

# **Effective Asthma Management in the African-American Community**

## **Executive Summary**

## **Original Communication**

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## **Abstract**

The National Medical Association (NMA), the oldest and largest professional organization of African-American physicians, has launched a national asthma initiative. Asthma affects African-Americans disproportionately. African-Americans represent 12 percent of the U.S. population but 26 percent of asthma deaths. African-Americans are more likely to receive care in emergency rooms and to be hospitalized for asthma. In February 2003, the NMA convened a consensus panel to extensively review the literature study and evaluate the problems associated with asthma in the African-American community. In many ways these problems-American are similar to those of other ethnic communities and in underserved areas. However, several factors that uniquely affect African-American, regardless of socioeconomic condition, insurance status, or geographic distribution, often contribute to poorer asthma outcomes. The consensus session laid out an 18-month process for further review of the deliberations and an analysis of the data relating to asthma among African-Americans. The four areas identified for discussion included; quality of care, cultural and consumer issues leading to sub-optimal outcomes, genetics, and data collection. Recommendations were presented to the House of Delegates of the NMA to assist the organization in developing a strategic plan to improve asthma outcomes.

Key words: Asthma, consensus panel, African-Americans, outcomes

Introduction:

**I. Health Care Delivery and Quality of Care**

- A. The proper classification of asthma severity
- B. Provider management and asthma outcomes
- C. Appropriate provider training
- D. Provider accountability
- E. The importance of educating patients
- F. Access to appropriate care
- G. Access to medical specialists

**II. Genetic Factors**

**III. Cultural and Consumer Issues**

- A. Underestimation of disease severity
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**VI. Recommendations from the consensus panel on asthma in the African-American community, 2005**

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- D. Data collection

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## INTRODUCTION

The National Medical Association (NMA), a 501(c)(3) organization, is the largest and oldest national association of African-American physicians, representing 30,000 health professionals and the patients they serve. The NMA is committed to improving the health status of minority and disadvantaged people through its membership, professional development, community health education, advocacy and research efforts with federal and private agencies and corporations.

Throughout its history, the NMA has focused primarily on health issues related to African-Americans and medically underserved populations. In many areas of health, African-Americans frequently experience worse outcomes than other Americans suffering from similar medical problems. The NMA is committed to improving the health status and outcomes of minorities and the underserved by maintaining its position as the leading force for parity in medicine and the elimination of disparities in health. More than 100 years since its founding, the NMA has established a leadership role in achieving this goal.

More than 19 million Americans have asthma.<sup>1</sup> In many ways, asthma is a prototype of the medical problems that disproportionately affect African-Americans, because asthma is a chronic disease influenced by both lifestyle and quality of care. However, in spite of progress in understanding what causes asthma and developing revolutionary new methods of treatment, African-Americans suffer more from the disease than some other ethnic groups. Consider the following data:

### **Prevalence Data**

- The lifetime prevalence rate of asthma is 29 percent higher in African-Americans than in Caucasians.
- The asthma attack prevalence rate in African-Americans is 37 percent higher than in Caucasians.<sup>2</sup>
- Asthma attack prevalence rates in African-Americans are highest among children below the age of five years.<sup>2</sup>
- Between 1997 and 2002, the asthma attack prevalence rate increased among African-Americans by 12 percent.<sup>2</sup>

### **Morbidity Data**

- African-Americans have nearly four times as many asthma-related emergency room visits as Caucasians.<sup>2</sup>
- African-Americans are three times more likely than Caucasians to be hospitalized for asthma.<sup>2</sup>

### **Mortality Data**

- African-Americans are three times more likely than Caucasians to die from asthma.<sup>1</sup>
- More African-American women die from asthma than members of any other group.<sup>1</sup>

- While African-Americans represent 12 percent of the population, 26 percent of the deaths from asthma occur among African-Americans.<sup>2</sup>

In response to the challenges that asthma poses to the African-American community, NMA's leadership commissioned a consensus panel to develop a series of recommendations to assist the organization in developing a strategic plan to improve the health of African-Americans with asthma. The panel was convened in Oakland, California, in February 2003. Thirteen experts from across the country deliberated over several days to define a process to develop those recommendations. Over the following 18 months, the panel undertook a comprehensive review of the problem, and proposed specific recommendations to the NMA Board of Trustees and the House of Delegates for formal adoption.

The consensus panel focused on four primary areas that affect asthma outcomes in African Americans.

- I. Health care delivery and quality of care
- II. Genetic factors
- III. Cultural and consumer issues
- IV. Data collection

#### I. HEALTH CARE DELIVERY AND QUALITY OF CARE

After reviewing the data, panel members concluded that problems facing African-Americans with asthma are often influenced by the quality of care they receive. Quality

of care, including the competence of the provider and the health care education patients receive. Our discussion in this section includes the following considerations:

- A. Appropriate classification of asthma
- B. Evidenced based management and asthma outcomes
- C. Improving provider training
- D. Provider accountability
- E. Patient education by providers
- F. Access to appropriate care
- G. Access to medical specialists

## **VI. RECOMMENDATIONS FROM THE CONSENSUS PANEL ON ASTHMA IN THE AFRICAN-AMERICAN COMMUNITY, 2004**

### **A. Quality of care**

1. That all providers managing substantial numbers of patients at high risk for asthma should consider taking an asthma certification course or other equivalent training on a regular basis that focuses on the following:
  - a. Proper classification of the disease
  - b. Management using the NHLBI guidelines
  - c. In-office objective assessment of pulmonary status
  - d. The role of cultural competency in the management of asthma

2. That aggressive treatment must be initiated early according to NHLBI guidelines. Only after adequate control is established should medication doses administered for control be reduced.
3. That a system be established to identify providers or institutions with poorer than expected asthma outcomes, as measured by parameters such as emergency room visits or hospitalizations. Providers whose outcomes are poorer than expected should be offered assistance. Providers or institutions with better than expected outcomes should be identified and acknowledged.
4. That the NMA attempt to increase the number of medical students and residents who considers allergy or pulmonology training programs and partnerships with other medical institutions, fellowship programs and organizations.
5. That better networks be established to provide patients in African-American or underserved communities with access to specialty services such as allergy and pulmonology.
6. That the NMA support a resolution for state and federal legislation that asserts that health care is a right of all citizens and ensures access to health care for all Americans.

#### **B. Recommendations for cultural and consumer issues**

1. That greater effort be undertaken to help patients understand the severity of their disease, so their perceptions more accurately reflect the clinical classification consistent with the use of medication and pulmonary function criteria.

2. That a campaign, directed at the African-American community, be designed to improve the perception and understanding of what good asthma control really means.
3. That all patients with asthma, especially children, be evaluated for allergen exposure. If allergens are identified, then an active program of environmental controls should be initiated when appropriate.
4. That the NMA supports a resolution in favor of state and federal legislation that ensures clean environments for all people and that African-American communities will not be unfairly targeted for toxic waste sites.
5. That the NMA develop a national smoking cessation campaign with a particular emphasis on programs targeting the caregivers of children with asthma in the African-American community.
6. That the NMA work with other organizations to develop culturally appropriate, age-appropriate asthma education materials, which consider issues involving literacy. Mass media (both broadcast and print), should be an integral part of any culturally competent asthma awareness campaign.
7. That the NMA encourage efforts to create interventions that forge partnerships among families, health care providers, schools, and other community resources to enhance the health and safety of asthmatic children at home, at school and at play.
8. That the membership assists school districts to establish procedures to effectively manage children with asthma through improved communications between staff and health care providers, the hiring of trained nurses, and improvements in school facilities.

9. That The NMA support a resolution for state and federal legislation that ensures that there are clean environments for all children with asthma and permits the use of rescue inhalers, such as Albuterol at school.

### **C. Genetics and asthma**

The consensus panel felt that, while there are some exciting possibilities such as tailoring drugs to meet the needs of individuals or certain populations, this research is very preliminary. The NMA should be actively engaged in the development and analysis of data regarding genetic responses to all medications, including those that are used to treat asthma. Our membership must be vigilant in monitoring the study design used to justify bringing asthma drugs into the market and continuously assess the side effects of those drugs in African-Americans and other ethnic populations.

### **D. Data collection**

1. That the NMA encourage, through its project IMPACT, increased minority physician and consumer participation in clinical trials involving asthma and allergy.
2. .That factors such as patient perception of experimental therapies and physician access to research resources, which may influence minority patient and physician participation in clinical trials, be identified.
3. That data on the true prevalence of asthma, on perceptions of disease severity and on expectation of outcomes among African-Americans be aggressively collected.

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