Health Disparities in Asthma and COPD

Challenges to Non-Compliance
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RCP/PFT Tech

Clinic Liaison: ALS and Airway Clinics

UC San Diego
Objectives

- Define health disparities
- Explore specific health disparities in Asthma and COPD
- Discuss UCSD airway clinic program
- Review challenges associated with disparities
Health Disparities

• Definition:
  – A significant difference in health between populations. This could be across groups classified by race, ethnicity, sex, sexual identity, age, disability, social or economical status, geographic location, or other population feature
Disparities in Asthma

- Asthma attacks and deaths
  - Highest among Puerto Ricans
- Hospitalizations and deaths
  - 3 times higher in African Americans than Caucasians
- ED/Hospital visits
  - Children 2 times higher than adults
Disparities in Asthma

• Women account for nearly 2/3 asthma deaths in US

• The percentage of people with asthma taking daily medicine to control asthma
  – Hispanics (23.2%)
  – African Americans (25.1%)
  – Caucasian (35.1%)
ASTHMA DISPARITIES

Age-Adjusted Asthma Hospitalizations and ED Visits per 10,000 San Diego County Residents by Race/Ethnicity, 2010

Data Source: Office of Statewide Health Planning and Development (OSHPD), 2010
Self-Management By Age

- Taught to respond to an asthma attack: 78% (Adults), 64% (Children)
- Taught to recognize early signs and symptoms of an asthma attack: 72% (Adults), 58% (Children)
- Taught to recognize early signs and symptoms of an asthma attack: 68% (Adults), 49% (Children)
- Given a written asthma management action plan: 51% (Adults), 44% (Children)
Economic/Social/Cultural Factors

• Lack of access to quality care
  – Often lowest amongst minority and socioeconomically disadvantaged

• Different healthcare beliefs

• Substandard housing
  – Exposure to allergens (e.g. Cockroach, dust, mold..etc)

• Work conditions
  – Exposure to allergens/irritants
Asthma Hospitalization: Actual Rates*
San Diego County Regions, 2000-2009

* County actual rates are per 100,000 population.
† Asthma hospitalization refers to (principal diagnosis) ICD-9 code 493.
Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics, 9/19/2012.
Disparities in COPD

- COPD among Women
  - Number of deaths since 1980 has quadrupled
  - About 37% more prevalent in women than men
  - Since 2000, more deaths than men (53%)
  - More susceptible to lung damage from cigarette smoke or other pollutants
  - Often misdiagnosed
    - Thought of mans disease
COPD Across the US

How Serious Is COPD

COPD Prevalence in Adults by State, 2013

UC San Diego
Health System
COPD In San Diego

COPD* Death Rates** by Region
San Diego County, 2009

- San Diego County: 28.8
- North Coastal: 31.8
- North Central: 25.0
- Central: 20.8
- South: 20.0
- East: 41.2
- North Inland: 33.7

*Rates not calculated for fewer than 5 events.

SD Homeless

- Estimated 8,742 in 2015
  - About 48% were unsheltered
    - About 67% in city of SD
    - Roughly 1/3 had physical disability
    - 1/5 reported severe mental illness
    - About 26% reported substance or ETOH abuse
Homeless

• Comorbidities:
  – Mental disability
  – Post traumatic stress
  – People have been victimized
  – Drug and ETOH addiction
Homeless

• Barriers to obtaining care:
  – Denial of health problems
  – Competing needs
    • Food
    • Water
    • Clothing
    • Shelter
    • Safety
Homeless

• Barriers to obtaining care:
  – External barriers
    • Unavailable health services
    • Fragmented
      – Transportation
      – Meds
      – Health services
      – Medical insurance
Is it Technically Possible - **Absolutely**

- Pulse/EKG
- Motion
- Orientation
- Glucose
- Blood Pressure
- Oxygen Saturation
- Weight
- Respiration
- Temperature
- Hydration
- Brain Activity
- Skin Conductance
Airway Education Clinic
Asthma

• Centers for Disease Control and Prevention
  – About 1 in 12 Americans in 2009
    • ~25 Million
  – Medical expenses from asthma in 2008
    • $50.1 Billion
  – Less than 50% reported being taught how to avoid common triggers (2008)
  – Less than 45% reported receiving an action plan (2008)
Clinic Time

• Existing clinic run by Medical Director
  – An hour visit with Asthma RCP
    • Detailed Questionnaire
    • Asthma Control Test
    • Inhaler/Peak flow technique
    • Triggers
    • Action Plan
    • Debriefing with RCP/MD
Take the Asthma Control Test now to help you better control your asthma

The American Lung Association recommends everyone 12 years of age and older with asthma take the Asthma Control Test, no matter how well controlled you think your asthma is.

Your answers to this 5-question quiz will provide you a score that may help you and your doctor determine if your treatment plan is working or if it might be time for a change.

**How to take the Asthma Control Test**

**Step 1.** Write the number of each answer in the score box provided.

**Step 2.** Add up each score box for your total.

**Step 3.** Take the test to your doctor to talk about your total score.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Score**

2. During the past 4 weeks, how often have you had shortness of breath?

<table>
<thead>
<tr>
<th>More than once a day</th>
<th>Once a day</th>
<th>2 or 3 times a week</th>
<th>Once or twice a week</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

<table>
<thead>
<tr>
<th>4 or more nights a week</th>
<th>2 or 3 nights a week</th>
<th>Once a week</th>
<th>Once or twice a week</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

<table>
<thead>
<tr>
<th>3 or more times per day</th>
<th>2 or 3 times per day</th>
<th>2 or 3 times a week</th>
<th>Once a week</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. How would you rate your asthma control during the past 4 weeks?

<table>
<thead>
<tr>
<th>Not controlled at all</th>
<th>Poorly controlled</th>
<th>Somewhat controlled</th>
<th>Well controlled</th>
<th>Completely controlled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Total Score**

---

The American Lung Association supports the Asthma Control Test and wants everyone 12 years of age and older with asthma to take it.

---

What does my score mean?

**19 or less**

- If you scored 19 or less, it may be an indication that your asthma is not under control.
- Make an appointment to discuss your Asthma Control Test score with your doctor and ask if you should change your asthma management plan.
- Ask your doctor about daily long-term medications that can help control airway constriction and inflammation, the two main causes of asthma symptoms. Many people need to treat both of these components of asthma on a daily basis for the best asthma control.

**20 or more**

- If you scored 20 or more, your asthma seems to be well controlled, but you should discuss your Asthma Control Test score with your doctor at your next appointment.
- Asthma is unpredictable. Your asthma symptoms may seem mild or nonexistent, but they can flare up at any time.
- Take the Asthma Control Test periodically no matter how good you feel, and continue to see your doctor on a regular basis to ensure you are taking the necessary steps to keep your asthma in control.

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When your asthma is controlled, you should expect to be **more** active and have **LESS** symptoms.
Asthma Action Plan

General Information:
- Name:
- Emergency contact:
- Physician/healthcare provider:
- Physician signature:
- Phone numbers:
- Date:
- Severity classification:
  - Intermittent
  - Moderate Persistent
  - Mild Persistent
  - Severe Persistent
- Triggers:
  - Colds
  - Smoke
  - Weather
  - MIH Persistent
  - Other
- Exercise:
  - 1. Medication (how much and when)
  - 2. Exercise modifications

Green Zone: Doing Well
- Symptoms:
  - Breathing is good
  - No cough or wheeze
  - Can work and play
  - Sleeps well at night
- Peak Flow Meter:
  - More than 80% of personal best or
  - ________

Peak Flow Meter Personal Best =

Yellow Zone: Getting Worse
- Symptoms:
  - Some problems breathing
  - Cough, wheeze, or chest tight
  - Problems working or playing
  - Wake at night
- Peak Flow Meter:
  - Between 50% and 80% of personal best or
  - ________

Contact physician if using quick relief more than 2 times per week.

Red Zone: Medical Alert
- Symptoms:
  - Lots of problems breathing
  - Cannot work or play
  - Getting worse instead of better
  - Medicine is not helping
- Peak Flow Meter:
  - Less than 50% of personal best or
  - ________

Ambulance/Emergency Phone Number:

- Ambulance:
- Emergency:

Go to the hospital or call for an ambulance if:
- Still in the red zone after 15 minutes
- You have not been able to reach your physician/healthcare provider for help.

Call an ambulance immediately if the following danger signs are present:
- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
Airway Education Clinic

• COPD/Asthma Education
  – Evaluation
  – Disease specific education
  – Inhaler education/instruction
  – Medication evaluation
  – Trigger assessment evaluation
  – Review Action Plan
COPD Clinic Patients

- Pulmonary Attending: Dr. Liang
  - Visit with RCP
    - Detailed history
    - CAT Score
    - Inhaler/Spacer technique
    - Triggers
    - COPD Action Plan
    - Debriefing with RCP/MD
History Assessment

• Past Exacerbations
  – Hospitalizations
  – Unscheduled doc visits

• Current Symptoms

• Exposures

• Social History
How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers, and test score, can be used by you and your healthcare professional to help improve the management of your COPD and get the greatest benefit from treatment.

For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.

**Example:** I am very happy [X] I am very sad

- I never cough [0 1 2 3 4 5] I cough all the time
- I have no phlegm (mucus) in my chest at all [0 1 2 3 4 5] My chest is completely full of phlegm (mucus)
- My chest does not feel tight at all [0 1 2 3 4 5] My chest feels very tight
- When I walk up a hill or one flight of stairs I am not breathless [0 1 2 3 4 5] When I walk up a hill or one flight of stairs I am very breathless
- I am not limited doing any activities at home [0 1 2 3 4 5] I am very limited doing activities at home
- I am confident leaving my home despite my lung condition [0 1 2 3 4 5] I am not at all confident leaving my home because of my lung condition
- I sleep soundly [0 1 2 3 4 5] I don't sleep soundly because of my lung condition
- I have lots of energy [0 1 2 3 4 5] I have no energy at all

**TOTAL SCORE**
<table>
<thead>
<tr>
<th>Question</th>
<th>Scale 0-5</th>
<th>Question</th>
<th>Scale 0-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I never cough</td>
<td></td>
<td>I cough all the time</td>
<td></td>
</tr>
<tr>
<td>I have no phlegm (mucus) in my chest at all</td>
<td></td>
<td>My chest is full of phlegm (mucus)</td>
<td></td>
</tr>
<tr>
<td>My chest does not feel tight at all</td>
<td></td>
<td>My chest feels very tight</td>
<td></td>
</tr>
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<td>When I walk up a hill or one flight of stairs I am not breathless</td>
<td></td>
<td>When I walk up a hill or one flight of stairs I am very breathless</td>
<td></td>
</tr>
<tr>
<td>I am not limited doing any activities at home</td>
<td></td>
<td>I am very limited doing activities at home</td>
<td></td>
</tr>
<tr>
<td>I am confident leaving my home despite my lung condition</td>
<td></td>
<td>I am not at all confident leaving my home because of my lung condition</td>
<td></td>
</tr>
<tr>
<td>I sleep soundly</td>
<td></td>
<td>I don't sleep soundly because of my lung condition</td>
<td></td>
</tr>
<tr>
<td>I have lots of energy</td>
<td></td>
<td>I have no energy at all</td>
<td></td>
</tr>
<tr>
<td>CAT score</td>
<td>Impact level</td>
<td>Broad clinical picture of the impact of COPD by CAT score</td>
<td>Possible management considerations</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
<td>----------------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
</tbody>
</table>
| >30       | Very high   | Their condition stops them doing everything they want to do and they never have any good days. If they can manage to take a bath or shower, it takes them a long time. They cannot go out of the house for shopping or recreation, or do their housework. Often, they cannot go far from their bed or chair. They feel as if they have become an invalid. | Patient has significant room for improvement  
In addition to the guidance for patients with low and medium impact CAT scores consider:  
- Referral to specialist care (if you are a primary care physician)  
Also consider:  
- Additional pharmacological treatments  
- Referral for pulmonary rehabilitation  
- Ensuring best approaches to minimising and managing exacerbations |
| >20       | High        | COPD stops them doing most things that they want to do. They are breathless walking around the home and when getting washed or dressed. They may be breathless when they talk. Their cough makes them tired and their chest symptoms disturb their sleep on most nights. They feel that exercise is not safe for them and everything they do seems too much effort. They are afraid and panic and do not feel in control of their chest problem. | |
| 10-20     | Medium      | COPD is one of the most important problems that they have. They have a few good days a week, but cough up sputum on most days and have one or two exacerbations a year. They are breathless on most days and usually wake up with chest tightness or wheeze. They get breathless on bending over and can only walk a flight of stairs slowly. They either do their housework slowly or have to stop for rests. | Patient has room for improvement – optimise management  
In addition to the guidance provided for patients with low impact CAT scores consider:  
- Reviewing maintenance therapy – is it optimal?  
- Referral for pulmonary rehabilitation  
- Ensuring best approaches to minimising and managing exacerbations  
- Reviewing aggravating factors – is the patient still smoking? |
| <10       | Low         | Most days are good, but COPD causes a few problems and stops people doing one or two things that they would like to do. They usually cough several days a week and get breathless when playing sports and games and when carrying heavy loads. They have to slow down or stop when walking up hills or if they hurry when walking on level ground. They get exhausted easily. |  
- Smoking cessation  
- Annual influenza vaccination  
- Reduce exposure to exacerbation risk factors  
- Therapy as warranted by further clinical assessment. |
| 5         |             | Upper limit of normal in healthy non-smokers |
Inhaler/Medication Review
Why Do We Check?

- Up to 85-94% Patients incorrectly use inhalers
  - Crompton 1990
  - Thompson et al 1994
  - Van Beerendonk et al 1998
  - Hesselink et al 2001
  - Serra-Batlles et al 2002
  - Ari 2015
  - Bonds et al 2015
Patient Education

• 2011 European Respiratory Society/International Society for Aerosols in Medicine
  – Consensus statement
    • Check inhaler technique regularly
    • Review patient adherence to plan
    • Train patients about the correct inhalation maneuver
Learning Limitations/Needs

- Language
- Forgot glasses
- Hearing loss, Hearing Aids
- Mood to learning
- Body Language
- Age appropriate
- Knowledge level appropriate
- Cultural awareness
Inhaler Education

Figure 14. Common Inhalers Available in the United States

<table>
<thead>
<tr>
<th>Anticholinergics</th>
<th>Anticholinergics/β₂-Agonist Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiriva Handihaler (tiotropium bromide) Inhalation Powder</td>
<td>Combidivent Respinmat (ipratropium bromide and albuterol sulfate) Inhalation Aerosol Kroger Sighal Pharmaceuticals, Inc.</td>
</tr>
<tr>
<td>Atrovent HFA (ipratropium bromide HFA) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td>Tudorza Pressair (salmeterol xinafoate) Inhalation Powder</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Foradil Aerolizer (formoterol fumarate) Inhalation Powder</td>
<td></td>
</tr>
<tr>
<td>Maxair Autohaler (formoterol fumarate and albuterol sulfate) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td>ProAir HFA (albuterol sulfate) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td>Proventil HFA (albuterol sulfate) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td>Aracpta Neohaler (indacaterol) Inhalation Powder</td>
<td></td>
</tr>
<tr>
<td>Xopenex HFA (ivalbuterol tartrate) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td>Ventolin HFA (albuterol sulfate HFA) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Alvesco (budesonide) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td>Asmanex Twilisher (mometasone fumarate) Inhalation Powder</td>
<td></td>
</tr>
<tr>
<td>Flovent HFA (fluticasone propionate) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td>Pulmicort (budesonide) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td>QVAR (beclomethasone dipropionate) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Advair Diskus (fluticasone propionate and salmeterol xinafoate) Inhalation Powder</td>
<td></td>
</tr>
<tr>
<td>Advair HFA (fluticasone propionate and salmeterol xinafoate) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td>Dulera (mometasone furoate and formoterol fumarate dihydrate) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td>Symbicort (budesonide and formoterol fumarate dihydrate) Inhalation Aerosol</td>
<td></td>
</tr>
<tr>
<td>Relenza (zanamivir) Inhalation Powder</td>
<td></td>
</tr>
<tr>
<td>TOBI Podhaler (thalnamiycin) Inhalation Powder</td>
<td></td>
</tr>
</tbody>
</table>
# COPD Action Plan

## Green Zone: I am doing well today
- Usual activity and exercise level
- Usual amounts of cough and phlegm/mucus
- Sleep well at night
- Appetite is good

### Actions
- Take daily medicines
- Use oxygen as prescribed
- Continue regular exercise/diet plan
- At all times avoid cigarette smoke, inhaled irritants

## Yellow Zone: I am having a bad day or a COPD flare*
- More breathless than usual
- I have less energy for my daily activities
- Increased or thicker phlegm/mucus
- Change in color of phlegm/mucus
- Using quick relief inhaler/nebulizer more often
- Swelling of ankles more than usual
- More coughing than usual
- I feel like I have a “chest cold”
- Poor sleep and my symptoms woke me up
- My appetite is not good
- My medicine is not helping

### Actions
- Continue daily medications
- Use quick relief inhaler every ___ hours
- Start Prednisone: ______________________
- Start Antibiotic: ______________________
- Use oxygen as prescribed
- Get plenty of rest
- Use pursed lip breathing
- At all times avoid cigarette smoke, inhaled irritants
- Call provider if symptoms don’t improve

* Please call your physician immediately if your symptoms persist (see Red Zone below).

## Red Zone: I need urgent medical care
- Severe shortness of breath even at rest
- Not able to do any activity because of breathing
- Not able to sleep because of breathing
- Fever or shaking chills
- Feeling confused or very drowsy
- Chest pains
- Coughing up blood

### Actions
- Call 911 or have someone take you to the emergency room
- Increase oxygen to: ______________________
- Take Prednisone: ______________________

For more information visit www.lungusa.org or call 1-800-LUNGUSA (586-4872)
COPD Action Plan: “Know your Zone”

GREEN ZONE

* My sputum is clear/white and easily cleared in small amounts
* I breathe without abnormal difficulty
* I can do my usual activities without tiring
* I am able to think clearly

Action:
1. I take my controller medications.
2. I use my rescue inhaler or nebulizer as needed.

YELLOW ZONE

* My sputum is thicker than normal, has changed color (green, yellow, or brown), or I am producing more sputum
* I am more short of breath, wheeze, or cough more than normal
* I am using my rescue medication more frequently than usual
* I require more pillows to sleep
* I weigh more and my legs/feet swell
* I tire easily and cannot do my usual activities without resting
* I am not thinking clearly or having difficulty with my memory or concentration

Action:
1. I take my controller medications.
2. I use my rescue medications as needed.
3. If I have an oxygen monitor (if applicable), I may check to see if my levels are above 90%
4. CALL MY DOCTOR
   - Report all changes in symptoms within 24 hours of onset
   - Follow MD instructions for further assessment/treatment

RED ZONE

I have trouble coughing up sputum
* I have trouble breathing
* I cannot do my usual activities
* I feel like I cannot get enough air
* I am confused
* My speech is slurred and I feel dizzy, faint
* It is difficult for me to wake up

Action:
1. CALL YOUR DOCTOR!
2. CALL 911 if I
   - have chest pain
   - feel anxious or frightened
   - have trouble breathing or talking
   - feel confused, faint or have slurred speech
Teach Back: COPD Action Plan

RCPs: Please use this form as a guide in assessing your patient learning needs. **This is not a patient handout.** In order to complete Module, patient must be able to demonstrate knowledge of the COPD Action Plan.

<table>
<thead>
<tr>
<th>Teach Back Question</th>
<th>Answer Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the COPD Action Plan?</td>
<td>It is a customized plan for proactively monitoring and managing your COPD.</td>
</tr>
<tr>
<td>2. Why is it important to develop an action plan?</td>
<td>Playing an active role in your health is important. Reporting and treatment of a COPD exacerbation can save your lung function!!!</td>
</tr>
<tr>
<td>3. What are the three “Zones” in the COPD Action Plan?</td>
<td>Green, Yellow, and Red</td>
</tr>
<tr>
<td>4. What action should you take if you find yourself in the “Green” zone?</td>
<td>Take my controller medications. Use rescue inhaler or nebulizer as needed.</td>
</tr>
</tbody>
</table>
| 5. What action should you take if you find yourself in the “Yellow” zone?           | 1. Take my controller medications.  
2. Use my rescue medications as needed.  
3. If you have an oxygen monitor(if applicable), check to see if your levels are above 90% or the doctors set limit  
4. **CALL MY DOCTOR** to Report all changes in symptoms within 24 hours of onset -Follow MD instructions for further assessment/treatment. |
| 6. What action should you take if you find yourself in the “Red” zone?              | 1. **CALL YOUR DOCTOR!**  
2. **CALL 911** if I  
   - have chest pain  
   - feel anxious or frightened  
   - have trouble breathing or  
   - feel confused, faint or have slurred speech |
More on Lung Health Disparities

- Disparities report:
  - Taking Her Breath Away: The Rise of COPD in Women
  - Cutting Tobacco’s Rural Roots
  - The Burden of Asthma on Hispanics
  - Smoking Out a Deadly Threat: Tobacco Use in the LGBT Community
ALA Disparities Reports

Taking Her Breath Away
The rise of COPD in women

Luchando por el Aire: The Burden of Asthma on Hispanics

Cutting Tobacco’s Rural Roots
Tobacco Use In Rural Communities

Smoking Out a Deadly Threat
Tobacco Use in the LGBT Community
Let’s Wrap Up
Questions