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Asthma Outreach Breathes Life Into Communities

The Not One More Life program goes beyond health fairs in scope and duration, to improve urban health.

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ATLANTA — Not one more life should be taken unnecessarily by asthma and lung disease, and not one more individual should go without the proper medical attention needed to gain control of his or her health, says pediatric pulmonologist LeRoy Graham.

Experts have grappled for years with the increased asthma morbidity and mortality in minorities, particularly in urban African Americans. Whereas many have suggested various guidelines and strategies to solve the problem, Dr. Graham took to the streets of Atlanta to address the issue head on.

First seeking out a venue through which he could connect with people, Dr. Graham and his colleagues identified African American churches as a viable community resource with which they could partner.

"Black churches have a validated reputation and place within the black community," Dr. Graham explained. Providing health information and services within this environment can increase people's willingness not only to receive information, but to actively engage and participate in the health care process. When individuals see that their pastors are supportive of the program, they are significantly more likely to become involved.

This community-based combination of education and participation is the crux of the "Not One More Life" program, and the results of the approach thus far have been very encouraging.

Multifaceted Approach

A Not One More Life visit to a church begins with the initial contact, logistics, and setup arranged by the program director, Melvin Butler. A team of one or two physicians (usually a pulmonologist or allergist) and two or three respiratory therapists, in addition to asthma educators and other volunteers, then visits the church.

The program opens with a presentation on asthma and lung disease, with an emphasis on what attendees should expect from good health care—and, in particular, from good asthma control.

Participants then fill out a symptom-based questionnaire drawn from the Juniper model, undergo spirometry to assess lung function, and discuss with a physician the meaning of the results of the questionnaire and spirometry reading.

In contrast with a health fair, in which about half of attendees may allow themselves to undergo some type of testing, 82%-85% of participants at the Not One More Life sessions will submit to testing.

"We think that's because of the unique trust relationship that is fostered in this setting," Dr. Graham explained. "We are invited in and endorsed by the churches, who participate by helping set up and encouraging people to participate."

After undergoing testing, individuals with signs of asthma or other lung disease are then provided with a report to give to their primary care providers. Those without a primary care physician, or those requiring a specialist, are referred to a network of providers. Although most participants have some insurance coverage, pro bono care is available.

"We know we're capturing an important population, because 60% of the people who attend our sessions have either abnormal symptoms and/or abnormal lung function, while only 20% of them have self-reported asthma," Dr. Graham said.

The program also has revealed a disconnect in some individuals between reported symptoms and lung function test results. Between 15% and 18% of participants report no symptoms, despite having measurable abnormal lung function. Through these sessions, individuals gain an understanding of what normal lung function should be.

During the last 3 years, more than 1,500 participants have attended more than 40 sessions, resulting in detection of abnormal lung function and/or symptoms in 1,200 people.

Although the program was originally intended for children, it has since expanded to encompass people at all stages of life, and has served participants from age 4 to 86 years. Dr. Graham said he has noticed a bimodal age distribution of participants, with peaks in childhood and at age 50-60 years.

Long-Term Follow-Up

Unlike other programs or health fairs that have only single encounters with people, Not One More Life has a nurse outcome manager who places serial follow-up phone calls at 1, 3, and 6 months after the sessions to find out whether participants have visited a physician and are receiving treatment. The outcome manager also readministers the questionnaire.

According to these follow-ups, 97% of individuals identified at the sessions as having abnormal lung function go on to visit a physician for further evaluation and treatment. This high success rate shows how effective a comprehensive community-based program can be, program leaders say.

"We've had some astounding success stories—people calling us up, saying, 'I didn't know I could feel this good!' " Dr. Graham added. In addition to asthma, Not One More Life screening has detected emphysema, sarcoidosis, chronic bronchitis, and pulmonary complications of HIV.

As the final, and most expensive, portion of the program, Not One More Life provides Internet-ready computers to small- and medium-sized churches. In Atlanta, only 30% of African American homes have Internet access, compared with 70% of white homes, Dr. Graham said.

By providing these computers, the program enables churches to set up a health kiosk where individuals can learn about different health topics. The program Web site, www.notonemorelife.org, contains information on the Not One More Life Program, links to other health Web sites, and a directory of free and reduced-fee clinics.

Funding the Mission

When Not One More Life was first proposed in mid-2000, Dr. Graham and associates lacked the funds necessary to put their concept into action. So they began to pursue funding through industry sponsors. They have since received financial support from pharmaceutical companies to carry out their mission.

Until recently, these funds were distributed through a fiduciary of the American Lung Association of Georgia. However, in December 2005, Not One More Life gained nonprofit 501(c)(3) status, which allowed the program to receive contributions directly. The organization has submitted several grant applications currently under consideration, and it has received a small number of individual contributions.

It is largely volunteer based, with all clinicians giving their time without compensation. Currently, the only paid individuals are the program coordinator, the nurse outcome manager, a grant writer, and a director of development.

Dr. Graham said he hopes to expand the reach of Not One More Life beyond asthma screening in African American churches in Atlanta. Not One More Life has visited other faith-based communities, such as mosques, Southern Baptist churches, and synagogues.

Outside Atlanta, Dr. Graham has made contact with interested persons in other major U.S. cities, and he hopes to be able to spread the concept to these other areas. For those interested in starting a community-based health education and screening program, Dr. Graham has provided some perspectives based on lessons learned over the 5-year history of Not One More Life. (See box.) ■

COURTESY RICK LOCKRIDGE

Michael Stader, RRT, is part of the respiratory team that conducts education and screening events at Atlanta churches for the Not One More Life program.

Organizing a Health Education Program

► **Learn about the community.** Be willing to listen and learn from the community leaders rather than having a "missionary" approach. A transactional approach, in which there is a partnership with the community, is much more likely to succeed, Dr. Graham said. "People don't want to be saved—people want to be empowered," he explained.

► **Show respect for the community.** In working with churches, realize that pastors know what works in their communities. The members of the church place their trust in pastors, and if the pastor trusts you, that trust of the people from the community will be carried over to you as well.

► **Be flexible in your scheduling.** Timing can be an important determinant of a session's success. It is important to identify when a session would be most beneficial. For churches, Saturday or Sunday after services often works, and can result in a spillover effect from other activities going on. In fact, some churches may have a luncheon or dinner in conjunction with the event.

► **Engage the participants.** Many participants say that they have never had a chance to sit down and talk with a doctor one on one. This individual attention can make a difference for many people.

► **Address the whole needs of the people.** In many cases, health care encompasses social and cultural issues as well. People may have a "crisis view" of health care, in which they only attend to their health when a problem arises. In these situations, it is important to explain the importance of preventive care.