



February 19, 2021

The Honorable John Kerry  
U.S. Special Presidential Envoy For Climate  
U.S. State Department  
Washington, DC 20520

The Honorable Gina McCarthy  
National Climate Advisor  
White House Office of Domestic Climate Policy  
Washington, DC 20502

Dear Mr. Kerry and Ms. McCarthy,

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. We are encouraged to see that the Biden Administration's priorities include public health and environmental justice. The major disparities in asthma in the U.S. reflect longstanding structural factors impacting health along racial, ethnic, and socioeconomic lines. We are writing to propose priority areas on which your offices should focus to improve public health and to promote environmental justice, in the process addressing asthma as well as many other health conditions affected by climate change.

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 have long argued for addressing the global crisis of climate change because of its profound impact on our patient community. Climate change exacerbates asthma through myriad routes, including increased air pollution, higher ground-level ozone exposure, and new patterns of airborne allergen exposure. The steps we need to take to address climate change secure our planet's future and create immediate and crucial improvements in the health of people living with asthma.

The administration's focus on racial equity<sup>1</sup> and on broadening access to healthcare<sup>2</sup> are important foundations for this work. 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,<sup>3</sup> among the 25 million Americans living with asthma,<sup>4</sup> 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.<sup>5</sup>
- In 2014, non-Hispanic Black Americans were almost three times more likely to die from asthma-related causes than non-Hispanic whites.<sup>6</sup>

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

<sup>2</sup> <https://joebiden.com/healthcare/>

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

<sup>4</sup> 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>

<sup>5</sup> 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>

<sup>6</sup> *Id.*



- In 2015, Black women were 20% more likely to have asthma than non-Hispanic white women.<sup>7</sup>
- 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-Americans, 5.3 percent for South and Central Americans, and 4.4 percent for Mexican Americans.<sup>8</sup>
- 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.<sup>9</sup>

These disparities are the result of structural inequities contributing 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 – including immediate actions to improve our climate and literally help our community breathe better.

AAFA would therefore like to highlight to the task force the set of multisectoral strategies that are key to addressing disparities in asthma and in promoting health equity (attached). Our report details the relationship of each strategy to asthma disparities, as well as specific examples of policy approaches available. As you will see, one of our key policy recommendations is:

Combat environmental injustice and the disproportionate impact of pollution and climate change on communities of color and low-income populations by strengthening clean air policies, reducing transportation-related emissions, restricting zoning of polluting sources and transitioning to a clean energy economy.

The interests of the asthma community are truly inseparable from the goals of the climate task force.

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

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<sup>7</sup> *Id.*

<sup>8</sup> 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>

<sup>9</sup> 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>



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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 attention to public health and environmental injustice in the context of the climate change crisis.

Sincerely,

A handwritten signature in black ink that reads 'Kenneth Mendez'. The signature is written in a cursive, flowing style with a long horizontal line extending from the end of the name.

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



Key policy recommendations from AAFA’s *Asthma Disparities in America: A Roadmap to Reducing the Burden on Racial and Ethnic Minorities*<sup>10</sup>

### **1. Health Care**

- a. Expand health insurance coverage for socioeconomically disadvantaged adults and children. We fully support the Affordable Care Act and look forward to working with your administration to bolster and expand on the law’s achievements.
- b. Improve coverage of asthma guidelines-based care and treatment in federal programs by expanding specialist care coverage, lowering co-pays, expanding eligibility criteria and removing prior authorization and step therapy barriers.
- c. Increase diversity in the primary and specialty healthcare workforce
- d. 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.
- e. Develop sustainable models for care coordination and case management that do not place financial burdens on patients.
- f. Encourage and incentivize state and local health departments to adopt comprehensive community asthma programs.
- g. Develop policies and programs to address the ongoing underrepresentation and exclusion of minorities from NIH-funded studies on respiratory diseases.

### **2. Education**

- a. Increase access to quality early childhood education and care.
- b. Create more equitable school finance systems, including allocation of federal funds to schools that serve low-income and minority students.
- c. Use federal policies and funding to reduce exposure to environmental triggers by improving school building conditions and improving air quality in and around schools.
- d. Support federal legislation, the School-Based Allergies and Asthma Management Program Act (HR 2468 in the 116<sup>th</sup> Congress), to encourage important asthma management programs in schools.

### **3. Physical Environment**

- a. Improve housing quality for rental units (including assisted rental units such as public housing) through “healthy home” policies and green building practices.

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<sup>10</sup> Asthma and Allergy Foundation of America, “Asthma Disparities in America” (2020). Available at <https://www.aafa.org/asthma-disparities-burden-on-minorities.aspx#pdf>



- b. Directly finance or support reimbursement models for programs that align asthma clinical interventions with home assessments, indoor environmental improvements and remediation to reduce asthma triggers.
- c. Increase access to affordable, quality housing through expanded rental assistance programs, tax credits, inclusionary zoning programs, and policies that address major racial disparities in homeownership rates.
- d. Address major racial disparities in homeownership rates through policies that
- e. Desegregate residential neighborhoods through mobility programs and neighborhood revitalization efforts.
- f. Combat environmental injustice and the disproportionate impact of pollution and climate change on communities of color and low-income populations by strengthening clean air policies, reducing transportation-related emissions, restricting zoning of polluting sources and transitioning to a clean energy economy.

#### **4. Economic Stability**

- a. Increase the federal minimum wage.
- b. Reduce the racial wage gap in the US labor market.
- c. Implement tax policies that help low-income families accumulate more wealth.