

Strategies for improvement

AAFA explains “there is no single, specific solution to the problem of disparities. Solutions must be holistic and target the complex factors that lead to increased burden on racial and ethnic minority populations.” They also state that, emerging approaches toward effective, sustainable and scalable solutions include:

- Public policy reform
- Direct interventions to improve asthma self-management
- Community-based programs
- Advancement in research and science

Further, the report identifies 69 strategies to address disparities. Because AAFA believes a holistic approach is required, they note some strategies focus on reducing health disparities overall and are not specific to asthma. At the same time, others focus on improving asthma care overall and are not specific to racial and ethnic disparities.

Examples include:

- Improve coverage of asthma guidelines-based care and treatments by expanding specialist care coverage, lowering copays, expanding eligibility criteria, and removing prior authorization and step therapy barriers
- Directly finance or support reimbursement models for programs that align asthma clinical interventions with home assessments, indoor environment improvements and remediations to reduce asthma triggers
- Offer personalized, culturally-appropriate Asthma Action Plans using the patient’s and caregivers’ language and wording
- Significantly increase participation of Black, Hispanic and Indigenous Americans in clinical trials
- Conduct further research studies and tests among racially and ethnically diverse populations to discover successful strategies that

show increased patient adherence to proven asthma management strategies and medicines

“It’s important we not only describe these egregious inequities but fully shift the focus toward finally eliminating them once and for all,” said Melanie Carver, AAFA’s chief mission officer. “That’s why we’ve created a roadmap within our report of direct action items aimed at tearing down barriers creating the heaviest burden on Black, Hispanic, and Indigenous Americans living with asthma. This report is also a call-to action to fix systemic failures and improve asthma care overall.”

The need to work together

AAFA said it “remains committed to taking bold actions to facilitate significant improvement and building collaboration with federal, state and non-governmental entities and individuals who share the similar goal to save lives and reduce the harm and unequal burden of asthma on underserved groups.”

They also state that “equity in asthma is only possible if all partners work together toward the goal of reducing disparities.” They indicate partners include “patients/families, healthcare professionals, researchers, biotech and pharmaceutical companies, educators, schools, community leaders, government agencies, healthcare systems, healthcare payers, employers, national and local associations, funders, advocates, policymakers/legislators and the media.”

They believe each group “has a unique perspective” and that working together would “build effective programs/interventions that improve asthma outcomes, conduct critical research to advance science and knowledge, and support policies that promote health equity.”

Equity in asthma is possible

Sanaz Eftekhari, vice president of research at AAFA, believes that equity in asthma is achievable. In the press release she stated, “The findings in our Asthma Disparities in America report aren’t surprising. Causes of disparities in asthma have been documented for decades and effective interventions have been successfully implemented in various populations. Despite this, disparities persist. Why? It boils down to two reasons: insufficient funding and lack of political will. Achieving equity in asthma is completely possible if all stakeholders agree to prioritize this work and invest the resources needed to make real change.”

Funding for the report

The AAFA website indicates that The Asthma Disparities in America report was made possible by financial contributions from the following partners: Astra-Zeneca, Genentech, Novartis, Pharmaceutical Research and Manufacturers of America, and Sanofi Genzyme and Regeneron Pharmaceuticals. They also stated that the views and opinions expressed in the report are those of the AAFA authors and do not necessarily reflect the policies or positions of other individuals, organizations or companies.

About AAFA

Founded in 1953, AAFA is the world’s oldest and largest non-profit patient organization for people with asthma, allergies and related conditions. AAFA offers support for individuals and families through its online patient support communities, network of local chapters and affiliated support groups, providing practical, evidence-based information, community programs and services.

References

Content for this article was based on and excerpted from:

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