

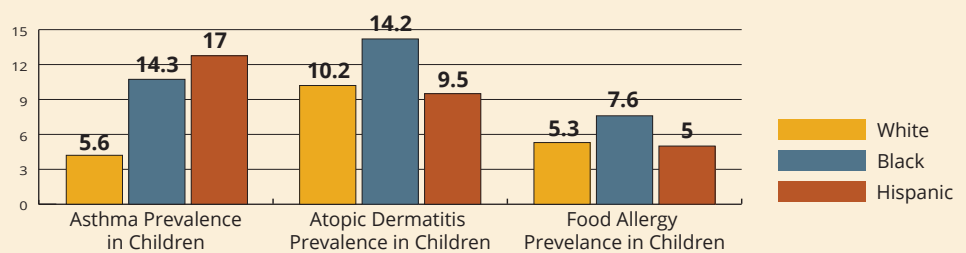
Asthma, Atopic Dermatitis and Food Allergy Impacts in Communities that are Underserved



Executive Summary

Every year, asthma, atopic dermatitis, and food allergies are **diagnosed in 89 million** Americans¹⁻³, **cost \$112 billion** in healthcare spending^{2,4}, and account for **2.8 million emergency room hospitalizations**^{2,4,5}. **Black** and **Hispanic** people living in the US are **disproportionately impacted** by the negative health and financial outcomes of these diseases due to **inequities in socioeconomic status, health care access, and environmental justice**⁶⁻⁸. Black and Hispanic populations experience **greater difficulty filling prescriptions** due to cost⁹, **symptom severity**⁶⁻⁸, acute episodic hospitalizations⁶⁻⁸, and **death**⁶⁻⁸ due to asthma, atopic dermatitis, and food allergies.

Percentages of Children with Asthma, AD and Food Allergies



ROOT CAUSES:

SOCIOECONOMIC STATUS

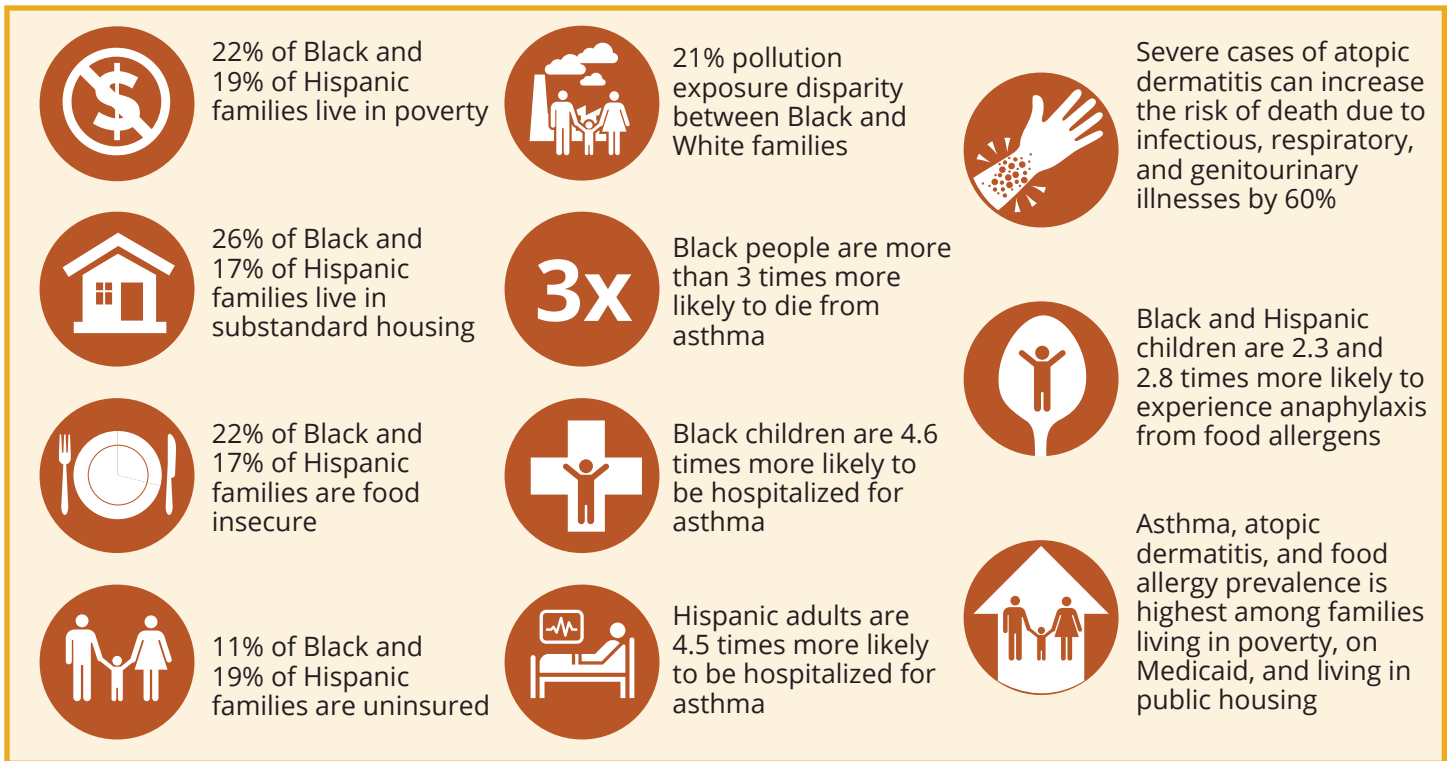
Poverty is associated with greater household **exposure** to asthma and atopic dermatitis **irritants** such as **polluted air and water, mold, and pests**^{10,11}. In 2021, **22% of Black** and **18% of Hispanic** people living in the US **lived in poverty**¹², with **26% of Black** and **21% of Hispanic** families living in **substandard** and extremely **low-income renter households**¹⁰. Poverty is also associated with food insecurity, with **22% of Black** and **17% of Hispanic** households experiencing **food insecurity** in 2020¹³. Given that Black and Hispanic people are **more likely to be allergic to staple foods such as peanuts, milk, and eggs**¹⁴, food insecurity makes avoiding common allergens difficult. Poverty is also connected to school resourcing, with Black and Hispanic children in **low-income** and **minority-majority schools** less likely to have **emergency epinephrine** and nurse training, leading to higher rates of **anaphylaxis, hospitalization, and death** due to **food allergies**⁷.

HEALTH CARE ACCESS

Black and Hispanic people living in the US are more likely to struggle with financial access to health care. **Lack of insurance coverage**, which affects **11% of Black** and **19% of Hispanic** people, **hinders filling prescriptions** and **seeking** primary and specialty **care**¹². Given that asthma, atopic dermatitis, and food allergies require consistent medical management, many **low-income and uninsured Hispanic and Black patients** experience **worse health outcomes** including **more frequent asthma attacks** and **skin infections** related to their atopic dermatitis¹⁻⁸.

ENVIRONMENTAL JUSTICE

Urban residency, **air pollution**, and climate change exacerbate symptoms. Roughly **20% of Black** and **30% of Hispanic** people **live in cities**¹⁵, and due to **segregation** and **redlining**, are more likely to live in **polluted areas**¹⁶. Pollution from vehicles, power plants, and industry contributes to ground level **ozone trapping pollen and tobacco smoke at breathing levels which exacerbate asthma and atopic dermatitis symptoms**⁶⁻⁸. Pollution also causes **urban heat sprawl** leading to respiratory difficulties during intense heat waves¹⁶. **Emergency room visitation** for **heat-related illnesses** increased by **67% for Black** and **63% of Hispanic** people in the decade¹⁶



POLICY RECOMMENDATIONS:

- Funding for Asthma, Atopic Dermatitis and Food Allergy Programs
- Access to Fair, Equitable and Affordable Healthcare, Treatment and Testing
- Environmental Justice
- School-Based Programs
- Research and Data Collection
- Diverse and Culturally Competent Healthcare Workforce
- Community Outreach and Engagement
- Telehealth Services

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