



February 17, 2021

Dr. Marcella Nunez-Smith
COVID-19 Equity Task Force Chair
Executive Office of the President
1650 Pennsylvania Ave. NW
Washington, DC 20502

Dear Dr. Nunez-Smith,

On behalf of the Asthma and Allergy Foundation of America (AAFA), I am writing to bring to your attention our organization's recent work on asthma disparities, and to propose priority areas that your task force should focus on to address the unacceptable racial and ethnic disparities in the burdens of asthma and COVID in the United States.

AAFA is the leading patient organization advocating for people with asthma and allergies, and the oldest asthma and allergy patient group in the world. We believe that COVID-19 has made even more urgent the need to act against health disparities, as the epidemic has starkly mirrored ongoing disparities in asthma and other chronic health conditions in our country.

The incoming administration's focus on racial equity¹ and on broadening access to healthcare² are important foundations for this work. Like COVID, in the U.S., asthma sits squarely at the intersection of profound structural racial inequities and ongoing inequities in healthcare access and health outcomes. As we detail in our *Asthma Disparities in America: A Roadmap to Reducing the Burden on Racial and Ethnic Minorities* report,³ among the 25 million Americans living with asthma,⁴ there are serious and persistent racial and ethnic disparities in the burden of illness:

- In 2015, Black children under age 15 had a death rate from asthma ten times that of non-Hispanic white children.⁵
- In 2014, non-Hispanic Black Americans were almost three times more likely to die from asthma-related causes than non-Hispanic whites.⁶
- In 2015, Black women were 20% more likely to have asthma than non-Hispanic white women.⁷
- Puerto Ricans living in the continental U.S. are particularly vulnerable within Hispanic subgroups, with an asthma rate of 14.0 percent, compared to 6.4 percent for Mexican-

¹ <https://joebiden.com/racial-economic-equity/>

² <https://joebiden.com/healthcare/>

³ Asthma and Allergy Foundation of America, "Asthma Disparities in America" (2020). Available at <https://www.aafa.org/asthma-disparities-burden-on-minorities.aspx#pdf>

⁴ National Center for Health Statistics. Asthma. Centers for Disease Control and Prevention. Page last reviewed: October 30, 2020. Available at: <https://www.cdc.gov/nchs/fastats/asthma.htm>

⁵ Office of Minority Health. Asthma and African Americans. U.S. Department of Health and Human Services. Available at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=15>

⁶ *Id.*

⁷ *Id.*



Americans, 5.3 percent for South and Central Americans, and 4.4 percent for Mexican Americans.⁸

- Children with asthma who belong to racial or ethnic minority communities have higher rates of hospitalization, more visits to emergency rooms, and higher mortality rates from asthma than white children.⁹

While our recent report focuses on asthma disparities, it is also important to note disparities in the impact of food allergies, which are a common comorbidity for people living with asthma. Black children with food allergies are more likely than white children to have comorbid asthma (58.6% v. 35.3%) and more likely to have had a food allergy-related emergency department visit (39.7% v. 18.2%).¹⁰ Both Black and Hispanic children with food allergy are far more likely than white children to experience food-induced anaphylaxis (odds ratio 2.44 and 2.38), an acute reaction that can result in death.¹¹

COVID and asthma also share roots in deep structural inequities that contribute to individual and community risk. Structural factors, including racism and discrimination, contribute “upstream” to asthma risk and access to care. The socioeconomic and political context, as well as both individual and community socioeconomic status, play key roles. Meanwhile, social determinants that negatively impact health and wellbeing include poverty, lack of access to quality education or employment, unhealthy housing, unfavorable work or neighborhood conditions, exposure to neighborhood violence, and the clustering of poverty in particular groups of people and in particular places. Addressing social determinants of health is important for improving health and reducing longstanding disparities in asthma, COVID, and all facets of health and health care.

Because of the broad roots of asthma disparities, achieving health equity will require approaches that include but extend far beyond the healthcare and public health systems. Many of the changes needed will also bolster our response to COVID-19, and the disparities that the epidemic has both reflected and exacerbated.

AAFA asks the task force to lead the set of multisectoral strategies (attached) that are key to addressing disparities in asthma and in promoting health equity. Our report details the relationship of each strategy to asthma disparities, as well as specific examples of policy approaches available.

We stand ready to provide any additional information that would be useful, and to communicate with the broader asthma and food allergy community about any endeavors that your

⁸ American Lung Association. Current Asthma Demographics [website]. Page last updated July 6, 2020. Available at: <https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/current-demographics>

⁹ Anna Volerman, Marshall H. Chin and Valerie G. Press. Solutions for Asthma Disparities. *Pediatrics* March 2017, 139 (3) e20162546; DOI: <https://doi.org/10.1542/peds.2016-2546>

¹⁰ Mahdavinia, M., Fox, S. R., Smith, B. M., James, C., Palmisano, E. L., Mohammed, A., . . . Gupta, R. S. (2017). Racial Differences in Food Allergy Phenotype and Health Care Utilization among US Children. *The Journal of Allergy and Clinical Immunology: In Practice*, 5(2). [doi:10.1016/j.jaip.2016.10.006](https://doi.org/10.1016/j.jaip.2016.10.006)

¹¹ *Id.*



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administration undertakes. In addition, we would be happy to engage in a virtual meeting to further discuss our work.

Thank you for your and your colleagues' crucial work in addressing COVID and advancing health equity.

Sincerely,

A handwritten signature in black ink that reads 'Kenneth Mendez'. The signature is written in a cursive, flowing style with a long horizontal stroke at the end.

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America

ASTHMA DISPARITIES IN AMERICA:

A Roadmap to Reducing Burden on Racial and Ethnic Minorities

PUBLIC POLICY STRATEGIES TO ADDRESS ASTHMA DISPARITIES

In the United States, asthma presents significant burdens for approximately 25 million adults and children, as well as their families and caregivers. Annually, asthma costs our society an estimated \$82 billion in direct and indirect expenses, including medical costs related to 14.2 million office visits, 1.8 million emergency visits, and 440,000 hospitalizations. It is estimated that, from 2019 to 2038, the total cost of uncontrolled asthma could exceed \$963 billion in direct and indirect costs. Asthma is also the leading chronic disease among children and a top reason for missed school days.

Racial and ethnic disparities in the burden of asthma have long been established and supported by a large body of evidence. These disparities are largely driven by interrelated and multidimensional social and structural determinants. Long-term systemic racism and discriminatory policies in housing, education, labor, health care, and the environment have created disadvantages for minority populations and exacerbated racial disparities in health.

Health disparities not only have an impact on affected groups but also limit the overall quality of health care for the entire population, leading to avoidable costs to the health care system. As the U.S. population becomes more racially and ethnically diverse, it becomes increasingly important to address asthma disparities. The W.K. Kellogg Foundation estimates that total health disparities in the U.S. represent \$93 billion in excess medical care costs and \$42 billion in untapped productivity. Eliminating health disparities by 2050 would reduce the need for more than \$150 billion in medical care and reduce lost productivity by \$80 billion. Healthier workers take fewer sick days, are more productive on the job and have lower medical care costs. A healthier population saves everyone money on insurance premiums and health-related public spending.

Because social and structural inequities play such a large role in exacerbating disparities in asthma, achieving health equity in a widespread and sustainable way requires systemic and institutional policy changes. Policy reform and resource redistribution can advance asthma care in the U.S. and reduce the disproportionate burden of asthma on Black, Hispanic and Indigenous populations.

To successfully combat inequities, it's necessary to consider "health in all policies"—a holistic approach to improving health by acknowledging the health implications of policy decisions in all sectors. While policies that directly relate to health care are essential in reducing asthma disparities, they are not enough. Many social and structural determinants of health fall outside traditional health care. Promising policy solutions require partnerships across many sectors, including health, education, labor, housing, social services, and city planning.

The Asthma and Allergy Foundation of America (AAFA) published the Asthma Disparities in America report to examine how asthma affects Black, Hispanic, and Indigenous populations in the United States. The report reviews the current state of asthma disparities and serves as a national call-to-action to fix the social inequities caused by structural racism that continue to plague vulnerable, at-risk patients and families with asthma.



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Read the full report at aafa.org/asthmadisparities

Summary of Public Policy Strategies to Address Asthma Disparities

This table summarizes policy actions and strategies for reducing asthma disparities. Because AAFA supports a holistic approach, some strategies aim to address disparities overall and are not specific to asthma. Similarly, some strategies aim to improve asthma care overall and are not specific to racial disparities. The **Asthma Disparities in America** report also outlines clinical, educational, and research related interventions to improve asthma care for Black, Hispanic, and Indigenous Americans. The full report is available at: aafa.org/asthmadisparities

CATEGORY	STRATEGIES
PUBLIC POLICY	<p>Health Care</p> <ul style="list-style-type: none"> • Expand health insurance coverage for socioeconomically disadvantaged adults and children • 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 • Increase diversity in the primary and specialty health care workforce • Increase the percentage of minority patients with a “usual source of care” by addressing provider shortage areas, removing financial barriers to office-based primary care services, and expanding the primary care infrastructure to integrate better care coordination • Develop sustainable models for care coordination and case management that do not place financial burdens on patients • Encourage and incentivize state and local health departments to adopt comprehensive community asthma programs
	<p>Economic Stability</p> <ul style="list-style-type: none"> • Increase minimum wage for jobs often held by minority workers • Reduce the racial wage gap in the U.S. labor market • Implement tax policies that help low-income families accumulate more wealth
	<p>Education</p> <ul style="list-style-type: none"> • Increase access to quality early childhood education and care • Create more equitable school finance systems • Reduce exposure to environmental triggers by improving school building conditions and improving air quality in and around schools • Enact federal and state legislation to put important protections in place for schoolchildren with asthma.
	<p>Physical Environment</p> <ul style="list-style-type: none"> • Improve housing quality for rental units, including assisted rental units like public housing, through “healthy home” policies and green building practices. • 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 • Increase access to affordable, quality housing through expanded rental assistance programs, tax credits and inclusionary zoning programs • Desegregate residential neighborhoods through mobility programs and neighborhood revitalization efforts • Encourage smoke-free environments • Combat environmental injustice and reduce exposure to pollution by strengthening clean air policies, reducing transportation-related emissions, restricting zoning of polluting sources and transitioning to a clean energy economy

For more information, contact the Asthma and Allergy Foundation of America at advocacy@aafa.org