

Health Equity Advancement and Leadership (HEAL)

Reduce asthma deaths and illness among high-risk populations through a national program with community-driven actions.



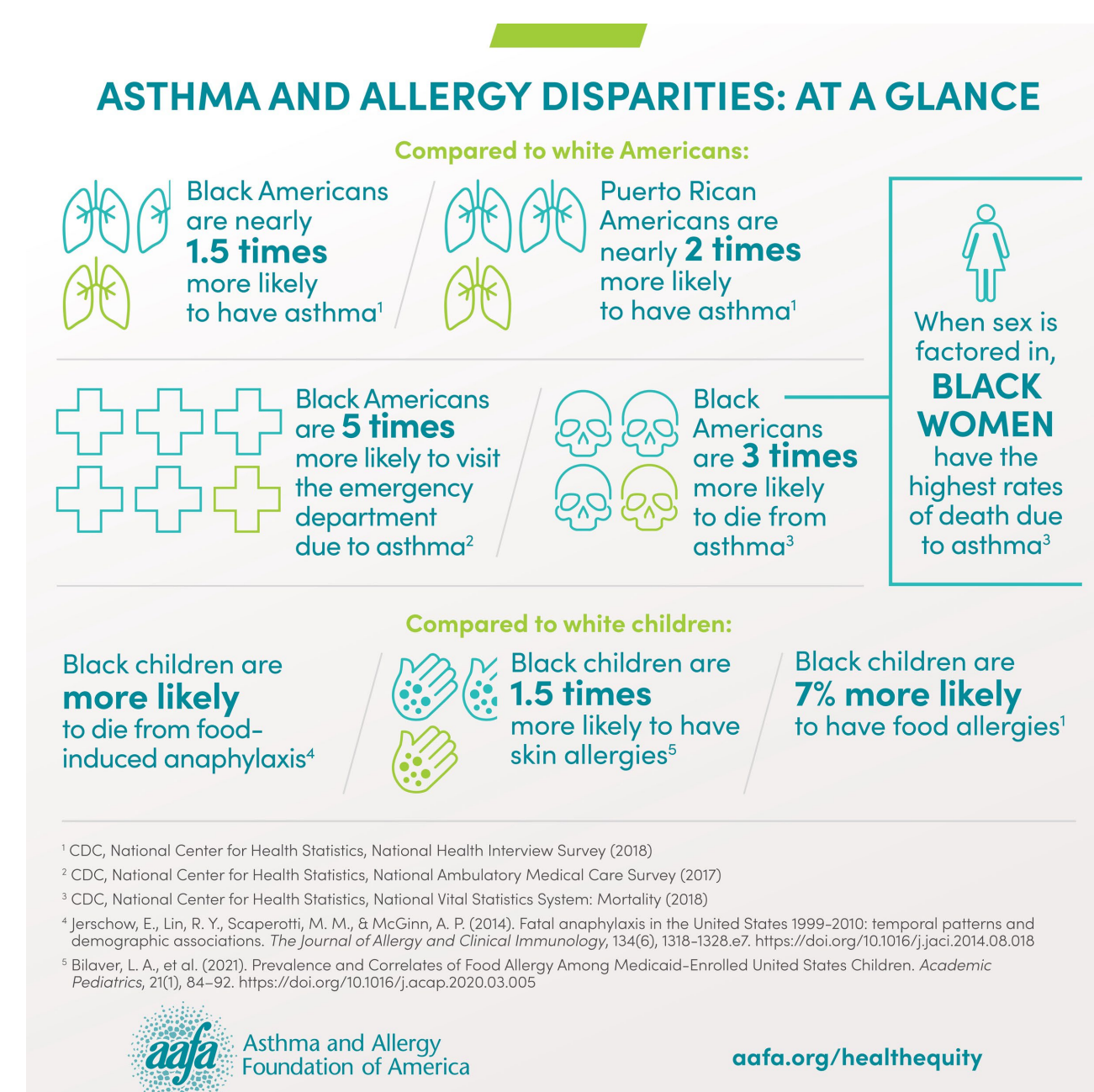
Asthma and Allergy Foundation of America

HEAL

HEALTH EQUITY Advancement and Leadership

Introduction

The HEAL program was launched in May 2022 to address findings from the [Asthma Disparities in America](#) report and reduce asthma deaths and illness among high-risk populations. Extensive research and public health data identified disparities in asthma prevalence, mortality and health care utilization along racial and ethnic lines. Asthma burden falls disproportionately on Black, Hispanic, American Indian and Alaska Native populations.



The HEAL program combines AAFA national leadership with community-driven local action. AAFA funds and supports local pilot programs tailored to populations most impacted by asthma and allergic conditions.

Programs are in cities including Chicago, Detroit, Los Angeles, New York City, and St. Louis. One program is being implemented across Alabama to learn more about innovations needed in rural communities.

Program Goals

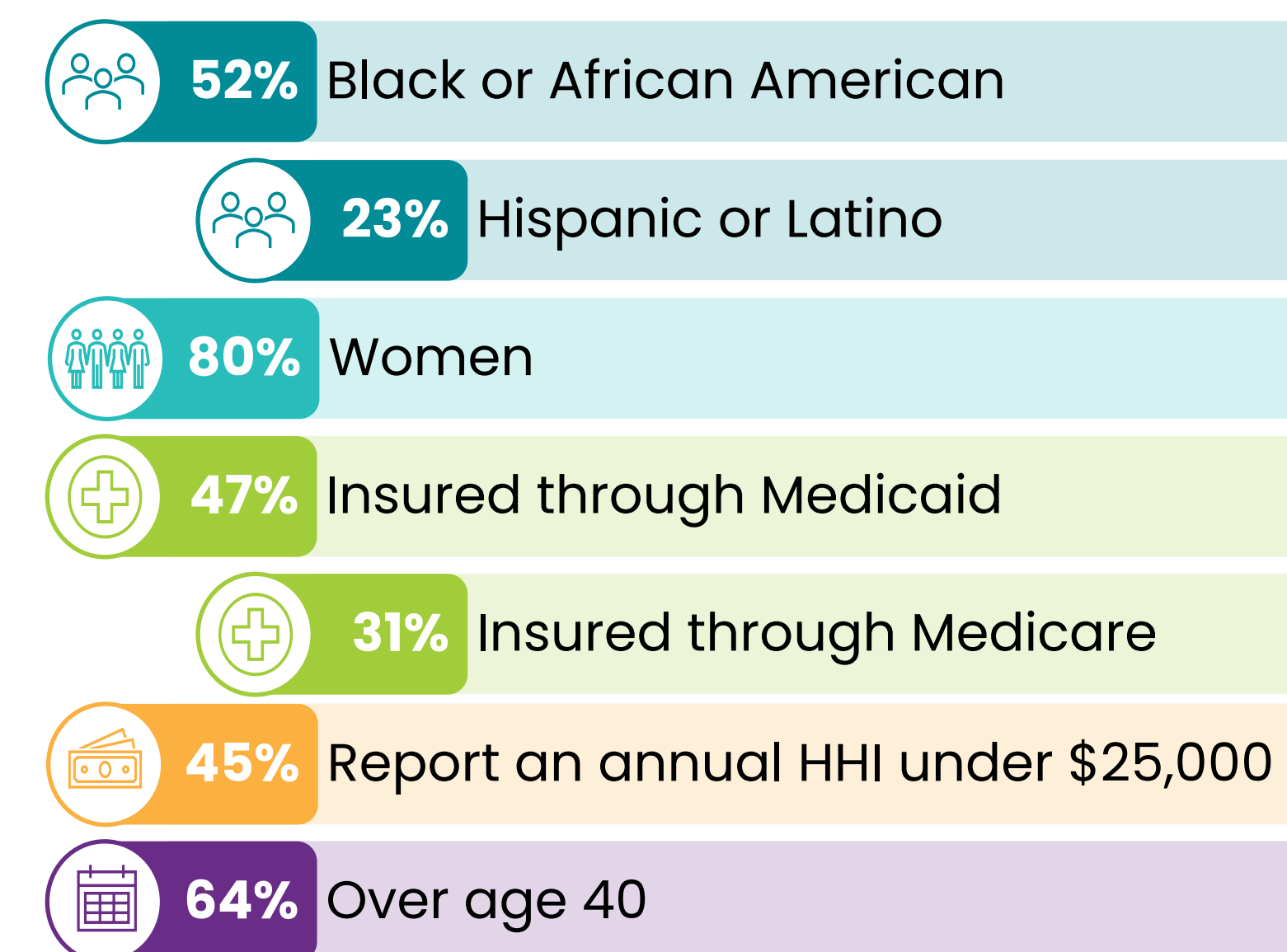
- Empower local organizations and partners
- Cultivate ideas and share best practices
- Build momentum in addressing asthma disparities
- Reduce deaths and hospitalizations due to asthma

Intervention Components

- Care Coordination and Support
- Environmental Home Assessment and Tools
- Other Tools and Resource Connections
- Asthma Self-Management Education
- General Health and Wellness

Program Participants

142
Total people served through the HEAL program



Impact

Preliminary six-month data from the Detroit HEAL site show:

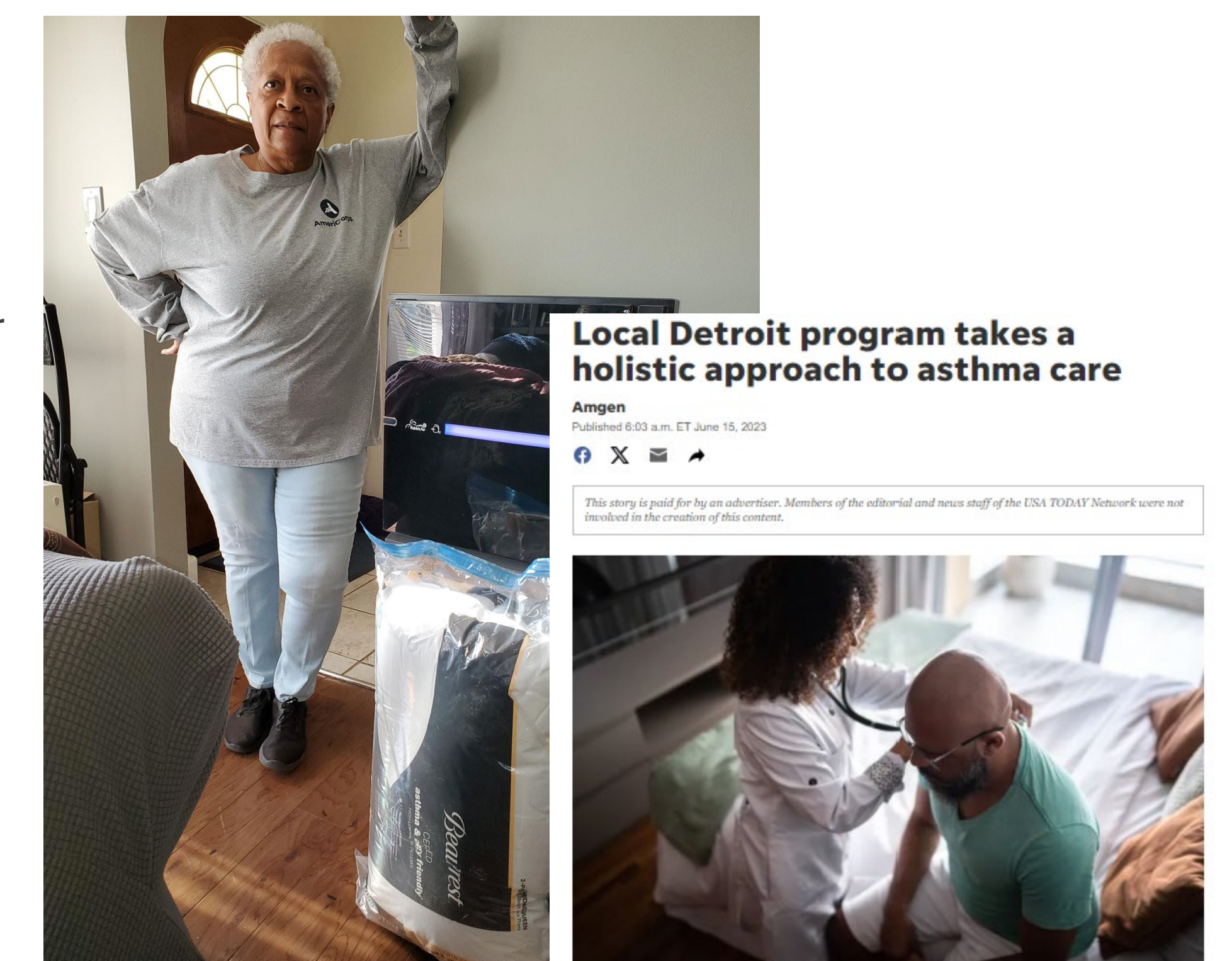
- 153% increase** in participants who saw a pulmonologist. For many, it was their first time seeing an asthma specialist
- 50% increase** in participants with “well-controlled” asthma
- 46% increase** in participants who were “very sure” they knew how to manage their asthma overall
- 34% reduction** in daily use of rescue inhaler or nebulizer
- 40% reduction** in unplanned ER and healthcare provider visits
- 67% reduction** in feeling it was difficult to control their asthma

Key Learnings

- Community health workers play a critical role and help people better control their asthma. CHWs are equipped to address the social drivers of health.
- It takes time to enroll patients and deliver results, especially for adults less likely to prioritize asthma care. Allow several months for outreach and >1 year to start seeing results.
- Allow the patient to choose the best way to communicate with program staff and providers. Patient-accessible programs include after-hours and weekend communication.
- Patients have competing needs that often take priority over asthma care.
- Creative approaches and collaborations are needed for issues that affect asthma such as food insecurity, risk of losing utilities, lack of transportation, and indoor/outdoor environmental impacts.
- Program budgets & payors should include flexible funds to pay for resource needs such as transportation and integrated pest management services.
- Virtual home environmental assessments are a successful and cost-effective method to reach patients.
- Formalized patient education with built-in incentives effectively improves asthma knowledge and keeps engagement high.

Patient Story

- June: 70-year-old Detroit resident
- She estimates she’s taken up to 100 trips to the ER in her lifetime because of her asthma
- Referred to an allergist to help manage her asthma; first time ever being to a specialist
- With new resources, knowledge, and medication her asthma is now better controlled



Local Detroit program takes a holistic approach to asthma care

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