



The Force for Health®
PREPARED PATIENT PROGRAM

PREPARED PATIENT

COPD

Your complete learning module — eight components from newly-diagnosed to a clinically Prepared Patient Ambassador. Everything to know and do, in one place.

8-Component Condition Module

WHAT'S INSIDE — THE 8 COMPONENTS

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| 1 Core Basics | 2 Self-Reflection |
| 3 Force Field Fact Sheet | 4 Prepared Patient Course |
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SCAN TO OPEN THE
LIVE JOURNEY

1 Core Basics

Welcome — why becoming a Prepared Patient matters

Welcome. You're in the right place. This module turns COPD from something that happens to you into something you help manage — step by step, at your own pace. You don't need to become a doctor. You need to become the most prepared person in the room about *your* health.

WHY THIS MATTERS — FOR YOU AND THE PEOPLE AROUND YOU

As a Patient

Know your numbers, spot your red flags, and act fast when it counts. Prepared patients have better days and fewer emergencies.

As an Ambassador

Speak up in your own care as an equal partner — ask the right questions and help shape your plan.

As a Caregiver

Support someone you love with confidence — know what to watch for and what to do.

COPD — A NATIONAL OVERVIEW

Smoking is the #1 cause

Alpha-1 antitrypsin deficiency

COPD (Chronic Obstructive Pulmonary Disease) is a lung disease that slowly gets worse over time. Your airways get swollen and your lungs change shape. This makes it hard to move air in and out (**chronic airflow limitation**).

COPD has two main parts. **Emphysema** means the tiny air sacs in your lungs break down. The lungs lose their stretch, air gets trapped, and the lungs puff up too big.

Chronic bronchitis means your airways stay swollen and make too much mucus (thick fluid). Most people have some of both. **Smoking is the #1 cause** (about 80–85% of US cases).

This includes your own smoking and heavy secondhand smoke. **Alpha-1 antitrypsin deficiency** is a gene problem you are born with. It hits 1 in about 3,000 people and is often missed.

It can cause COPD early, even if you never smoked. Other causes: dusts and fumes at work (coal, silica, cadmium, farm dust, welding). Smoke from burning wood or coal indoors to cook or heat (a big cause worldwide).

Dirty outdoor air. About 16 million US adults are diagnosed. About 12 million more have it but do not know. COPD is the 4th leading cause of death in the US.

Here is the honest truth. **COPD gets worse over time, but how fast it gets worse is very much in your control.** Quitting smoking slows the drop. Lung rehab (a supervised exercise and learning program) helps you live longer and feel better.

Home oxygen (called LTOT) helps you live longer if your blood oxygen is low. Vaccines stop flare-ups. Today's medicines control symptoms well. Many people live full lives for 15–30+ years after they find out, if they stay active in their care.

PRE-KNOWLEDGE CHECK — RATE WHAT YOU KNOW RIGHT NOW (1–5)

Be honest — there's no wrong answer. You'll rate these again at Step 7 and see how far you've come.



1 Core Basics

Welcome — why becoming a Prepared Patient matters

What COPD actually is

○ ○ ○ ○ ○

My key numbers & targets

○ ○ ○ ○ ○

My red flags — and what to do

○ ○ ○ ○ ○

My medicines & how to take them

○ ○ ○ ○ ○

How to speak up with my care team

○ ○ ○ ○ ○

1 = new to me · 5 = I could teach it

★ My Prepared Patient Pledge

I pledge to learn about my COPD, to know my numbers and my red flags, to speak up in my own care, and to take one small step at a time — for myself and for the people who count on me.

SIGNED

DATE

Additional Notes

☐ I've completed Step 1 · Welcome & Overview for COPD



2 Self-Reflection

Eight soft questions to find your honest starting point

No test, no wrong answers — an honest self-reflection to find your starting point with COPD. This is an engagement screener, not a clinical assessment. Mark your answers, then carry them into the Fact Sheet.

Q1 Have you ever been told by a clinician that you have COPD, emphysema, or chronic bronchitis — or had a doctor ask about your breathing or smoking history?

COPD is often called "smoker's cough" or dismissed as "getting older." Naming what you've actually been told is the first step.

CHOOSE ONE

- ☐ Yes — I have a clear COPD or emphysema diagnosis
- ☐ Once or twice it was mentioned, but I'm not sure
- ☐ No, but I get winded easily or have a chronic cough
- ☐ No — I don't have COPD
- ☐ I'm not sure

Q2 Have you ever smoked tobacco, vaped regularly, or had heavy long-term exposure to dust, fumes, smoke, or air pollution at work or home?

Tobacco is the leading cause of COPD, but occupational exposures (mining, farming, construction, military burn pits) and long-term cooking-smoke exposure also matter.

CHOOSE ONE

- ☐ Yes — currently or recently smoke / vape
- ☐ Yes — used to smoke, quit some time ago
- ☐ No smoking, but long-term exposure to dust, fumes, or smoke
- ☐ Long-term secondhand smoke exposure at home or work
- ☐ None of these



2 Self-Reflection

Eight soft questions to find your honest starting point

Q3 Have you ever heard about, or thought about, any of these in connection with COPD? (check all that feel familiar)

This is just a familiarity check, not a behavior audit. Pick whatever rings a bell.

CHECK ALL THAT APPLY

- ☐ Inhalers — rescue and controller (LAMA, LABA, ICS combinations)
- ☐ Pulse oximeter (the finger-clip thing)
- ☐ Home oxygen therapy
- ☐ Pulmonary rehab
- ☐ Alpha-1 Antitrypsin Deficiency (genetic COPD)
- ☐ COPD exacerbations or hospitalizations for breathing trouble
- ☐ None of these — this is all new to me

Q4 Do you feel confident that you understand COPD — what it is, what it does to the lungs, and what helps?

"Somewhat" is a totally fair answer. Most people start there.

CHOOSE ONE

- ☐ Very confident — I know the basics well
- ☐ Somewhat — I know some, want to know more
- ☐ Not really — I'd like to learn more
- ☐ This is new to me

Q5 Do you feel confident you know how to live the highest-quality life possible despite (or to slow) COPD?

Quality of life is the goal — the stairs, the garden, the grandkids, your independence — not just "managing flares."

CHOOSE ONE

- ☐ Yes
- ☐ I'm getting there
- ☐ Not yet — I want to learn how
- ☐ Not applicable to me right now



2 Self-Reflection

Eight soft questions to find your honest starting point

Q6 Are you ready to become an informed and respected part of your care team — where your observations, communications, and actions are the most important part of your care?

This is the heart of the Prepared Patient idea.

CHOOSE ONE

- ☐ Yes — I'm ready
- ☐ Almost — I want to learn more first
- ☐ I'd like to but I'm not sure how
- ☐ I hadn't thought of it that way before

Q7 Do you have at least one person — family, friend, or care team — you can turn to about your breathing?

COPD is a family condition. You don't have to do it alone.

CHOOSE ONE

- ☐ Yes — I have someone
- ☐ Maybe — I'm not sure who
- ☐ Not yet — but I'd like to find someone
- ☐ I prefer to figure it out myself first

Q8 What brought you to this Prepared Patient program today?

Your answer is private and helps us speak to you better.

CHOOSE ONE

- ☐ I have COPD
- ☐ Someone I love has COPD
- ☐ I might have it — I get winded too easily
- ☐ I'm a current or former smoker, want to know my risk
- ☐ I'm a student, professional, or educator
- ☐ I'm just curious



2 Self-Reflection

Eight soft questions to find your honest starting point

What these answers tell me about where I'm starting

 Additional Notes

☐ I've completed Step 2 · Self-Reflection for COPD



PREPARED PATIENT · COPD

3 Force Field Fact Sheet

Primer · Foundations

This is the heart of the resource: the complete COPD Force Field, organized in knowledge tiers. Each card gives the essentials, then **Concepts** (what to know), **Skills** (what you can do), **Actions** (this week), and your **Plan** (share & sustain).



3 Force Field Fact Sheet

Primer · Foundations



What Is COPD?

PRIMER · TIER 0

COPD (Chronic Obstructive Pulmonary Disease) is a lung disease that slowly gets worse over time. Your airways get swollen and your lungs change shape. This makes it hard to move air in and out (**chronic airflow limitation**).

COPD has two main parts. **Emphysema** means the tiny air sacs in your lungs break down. The lungs lose their stretch, air gets trapped, and the lungs puff up too big.

Chronic bronchitis means your airways stay swollen and make too much mucus (thick fluid). Most people have some of both. **Smoking is the #1 cause** (about 80–85% of US cases).

This includes your own smoking and heavy secondhand smoke. **Alpha-1 antitrypsin deficiency** is a gene problem you are born with. It hits 1 in about 3,000 people and is often missed.

It can cause COPD early, even if you never smoked. Other causes: dusts and fumes at work (coal, silica, cadmium, farm dust, welding). Smoke from burning wood or coal indoors to cook or heat (a big cause worldwide).

Dirty outdoor air. About 16 million US adults are diagnosed. About 12 million more have it but do not know. COPD is the 4th leading cause of death in the US.

Here is the honest truth. **COPD gets worse over time, but how fast it gets worse is very much in your control.** Quitting smoking slows the drop. Lung rehab (a supervised exercise and learning program) helps you live longer and feel better.

Home oxygen (called LTOT) helps you live longer if your blood oxygen is low. Vaccines stop flare-ups. Today's medicines control symptoms well. Many people live full lives for 15–30+ years after they find out, if they stay active in their care.

CONCEPTS · LEARN IT

- Airflow is limited two ways: emphysema (air sacs break down) and chronic bronchitis (swelling plus too much mucus)
- #1 cause: smoking (about 80–85%); also alpha-1 deficiency, work dusts, indoor smoke, air pollution
- About 16M in the US are diagnosed; about 12M more are not; 4th leading US cause of death
- It gets worse, but you can change the path — quitting smoking, lung rehab, home oxygen (LTOT), vaccines, and medicines all help a lot
- Many people live full lives 15–30+ years after they find out
- Women are about 60% of US COPD deaths (they were often missed in the past)

ACTIONS · THIS WEEK

- Ask the patient portal for your last spirometry report (a breathing test)

SKILLS · LIVE IT

- Name the two main parts (emphysema plus chronic bronchitis)
- Name your main cause (smoking, alpha-1, work dust, indoor smoke, or pollution)
- Know that you can change how fast it gets worse
- Tell COPD apart from asthma (in COPD, airflow does not come all the way back)

PLAN · SHARE IT

- Read all 16 squares
- Open the deep course



PREPARED PATIENT · COPD

3 Force Field Fact Sheet

Primer · Foundations

- Save two help lines in your phone: ALA Lung HelpLine 1-800-LUNGUSA and COPD Foundation 1-866-731-COPD
- Open and fill out your Force Field Emergency Card
- Tell one family member you trust that you have COPD
- Not diagnosed yet but you smoke or used to, and get short of breath? Ask for a spirometry test



3 Force Field Fact Sheet

Primer • Foundations



360 Human Anatomy: Airway, Alveoli, Mucus, Diaphragm

PRIMER • ANATOMY

Air travels down a set of tubes: the windpipe (trachea), then the bronchi, then smaller bronchioles, then respiratory bronchioles, then alveolar ducts, then the **alveoli**.

The alveoli are about 300 million tiny air sacs. This is where gases trade places. Oxygen (O₂) moves into small blood vessels, and carbon dioxide (CO₂) moves out.

In **chronic bronchitis**, the airways swell. The mucus glands grow bigger and more mucus-making cells appear. This gives you a long-term cough, phlegm, and narrower airways.

In **emphysema**, the walls of the air sacs break down. The lungs lose their stretch (loss of elastic recoil). Small airways collapse when you breathe out, so air gets trapped and the lungs puff up too big (hyperinflation).

You also lose surface area for trading gases. **The diaphragm flattens** when the lungs are too puffed up. The diaphragm is the main breathing muscle under your lungs.

When it is flat, it works from a weak spot. It uses more energy to move less air. This is why you feel short of breath and can lose weight from the hard work of breathing.

Alpha-1 antitrypsin is a protein made by the liver. It shields the air sac walls from an enzyme called **neutrophil elastase** (a protein that breaks down tissue during swelling).

If your genes make too little of this protein (mainly the ZZ or SZ types), you can get COPD early, often before age 50. It often shows up in the lower lungs and can hit people who never smoked.

Cigarette smoke does two bad things. It hurts the air sacs directly. It also shuts off alpha-1 antitrypsin. That is why smoking plus alpha-1 deficiency is so harmful.

The **small blood vessels (pulmonary capillaries)** next to the air sacs connect to the right side of the heart. Low blood oxygen over time makes these vessels tighten.

This raises the pressure in the lung blood vessels (pulmonary hypertension). Over time it can cause right-heart failure (called cor pulmonale) in late disease.

Asthma-COPD overlap (ACO) means you have signs of both. Your airways open up with a bronchodilator, but airflow is still limited, and there is a type of swelling driven by cells called eosinophils.

CONCEPTS • LEARN IT

- Air goes from the big airways to the respiratory bronchioles to the alveoli, where gases trade places
- Chronic bronchitis: swollen airways plus too much mucus
- Emphysema: air sacs break down, lungs lose stretch, air gets trapped, lungs puff up too big
- The diaphragm flattens when the lungs are too puffed up, so it works from a weak spot
- Alpha-1 antitrypsin shields the air sacs from neutrophil elastase
- Cigarette smoke hurts the air sacs and also shuts off alpha-1

SKILLS • LIVE IT

- Open the 360 Human Anatomy: Respiratory module
- Name the two main parts
- Explain in your own words how the lungs puff up too big (hyperinflation)
- Match each drug type to its target (LAMA opens airways, LABA opens airways, ICS calms swelling)



3 Force Field Fact Sheet

Primer · Foundations

- Low blood oxygen over time raises lung blood pressure and can cause right-heart failure (cor pulmonale)
- Asthma-COPD overlap: signs of both

ACTIONS · THIS WEEK

- Click into 360 Human Anatomy: Airway & Lungs
- Write your main part (emphysema, chronic bronchitis, or ACO) in your Health Passport
- Bring your marked-up map to your next visit

PLAN · SHARE IT

- Look at the airway module before each visit
- Update your notes after each change in treatment





Who Gets It? — Causes + Types

PRIMER

Smoking is the #1 cause (about 80–85% of US COPD cases). This means cigarettes, cigars, pipes, and heavy secondhand smoke. How much you smoked matters.

Doctors count this in pack-years. 10 or more pack-years is a real risk. 20 or more is a big risk. **Former smokers can still get COPD or see it get worse years after they quit.** But the drop in lung power (FEV1) slows down a lot once you quit.

Alpha-1 antitrypsin deficiency is a gene problem (1 in about 3,000, mainly the ZZ or SZ type). It can cause COPD early, often before age 50, even in people who never smoked, and often in the lower lungs.

It takes **one blood test** to check for it. It is often missed, with an average delay of 5 or more years before diagnosis. **Dusts and fumes at work:** coal (black lung), silica (silicosis and faster COPD), cadmium (welding), farm and plant dusts, isocyanates, and harsh fumes.

Indoor smoke from burning wood or coal to cook or heat with poor airflow is a major cause worldwide, and it matters for some US groups too. **Dirty outdoor air** (fine particles, NO₂, ozone, wildfire smoke).

Chest infections in childhood may lower your peak lung power and raise your risk later. **Asthma-COPD overlap (ACO)** means long-time asthma plus limited airflow.

It is common and often gets better with biologic drugs. **A past case of tuberculosis (TB)** can leave lung scarring that overlaps. **Veterans:** Vietnam-era Agent Orange and post-9/11 burn-pit exposure (the PACT Act of 2022) both now count as COPD-linked exposures, with VA care and disability.

About 15% of US COPD cases are in people who never smoked. This matters because of the shame often tied to smoking.

CONCEPTS · LEARN IT

- Smoking is the #1 cause (about 80–85%); how much you smoked (pack-years) matters
- Former smokers can still get COPD or see it worsen years after quitting
- Alpha-1 antitrypsin deficiency: 1 in about 3,000; ZZ or SZ type; shows up early; often missed (test every COPD patient at least once)
- At work: coal, silica, cadmium, farm dust, isocyanates
- Indoor smoke from burning wood or coal to cook is a major cause worldwide
- Dirty outdoor air plus wildfire smoke
- Asthma-COPD overlap (ACO) is common and often helped by biologic drugs
- Veterans: Agent Orange and burn-pit coverage under the PACT Act
- About 15% of US COPD is in people who never smoked — do not blame or shame

ACTIONS · THIS WEEK

SKILLS · LIVE IT

- Name your main cause or causes
- Figure out your pack-years if you smoke
- Get an alpha-1 antitrypsin blood test at least once
- Write down your work and military exposures
- Notice signs of asthma-COPD overlap

PLAN · SHARE IT



Force Field Fact Sheet

Primer · Foundations

- This week: get the alpha-1 antitrypsin blood test if you have not
- Write down your smoking history and pack-years
- Write down your work exposures
- Veterans: check if you qualify under the VA PACT Act
- Never smoked? Ask for the alpha-1 test plus a check for work and indoor-smoke causes
- Review your causes and exposures once a year
- If alpha-1 is positive, talk with family (close relatives should get tested)
- Add COPD to your family health record



3 Force Field Fact Sheet

Primer · Foundations



The Numbers — GOLD 1–4, A/B/E, FEV1, CAT PRIMER

The numbers in COPD tell you how bad it is, your group, and your path. A breathing test called **spirometry**, done after a bronchodilator, gives the key number.

FEV1/FVC <0.7 means your airflow is blocked. You need this to be diagnosed. **GOLD stages 1–4** rate how severe it is, based on FEV1 as a percent of what is normal for you:

GOLD 1 (mild) FEV1 80% or more; **GOLD 2 (moderate)** FEV1 50–79%; **GOLD 3 (severe)** FEV1 30–49%; **GOLD 4 (very severe)** FEV1 <30%. The **GOLD 2024 ABE groups** guide treatment.

A means few symptoms (CAT <10 or mMRC 0–1) and few flare-ups (0–1 mild ones). **B** means more symptoms (CAT ≥10 or mMRC ≥2) and few flare-ups. **E** means any person with 2 or more mild flare-ups, or 1 or more severe flare-up (a hospital stay), in a year.

The **CAT (COPD Assessment Test)** is 8 questions scored up to 40 points. A score of 10 or more means you have symptoms. Track it monthly. The **mMRC dyspnea scale** rates shortness of breath from 0 (only with hard exercise) to 4 (too short of breath to leave the house).

SpO₂ is your blood oxygen level, checked at rest and while walking. You may qualify for home oxygen (LTOT) if it stays 88% or lower, or if your PaO₂ (oxygen in your blood) is 55 mmHg or lower.

The **6-minute walk test** checks how far you can walk and whether your oxygen drops. **BMI** is your weight-for-height number. A low BMI is a bad sign, and weight loss is common in late disease.

Count your **flare-ups per year** (2 or more mild, or 1 or more severe, puts you in high-risk Group E). **Blood eosinophils** are a type of white blood cell. A level of 300 or more per µL favors using ICS and can make you eligible for a biologic drug.

Get your **alpha-1 antitrypsin level** once. The **BODE index** (BMI, Obstruction, Dyspnea, Exercise) helps predict survival. COPD is the **4th leading cause of US death**, with about 150,000 US COPD deaths each year.

CONCEPTS · LEARN IT

- FEV1/FVC <0.7 means blocked airflow (needed to be diagnosed)
- GOLD 1–4 is based on FEV1 as a percent of normal
- GOLD 2024 ABE groups guide treatment
- CAT ≥10 means you have symptoms; mMRC ≥2 means a lot of shortness of breath
- Flare-ups: 2 or more mild, or 1 or more severe, per year puts you in Group E
- SpO₂ 88% or lower, or PaO₂ 55 or lower, meets home oxygen (LTOT) rules
- Blood eosinophils 300 or more per µL favors ICS
- The BODE index helps predict survival
- About 150,000 US COPD deaths per year (4th leading cause)

ACTIONS · THIS WEEK

SKILLS · LIVE IT

- Know your GOLD stage and ABE group
- Score your CAT each month
- Know your mMRC shortness-of-breath grade
- Check your blood oxygen at rest and while walking
- Count your flare-ups per year

PLAN · SHARE IT



3 Force Field Fact Sheet

Primer · Foundations

- Make sure your GOLD stage and ABE group are on your chart
- Do a CAT today
- Get a home pulse oximeter if you do not have one
- 2 or more flare-ups? Talk about stepping up treatment
- Get the alpha-1 test if you have not
- Spirometry once a year
- CAT each month
- Review flare-ups every 3 months



3 Force Field Fact Sheet

Tier 1 • Learn It • Aware



Recognize Symptoms + Exacerbation Triggers

LEARN IT • TIER 1 AWARE

COPD symptoms build slowly. You may notice **long-term shortness of breath**, first with activity and later even at rest. It can go from "I cannot keep up walking with friends" to "I cannot walk to the mailbox." Other signs:

a **long-term cough** that often brings up phlegm; **phlegm (sputum)** that varies day to day; **wheezing**; **chest colds and infections again and again**; **feeling tired**;

weight loss in late disease; **a tight chest**; and **morning headaches** from too much CO₂ (carbon dioxide) building up in late disease. A **flare-up (exacerbation)** is a sudden worsening beyond your normal ups and downs.

Here are the main triggers.

- (1) **Viral chest colds** are the #1 trigger (flu, COVID, RSV, rhinovirus). Yearly vaccines really matter.
- (2) **Bacterial infections** can pile on (H. influenzae, S. pneumoniae, M. catarrhalis; Pseudomonas in severe cases).
- (3) **Air pollution or wildfire smoke.**
- (4) **Secondhand smoke and indoor burning** (gas stoves, candles, cleaning chemicals).
- (5) **Cold or dry air.**
- (6) **Stopping or skipping your controller medicine.**
- (7) **Sometimes the cause is not clear.** A flare-up shows up as more shortness of breath, more phlegm, a change in phlegm color, and more cough. **Most of the harm and death in COPD happens around flare-ups.** They cause lasting drops in FEV1, send people to the hospital, and raise the risk of death.

Spirometry is the best test for diagnosis, but it is used too little. Many people are first diagnosed during a flare-up, when they were already at GOLD stage 2 or 3.

Many people also have hidden asthma along with COPD (ACO), which often gets better with biologic drugs.

CONCEPTS • LEARN IT

- Symptoms: long-term shortness of breath (with activity, then at rest), cough, phlegm, wheeze, repeat infections, tiredness, weight loss in late disease
- Flare-up triggers: viral chest colds (#1), added bacteria, air pollution, smoke, cold air, skipping medicine
- Flare-up means a sudden worsening beyond your normal (more shortness of breath, more phlegm, color change, more cough)
- Most harm and death cluster around flare-ups
- Spirometry is used too little; many are first diagnosed during a flare-up
- ACO is common and often missed

ACTIONS • THIS WEEK

- Check your blood oxygen at home each day
- Keep a flare-up log

SKILLS • LIVE IT

- Name your main symptom pattern
- Map your top flare-up triggers
- Spot the early signs of a flare-up
- Tell a flare-up apart from heart failure (get an echo if unsure)

PLAN • SHARE IT

- Spirometry and CAT once a year
- Review flare-ups every 3 months



PREPARED PATIENT · COPD

3 Force Field Fact Sheet

Tier 1 · Learn It · Aware

- Stay up to date on vaccines
- Check your home for smoke and indoor air problems
- Get spirometry once a year
- Do a sweep to cut down triggers



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Diagnostic Workup + Wellness

LEARN IT · TIER 1 AWARE

You need **spirometry after a bronchodilator** (FEV1/FVC <0.7) to be diagnosed. You can get it in primary care or in a lung clinic. Use **CAT and mMRC** to measure how heavy your symptoms are.

Your **flare-ups in the last 12 months** set your ABE group. Get an **alpha-1 antitrypsin level** at least once in every COPD patient. It is often missed, with an average delay of 5 or more years.

It is a single blood test, and it is fine to repeat it if the result is borderline. Get a **chest CT scan** if you cough up blood, if you qualify for lung-cancer screening, if your case is unusual, or before surgery.

Lung-cancer screening uses a low-dose CT (LDCT) for current or former smokers ages 50–80 with 20 or more pack-years. Use a **pulse oximeter** to check blood oxygen at rest and while walking.

Get an **ABG (arterial blood gas) test** if your oxygen is low (SpO₂ <92%) or if too much CO₂ is a worry. A **6-minute walk test** sets your baseline for activity.

Get an **echo (heart ultrasound)** if there are signs of right-heart strain, such as swollen legs, neck-vein bulging, or a heave you can feel. Check your **BMI and body makeup** (weight loss is common).

Screen for other health problems: heart disease (the #1 killer in COPD), depression and anxiety (about 40% of patients), thin bones (osteoporosis, from steroid use), acid reflux (GERD), and sleep apnea (OSA, when both happen it is called overlap syndrome).

Stay up to date on **vaccines**: yearly flu, yearly COVID, RSV (age 60 and up), pneumococcal (one PCV20 shot, or PCV15 then PPSV23), Tdap, and shingles (age 50 and up).

Keep your **vitamin D** in a healthy range. Check if you qualify for **lung-cancer screening (LDCT)**. Get a **lung rehab referral** if you are GOLD stage 2 or higher with symptoms, or after any flare-up.

CONCEPTS · LEARN IT

- Spirometry after a bronchodilator (FEV1/FVC <0.7) is needed to be diagnosed
- CAT plus mMRC plus flare-up history set your GOLD ABE group
- Alpha-1 antitrypsin: test at least once in every COPD patient (often missed)
- Chest CT for coughing up blood, lung-cancer screening, unusual cases, or surgery planning
- Pulse oximeter, plus an ABG test if low oxygen or high CO₂ is a worry
- 6-minute walk test to set your activity baseline
- Echo if there are signs of right-heart strain (cor pulmonale)
- Screen for other problems: heart disease (#1 killer), mood (40%), thin bones, reflux, sleep apnea
- Vaccines plus lung-cancer screening (LDCT) plus a lung rehab referral

SKILLS · LIVE IT

- Get spirometry confirmed
- Get the alpha-1 test
- Stay up to date on vaccines
- Check if you qualify for lung-cancer screening
- Get a lung rehab referral



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware

ACTIONS · THIS WEEK

- This week: make sure spirometry and the alpha-1 test are on your chart
- Check your blood oxygen at home
- Stay up to date on vaccines
- Check if you qualify for LDCT if you smoke or used to

PLAN · SHARE IT

- Spirometry and a health screen once a year
- Vaccines once a year
- LDCT once a year if you qualify



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Know My Numbers

LEARN IT · TIER 1 AWARE

In COPD, here are the numbers worth knowing. **FEV1 as a percent of normal** (this sets GOLD 1–4). **FEV1/FVC ratio** <0.7 means blocked airflow. **CAT score** 10 or more means you have symptoms;

track it monthly. **mMRC shortness-of-breath grade** 0–4. **SpO₂ (blood oxygen) at rest and while walking**; home-oxygen rules are 88% or lower, or PaO₂ 55 or lower.

6-minute walk distance and whether your oxygen drops. **BMI and body makeup** (weight loss is a bad sign). **Flare-ups per year** (2 or more mild, or 1 or more severe, puts you in Group E).

Blood eosinophils (300 or more per μ L favors ICS and can make you eligible for a biologic). **Alpha-1 antitrypsin level**. **Vaccines up to date**. **Smoking status, pack-years, and quit date if you quit**. **Lung rehab status**. **Home-oxygen (LTOT) status**. **LDCT lung-cancer screening status**. **BODE index** (BMI, Obstruction, Dyspnea, Exercise) helps predict survival.

Track your other-health numbers too: blood pressure, A1c (blood sugar), cholesterol, and whether you are on a statin, since heart disease is the #1 killer in COPD.

Get a bone scan if you take steroids often. Use PHQ-9 and GAD-7 to check for depression and anxiety. Bring a one-page numbers card to every visit. **Skipping doses is a big problem in COPD** — about half of patients miss controller doses often.

CONCEPTS · LEARN IT

- FEV1 percent of normal, plus your GOLD 1–4 stage
- CAT monthly; mMRC; flare-ups per year set your GOLD ABE group
- SpO₂ at rest and while walking; home-oxygen rule is 88% or lower
- Eosinophils 300 or more favors ICS and makes you eligible for a biologic
- Alpha-1 antitrypsin level (at least once)
- Vaccines up to date
- The BODE index helps predict survival
- Heart disease is the #1 killer in COPD — track blood pressure, A1c, cholesterol, statin
- Skipping doses is a big problem

ACTIONS · THIS WEEK

- Build your numbers card
- Confirm your alpha-1 and LDCT status
- Set up lung rehab if you have not
- Set a reminder for your medicine

SKILLS · LIVE IT

- Know your numbers card by heart
- Track your flare-ups
- Check your blood oxygen daily
- Do a CAT each month
- Check whether you are taking your medicine as prescribed

PLAN · SHARE IT

- Keep your numbers card up to date
- Spirometry once a year
- Review your CAT trend every 3 months



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Lifestyle Force Field — Cessation + Rehab + Vaccines

LEARN IT · TIER 1 AWARE

This is your daily Force Field.

(1) Quitting smoking is the #1 thing that changes the disease. It slows the drop in FEV1 (toward the rate of someone who never smoked), cuts flare-ups, lowers the risk of death, and helps you feel better.

Call the **Quitline at 1-800-QUIT-NOW**. Mix **counseling with medicine**. Varenicline works best. You can also use a nicotine patch plus gum or lozenge, or bupropion.

It is normal to try many times, so keep trying.

(2) Lung rehab (pulmonary rehabilitation) is a 6–12 week program with a team. It includes supervised exercise, learning, food help, and emotional support.

It helps you live longer, feel better, and have fewer flare-ups, but it is used too little. Everyone at GOLD stage 2 or higher with symptoms, or after any flare-up, should be sent to it.

Keep it up after with a gym, walking, or telerehab (rehab by video).

(3) Yearly vaccines are key because a viral chest cold is the #1 flare-up trigger: yearly flu, yearly COVID, RSV (age 60 and up), pneumococcal (PCV20, or PCV15 then PPSV23), Tdap, and shingles (age 50 and up).

(4) Move every day to keep your rehab gains: walking, light strength work, and balance.

(5) Watch the air quality (use the AirNow or IQAir app). Wear an N95 mask and use a HEPA filter indoors on high-pollution and wildfire-smoke days.

(6) Keep indoor air clean — stay away from smoke, candles, and poorly vented gas stoves, and use a HEPA filter.

(7) Eat well — get enough protein (1.2–1.5 g/kg of body weight per day) if you are older or losing weight; eat small, frequent meals if you get short of breath; and treat reflux.

(8) Manage your weight — both extra weight (which worsens breathing) and weight loss (a bad sign) are problems.

(9) Sleep well, and get checked for sleep apnea if you snore or feel sleepy in the day (overlap syndrome).

(10) Wash your hands and wear a mask during flu and COVID surges.

(11) Manage stress and stay connected to people.

CONCEPTS · LEARN IT

- Quitting smoking is the #1 thing that changes the disease (Quitline plus counseling plus medicine)
- Lung rehab helps you live longer and feel better but is used too little; go if GOLD 2 or higher or after any flare-up
- Yearly vaccines (flu, COVID, RSV, pneumococcal, Tdap, shingles)
- Move every day to keep your rehab gains
- Watch air quality and keep indoor air clean

SKILLS · LIVE IT

- Call the Quitline if you smoke
- Sign up for lung rehab
- Check your vaccines
- Check the air-quality app daily
- Check your blood oxygen at home daily



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware

- Eat well: protein 1.2–1.5 g/kg per day if older or losing weight
- Manage your weight (both extra weight and weight loss are problems)
- Get checked for sleep apnea if you snore or feel sleepy in the day (overlap syndrome)

ACTIONS · THIS WEEK

- This week: call the Quitline if you smoke; get a lung rehab referral
- This month: get your vaccines and the alpha-1 test
- This year: get an LDCT if you qualify
- Start a daily walking plan

PLAN · SHARE IT

- Daily: medicine, exercise, and an air-quality check
- Every 3 months: review quitting, rehab, and vaccines
- Once a year: spirometry, LDCT, and a health screen



3 Force Field Fact Sheet

Tier 2 • Live It • Active



Medications + LTOT

LIVE IT • TIER 2 ACTIVE

COPD treatment follows a clear order under GOLD 2024.

(1) A LAMA is a long-acting airway opener. It is first-line for COPD with symptoms. These include **tiotropium (Spiriva)**, **umeclidinium (Incruse)**, **glycopyrrolate**, and **aclidinium**.

(2) A LABA is another kind of long-acting airway opener. Pair it with a LAMA to step up. These include **formoterol**, **salmeterol**, **indacaterol**, **vilanterol**, and **olodaterol**.

(3) LAMA-LABA combos are best for Group B. These include Stiolto (tiotropium-olodaterol), Anoro (umeclidinium-vilanterol), Bevespi (glycopyrrolate-formoterol), and Duaklir (aclidinium-formoterol).

(4) Triple therapy is ICS-LABA-LAMA. ICS is an inhaled steroid that calms swelling. Use triple therapy for Group E, asthma-COPD overlap, or eosinophils 300 or more per μL .

It comes as **Trelegy** (fluticasone-umeclidinium-vilanterol) and **Breztri** (budesonide-glycopyrrolate-formoterol).

(5) ICS alone is not advised in COPD because it raises pneumonia risk without enough benefit.

(6) Roflumilast (a PDE4 inhibitor pill) is for chronic bronchitis with frequent flare-ups (it can upset the stomach).

(7) Low-dose azithromycin taken regularly is for people with frequent flare-ups (watch the heart rhythm, called QT, and hearing).

(8) Dupilumab (Dupixent) was recently FDA-approved for COPD with the eosinophilic type (eosinophils 300 or more, in 2024).

(9) Mucolytics (acetylcysteine, carbocysteine) thin mucus and give modest help.

(10) Steroid pills for flare-ups only (prednisone 40 mg for 5 days).

(11) Home oxygen (LTOT) for 15 or more hours a day if your resting blood oxygen is low (SpO_2 88% or lower, or PaO_2 55 or lower, that stays low; or PaO_2 56–59 with right-heart strain or thick blood).

It helps you live longer (the NOTT and MRC trials proved this).

(12) A breathing machine at home (NIV or BiPAP) for long-term high CO_2 (PaCO_2 52 or higher).

(13) Good inhaler technique matters a lot; use a spacer with an MDI inhaler and have the pharmacist watch you do it.

CONCEPTS • LEARN IT

- LAMA is first-line; LAMA-LABA is best for Group B
- Triple ICS-LABA-LAMA for Group E, ACO, or eosinophils 300 or more
- ICS alone is not advised (raises pneumonia risk)
- Roflumilast for chronic bronchitis with frequent flare-ups
- Regular azithromycin for people with frequent flare-ups
- Dupilumab approved for eosinophilic COPD (2024)
- Home oxygen (LTOT) 15 or more hours a day helps you live longer (NOTT and MRC trials)

SKILLS • LIVE IT

- Know your medicine, its dose, and how to take it
- Use a spacer with your MDI inhaler
- Rinse your mouth after ICS
- Handle home-oxygen setup and a portable concentrator
- Know if you qualify for a biologic (eosinophils 300 or more)



3 Force Field Fact Sheet

Tier 2 · Live It · Active

- A home breathing machine (NIV) for long-term high CO₂
- Good inhaler technique matters (use a spacer with an MDI; rinse your mouth after ICS)

ACTIONS · THIS WEEK

- Have the pharmacist check your inhaler technique
- 2 or more flare-ups plus eosinophils 300 or more? Ask about triple therapy and dupilumab
- Check if you meet home-oxygen rules if your SpO₂ is 88% or lower
- Use a copay program if your drug is brand-name

PLAN · SHARE IT

- Daily controller medicine, taken the right way
- Review your medicines every 3 months
- Check home-oxygen rules once a year



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Care Team Members

LIVE IT · TIER 2 ACTIVE

COPD care takes a team of many kinds. Your **primary care doctor (PCP)** runs mild to moderate COPD.

Pulmonology (lung doctors) handle moderate to severe cases, frequent flare-ups, home-oxygen choices, and alpha-1 care.

They also handle advanced care, such as lung surgery, transplant checks, and biologic drugs. A **Respiratory Therapist (RT)** checks your inhaler technique, sets up and maintains home oxygen, and tunes your breathing machine.

A **Lung Rehab Program** is a team program that is used too little. Your **pharmacist** helps with inhaler technique, taking medicine as prescribed, and copay help.

A **quit-smoking counselor** or the **Quitline at 1-800-QUIT-NOW** helps you stop. **Cardiology (heart doctors)** matter because heart disease is the #1 cause of death in COPD.

Many people die with COPD from heart causes, such as a heart attack, heart failure, or sudden cardiac death.

Sleep Medicine matters because sleep apnea plus COPD (called overlap syndrome) has a worse outlook.

A CPAP machine is used for it. **Behavioral Health** matters because about 40% of COPD patients have depression or anxiety, which can be treated. Call **988** in a crisis.

SSRIs (a common type of antidepressant) are safe in COPD. A **dietitian** helps with weight loss, muscle loss, and extra weight. **Palliative Care** helps with symptoms, planning ahead, and caregiver support;

it is not just hospice and fits at moderate to severe COPD. **Thoracic Surgery or Interventional Pulmonology** can do lung volume reduction surgery (LVRS).

They can also place one-way valves in the airway. And they can check you for a lung transplant. A **COPD Foundation peer mentor** and the **COPD360social** community can support you.

So can **ALA Better Breathers Clubs**. Your **family Ambassador** is part of the team. And **caregiver mental health** matters too. Use a caregiver PHQ-9. Find respite through the COPD Foundation and ALA chapters.

CONCEPTS · LEARN IT

- PCP for mild to moderate; lung doctors for moderate to severe and advanced care
- Respiratory Therapist for inhalers, home oxygen, and the breathing machine
- Lung rehab is used too little; go if GOLD 2 or higher or after any flare-up
- Pharmacist for technique, taking medicine as prescribed, and copay help
- Quit-smoking counselor or Quitline
- Cardiology — heart disease is the #1 killer in COPD
- Sleep Medicine — overlap syndrome (sleep apnea plus COPD)
- Behavioral Health — 40% have mood problems; 988; SSRIs are safe in COPD

SKILLS · LIVE IT

- List every team member with a phone number
- Know who handles what
- Run a hand-off talk between doctors
- Insist on a lung doctor and lung rehab
- Connect with a COPD Foundation peer



3 Force Field Fact Sheet

Tier 2 · Live It · Active

- Dietitian — weight loss, muscle loss, or extra weight
- Palliative Care — not just hospice; helps plan ahead
- Thoracic or Interventional Pulmonology — LVRS, valves, transplant
- COPD Foundation peer, ALA, and a family Ambassador

ACTIONS · THIS WEEK

- Get a lung-doctor referral if you do not have one
- Sign up for lung rehab
- Connect with a COPD Foundation peer and the ALA
- Ask for a Palliative Care visit if you are moderate to severe with symptoms

PLAN · SHARE IT

- Review your team every 3 months
- Check your numbers and medicine use once a year
- At each change, write a hand-off note



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Telemedicine & Tech

LIVE IT · TIER 2 ACTIVE · TECH

Tech does a lot in COPD. A **home pulse oximeter** (about \$20) is a must. It tracks your blood oxygen (SpO₂) at rest and while walking. It shows who meets home-oxygen rules (SpO₂ that stays 88% or lower) and helps you catch a flare-up early.

Telehealth (video visits) works well for COPD check-ins, flare-up care, and keeping up with lung rehab. **Smart inhalers** (Propeller, Hailie) track whether you take your medicine, how you use it, and where.

Air-quality apps (AirNow, IQAir, BreezoMeter) help you avoid bad air and manage wildfire smoke. **Lung rehab by video (telerehab)** is a good option where in-person care is hard to reach, and the proof for it is growing.

Home spirometry (Spirohome, NuvoAir) is a newer at-home breathing test. **Portable oxygen concentrators (POCs)** let you move around while on home oxygen and change life for many people.

Activity trackers count your steps and heart rate. **Home FEV1 monitoring** to catch flare-ups is newer. **Video training for biologic shots** is available. A **home BiPAP or breathing machine (NIV)** can be set up and watched from afar.

Hospital-at-home programs treat some flare-ups at home to avoid a hospital stay. These tools link with Apple Health and Google Health.

CONCEPTS · LEARN IT

- A home pulse oximeter (about \$20) is a must
- Telehealth works well for check-ins and flare-ups
- Smart inhalers (Propeller, Hailie) track medicine use and technique
- Air-quality and pollen apps help you avoid bad air
- Lung rehab by video (telerehab) is a good option
- Portable oxygen concentrators (POCs) let you move around on home oxygen
- Home FEV1 monitoring and smart spirometry are newer
- Hospital-at-home for some flare-ups

ACTIONS · THIS WEEK

- This week: get a home pulse oximeter
- This month: get a smart inhaler if you may start a biologic
- Install an air-quality app
- Use telerehab if you cannot get to in-person rehab
- Get a POC if you are on home oxygen

SKILLS · LIVE IT

- Check your blood oxygen at home daily
- Use a smart inhaler if you have one
- Check the air-quality app daily
- Set up telehealth check-ins
- Use a POC if you are on home oxygen

PLAN · SHARE IT

- Daily blood-oxygen and air-quality checks
- Review your smart inhaler each month
- Telehealth check-in every 3 months



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Insurance, Treatment Cost & Help

LIVE IT · TIER 2 ACTIVE

Most COPD medicines are now **generic and cheaper than before**. **Tiotropium** as the brand Spiriva Respimat runs \$400+ a month, but generic options exist (umeclidinium, glycopyrrolate).

LAMA-LABA combos run \$200–400 a month as brands, and some are generic. **ICS-LABA-LAMA triple** (Trelegy, Breztri) runs \$400–500 a month as brands. **SABA** (albuterol, a fast-acting rescue inhaler) is generic and cheap.

Roflumilast is brand-only. **Dupilumab** for eosinophilic COPD runs \$3,000+ a month as a brand, but the Dupixent MyWay copay program covers most patients. **Home oxygen (LTOT)** is covered by Medicare Part B if your ABG or SpO₂ records show you qualify.

That means a resting SpO₂ that stays 88% or lower, or PaO₂ 55 or lower. It also counts if PaO₂ is 56–59 with right-heart strain or thick blood. Portable concentrators may take some extra work to get.

Lung rehab is covered by Medicare Part B. But it is used too little, so speak up for it. **Alpha-1 replacement therapy** is a weekly IV of pooled human plasma.

It is for a confirmed ZZ or SZ type with a low level. It is very costly (\$100K+ a year), but maker copay programs can help. **Lung volume reduction, one-way airway valves**, and a **lung transplant** are options for end-stage disease.

Call the **ALA Lung HelpLine** at 1-800-LUNGUSA and the **COPD Foundation** at 1-866-731-COPD for help finding your way. Use **NeedyMeds** and **RxAssist** for patient-help programs.

The **VA** covers COPD for veterans with service-linked exposure (Vietnam-era Agent Orange; post-9/11 burn pits under the PACT Act of 2022). **Medicaid** covers most outpatient care, home oxygen, and lung rehab.

CONCEPTS · LEARN IT

- LAMA, LAMA-LABA, ICS-LABA-LAMA, and SABA are mostly generic and cheaper
- Dupilumab for eosinophilic COPD — Dupixent MyWay covers most patients
- Home oxygen (LTOT) covered by Medicare Part B when records show you qualify
- Lung rehab covered by Medicare Part B (used too little)
- Alpha-1 replacement therapy: \$100K+ a year; copay programs can help
- Lung volume reduction, one-way valves, and lung transplant for end-stage
- ALA and COPD Foundation help lines
- VA PACT Act coverage for veterans

ACTIONS · THIS WEEK

- This week: confirm your coverage and copay
- This month: use a copay program if your drug is brand-name
- Sign up for lung rehab and check if you meet home-oxygen rules

SKILLS · LIVE IT

- Know what your medicine costs
- Apply to the maker's copay program if you take a biologic or brand drug
- Use the ALA and COPD Foundation help lines to find your way
- Check if you qualify under the VA PACT Act if you are a veteran

PLAN · SHARE IT

- Review your coverage once a year
- For each new medicine, check the cost and copay



PREPARED PATIENT · COPD

3

Force Field Fact Sheet

Tier 2 · Live It · Active

- Review the VA PACT Act if you are a veteran



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Equity, Access & Cultural Competence

SHARE IT · TIER 3 CERTIFIED

The fairness story in COPD is built into the system. **Women are now about 60% of US COPD deaths.** In the past they were often missed, because COPD was seen as an "old white man's disease." Their symptoms were often blamed on anxiety or aging.

And women who smoke face a higher risk per pack-year than men. **African American patients** have higher COPD death rates, and less access to spirometry, lung rehab, home oxygen, and biologic drugs.

Indigenous and rural patients face spirometry access gaps, harder home-oxygen and portable-concentrator delivery, and few lung rehab programs nearby. **Lower-income patients** face stacked risks from work dust, indoor burning, and tobacco, plus Medicaid coverage gaps in some states.

LGBTQ+ patients face known care-access gaps. **Veterans** faced Vietnam-era Agent Orange and post-9/11 burn-pit exposure; the PACT Act of 2022 widened coverage a lot, but many veterans still do not file.

Alpha-1 antitrypsin deficiency is missed across all groups, so test at least once in every COPD patient. **Poor indoor air** hits lower-income people hardest (older housing, gas stoves with poor airflow, mold).

Wildfire smoke and climate change hit outdoor workers, lower-income people, and Indigenous groups the hardest. **Shame about smoking** keeps people from seeking care;

about 15% of COPD cases are in people who never smoked, so push back on that shame. Do not be preachy. Be specific. The Ambassador role of closing these gaps is real public-health work.

CONCEPTS · LEARN IT

- Women are about 60% of US COPD deaths (missed in the past, plus higher risk per pack-year)
- African American patients: higher death rates and less access to spirometry, lung rehab, home oxygen, and biologics
- Indigenous and rural patients: gaps in spirometry, home oxygen, and lung rehab nearby
- Lower-income patients: stacked work dust, indoor burning, and tobacco; Medicaid coverage gaps
- LGBTQ+ care-access gaps are known
- Veterans: the PACT Act of 2022 widened Agent Orange and burn-pit coverage; many still do not file
- Alpha-1 is missed across all groups
- Shame about smoking is a barrier; about 15% never smoked

ACTIONS · THIS WEEK

- Talk to women, African American, Indigenous, and rural family and community members about spirometry
- Severe, not on a biologic, and eosinophils 300 or more? Insist on a lung-doctor referral for dupilumab
- Veterans: file a VA PACT Act claim if you qualify

SKILLS · LIVE IT

- Tell the fairness story with specifics
- Notice when a family or community member needs spirometry, lung rehab, home oxygen, or a biologic referral
- Use a language match if it is needed
- Veterans: check PACT Act eligibility

PLAN · SHARE IT

- This month: have one fairness conversation
- This quarter: write your story
- Long-term: reach Ambassador Tier 3



3 Force Field Fact Sheet

Tier 3 · Share It · Certified

- Watch air quality in your neighborhood



Talk to Kids, Partner, Family, Employer

SHARE IT · TIER 3 CERTIFIED

COPD shows up in family life, in your relationship, and at work. **Kids (especially grown kids):** 'Mom or Dad has COPD, a long-term lung disease that limits how much air the lungs can move.

Smoking is the #1 cause for most people. A gene problem called alpha-1 antitrypsin deficiency runs in families. The path can change a lot — quitting smoking, lung rehab, vaccines, and home oxygen if needed all help.

Help with the inhaler routine, driving to lung rehab, and home oxygen if it comes.' **Partner or spouse:** be the **inhaler-technique coach, the lung rehab partner, the home-oxygen helper, the flare-up watcher, and part of the plan-ahead team, and take care of your own mental health too.** If **alpha-1 deficiency runs in the family**, close relatives should get tested.

Employer or HR: the **ADA law covers COPD** when it limits a major life activity. Fair changes at work include clean air and a sit-stand option. They also include working from home on bad-air days.

And they include time for infusions, home-oxygen setup, and lung rehab. **FMLA** covers flare-ups, lung rehab, and hospital stays. **SSDI (disability income)** is possible in severe disease.

Workers'-comp can cover work-caused COPD (coal, silica, isocyanates, farm dust). **Veterans:** the VA PACT Act of 2022 widened coverage for Vietnam-era Agent Orange and post-9/11 burn-pit exposure, so file the claim.

Now a word on the **talk about quitting smoking** with family. Most people have tried many times. A kind, no-blame tone matters. The Quitline at 1-800-QUIT-NOW is open to family too.

CONCEPTS · LEARN IT

- Grown kids: the path can change; help with rehab, inhalers, and home oxygen
- Partner: inhaler coach, rehab partner, home-oxygen helper, flare-up watcher, plan-ahead team, and their own mental health
- If alpha-1 deficiency runs in the family, close relatives should test
- ADA, FMLA, SSDI, and workers'-comp
- Veterans: VA PACT Act of 2022 for Agent Orange and burn pits
- Talk about quitting: be kind and do not blame

ACTIONS · THIS WEEK

- This week: have the family talk
- This month: get relatives tested for alpha-1 if you are positive
- This quarter: do the ADA or FMLA paperwork if you need it
- Veterans: file a VA PACT Act claim if you qualify

SKILLS · LIVE IT

- Have a 5-minute family talk
- Get close relatives tested for alpha-1 if you are positive
- Write down your work and military exposures
- Do a home sweep to cut triggers
- Coach a partner through inhaler technique

PLAN · SHARE IT

- This month: name what changes you need at work
- This quarter: have a plan-ahead talk
- This year: make a long-term family plan and check on caregiver wellness



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Mentor & Share Insights

SHARE IT · TIER 3 CERTIFIED

You become your strongest self when you teach others. The **COPD Foundation** has peer mentoring, the COPD360social online community, and COPD360coach. The **American Lung Association (ALA)** runs Better Breathers Clubs, which are community support groups, both in person and online.

World COPD Day is the third Wednesday in November. **National COPD Awareness Month** is November. A newly diagnosed person who hears *'I am GOLD 3, I quit smoking 8 years ago, I did 12 weeks of lung rehab, I am on Trelegy plus dupilumab (my eosinophils were 420), my CAT was 24 and is now 12, I walk 2 miles a day, and I have not been in the hospital in 18 months'* gets a very different start than one who hears only statistics.

Being honest beats a pep talk. The Ambassador role is real public-health work. Speak up for spirometry access. Speak up for lung rehab referrals. Speak up for alpha-1 screening in your area.

Speak up for help finding home oxygen. Speak up for a biologic check for people who qualify but are not referred. Making **planning ahead** normal in severe COPD is real work too.

Palliative care helps with symptoms long before hospice. Mentor with limits, since caregiver burnout and over-sharing are real. Co-teach at ALA and COPD Foundation events.

Write a short note to your care team after a great visit or a hard one.

CONCEPTS · LEARN IT

- COPD Foundation peer mentoring, COPD360social, and COPD360coach
- ALA Better Breathers Clubs (in person and online)
- World COPD Day in November (third Wednesday)
- Ambassador roles: speaking up for spirometry, lung rehab, alpha-1, home oxygen, and biologic access
- Making planning ahead normal at moderate to severe disease

ACTIONS · THIS WEEK

- Sign up to mentor through the COPD Foundation
- Connect with a local ALA Better Breathers Club
- Write one feedback note this month
- Send your story to the COPD Foundation

SKILLS · LIVE IT

- Tell your story in 3 minutes
- Run a 30-minute peer-mentor session
- Write a 'what worked and what did not' note under 200 words
- Co-teach with your care team
- Set healthy limits

PLAN · SHARE IT

- This month: find a chance to mentor
- This quarter: give one talk
- This year: finish Tier 3 Ambassador



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Join the ROI Study (PHIT)

SHARE IT · TIER 3 CERTIFIED · STUDY

PHIT stands for Population Health Impact Tracking. It is the FFH research engine. For COPD, we ask one simple thing. Does the Prepared Patient program lead to better results? We look for a better FEV1 and CAT trend.

We look for fewer flare-ups. We look for more people doing lung rehab. We look for more people who qualify for home oxygen getting it. We look for higher alpha-1 screening rates.

We look for more success at quitting smoking. We look for more vaccines. We look for fewer ER visits and hospital stays. We look for more fair access to specialist care for women, African American, Indigenous, and rural patients.

And we look for more biologic referrals for people with eligible eosinophilic COPD. You can choose to share grouped, no-name results. This can include your FEV1 trend, CAT, flare-up count, rehab attendance, home-oxygen status, alpha-1 screen, quit-smoking status, vaccines, ER and hospital visits, biologic use, badge progress, and how you rate your own quality of life.

No personal health info is shared. You can stop at any time. We also suggest joining these studies: **SPIROMICS**, **COPDGene**, and the **COPD Foundation Patient-Powered Research Network**.

CONCEPTS · LEARN IT

- PHIT uses grouped, no-name data
- Top measures: FEV1, CAT, flare-ups, rehab, home oxygen, alpha-1, quitting, vaccines, biologic
- Fairness tracking: specialist access for women, African American, Indigenous, and rural patients
- You can opt out at any time
- Also join SPIROMICS, COPDGene, and the COPD Foundation PPRN

ACTIONS · THIS WEEK

- Opt in through the green box
- Read your first quarterly summary
- Tell one peer about PHIT

SKILLS · LIVE IT

- Read the consent form
- Know what is and is not personal health info
- Stop at any time

PLAN · SHARE IT

- Today: opt in if it feels right
- Each quarter: review
- Each year: decide whether to keep going

Additional Notes



PREPARED PATIENT · COPD

3 Force Field Fact Sheet

Tier 3 · Share It · Certified

☐ I've read the full COPD Fact Sheet · Step 3



4 Prepared Patient Course

The complete course — three levels, applied to your life

The course takes you through the Fact Sheet in three levels — from newly-diagnosed to prepared — then shows how every part applies to you and the people around you.

Level 1 · Aware

Know the basics — what COPD is, your numbers, your meds.

Level 2 · Active

Manage & do — self-monitor, act on red flags, work your plan.

Level 3 · Certified

Advocate & share — teach it, bring your team in, help others.

The Numbers — GOLD 1–4, A/B/E, FEV1, CAT

The numbers in COPD tell you how bad it is, your group, and your path. A breathing test called **spirometry**, done after a bronchodilator, gives the key number.

FEV1/FVC <0.7 means your airflow is blocked. You need this to be diagnosed. **GOLD stages 1–4** rate how severe it is, based on FEV1 as a percent of what is normal for you:

GOLD 1 (mild) FEV1 80% or more; **GOLD 2 (moderate)** FEV1 50–79%; **GOLD 3 (severe)** FEV1 30–49%; **GOLD 4 (very severe)** FEV1 <30%. The **GOLD 2024 ABE groups** guide treatment.

A means few symptoms (CAT <10 or mMRC 0–1) and few flare-ups (0–1 mild ones). **B** means more symptoms (CAT ≥10 or mMRC ≥2) and few flare-ups. **E** means any person with 2 or more mild flare-ups, or 1 or more severe flare-up (a hospital stay), in a year.

The **CAT (COPD Assessment Test)** is 8 questions scored up to 40 points. A score of 10 or more means you have symptoms. Track it monthly. The **mMRC dyspnea scale** rates shortness of breath from 0 (only with hard exercise) to 4 (too short of breath to leave the house).

SpO₂ is your blood oxygen level, checked at rest and while walking. You may qualify for home oxygen (LTOT) if it stays 88% or lower, or if your PaO₂ (oxygen in your blood) is 55 mmHg or lower.

The **6-minute walk test** checks how far you can walk and whether your oxygen drops. **BMI** is your weight-for-height number. A low BMI is a bad sign, and weight loss is common in late disease.

Count your **flare-ups per year** (2 or more mild, or 1 or more severe, puts you in high-risk Group E). **Blood eosinophils** are a type of white blood cell. A level of 300 or more per µL favors using ICS and can make you eligible for a biologic drug.

Get your **alpha-1 antitrypsin level** once. The **BODE index** (BMI, Obstruction, Dyspnea, Exercise) helps predict survival. COPD is the **4th leading cause of US death**, with about 150,000 US COPD deaths each year.

- FEV1/FVC <0.7 means blocked airflow (needed to be diagnosed)
- GOLD 1–4 is based on FEV1 as a percent of normal
- GOLD 2024 ABE groups guide treatment
- CAT ≥10 means you have symptoms; mMRC ≥2 means a lot of shortness of breath
- Flare-ups: 2 or more mild, or 1 or more severe, per year puts you in Group E
- SpO₂ 88% or lower, or PaO₂ 55 or lower, meets home oxygen (LTOT) rules
- Blood eosinophils 300 or more per µL favors ICS
- The BODE index helps predict survival



4 Prepared Patient Course

The complete course — three levels, applied to your life

- About 150,000 US COPD deaths per year (4th leading cause)

THE FULL COURSE — HOW EACH PART APPLIES TO YOUR LIFE

Every part of the COPD Force Field lands differently depending on who you are. Here is the complete course — what each concept means for **you**, your **family**, the **workplace**, and **students** learning it.

What Is COPD?

FOR YOU · THE PATIENT

This is your map. Quitting smoking, lung rehab, home oxygen if your blood oxygen is low, vaccines, and using your inhaler the right way all change your path. This is not a death sentence. But it does get worse if you do nothing.

EMPLOYERS & WORKPLACE

COPD is common and gets worse over time. The ADA and FMLA laws, clean air at work, and time for infusion visits make a supportive workplace.

FAMILY & CAREGIVERS

Your loved one can change the path a lot. Your role starts with helping them quit smoking, going with them to lung rehab, and watching for flare-ups.

STUDENTS & LEARNERS

Remember these. Blocked airflow means $FEV1/FVC < 0.7$ after a bronchodilator. It has two parts: emphysema plus chronic bronchitis. Smoking is the #1 cause. Alpha-1 deficiency is often missed, so test at least once. COPD is the 4th leading US cause of death. Women are now about 60% of US COPD deaths.

360 Human Anatomy: Airway, Alveoli, Mucus, Diaphragm

FOR YOU · THE PATIENT

Knowing how COPD hurts your lungs helps it make sense. Bronchodilators help because LAMA and LABA open the airways. ICS helps some people because it calms swelling. Home oxygen (LTOT) helps you live longer if your blood oxygen stays low.

EMPLOYERS & WORKPLACE

A 5-minute talk in a wellness session helps a lot. Clean air and a smoke-free workplace are ways to care for the lungs.

FAMILY & CAREGIVERS

Use the 360 Human Anatomy together. Seeing how the lungs puff up and the diaphragm gets tired helps you understand how hard breathing is for them.

STUDENTS & LEARNERS

Bookmark for boards. $FEV1/FVC < 0.7$ means blocked airflow. Alpha-1 deficiency with the ZZ or SZ type causes lower-lung emphysema. Cigarette smoke shuts off alpha-1. Cor pulmonale is right-heart failure from long-term low oxygen. ACO is asthma-COPD overlap.



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Who Gets It? — Causes + Types

FOR YOU · THE PATIENT

Do not settle for a one-size-fits-all label. Your cause matters. Alpha-1 is often missed, so get tested. Veterans: PACT Act coverage is real.

EMPLOYERS & WORKPLACE

Work exposures matter. Control dust, provide masks, and help with workers'-comp paperwork.

FAMILY & CAREGIVERS

If alpha-1 is positive, close relatives should get tested. Family history matters.

STUDENTS & LEARNERS

Smoking is #1. Alpha-1 deficiency (ZZ or SZ) causes lower-lung emphysema and shows up early. Indoor smoke is a major cause worldwide. Know ACO. The PACT Act of 2022 covers veterans.

The Numbers — GOLD 1–4, A/B/E, FEV1, CAT

FOR YOU · THE PATIENT

Your numbers tell you if things are under control. A rising CAT plus frequent flare-ups means it is time to step up treatment, do lung rehab, and think about a biologic if your eosinophils are 300 or more.

EMPLOYERS & WORKPLACE

You do not need to know the numbers. Just give time off for visits, lung rehab, and home-oxygen setup.

FAMILY & CAREGIVERS

Help track. A CAT score, a flare-up log, and a home oxygen check are the simplest jobs you can take on.

STUDENTS & LEARNERS

FEV1/FVC <0.7 is blocked airflow. Know the GOLD 1–4 cutoffs. Know the GOLD 2024 ABE groups. CAT ≥10. Know mMRC. Home-oxygen rules are SpO₂ ≤88% or PaO₂ ≤55. Know the BODE index. Eosinophils ≥300 favors ICS.

Recognize Symptoms + Exacerbation Triggers

FOR YOU · THE PATIENT

Most people are first diagnosed during a flare-up. Finding and treating COPD early changes your path a lot. Do not treat ongoing shortness of breath as normal.

EMPLOYERS & WORKPLACE

Work triggers include dust, chemicals, and smoke. Clean indoor air and letting people work from home on bad-air days both help.

FAMILY & CAREGIVERS

Watch for the early signs of a flare-up. Sweeping the home to cut triggers is family work.

STUDENTS & LEARNERS

A flare-up means more shortness of breath, more phlegm, a phlegm color change, and more cough. A viral chest cold is the #1 trigger. Spirometry is the best test but used too little. ACO is common.



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Diagnostic Workup + Wellness

FOR YOU · THE PATIENT

Do not skip the alpha-1 test. Do not skip lung rehab. Do not skip lung-cancer screening if you qualify. Most COPD patients miss at least one of these three.

EMPLOYERS & WORKPLACE

Time off for spirometry, lung rehab, LDCT, and infusions is a fair thing to allow.

FAMILY & CAREGIVERS

Keep the workup checklist going. Lung rehab, LDCT, and alpha-1 are the steps most often missed.

STUDENTS & LEARNERS

Spirometry after a bronchodilator with FEV1/FVC <0.7 means diagnosis. LDCT rules: a current or former smoker ages 50–80 with 20 or more pack-years who quit less than 15 years ago. Do the alpha-1 test at least once. Start lung rehab at GOLD 2 or higher. Heart disease is the #1 killer.

Know My Numbers

FOR YOU · THE PATIENT

Do not treat 2 or more flare-ups a year as normal. Do not skip the alpha-1 test, lung rehab, or LDCT. Managing your heart risk is part of COPD care.

EMPLOYERS & WORKPLACE

You do not need the numbers. Just give time off for visits, lung rehab, and home-oxygen setup.

FAMILY & CAREGIVERS

Help with the numbers card, medicine reminders, and the flare-up log.

STUDENTS & LEARNERS

Know the parts of the BODE index. Know reflex alpha-1 testing. Know the LDCT rules. Heart disease is the #1 killer in COPD. 2 or more flare-ups a year means high-risk Group E.

Lifestyle Force Field — Cessation + Rehab + Vaccines

FOR YOU · THE PATIENT

Quitting smoking, lung rehab, vaccines, and home oxygen if your blood oxygen is low all change your path. These work. Many people live full lives for 15–30+ years.

EMPLOYERS & WORKPLACE

A smoke-free workplace, quit support, and time for infusion and home-oxygen setup make a supportive workplace.

FAMILY & CAREGIVERS

Be a quit buddy. Go to lung rehab together. Schedule the vaccines. Send air-quality alerts.

STUDENTS & LEARNERS

Quitting smoking is the #1 lever. Varenicline works best. You can also use a nicotine combo or bupropion. Lung rehab helps you live longer (proven in trials) but is used too little. Vaccines are key.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Medications + LTOT

FOR YOU · THE PATIENT

LAMA-LABA, plus ICS if your eosinophils are 300 or more or you have ACO, plus roflumilast or azithromycin if you have frequent flare-ups, plus home oxygen if your blood oxygen is low, plus a surgery or transplant check if very severe. Do not settle for poor control.

EMPLOYERS & WORKPLACE

Time for infusions and home-oxygen setup is a fair thing to allow. The ADA and FMLA laws cover it.

FAMILY & CAREGIVERS

Be an inhaler-technique coach. Help with home-oxygen setup. Watch for a new need for oxygen.

STUDENTS & LEARNERS

LAMA is first-line. ICS alone is not advised. Use triple ICS-LABA-LAMA for Group E or eosinophils 300 or more. Use dupilumab for eosinophilic COPD. Home oxygen helps you live longer (NOTT/MRC). Roflumilast is a PDE4 inhibitor.

Care Team Members

FOR YOU · THE PATIENT

Do not settle for one-size-fits-all care. See your PCP for mild disease, a lung doctor and lung rehab for moderate to severe, and palliative care for symptom help at any stage.

EMPLOYERS & WORKPLACE

Time for lung rehab, infusions, and home-oxygen setup makes a supportive workplace. The ADA and FMLA laws cover it.

FAMILY & CAREGIVERS

You are an always-on team member. Be the inhaler coach, help with home-oxygen setup, watch for flare-ups, and help plan ahead.

STUDENTS & LEARNERS

PCP for mild. A lung doctor for moderate to severe, home oxygen, alpha-1, and advanced care. Lung rehab is used too little. Palliative care is normal. Heart disease is the #1 killer. SSRIs are safe in COPD.

Telemedicine & Tech

FOR YOU · THE PATIENT

A pulse oximeter, a smart inhaler, an air-quality app, and telehealth make a strong tool set. A POC changes life if you are on home oxygen.

EMPLOYERS & WORKPLACE

Telehealth, telerehab, and letting people work from home make a supportive workplace.

FAMILY & CAREGIVERS

Help set these up. A pulse oximeter, a smart inhaler, and air-quality alerts are family-team tools.

STUDENTS & LEARNERS

Get a home pulse oximeter. Know the proof base for lung rehab by video. A POC helps you move around on home oxygen. Smart inhalers help people take their drugs on time. Hospital-at-home is newer.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Insurance, Treatment Cost & Help

FOR YOU · THE PATIENT

You should rarely pay full price for a brand drug. Maker programs cover most people. Use the ALA and COPD Foundation help lines.

EMPLOYERS & WORKPLACE

Cover home oxygen, biologics, lung rehab, and LDCT. How you design the insurance benefit matters.

FAMILY & CAREGIVERS

Help with the paperwork. Maker programs take time but are worth the hour.

STUDENTS & LEARNERS

Know the home-oxygen rules and Medicare Part B coverage. Lung rehab is used too little even though Medicare covers it. Know the dupilumab copay program. The PACT Act of 2022 widens COPD coverage for veterans.

Equity, Access & Cultural Competence

FOR YOU · THE PATIENT

The gaps are real. You have a right to spirometry, lung rehab, home oxygen if your blood oxygen is low, and a biologic if you qualify.

EMPLOYERS & WORKPLACE

Fairness programs for employees with COPD do a lot of good. Reach out to veterans about the PACT Act.

FAMILY & CAREGIVERS

Push for specialist care and a biologic check if things are not under control.

STUDENTS & LEARNERS

Read the GOLD, ALA, and COPD Foundation fairness materials. Note women's higher risk per pack-year. Note the African American biologic gap. Note the PACT Act of 2022. Note the shame-about-smoking barrier.

Talk to Kids, Partner, Family, Employer

FOR YOU · THE PATIENT

Do not hide your COPD. Telling people, having an Action Plan, getting changes at work, and planning ahead give you control and dignity.

EMPLOYERS & WORKPLACE

An employee with COPD who feels supported stays longer, works better, and costs less. Clean air, flexibility, the ADA, and FMLA all stack up.

FAMILY & CAREGIVERS

You are the Action Plan, inhaler, home-oxygen, and plan-ahead team. Watch your own mental health too.

STUDENTS & LEARNERS

Coach patients through these talks. Planning ahead at moderate to severe disease is high-value. The veterans PACT Act is a real coverage lever.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Mentor & Share Insights

FOR YOU · THE PATIENT

Teaching locks in what you know.

EMPLOYERS & WORKPLACE

An employee with COPD who teaches becomes a leader inside the company.

FAMILY & CAREGIVERS

Family-to-family mentoring is powerful. The spouse-of-a-home-oxygen-patient path has a lot to share.

STUDENTS & LEARNERS

Show up at COPD Foundation and ALA events. Listen first.

Join the ROI Study (PHIT)

FOR YOU · THE PATIENT

Taking part is quiet but real advocacy.

EMPLOYERS & WORKPLACE

Sponsoring a group in PHIT gives you data to back the spending.

FAMILY & CAREGIVERS

Care partners can opt in too.

STUDENTS & LEARNERS

Study how PHIT, SPIROMICS, and COPDGene were built.

QUIZ YOURSELF — CAN YOU ANSWER THESE WITHOUT NOTES?

- ☐ What is COPD, in one plain sentence?
- ☐ What are my target numbers, and my personal baseline?
- ☐ What are my red flags — the signs that mean “call now”?
- ☐ What do I do first if those red flags happen?
- ☐ What is each of my medicines for?

The one thing about COPD I most want to remember



4 Prepared Patient Course

The complete course — three levels, applied to your life

Additional Notes

☐ I've completed Step 4 · Prepared Patient Course for COPD



5 Materials & Tools

Your home kit — the tools that keep you prepared

Being prepared between visits takes a few simple tools. Set these up for COPD, and check them off as you go.

YOUR KIT

- ☐ **Health Passport** — meds, numbers, allergies & contacts on one page.
- ☐ **Your meters / devices** — whatever you use to track COPD at home.
- ☐ **Your action plan** — green / yellow / red: what to do at each level.
- ☐ **Reminders** — a pillbox or phone alarm for medicines and refills.
- ☐ **A tracker** — one number or habit to watch over time.

THIS WEEK'S ACTIONS FOR COPD

- ☐ Ask the patient portal for your last spirometry report (a breathing test)
- ☐ Save two help lines in your phone: ALA Lung HelpLine 1-800-LUNGUSA and COPD Foundation 1-866-731-COPD
- ☐ Open and fill out your Force Field Emergency Card
- ☐ Tell one family member you trust that you have COPD
- ☐ Click into 360 Human Anatomy: Airway & Lungs
- ☐ Write your main part (emphysema, chronic bronchitis, or ACO) in your Health Passport
- ☐ Bring your marked-up map to your next visit
- ☐ This week: get the alpha-1 antitrypsin blood test if you have not
- ☐ Write down your smoking history and pack-years
- ☐ Write down your work exposures
- ☐ Veterans: check if you qualify under the VA PACT Act
- ☐ Never smoked? Ask for the alpha-1 test plus a check for work and indoor-smoke causes

The one number or habit I'll keep an eye on



5 Materials & Tools

Your home kit — the tools that keep you prepared

Additional Notes

☐ I've completed Step 5 · Materials & Tools for COPD



Skills Lab is where you **show** an educator (or a trusted person) the hands-on parts of managing COPD, in your own words. Practise and demonstrate these:

SKILLS TO DEMONSTRATE

- ☐ Name the two main parts (emphysema plus chronic bronchitis)
- ☐ Name your main cause (smoking, alpha-1, work dust, indoor smoke, or pollution)
- ☐ Know that you can change how fast it gets worse
- ☐ Tell COPD apart from asthma (in COPD, airflow does not come all the way back)
- ☐ Open the 360 Human Anatomy: Respiratory module
- ☐ Name the two main parts
- ☐ Explain in your own words how the lungs puff up too big (hyperinflation)
- ☐ Match each drug type to its target (LAMA opens airways, LABA opens airways, ICS calms swelling)
- ☐ Name your main cause or causes
- ☐ Figure out your pack-years if you smoke
- ☐ Get an alpha-1 antitrypsin blood test at least once
- ☐ Write down your work and military exposures
- ☐ Notice signs of asthma-COPD overlap
- ☐ Know your GOLD stage and ABE group

TEACH IT BACK

The fastest way to know you've got it: explain COPD in your own words — what it is, your main signs, what helps, and your red flags — with no notes.

My red flags for COPD — the signs that mean “call now”



6

Skills Lab

Show you can do it — hands-on teach-back

Additional Notes

☐ I've completed Step 6 · Skills Lab for COPD





THE FORCE FOR HEALTH® · PREPARED PATIENT

Prepared Patient Ambassador

This certifies that

has completed the Prepared Patient module for **COPD** — knowing their condition, their numbers, their red flags, and how to speak up in their own care.

SKILLS-LAB EDUCATOR SIGN-OFF

DATE

Workbook completion certificate. The clinical Prepared Patient Ambassador credential is confirmed by your Skills-Lab educator or the certification exam.



SCAN TO VERIFY &
COMPLETE
CERTIFICATION

8 Disease Advocate

Optional — beyond yourself: help those who come after you

This optional step is a gift you give the next person. Turn what you learned about COPD outward.

WAYS TO ADVOCATE & SHARE

- ☐ Read all 16 squares
- ☐ Open the deep course
- ☐ Not diagnosed yet but you smoke or used to, and get short of breath? Ask for a spirometry test
- ☐ Look at the airway module before each visit
- ☐ Update your notes after each change in treatment
- ☐ Review your causes and exposures once a year
- ☐ If alpha-1 is positive, talk with family (close relatives should get tested)
- ☐ Add COPD to your family health record
- ☐ Spirometry once a year
- ☐ CAT each month
- ☐ Share your story and what helped you most.
- ☐ Complete a row of Advocate Bingo.
- ☐ Support someone newly diagnosed with COPD.

My feedback on this program (Coach Lucy & Dr. Rob read these)



8 Disease Advocate

Optional — beyond yourself: help those who come after you

Additional Notes

☐ I've completed Step 8 · Disease Advocate for COPD

