



FIGHTING FOR AIR

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Are You a Lung Health Hero?

The *Fight For Air*—at its core—is about people.

The work we do is driven by those whose lives are touched by lung disease. Behind every health education program we provide, every medical research project we fund, and every public health policy we advocate, are countless lung health heroes dedicated to the mission of saving lives by improving lung health and preventing lung disease.

Just who are these lung health heroes? You will meet a few of them in the pages ahead. They are dedicated volunteers, respected researchers and generous supporters. They are people whose lives have been touched by lung disease. They are program and event participants, like the fire fighter on this report's cover who was one of nearly 1,500 people to complete Detroit's 2013 Fight for Air Climb. They are our family members, neighbors, co-workers and friends—young and old—who truly know what it means to *Fight For Air*.

Just look in the mirror. You'll see exactly the kind of person we mean.

In our 2012 annual report, we talked about some challenges that keep us up at night. We continue to have higher-than-average youth and adult smoking rates across our region. Smoking-attributable deaths in the Midland States reached 50,000 in our region last year, with a cost to taxpayers of more than \$25 billion. Many of the 31 million citizens in our region live in cities and counties with poor air quality that exceeds EPA standards.

We continue to make progress in addressing these challenges, as you will see highlighted in this report. While we are pleased to share our success in achieving certain current strategic goals and measurable organizational benchmarks, we know that winning the *Fight for Air* is ultimately measured more over decades than months or years. What inspires us to keep going over the long term are the lives that are improved or saved by what we do, and the heroes who make this work possible.

As our nation's oldest nonprofit health organization, the American Lung Association has stood for nearly 110 years at the forefront of pivotal lung health breakthroughs. Countless heroes have led the way as we have taken on tuberculosis, pushed for clean air standards, reduced smoking and made smoke-free public spaces the norm. Yet, past victories alone are not enough to say the fight is won. We must continue to look ahead. We must ask key questions in order to find the answers for both ongoing and emerging issues that stand to affect the lung health and quality of life for future generations to come, such as:

- Why do women carry a disproportionate burden and risk for lung disease, and how do we resolve this challenge?
- What must be done to prevent lung cancer and improve survival rates for those affected by this leading cancer killer?
- How do we assure critical lung health issues receive the attention, research, funding and other resources they warrant?

Our work is made possible through the generous financial support of donors and the time and talents of our volunteers. We are inspired, and at the same time humbled, to work with selfless people of this caliber who give of themselves so others can breathe easier. We are sincerely grateful for all those who support our mission.

For those who have not yet joined the cause, our call for action is simple. Volunteer. Make a donation. Take part in a walk, stair climb or gala. Inspire others through your example. Everyone breathes, so everyone can be a lung health hero.



Barry Gottschalk
President and Chief Executive Officer



Steven Coulter, MD
Board Chair

Lung Health - Priority Perspectives

As we focus on current priorities we also assess new information and emerging issues so we can be prepared to meet tomorrow's challenges in the ever changing Fight for Air.

Lung Cancer: Lung Cancer ranks #1 among all cancer killers in both men and women in the USA. Lung cancer kills more people nationwide than breast, ovarian, cervical, kidney and pancreatic cancers...all combined. Nearly 373,500 Americans currently live with lung cancer. A surprising number of those who develop lung cancer have never been smokers.

Lung Health and Women: Chronic Obstructive Pulmonary Disease and lung cancer among women are on the rise. Women are 37 percent more likely to have COPD than men and now account for more than half of all COPD deaths in our nation. Since 1980, COPD deaths for women have quadrupled. More than 7 million women in the U.S. currently have COPD; millions more have symptoms but have yet to be diagnosed. While lung cancer rates are decreasing among men, they are increasing among women. Over the past three decades, lung cancer incidence has decreased 21% for men and increased 116% for women.

ONE FAMILY'S HEROIC BATTLE AGAINST LUNG CANCER

As a widowed mother to four children, Michigan volunteer Mistie Bowser knows all too well why more can and must be done to fight lung cancer. Her husband, Brett, died of lung cancer in 2009. He was only 42 years old. He was a nonsmoker.

"We were living happily until July 2008, when we got the diagnosis of Stage 3 lung cancer," says Mistie. That August, Brett began a grueling series of chemotherapy treatments that proved to be unsuccessful. He breathed his last breath November 3, 2009, with his family by his side.

Despite his battle, Brett never lost his spirit. Inspired by that spirit, Mistie is determined to raise awareness and fight lung cancer. She has become an active and valued lung health advocate. She is raising awareness by sharing her family's story via letters to the editor and calls to legislators. She has been quoted in various news releases. She is coordinating plans with staff to speak at an upcoming lung cancer campaign.

"I was so proud of him every day," Mistie says of Brett. She believes he would be proud of the work she is doing to help save other families from the horrible pain and loss caused by lung cancer.



Mistie Bowser joined with fellow volunteer Kevin Stutler to staff the advocacy table at Detroit's 2013 Fight for Air Climb.

PROGRAM INITIATIVES

Among our many program activities last year, staff held 11 Freedom From Smoking (FFS) program facilitator trainings reaching 100 people, who can now conduct ALA programs in their communities. We helped over 1,100 people quit smoking, with 701 people attending FFS clinics and 450 utilizing FFS Online.

Currently 34 active Better Breathers Clubs serve patients with COPD and their families across our region. The Open Airways for Schools program helped 492 children better manage their asthma, and the Asthma 1-2-3 program trained over 3,400 school personnel on how to care for children with asthma. Asthma Educator Institutes helped prepare 66 healthcare professionals to sit for the National Asthma Educator exam while increasing their skills and knowledge for patient interactions. Our free Lung HelpLine provided counseling and answers to lung health questions from over 2,600 individuals in our region.

PUBLIC EDUCATION AND OUTREACH

American Lung Association resources help patients and those who care for them. These include classes and support groups; Lung Connection Community (a patient support network); Call to Action: Lung Cancer Clinical Trials; and interactive treatment decision tools such as *Facing Lung Cancer*.

Each year, we release special lung health reports to raise awareness, assess needs, and push for lung health advances. January's *State of Tobacco Control* report grades state efforts in cessation coverage, smokefree air laws, tobacco prevention and control spending and cigarette tax rates. April's *State of the Air* reports on local ozone levels and particle pollution, including health risks associated with each. Other reports focus on lung health disparities: *Too Many Cases, Too Many Deaths: Lung Cancer in African Americans*; *Tobacco Use in the LGBT Community*; *Missed Opportunities: Influenza and Pneumonia*.

Advocacy - Fighting the Good Fight

From day one Christopher was a fighter. Though his identical twin passed away at birth from a blood disorder, Christopher survived despite low platelets and breathing problems. Over time, despite a serious attack at age 5 that led to an 11-day hospital stay, with good asthma care and treatment, Chris grew to be 100% boy. Laura Ledford says her son talked all the time of being a soldier one day. "He loved the Army, the colors, the job, and of course the guns and tanks."



On November 5, 2012, though he had a slight fever and used his nebulizer the previous night, Chris seemed to have no obvious asthma problems. It was breakfast, a little TV, then suddenly he jumped up and ran for his nebulizer. Unable to get medicine into his lungs, he passed out. His family began CPR and called EMS. Christopher was stat-flighted to the hospital, but the young fighter could not be saved. At age 9, Christopher lost his fight with asthma.



Laura Ledford honors her son's memory as a lung health hero. She formed Christopher's Army, a team that wore camouflage ribbons and green shirts and raised \$5842 for Kentucky's Fight for Air Walk. She shares her family's story and has spoken at press events and Congressional hearings to underscore the urgency of quality, patient-centered asthma care. She helped push for HB190 to make Kentucky smoke-free and has expanded her work with other key health organizations. She soldiers on knowing Christopher would have her do no less.

KENTUCKY

The American Lung Association in Kentucky is a founding member of Smoke-Free Kentucky, a coalition 400+ members strong that is working to make all indoor public and work places 100% smoke-free. ALAMS and Smoke-Free Kentucky spearheaded the introduction of legislation in 2013 to make indoor places statewide smoke-free. The bill successfully passed the House committee level, creating positive momentum for renewed efforts towards passage in 2014.

We also supported local smoke-free laws, with local ordinances successfully passed in Mayfield, Elkhorn City, Williamsburg and Hopkinsville. Kentucky now has 22 municipalities with comprehensive ordinances or regulations that cover 34 percent of the state's population.

TENNESSEE

ALAMS continued to work with our public health partners to ensure current state law prohibiting smoking in many public places and workplaces was not weakened. In addition, ALA in Tennessee supported the Governor's Healthy Tennessee Plan and State Department of Health initiatives to reduce and prevent tobacco use and reduce secondhand smoke. The legislature approved \$5 million in funding for these health and wellness activities, including programs to prevent and reduce tobacco use in fiscal year 2014.

OHIO

Over 25 organizations and 3,000 individuals are part of the American Lung Association's Healthy Air Campaign, which successfully engaged targets in Congress and defeated numerous challenges to the Clean Air Act.

Via the Investing in Tobacco-Free Youth coalition, we advocated to equalize the tax on non-cigarette forms of tobacco with the cigarette tax, with revenue to be dedicated to tobacco prevention and cessation programs. In response, the legislature equalized the little cigar tax with the cigarette tax and dedicated \$5 million to tobacco prevention and cessation programs.

We assisted The Ohio State University, one of our nation's largest universities, with its goal to create a tobacco-free policy across all OSU regional campuses, set to go into effect January 1, 2014.

MICHIGAN

ALA earned a Community Transformation Grant to partner with Northern Lakes Community Mental Health and other human service agencies from six counties—Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford—to work on a groundbreaking 12-month project. The goal is to train local mental health professionals to better screen for tobacco use, support and assist persons with mental illnesses to stop using tobacco, and help Northern Lakes Community Mental Health achieve the vision of becoming a tobacco-free culture.

Research - Fighting for Cures

A researcher working in a lab, running tests, looking at cellular reactions may not be the first person you would think of as a hero, but perhaps he or she should be. It is research that makes life-changing cures and medical advances in lung health possible.

For example, the work Dr. Ramesh Ganju is doing may lead to new lung cancer treatments that may help patients live longer. Currently, fewer than 20 percent of patients with non-small cell lung cancer live beyond five years after diagnosis. Ramesh Ganju, PhD from The Ohio State University is working to change this. In his study, "Can an Enzyme Really Cause So Much Damage", Dr. Ganju is looking at whether an enzyme called fatty acid amid hydrolase (FAAH) can interfere with endocannabinoids that may be able to halt the progression and spread of lung cancer to other organs and systems.



Ramesh Ganju, PhD
Lung Cancer Discovery Award

For the fiscal year ending June 30, 2013, the American Lung Association funded 10 research studies in our four-state region for a total of \$418,500. In addition, we provided \$203,376 in ongoing support for the nationwide Asthma Clinical Research Center (ACRC) Program. Together, this put total research funding last year for the Midland States at \$621,876.

NEW (1st year of 2-year award):

Igor Zelko, PhD

University of Louisville, Louisville, KY
Biomedical Research Grant: \$40,000/year
Blocking Remodeling in Lung's Blood Vessels in Pulmonary Arterial Hypertension

Minal R. Patel, MPH

University of Michigan, Ann Arbor, MI
Lung Health Dissertation Grant: \$21,000/year
Talking to the Doctor About the Cost of Managing Asthma

Venuprasad Poojary, PhD

Wayne State University, Detroit, MI
Biomedical Research Grant: \$40,000/year
Understanding How Lung Inflammation Leads to Cancer

Lobelia Samavati

Wayne State University, Detroit, MI
Biomedical Research Grant: \$40,000/year
How Immune System Works Differently in Sarcoidosis

Zbigniew Zaslona, PhD

University of Michigan, Ann Arbor, MI
Senior Research Training Fellowship: \$32,500/year
Deciphering Macrophages' Role in Asthma

Gang Chen, PhD

Cincinnati Children's Hospital Medical Center, Cincinnati, OH
Senior Research Training Fellowship: \$32,500/year
Gene May Provide Clue to Mucus Production

RETURNING (2nd year of 2-Year award):

Emilie Bourdonnay, PhD

University of Michigan, Ann Arbor, MI
Senior Research Training Fellowship: \$32,500/year
Getting the Lungs to Improve Their Defense against Pneumonia

James Bridges, PhD

Cincinnati Children's Hospital Medical Center, Cincinnati, OH
Biomedical Research Grant: \$40,000/year
Protein's Role in Airway Remodeling May Lead to New Treatments

Ramesh Ganju, PhD

The Ohio State University, Columbus, OH
Lung Cancer Discovery Award: \$100,000/year
Can an Enzyme Really Cause So Much Damage?

Alison Mcleish, PhD

University Of Cincinnati, Cincinnati, OH
Social Behavioral Research Grant: \$40,000/year
Helping People with Asthma to Quit Smoking

Asthma Clinical Research Center at The Ohio State University

John Mastronarde, MD, Principal Investigator

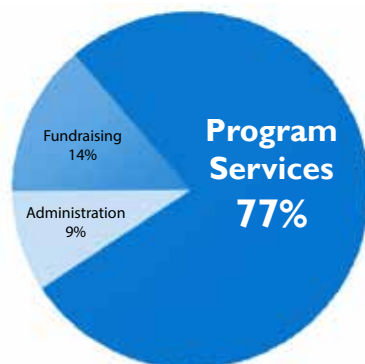
As the nation's largest not-for-profit clinical research network dedicated to asthma treatment research, our ACRC Network consists of 18 asthma clinical research centers nationwide, including one at The Ohio State University. The ACRC is contributing crucial knowledge to help people with asthma. Three current ACRC protocols are: Long-acting Beta Agonist Step-Down Study, Effect of Positive Airway Pressure on Reducing Airway Reactivity in Patients with Asthma, and Smoking Asthmatics Pilot Study (SAPS).

Financial Report

STATEMENT OF FINANCIAL POSITION FOR THE YEARS ENDED JUNE 30, 2013 AND 2012

	2013	2012
ASSETS		
Current Assets		
Cash and cash equivalents	\$2,194,120	\$1,537,559
Accounts receivable	79,172	322,909
Prepaid expenses and other assets	47,082	53,730
Current portion of note receivable	9,370	8,782
Total Current Assets	2,329,744	1,922,980
Investments	209,147	219,430
Interest in net assets held by others	136,687	122,059
Beneficial int. charitable foundation trusts	1,154,158	1,077,104
Note receivable	301,921	310,537
Beneficial interest in gift annuities	45,276	60,808
Property and equipment, net	991,994	1,015,506
Total Assets	\$5,168,927	\$4,728,424
LIABILITIES AND NET ASSETS		
Current Liabilities		
Current portion of long term debt	\$26,515	\$19,574
Current portion capital leases	26,852	24,038
Accounts payable	101,508	150,505
Accrued expenses	125,716	102,694
Deferred revenue	130,661	143,372
Refundable deposits	10,500	—
Total Current Liabilities	421,752	440,183
Deferred benefit plan liability	606,057	640,300
Long-term debt	401,505	424,325
Capital lease obligation	19,626	46,478
Gift annuity obligations	141,647	146,652
Total Liabilities	1,590,587	1,697,938
Net Assets	3,578,340	3,030,486
Total Liabilities and Net Assets	\$5,168,927	\$4,728,424

Where Does Your Dollar Go?



PROGRAM SERVICES BREAKDOWN

Research 8%
Tobacco Control 20%
Other Lung Disease 16%
Asthma 15%
Environmental Health 11%
Community Health 7%

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEARS ENDED JUNE 30, 2013 AND 2012

		2013	2012
REVENUE			
Public	Direct mail	\$2,941,777	\$3,075,280
	Special events*	1,417,504	1,268,950
	Promotions	133,268	149,570
	Total Public Support	4,492,549	4,493,800
Contributions	Bequests and memorials	1,572,569	901,530
	Workplace giving	253,238	277,197
	Individual gifts	135,207	117,646
	Corporate gifts	2,435	4,450
	Foundation gifts	20,370	35,865
	In-kind contributions	199,684	201,017
Total Contributions	2,183,503	1,537,705	
Other revenue	Grants**	256,177	296,272
	Program service fees	94,941	86,231
	Interest and dividends	29,187	9,406
	Miscellaneous	21,032	33,214
	Total Other Revenue	401,337	425,123
	Total Revenue	\$7,077,389	6,456,628
EXPENSES			
Program services	Research	\$565,646	\$620,814
	Tobacco control	1,309,547	1,285,000
	Other lung disease	1,075,699	1,050,646
	Asthma	980,478	922,912
	Environmental health	759,500	718,081
	Community health services	476,058	453,658
General and administrative	598,092	621,063	
Fundraising	911,252	725,303	
Total Expenses	6,676,272	6,397,477	
Changes in Net Assets from Operations	401,117	59,151	
OTHER INCOME (EXPENSES)			
	Unrealized gain (loss) on investments	8,047	942
	Realized gain (loss) on investments	(538)	465
	(Loss) gain on sale of property & equipment	(44)	(52)
	Change in split interest agreements	116,420	14,316
	Minimum pension liability	22,852	(273,288)
		146,737	(257,617)
Change In Net Assets	547,854	(198,466)	
NET ASSETS			
	Beginning of Year	3,030,486	3,228,952
	End of Year	\$3,578,340	\$3,030,486

* Net after FY13 direct expenses of \$499,260 and FY12 expenses of \$436,423

** Includes grants from other nonprofits, government, foundations, ALA national and corporate

Corporate & Foundation Support

The American Lung Association of the Midland States gratefully acknowledges the following for their outstanding leadership in supporting our mission.

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Emily Bissell Heritage Society



Emily Bissell

Emily Bissell is a lung health hero for the ages. In 1907, seeing so many children and adults devastated by tuberculosis, she took action. She created the first Christmas Seal to raise the \$300 needed to keep her cousin's TB sanatorium open so patients would not be sent home to die or spread the disease to others. Emily successfully raised \$3,000 for the fight against TB, and subsequently devoted the rest of her life to the anti-tuberculosis movement. This hero's legacy lives on today through the Emily Bissell Heritage Society, which was created to recognize those who take action to remember the American Lung Association in their estate plans.

We wish to thank this special group for their commitment to our vision of a world free of lung disease.

Anonymous (7)

Mr. & Mrs. Mel Alsobrooks

Mabelle Arend

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Robert Bath

Turney Berry

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