# ASTHMA & ALLERGY

## BULLETIN

## ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER



## Our 1st Virtual FALL GALA 2020 "For Life Without Limits™"

Join us online and contribute to the success of our Virtual Fall Gala 2020. We have a 40-minute program designed to communicate our important work and to thank you for your support of AAFA New England.

## Tuesday, November 10th 7:00 p.m.

Join us to support AAFA New England and have some virtual fun! See page 7 for additional details.



## AAFA New England Presents: Covid-19 and its Physical and Emotional Effects on the Asthma and Allergy Community

A virtual evening with expert panelists Jennifer LeBovidge PhD, Attending Psychologist, Division of Immunology, Children's Hospital, Assistant Professor of Psychology, Harvard Medical School and Michael Pistiner, MD, MMSc, MassGeneral Hospital *for* Children, Director of Food Allergy Advocacy, Education and Prevention, Food Allergy Center, plus additional panelists who will share their expertise.

## October 22nd, 2020 at 7:00 p.m.

To register for the GALA or any of our Speaker Series events, go to asthmaandallergies.org or email us at events@aafane.org

## **DISPARITIES IN OUR HEALTHCARE DELIVERY SYSTEMS**



by Jacqueline Rodriquez-Louis, MPH, M.Ed

AAFA New England is proud to partner with Jacqueline Rodriquez-Louis, MPH, M.Ed., Programs Leader, Community Outreach, Partners Asthma Center at Brigham & Woman's Hospital in a two part interview series to highlight the issue of "Disparities in our Healthcare Delivery Systems."

It is AAFA New England's goal to raise awareness about the burden health disparities have on underserved communities in hopes of offering solutions to the complex institutional problems that exist in our world, specifically in the healthcare industry as it relates to delivering equal healthcare to all.

# What made you interested in the healthcare field, and in particular, community outreach?

At the age of 12 I began volunteering directly with patients, similar to a candy striper, at what was then Boston City Hospital. That role and the sense of satisfaction I felt helping others set me on a path that I have remained on for over 30 years. I pursued a Master's in Education (M.Ed.) with a concentration in counseling psychology at Cambridge College. During this time, I began working with Christopher Fanta M.D., whom I am happy to say I still work with today. I also had the great fortune of working with two brilliant doctors at the Harvard School of Public Health, Rima Rudd, MSPH, ScD and the late Lawren H. Daltroy, DrPH. We

(continued on page 2)

## **BACK TO SCHOOL WITH COVID-19 IN NEW ENGLAND**



AAFA New England recognizes the many challenges COVID-19 has presented to our asthma and allergy community since its arrival, and now that includes the return to school. There are many questions and concerns about how learning can proceed safely while limiting the spread of this virus. Parents of students with asthma or food allergies have additional concerns. The information provided is meant to help inform this process for parents of schoolaged children who have asthma or allergies.

#### **Planning Before School Starts**

- **Protocols** are being developed in each state for procedures related to COVID-19.
- In-class learning, remote learning, or a hybrid (combination of the two) will likely be based on the number of documented cases of COVID-19 infection in a geographic area.
   \*Remote learning requires access to computers and reliable internet access, which may not be available to all students in underserved communities – plans that address this are needed.
- Education on the signs and symptoms of (continued on page 3)



Asthma and Allergy Foundation of America\*

DISPARITIES IN OUR HEALTHCARE DELIVERY (continued from page 1)

NEW ENGLAND CHAPTER

## 2020 AAFA New England BOARD OF DIRECTORS

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conducted community-based research that translated into health education programs. This process was fascinating to me: research, creating forms, collecting data, and creating a program...it was incredible! This led to my pursuit of a Master of Public Health (MPH) at Boston University School of Public Health. It was then that I fully understood the true meaning of "Social Determinants of Health," contributing factors to health and health outcomes. I found the combination of the M.Ed. and MPH a perfect marriage for the kind of work I wanted to do -- health education!

#### Can you describe your work in the field?

I am truly blessed to be able to do important work at Brigham & Women's Hospital in the Division of Pulmonary and Critical Care Medicine with an incredible team of people. My three main areas of work are:

- Clinical: Together with Dr. Fanta, we deliver specialty asthma care to patients in two Neighborhood Health Centers (NHC's) and provide home visits for patients in the comfort of their home, to address social and other issues impacting health outcomes. I also contribute to the work of Wanda McClain, Vice President of Community Health and Health Equity at Brigham Health, through our community initiatives and the newly formed, Brigham Health (BH) COVID-19 Equity, Diversity and Community Health Response Team.
- **Professional Education:** Dr. Fanta and I provide continuing education programs through our live and on-line courses for nurses, pharmacists, respiratory therapists, and other allied health professionals such as, *Becoming an Asthma Educator* and *All That Wheezes is not Asthma*.
- Research: I participate in cutting-edge research, as with Dr. Elliot Israel, M.D. and his 5-yr Patient-Centered Outcomes Research Institute (PCORI) award to study the use of asthma medicines in a new way to manage asthma attacks. If we are right, it will have far reaching implications for how we manage asthma in African Americans/blacks and Hispanics/Latinos.

#### Define "underserved communities" in relation to disparities in health care delivery.

Simply, an area with inadequate services and resources to support good health and well-being.

#### Have you observed disparities in health care delivery to underserved populations?

Prior to COVID-19, glaring gaps in access to quality health care in vulnerable populations were an ongoing issue. Historically, with any crisis, these populations are always disproportionately impacted. COVID-19 is the latest to lay bare these inequities. While COVID-19 has allowed us to quickly innovate in such areas as healthcare delivery, gaps are again more visible and even amplified! Telemedicine, while a great tool, is not equally accessible to many, for example, the elderly, children, those with learning disabilities, low-income, and minority populations, to name a few.

#### Describe the impact inequities in health care delivery have on people with asthma.

Increased healthcare utilization, specifically visits to the Emergency Department, uncontrolled asthma as evidenced by decreased lung function, missed school days and workdays, poor health outcomes, all of which can lead to increased depression, anxiety, and overall poor quality of life.

#### Help us understand why asthma is so prevalent in underserved communities.

Underserved communities have more overall risk factors: pollution, substandard housing, increased indoor environmental triggers, exposure to environmental tobacco smoke and pest exposure, all of which contribute to high asthma burden in these areas. Historically, these

communities also have an unfair distribution of health-promoting resources, fundamentally rooted in a long history of discrimination!

#### Look for Part II of our interview with Jacqueline Rodriguez-Louis, MPH, M.Ed., in our next Bulletin, where she discusses a "Path to Progress."

Jacqueline Rodriguez-Louis, MPH, M.Ed., is the Programs Leader, Community Outreach for Partners Asthma Center, Division of Pulmonary and Critical Care Medicine at Brigham & Woman's Hospital, Boston Massachusetts.



## BACK TO SCHOOL WITH COVID -19 IN NEW ENGLAND (continued from page 1)

#### COVID-19 is recommended for staff.

- A dedicated isolation space at school is recommended to be in place for anyone being evaluated for COVID-19.
- A plan for the individual's return to school after recovery from COVID-19, should be in place.
- Stock albuterol and stock epinephrine on hand is recommended, when state regulations allow.

#### Parents:

- A flu vaccine is highly recommended for all students.
- \*In Massachusetts, the flu vaccine is now required for all entering students.
- Medical paperwork required by the school should be provided to the nurse by parents of children with asthma or food allergies
- **Medications** should be provided to the school nurse, such as inhalers and epinephrine.

## \*The use of nebulizers at school is not recommended in order to reduce the spread of COVID-19.

- Know your child's asthma zone and asthma action plan if your child has asthma. Teach your child the proper technique for using an inhaler, as appropriate for their age.
- Maintain good adherence with asthma and allergy medications as prescribed by your child's doctor.
- Children's anxiety about COVID-19 may occur; listening and talking calmly, using facts where appropriate, may help reduce concerns. It can be helpful to focus on routines and prepare children for what food allergy management practices will be the same, and what will be different from previous school years, and that handwashing, surface cleaning and no food sharing will be important for all children now.

Communication is Important: Contact your school district administration to learn the specifics of your school's plan, and how updates will be communicated.

## Recommendations to Stop the Spread at School

- Stay home if sick.
- COVID-19 screening may be a part of school protocols.
- Asthma action plans and food allergy action plans will be developed by the school nurse for students with these diagnoses, along with an IHP and/or 504 Plan, which will reflect changes in the school environment due to COVID-19.
- **Physical distancing** of at least six feet between individuals, and desks no less than three feet apart is recommended by the CDC.
- Face masks worn by students and staff alike while at school is recommended, as are scheduled "breaks" when masks are removed, along with physical distancing. The CDC recommends masks as the best way to prevent the spread of COVID-19, but not for children under two, or anyone having trouble breathing. Masks and latex-free gloves should be made available.

#### \*Students with well-controlled asthma should be able to wear a face mask without difficulty. Check with your child's physician if you have concerns and discuss with the school nurse.

- Handwashing with soap and water (20 seconds) is effective in removing COVID-19 and should be practiced frequently. Hand sanitizers need at least 60% ethyl alcohol or 70% isopropyl alcohol to be effective.
   \*Hand sanitizers are not effective in removing food proteins.
- Enhanced cleaning procedures and supplies are recommended, including the use of EPA disinfection protocols effective against COVID-19.

\*Cleaning chemicals can trigger asthma symptoms for some individuals. Talk with the school nurse if this is a concern.

• Eating in the classroom is recommended by the CDC during this pandemic.

\*To decrease risk of allergen exposure for students with

food allergies, strict handwashing, before/after eating (not hand sanitizer); desks and surface washing, especially after eating; risk reduction procedures regarding specific food allergens in the classroom; no food-sharing; and physical distancing are highly recommended procedures.

\*Wearing a face mask could hide symptoms of an allergic reaction on the face. School staff should receive education on the signs and symptoms of anaphylaxis.

\*Other procedures for distancing during meals, such as staggering meal times and locations, may be used.

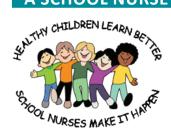
• Indoor Air Quality should be addressed. Air purifiers with filters may be used to improve indoor air quality.

\*The ionizer function may be turned off to avoid possible irritation of airways resulting in asthma symptoms.

Collaboration is Important: Partner with your school nurse who will be a leader in helping to keep your child with asthma and/or food allergies healthy during this pandemic.

The information and guidance provided is based on its availability at the time of publication. It is not meant to replace federal, state, county or town requirements.

## A SCHOOL NURSE'S PERSPECTIVE



School nurses are there for you and your child. They have the knowledge and skills to promote health and safety in the educational environment. They are creating Individualized Healthcare Plans (IHPs) that include a teacher-action plan (Emergency Care Plan) for students with health conditions. These plans

can stand alone or may be used when creating or revising a 504 plan or an IEP (Individualized Education Plan).

In this pandemic, school nurses are asking parents to provide metereddose inhalers with spacers instead of nebulizers for school to decrease the possible spread of COVID. Please reach out to your school nurse(s), we are your child's advocate for health and inclusion in the educational environment and the link to the healthcare system. Teachers and school nurses support your child's learning together. For additional information please consult with your state school nursing association and/or AAFA New England. Keep wearing your mask, washing your hands, and maintaining 6 feet of physical distance. We are in this together.

Karen Roberto, RN, School Nurse, Medford Massachusetts

## AMERICAN ACADEMY OF PEDIATRICS

A common question that parents have been asking their pediatricians is should children with asthma wear a mask. There are very few children in whom we would recommend not wearing a mask. According to the American College of Allergy, Asthma & Immunology there is "no evidence that wearing a face mask can worsen asthma." While many parents and others are concerned about children's ability to comply with mask wearing, we have seen that most children actually have done quite well. It is important that the adults around them model appropriate and effective mask wearing behaviors and give children time to practice and get used to wearing masks before they are in situations where they will be required to wear them for prolonged periods of time.

Lloyd Fisher, MD, President, Massachusetts Chapter of the American Academy of Pediatrics.

•	Back to School Resources	· · · · · · · · · · · · · · · · · · ·
AAFA National COVID-19 Guidel https://communi	nd eathe Easy: www.asthmaandallergies.org/programs-services/be-smart-bre ines for Schools and the Impact on Kids with Food Allergies and Asthma ty.kidswithfoodallergies.org/blog/covid-19-guidelines-for-schools-and-	athe-easy/ A Food Allergy Parent's Perspective If all children eat in the classroom,
Asthma and Scho school Centers for Disea Back to School Pl https://www.cdc checklist.html School Decision-l https://www.cdc html Massachusetts: Districts re-openin district-reopenin DESE Initial Fall S guidance.pdf School safe trave covid-19-travel-s Rhode Island:	bol Toolkit: https://www.aafa.org/managing-asthma-and-covid19-in- ase Control anning: Checklists to Guide Parents, Guardians, and Caregivers: .gov/coronavirus/2019-ncov/community/schools-childcare/parent- Making Tool for Parents, Caregivers, and Guardians .gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool. http://www.doe.mass.edu/covid19/ ing model list as of August 18, 2020: www.doe.mass.edu/covid19/ g-models.xlsx chool Reopening Memo: www.doe.mass.edu/covid19/return-to-school/ I during Covid-19 https://www.mass.gov/doc/safe-routes-to-school- upport/download ww.ride.ri.gov/InsideRIDE/AdditionalInformation/COVID19.aspx : www.nh.gov/covid19/resources-guidance/schools.htm	it will be very difficult to ensure that crumbs and residue of food are not all over the floor, soft surfaces, pencil sharpeners, walls, and other objects in the classroom, because children touch everything. If she touches residue of her allergen on a surface and then touches her eyes, nose, or mouth, she can have a bad reaction. Hand sanitizer does not remove food proteins from hands. I worry a great deal that schools will assume hand sanitizer is enough to keep food residue off of hands and prevent the spread of Covid-19. I very strongly believe having clear, precise, preventative measures are going to be key, to prevent allergic reactions and keep the burden on nurses and teachers as low as possible.
AAFA National: h CDC: https://www. https://www.cdc U.S. Food and Du disease-2019-cov World Health Or	<b>General Resources</b> <b>England:</b> http://asthmaandallergies.org/coronavirus-update/ https://community.aafa.org/blog/coronavirus-2019-ncov-flu-what-people- w.cdc.gov/coronavirus/2019-ncov/index.html .gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.htr <b>rug Administration:</b> https://www.fda.gov/food/food-safety-during-emerge vid-19 <b>ganization:</b> https://www.who.int/emergencies/diseases/novel-coronavirus- www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-di Children's Hospital Boston: What should I know about coronavirus and c https://www.childrenshospital.org/conditions-and-treatments/condition https://health.ri.gov/diseases/ncov2019/	nl gencies/food-safety-and-coronavirus- us-2019/advice-for-public isease-2019-covid-19 hildren:
Maine: Vermont: Connecticut: "Parents should student, adjust r	: www.nh.gov/covid19 www.maine.gov/covid19/ www.healthvermont.gov/response/coronavirus-covid-19 https://portal.ct.gov/Coronavirus 	nd avoiding asthma and allergy trigge

Karen Robitaille, MBA, MSN, RN, NCSN Director of School Health Services Division of Child/Adolescent Health and Reproductive Health Massachusetts Department of Public Health

## **AAFA New England: NEWS AND NOTES**

Vuetek Scientific Donates Respiratory Care Products to AAFA New England



AAFA New England has received a charitable donation of over 18,000 peak flow meters, mouthpieces, nose clips and calibration syringes from Vuetek Scientific. Over the next few months, we will be actively donating these items to community health centers, schools, and camps for patients and families impacted by asthma in underserved communities. On in underserved communities. On behalf of our community, AAFA New England thanks Vuetek Scientific for this generous donation!

# May's Allergy and Asthma Awareness Month Activities



# "Caring for Someone with Asthma," May 14th

We were thrilled to work with Arnita Roberts-Christie, RN, BSN, MS, Patient Engagement Liaison at GlaxoSmithKline and Lisa Bartnikis, MD, Children's Hospital who presented important information for our community.

#### "You Deserve The Truth About Vaping," May 27th



Thank you to the talented actors at "Improbable Players "and to Sharon Levy, MD, MPH, and Alicia Casey, MD, both of Boston Children's

Hospital for this exciting event which highlighted the issues involving vaping and our youth.

#### For Our Families!

Kyle Dine "At Home, Too!" Family Concert, May 18th



Thank you Kyle for an amazing concert that

empowers and educates children

## (and their parents) with food allergies.

# "No Biggie Bunch" Virtual Storytime, May 30th



Thank you to Heather Mehra, co-author, for reading from her classic children's food allergy books and to Michael Pistiner, MD, MMSc, Mass General Hospital for Children, Food Allergy Center, for the Q&A portion of this event.

#### AAFA\_New England Welcomes Amy Dow as our Director of **Education Programs!**



Amy, who joined us in July, brings energy, enthusiasm and extensive experience working with nonprofit organizations. She two Speaker Series event for this

Fall, and another for January 2021, along with many other educational initiatives which will support our asthma and allergy community. We are thrilled to have Amy on our team!

#### LEGISLATIVE UPDATE

AAFA New England has been working to advocate for our constituents on the issue of Healthcare Affordability:

Support was voiced in a letter to US Representative Annie Kuster's New Hampshire office for H.R. 7647 (Preserving Patient Savings on Drug Costs Act), designed to provide a COVID-19-related delay regarding annual limitations on cost-sharing for group health insurance coverage. AAFA New England will continue to advocate for our patients and families who are impacted by policies relating to asthma and allergies.

## A Tribute to Robert Stoker, Honorary Director, AAFA New England



It is with great sadness that we report the passing of Bob Stoker in early August. Bob served on the AAFA New England Board of Directors for over ten years. Bob was clear in his mission; his passion and commitment to helping others with asthma and allergies was exemplary, and never waned. As a New Hampshire resident, Bob focused considerable effort on legislative advocacy work, championing the many causes of our community. He had outstanding results. His kindness and caring for others was truly felt by all, and his dry sense of humor was enjoyed by all. Bob, on behalf of the Board of Directors, you were our friend and we salute you – you will be deeply missed.

\*Bob Stoker has been made an Honorary Director of AAFA New England. We will pay tribute to Bob at our virtual Fall Gala 2020, and he will be celebrated as a Champion of the Asthma and Allergy Community at our Fall Gala 2021.

## **RESEARCH UPDATE: OPPORTUNITIES TO HELP**



The Asthma/Allergy Clinical Research Center is an NIH funded Center Children's currently recruiting for a number of studies for patients with asthma and/or allergies! All visits are compensated and all travel to and from the hospital is covered by the

research group. The studies also provide free medications. Call or email to see if you or your child is eligible for any of these exciting studies!

- PARK (Preventing Asthma in High Risk Kids): Park is a prevention study aimed at identifying whether 2 years of treatment with Xolair® (Anti-IgE) injections can prevent lasting asthma or reduce asthma severity in children ages 2-4 years with a history of wheezing, allergies, and family history. We will also evaluate whether this treatment stops or modifies the allergic march, which includes eczema, food allergies and other allergic conditions.
- ORBEX (ORal Bacterial EXtract for the prevention of wheezing lower respiratory tract illness): The goal of ORBEX is to find out if oral treatment with Broncho-Vaxom® for 2 years can prevent lower respiratory wheeze or asthma like symptoms in children ages 5-16 months who have eczema or who have a parent with asthma

For more information about any of the above studies and/or to refer potential interested families, please email asthma@childrens.harvard.edu or call 857-218-5336.



The Food Allergy Center at Massachusetts General Hospital has several upcoming clinical trials. Many studies involve peanut allergy, while one study involves multiple food allergies. If your patients are interested in receiving information regarding any of the following, instruct them to email foodallergy@mgh.harvard.edu

#### Multiple food allergies: Toddler to Adult:

Multiple-food oral immunotherapy (OIT) (peanut and 2 other foods) + Omalizumab

Phase III study – enrolling now.

Ages 2-55 years old.

Participants must be allergic to peanuts and at least two other foods (milk, egg, wheat, cashew, hazelnut, or walnut).

Participants will receive omalizumab injections alone or in combination with multi-allergen oral immunotherapy (OIT). The total study duration including long-term follow-up and dietary integration could last approximately 4 years.

Participants must react at entry food challenges to peanut and 2 other allergens listed to be eligible. NCT# 03881696

#### Adolescents to Adults:

Peanut OIT + Probiotic (live biotherapeutic product) Phase Ib/II – Enrolling now.

Ages 12-55 years old.

Participation is about 56 weeks for Phases Ib and II, and about 49 weeks for Phase II only. The study will evaluate pretreatment or concurrent treatment with probiotic in comparison to low-dose peanut OIT alone.

Participants will receive peanut OIT with or without probiotic and/or limited pre-treatment with oral vancomycin

Immune response and microbiome changes will be evaluated. Participants must have a peanut allergy and react at an entry food challenge to peanut to be eligible. NCT# 03936998

Both of these studies involve placebo arms (with the exception of the early introduction observational study), blood draws, skin prick testing, and food challenges; however, all studies do offer opportunity for direct benefit (e.g., if initially placebo, cross over to active). Studies will be explained in detail to potential participants who contact us for information.



The Asthma Research Center is dedicated to conducting research WOMEN'S HOSPITAL that advances the treatment and understanding of asthma. Each study varies in duration and compensation is up to \$1,735 for

your time and effort. To see if you are eligible for any of our studies, please contact us at 617-732-8201 or via e-mail at ARC@partners.org. The following is a list of our current studies at the Asthma Research Center:

#### Precision Medicine in Severe Asthma (PrecISE): The

purpose of this study is to find new treatments for severe asthma by using a novel approach in medicine called precision medicine. Precision medicine is a method that tailors medicines to patients based on their biomarkers. Biomarkers are bits of information about you, based on the results of different tests, including blood tests, analyses of your breath, and genetic tests. By using your biomarkers and testing different treatments in the study, we hope to learn more about treatments that are tailored to individuals and their needs.

MANDALA: This study targets adults with moderate to severe asthma symptoms despite already being on medication for their asthma. The study medication will replace the patient's rescue inhaler; however, patients will continue to take their other prescribed asthma medication. This study is using a study medicine which combines two medications (Pulmicort and Albuterol) that are already approved by the FDA. Due to the fact asthma is an inflammatory disease of the airway, this medication targets some of the cells believe to cause that inflammation.

**DENALI:** The purpose of this study is to learn how the inhaled study medication, PT027 may reduce risk of adults having a severe asthma attack. PT027 is a combination of budesonide and albuterol. Separately, these two medications are well-established treatments that have been widely used for asthma. This study will compare two doses of PT027 to budesonide, albuterol, or placebo alone to learn about the safety and effectiveness of the study medication based on improvement of asthma symptoms.

## Effectiveness of Ifetroban in Aspirin Exacerbated

Respiratory Disease (AERD): Do you have asthma, nasal polyps, and Samter's Triad or Aspirin-Exacerbated Respiratory Disease (AERD)? If you would like to undergo an aspirin desensitization to help treat your symptoms, you may be eligible for a research study at Brigham and Women's Hospital testing a new medication for the treatment of AFRD

Severe Asthma Research Program (SARP): In recent years scientists have learned more about the way mild-to-moderate asthma works and the reasons people get it. However, scientists are still trying to figure out what makes severe asthma different and how they can do better to treat the disease. The Severe Asthma Research Program (SARP) at the BWH in Boston is looking for adults taking inhaled corticosteroids who have been told they have asthma by a doctor. The observational study involves coming to our research center 6 - 8 times over the course of about 3 years.

## THANK YOU TO OUR CORPORATE PARTNERS

AAFA New England is grateful for the support of our Corporate Partners in 2020. Their generous support allows us to provide valuable resources to help our

# The Thoracic Foundation



## ASTHMA & ALLERGY BULLETIN

Published three times a year by the Asthma and Allergy Foundation of America New England Chapter 781-444-7778 e-mail: aafane@aafane.org

## Published with a grant from The Thoracic Foundation

The Asthma and Allergy Foundation of America, New England Chapter, is dedicated to helping people with asthma and allergic diseases, and those who care for them, through education, support for research and an array of services.

Information contained in this newsletter should not be used as a substitute for responsible professional care to diagnose and treat specific symptoms and illness. Any reference to available products and procedures should not be construed as an endorsement. AAFA New England, including all parties to or associated with this newsletter, will not be held responsible for any action taken by readers as a result of the newsletter. ©2020. All rights reserved. Material may not be reproduced without permission of the publisher.



## Join us Tuesday, November 10th, 7:00 p.m.!

We have a 40-minute program designed to communicate our important work and to **thank you** for your support of AAFA New England. The program includes:

- Welcomes from our Board President, Jan Hanson, and Executive Director, David Guydan
- Introduction to our new Director of Education Programs, Amy Dow
- Performance by Kyle Dine, who empowers and supports children with food allergies through song.
- Tribute to the late Robert Stoker, AAFA New England Board Member, to recognize his passionate support of our organization
- Silent auction with online bidding on a creative collection of items something for everyone!

To register for this free event and to support AAFA New England, go to asthmaandallergies.org

## BECOME A MEMBER OR RENEW YOUR MEMBERSHIP!

Membership in AAFA New England helps you and others with asthma and allergies to enjoy fuller lives.

- □ Individual \$35
- □ Family (2+) \$50
- □ Professional (MD & RN) \$100
- □ Practice Group \$250

## MEMBERSHIP INCLUDES

- Newsletters mailed to you (Multiple copies to Professional members)
- Personalized resources and information
- Notice of educational programs and special events

Dues can be paid via check made payable to: AAFA New England or credit card on our website www.asthmaandallergies.org



Asthma and Allergy Foundation of America®

NEW ENGLAND CHAPTER

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# AAFA New England ANNOUNCEMENTS



To register for the Speaker Series, visit our website or email us at events@aafane.org.

#### "Asthma Goal Series: Asthma Action Plan" webinar

Thursday, September 24th, at 7:00 p.m. Presented by: Arnita Roberts-Christie, RN, BSN, MS, Patient Engagement Liaison at GlaxoSmithKline.

Seminar Outline:

- Asthma Basics;
  What is an Asthma Action
- Plan and why it is important?
- Asthma Action Plan Zones.

"COVID-19 and It's Physical and Emotional Effects on the Asthma and Allergy Community"

Thursday, October 22nd , 2020 at 7:00 p.m.

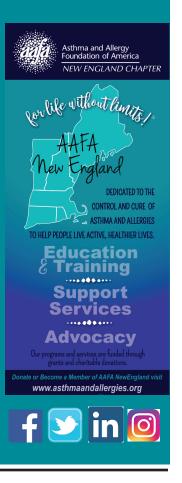
Join us for a virtual evening with expert panelists Jennifer LeBovidge PhD, Attending Psychologist, Division of Immunology, Children's Hospital, Assistant Professor of Psychology, Harvard Medical School and Michael Pistiner, MD, MMSc, MassGeneral Hospital for Children, Director of Food Allergy Advocacy, Education and Prevention, Food Allergy Center, plus additional panelists who will share their expertise on COVID-19 Fact update, the impact of COVID-19 on people with asthma and food allergies and coping strategies for children dealing with COVID-19. **Coming in January 2021** 

#### "Disparities in the Healthcare Delivery System"

We will be presenting a panel of experts to expand on the topic of Disparities in the Healthcare System. One of our esteemed panelists is Margee Louisias, MD, MPH, Director of Diversity and Inclusion, Division of Allergy and Clinical Immunology at Brigham and Women's Hospital, Instructor in Medicine Harvard Medical School, additional panelists will join in this important discussion.

Speaker Series sponsored by:





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