Asthma Disparities –
A Focused Examination of Race and Ethnicity on the Health of Massachusetts Residents

Jean Zotter, JD
Director, Asthma Prevention and Control Program
Asthma Disparities in Massachusetts
Asthma Prevalence among Massachusetts Adults Aged 18+ by Race/Ethnicity, 2005-2008

Data Source: MA Behavioral Risk Factor Surveillance System, 2005-2008

- Statistically significantly higher than White, NH
- Statistically significantly lower than White, NH
Asthma Prevalence among Massachusetts Youth Aged <18 by Race/Ethnicity, 2005-2008

Data Source: MA Behavioral Risk Factor Surveillance System, 2005-2008

Note:
* Insufficient data to provide a stable estimate

Statistically significantly higher than White, NH
Health Behaviors and Consequences among Massachusetts Adults Aged 18+ with Current Asthma

Compared to White NH:

– Black NH less likely to report regular physical activity
– Hispanics and American Indian NH less likely to report physical activity in past 30 days
– Black NH, Hispanics, and American Indian NH more likely to report fair or poor health
– Hispanics more likely to report 15+ days poor mental health
– Hispanics more likely to be overweight or obese

Data Source: MA Behavioral Risk Factor Surveillance System, 2005-2008
Average Annual Asthma ED Visit Rate by Race/Ethnicity, All Ages, Massachusetts, 2005-2008

- **American Indian NH**: 186.9
- **Asian NH**: 158.1
- **Hispanic**: 1219.9
- **Black NH**: 1459.6
- **White NH**: 422.3

Data Source: 2005-2008 Massachusetts Emergency Department Discharge Database
Average Annual Asthma Hospitalization Rate by Race/Ethnicity, All Ages, Massachusetts, 2005-2008

- American Indian NH: 78.3
- Asian NH: 72.6
- Hispanic: 310.7
- Black NH: 363.4
- White NH: 112.8

Statistically significantly higher than White, NH
Statistically significantly lower than White, NH

Data Source: 2005-2008 Massachusetts Inpatient Hospital Discharge Database
Average Annual Asthma Hospitalization by Community Health Network Area of Residence, 2004-2006

Source: 2004-2006 MA Inpatient Hospital Discharge Database, MA Division of Health Care Finance and Policy
Average Annual Asthma Mortality Rate by Race/Ethnicity, All Ages, Massachusetts, 2005-2008

Data Source: 2005-2008 Massachusetts Registry of Vital Records and Statistics

Statistically significantly higher than White, NH
Asthma Prevention and Control Program
Asthma Prevention and Control Program (APCP)

• Mission: Improve quality of life for all people with asthma and reduce asthma disparities
• Funded by CDC, NIH and HUD
• Statewide Partnership: Massachusetts Asthma Action Partnership (MAAP)
• 2009:
  – *The Burden of Asthma in Massachusetts*
  – *A Strategic Plan for Asthma in Massachusetts 2009-2014*
• 2011: *Asthma Among Older Adults in Massachusetts*
Goal 2: Improve asthma management for MA residents

Objective A: Reduce disparities in asthma outcomes
Asthma Disparities Initiative

- Community Health Centers
  - Provide home asthma education and environmental assessment
    - Using Community Health Worker
- Asthma Coalitions
  - Improve environment in housing, schools, day care centers through local policy and systems change
- Linkage of efforts
- Funded by CDC
Reducing Ethnic/Racial Disparities in Youth (READY) Study

• An intervention:
  – Based in the medical home
    • With large Black and Hispanic pediatric patient population
  – Integrates Community Health Workers (CHWs) into medical team
  – CHWs conduct in-home environmental assessment and education over multiple visits
  – CHWs provide low cost tools to family
  – CHWs’ link visit findings back to medical team
• Funded by HUD Healthy Homes Technical Studies and ARRA R01 NIH grants
Moving Forward Addressing Asthma Disparities in Massachusetts

Potential State Action Based on Federal Taskforce Recommendations
Federal Taskforce on Environmental Health Risks and Safety Risks to Children

Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities

• Division of Lung Diseases, National Heart, Lung and Blood Institute
• Indoor Environments Division, U.S. Environmental Protection Agency
• National Center for Environmental Health, Centers for Disease Control and Prevention
Four Strategies of Federal Action Plan

Federal Action Plan: Four Strategies

Policy
- Remove barriers to delivery of guidelines-based asthma care
- Improve capacity to identify those most in need

Surveillance/Research
- Build local capacity to deliver integrated community-based care
- Accelerate effort to prevent onset of asthma

Public Health Intervention
Strategy One Highlights: Remove Barriers to Guideline Based Care

- Improve the reimbursement of guideline based care
- Improve the quality of care in underserved communities
- In homes, reduce environmental exposures
- In school and child care settings, implement asthma care services
MA Reimbursement for the Environmental Management of Asthma

- State Medicaid fee-for-service program (MassHealth PCC Plan) and two Medicaid managed care reimburse or plan to reimburse for CHW home-based asthma interventions

$26.75 Billion waiver agreement with CMS will strongly support integrated health care in Massachusetts

By Health and Human Services Secretary Dr. JudyAnn Bigby

Earlier this week, Governor Patrick announced that the federal Centers for Medicare and Medicaid Services (CMS) has renewed Massachusetts’ 1115 Research and Demonstration Waiver Agreement, commonly referred to as the Waiver. Yesterday’s announcement of a $26.75 billion, three-year agreement gives Massachusetts an additional $5.63 billion in spending authority and strongly supports our commitment to promoting integrated systems of care and establishing alternative payment models.

The milestone agreement also ensures the ongoing success of Massachusetts’ historic health care reform initiative, through which more than 98 percent of the Commonwealth’s residents, and 91.8 percent of children, have health insurance. The waiver fully funds our ongoing health care reform implementation and includes more than $500 million annually in federal support for Commonwealth Care and the Health Safety Net, and more than $100 million annually in other federal support for services to low-income and uninsured populations.

I am pleased to share a few of the important features of the new waiver agreement, which will be active until June 2014. The waiver includes several innovative programs that expand services for certain children, develop integrated systems of care and alternative payment systems, and position the Commonwealth to reduce the cost of medical care and the rate of growth over time.

Under this agreement, we will promote delivery system and payment transformation with the state’s key safety net hospitals. The waiver includes $120 million annually in new federal funding to support the transformation of the hospitals into integrated delivery systems, and envision transitioning away from fee-for-service payments toward alternative payment arrangements that reward high-quality, efficient and integrated care. This feature of the waiver agreement reflects the principles outlined in the Governor’s comprehensive health care cost containment bill, which he filed earlier this year.

Massachusetts will also establish a Pediatric Asthma Payment Pilot, which will support bundled payments to providers for services to improve asthma outcomes in children not traditionally covered, including home visits by community health workers and supplies for reducing environmental triggers in the home. Efforts like these have been shown to help keep kids with asthma healthy and out of the emergency room with acute asthma exacerbations.
Strategy Two Highlights: Build Local Capacity to Deliver Integrated, Comprehensive Care

- Promote data-sharing mechanisms
- Encourage cross-sector linkages and partnerships between asthma programs, community health workers, healthy homes, tobacco control, and obesity programs
- Address state and local policies and practices that protect children from health risks associated with air pollution
- Initiate research to evaluation models of systems approaches to address the multi-factorial causes of asthma disparities
“With the CHW intervention, families are more proactive in managing their child’s asthma. They come in when their child’s well to review medications and to prepare for the start of school.”

– Dr. Matt Sadof, Baystate Medical Center
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Contact Information and Resources

• Jean Zotter – Director, DPH Asthma Prevention and Control Program
  
  E-Mail: jean.zotter@state.ma.us
  Phone: 617-994-9807

• [www.mass.gov/dph/asthma](http://www.mass.gov/dph/asthma)
• [www.mass.gov/hdc](http://www.mass.gov/hdc)