Asthma, COVID and Questions We Need Answered

LeRoy Graham, MD; Founder, “Not One More Life”
Tonya Winders, MS, President & CEO
Dr. LeRoy Graham, Panel of Project Advisor Group Speakers, and COVID-19 survivor

Agenda:
• Intro to Asthma/Disparities in the African American Community
• COVID-19 update and tips from COVID-19 survivor
• Q & A

Objectives:
• Describe challenges Black Americans face in managing their health that leads to COVID-19 and asthma complications.
• Discuss questions Black Americans need answered regarding their health.
• Examine the role of clergy in helping Black Americans to take charge of their health

Tonya Winders
AAN CEO and President
Moderator
Dr. LeRoy Graham, MD

• Why are we here?
• We don’t have all the answers!
• We don’t even know all the questions!
• We need your help!
• Be part of the conversation
Asthma In the African American Community - Health Disparities
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 societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health & healthcare disparities.
Health Equity is the Goal

Getting there is the part we can 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
Black People Like Me

Asthma

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
• Exist across all chronic health conditions
• Very apparent in asthma care
• It is not acceptable!
• Time for change is now!

**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.

<table>
<thead>
<tr>
<th></th>
<th>ER VISITS</th>
<th>DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African-American children:</strong></td>
<td>4.5X HIGHER</td>
<td>7X HIGHER</td>
</tr>
<tr>
<td><strong>African-American adults:</strong></td>
<td>2.8X HIGHER</td>
<td>3X HIGHER</td>
</tr>
<tr>
<td><strong>Hispanic children:</strong></td>
<td>2.1X HIGHER</td>
<td>2X HIGHER</td>
</tr>
</tbody>
</table>
Income is often a driving factor!

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
“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
Black People Like Me

How Do We Get From Here to There?

Disparity to Equity
Not One More Life Trusted Messengers

20 Year History of Effective Programming of Pulmonary Education and Screening in High-Risk Communities

Systematic Link to Validated Community Trusted Messengers

- Communities of Faith
- Schools
- Co-ops
- Fraternal Organizations

Brief Educational Didactic
Non-invasive Health Screenings
Telehealth Follow-up with High-Risk Group
What should communities expect?

Rev. Michael D. Stinson, MD
Let's Review,

Asthma is...

a chronic inflammatory disorder of the lung airways, characterized by episodic and reversible airway obstruction and airway hyper-responsiveness.
Common Asthma Triggers

- Indoor allergens: mold, pet dander, dust mites, cockroaches
- Outdoor allergens: pollens, mold
- Irritants: secondhand smoke, diesel exhaust, air pollution
- Respiratory viruses: colds, flu, sinus infections
- Exercise
- Stress
- Cold air or sudden changes in temperature
- Strong smells
- Strong emotions such as laughing or crying
- Hormonal changes
It is estimated that 1 out of 11 Americans have asthma and at least 5 of those are “uncontrolled” by

- losing sleep from nighttime symptoms
- unable to exercise without symptoms
- missing school or work
- going to the emergency room or hospital due to attacks
- using quick-relief more than two times per week
Meet Edwin, he has asthma and lost his son to asthma.
How is Asthma Treated?

- Get Tested – Make sure it is asthma
- Controller Medications – Daily to prevent asthma flares
- Quick-relief Inhalers - As Needed for symptoms
- Other Treatments based on severity and type
- Know your Asthma Action Plan
- Understand and address your Triggers
- Get your flu shot, pneumonia vaccine and COVID vaccine *
- Educate Yourself and Family
The Goal is Asthma Control

• Prevent chronic and disabling symptoms
• Maintain normal lung function
• Provide best treatment with asthma medications
• Maintain normal activity levels
• Prevent asthma flares and minimize the need for ER visits & hospitalizations
• Meet patients’ and families’ expectations to live without limits
How many people die each day from asthma in the US?

A. 2
B. 5
C. 10
D. 20
Each day 10 Americans die from asthma. Many of these deaths are avoidable with proper treatment and care.

- Adults are 4X more likely to die from asthma than children.
- Women are more likely to die from asthma than men and boys are more likely than girls.
- African-Americans adults are 3X more likely to die from asthma.\(^4\)
Strategies to Change the Paradigm

Increase adherence
- Effectively inquire and engage around importance of medication adherence

Uncover Barriers to Adherence
- Ambivalence
- Fear and misinformation
- Cost
- Hassle factor - KISS

Address the Barriers
- Straight talk
- Eliminate victim mentality
- Education
- Samples, patient assistance, formulary awareness
Let’s hear from Charmayne. She and members of her family have asthma.
Meet Sandra. She and her husband are COVID-19 Survivors
COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Global Cases

54,714,076

Cases by Country/Region/Sovereignty

11,114,151 US
8,845,127 India
5,863,093 Brazil
1,932,711 Russia
1,916,047 France
1,496,864 Spain
1,394,295 United Kingdom
1,310,491 Argentina
1,205,881 Italy
1,198,746 Colombia

Global Deaths

1,321,712

246,758 deaths US
165,798 deaths Brazil
130,070 deaths India
98,542 deaths Mexico
52,239 deaths United Kingdom

COVID-19 Map - Johns Hopkins Coronavirus Resource Center

Lead by JHU CSSE. Technical Support: Esri Living Atlas team and JHU APL. Financial Support:

Last Updated at (MD/YYYY)
11/16/2020, 1:25 PM

Global Deaths

US State Level

Deaths, Recovered

34,044 deaths, 81,788 recovered New York US
20,009 deaths, 871,784 recovered Texas US
18,269 deaths, recovered California US
17,518 deaths, recovered Florida US

US Deaths, Recovered

Daily Cases

0
200,000
400,000
600,000
800,000
Apr
Jul
Oct
## Racial Disparities in COVID-19 Pandemic

<table>
<thead>
<tr>
<th>Race</th>
<th>Share of Population</th>
<th>Share of Deaths</th>
<th>Share of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>61.1%</td>
<td>51.1%</td>
<td>44.5%</td>
</tr>
<tr>
<td>Black</td>
<td>12.3%</td>
<td>21.1%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17.8%</td>
<td>21.1%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.4%</td>
<td>3.7%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.7%</td>
<td>0.9%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

*Covid-19 Tracking project, NPR 9/23*
Factors Driving COVID Increased Infection Risk:

• Low Socioeconomic Status (SES) and Poverty
  • Substandard and often overcrowded housing with harmful environmental exposures, limited ability to socially distance
  • Reliance on often overcrowded public transportation
  • More likely to be essential workers in public facing service and retail industries
  • More likely to have inadequate or no health insurance
The Need for Health Equity

The Path to Achieving Health Equity

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

- Discrimination/Minority Stressors
- Food Security and access to healthy foods
- Housing
- Stable Income & Job Security
- Educational Opportunities
- Environmental Quality
- Quality Affordable Healthcare
- Neighborhood Conditions

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

Does having asthma increase my risk of getting COVID-19?

YES

NO
Impact of chronic disease and other factors on Covid-19 outcomes:

• Adults >65 years old
  • Lower immune function (reduced ability to effectively fight infections) and increased inflammatory response causing increased organ damage (heart, lungs, kidneys)
  • Complicating pre-existing conditions (heart, kidney or lung conditions) often made worse by a serious infection such as COVID-19
  • Lung function decreases with age often making older adults unable to breath without a high levels of oxygen and/or a ventilator due to a pneumonia as produced by Covid-19
Impact of chronic disease and other factors on Covid-19 outcomes:

• Poorly controlled Chronic Lung Disease to include Asthma and COPD as reduced lung function increases the chance for respiratory failure due to COVID infection

• Poorly controlled heart disease or poorly controlled hypertension as the severe lung infection and secondary infection may result in heart failure and a three-fold increased risk of death

• Poorly controlled Diabetes as this has been associated with a three-fold increase in death

• Obesity as a factor associated with poorly controlled chronic diseases and a possible “blunting” or limitation of the body’s response to severe infection
Impact of chronic disease and other factors on Covid-19 outcomes:

• Certain neurological conditions to include:
  • Multiple Sclerosis
  • Parkinson’s Disease
  • Motor Neuron Disease
  • Myasthenia Gravis
  • Recent CVA (stroke)

These conditions are often associated with weakened muscles that support breathing, swallowing or clearing of secretions complicating the lung infection caused by COVID. Also, many of these diseases are treated with anti-inflammatory medications that may weaken the body’s response to infection
Impact of chronic disease and other factors on Covid-19 outcomes:

• Weakened Immune Systems
  • Individuals undergoing chemotherapy for cancer or other chronic diseases
  • Individuals with primary immunodeficiencies (weakened immune systems) to include HIV/AIDS or other conditions
  • Those who have received organ transplants who may require medications that reduce the effectiveness of their immune systems to fight infections.
What Can Be DONE Now?

• Access to COVID Testing with timely result reporting and contact tracing
• Screen for comorbidities and risk factors associated with excessive COVID morbidity and mortality
  • Cardiovascular Disease/Hypertension
  • Lung Disease (Asthma/COPD/ILD)
  • Diabetes
  • Obesity
  • Older Age
  • ? Medications
• Assisted Utilization of Validated Self Assessment Tools
• Enhanced Functional Health Literacy in the context of COVID-19
Disparities Education

Assimilation of “Not One More Life” into Network programming

Webinars with Dr. LeRoy Graham

- Asthma Disparities and Differential Responses to Therapy
- COVID-19 & Asthma: The Time for Equity in Healthcare is NOW

Allergy & Asthma Today Articles

- Healthcare Disparities – “I Can’t Breathe”
- Not One More Life

Healthcare Disparities Webpage

- Health Literacy
- Asthma Resources
Beliefs influence willingness to follow preventive, therapeutic recommendations

“Beliefs influence willingness to follow preventive, therapeutic recommendations”

“I am susceptible to this health problem”

“The threat to my health is serious”

“The benefits of the recommendation outweigh the costs”

“I am confident in my ability to carry out recommended actions successfully”
Know the Difference | COVID-19 vs. Flu vs. Allergies

For 80% of people, COVID-19 symptoms are mild, and feel like the flu. So what’s the difference?

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>COVID-19</th>
<th>FLU</th>
<th>ALLERGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Spread person-to-person</td>
<td>• Spread person-to-person</td>
<td>• Not spread person-to-person</td>
<td></td>
</tr>
<tr>
<td>• Fever (100.4° F or higher)</td>
<td>• Sore throat</td>
<td>• Itchy nose, sneezing</td>
<td></td>
</tr>
<tr>
<td>• Sore throat</td>
<td>• Headache</td>
<td>• Itchy, watery eyes, redness</td>
<td></td>
</tr>
<tr>
<td>• Headache</td>
<td>• Fatigue (tiredness)</td>
<td>• Itchy, sensitive skin, rash or hives - swelling</td>
<td></td>
</tr>
<tr>
<td>• Fatigue (tiredness)</td>
<td>• Muscle or body aches (or chills)</td>
<td>• Wheeze, chest tightness</td>
<td></td>
</tr>
<tr>
<td>• Muscle or body aches (or chills)</td>
<td>• Runny or stuffy nose</td>
<td>• Runny or stuffy nose</td>
<td></td>
</tr>
<tr>
<td>• Runny or stuffy nose</td>
<td>• Cough</td>
<td>• Cough</td>
<td></td>
</tr>
<tr>
<td>• Cough</td>
<td>• Shortness of breath or difficulty breathing</td>
<td>• Shortness of breath or difficulty breathing</td>
<td></td>
</tr>
<tr>
<td>• Shortness of breath or difficulty breathing</td>
<td>• Nausea or vomiting</td>
<td>• Wear a mask over your nose &amp; mouth</td>
<td></td>
</tr>
<tr>
<td>• Nausea or vomiting</td>
<td>• Diarrhea</td>
<td>• Wash your hands frequently</td>
<td></td>
</tr>
<tr>
<td>• Diarrhea</td>
<td>• Loss of taste &amp; smell</td>
<td>• Watch your distance: avoid close contact with others - keep six feet apart and avoid crowds</td>
<td></td>
</tr>
<tr>
<td>• Loss of taste &amp; smell</td>
<td></td>
<td>• Avoid touching your eyes, nose &amp; mouth</td>
<td></td>
</tr>
</tbody>
</table>

Prevention

- WASH your hands frequently
  Use soap and warm water for 20 seconds

- WATCH your distance
  Keep 6 feet apart & avoid large crowds

- WEAR a mask over nose & mouth
  Prevent spread of COVID-19 & protect others

- Wear a mask over your nose & mouth
- Wash your hands frequently
- Watch your distance: avoid close contact with others - keep six feet apart and avoid crowds
- Avoid touching your eyes, nose & mouth
- Avoid exposure whenever possible
- Use hand sanitizer with at least 60% alcohol, if needed

- Wash your hands frequently
- Watch your distance: avoid close contact with others - keep six feet apart and avoid crowds
- Avoid touching your eyes, nose & mouth
- Avoid exposure whenever possible
- Get the flu vaccine

- Spread person-to-person
- Sore throat
- Headache
- Fatigue (tiredness)
- Muscle or body aches (or chills)
- Runny or stuffy nose
- Cough
- Shortness of breath or difficulty breathing
- Nausea or vomiting
- Diarrhea
- Loss of taste & smell

- Spread person-to-person
- Fever
- Sore throat
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- Diarrhea
- Loss of taste & smell

- Not spread person-to-person
- Itchy nose, sneezing
- Itchy, watery eyes, redness
- Itchy, sensitive skin, rash or hives - swelling
- Wheeze, chest tightness
- Runny or stuffy nose
- Cough
- Shortness of breath or difficulty breathing
- Nausea or vomiting
- Diarrhea
- Loss of taste & smell

Treatment

- Stay home and rest, except to get medial care
  - Call your doctor if you think you were exposed
  - Call ahead before going to the doctor
  - Request a COVID-19 test
  - Stay away from others

- Stay home and rest, except to get medial care
  - Contact your doctor early if you’re at high risk
  - Antiviral drugs may be an option for people at high risk for complications and people with lung conditions
  - Most people don’t need to go to the emergency room

- Take prescribed or over-the-counter allergy medications
  - Antihistamines
  - Nasal sprays
  - Allergy shots
  - Allergy tablets
  - Nasal wash/rinse

Nearly 1/2 of all COVID-19 deaths in the U.S. are among people of color.

Allergy & Asthma Network’s Not One More Life Trusted Messengers project aims to empower you with practical information and guidance so you can take charge of your health.

It’s important to know how you can tell the difference between COVID-19 symptoms, the flu and seasonal allergies and what can put you at risk for COVID-19.

Reduce Your Risk:
Remember the 3 Ws

Trusted Messengers project presented by

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Know the Difference

Risk for Hospitalization
Compared to people without these conditions

Black Americans, Hispanics & Native Americans face higher COVID-19 risks, compared to White, Non-Hispanic persons

- Asthma: 1.5X
- High Blood Pressure OR Obesity OR Diabetes: 3X
- Chronic Kidney Disease: 4X
- Severe Obesity OR 2 other conditions: 4.5X
- 3 or more conditions*: 5X

The risk of being hospitalized increases for people with underlying conditions (including asthma, obesity, diabetes, chronic kidney disease, severe obesity, coronary artery disease, history of stroke and COPD). If you have any of these risk factors, please take extra precautions and make sure your healthcare provider knows about any underlying issues.

Source: Centers for Disease Control (CDC)

What to do if you are sick with COVID-19:
- Stay home and separate yourself from other people.
- Wear a face mask when around other people.
- Call your doctor.
- Cover your coughs & sneezes, or cough into your elbow.
- Wash your hands often.
- Clean & disinfect high-touch surfaces daily.

Allergy & Asthma Network’s Not One More Life Trusted Messengers project aims to address health inequities and increase access to important health information and screenings for those who are at greater risk from COVID-19. This project is made possible through funding from the global biopharmaceutical company Sanofi.
Introducing an online place—just for us

• Our success will come from our ability to act as one team over the next 6 months
• To help support that, we’re inviting you to be part of a private Facebook group, called Black People Like Me
• This new online community will let us explore thoughts and feelings about the work that we’re doing together
• It can also become a trusted resource, allowing you to ask questions of experts and take part in conversations with others just like you
Our request of you

• **Be creative:** post a drawing, a photo, or a quote about what we discuss today (and at future meetings)—similar to these examples

• **Be social:** the success of this community is driven by your engagement – ask questions, post your thoughts and feelings, and join the conversation

• **Stay engaged:** we hope that you’ll continue to create and communicate with all of us on Facebook during the months ahead

We will use your creative posts to develop artwork, as a way to celebrate our progress—and share it with you at each monthly meeting!

(Just use #BpLMart to tag your creative posts so we can find them more easily)
Thanks to our advisors, we have our first piece of art to share

Our advisors, pictured here, have given us photos and quotes about why they decided to be part of this effort.
And here it is!
Thank you for joining today!

- Please complete the program evaluation survey and the post-test
- Save the date for the next conference Jan. 14, 2021
- Join AAN Asthma360Registry today
- Learn about NOML TM Program
- Log on to Facebook Page for BPLM participants – coming soon
- Questions/Answers and Powerpoint will be posted on AAN website