

Black People Like Me



Asthma, COVID and Questions We Need Answered

LeRoy Graham, MD; Founder, “Not One More Life”

Tonya Winders, MS, President & CEO



Black People Like Me

Welcome!

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



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Guest Speakers



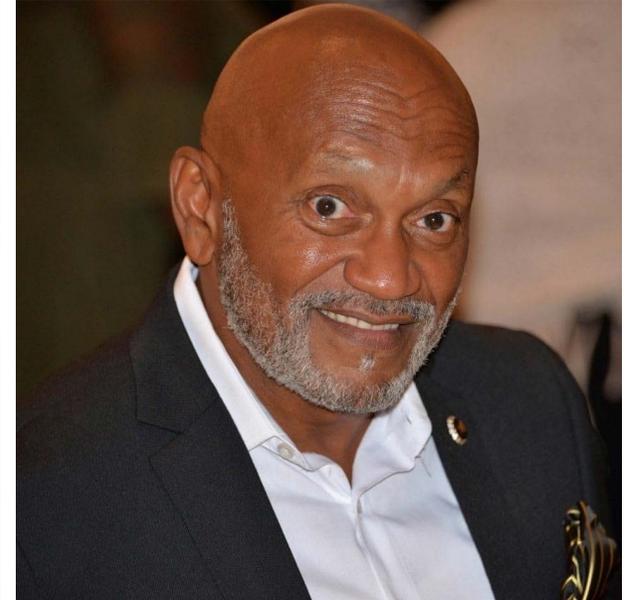
Charmayne
Patient Advisor
Project Advisor Group



Sandra
Patient- Special Guest



Edwin
Patient Advisor
Project Advisor Group



Rev. Michael D. Stinson, MD
Clergy Advisor
Project Advisor Group



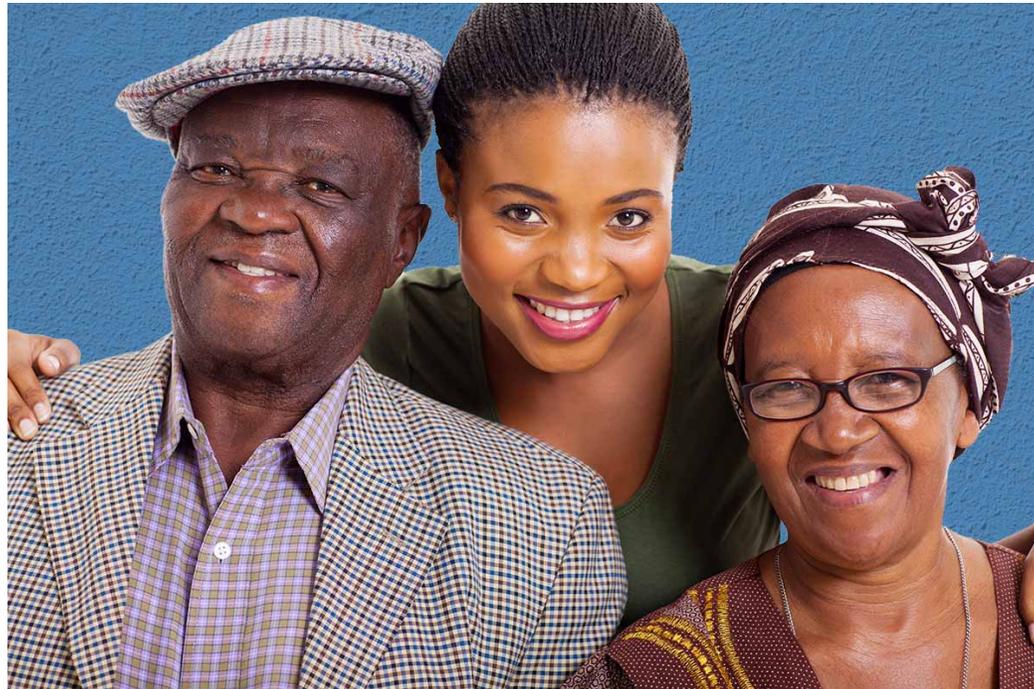
Dr. LeRoy Graham, MD

- 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



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Asthma In the African American Community - Health Disparities



Start at the beginning . . .

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.



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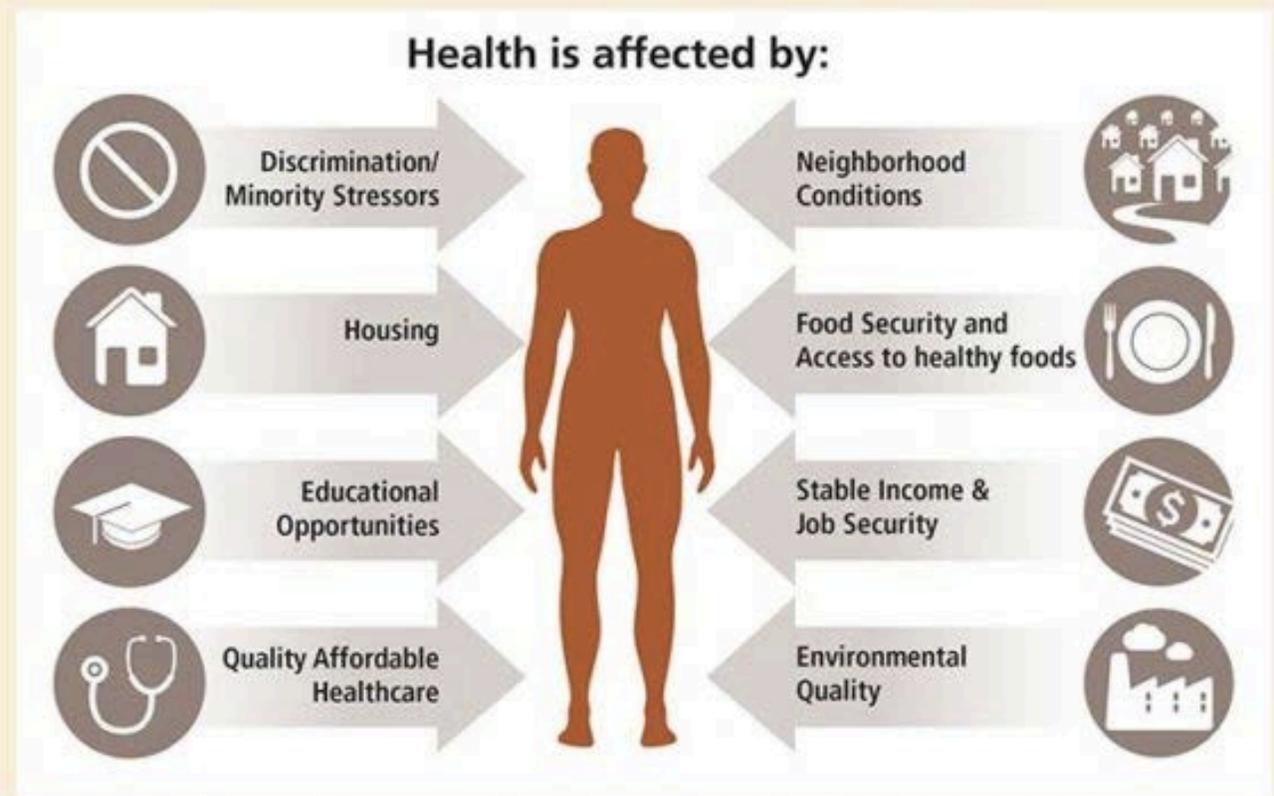
Health Equity is the Goal

Getting there is
the part we can
do better.



The Path to Achieving Health Equity

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



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

AllergyAsthmaNetwork.org

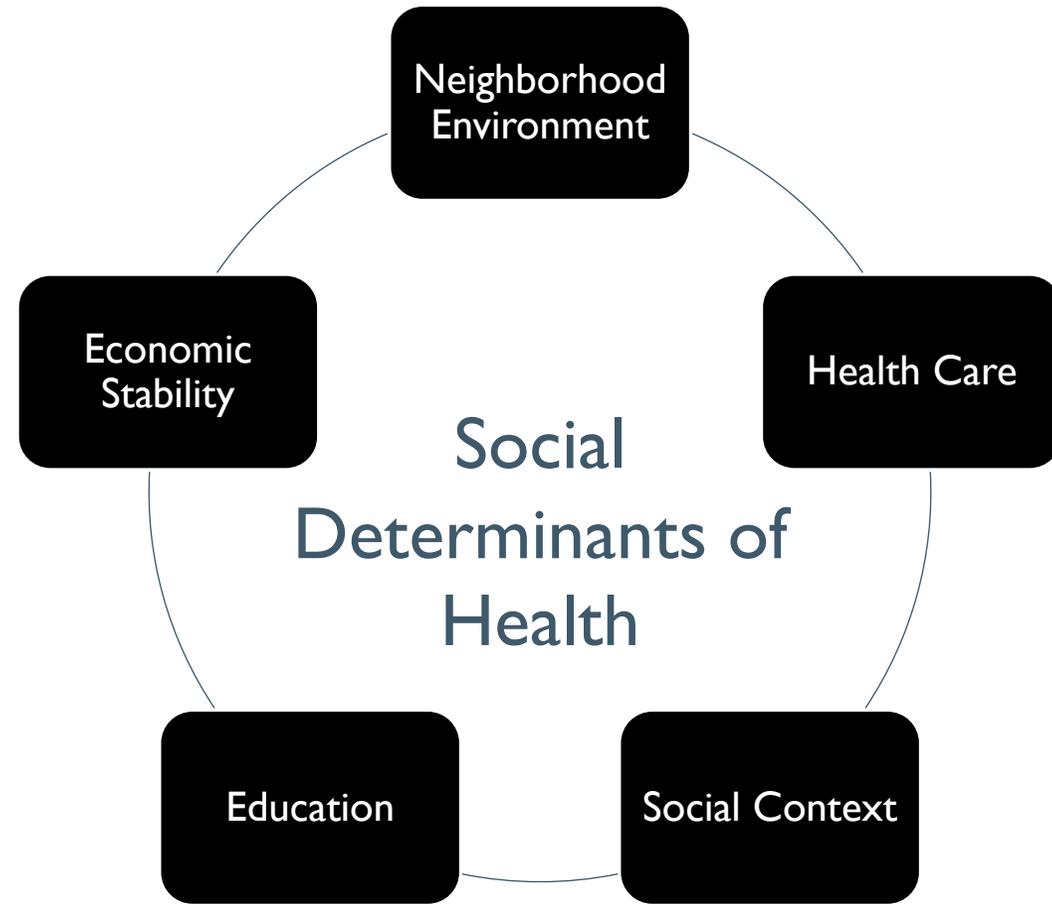


Social Determinants of Health

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



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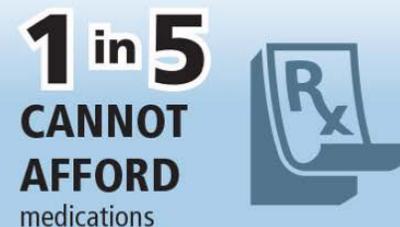
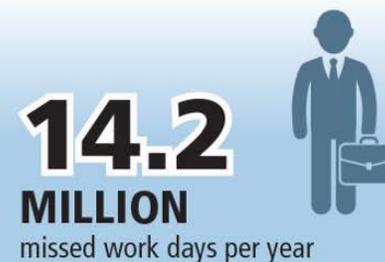
Asthma



75%
higher for
black persons
than white
persons



#1
reason
kids miss
school



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- 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.

RATE OF ASTHMA-RELATED ER VISITS AND DEATHS COMPARED WITH CAUCASIANS

	ER VISITS	DEATHS
African-American children:	4.5X HIGHER	7X HIGHER
African-American adults:	2.8X HIGHER	3X HIGHER
Hispanic children:	2.1X HIGHER	2X HIGHER



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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



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“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

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.



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How Do We Get From Here to There?

Disparity

to

Equity



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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



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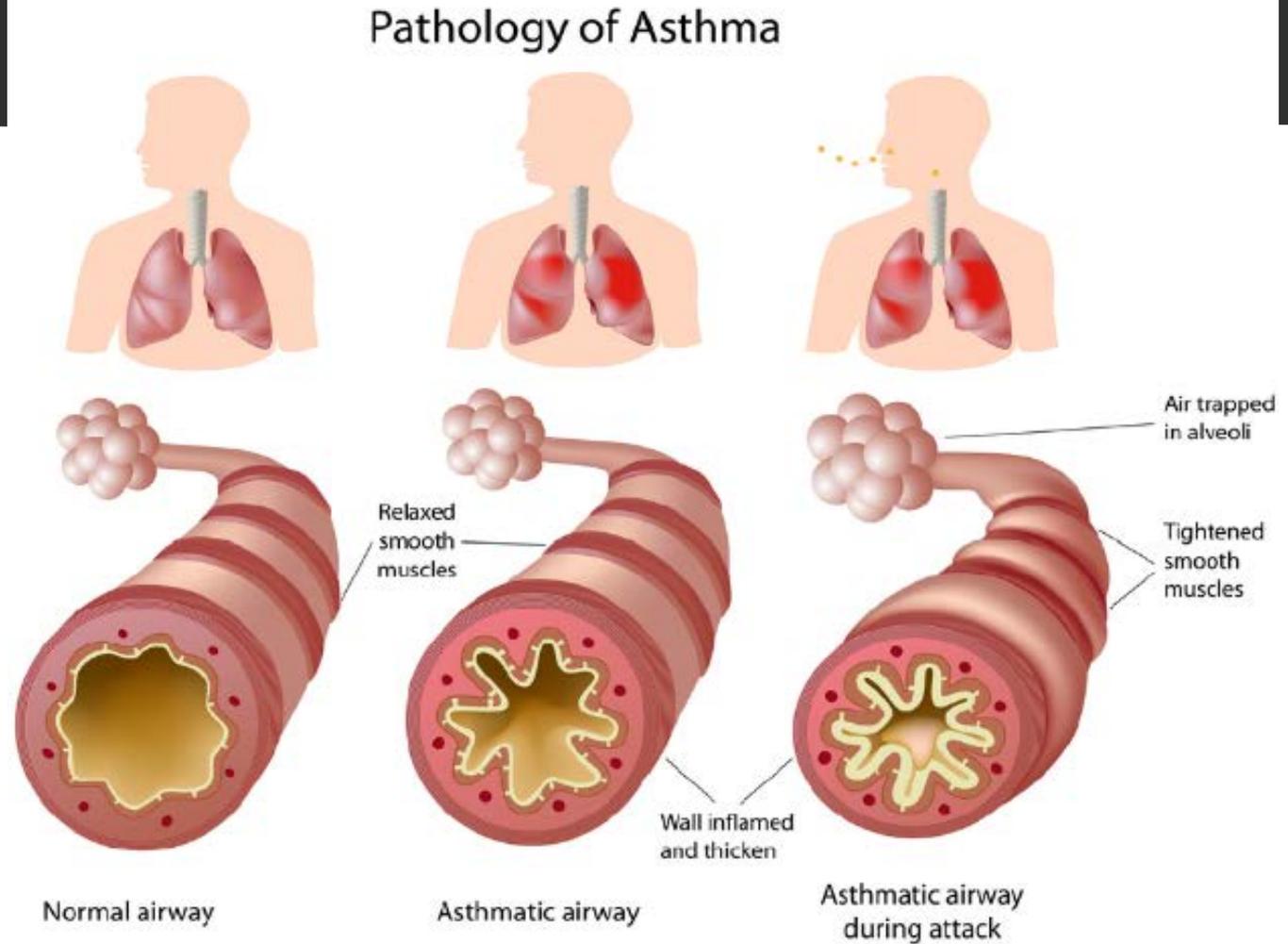


Rev. Michael D. Stinson, MD

**What should
communities
expect?**

Let's Review,

Asthma is...



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

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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



**SHORTNESS
OF BREATH**



**DIFFICULTY
BREATHING**



DRY COUGH



NIGHT COUGH



WHEEZING



**CHEST PAIN
OR TIGHTNESS**

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Meet
Edwin, he
has asthma
and lost
his son to
asthma



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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

Respiratory Tools

Allergy & Asthma Network • 800.878.4403

NEBULIZERS
Nebulizers turn liquid asthma and COVID-19 medicines into a mist that can be inhaled deep into the airways. They are powered by a compressed air machine and can be battery-powered or plugged into an electrical outlet. Many types of nebulizers are available, which are strong enough for oral and nasal use and quick enough for travel. Right nebulizer with mask.

VALVED HOLDING CHAMBERS AND SPACERS
A spacer placed in front of the inhaler that allows the amount of the inhaled drug and amount of medication being inhaled to be controlled, and then has the medication inside the device to provide treatment to the lungs, separate from the device.

MEDICATIONS
Available in many, with one case - no nebulizing or mixing necessary.
• Additive • COVID-19 • Common Additive
• Treat only as given

Short-acting beta₂-agonists (SABA)
Relieve tight chest, wheezing and other signs of symptoms such as coughing, wheezing and shortness of breath for 4-6 hours.
• Albuterol (bronchodilator) Inhalation Solution • Xopenex (bronchodilator) Inhalation Solution • Treat only as given

Long-acting beta₂-agonists (LABA)
Relieve tight chest, wheezing and other signs of symptoms such as coughing, wheezing and shortness of breath for at least 12 hours.
• RespiClick (bronchodilator) Inhalation Solution • Pulmicort (corticosteroid) Inhalation Solution • Treat only as given

Corticosteroids
Reduce airway inflammation of asthma, reduce shortness of breath, wheezing and shortness of breath.
• Pulmicort (corticosteroid) Inhalation Solution • Treat only as given

Short-acting muscarinic antagonists (anticholinergics)
Relieve cough, wheezing, shortness of breath and chest tightness associated with chronic lung disease for 4-6 hours.
• Lantana (short-acting muscarinic antagonist) Inhalation Solution • Treat only as given

Long-acting muscarinic antagonists (anticholinergics)
Relieve cough, wheezing, shortness of breath and chest tightness associated with chronic lung disease for at least 24 hours.
• Spiriva (anticholinergic) Inhalation Solution • Treat only as given

Combination Medications
Combine both short-acting beta₂-agonists (SABA) and short-acting muscarinic antagonists.
• Duress (short-acting muscarinic antagonist) Inhalation Solution • Treat only as given

Mask Cell Stabilizer
Prevents coughing, wheezing and shortness of breath caused by common cold and flu, as well as related substances such as pollen, pollen, dust, mold or chemicals.
• Cromolyn (mast cell stabilizer) Inhalation Solution • Treat only as given

SPIROMETER
A handheld device to measure respiratory flow and lung volumes. It is used by a doctor or other healthcare professional to measure the amount of air in the lungs and the amount of air that is inhaled and exhaled during breathing.

PEAK FLOW METER
A handheld device to measure a patient's peak expiratory flow rate (PEFR). PEFR is the maximum amount of air that can be expired from the lungs in one second. PEFR is used to monitor the severity of asthma and to determine if a patient is in control of their asthma.

IN-CHECK DIAL INSPIRATORY FLOW METER
A handheld device to measure respiratory flow and lung volumes. It is used by a doctor or other healthcare professional to measure the amount of air in the lungs and the amount of air that is inhaled and exhaled during breathing.

ASTHMA CONTROL TEST™
A quick test that provides a score of how well a patient's asthma is controlled. It is used to assess a patient's asthma control, identify areas for improvement, and determine if a patient is in control of their asthma.

ASTHMA ACTION PLANS
A personalized document that provides a patient with the information they need to know to manage their asthma. It includes information about how to use their inhalers, what to do if their asthma is not controlled, and when to seek medical attention.

Respiratory Treatments

Allergy & Asthma Network • 800.878.4403

SHORT-ACTING BETA₂-AGONIST BRONCHODILATORS
Relieve tight chest, wheezing and other signs of symptoms such as coughing, wheezing and shortness of breath for 4-6 hours.

LONG-ACTING BETA₂-AGONIST BRONCHODILATORS
Relieve tight chest, wheezing and other signs of symptoms such as coughing, wheezing and shortness of breath for at least 12 hours.

INHALED CORTICOSTEROIDS
Reduce airway inflammation of asthma, reduce shortness of breath, wheezing and shortness of breath.

COMBINATION MEDICATIONS
Combine both short-acting beta₂-agonists (SABA) and short-acting muscarinic antagonists.

MUSCARINIC ANTAGONIST (ANTICHOLINERGIC)
Relieve cough, wheezing, shortness of breath and chest tightness associated with chronic lung disease.

COMBINATION
Combine both long-acting beta₂-agonists (LABA) and short-acting muscarinic antagonists.

BIOLOGICS
Target cells and proteins that cause asthma inflammation, triggered by exposure to allergens.

BRONCHIAL THERMOPLASTY
A procedure that uses heat to reduce the size of the airways, which helps to reduce asthma symptoms.

PDE4 INHIBITORS
Relieve tight chest, wheezing and other signs of symptoms such as coughing, wheezing and shortness of breath.

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

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Polling Question

How many people die each day from asthma in the US?

A. 2

B. 5

C. 10

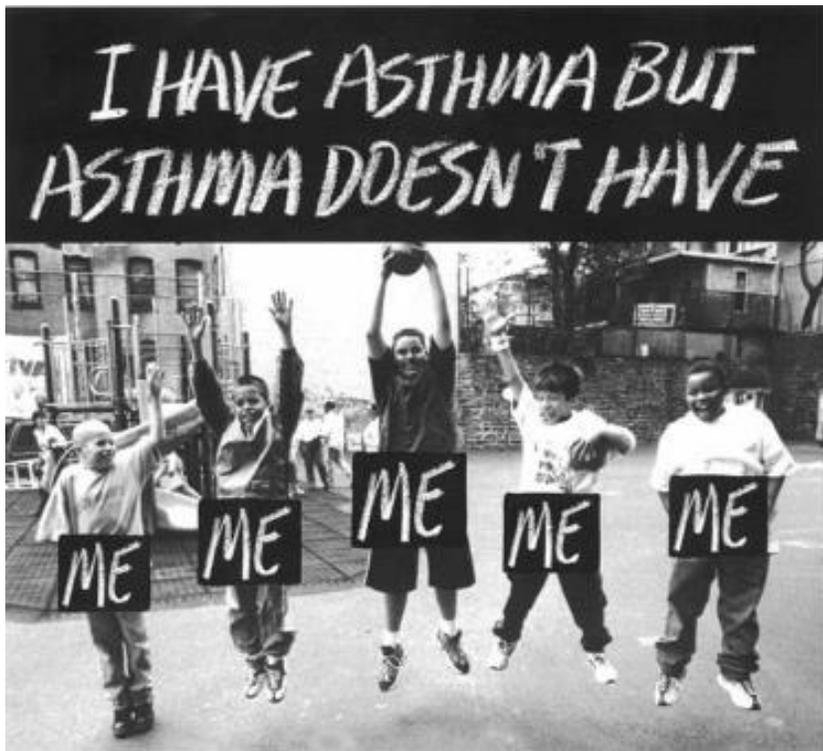
D. 20

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- 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



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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

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Let's hear from Charmayne. She and members of her family have asthma.





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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

Admin0

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



Esri, FAO, NOAA

Cumulative Cases Active Cases Incidence Rate Case-Fatality Ratio Testing Rate

191

countries/regions

Lancet Inf Dis Article: Here. Mobile Version: Here. Data sources: Full list. Downloadable database: GitHub, Feature Layer.

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

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

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, Rec...



Daily Cases

Racial Disparities in COVID-19 Pandemic

Race	Share of Population	Share of Deaths	Share of Cases
White (non-Hispanic)	61.1%	51.1%	44.5%
Black	12.3%	21.1%	18.7%
Hispanic	17.8%	21.1%	28.8%
Asian	5.4%	3.7%	2.8%
Native American	0.7%	0.9%	1.2%

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

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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?



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

The Health Equity Institute
<http://healthequity.sfsu.edu>
1600 Holloway Avenue, HSS 359
San Francisco, CA 94132
P: 415-405-2540

 **HEALTH EQUITY INSTITUTE**
for Research, Practice & Policy



Find us on:



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

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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 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

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Disparities Education

Assimilation of “Not One More Life” into Network programming

Webinars with Dr. LeRoy Graham

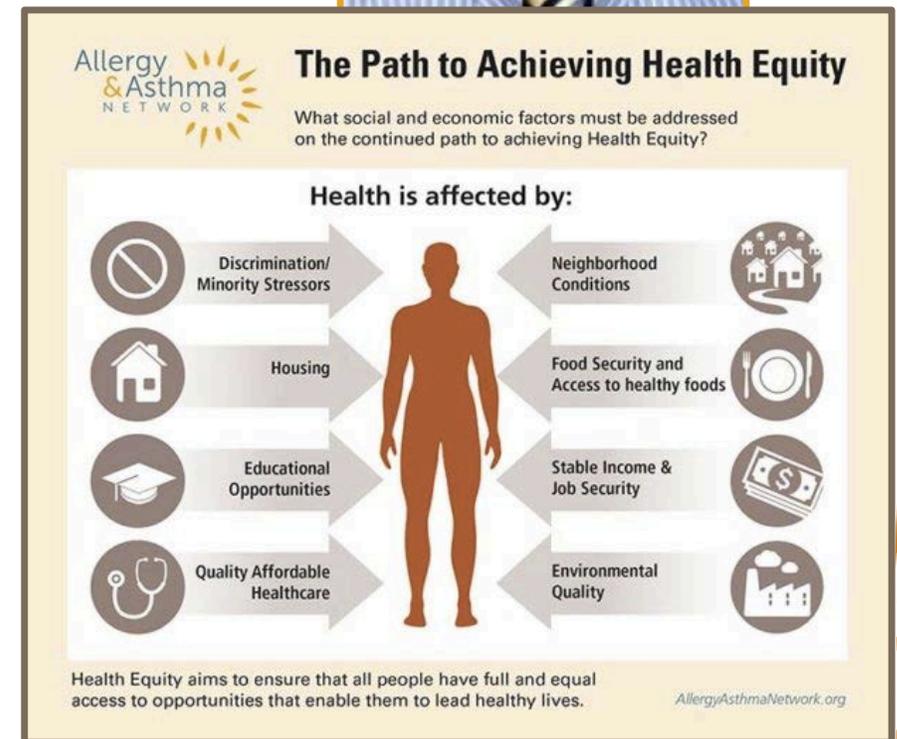
- *Asthma Disparities and Differential Responses to Therapy*
- *COVID-19 & Asthma: The Time for Equity in Healthcare is NOW*

Allergy & Asthma Today Articles

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

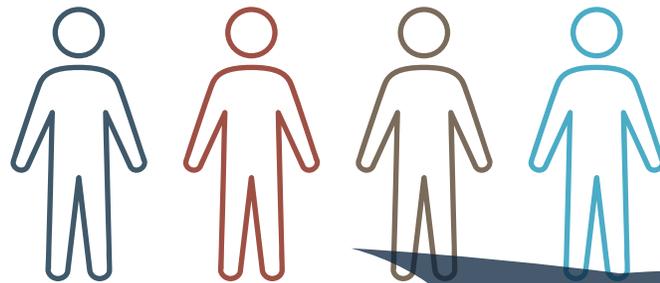
Healthcare Disparities Webpage

- *Health Literacy*
- *Asthma Resources*



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Beliefs influence willingness to follow preventive, therapeutic recommendations



Health Belief Model



Know the Difference

COVID-19 vs. Flu vs. Allergies

trusted
messengers

TrustedMessengers.org

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.

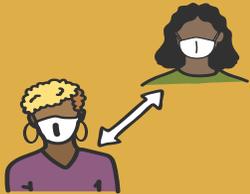
It's important to know how you can tell the difference between COVID-19 symptoms, the flu and seasonal allergies and what can put you at risk for COVID-19.

Reduce Your Risk: Remember the 3 Ws



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

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

	COVID-19	FLU	ALLERGIES
Symptoms	<ul style="list-style-type: none"> • Spread-person-to-person • Fever (100.4° F or higher) • 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 	<ul style="list-style-type: none"> • Spread person-to-person • Fever • Sore throat • Headache • Fatigue (tiredness) • Muscle or body aches (or chills) • Runny nose or stuffy nose • Cough • Shortness of breath or difficulty breathing 	<ul style="list-style-type: none"> • 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
Prevention	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Avoid your allergy triggers • If you're not sure what your triggers are, ask your doctor about allergy testing • Medicate for allergies before pollen season or potential exposure
Treatment	<ul style="list-style-type: none"> • Stay home and rest, except to get medical 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 	<ul style="list-style-type: none"> • Stay home and rest, except to get medical 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 	<ul style="list-style-type: none"> • Take prescribed or over-the-counter allergy medications <ul style="list-style-type: none"> - Antihistamines - Nasal sprays - Allergy shots - Allergy tablets - Nasal wash/rinse

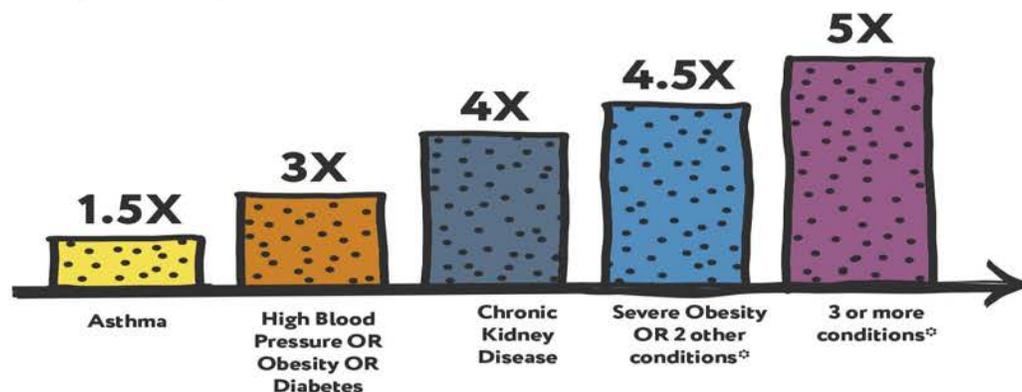
Trusted Messengers project presented by



Know the Difference

Risk for Hospitalization

Compared to people without these conditions



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)

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

2.6X-2.8X → Higher risk of getting COVID-19

4.6X-5.3X → Higher risk of hospitalization

1.1X-2.1X → Higher risk of death

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.



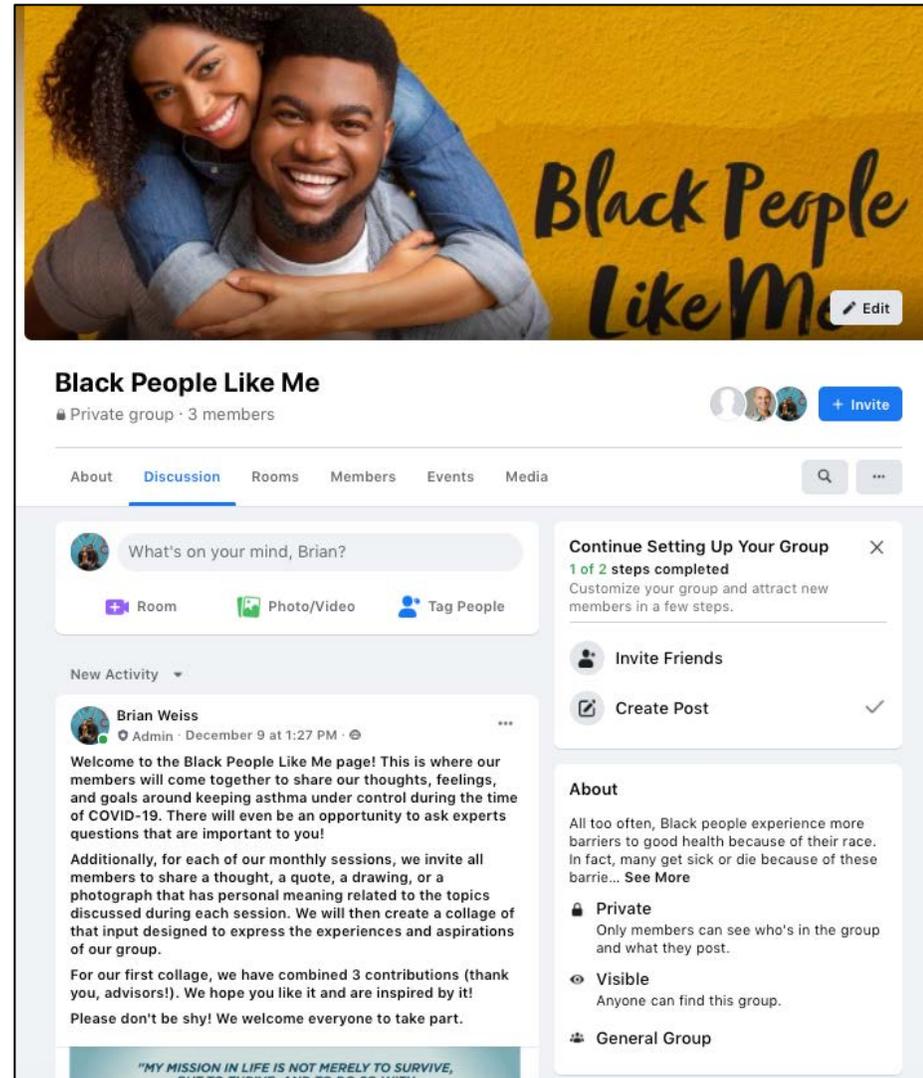
Clean & disinfect high-touch surfaces daily.

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.

Black People Like Me

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



The screenshot shows a Facebook group page for "Black People Like Me". The cover photo features a smiling Black couple with the text "Black People Like Me" overlaid. The page header includes the group name, "Private group · 3 members", and an "Invite" button. Below the header are navigation tabs for "About", "Discussion", "Rooms", "Members", "Events", and "Media". A search bar and a "What's on your mind, Brian?" prompt are visible. A "Continue Setting Up Your Group" notification indicates that 1 of 2 steps is completed. The main content area shows a post by "Brian Weiss" (Admin) dated December 9 at 1:27 PM. The post text reads: "Welcome to the Black People Like Me page! This is where our members will come together to share our thoughts, feelings, and goals around keeping asthma under control during the time of COVID-19. There will even be an opportunity to ask experts questions that are important to you! Additionally, for each of our monthly sessions, we invite all members to share a thought, a quote, a drawing, or a photograph that has personal meaning related to the topics discussed during each session. We will then create a collage of that input designed to express the experiences and aspirations of our group. For our first collage, we have combined 3 contributions (thank you, advisors!). We hope you like it and are inspired by it! Please don't be shy! We welcome everyone to take part." Below the post is a quote: "MY MISSION IN LIFE IS NOT MERELY TO SURVIVE, BUT TO THRIVE AND TO DO SO WITH...". On the right side, there are options to "Invite Friends" and "Create Post". The "About" section on the right states: "All too often, Black people experience more barriers to good health because of their race. In fact, many get sick or die because of these barriers... See More". The group settings are set to "Private" and "General Group".

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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)



Black People Like Me

**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



Black People Like Me

And here it is!

"MY MISSION IN LIFE IS NOT MERELY TO SURVIVE,
BUT TO THRIVE; AND TO DO SO WITH
SOME PASSION, SOME COMPASSION,
SOME HUMOR, AND SOME STYLE."
-MAYA ANGELOU



Somewhere
over
rainbow the
skies are blue
and dreams
the that you
dare to dream
really do
come true

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™ Program
- Log on to Facebook Page for BPLM participants – coming soon
- Questions/Answers and Powerpoint will be posted on AAN website