# Health Disparities in Asthma Populations During the COVID-19 Pandemic

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## **Key Points:**

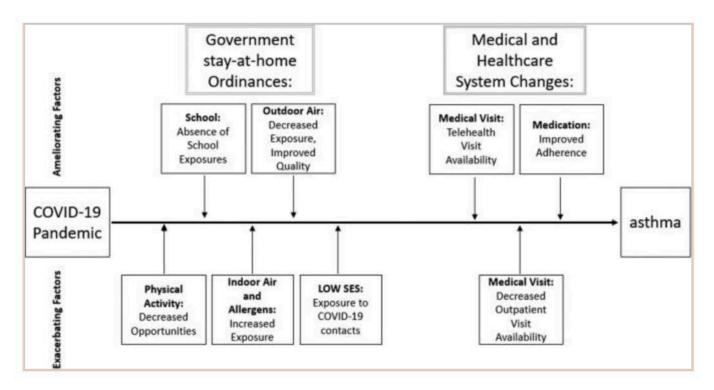
- The COVID-19 pandemic has increased the presence of detrimental social determinants of health (SDOH), which has illuminated racial and health disparities in Black, Indigenous, and People of Color (BIPOC) families and their children with asthma.
- Racial- and health-related disparities have made it more difficult for these families to deal
  with the implications of the pandemic.
- Medical clinics should offer a more multidimensional approach to care, so they are better able to identify and alleviate the SDOH that may be contributing to these increased difficulties.

Although the COVID-19 pandemic has global health consequences, specific populations have been disproportionately affected<sup>1</sup>. BIPOC populations, especially, have experienced increased problems with financial stability and physical and mental well-being. The pandemic has illuminated the issues that stem from systemic racism and health disparities within the US<sup>2</sup>, which can be heavily attributed to SDOH, or additional non-physical factors that contribute to one's health such as discrimination, poverty, and access to healthcare<sup>2</sup>. Specifically, SDOH can significantly impact the health of children with asthma<sup>3</sup>.

Emerging research suggests that some SDOH, such as income disparity and poor housing conditions, may increase the risks associated with COVID-19<sup>5</sup>. Harmful SDOH like these are more prevalent in BIPOC communities, specifically, and have an even greater impact on BIPOC pediatric populations with asthma<sup>2</sup>. When compared to their white, healthy counterparts, BIPOC parents of pediatric asthma patients have reported increased difficulty with purchasing food, paying bills, maintaining a stable income, and obtaining adequate access to healthcare<sup>2</sup>. In addition, BIPOC parents of children both with and without asthma have reported higher levels of discriminatory experiences with their healthcare, and they believe they would have received better care if they belonged to a different racial or ethnic group<sup>2</sup>. Factors like these also present unique challenges for families in managing their children's asthma symptoms<sup>4</sup>. Pandemic-related impacts on mobility (i.e., stay-athome ordinances) and medical and healthcare system access can either worsen or alleviate asthma symptoms<sup>5</sup> (Figure 1).

Overall, youth with asthma and their families are experiencing difficulties with COVID-19<sup>4</sup> and harmful SDOH<sup>2</sup>. The health disparities that exist due to systemic racism should be further examined as they contribute to increased problems for BIPOC pediatric asthma populations<sup>5</sup>. To assist these populations, medical clinics should take a more multidimensional approach to care, so that they can better identify SDOH that may negatively impact this populations' ability to access and maintain care<sup>2</sup>. Clinics should then offer increased access to social and psychological resources once these additional influences have been identified<sup>2</sup>.

## Health Disparities in Asthma Populations During the COVID-19 Pandemic



**Figure 1**: Factors that may either contribute to or alleviate the severity of asthma symptoms during the pandemic<sup>4</sup>. The exacerbating, or contributing, categories contain many factors of SDOH, which include physical activity levels, living conditions, socioeconomic status (SES), and access to healthcare. For BIPOC families of children with asthma, these negative SDOH are causing difficulty in managing and maintaining their conditions<sup>2</sup>.

#### References

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