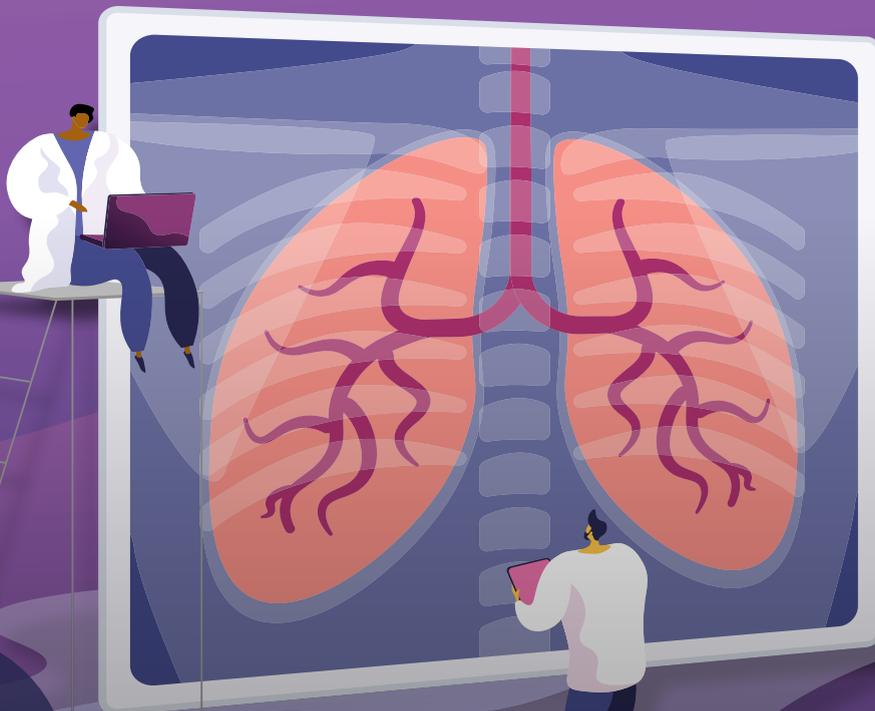


Lung Health

Can COVID-19 affect some communities differently? A doctor answers how and why



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The revolutionary INOpulse therapy presents a better way to treat patients with pulmonary fibrosis

Tomorrow's healthcare technology can soon detect most cancers earlier than ever before

MEDIA PLANET



Addressing Respiratory Health Disparities

COVID-19 isn't the same for everyone. Some communities are more susceptible than others. **Here is what healthcare is doing to bridge the gap.**



The COVID-19 pandemic has disproportionately affected Black, Latinx, and Native American communities, further exposing longstanding health disparities in the United States.

The American Thoracic Society (ATS) defines respiratory health disparities as “significant differences in respiratory health that are closely linked to racial ancestry, social, economic, and/or environmental differences.” Such disparities negatively affect people of color (POC).

Why disparities exist

Respiratory health disparities extend beyond healthcare access. Indeed, structural and social determinants of health (like racism) lead to unequal exposure to risk factors (like tobacco use and air pollution) for respiratory diseases, resulting in health disparities that are often worsened by accompanying inequities in screening and prevention efforts.

Achieving respiratory health equality for all people is an ideal the ATS strongly supports. The ATS promotes “environmental justice” through advocacy for compre-



Juan C. Celedón, M.D.,
Dr.PH., President
American Thoracic Society

hensive antismoking regulation, the right of all people to breathe clean air, and a safe and healthy working environment. Moreover, the ATS vigorously advocates for a diverse workforce and univer-

sal access to healthcare in the United States. Research and educating the public — two ATS priorities — are also key to eliminating health disparities.

What we are doing

To that end, the ATS and the American College of Chest Physicians created formylunghealth.com, providing expert information on COVID-19. An accompanying public awareness campaign focused on the 50 U.S. zip codes with the highest number of active COVID-19 cases, most of which are heavily populated by POC.

Eliminating respiratory health disparities cannot be attained by the ATS alone, as this noble goal will require the combined efforts of multiple groups, including patient and community organizations. Yet, as a key stakeholder, the ATS understands the importance of working tirelessly in pursuit of respiratory health equality. For, in the words of Martin Luther King, Jr., “no work is insignificant. All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence.” □

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A Potential New Therapy Aiming to Improve Quality of Life for Patients With Pulmonary Fibrosis in Late-Phase Clinical Development



People living with pulmonary fibrosis, a disease where lung tissue is damaged, have a hard time breathing and getting oxygen into their blood. But a new therapy currently studied in clinical trials may help.

Treating pulmonary fibrosis

More than 200,000 Americans are estimated to be living with pulmonary fibrosis today. Each year, 50,000 new cases are diagnosed. There is no cure for the condition which is characterized by scarred lungs.

As patients with pulmonary fibrosis progress, there is an increased need for oxygen, which puts a lot of stress on a patient's heart.

"We see patients get more short of breath, need more oxygen, and slow down in their activities over time," says Dr. Lisa Lancaster, professor of medicine and director of the interstitial lung disease program at Vanderbilt University Medical Center.

Researchers and doctors want to both slow the disease progression and improve symptoms. Dr. Lancaster says while current fibrotic lung disease

treatments slow disease progression, they don't necessarily help patients feel better, improve their symptom of shortness of breath, or improve their endurance.

Quality of life

People with pulmonary fibrosis often need oxygen therapy to help them breathe better, stay active, and maintain their lifestyle. It is important for them to try to stay active, eat well, and reduce stress. They may benefit from breathing exercises to help their lungs stay strong and improve efficiency.

According to the American Lung Association, people with pulmonary fibrosis have an average survival rate of three to five years after diagnosis, and their quality of life is often poor.

"We're hoping to change that and give patients the power to decide what activities they want to be engaged in and improve their quality of life — and hopefully prolong their life," says Dr. Wassim Fares, the chief medical officer for Bellerophon Therapeutics.

An investigational therapy with nitric oxide provides hope

For years, nitric oxide has helped newborns who need oxygen in the hospital. Nitric oxide relaxes the muscles in the walls of blood vessels, resulting in increased oxygen, and blood flow in the lungs. Now, for patients with pulmonary fibrosis, INOpulse (by Bellerophon Therapeutics) is a drug-device combination therapy that's currently being studied in clinical trials.

INOpulse utilizes a proprietary delivery system that ensures accurate nitric oxide dosing delivery independent of a patient's breath rate. It's lightweight, portable, and able to be used for treatment outside of the hospital. The long-term goal of the INOpulse therapy is to help improve patients' endurance and survival, and potentially lessen the risk of heart failure, which is a complication of pulmonary disease.

Results from clinical trials to date showed that patients treated with INOpulse had a 20 percent improvement in their moderate to vigorous physical activity as compared to the placebo group. Moderate to vigorous physical activities including walking, housework, climbing stairs, and jogging, to name a few.

INOpulse is also under evaluation in clinical trials for treating COVID-19, as well as other pulmonary conditions, such as sarcoidosis and COPD. □

Kristen Castillo

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Keeping Safe During COVID-19

Amidst everything happening in the world right now, it's important to remember the CDC's guidelines against COVID-19. Here's how you can keep safe during the pandemic.

When it comes to slowing the spread of COVID-19 and preventing infection, the American Thoracic Society stands behind the scientific evidence, which shows that wearing a face mask, washing your hands, and social distancing are the most effective ways to stay healthy and safe. If you suffer from a serious lung disease like asthma or COPD, it is even more critical that you protect your lung health.

Mask up

Scientific research clearly shows the benefits of wearing a mask. In countries that were early adopters of face coverings, the rate of infection was lower compared to those where masks

were not mandated. In fact, in a June 2020 study from the American Journal of Respiratory and Critical Care Medicine, researchers noted how public interest in face masks may have affected the severity of COVID-19 epidemics and potentially contained the outbreak in 42 countries on six continents.

"Despite [Hong Kong's] proximity to mainland China, its infection rate for COVID-19 is generally modest with only 1,110 cases to date. This correlates with an almost ubiquitous use of face masks in the city (up to 98.8 percent by respondents in a survey)," wrote the study's authors.

Wearing a face mask costs little, if anything, and could save countless lives.

Wash your hands

If you're bemoaning the end of the handshake, don't. It is a major contributor to the spreading of germs. But if you do shake hands, we encourage you to wash yours. The science supporting the value of washing hands in preventing infections is indisputable. This is a common practice to protect ourselves and our families, particularly during flu season. In general, continue to follow the CDC guidance issued early in the pandemic, which includes avoiding touching your eyes, nose, and mouth with unwashed hands. Remember, you don't have to be sick or have symptoms to transmit the virus. One of the greatest

risks to health is mistaking a lack of symptoms as an indication of being infection-free. In fact, it is possible that many people became infected because they thought only symptomatic individuals could spread COVID-19.

Keep your distance

Remember to maintain social distancing, even when you're outdoors. Of course, for health professionals, first responders, grocery store employees, and other front-liners, it is nearly impossible to avoid close contact with others. However, if you're a civilian, stay at least six feet apart from others when you can. If you have trouble determining what six feet

looks like, general guidance suggests the length of a regular bicycle between you and others. As many states continue to relax shutdown measures, it is imperative that we proceed with caution.

Avoid large crowds when possible. Many are moved to protest racial intolerance in our society. If you are among those protesting, it may be difficult to social distance. Still, it is crucial that you wear a mask to protect yourself and others from infection.

As of November 9, there are more than 10 million cases of COVID-19 in the United States. Already, nearly 240,000 people have died. Do what you can to stay healthy. In addition to CDC guidelines, read the American Thoracic Society's Patient Fact Sheets for more information on how you can keep yourself and your loved ones safe. □

**Juan C. Celedón, M.D.,
Dr.PH., President, American
Thoracic Society**



LEARN MORE ABOUT COVID-19 | www.thoracic.org | AMERICAN THORACIC SOCIETY

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For 100 years, Boehringer Ingelheim has been committed to furthering science that addresses the unmet need of people with lung diseases where limited treatments exist. From our beginnings in COPD and asthma to novel treatments in lung cancer to forging new ground in interstitial lung diseases, we continue to strive for advancements to transform the lives of patients.

As a research-driven company, Boehringer Ingelheim is part of the collective effort in fighting COVID-19. Drawing from these areas of expertise, the company has engaged in a number of activities to find medical solutions to this pandemic, working closely with academic researchers, international institutions, and others in the pharmaceutical industry.

We are convinced that healthcare is a fundamental human right, and our passion comes from believing in the importance of our work toward reaching that goal.

Learn more about us at www.boehringer-ingelheim.us

Lung Cancer and Coronavirus: What You Need To Know

As COVID-19 poses unique challenges for people living with lung cancer, **screening early for lung cancer remains the best preventive measure to avoid complications.**

CCOVID-19 is currently at the forefront of people's minds when it comes to their health, but getting screened for lung cancer is just as important as ever. Screening for lung cancer before any acute symptoms show up can mean catching lung cancer in its early stages, when treatment is most effective and curable.

Lung cancer has the lowest early survival rate, with only

18 percent of patients surviving the first five years due primarily to the fact that the vast majority of lung cancers are found late stage. In 2016, only 2 percent of the eligible lung cancer population was screened, while over half the population was screened for breast and colorectal cancers which has contributed to their 89 percent and 99 percent five-year survival rates, respectively. This is why increasing the rate in which lung cancers

are diagnosed early is a core priority for GO2 Foundation for Lung Cancer and working with community-based medical centers to provide responsible screening and care must continue and not be delayed.

Ramping up screening is not without challenges posed by the pandemic. New research shows that people with cancer are more likely to suffer complications from COVID-19. Studies from the Memorial Sloan Kettering Cancer Cen-

ter show that cancer patients diagnosed with COVID-19 are at greater risk of developing respiratory problems. This is particularly true for people battling lung cancer.

Diagnosing and treating COVID-19 in patients with lung cancer also poses challenges. In a document by the International Association for the Study of Lung Cancer (IASLC), they report that pneumonia caused by radiation can present as COVID-19 pneu-

monia in imaging studies, making a clear diagnosis more complicated.

With the social distancing restrictions imposed by COVID-19, screening can seem like a risk, but telemedicine options are helping patients through the screening process as safely as possible. The GO2 Foundation for Lung Cancer provides many digital resources for people living with lung cancer or those wanting to get screened, including connecting patients with screening centers and offering videos on lung cancer and coronavirus.

If you or someone you love falls into the high-risk category for lung cancer, consider scheduling a screening today, to help protect you and your loved ones' health in the future. □

**Ross Elliott and edited by
The GO2 Foundation for
Lung Cancer**

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7 Steps to Take After a Lung Cancer Diagnosis

What should you do after you receive a lung cancer diagnosis? Fortunately, you don't have to panic. Here are seven steps you can take after seeing your doctor.

"I have lung cancer, now what?"

The days following a lung cancer diagnosis are often a blur of confusion. There's an abundance of fear, doctor's appointments, and tough conversations with family and friends. First and foremost, it feels like treatment needs to start happening now. But, rest assured, you have time to set up a treatment plan that works for you.

The Lung Cancer Foundation of America has outlined

the seven steps to take after a lung cancer diagnosis to help define and manage a personalized course of action. The steps are designed to help you understand more about your type of lung cancer and to find the support you need.

1 Slow down
We know you want to start treatment right away, but what is most important is to get the right diagnosis and the right treatment at the right time for you.

2 Get biomarker testing
This will help you find out if your type of lung cancer has a targeted therapy available.

Unless you are experiencing severe symptoms that need immediate attention, don't start treatment until you have received the results of comprehensive biomarker testing. Request copies of your pathology report, scan reports, labs, scan files, and other diagnostic records to have them for future reference.

3 Find a thoracic oncologist (a lung cancer specialist)
Make an appointment to discuss your diagnosis and available treatment plans. Develop a list of questions before you go. Remember: there is no such thing as a "dumb" question. Ask anything you want

and, if you don't understand the answer, ask the doctor to explain things more clearly.

Here are a few questions you can ask: What kind of lung cancer do I have: small cell or non-small cell? What stage is my cancer? What does the stage mean? Is there a patient portal for routine questions? Is there a nurse or physician assistant to whom I can speak directly? What is the protocol for communicating outside of business hours?

Bring a family member or trusted friend who can help you take good notes and ask questions. Also, bring a notebook. A notebook dedicated to your lung cancer journey will prove to be invaluable. A calendar will also be helpful to keep track of your appointments.

4 Get a second opinion
Look for a comprehensive cancer center that may be at an academic medical institution.

Ask what records they need and send them ahead of time.

5 Learn as much you can about your biomarker
Find out what the options are for treatment. You can also find resources and research information about lung cancer and biomarker-specific patient support groups through reputable sites online like lcfamerica.org.

6 Work with your healthcare team
Create a customized treatment plan designed specifically for you. This might include participating in a clinical trial.

7 Build a network of support
This involves family members, friends, community members, and fellow advocates living with lung cancer. □

Kim Norris, Co-Founder and President, Lung Cancer Foundation of America



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Living With Lung Cancer
PODCAST



Monitor Your Air, Protect Your Health

Dr. Kai Wundke, Ph.D., CEO of SunRADON talks about SunRADON's **lüft**, an effective method to track indoor air quality and the presence of the most dangerous air pollutant, radon.

What was the inspiration for **lüft and the origin of the product name?**

In German, "lüft" means "air." Further, the two dots over the "ü" symbolize a smiley face. We wanted to create a smart and easy-to-use indoor air quality (IAQ) monitor with the benefit of also detecting radon, the most dangerous air pollutant.

What makes **lüft different from any product on the market? How is it revolutionizing the air quality and monitoring industry?**

Our product packs in state-of-the-art radon detection into an IoT-enabled, plug-in device. It also allows remote monitoring by professionals to provide expert services for consumers, schools, and hospitals.

In your opinion, how has COVID-19 further exacerbated the need for monitoring air quality?

COVID-19 made people more aware of the danger from breathing polluted air. Awareness for IAQ increased dramatically; people recognized that they spent 90 percent of their time indoors.

What's your core piece of advice for homeowners and consumers to protect themselves against the dangers of radon exposure?

Long-term exposure to elevated radon levels causes lung cancer. However, radon is colorless, odorless, and can't be detected by common IAQ monitors. Radon levels fluctuate based on a home's ventilation, airflow, and weather conditions. Further, a house's deterioration over the years can impact radon levels.

Therefore, long-term, continuous radon monitoring provides the most reliable method to determine long-term exposure and to determine when to take actions. It also provides peace of mind. Don't wait; take control of the air around you now.

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Fighting Lung Cancer in the COVID-19 Era

Are we better at diagnosing and curing lung cancer? **Dr. Shayma Kazmi** answers all your questions about the current fight against lung cancer during the pandemic.



Dr. Shayma Kazmi

Medical Oncologist, Hematologist,
Cancer Treatment Centers
of America

How has COVID-19 amplified the need to raise awareness and increase screening for lung cancer?

As a pandemic, COVID-19 has really highlighted the fragility of the human body. Prior to COVID-19, we were already doing poorly in terms of screening for lung cancer. The pandemic has further delayed proper healthcare for most. Delaying lung cancer diagnosis has serious consequences, especially if it is diagnosed at later stages. It can result in a worse prognosis.

What developments and advancements do you envision lung cancer care will see in the next 5-10 years?

After a diagnosis, genomic testing is a big advance we can now take advantage of. Lung cancer has seen the most genomic success of all cancers in the last 5-7 years. We have significantly extended survival in late-stage patients

by targeting specific mutations and harnessing the immune system. Further, the development of increased and better screening has led to earlier diagnoses and improved outcomes.

Looking to the future, we hope to see even more progress in the treatment of early- and advanced-stage lung cancers.

Who is most susceptible to lung cancer? Are there certain groups facing disproportionate vulnerability?

Though radiation and other environmental exposures can increase risk, cigarette smoking is the leading cause of lung cancer globally. But even nonsmokers can get lung cancer. Screening is grossly underutilized in the United States. Only 4-5 percent of qualified patients get screened. Populations with limited healthcare access are at a disproportionate vulnerability.

What steps can every individual be taking to protect themselves from lung cancer?

If you smoke, stop smoking. Your healthcare team is there to help you succeed. If you don't smoke, please don't start. And if you qualify, be sure to get screened. If there are concerns for lung-related symptoms, promptly seek medical care and attention. If you have a basement, radon testing is also important; radon is another cause of lung cancer.

We can all do our part to spread awareness of the deadliest cancer in the United States. Quitting smoking and screening for lung cancers are the two biggest steps we can take to make strides against this deadly disease. □

The Past, Present, and Future of Lung Health

In the past five years, the health industry has invented better, more efficient ways to diagnose and cure lung disease in every person, regardless of circumstance.

According to Hippocrates, “it is more important to know what kind of patient has the disease than what kind of disease the patient has.”

This statement is uniting doctors to better customize healthcare to an individual’s biological characteristics. It’s the driving force behind the GO2 Foundation for Lung Cancer. In the past five years, lung cancer patients are benefiting from early detection and new

treatment discoveries than in the last five decades.

Detection is the first step

The first step of personalized treatment begins with early detection. From there, patient care moves on to diagnosis, disciplinary care, and survival. To that end, one of the GO2 Foundation’s key goals is ensuring comprehensive biomarker testing. Biomarker testing identifies specific characteristics in cancer cells unique to each patient.

When biomarkers are identified, treatment can be personalized to a specific patient’s needs. The GO2 Foundation has several programs that help drive and improve this type of precision medicine.

Individualized healthcare

The focus on individualized precision care is even more critical with the emergence of COVID-19. The pandemic has opened new opportunities to study and understand how people living with lung

cancer respond to the virus. Discovering how patients can best avoid the virus, and how it can be treated based on specific cancer characteristics, will drive healthcare closer to patients’ treatments. Ongoing research also studies subpopulations who may need different treatment paradigms such as women and youth diagnosed with lung cancer.

Helping this, GO2 Foundation’s LungMATCH program allows any patient to speak to a specialist — free of charge —

to understand their treatment options and help make the best choices.

Now more than ever, researchers, doctors, and patients must work closely together to determine what is in the best interest of each individual patient. This is emblematic of personalized medicine and care — past, present, and future. □

Bonnie J. Addario, Co-Founder, Chair, GO2 Foundation for Lung Cancer; Board Member, Personalized Medicine Coalition

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A New Era of Early Cancer Detection

Today, most cancers go undetected until it is too late because there is no early screening available for the majority of deadly cancers.

Despite the many advances in healthcare, cancer remains the second-leading cause of death in the United States. More than 600,000 Americans are estimated to die from cancer in 2020 — nearly 1,700 loved ones a day.

We know that early detection saves lives. However, current guideline-recommended

screenings in the United States test for only five cancers and screen for a single cancer at a time. In fact, 7 in 10 cancer deaths are attributed to cancers currently lacking available screening tests.

A groundbreaking blood test

The most pressing unmet need in early cancer detection is to identify cancers for which there are no existing recommended screening tests. A simple blood test capable of detect-

ing multiple cancers could have a tremendous human and economic benefit.

That’s why GRAIL is pioneering Galleri™, a multi-cancer early detection blood test. In a clinical study, an earlier version of Galleri demonstrated the ability to detect over 50 types of cancers — over 45 of which have no recommended screening — with a low false-positive rate of less than 1 percent, all through a single blood draw.

Supported by evidence from GRAIL’s population-scale clin-

ical study program, believed to be one of the largest of its kind, Galleri looks for the small quantities of genetic material that tumors release into the bloodstream. These small fragments can reveal both the presence of cancer and where the cancer is located in the body. Most importantly, this technique can find cancer earlier, when it’s most treatable.

GRAIL estimates that by adding Galleri to existing screening tests, there is the potential to detect nearly 70 percent of cancers resulting in death within five years at an earlier stage. This would translate to the potential to avert 39 percent of the deaths expected, through Galleri’s early detection. Galleri is scheduled to be commercially available next year.

To help reduce cancer deaths, we need to modernize our healthcare system from “break it and fix it” healthcare to one that is focused on prediction, prevention, and early detection. The arrival and broad adoption of multi-cancer early detection would provide an opportunity for us to evolve our approach. It is clear: we must transition from screening only for individual cancers to screening individuals for all types of cancer. □

Joshua Ofman, M.D., Chief Medical Officer and External Affairs, GRAIL

GRAIL

To learn more, please visit www.grail.com/galleri

The Journey from Shock to Acceptance: Living With Pulmonary Fibrosis

Bob Weber was just an ordinary golfer. That is, until a diagnosis for pulmonary fibrosis. Thankfully, he learned to accept it and move forward.

On a beautiful day, Bob Weber experienced the first signs of pulmonary fibrosis (PF), a debilitating lung disease affecting more than 200,000 Americans. While playing a round of golf, he suddenly couldn't catch his breath.

The diagnosis

Weber went to see a pulmonologist. A CT scan revealed the typical honeycomb scarring pattern apparent with PF. Weber asked two questions: "How do you treat this?" and "What is the prognosis?"

Weber's pulmonologist suggested medications but gave him a life expectancy of 2-5 years. Shocked by his mortality, Weber sought more information. He immediately sought care from the Pulmonary Fibrosis Foundation's Care Center Network site at St. Joseph's Hospital in Phoenix, Arizona.

Finding help

He also joined a PF support group. He recalls, "I felt like a kid in a candy store — there was just so much information to absorb." He knew too little about this deadly disease. He liked the unvarnished information he received from other PF patients.

Weber's experience has taught him to act on his doctor's advice as soon as possible. "Listen to your doctors, take action, and fight. You do have some control on the progression of the disease," says Weber, who is now a volunteer ambassador for the Pulmonary Fibrosis Foundation. It has been three years since his diagnosis. He still feels quite well.

Moving on

Today, he still plays golf. He learned how to manage his breathing better. He drives a golf cart and enjoys playing. In fact, Weber uses the sport as a health benchmark: if he can sustain 18 holes, then he is staying even.

Samantha Simmons, Manager, Marketing and Communications, Pulmonary Fibrosis Foundation

Beating Cystic Fibrosis With the Rock CF Foundation's Emily Schaller

Rock-and-roll helped Emily Schaller fight against cystic fibrosis. Now, she's wielding the same advocacy and increasing awareness for the community.

What is the core of the Rock CF Foundation's mission? How did it originate?

In 2007, I founded the Rock CF Foundation to heighten public awareness about cystic fibrosis (CF), while helping improve the quality of life for people already living with the disease. With a core group of volunteers, Rock CF utilizes the arts, entertainment, fashion, and fitness to support research initiatives, exercise programs, and public awareness in the fight against cystic fibrosis. As someone who has CF and was involved in fundraising, I wanted to create something out-of-the-box and empowering for others in the CF community.

Initially, I wanted Rock CF to use music as the means to fulfill our mission. At the time, I played the drums for a Detroit rock-and-roll band with my eldest brother. In 2004, we put on a benefit concert for CF, which really sparked the idea behind Rock CF. Eventually, I began focusing on exercise more, which made me realize how it was helping my lungs and overall health. After that, Rock CF began to shift our mission and programs towards other initiatives, too.

How are you improving awareness within the CF community and beyond?

We are now in our 13th year and I am completely surprised by how far our reach is. Our annual half-marathon race just south of Detroit has brought over 20,000 participants from nearly all 50 states since 2011. About 30 to 40 participants each year also have CF. So, while we are emphasizing the importance of exercise to the CF community, we are also educating thousands of others about what the disease is.

Also, while I was with the band, I started to pay attention to band merchandise and got interested in the significance behind the "concert shirt." It all clicked when we put on our first CF benefit concert. We needed merchandise to amplify our awareness efforts. From there, we have grown from a simple concert shirt to an online Rock CF merchandise store, shipping thousands of shirts, hats, mugs, glasses, bowties, and more all over the world.

How has COVID-19 amplified the need to raise awareness and build a stronger community for CF?

Currently, there are around 30,000 people diagnosed with CF in the United States alone. We are part of the rare disease community. In the United States, there are several small-sized CF nonprofit corporations who are struggling to get creative with fundraising and awareness during the pandemic. Thankfully, our community is very close and always willing to help other individuals and groups succeed. Of course, outside help during this difficult time could really help our groups continue to help the CF community.

One wild thing that has come out of the pandemic is the need to wear a mask and stay six feet apart from others. The CF community has been doing this with one another for a very long time. Decades ago, researchers discovered that we were susceptible to passing harmful bacteria to one another. This is troublesome because it can lead to a decline in lung health for the community. So, we are really the pioneers and can empathize with the world during this time.

What does the future hold for Rock CF?

The story of CF has evolved so much in the last decade. New medications that treat the underlying cause at the cellular level are drastically improving lives. When I was diagnosed with CF in 1983, my parents were told that I might not live long enough to graduate from high school. Today, I am 38 and have never been healthier or happier.

Now, babies with CF are given a much different prognosis. We will continue to see a rise in CF-diagnosed adults starting families and even becoming grandparents. Because of the improving health of our community, we will start experiencing more common aging issues like cancer, heart disease, and diabetes. This is where exercise will really pay off.

My hope is that we can continue to grow our exercise-based programs and to get the message out to future generations about the importance of exercise for both the disease and overall longevity. ■

Addressing the Health Equity Gap

Does COVID-19 discriminate against race or social class? Because of a variety of circumstances, an individual's situation can impact susceptibility to lung disease. **What can we do to address this health gap?**

The stories are alarming. A large inner-city hospital reported the overwhelming majority of patients who died from COVID-19 were African American. A suburban hospital that is part of a large regional healthcare system noted high COVID-19 cases and deaths among Hispanic laborers. A small community in the Southeast where many residents live below the federal poverty line reported more than 30 deaths among African Americans in a two-week span.

These stories highlight the continuing healthcare disparities in the United States. COVID-19, asthma, and other lung diseases are far more common among African American, Hispanic/Latino, and Native American communities, especially those in urban areas.

Why gaps exist

Many factors impact health disparities — from income

level and lack of health insurance to increased exposure to environmental allergens and irritants. People living in medically underserved communities also are more likely to miss doctor appointments, delay their care or forego treatment, leading to poorer health outcomes.

In Atlanta, pediatric pulmonologist LeRoy Graham, M.D., recognized the persistent health disparities in communities of color. He also saw barriers keeping people from receiving the treatment they need. For example, many African Americans with undiagnosed asthma do not realize they have a problem with their lungs because they do not see

a doctor very often or do not understand their symptoms.

Breaking through those barriers

Dr. Graham saw an opportunity to better engage African Americans by going where many of them gather on a regular basis: churches and other faith-based settings. He started a nonprofit called Not One More Life that sends doctors, nurses, asthma educators, and respiratory therapists to predominantly Black churches and schools to host free asthma screenings, referrals, and patient education.

“Places of worship were the social safety net before there was even a social safety net,”

Dr. Graham says. “We went into African American community churches and built a foundation of trust that carries over into healthcare. We had people fill out asthma questionnaires and undergo screenings. Most importantly, we got them referrals and provided patient education so they can better make informed, evidence-based decisions about their health.”

The success of Not One More Life

Not One More Life, which merged with Allergy & Asthma Network in 2019, proved successful. In September 2020, Allergy & Asthma Network launched the Not One More

Life Trusted Messengers program, providing free COVID-19, asthma, and COPD screenings at two predominantly Black churches in the Atlanta region. The program is a public-private partnership supported by Sanofi-Genzyme and numerous other partners at the local, regional, and national level. Up to 90 percent of participants in Not One More Life's asthma screenings reported seeing a doctor afterward.

Expanding access to care and encouraging underserved communities to participate in research are key in achieving health equity. □

Gary Fitzgerald,
Communications Strategist,
Allergy & Asthma Network





For more information on maintaining lung health,
visit futureofpersonalhealth.com.

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