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Health Equality for Pulmonary, Critical Care, and Sleep Medicine:

Opportunities for Professional Societies

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Professional societies can play a major role in promoting health equality both locally and globally. Although most professional societies represent their constituent health professionals nationally, there are increasing international collaborations including the following: the European Respiratory Society; the Acute Care for Africa Research and Training Program, a consortium of critical care physicians and researchers from around the world; or the World Heart Federation.

The American Thoracic Society (ATS) is a leading professional society, both nationally and internationally, that focuses on lung-related disorders. Composed of almost 15,000 international healthcare professionals (MD, PhD, nurses, respiratory therapists, fellows, and students), the 3 pillars are pulmonary, critical care, and sleep medicine. The ATS motto is “We help the world breathe,” and the emphasis of the ATS international meeting is “Where today’s science meets tomorrow’s care.”

Both national and international societies, we would argue, have a critical role and responsibility to help address global challenges to health delivery in their specialty. ATS proudly acknowledges its history of advocating for international health and social issues. Examples of advocacy topics include prevention against the effects of tuberculosis (TB) and cigarette smoke exposure. We are writing to provide some perspective on how ATS and its members have been engaged in promoting lung health around the world. Our goal is to generate a “call to action” such that all who are in a position to be influential will join us to promote health and social justice.

Each ATS president selects a theme for the year, and the 2013/2014 theme is health equality. Why is ATS making efforts toward health equality? One of the authors (P.W.F.) is the current ATS president and the other author (A.M.) will be ATS president in 2015. The impetus for this theme arises from both authors’ personal experiences and builds upon an

ATS culture of standing for social justice. Health equality might be questioned as too broad a topic, but the underpinnings of this topic are already embedded in the DNA of the ATS. Grounded in a long history of clinical guidelines, advocacy, and patient membership, ATS advocates for best patient care for all as a core mission that unites our members. Healthcare systems that provide access to quality health care, regardless of age, sex, ethnicity, or economic status, are good for patients and for society.

What is ATS's approach to issues of health equality? ATS is the shepherd of a 110-year history of efforts to combat lung disease. ATS, together with the World Health Organization, wrote the first international standards for TB diagnosis, treatment, and control (International Standards for Tuberculosis Care, 2006). In addition, ATS has relentlessly fought for passage of clean air standards. ATS is also proud of its MECOR (Methods in Epidemiological, Clinical and Operations Research) program, which has been running for almost 20 years in under-resourced countries. The concept underlying MECOR is to enhance local talent such that trainees learn cutting-edge research methods, including epidemiology, that are applicable to future research within their home countries. Local expertise is essential to building an appropriate health strategy that is responsive to local needs and context. Ultimately, the goal of these programs is to build a deep bench so that former attendees provide instruction to future students in a self-sustaining model.

ATS is eager to partner with other organizations to leverage efforts to promote health equality. For example, ATS applauds the efforts of Seed Global Health and similar organizations who build capacity in under-resourced countries. Volunteers for Seed Global Health generally spend 1 year in an under-resourced country to teach the local healthcare providers and to participate as members of the patient care community during their visits. The year-long commitment supports mutual partnership and integration into the local culture and practices. Societies, such as ATS, can provide critical support to efforts such as Seed Global Health's.

First, we can help to identify and recruit doctors and nurses who would have interest in volunteering for the abroad experience. ATS and other such societies have large membership bases as well as powerful networks, including electronic and print media, to disseminate information. ATS can also help support emerging national societies for pulmonary, critical care, and sleep medicine and/or participate in conferences and information dissemination. ATS could help participate in targeted courses for education as well as webinars, hands-on courses, and funding travel of providers from under-resourced areas to the international conference.

Second, ATS can help to acknowledge volunteers. Recognition is important for all, and particularly for those in academia, for whom volunteer experiences may be seen as distractions from their professional paths. Service experiences are beneficial to healthcare providers in any path. Celebrating previous volunteers is a way that ATS can bring value to these experiences. Previous volunteers could be celebrated by designating them as members of the ATS Lung Corps (as described in Thakur et al. [1]); these individuals would be recognized at the ATS international conference and in communications. Such a designation would cultivate prestige for the volunteers and bring recognition to their home institutions.

The formulation of an ATS Lung Corps represents efforts to engage and commit anyone interested in improvement in lung health. Examples of ongoing Lung Corps activities include 2 awards for combating health inequalities through best practices [2,3]. Achieving health equality requires local and global efforts. ATS is the only major respiratory organization with an office for advocacy in Washington, DC. ATS advocacy efforts are both local (influence legislation and allocation of research funds), as well as global (advocate for education and funding for international clinical, educational, and research efforts, e.g., for TB). Local efforts for the Lung Corps include an internship at the ATS advocacy office in Washington, DC, where they try to develop the next generation of effective healthcare advocates.

What does the future hold for those interested in establishing health equality? As examples, an ATS Health Equality Subcommittee has developed strategic goals with tangible deliverables. The goals with an international perspective include strategies to combat e-cigarette availability to children, promote diversity in the workforce, advocate for Medicaid expansion and implementation of the Affordable Care Act in the United States, and publish annual reports on lung health in vulnerable populations to keep health equality at the forefront. Our legacy is in the next generation. We are looking for our replacements, and our replacements are looking for us to do the right thing.

References

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