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# Implementing CDC EXHALE Strategies through a Racial Equity Lens

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**Massachusetts Department of Public Health**

# **Implementing CDC's EXHALE Strategies Through a Racial Equity Lens**

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# CDC's National Asthma Program



## Education

on asthma self-management

## X-tinguishing

smoking and exposure to secondhand smoke

## Home

visits for trigger reduction and asthma self-management education

## Achievement

of guidelines-based medical management

## Linkages

and coordination of care across settings

## Environmental

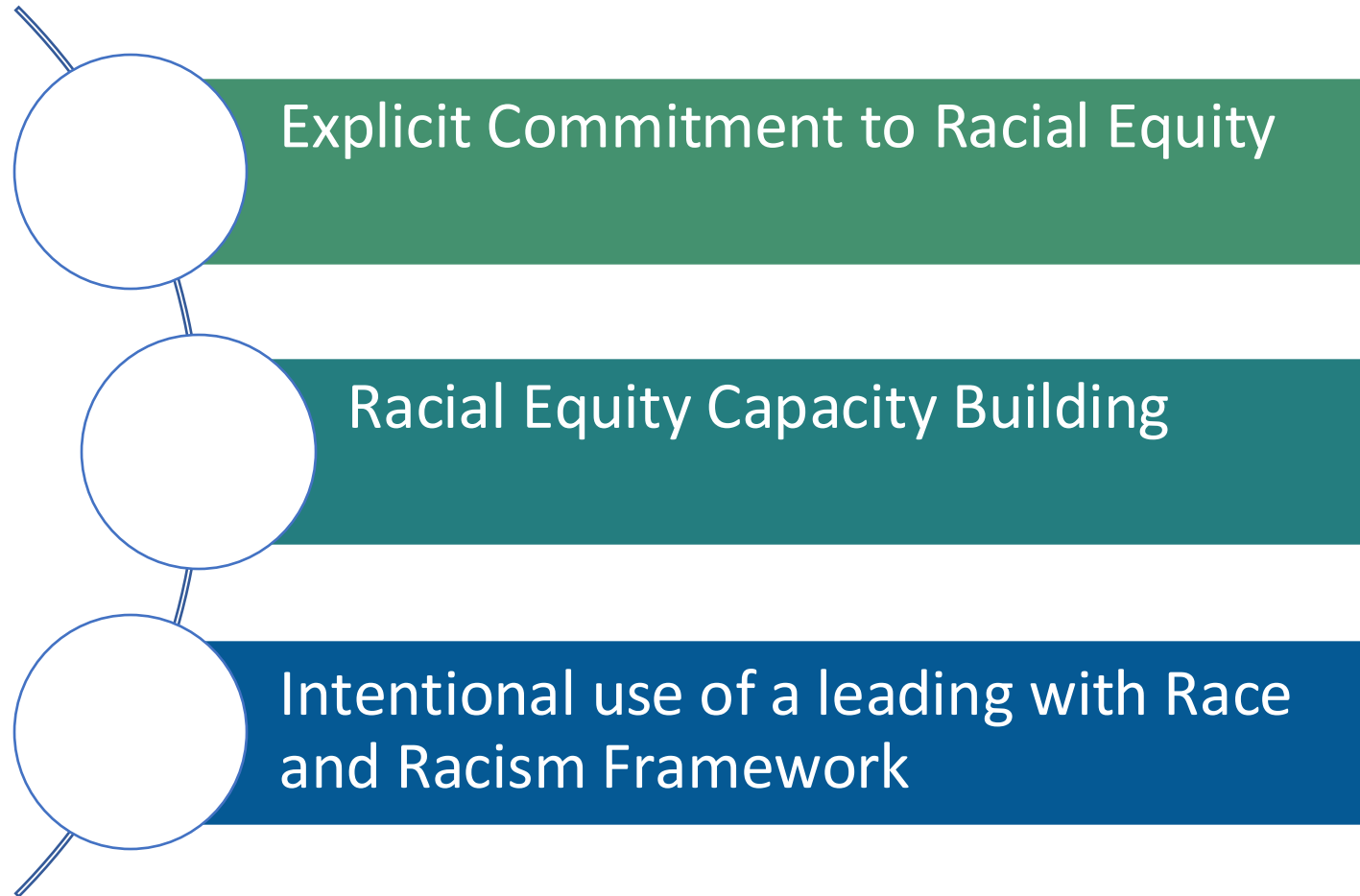
policies or best practices to reduce asthma triggers from indoor, outdoor, or occupational sources

# Massachusetts DPH Mission & Vision

**Vision:** "An equitable and just public health system that supports optimal well-being for all people in Massachusetts, centering those with systemically and culturally oppressed identities and circumstances"

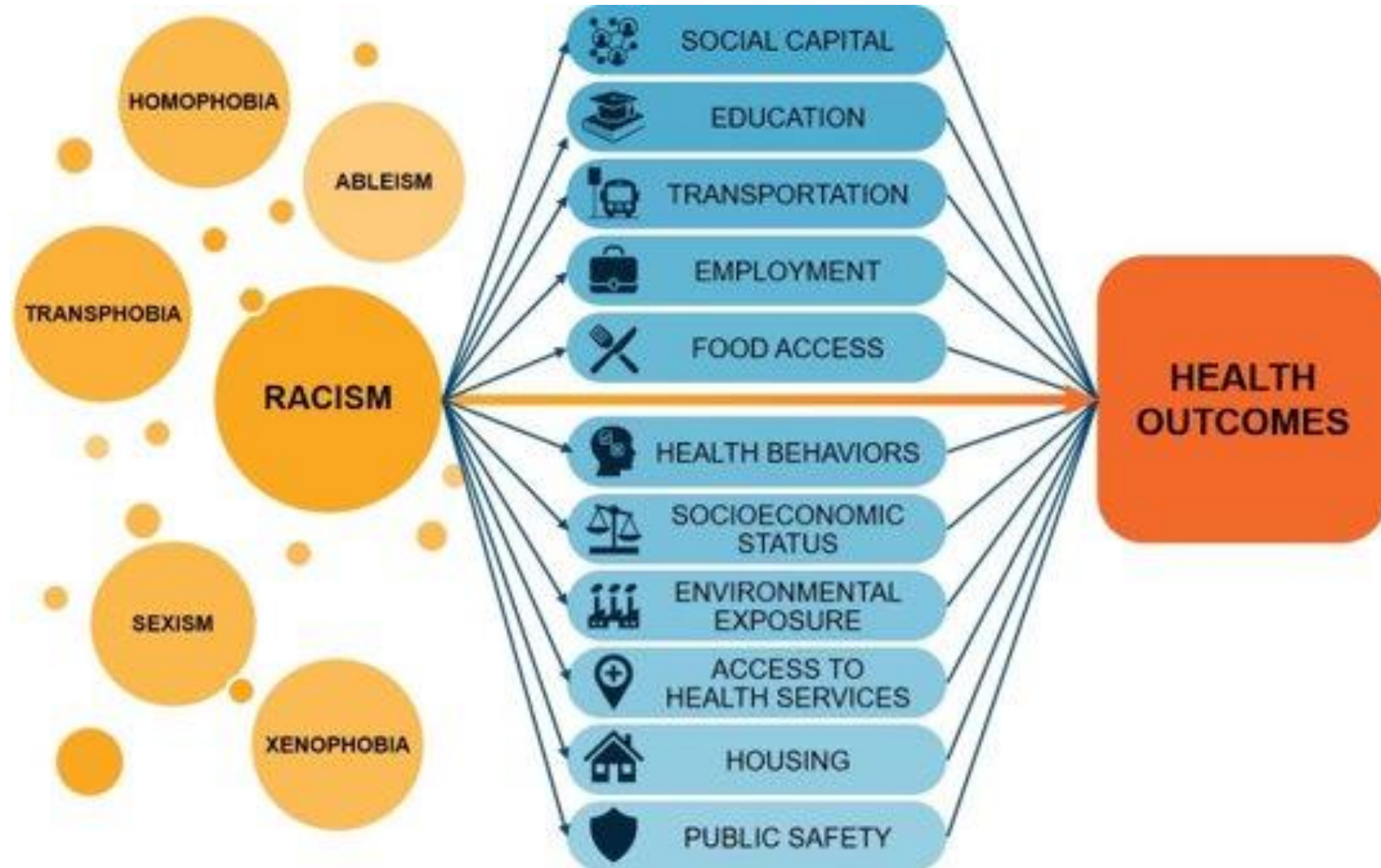
**Mission:** "To promote and protect health and wellness and prevent injury and illness for all people, prioritizing racial equity in health by improving equitable access to quality public health and healthcare services and partnering with communities most impacted by health inequities and structural racism"

# BCHAP Racial Equity Movement



# Social Determinants of Health

Racism both influences social determinants of health and is an independent factors in health.

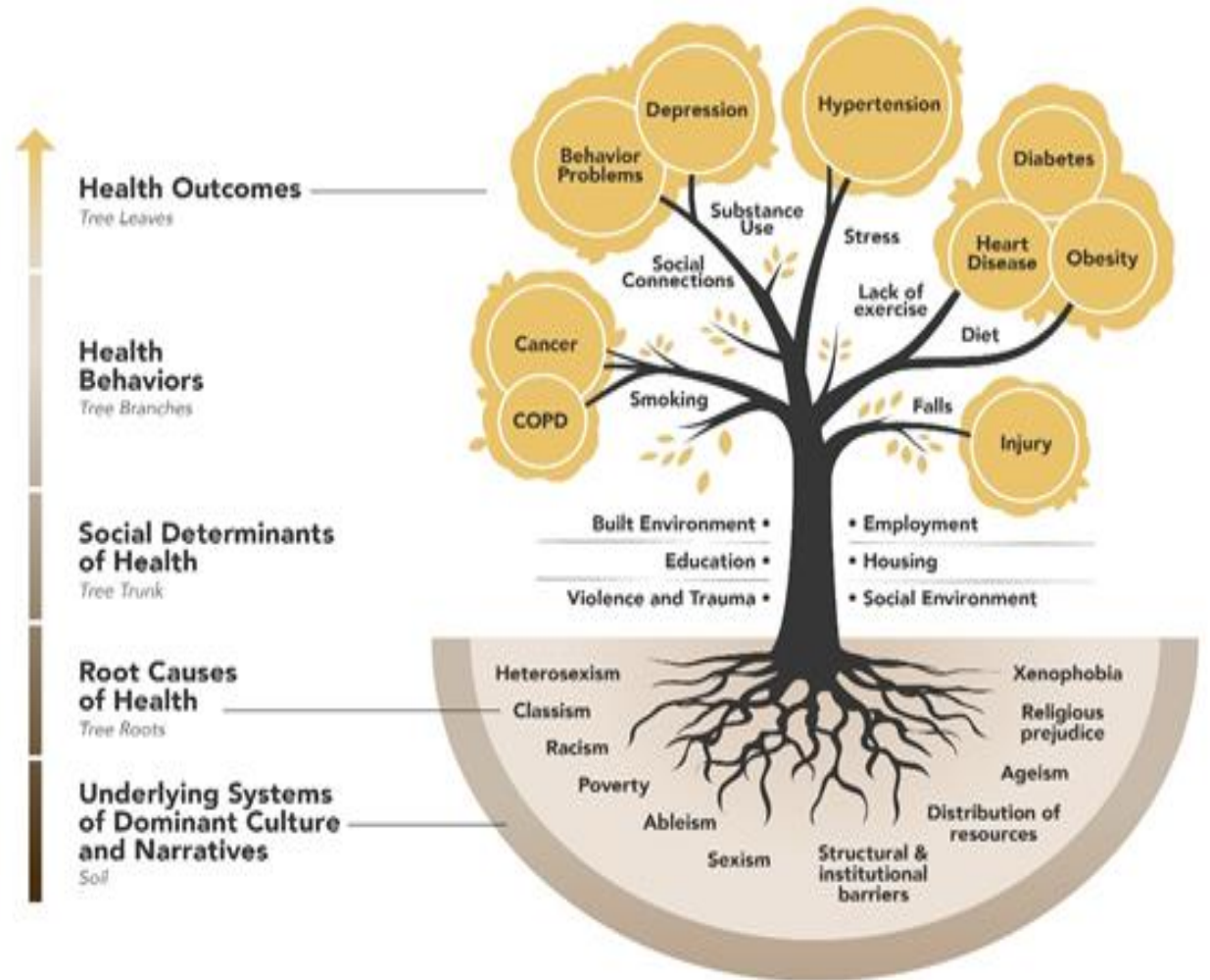


Source: Boston Public Health Commission's Racial Justice and Health Equity Initiative

# What causes inequities in asthma outcomes?

Disparities and inequities in asthma outcomes are driven by factors such as the Social Determinants of Health (SDoH) and root causes, including:

- Racism and other forms of discrimination
- Poverty
- Unequal distribution of resources and power between different population groups



Source: Health Tree: The Health Tree is adapted by Health Resources in Action from the Human Impact Partners

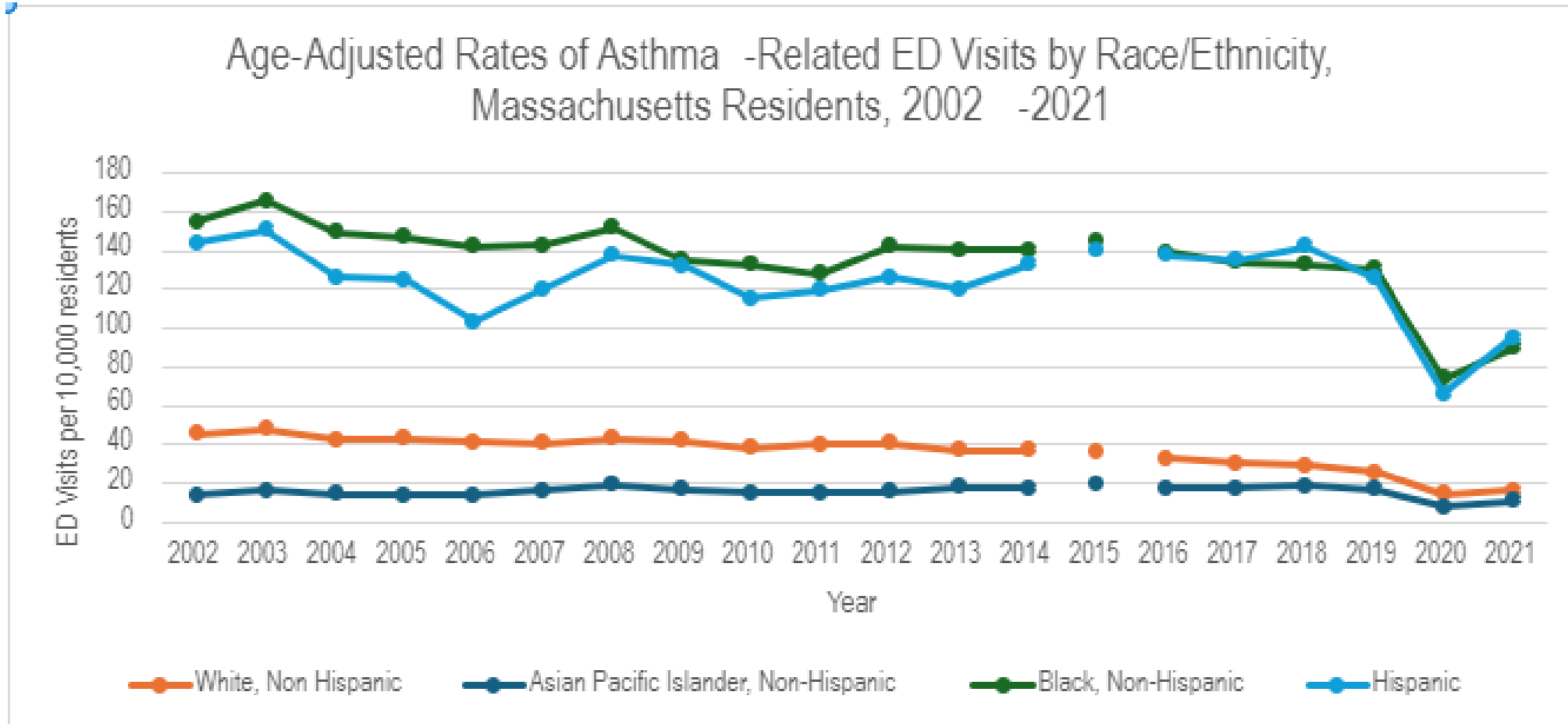


# Applying a Racial Equity Lens to addressing Asthma

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# Racial Inequities in Asthma



Data Source: CY2002-2021 Massachusetts Emergency Department Discharge Database, Massachusetts Center for Health Information and Analysis.

Note: break in trendline in 2015 indicates the ICD-9 to ICD-10 shift

# Asthma Prevention and Control Program

The mission of the Asthma Prevention and Control Program is to eliminate inequities in asthma outcomes and reduce the overall burden of asthma across the Commonwealth. Elevating evidence based best practices to build capacity and foster collaboration for the prevention and management of asthma, with a focus on the root causes of asthma inequities that result from systemic and structural racism.

# MDPH Asthma Prevention and Control Program

## 2022-2026 Strategic Plan for Asthma in Massachusetts

- Created in partnership with a broad group of MAAP Partners
- Leading with race and racism explicitly but not exclusively framework
- Prioritizes communities of focus identified as experiencing the highest burden of asthma inequities.

## CHW Asthma Home Visiting

- CHW training and workforce development
- Centers the lived experiences of the CHWs and the families they serve
- Comprehensive CHW Asthma Home Visiting model

## Pediatric Asthma Data to Action Project

- Proactive engagement of schools with the highest asthma burden
- Intentional distribution of TA and support to underserved communities
- Internal collaboration among Asthma Program, School Health Unit, Indoor Air Quality and Environmental Public Health Tracking

# Racial Equity Reframing Tool

Framing Element	Traditional Approach	Racial Equity Approach
1. What is the problem?		
2. What is the cause?		
3. What is the solution?		
4. What action is needed?		
5. What values are highlighted?		

Source: [MDPH Racial Equity Data Road Map: Data as a Tool Towards Ending Structural Racism](#)

# Racial Equity Reframing Tool

Framing Element	Traditional Approach
1. What is the problem?	Non-compliance with asthma medications
2. What is the cause?	Patients or parents aren't following the prescribed medication regiment
3. What is the solution?	Educate patients/families on the importance of medication adherence
4. What action is needed?	Patient/family asthma medication education
5. What values are highlighted?	Individual responsibility, onus or blame is placed on the individual

Source: [MDPH Racial Equity Data Road Map: Data as a Tool Towards Ending Structural Racism](#)

# Racial Equity Reframing Tool

Framing Element	Racial Equity Approach
1. What is the problem?	Inequities exist that make controlling asthma harder for individuals and communities of color
2. What is the cause?	Structural racism is creating inequitable barriers for controlling asthma. (i.e. SDOH, access to culturally and linguistically appropriate healthcare, ability to afford medications)
3. What is the solution?	<ul style="list-style-type: none"><li>• Investment in communities of color (i.e. address SDOH)</li><li>• Culturally and Linguistically appropriate healthcare</li></ul>
4. What action is needed?	<ul style="list-style-type: none"><li>• Policies and systems of investment in communities of color</li><li>• Culturally and linguistically appropriate healthcare systems</li><li>• Meaningful engagement of communities of color</li></ul>
5. What values are highlighted?	Equity; Justice; Fairness; Shared Responsibility

Source: [MDPH Racial Equity Data Road Map: Data as a Tool Towards Ending Structural Racism](#)

# Your turn....



# Questions?

Thank you!

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