



Department of  
Health

Asthma Program



# Asthma Listening Session

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The Ohio Department of Health Asthma Program (ODHAP) concentrates efforts to expand programmatic strategies to target high-risk populations and targets strategies in priority counties. The targeted counties have been identified as a priority due to the child emergency department and hospitalization rate for asthma being greater than the Ohio rate of 80.3. These counties are Ashtabula, Columbiana, Cuyahoga, Erie, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, and Summit.

According to the Centers for Disease Control and Prevention, “asthma is a disease that affects your lungs. It is one of the most common long-term diseases in children, but adults can have asthma, too. Asthma causes wheezing, breathlessness, chest tightness, and coughing at night or early in the morning.”

Among children, asthma is the most prevalent chronic disease. While some may experience minor asthma symptoms, it could be severe enough to impede daily activities significantly. However, asthma can be controlled with the proper medical treatment and management. Some triggers can stem from the environment, which may aggravate the symptoms; recognizing them is crucial for effective asthma management.

Ohio has significant opportunities to address the root causes of racial disparities in asthma health outcomes. Recent research highlights the importance of including authentic feedback from those most directly impacted by policies, ensuring their voices shape effective and equitable solutions. Engaging Ohio families to share insights about the social conditions affecting their wellness, access to healthcare, and experiences with social service delivery models is essential. By understanding these lived experiences, Ohio can drive meaningful changes to policies and practices, fostering greater health equity and empowering families to thrive.

ODHAP conducted Community Engagement Asthma Listening Sessions throughout the state of Ohio. ODHAP engaged Groundwork Ohio to work through local host organizations to identify Black families to share their experiences and contribute to the design of decreasing asthma disparities and provide recommendations to the Ohio Department of Health’s Asthma Advisory Committee. These listening sessions allowed community members to describe how differences in social determinants of health contribute to asthma disparities in Ohio. Families were recruited based on the criteria that they may have had a loss due to asthma, experienced poor asthma support from their school or work, participated in a program, and/or received support from a resource that improved the health of their asthma.



# Asthma Background

## Asthma Health Disparities in Ohio

In 2021, data from Ohio shows approximately 5.87% of children reported having current asthma. Both racial and gender disparities continue to exist within these populations in Ohio.

- Black children experience a higher prevalence of asthma compared to their White counterparts.
- Black children experienced asthma-related emergency department visits at a rate of 5.7 times that of their White counterparts.
- Black children experienced asthma-related inpatient hospitalizations at a rate of almost 6.5 times that of their White counterparts.
- Black children experienced asthma-related deaths at a rate of approximately 14 times that of their White counterparts.
- Among children, females tend to have a lower asthma prevalence rate when compared to male children. However, this changes in adulthood, when adult females are found to have a higher asthma prevalence rate of almost double that of male adults.

In 2021, data also shows approximately 9.68% of adults reported having current asthma. Both racial and gender disparities continue to exist within these populations in Ohio.

- Black adults experience a higher prevalence of asthma compared to their White counterparts.
- Black adults experienced asthma-related emergency department visits at a rate over six times that of their White counterparts.
- Black adults experienced asthma-related inpatient hospitalizations at a rate of almost six times that of their White counterparts.
- Black adults experienced asthma-related deaths at a rate of over 2.5 times that of their White counterparts.
- Adults aged 65 years and older die from asthma at a rate of over two times that of alternative adult age groups yet had the lowest prevalence rate of current asthma between the adult age.

Decades of research have demonstrated that socioeconomic status (SES) and environmental exposures are strongly associated with both developing asthma and subsequent poor asthma outcomes, including pulmonary function, symptom burden, and asthma exacerbations.



**Figure 1. The relationship of racism, social determinants of health, and asthma risk and disparity in the U.S.**

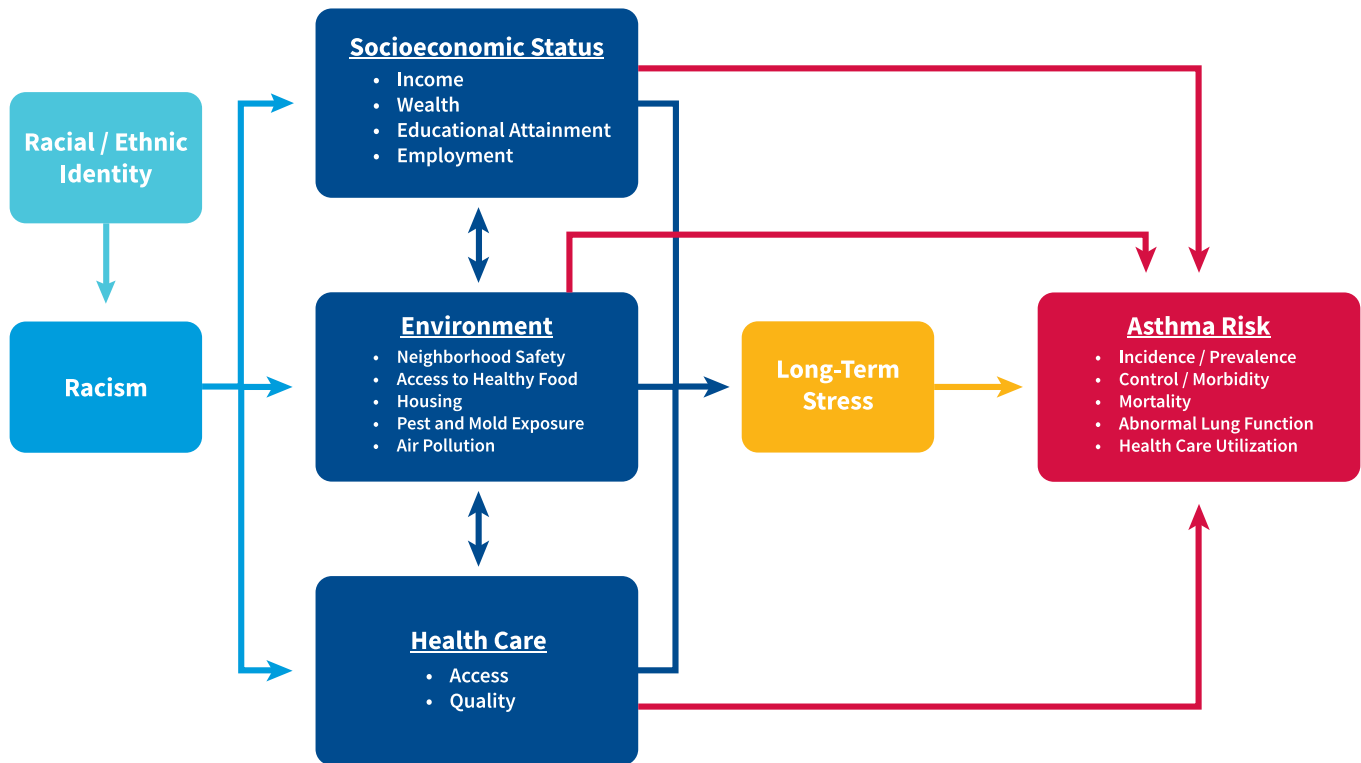


Figure from Grant, Torie, Emily Croce, and Elizabeth C. Matsui. “Asthma and the social determinants of health.” *Annals of Allergy, Asthma & Immunology* 128.1 (2022): 5-11.

Figure 1 connects to the ODH community listening session by emphasizing the role of social determinants of health in asthma outcomes, as detailed in the referenced figure from Grant, Croce, and Matsui. Listening sessions provide a platform for community members to share firsthand experiences about how social factors—such as housing quality, access to healthcare, environmental conditions, and education—affect their ability to manage asthma effectively. Insights gathered from these sessions can help identify barriers specific to the community, validate the findings of the research, and guide the development of targeted interventions that address both medical and social contributors to asthma disparities. This approach ensures that programs are informed by the lived experiences of those most affected, fostering trust and promoting equity.

According to the Centers for Disease Control and Prevention (CDC), asthma is a leading cause of school absenteeism. Asthma cannot be cured, but it can be controlled, which will lead to a better quality of life. Racial disparities exist in the prevalence of asthma between Black and White adults, with Black adults consistently experiencing higher rates of asthma than their White counterparts. ODHAP utilized the minority-centered events in the priority counties to achieve the CDC’s six EXHALE strategies when addressing asthma with the community.

<https://www.cdc.gov/asthma/exhale/>

**E** Education on asthma self-management.

**X** X-tinguishing smoking and secondhand smoke.

**H** Home visits for trigger reduction and asthma self-management.

**A** Achievement of guidelines-based medical management.

**L** Linkages and coordination of care across settings.

**E** Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources.

## Social Risk Factors:



### Neighborhood and Built Environment



### Education Access and Quality



### Health Care Access and Quality



### Economic Stability



### Social and Community Context

The listening sessions were operated by Groundwork Ohio (GW). GW's purpose is to focus on the time when children's environments most influence their health, development, and life trajectory: from birth to age 5. They work to ensure that every pregnant mom, baby, toddler, and young child in Ohio has the resources and opportunities. Groundwork Ohio accomplishes this by championing high-quality early learning and healthy development strategies from prenatal to age five; that lay a strong foundation for Ohio kids, families, and communities. The listening sessions were 90 minutes long and offered in person or as Zoom webinars. Each session was recorded to ensure conversations were documented consistently and accurately. The participants were informed that their participation in the listening sessions would help provide information to ODHAP that would determine what action steps can be taken in the future. The discussions included healthcare access and quality and the health and well-being of the participants and their families regarding asthma. This aligns with strategies A and L from the CDC's EXHALE guidelines.

## The Key Takeaway: Health Care Access

- The cost of co-pays, preventative care, prescriptions, and inhalers can be prohibitive.
- Participants were concerned that there is no body of research specific to the experiences of Black people with asthma.
- Participants were better able to access care when they had insurance coverage.
- It can be difficult to determine when to go to urgent care versus the emergency room.
- Participants referenced long wait times to see doctors for non-emergency visits, sometimes booking appointments weeks, months, or even years in advance.
- Not every community has a drug store.
- Many participants noted their asthma was misdiagnosed as allergies or was not diagnosed until multiple visits with providers had occurred.
- Participants mentioned finding providers through word of mouth.
- The Affordable Care Act made health care more accessible for some participants.
- Participants reported a lack of providers and staffing shortages in provider offices as well as emergency rooms.

The second category discussed was economic stability. Economic stability includes issues like having enough money to meet basic needs and housing stability.

## **The Key Takeaway: Economic Stability**

- Families must choose between paying for health care co-pays, inhalers, and other medication or other basic needs such as housing, food, and transportation.
- Many children with asthma miss school due to the need to stay home or visit healthcare facilities for breathing treatments. Additionally, allergies linked to asthma can cause symptoms such as hives, which may also require children to remain at home for care.
- Participants referenced the difficulty of being “working poor:” earning a wage too high for Medicaid enrollment and yet not having enough income to pay for asthma-related expenses.
- Access to affordable and adequate housing came up in many sessions.
- Air conditioning and filters, as well as air purifiers and filters, are an additional expense.
- Parents shared they must take off work and use up their paid time off to care for their asthmatic children. Some families have lost jobs over missed work related to asthma care.
- Parents of young children lack access to child care.

Next, health education access and quality were discussed. This category includes things like school attendance, health literacy, and education on asthma self-management. This is important because it helps individuals acquire functional health knowledge and strengthens attitudes, beliefs, and practice skills needed to adopt and maintain healthy asthma behaviors throughout their lives.

## **The Key Takeaways: Health Education Access and Quality**

- Even after a health care professional shows a patient how to use an inhaler, the patient often lacks confidence at home using it themselves or on a child.
- Respondents stressed importance of education for patients that name-brand and generic pharmaceuticals can have the same effect.
- Children cannot always keep their inhalers or medication on them at school because they will sometimes share with other students.
- Programming in the classroom helps children understand and manage their asthma.
- Visual aids are critical to supporting health education around managing symptoms.
- Rushed appointments with providers can lead to incomplete presentations.
- There is reluctance among school staff to administer breathing treatments.
- Churches support asthma access and equipment in some communities.
- Some asthma patients do not take their inhalers as many times as prescribed because they are fatigued from managing symptoms.

Next, the fourth category discussed was social and community context. Social and community context can include topics like unity within a community, caring about participating alongside those near you within a community, discriminatory conditions in the workplace, and/or imprisonment.

## The Key Takeaways: Community and Social Context

- Urban environments with traffic exhaust trigger asthma symptoms.
- Participants referenced living near pollutants.
- Co-habituating with smokers or in a multi-unit housing environment with neighbors who smoke is triggering.
- Seasonal changes, including pollen and heat, can trigger advanced asthma symptoms for many respondents.
- Many participants referenced loss of family members or friends to asthma.
- Work environments are triggering for respondents, i.e., those who work in factories, as musicians around smoke, or around pools with chlorine.
- Some participants lacked an outdoor space where they felt safe exercising, i.e., riding bikes. Others found it difficult to engage in sports because of their asthma.
- Participants referenced a need for family-oriented community programming.
- Many participants referenced poor housing quality, overcrowding, and the presence of pests and lead.
- Household cleaners triggered respondents and family members.
- Carpets can be triggering in the home and costly to remove.
- Older schools sometimes have mold and do not have air conditioning.

## Notable Quotes from Listening Session Participants:

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- *"I got no help from nobody."*
- *"My doctor took too long to prescribe antibiotics."*
- *"I can't afford to ride the bus - it's \$9 to get across town."*
- *"I don't feel that they cared for my mother they should have...she was denied treatment."*
- *"We have to be our own best advocates, and we can't stop asking questions."*
- *"Not being able to breathe is a scary thing."*
- *"It is a luxury to have a drug store in your community."*
- *"Do I pay a utility bill or \$200 for the asthma medication that works best for me?"*
- *"If I make over \$1,400 a month, I lose everything."*
- *"Being diagnosed [with asthma] has forced me to focus on my health."*
- *"Thank you. I have asthma and I learned a lot here."*

Based on the information shared during the Community Engagement Asthma Listening Sessions, the Ohio Department of Health Asthma Program plan to provide funding opportunities.



## Asthma Listening Session Stakeholders:

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- **Northeast Ohio Black Health Coalition**
- **Public Health - Dayton and Montgomery County**
- **The Breathing Association**
- **Toledo-Lucas County Health Department**
- **Groundworks Ohio**

## References:

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- Centers for Disease Control and Prevention. (2024, October 23).  
<https://www.cdc.gov/asthma/about/index.html>

## Program Contact Information:

Join the conversation and become a member of the Asthma Collaborative Improvement Committee. The committee holds monthly meetings from January through October and aims to unite health care professionals, community groups, and other stakeholders to improve asthma care in our community. CE is provided for Nursing, Sanitarian, and Social Work. Sign up for the [Asthma Collaborative Improvement Committee](#) today!

Sign up for free email updates from the [Ohio Department of Health Asthma Program](#).

Email: [Asthma@odh.ohio.gov](mailto:Asthma@odh.ohio.gov)

Website: <https://odh.ohio.gov/know-our-programs/asthma-program>