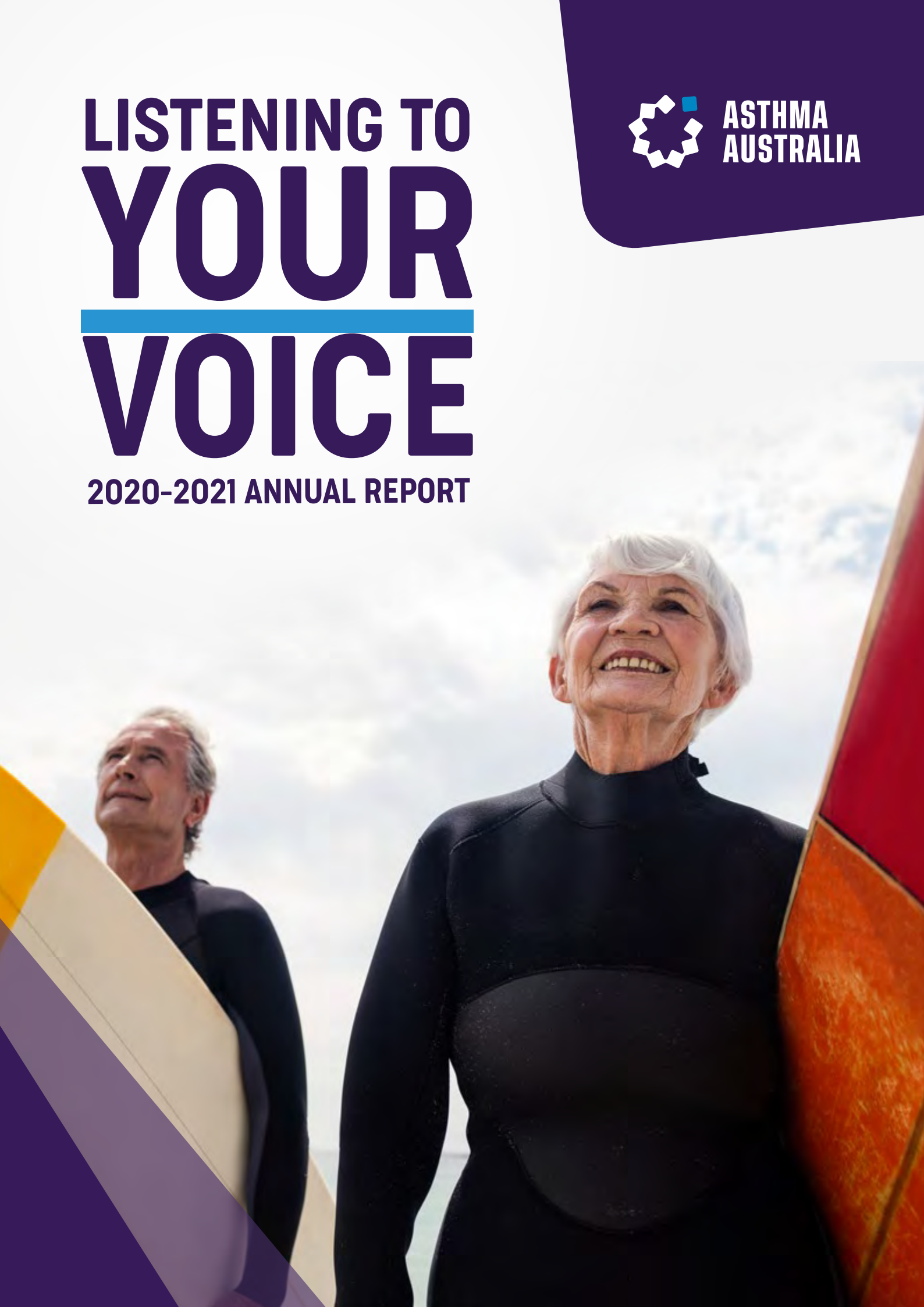


LISTENING TO YOUR VOICE

2020-2021 ANNUAL REPORT



ASTHMA
AUSTRALIA



TONI'S STORY

Toni had been living with ongoing asthma attacks for a couple of years, thinking that using her reliever was managing it. But after a frightening asthma flare up, Toni called the **1800 ASTHMA** information line for help.

"By the time I could get to my puffer, I couldn't breathe, I thought I was going to die," she said. Wanting better asthma management, Toni signed up for **The COACH Program®**.

After speaking to one of our Asthma Educators, she gained the support, knowledge and confidence she needed to treat her symptoms proactively.

"Asking my GP to review my preventer medications as a result of our conversations was an absolute gamechanger," she said. *"I went from living from puffer dose to puffer dose to having much more energy."*



Toni McLean

MISSION, VISION AND VALUES

ASTHMA AUSTRALIA IS YOUR VOICE AS YOU LIVE WITH ASTHMA

OUR PURPOSE

Our purpose is to help you to breathe so you can live freely. We are here to help you throughout your life, regardless of your age and stage.

We're here when you're a child wanting to play but struggling for air, or a health professional seeking best-practice evidence about the lifelong condition, or even when you're having a baby and you need to reassess your triggers and prevention.

We know that with one in every nine Australians impacted directly by asthma we have a lot of work to do.

OUR VISION

Our vision is a community free from asthma.

By 2030, we are committed to halving the number of avoidable asthma-related hospitalisations. When that happens, there will be 16,000 fewer trips to the hospital across Australia, and thousands less people experiencing the stress, fear and anxiety of a serious asthma flare-up.

In this way, we want to reduce the impact on you, your family, your community, and the wider healthcare system. Asthma currently costs the healthcare system more than \$1 billion, however the true cost to Australians is more like \$28 billion when considering health costs, lost productivity and the burden that asthma places on people's lives.

We know more than 80 per cent of current hospitalisations are potentially avoidable. That's why we want to educate and empower you to take control of your asthma, while we continue to work on prevention and treatment to improve the healthcare systems, supporting you where you live, learn, work and play.

OUR VALUES

- 1 WE KNOW WHAT WORKS. WE DEFINE WHAT'S NEXT.**
- 2 WE EMPATHISE. WE EMPOWER.**
- 3 WE'RE CONSTANT, RELIABLE AND RESILIENT. WE'RE DYNAMIC AND EVOLVING.**
- 4 WE'RE CARING. WE'RE COURAGEOUS.**
- 5 WE DO SERIOUS WORK. WE DON'T TAKE OURSELVES TOO SERIOUSLY.**

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ACKNOWLEDGEMENT OF COUNTRY

Asthma Australia recognises Australia's first peoples and value their cultural knowledge, strength and resilience in our work to improve the lives of people with asthma. We acknowledge the traditional custodians of the lands on which Asthma Australia works and pay respect to Elders, past and present and the Aboriginal and Torres Strait Islander people in our community.

STRATEGIC PILLARS

HOW WE WORK TO BE THE VOICE OF ASTHMA

- 
HIGH PERFORMANCE & INNOVATIVE CULTURE

Building a high performance, innovative culture where our people bring their best selves to their roles.
- 
CONNECTED & EMPOWERED CONSUMERS

Creating a digital ecosystem that provides more complete solutions for people with asthma.
- 
IMPACT & INFLUENCE

Better outcomes by working with and across the system as a whole, combining an evidence based and person-centered approach, to deliver the right support, in the right place, at the right time.
- 
TRUSTED, EXPERT VOICE

People with asthma benefit from a strong, trusted expert who understands their needs.
- 
FINANCIAL SUSTAINABILITY

Generating increased revenue, managing costs, and focusing on a positive ROI across all we do.

ASTHMA IN AUSTRALIA



1 IN 9

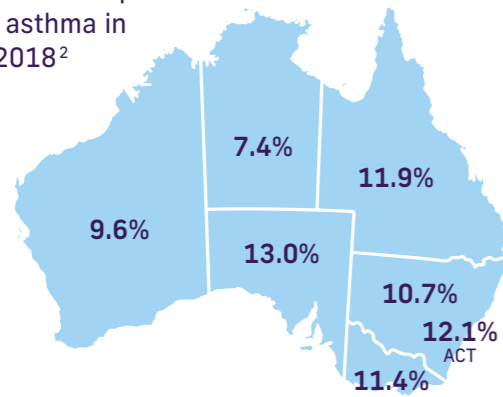
AUSTRALIANS HAVE ASTHMA

2.7 million people in 2017-2018¹

11.2%

of Australians reported having asthma in 2017-2018²

Persons (%) State/Territory



Indigenous Australians were 1.6 times more likely to report having asthma in 2018-2019 compared with non-Indigenous Australians¹

Age standardised rates

HOSPITALISATIONS



In 2017-2018
38,792

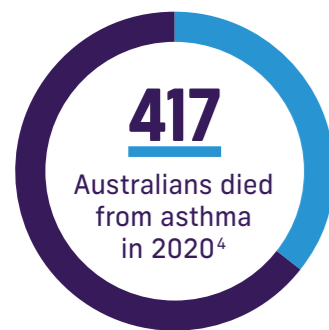
Australians were hospitalised for asthma¹

Approximately **80%** of asthma hospitalisations were preventable^{1,3}

Almost **half (44%)** of the hospitalisations for asthma were for children aged 0-14¹

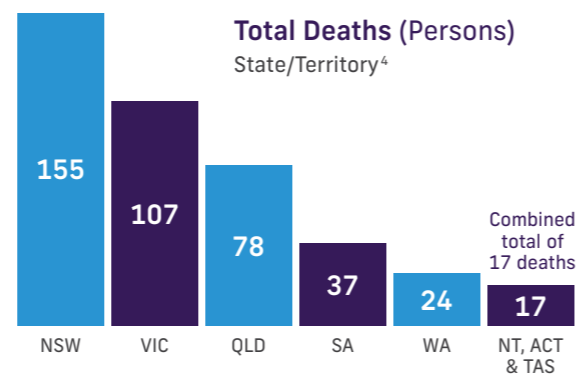
QUALITY OF LIFE¹

People with asthma are less likely to report excellent health, and more likely to report fair or poor health, than people without the condition



RIP ASTHMA MORTALITY¹

- Mortality rates are higher for:
- People living in remote areas
 - People living in areas of lower socio-economic status
 - Indigenous Australians



ASTHMA ACTION PLANS⁵

31% of people with asthma had an Asthma Action Plan in 2017-2018

- 0-14 years: 66.7%
- 15 years and over: 17.7% to 28.0% depending on age groups



1. Australian Institute of Health and Welfare 2020. Asthma Web report, 25 Aug 2020 update. Canberra: AIHW.
2. Australian Bureau of Statistics 2018. National Health Survey: First Results 2017-2018. Canberra: ABS.
3. Australian Institute of Health and Welfare 2019. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017-2018. 14 Nov 2019 update. Canberra: AIHW.
4. Australia Bureau of Statistics (ABS) 2021. Causes of Death, Australia, 2020. Canberra: ABS.
5. Australian Institute of Health and Welfare 2019. National asthma indicators - an interactive overview. 4 Dec 2019 update. Canberra: AIHW.

Information and support:

1800 ASTHMA
(1800 278 462)
asthma.org.au



OUR IMPACT

Thanks to our partners, funders, donors and bequestors we have been able to reach thousands of people with asthma, their carers, health professionals and schools through our work towards helping people with asthma to live freely.

SUPPORTING PEOPLE WITH ASTHMA



6,180 people contacted us for their asthma answers through **1800 ASTHMA**

587,243 website visits to asthma.org.au

64,335 followers on social media

5,565,481 people reached with information about asthma through our social media

1,746 referrals from health professionals

3,400 Kiss myAsthma app users

10,823 Asthma First Aid app users

44,684 people subscribed to our onAIR newsletter

4,823 health professionals subscribed to our Asthma Link newsletter

5,367 education staff subscribed to our Asthma In Education newsletter

SPOTLIGHT ON ASTHMA IN AUSTRALIA



1,900 media hits across online news, radio and TV about asthma

\$10,069,557 advertising value equivalent

415 media hits for the Launch of the Gas and Health Report

242 media hits for highlighting the health impacts of woodfire heater smoke

ADVOCACY HIGHLIGHTS



Briefings with the Australian Government's Parliamentary Friends of Asthma on our Bushfire Smoke Impact Survey as part of Asthma Week

3 bushfire inquiry reports supported Asthma Australia's recommendations including improved public education around bushfire smoke

Draft National Preventive Health Strategy recognises environmental determinants as a cause of ill health, including climate change, air pollution and extreme weather events

Woodfire heater smoke advocacy campaign resulting in national media coverage, meetings with NSW and ACT Government Ministers and appearance before Victoria's parliamentary inquiry into air pollution

Ongoing advocacy based on insights from our consumer research into the impacts of COVID-19 on people with asthma

TRAINING HIGHLIGHTS



2,060 schools trained in Asthma First Aid

23,048 school staff trained in Asthma First Aid

1,558 healthcare professionals trained in asthma through ThinkGP

43 healthcare professionals trained in Fundamentals in Spirometry

RESEARCH HIGHLIGHTS



9 research projects currently funded

✓ Research Advisory Committee formed



CEO REPORT

Michele Goldman

This has been another challenging year for people with asthma and their carers. The enduring and evolving impacts of COVID-19 have resulted in disrupted health routines and created additional hurdles for people living with chronic conditions. We have heard about challenges breathing with a mask, and the stigma of the asthma cough amid high alert for COVID-19 symptoms, as well as the fear of COVID-19 infection.

Throughout 2020/2021, we have created greater focus on bringing the voice of people with asthma and their carers to the fore. We have engaged and kept abreast of the concerns of the community through a range of communication channels including media, social media, interest groups, surveys and our education and training programs, and responded quickly to them. Community feedback and lived experience have informed our priority focus areas.

Access to medication and healthcare concerned many. Almost half of our survey respondents shared that they put off healthcare due to COVID-related barriers. One in three respondents said they had delayed care for the same reasons. We raised these issues at the highest levels of government.

Amid strong initial concern about the impact of the novel coronavirus on people with lung conditions such as asthma, we funded research through our National Asthma Research Program and partnered with The George Institute for Global Health to find out if people with asthma were more at risk. The findings enabled us and to reassure people that there was no elevated risk of death or hospitalisation from COVID-19 for people with asthma.

Throughout the year we have also aimed to better understand and meet the needs of people with asthma. We've run various projects across the country, some in partnership with other organisations, to evaluate different models of care and optimise asthma awareness and education. Our Culture Well project proved a success - despite some challenges along the way - highlighting the critical importance of the social determinants of health in the Samoan, Vietnamese and Arabic-speaking communities that were involved. Separately, our Implementing Community Responses to Asthma in the Mid-North project in South Australia (ICRA) engaged a community navigator to create a peer-led response to asthma management that is working to address stigma and preventable asthma episodes.

This year we have taken major strides to develop a national campaign for air quality awareness and education. The AirSmart campaign was born from the feedback of people with asthma during and after the 2019/2020 Black Summer Bushfires, and how it impacted all areas of their lives. Despite heeding the public health advice, people told us it didn't always help. That they felt trapped, helpless and worried. AirSmart is all about helping to equip people to understand when air quality is poor and giving them tools and strategies to help avoid and minimise exposure. Despite recommendations from the NSW Bushfire Inquiry and Royal Commission for this type of campaign, we recognised that in the COVID-19-dominated environment it was up to us to take a leadership role to ensure greater resilience for our community. You will see this campaign roll out increasingly over the 2021/2022 year.

We have set ourselves a bold goal to halve the number of avoidable hospitalisations due to asthma by 2030. As we move into our next strategic plan, collaboration and leveraging the knowledge, experience and networks of others is going to be increasingly important. As is influencing change across the broader system to improve the lives of people with asthma. We need to expand the focus to addressing the social and environmental factors that contribute to the development and deterioration of asthma.

There is an incredible team of people who support the outcomes we deliver. I would like to thank our philanthropic, healthcare and government partners for your commitment and generosity to help people with asthma live freely, unrestricted by their asthma.

To our Board Directors and Chair James Wright, thank you for your strategic input, strong oversight and valued support. It is a privilege to work with such an accomplished and cohesive Board. In particular I want to thank all our Council members - the Professional Advisory Council, the Consumer Advisory Council and our new Research Advisory Committee - for your wisdom, advice and support.

A special shout out must go to the enormous and impressive efforts of our staff who have demonstrated their passion, hard work and commitment in spades this financial year. Your ability to overcome challenges and embrace opportunities to better serve the community is always impressive and inspiring.

Thank you! I look forward to working together to deliver our new strategy in 2022.



CHAIR REPORT

James Wright

This is my first report as the Chair of Asthma Australia. As a person who has struggled with asthma my whole life, I was incredibly humbled and honoured to be elected to lead this wonderful organisation.

Many in my family have struggled with asthma across generations and we have lived our fair share of tough nights, hospital visits and unfortunately, complete tragedy. This legacy fuels my passion and energy to improve the support system for all people living with asthma so that they can live their lives freely.

The ongoing COVID-19 pandemic has dominated our lives this year and has carried added anxiety for those that suffer from underlying respiratory issues. Like many in the community, our organisation has had to adapt and find new ways to work, connect, support, and drive effective change in a healthcare system that has been put under enormous strain due to the pandemic.

As an organisation, Asthma Australia has adapted to an environment where our fundraising has been more challenging, while the demand for our services has significantly increased. We have spent the year finalising our new strategy and continue to work on our customer experience program to improve the way we interact and service those affected by asthma. We are working towards launching the AirSmart campaign and piloted a number of new and important innovative programs for consumers and health professionals.

To affect change in Australia's complex health system, it is important that our organisation is creative and partners with others to scale our impact. We continue to work effectively with state-based Foundations in Western Australia and the Northern Territory to ensure national programs are delivered on a consistent basis.

We have worked constructively with the Lung Health Alliance to strengthen the voice of those with chronic respiratory conditions across a range of research, policy and practice areas. Our partnerships with PHNs has enabled us to progress innovative pilots in different communities.

Board renewal is an incredibly important process in the continuing evolution of any organisation. This year, the board farewellled David Simmons OAM, the first Chair of the combined national organisation and Terry Evans AM, one of the architects and driving forces behind the original integration of the state-based foundations.

Consolidation and mergers in the for-purpose sector are incredibly difficult to negotiate and execute and the role of Terry and David in the creation of a cohesive and impactful national organisation cannot be overstated.

Our appointments committee embarked on a process to find new Directors that satisfied our rigorous Board skills matrix requirements. After a comprehensive search and vetting process, we have been fortunate to welcome two new highly talented directors, South Australian Kirsten Raison and Jo Taylor from NSW. They have brought great insight and contributed to the strengthening of our corporate governance.

I also take this opportunity to personally thank the generous contribution of all our wonderful Directors this year. A not-for-profit directorship is not a passive governance role, and our Directors have again rolled up their sleeves and worked extremely hard for the organisation on a range of challenging and demanding issues.

While it is critical to have an engaged and aligned board, the real work of the organisation is done by our incredible staff. We are fortunate to have a dedicated and professional Chief Executive Officer in Michele Goldman.

Along with our highly talented Leadership Team and staff, the organisation has been incredibly well supported by our passionate Consumer, Professional and Research advisory councils. These important groups bring a range of expertise, insight and credibility to the organisation and are fundamental in helping to shape the strategy, programs, and policy agenda. I want to thank them for all for their amazing contribution during this particularly tough year.

While the vaccine rollout brings optimism that life might return to something a little closer to normal, it will be important that our organisation remains agile and responsive to the shifting landscape. As we continue to refine our high-performance culture, I am extremely confident that Asthma Australia stands ready and able to have an ever-increasing impact on the national health ecosystem to improve the lives for those that suffer with asthma.

OUR BOARD

CHAIRMAN



James Wright

*Board Chair
Finance and Risk Committee member*

James is a founding partner at Sayers, an advisory and investment firm launched in 2020.

He has over 30 years' experience in economics and investment markets working in senior roles in both the public and private sector. James has previously been the Chief Investment Officer of JBWere Ltd and ING Investment Management, where he led teams that managed considerable amounts of capital for clients. His previous roles include Treasury Corporation of Victoria and the Commonwealth Treasury in Canberra.

He has been active in Asthma Foundation New South Wales and Asthma Australia roles since 2014. He has a Bachelor of Economics (Honours) from Monash University.

TREASURER



Paul Sinclair AM

Chair of Finance and Risk Committee

Paul is a community pharmacist and pharmacy-business operator with more than three decades of experience in the sector.

He is a past President of the Pharmacy Guild of Australia, NSW Branch, past National Vice President of the Pharmacy Guild of Australia and past Board member of Asthma Foundation Queensland and New South Wales.

Paul is also a past Chair and board member of the Australian Association of Consultant Pharmacy and a past member for nine years of the Pharmacy Council of NSW. He has had a long involvement with a number of community based not-for-profit organisations.

He is a strong advocate for community pharmacy and for the full utilisation of pharmacists in primary health care.

BOARD MEMBERS



Samantha Clark

Finance and Risk Committee member

Samantha has more than 20 years' experience across management consulting, medical, media, retail, travel, sport and recreation, FMCG and not-for-profit sectors. She has an MBA, is an Industry Fellow and holds certified qualifications.

At QML Pathology, she worked closely with clinical, medical and operational experts to optimise their marketing and governance frameworks, and policies around integrated health.

Samantha has experienced firsthand the consequences of severe asthma and the impact it has on wellbeing.



Simone Carton

Simone is an experienced CEO, lawyer and governance professional. She has worked across a variety of sectors including legal, health, advertising, banking and the arts.

She is currently CEO of the ACT Law Society and formerly CEO of the Australian and New Zealand Society of Palliative Medicine, among other executive positions with Asthma Foundation ACT and the Australian Multiple Birth Association. She is a parent to children with asthma.



Rosemary Calder

Rosemary has worked in health, aged care and social policy and services in the non-government sector and held senior executive roles in both Victorian and Commonwealth health departments.

She is Professor of Health Policy and Director of the Australian Health Policy Collaboration at the Mitchell Institute, an education and health policy think tank established by Victoria University.



Dr Louise Schaper

Louise Schaper has built a career around digital innovation to drive better health.

She has a PhD in Health Informatics and with more than 20 years experience in healthcare. Louise is currently the CEO of the Australasian Institute of Digital Health, Honorary Research Fellow at the University of Melbourne, Non-Executive Director of Daylesford and Macedon Tourism Ltd and is a Fellow of AIDH and the International Academy of Health Sciences Informatics.

BOARD MEMBERS



Dr Christopher Pearce

Christopher has been involved in Health Informatics for over 20 years. Trained in Rural and Remote Medicine and General Practice, he worked for 13 years in rural Victoria and assisted with the early adoption of GP desktop systems in the area.



Kristen Raison

Kristen has more than 25 years' experience as an executive in financial services. As a business consultant, she runs executive coaching and programs for leadership and global business mentoring.

She is an experienced non-executive board director with more than a decade of experience in the for-profit and not-for-profit sectors.



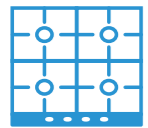
Jo Taylor

Jo has worked in the for-purpose sector in the United Kingdom and Australia for more than 20 years, leading philanthropic foundations for families, corporations, and government departments.

As part of a team, she helped raise more than \$100 million for poverty-reduction measures in the UK and Africa. In her work managing a diverse range of philanthropic trusts and foundations, Jo has distributed more than \$300m to for-purpose organisations.

Her most recent position was the Chief Capability Officer for the Paul Ramsay Foundation.

MEDIA OVERVIEW



Launch of the Gas and Health Report, partnered with The Climate Council:

415

media hits across online news, radio and TV



Woodfire Heater Smoke, ABC National Package:

242

media hits across online news and radio

Whilst the Coronavirus pandemic has thrown up different sets of challenges in the media environment, there has been continued growth for Asthma Australia's media profile.

Asthma Australia has aligned more closely with consumer experiences to achieve high profile media stories representing people with asthma during the Coronavirus pandemic as well as advocacy efforts on air pollution.

The media has helped provide a platform for raising important concerns for people with asthma including facemask use and exemptions; impact of a risky 2020 Thunderstorm Asthma Season during a pandemic in Melbourne; achieving a 60 Minutes Story with the Partridge-McLennan Family on their loss of their loved one Courtney to asthma and Australia's response to the 2019/2020 bushfire smoke crisis.

In May 2021, Asthma Australia partnered with The Climate Council to launch the 'Gas and Health Report'. This generated strong national media and social media results for Asthma Australia, aligned to our advocacy and health promotion aspirations. In June 2021 the ABC program 'Background Briefing' launched a national media story and social media package featuring Asthma Australia's position and Asthma Champions highlighting the health impacts of woodfire heater smoke, calling to reduce the health impact of asthma induced by smoke, in our communities.



CONSUMER ADVISORY COUNCIL CHAIR REPORT

Judith Wettenhall

The Consumer Advisory Council (CAC) supports Asthma Australia to build a person-centred organisation through the implementation of its Consumer Engagement Strategy.

We were proud to provide a voice for people with asthma throughout 2020/2021. Consumers helped shape the strategy and actions of our organisation, from mitigating climate change, to monitoring and improving air quality, and giving feedback on diverse Asthma Australia projects. We also provided input into policy on wood fire heaters, e-cigarettes and various proposals from the Therapeutic Goods Association and Pharmaceutical Benefits Advisory Committee.

We shared our lived experiences of asthma. This included the challenges that people with asthma often display symptoms that could be mistaken as COVID-19 symptoms and the challenges people have faced when attempting to access healthcare. The CAC will continue to push for improved engagement with healthcare professionals, especially for culturally and linguistically diverse communities, and those that are rural, remote or disadvantaged.

The CAC was also represented at all Professional Advisory Council and Research Advisory Council meetings. This gave us an opportunity to share the perspective of people with asthma across the organisation.



The Partridge-McLennan Family and Tara Brown, 60 Minutes

CONSUMER ADVISORY COUNCIL



Chair Judith Wettenhall

Judith is the Chair of the Holbrook Local Health Advisory Committee, and an Asthma Educator. She operates a farm in southern New South Wales.



Jessica Leung

Jessica is a dentist and pharmacist based in the ACT, and has lived with asthma since childhood. She is passionate about grassroots engagement and proactive communication for public health.



Tracy Ellem

Tracy is an educator in asthma and anaphylaxis management and first aid. With a background in early childhood education, she specialises in early intervention. Tracy experiences allergies and has a child who lives with asthma.



Kym Holden

Kym is an advocate for asthma education and those living with the impacts of asthma. She has a long association with the Health Consumers Forum and ACT Asthma.



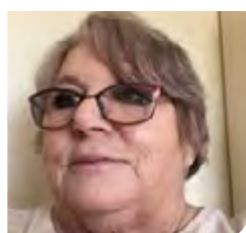
Kate Garvey

Kate is a clinician and policymaker who lives with asthma and has a child living with brittle asthma. Her key interests include supporting research on air quality and improving health literacy.



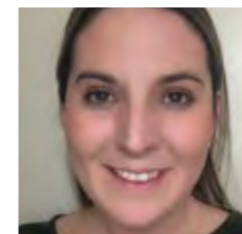
Helen Murray

Helen is a retired nurse who has worked as a service provider in both public and private sectors, in paediatric practice and in aged care. She developed asthma as an adult.



Lynda Whiteway

Lynda Whiteway is an experienced advocate in the health sector. She is a member of the Making Care Better Group based at the Royal Adelaide Hospital.



Cherylleigh Partridge

Cherylleigh is a strong advocate for education and change for asthma through air quality monitoring and reporting. She has been a powerful voice in the media and to the NSW Government bushfire inquiry.



Dr Sundram Sivamalai (PhD)

Sundram is an advocate for culturally and linguistically diverse communities. He was the Foundation Chair of the Ballarat Regional Multicultural Council, and served two terms as the Victorian Multicultural Commissioner.



Karen Bembridge

Karen is a special education teacher in Queensland. Before this role, she was a registered nurse in both hospital and community settings. She has lived with severe asthma most of her life.



Victoria Adams

Victoria is studying a Bachelor of Science (immunology/pathology and anatomy/histology) at the University of Sydney. She lives with severe allergic asthma and advocates for improved health literacy, especially for young people.



Kimberly Hunter

Kimberly is a Board Director of Indigenous Allied Health Australia (IAHA) and works at the Australian Human Rights Commission. She is dedicated to the advancement of health and social justice outcomes for First Nations peoples in Australia. She is a Nyikina woman from the West Kimberley.



Mary O'Leary

Mary is a qualified company director, company secretary and scientist. She is passionate about collaboration, consumer protection and healthcare service delivery. Mary is Chair of the Competition and Consumer Committee for the Law Institute of Victoria.

BOARD REPRESENTATIVES



James Wright



Simone Carton

ASTHMA CHAMPIONS



Our Asthma Champions enable a platform for the voice of people with asthma to be heard. They are people with lived experience that are passionate and motivated to share their story, and we support this through our media, fundraising and advocacy work.

Through their stories, they are helping us all to better understand and highlight the ongoing, often daily, impact of asthma on lives and lifestyles.

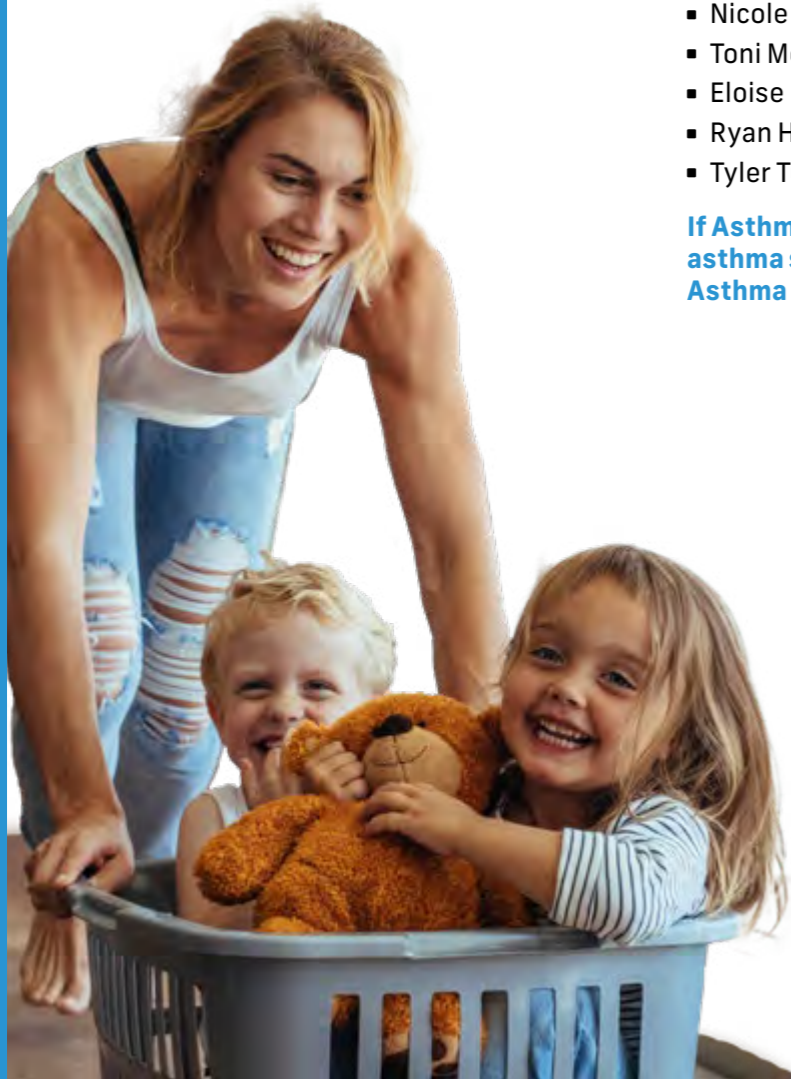
This has allowed us to gain more coverage for our advocacy work and projects through the media and government liaison so that we can bring asthma to kitchen table.

We simply cannot do our work without the voice of people with asthma. As a person-centred organisation, creating these strong relationships is imperative to better understanding people in the context of the lives, ensuring we can better support them to reach their full potential, and live a life free from the restraints of their asthma.

A special thank you to the Asthma Champions and donors who generously shared their stories to inspire others to support Asthma Australia through our Appeals and Newsletters.

- Family of Courtney Partridge-McLennan
- Caitlyn Parker
- Ebony Wightman
- Shirley Ashdown
- Deidre Ackerley
- Nicole Collins
- Toni McLean
- Eloise Robertson
- Ryan Harris
- Tyler Turner

If Asthma Australia has helped you or you have an asthma story to share, please sign up to become an Asthma Champion at asthma.org.au/champions



Ebony Wightman and partner, Asthma Champion

Ebony Wightman, 29, lives with severe eosinophilic asthma, bronchiectasis, non-allergic rhinitis and autism. She has helped us share the experiences of another COVID-19-impacted year and the challenges people with asthma face due to wood-fire heaters.

For Ebony, the combination of catastrophic bushfire and the pandemic have forced her into home isolation for more than a year.

But because smoke is an asthma trigger for Ebony, each winter of her life has been akin to a lockdown scenario, where she has to stay inside with the windows closed, because of the threat of wood-fire impacts.

“Despite our efforts, the smoke is completely unavoidable,” she said. “All I really want is to be able to live normally without smoke triggering dangerous attacks. I really just want to walk outside in the evening with my partner, but that’s the peak time for smoke.”

As a voice for people with asthma, this year we launched a national campaign against wood-fire heaters and we are developing an AirSmart public health education campaign, so people with asthma can breathe and live freely.

CONNECTED & EMPOWERED CONSUMERS

Inspiring change

ADVOCACY



Briefings with the Australian Government's Parliamentary Friends of Asthma on our Bushfire Smoke Impact Survey as part of Asthma Week



Three bushfire inquiry reports supported Asthma Australia's recommendations including improved public education around bushfire smoke



Draft National Preventive Health Strategy recognises environmental determinants as a cause of ill health, including climate change, air pollution and extreme weather events



Woodfire heater smoke advocacy campaign resulting in national media coverage, meetings with NSW and ACT Government Ministers and appearance before Victoria's parliamentary inquiry into air pollution



Ongoing advocacy based on insights from our consumer research into the impacts of COVID-19 on people with asthma

Asthma Australia's campaign and advocacy priorities were again informed and shaped by the experiences of people living with asthma.

These priorities were:

- responses to COVID-19
- wood fire heater smoke
- bushfire smoke

Asthma Australia continues to engage with state and territory governments and the Australian Government on a range of asthma-related issues.

ISSUE	OUR ADVOCACY GOALS	JURISDICTION
COVID-19 Inquiry	<ul style="list-style-type: none"> ▪ Develop resources and tools for mainstream health providers and multidisciplinary teams to assess and support mental health needs at the point of interaction ▪ Extend telehealth permanently to expand options for continuity of care for people with asthma, with evaluation of services occurring alongside implementation to assure quality of care and outcomes ▪ Establish a National Steering Committee to review existing pandemic plans, investigate areas for improvement, and build on the existing plans to create a comprehensive National Pandemic Preparedness Plan. This committee should establish a working group to investigate issues relating to medication supply and mental health needs, and fund research into the epidemiology of COVID-19 and chronic respiratory illnesses including asthma 	Queensland Parliamentary Inquiry into the Queensland Government's health response to COVID-19
Preventive health	<ul style="list-style-type: none"> ▪ Present the voice of people with asthma to the National Preventive Health Strategy - in development - with a response to the consultation paper and draft strategy. Our key recommendations included making air quality, social determinants of health and mental health focus areas for the final strategy, as well as ensuring adequate resourcing and implementation 	Australian Government Department of Health
Bushfire and smoke health issues	<ul style="list-style-type: none"> ▪ Raise awareness around the impacts of bushfire smoke and other sources of air pollution for people with asthma ▪ Raise awareness of peer-reviewed research that smoke, from 19 weeks of continuous fire activity, may have contributed up to 429 premature deaths, 3,320 hospital admissions for cardiovascular and respiratory conditions and 1,523 presentations to emergency departments for asthma ▪ Highlight that smoke exposure during the 2019-2020 bushfires had a particular impact on individuals with asthma, based on our bushfire impact survey ▪ Share the mental health effects resulting from the exposure to bushfire smoke, particularly for those with underlying conditions, such as asthma ▪ Advocate for our recommendations to reduce the impact of bushfire smoke on people with asthma through engagement with inquiries and government agencies 	New South Wales Bushfire Inquiry Australian Government Royal Commission into National Natural Disaster Arrangements
Medications and treatments	<ul style="list-style-type: none"> ▪ Oppose the rescheduling of Budesonide/Formoterol ▪ Asthma Australia argued that without concomitant use of an inhaled corticosteroid-based preventer, as-needed Budesonide/Formoterol was extremely new in Australia and marked "a very significant change in asthma management guidelines" ▪ An interim decision did not amend the schedule. This was in-line with our recommendation 	Therapeutic Goods Administration
Woodfire heater smoke	<ul style="list-style-type: none"> ▪ Conduct a nationally representative survey of 25,000 people to understand sentiments around wood fire heaters ▪ Develop policy position on wood fire heaters using survey results and academic literature ▪ Conduct advocacy campaign targeting decisionmakers in key locations to reduce health impacts of woodfire heater smoke 	



CONSUMER FOCUS



6,180

people contacted us for their asthma answers through **1800 ASTHMA**

"They taught me on the phone how to use my medication properly. I really listened this time and the guidance is working out. Glad I contacted someone from Asthma Australia."

"Have only had asthma for two years and find it quite frightening. Speaking to someone who knows all about asthma gives me confidence. They are always sympathetic and very helpful."

1800 ASTHMA & The COACH Program®

We are available to answer all asthma questions through our phone line, website and email, as well as referrals from health care professionals to our **1800 ASTHMA** and **COACH** programs.

We know that asthma is different for each person, which is why we seek to listen and understand each individual's context, and give personalised information and support.

Our Asthma Educators are trained to provide support for people with asthma and their carers through Australian best-practice asthma management and evidence-based information.

Our measure of success is seeing an improvement in their level of asthma control, which in turn support our goal of reducing avoidable asthma hospitalisations.

For people aged older than 12 years, we provided more comprehensive support through **The COACH Program®**. **COACH** is a confidential, free health coaching service delivered by phone over six months by Asthma Educators. The program aims to help people with their general health and wellbeing by better controlling their asthma.

This includes focusing on specific risk factors such as smoking, physical activity, nutrition, weight and wellbeing. We encourage connection with doctors through a comprehensive summary letter which is sent to the individual and their doctor about the person's goals and progress after each call.

During the year we have undertaken several evaluations of our **1800 ASTHMA** and **The COACH Program®** to continue to evolve the ways in which we provide personalised support to people with asthma, and allow us to improve their asthma management by partnering with them and their health care professional.

"The extensive experience and information we were provided was invaluable. Having a plan with recommendations to take to our GP was fantastic. This has definitely helped manage my daughter's asthma."

"They reminded me on how my preventative medication works and why it is important to persist with it."



AIRSMART

Throughout the year, we advanced planning for our AirSmart campaign pilot. Informed by a recommendation of the NSW Bushfire Inquiry, Asthma Australia's AirSmart campaign will be a national public health advocacy and education campaign to boost awareness of unhealthy air and inform people about how they can protect themselves during peak smoke periods.

We want poor air quality - and its negative health impacts - to be elevated in the public's mind to the same awareness level as sun safety. This will be a major change of public perception. We also want people to know how to protect themselves.

To this end, an AirSmart Project Advisory Group has been established to coordinate and guide the pilot campaign. We engaged the Enex TestLab to review publicly available air quality information apps in terms of useability and data sources.


The next step in this ambitious initiative is to develop the public awareness education campaign for AirSmart. The pilot is expected to run in early 2022, with an evaluation to follow ahead of a national campaign.

We thank the Asthma Foundation South Australia Trust for its initial generous funding to support AirSmart.




HEALTH PROFESSIONAL FOCUS

 **1,558** healthcare professionals completed the **ThinkGP Asthma Education training**

 **43** healthcare professionals trained in our new online course **Fundamentals in Spirometry**

 Continuous best practice asthma information was provided to **4,823** health professionals through our **Asthma Connect** program

 Two hour culturally relevant webinar for the National Aboriginal and Torres Strait Islander Health Worker and Practitioner Association

A key priority is engaging with health professionals to ensure asthma healthcare is delivered using best-practice, evidence-based and up-to-date management.

We work with healthcare organisations and professionals to explain the importance of personalised care for people with asthma.

Throughout 2020-2021 we engaged with health professionals in a number of ways, some of which were disrupted due to COVID-19 and ongoing restrictions.

THINKGP ASTHMA EDUCATION

Following the launch of the ThinkGP Asthma Education accredited learning modules in 2020 in partnership with Reed Medical, we saw 1558 completions of the course over the year.

The accredited learning modules highlight the best practice asthma diagnostic and management principles, strategies for preventive care and reducing the risk of hospitalisation, and real-world tips for making the most of the healthcare professionals consultation time with the patient.

People who completed the training commended the course as helpful, informative and relevant. **"This was very useful and relevant."** one participant said. **"It presented a very clear management strategy for a patient presenting with possible asthma."**

Another said: **"It was an excellent education helping me to understand more about the related comorbidities and the stepped approach to asthma treatment. Also I found the time division for each consultation to be very useful."**

"It was an amazing education regarding asthma management. It is a subject that we can spend a lot of time going through studies and reading. With this activity, it was summarised and focused on relevant topics."

"Excellent topic, really informative and important in Australian society."

"I enjoyed the modules, especially the case studies. It put the practical into practice and made you think and reflect on how you approach things. The modules were educational and informative. The resources were amazing."



FOCUS ON SPIROMETRY

In November 2020, we expanded our healthcare professional training options through the introduction of an online theoretical course in spirometry in partnership with the Spirometry Training Company. More than 40 health professionals have now completed this course which aims to help take the guess work out of diagnosing respiratory conditions in general practice.

Spirometry testing is currently underutilised, despite being the best standard and most objective measurement of airflow limitation required to confirm a diagnosis of asthma and COPD.

Until recently, only in-person spirometry training was available in Australia by a select handful of providers, greatly limiting capacity. The onset of the Coronavirus pandemic has encouraged an advantageous transition to self-guided online education, removing physical barriers and time constraints including for respiratory health.

Working across the South-Eastern New South Wales Primary Health Network, the project provided five webinars to improve the knowledge and skills of health practitioners in this important diagnostic technique. This included live demonstrations.

In addition, 15 health professionals from five general practices in the region had on-site training from a respiratory scientist, who later reviewed their technique.

One allied health professional said the course met their needs *“entirely”*. ***“It is absolutely outstanding in the content and way it is presented,”*** they said. ***“I cannot more highly recommended this course. High quality information, professional, evidence based and resources available. Appreciated participation in this online learning and congratulations to your team on a great learning package!”***

Another said: ***“I feel more confident to conduct spirometry here in the surgery, rather than having to refer patients onwards”***. Another said: ***“I learnt some great tips for correcting patient technique.”***



ASTHMA CONNECT

We continued to connect with health professionals regularly through our Asthma Connect programs and keep health professionals up to date online through the ThinkGP Asthma Education modules and the new Fundamentals in Spirometry online training.

Asthma Australia's Asthma Connect program is designed and delivered with healthcare professionals in mind. It provides high-quality, best-practice information about asthma management, asthma services, resources, and opportunities and maintains our ongoing connection with the medical and health community.

The Asthma Link e-newsletter also includes regular updates on asthma medications and treatment options, and keeps health professionals informed about asthma research, patient education strategies, and training opportunities.

HEALTH WORKER TRAINING

Another collaboration with the National Aboriginal and Torres Strait Islander Health Worker and Practitioner Association delivered a two-hour, culturally-relevant webinar to their annual symposium, Helping People to Live Well with Asthma. After the webinar, respondents said they would help people with their device technique, encourage the use of a spacer and consider referring to Asthma Australia for education or resources.

Asthma Australia will continue to work with both the person with asthma, and health professionals in order to achieve our goal to halve avoidable asthma hospitalisations.



SCHOOLS & YOUNG PEOPLE

 **91**

Schools Asthma Health Check submissions received

 **665**

downloads of new **Asthma Guidelines** for Australian Schools since launch

 **3,258**

active users and

1,639

new users/downloads of the **Kiss myAsthma** app

We work with schools and young people as a priority population, given the proportion of children and young people who are impacted by asthma.

In 2020/2021, we worked with the education sector to finalise and release the first nationally consistent Guidelines for School Asthma Management. This was the culmination of two years of advocacy, education and policy work, and listening to the voice of people with asthma.

These Guidelines provide Australian schools, irrespective of their location, with evidence-based recommendations and information for asthma management. The aim is to enable students with asthma to engage in the full range of school-based activities, helping them to live freely of the restraints of their asthma.

The guidelines also support staff, visitors and previously undiagnosed students with asthma first aid information.

Under law, schools have a duty of care to take "reasonable steps" to find out if an enrolled student has an asthma diagnosis and maintain clear and robust procedures to manage the condition.



17,056

engagements with youth across channels (annual target 12,000)

Note: adding website visitors aged 18-24 years boosts engagement by a further 83,973 annually

Schools & Young People project

Throughout 2020-2021, we continued to operate the Schools and Young people project, as part of the Asthma Management Program. This project aims to provide information and emergency response training for the management of asthma to school staff and promote asthma self-management principles to young people.

Despite ongoing challenges due to COVID-19 and restrictions, we managed to exceed our target for the number of schools trained in asthma awareness and education through the delivery of free online training. This involves the online risk assessment and asthma management readiness tool, Schools Asthma Health Check; the new Asthma Guidelines for Australian Schools; and associated asthma management promotion and resourcing, including the Kiss myAsthma app.

HIGHLIGHTS OF ONLINE ASTHMA FIRST AID TRAINING FOR SCHOOLS



2,060

schools trained nationally (annual target 1,500)



23,048

school staff trained nationally (annual target 10,000)



90%+

participants post-training were able to recognise the signs and symptoms of asthma, were familiar with the procedure of Asthma First Aid and felt confident to manage an asthma attack



When asked at exit "What was most valuable to you?" about the training, the most popular theme was **confidence:**

"Confidence in supporting people with asthma"

"Feeling confident to address an asthma event"

"Confidence to deal with asthma in the future"

"I feel confident to take care of people within my school community"

"Being able to confidently notice the signs of an asthma attack"

PRIORITY POPULATIONS

Asthma Australia continues to work with priority populations affected by asthma. This includes targeted urban, regional and culturally and linguistically diverse communities across the country.

In collaboration with healthcare partners, many of our projects have focused on building and trialing new models of care which seek to embed the consumer at the centre of health care decision making, and ensuring people with asthma are able to access relevant and timely supports that respond to their needs.

Our work is grounded in a social determinants of health approach and looks at how community and systems interact and how codesigned approaches can make a difference. This work is done in partnership with people with asthma, their carers and health care professionals.



QUEENSLAND

CULTURE WELL



Image: Arabic women's group with local pharmacists



Culture Well, a unique Asthma Australia project, approached asthma and other chronic conditions via a social determinants approach to health.

In collaboration with One Health Organisation and World Wellness Group, the three-year project addressed community social circumstances instead of narrowly focusing on medical factors, in three Samoan, Vietnamese and Arabic-speaking communities.

The initial goal was to reach 75 community participants. The final reach was 184.

The program engaged pharmacists in a community model of care as the central point of regular medical advice. Fifteen pharmacists were recruited to explore if culture capability training could improve their practice and patient outcomes.

The group of fifteen completed a four-module, three-hour package to improve their interaction with the Arabic-speaking community.

All participant pharmacists reported the positive impact of the training on their daily practice, especially using TIS interpreters or rostering Arabic-speaking staff on regular days.

The intervention proved successful with one hundred per cent of Brisbane participants saying they believed it would help them with health issues, and 95 per cent of Adelaide-based respondents agreeing it would help them significantly.

"I feel more confident in asking questions," one participant said. Another said: ***"Our understanding of the health and pharmacy system is much better after attending this session."***

The three-year program was finalised in June. A warts-and-all evaluation, The Radical Guide for Collaboration, outlined the program, potential improvements and its successes.

Asthma Australia gave a presentation to a Paul Ramsay Foundation webinar about the guide, titled Collaboration in the Social Sector.

AUSTRALIAN CAPITAL TERRITORY

PREVENTING DIABETES IN WOMEN OF REPRODUCTIVE AGE WHO HAVE ASTHMA

Separately, the Preventing Diabetes in Women of Reproductive Age project - operated in the ACT thanks to a Healthy Canberra grant - sought to reduce the risk of gestational diabetes and type two diabetes in women who experience asthma.

We developed a marketing campaign in the ACT to encourage pregnant women to contact Asthma Australia for asthma management support and to help promote healthy lifestyle behaviours.

Asthma Australia upgraded **The COACH Program®** software to include the AUSDRISK assessment tool, which assesses a person's risk of developing diabetes. The Asthma Educators used the AUSDRISK assessment tool with telephone-based clients and provided feedback and referral based on their results.

Women were provided with evidence-based education and support for their asthma management, as well as encouraging an increase in healthy lifestyle behaviours such as physical activity, healthy eating, smoking cessation, and improved mental health.

The project achieved an increase in referrals and interactions via **1800 ASTHMA** and **The COACH Program®** among women of reproductive age, improvements in asthma control score and healthy lifestyle behaviours of over 50% of the women assessed with the AUSDRISK tool.



AUSTRALIAN CAPITAL TERRITORY

EMERGENCY DISCHARGE PROTOCOL PROJECT

We continued working with the Calvary Hospital Emergency Department in Canberra on an automated referral process to Asthma Australia, as well as education and training for hospital staff. There were 386 referrals from Calvary.

In a similar healthcare-focused project, Asthma Australia partnered with ACT Walk-in Centres to provide asthma resources and information about our services at the point of care. We also provided education and training to staff quarterly. These nurse practitioner-run ACT Health clinics operate 24/7 to offer free care for non-life-threatening injuries for children younger than five years old.

During the early December ACT thunderstorm public health alert period, the Walk-in Centres experienced a surge of presentations with asthma-like symptoms. The resources, awareness and relationship-building led to increased referrals to Asthma Australia.

We want more health professionals to understand this complex condition, its triggers and treatment.



Image: Janine Lourensz presenting at Calvary Public Hospital

SOUTH AUSTRALIA

IMPLEMENTING COMMUNITY RESPONSES TO ASTHMA (ICRA)

Implementing Community Responses to Asthma (ICRA) in the Mid North of South Australia is a two-year community health program to educate people with asthma to manage their condition and reduce disease-related stigma.

The districts around Peterborough, Orroroo and Jamestown have Australia's highest rates of asthma-related hospital admissions - 45 per cent higher than the South Australian average - and is one of the most disadvantaged areas of South Australia.

Working with The Australian Centre for Social Innovation, ICRA sought to address this and codesign solutions that suited the local population.

In 2020/2021 we delivered on the extensive program design undertaken in the previous year to provide information, support and guidance.

The project harnessed the energy of local Anita, an Asthma Community Connector and a local support person to improve asthma outcomes and raise awareness. Working together, we created an Asthma Smart Community surrounded by asthma information and support. This includes public signage and first aid-trained locals. Anita is now a trained Asthma Educator, able to present community training sessions.

People responded that they felt comfortable engaging with "someone like me". "I am more aware of asthma," one respondent said. "I didn't realise there was so much asthma in the community. This makes me feel less alone."

The project was successful in extending our reach beyond urban areas but also forged a partnership with a high-level strategic group comprising all the key funders and service providers in the area, the Coalition of Partners. This group is now exploring other ways to promote systemic change and reduce duplication.

We are seeking to replicate the ICRA community-led model in another area of South Australia and Tasmania.

Image: Anne McKay, Local Project Support and formerly Peer Researcher on right Irene Limburg



SOUTH AUSTRALIA

THE ADELAIDE INTEGRATED RESPIRATORY RESPONSE PROJECT

The Adelaide Integrated Respiratory Response Project (AIRR) was created to empower people with asthma with the knowledge of best-practice healthcare and how to get it. We developed a model of care where a knowledgeable person with asthma drives good service from their GP, their pharmacist and Asthma Australia educators to receive personalised asthma care, which is shared among the healthcare providers.

We created an Asthma Educator-led workshop in chronic disease self-management, attended by people with asthma, GPs, nurses and pharmacists. The key aims were to upskill the person with asthma about best-practice care, as well as boosting collaboration between health professionals.

In 2020/2021, we tested this model in culturally and linguistically diverse communities, the Arabic-speaking and Vietnamese communities, using culturally-appropriate strategies. By engaging bicultural workers, we were able to create programs that were relevant, appropriate and easily understandable for all participants. We received valuable feedback. We understand language is very important, people with asthma want good service but need to be able to understand.

Based on the AIRR project we trialed a bicultural worker-led service within **1800 ASTHMA**. Despite its success, it is unsustainable due to the requirement for language interpretation and coordination. However, this has provided valuable insights for future service delivery for culturally and linguistically diverse communities.

Image: Local Project Support Office with the Peterborough Golf Ladies



RESEARCH

Our research priorities

We know the importance of research and the impact it can have. Research can translate into better policies, treatments, and practices however it can also expand beyond the healthcare sector and medications. We are continuously exploring what policies, programs, and impact we can have to deliver better outcomes for people with asthma so that they have improved the quality of life.

We want to improve the current health of Australians with asthma. In addition to our plan to halve avoidable asthma hospitalisations, we also want to invest in research that aids the diagnosis, care and treatments for asthma and which tackles those things contributing to the development of asthma and its symptoms.

This year our research has focused on COVID-19, bushfire smoke, wood smoke and air quality more widely. We have also enabled scientific and medical research around the causes, management and treatment of asthma.

Over the period, we released our National Asthma Research Program Strategy, which sets out our priorities to explore new ways to improve the lives of people with asthma.

NATIONAL ASTHMA RESEARCH PROGRAM STRATEGY

PRIORITY AREAS



PREVENTION

Research that focuses on primary and secondary prevention



VULNERABLE POPULATIONS

Research, interventions and other methods of enquiry that seek to address the inequity of asthma impact on vulnerable groups in Australia



NEW MODELS OF CARE

Design and testing of models and systems that seek to address the systemic contributions to asthma health or illness



ENVIRONMENT

Explore and minimise the impact of the changing environment on asthma health



HEALTH POLICY AND PRACTICE

Influencing policy through the consolidation of our experience, insights and consultations with the wider research community

Asthma Australia has operated a National Asthma Research Program for a decade. This has generated advances in asthma knowledge and therapies. These have included Dr Paul Robinson's work to target early detection and improved monitoring of paediatric lung disease, Nusrat Homaira's project to improve the experience of children discharged from emergency departments back to the community, and Professor John Upham's research into the impact of moderate-intensity exercise on airway inflammation.

This year we have supported early career researchers, bedded down our governance processes and embarked on a research priority setting exercise. An internal evaluation and consultation process guided this year's strategy, which prioritises research outcomes that are most able to lead to tangible improvements for Australians with asthma.



NATIONAL ASTHMA RESEARCH PROGRAM STRATEGY

Future research will be aimed at new treatments, practices and policies to effectively improve the lives of people living with asthma.

While we increase the impact of the National Research Program for asthma, we also want to improve the experience for researchers within the Program, the overall funding amount and the return on investment from that funding.

Our future funding will take the form of grants for projects, including seed funding, fellowships, scholarships and travel, partnerships, program implementation and evaluation, and research translation and advocacy.

It will operate in line with our principles:

-  **CONSUMER CENTRED**
-  **PROGRESSIVE**
-  **ACCOUNTABLE**
-  **COLLABORATIVE**



IMPACT OF COVID-19 ON ASTHMA: RAPID REVIEW FOR ASTHMA AUSTRALIA



Asthma Australia commissioned research to determine the risk of COVID-19 for people living with asthma, given the impact of the pandemic on Australian society and health systems throughout 2020-2021.

The [research review](#), co-written with The George Institute of Global Health, revealed people with asthma had a statistically significant slightly reduced risk of contracting or being hospitalised with COVID-19, and were slightly less likely to die from the virus.

There was an increased risk, however, of requiring ventilation and ICU in the event the person with asthma was hospitalised with COVID-19.

This was the first rapid evidence synthesis to explain an evidence-based risk of vulnerability for people with asthma and drew on 57 studies globally with a combined sample size of 587,280 people.

Based on the research we advised people with asthma to continue to practice effective hand hygiene and physical distancing, as well as continuing optimal asthma management.

This report contributed to evidence there was no need for people with asthma to self-isolate for long periods but hand hygiene and physical distancing was appropriate. It also advised people with asthma to optimise their asthma control.

ASTHMA AND COVID-19 RISKS



■ General population ■ People with Asthma *Graphic is not to scale



- Asthma does not appear to be a risk factor for COVID-19
- People with asthma should continue to take their preventer treatment to ensure best asthma control and reduce the chance of severe flare-ups
- Keep following public health advice to stop the spread

INTRODUCING OUR RESEARCH ADVISORY COMMITTEE

This year we reached out to the asthma community to create a Research Advisory Committee. This group of health, medical and asthma experts was convened to ensure our research focus is relevant and has maximum impact for people living with asthma.

The Research Advisory Committee supports Asthma Australia to deliver the research program and seek out further opportunities for growth and development. The Committee represents excellence across research, clinical and scientific endeavours, as well as people with lived experience of asthma. We thank them for their efforts and expertise, which is vital to ensuring research funding supports quality research that can be translated into outcomes to improve the lives of those living with asthma.

RESEARCH ADVISORY COMMITTEE



Chair Professor Adam Jaffe

Adam is a Professor of Paediatrics and Head of the School of Women's and Children's Health, Faculty of Medicine at UNSW, Sydney, and a paediatric respiratory consultant at Sydney Children's Hospital. He is a codirector of the miCF Research Centre. His research centres around translational research aimed at improving child health outcomes, in asthma, cystic fibrosis, childhood pneumonia, and rare "orphan" lung diseases.



Judith Wettenhall

Judith is the Chair of the Holbrook Local Health Advisory Committee, and an asthma educator. She operates a farm in southern New South Wales. She is also a person with lived experience of asthma.



Kate Garvey

Kate is a clinician and policymaker who lives with asthma and has a child living with brittle asthma. Her key interests include supporting research on air quality and improving health literacy.



Helen Murray

Helen is a retired nurse who has worked as a service provider in both public and private sectors, in paediatric practice and in aged care. She developed asthma as an adult.



Professor Shyamali Dharmage

Shyamali is a world-leading expert in respiratory epidemiology. She is an NHMRC Senior Research Fellow trained in clinical medicine, public health and epidemiology. She is the Founder and Head of the thriving Allergy and Lung Health Unit at The University of Melbourne.



Dr Gabrielle McCallum

Gabrielle is a Senior Research Fellow, clinical nurse, and program leader of Menzies' Child Health Respiratory team in Darwin. She seeks to improve the health and wellbeing of children through evidence-based research, translational research, and culturally appropriate education for First Nations families.



Professor Phil Hansbro

Phil is the Director of the Centre for Inflammation, Centenary Institute and University of Technology Sydney, and is a Conjoint Professor in the Priority Research Centre for Healthy Lungs at the Hunter Medical Research Institute and University of Newcastle, Australia. He is also an NHMRC Principal Research Fellow. His research focuses on infections, COPD, asthma, lung cancer, influenza and COVID-19.



Professor Lisa Wood

Lisa is the Head of School of Biomedical Science and Pharmacy at the University of Newcastle and Head of Nutrition Research at the Priority Research Centre for Healthy Lungs, Hunter Medical Research Institute. Prof Wood is a nutritional biochemist, registered nutritionist (RNutr) and clinical research scientist. Her research focuses on nutritional factors and inflammation.



Assoc Professor John Blakey

John is a consultant in respiratory medicine at Sir Charles Gairdner Hospital, Perth. His subspecialty interest is in asthma and related conditions. John has a strong record of quality improvement and service development activities, particularly relating to the use of newer connected technologies.



Professor Sharyn Rundle-Thiele

Sharyn is a social marketer and behavioural scientist. She is the Founding Director of Social Marketing @ Griffith, the largest university-based group of social marketers in the world.



Professor Sotiris Vardoulakis

Sotiris is an inaugural Professor of Global Environmental Health at the ANU National Centre for Epidemiology and Population Health. Over the last 20 years, he has advised governments and international organisations on the health effects of climate change and air pollution.



RESEARCH ADVISORY COMMITTEE CHAIR REPORT

Professor Adam Jaffe

Our Research Advisory Committee came together this year to provide expert input into Asthma Australia to build a strong and well-supported National Asthma Research Strategy. The multidisciplinary committee is made up of highly regarded experts, including consumers, from across the country and across disciplines, brought together with a vision to engage the research community and optimise our research funding.

We want research to make a difference, especially with translational research, to assist people living with asthma.

This was a year in which we established our framework for growth. We harbour strong ambitions to rapidly increase our research grant support. We want Asthma Australia to be recognised as a serious grant-giving body that funds research with meaningful outcomes for consumers. To this end, a critical result during the year was strengthening our grant-giving processes and a recognition we must increase awareness among the scientific community. Further, we must engage and leverage partnerships to boost the impact of philanthropic donations to achieve our goals.

We are working towards a Research Priority Setting Partnership, underpinned by the James Lind Alliance methodology, which will shape the future direction of investment. This brings together people with asthma, their carers and clinicians to create a top ten list of research priorities. The priority list will shape the future of our research investment, informed by the needs of people with asthma.

Despite the year's challenges among the healthcare community – especially in respiratory medicine – the committee has achieved a robust structure to build our capacity for the future. We work in close collaboration with the Board and thank them for the open communication. Together we have the settings in place to engage the research community, grow our funding partnerships and action the principles of the National Asthma Research Strategy.



PROFESSIONAL ADVISORY COUNCIL CHAIR REPORT

Rosemary Calder

This year we have grown and matured and taken significant steps into deepening our engagement with people with asthma, their carers and treating healthcare professionals. The Professional Advisory Council completed its second full year of engagement with Asthma Australia and provided strong skills, insights and guidance to the Board and Asthma Australia team. The group helped the organisation navigate the ever-changing and demanding health and social environment for people with asthma.

Asthma Australia was able to engage more vigorously and broadly in public health policy and discussions, on behalf of people with asthma, thanks to the high quality and responsive engagement and advice from the members of the Professional Advisory Council.

Some of the key contributions by the Council included medication policy, the role of health and social systems on asthma health and wellbeing, national health strategy reform, air quality and e-cigarettes, social determinants of health and the continued challenges posed by COVID-19 for people with asthma. Climate change and the impact of planetary health on the wellbeing of people with asthma was a significant topic of engagement.

As the Chair of the Professional Advisory Council, and member of the Asthma Australia Board, I am privileged to work with the members of the Council. The members not only contribute their particular expertise to the Council discussions but provided the Asthma Australia team with advice and guidance based on strong discussion and debate. This provides a strong consensus of opinion. We are at the start of Asthma Australia's next strategic plan, and I am confident that our work in coming years will be well supported and guided through the work of the Professional Advisory Council.

PROFESSIONAL ADVISORY COUNCIL



Chair Professor Rosemary Calder

Rosemary is a Professor of Health Policy at the Mitchell Institute, Victoria University and leads the Australian Health Policy Collaboration.



Adjunct Associate Professor Pharmacy Kingsley Coulthard

Kingsley advocates for equity of access to safe and effective medicines for children. He is a former Director of Pharmacy at the Adelaide Women's and Children's Hospital.



Professor Anne-Marie Feyer

Anne-Marie is an expert in health and social care research, practice and policy who has worked across academia, the private sector and in consultancy.



Dr Juliet Foster

Juliet is a research psychologist with a special interest in patient perspectives on chronic disease and self-management.



Professor Peter Gibson

Peter is a respiratory disease doctor and a clinical scientist who investigates the mechanisms and treatment of asthma, COPD, cough, and other airway disorders.



Melinda Gray

Melinda is a Clinical Nurse Consultant, Paediatric Asthma at Sydney's Children's Hospital Randwick and co-coordinates NSW's Aiming for Asthma Improvement in Children Program.



Associate Professor Tracey-Lea Laba

Tracey-Lea is a health systems researcher and NHMRC Early Career Fellow at the Centre for Health Economics Research and Evaluation, UTS Business School Sydney. Her work focuses on value and equity in medicine access.



Professor Sharyn Rundle-Thiele

Sharyn is a social marketer and behavioural scientist. She is the Founding Director of Social Marketing @ Griffith, the largest university-based group of social marketers in the world.



Dr Tim Senior

Tim works as a General Practitioner at the Aboriginal Community Controlled Health Service in South West Sydney, and is a clinical senior lecturer at Western Sydney University.



Paul Sinclair AM

Paul is a community pharmacist and pharmacy-business operator with more than three decades of experience in the sector.



Dr Louisa Owens

Louisa is a Consultant Respiratory Paediatrician at Sydney Children's Hospital with a special interest in asthma management and the epidemiology of respiratory health of children.

HIGH PERFORMANCE & INNOVATIVE CULTURE



1 in 3

of our staff **experience** asthma themselves or **care** for someone living with asthma

OUR PEOPLE



63 individuals across all states and territories of Australia except Western Australia and the Northern Territory

25 full-time staff

29 part-time staff

Throughout the disrupted 2020-2021 year, Asthma Australia continued to focus on our consumers and how best to give a voice to people asthma. While our focus is delivering the most effective and relevant services for people with asthma, we recognise that we can only do this with a strong, high-performing team.

A new major initiative over the year is our customer experience program. We are determining how people with asthma interact with our services, where we can meet their needs, and how we will do it. This has given us valuable insights into how we can improve our performance and innovate to best meet their future needs. This will continue to be at the heart of our practice as we move forward.

Using a customer experience framework to further strengthen our focus on person-centred practices has provided valuable insights to drive innovation and increase our effectiveness.

As a great place to work, Asthma Australia continues to deliver positive engagement and innovation metrics across our teams. Our 2021 Employee Voice Survey showed strong results across the outcomes measured of Engagement, Wellbeing and Progress - a great achievement particularly after a difficult year. Our people have high commitment and job satisfaction and they feel better enabled to manage stress at work. Further opportunities to innovate and improve are being actively progressed across all teams building on the strong foundations already in place.

The high level of commitment of our people was also reflected in our quarterly 'pulse checks', which have told us many staff would recommend Asthma Australia as a place to work.

Our internal efforts were reflected in the successful external audit of our Quality Management System, which highlighted the strength of our person-centred practices. Recommendations of how we could continue to improve our performance were shared and have been incorporated into our strategic planning.

Another key initiative has been reflected in the way we work. COVID-19 restrictions allowed us to explore what more flexible working arrangements could look like for us, including working from home. This increased flexibility was welcomed by staff and now forms a key part of how we work at Asthma Australia.

These efforts to improve performance have been strengthened by a positive organisation culture and reflected in our strong engagement levels of our staff.

CUSTOMER EXPERIENCE



WHAT DID WE DO?

- Established benchmark customer satisfaction, customer effort and recommendation metrics across our key direct to consumer program with multiple audiences
- Used these consumer insights gained to evolve key programs
- Commenced our digital transformation journey by auditing how we collect, collate, store, manage and analyse data
- Established an ongoing Voice of Customer program, providing valuable real time insights into customer satisfaction and sentiment on key content areas
- Benchmarked brand perceptions by the market and current customers, enabling the platform for a stronger, customer-informed value proposition
- Established a core group of staff members to champion the customer experience framework and way of working in the operational roles

Embedding a customer experience approach

A core component of our strategic plan and our future focus is to build a more strongly focused person-centred business model. That is, to engage people with lived experience in informing and shaping our work to more effectively reduce the burden of asthma on their lives. As some of the key sector indicators show, there has been little improvement over recent decades in reducing the number of hospitalisations or deaths from asthma, and the burden of the disability on the 1 person in 9 living with the disease, is still significant.

We need a game changer – we believe we can design and deliver more effective and valued programs and services to improve asthma outcomes, if we gain a significantly better understanding of the wants, needs and value drivers of both people with asthma, as well as those in their immediate sphere of influence.

As the only consumer organisation for people with asthma, uncovering, understanding and learning from consumer and stakeholder insights, is a unique and valuable contribution we can make to the health care sector and to community more generally.

We have made some progress over recent years; establishing a Consumer Engagement Strategy, convening the Consumer Advisory Council, undertaking a consumer informed approach to our brand strategy and positioning, and more recently undertaking extensive research relative to the Bushfire crisis and COVID 19 to inform our response and engagement methods.

The plan to further build on these efforts and chart a new course, will see us become even more focused and committed to seeing things through the eyes of consumers.

By using a consumer experience methodology, this year we have embarked on an ambitious journey to strengthen our focus on embedding the consumer at the centre of all we do. By aiming to deeply understand the needs and pain points of people with asthma, we can identify the pathway to better fulfil these needs in the future – whether it is Asthma Australia directly meeting these needs or working with others to create the change that is needed to shift the dial on asthma in Australia.

As we continue on our journey as a national entity to ensure people with asthma can live freely of the restraints of their asthma, ensuring we deeply understand what people with asthma need, want and value, and co-designing Asthma Australia's role in that, will take us on the path to achieve our purpose.

FINANCIAL SUSTAINABILITY

PHILANTHROPY



177

Asthma Heroes
donated a total of

\$37,662



86

Community fundraisers
donated a total of

\$52,664

Amid a constrained fundraising environment, Asthma Australia has continued to implement its philanthropy strategy to raise funds for vital asthma-related services, advocacy and initiatives.

Fundraising contributes about one-quarter of Asthma Australia's revenue and we are grateful for the support of generous corporate and personal donors.

This year two major donors pledged to either double or triple community donations during our Giving Day, on September 15. Together, these donations totaled more than \$30,000.

Our community fundraising continued despite COVID-19 restrictions. In particular, we would like to highlight the impact of our Asthma Heroes. Almost 200 (177) regular donors gave \$37,662 to the organisation in 2020-2021. We thank them for their regular support, which enables us to plan and finance our ongoing projects and services.

We also thank our donors from our Christmas and end-of-financial year appeals, who contributed to work in research and treatments for asthma.



THANK YOU

Sixty years ago, there were virtually no treatments for asthma. Now there are. Because of you, a young adult with asthma can get personalised support to manage their illness. Because of you, fewer parents will wake up to their children's uncontrolled wheezing. Because of you, calls from people wanting urgent information about managing their asthma will be answered. Because of you, research into preventing and treating asthma continues. Perhaps, one day, with your support, we'll find a cure. Nothing is more important than being able to breathe freely. And because of you, more Australians will. You make a difference to the lives of people living with asthma. Thank you for being such wonderful and caring Heroes.

If you would like to become an Asthma Hero, please visit:
asthma.org.au/asthma-hero

COMMUNITY FUNDRAISING

We would like to thank the following people and community groups for their support of Asthma Australia who have banked over \$1,000 this financial year.

- Heath Wilson - Peninsula Kingswood Country Golf Club - Golf Day in Memory of Lenny Bingham
- Figurehead Construction - Zoe Kennedy Fund
- Julie Smith - Matty34 Legacy
- Maria Costi - Kindikids Early Learning Centre Ryde
- Natasha Le Strange - Highland Reserve State School
- Charmaine Little - A Touch of Inner Peace

THANK YOU HEATH



When Heath Wilson lost his mate Lenny Bingham to asthma, he decided to raise awareness and much needed funds for asthma education and research. Heath was in his 20s when his mate and tennis coach Lenny died from an asthma attack. *"I knew he had asthma, but I didn't realise it could kill you,"* he said.

Lenny ran events for Heath and his mates called Coach's Day – a day of ten pin bowling, golf, and tennis. So when Lenny passed away, Heath continued the tradition, expanding it to golf days and dinners, to raise funds in Lenny's honour. This year the event raised almost \$34,000, a huge effort, and one for which we are very grateful.

Raising funds for Asthma Australia has been eye-opening for Heath. *"It has been really interesting; a lot of people would come support the dinners and the golf days and it would turn out that they or their kids have asthma, but I never knew that,"* he said.

The event has been running for more than two decades and has raised more than \$143,000 for asthma organisations. Thank you for this incredible and long-standing effort.

PHARMACEUTICAL FUNDING POSITION STATEMENT

We accept funding from pharmaceutical companies in line with our partnership and sponsorship policy, which requires absolute transparency, and complies with the Medicines Australia guidelines for health consumer organisations working with pharmaceutical companies.

Partnerships with pharmaceutical companies will only be progressed when there is evident and meaningful respect for Asthma Australia's independence and the public's trust is achieved and maintained.

This means Asthma Australia maintains full control over any resource, campaign, program or material. Asthma Australia intends to maintain an impartial position when it comes to goods and services, as such Asthma Australia will not endorse any individual product. Where there is evidence that suggests a product category, or type of good, or style of service will indeed benefit people with asthma, Asthma Australia will seek to promote the category as a whole.

The following pharmaceutical companies supported us this financial year, in alphabetical order:

- AstraZeneca
- Chiesi
- Cipla
- ENT Technologies
- GlaskoSmithKline
- Sanofi

WE WOULD LIKE TO THANK AND ACKNOWLEDGE OUR MAJOR DONORS, TRUSTS, BEQUESTS

Gifts of more than \$20,000

- Brian M Davis Charitable Foundation Pty Ltd

Gifts of more than \$50,000

- M.A & V.L Perry Foundation
- JLDJS Foundation

Trusts & Bequests

- The Estate of the late Keith Foundation
- The Estate of the late James MS Lutton
- The Thomas and Vera Condie Trust
- The Jack Jacobs Charitable Trust
- The Mervyn Edwin Rodgers Fund
- The Hart Family Perpetual Trust
- The Estate of the late M Wigglesworth
- The Estate of the late Gwendolyn Una Thomas
- The Estate of Ellen Jean Matthews
- The Joe White Bequest
- The Pethard Trax Charitable Trust
- The Florence Maud Colmer
- The Asthma Foundation Queensland Perpetual Fund
- The Estate of the late Annette Betty Wilson
- The Estate of the late Lance Marshall
- The Estate of the late James Fullerton
- The Estate of the late Robert Thomas Owen Jones
- The Estate of the late Barbara Beckwith
- The Estate of the late Ramon Pickering
- The Estate of the late Audrey Eva Ward
- The Estate of the late Norma Verna Rebecca Mcleish
- The Estate of the late Marlina Turner
- The Estate of the late Elsie May Pedley
- The Estate of the late Una Beryl Reid
- The Estate of the late Margaret Noreen Stephan
- The Estate of the late Charles Mortimer Eastley
- The Estate of the late Geoffrey Max Roseler
- The Estate of the late Brian Maxwell Palmer
- The Estate of the late John Paul Williams



WE WOULD LIKE TO THANK AND ACKNOWLEDGE OUR:

Program, government and state funding partners

- Air Physio
- AstraZeneca
- Beyond Bank
- Bird Healthcare
- Boehringer Ingelheim
- Chiesi
- Cipla
- ENT Technologies
- Figurehead Construction
- GlaskoSmithKline
- Lifecard
- MundiPharma
- Novartis
- Philips Respironics
- Red Havas
- Respiratory & Sleep Service
- Sanofi
- South Australia Power Networks
- White Magic
- Australian Government (Department of Health)
- Tasmanian Government (Department of Health)
- NSW Government (Ministry of Health)
- Queensland Government (Queensland Health)
- Adelaide PHN
- North Western Melbourne PHN
- Department of Education and Training Victoria
- Country SA PHN
- ACT Government Health
- Asthma Foundation SA Trust
- Samuel and Eileen Gluyas Charitable Trust
- The Fred P Archer Charitable Trust

Research program partners

- The Ross Trust Foundation
- The Fay Fuller Foundation
- Belgrave Lions Club Asthma Research Fund Trustees
- Neil & Norma Hill Foundation
- FigureHead
- The Zoe Kennedy Foundation

Business and community partners

- Spirometry Training Company
- The George Institute for Global Health
- Woolcock Institute of Medical Research
- University of Wollongong
- Centre for Health Economics Research and Evaluation - UTS
- Comprehensive Care Ltd (New Zealand)

- Consumer Health Forum
- Environmental Justice Australia
- Doctors for the Environment
- Climate and Health Alliance
- Adelaide Primary Health Network
- Best Practice
- Brisbane South Primary Health Network
- Brisbane North Primary Health Network
- Mackay Hospital and Health Service
- State Schools Nursing Service - Department of Education Queensland
- South Eastern NSW Primary Health Network (Coordinare)
- Murrumbidgee Primary Health Network
- Murrumbidgee Local Health District
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
- Health Match
- Agency for Clinical Innovation (NSW Health)
- Fort Knox Self Storage
- Hume City Council
- Wyndham City Council
- Melton Shire Council
- Reed Medical Education
- Polaron Language Services
- Ritchies Supermarkets & Liquor Stores
- Quit Tasmania (Cancer Council Tasmania)
- Quitline
- The Salvation Army
- Job Prospects
- Matchworks
- Sarina Russo
- CVGT
- Victorian Refugee Health Network
- Pharmacy Guild of Australia Tasmanian Branch
- Hunter Medical Research Institute (HMRI)
- Centenary institute, University of Technology, Sydney
- The University of Sydney
- University of New South Wales
- University of Tasmania
- Capital Health Network – ACT PHN

Professional consultants and collaborators

- Professor Sharon Rundle- Thiele, Dr Anna Kutunen - Griffith University (Social Marketing @ Griffith)
- Stephanie De Clerc, One Health Organisation

Lung Health Alliance

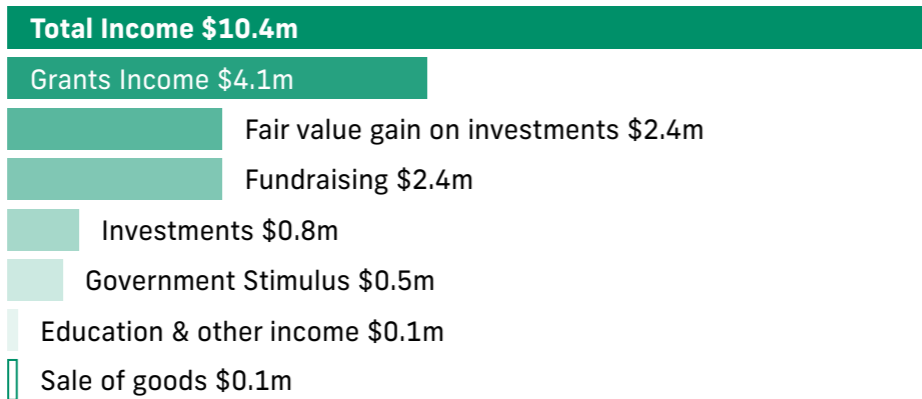
Asthma Australia is proud to be a member of the Lung Health Alliance. This collaborative partnership, with the following organisations, seeks to amplify the issues relevant to people with chronic respiratory disease. A key focus during the year included advocating for a Respiratory Research Mission. Whilst lung diseases represent 9% of the overall burden of disease in Australia, they receive only 2% of the research budget. This needs to be addressed.

- Lung Foundation Australia
- Thoracic Society of Australia and New Zealand
- National Asthma Council Australia
- Cystic Fibrosis Australia



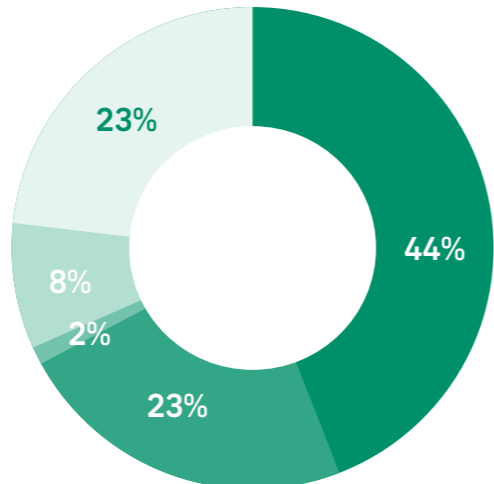
FINANCIAL SUMMARY

FY20/21



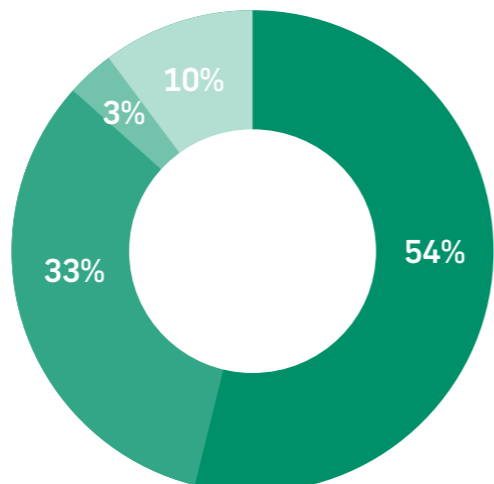
WHERE THE MONEY CAME FROM

- Government
- Fundraising
- Trading
- Investment
- Fair Value Gain



HOW WAS THE MONEY SPENT

- Direct Services
- Business Operations
- Research Grant
- Fundraising



TREASURER'S REPORT

Paul Sinclair AM

This year we saw the full impact of the COVID-19 pandemic, both in our operations and our strategies for income and service delivery models.

With most staff working remotely away from traditional workplace infrastructure throughout the year, it is a credit to the entire Asthma Australia team that we finished the financial year in a robust position.

Of note during FY21:

- Despite our best efforts during the COVID-19 pandemic, fundraising revenues decreased by 7.6 per cent over FY20. Asthma Australia was the beneficiary of a number of very generous bequests during the year.
- Total grant revenues dropped year on year, reflecting the completion of a number of funded initiatives and programs.
- Total investment income rose reflecting the recovery of the equities market, which saw significant growth in the value of our managed investment portfolio.
- Again in FY21 we were beneficiaries of support from the Australian Government's JobKeeper program. We acknowledge this support in allowing Asthma Australia to maintain and expand service levels in response to the needs of all our constituents living with asthma.

Challenges:

- Year on year we saw a significant reduction in revenues from provision of training products. In a COVID-19 environment, this sector of the market has become increasingly difficult and will be reviewed going forward.

Looking forward, with the support of a strong balance sheet and a team committed to excellence in service delivery, we will continue to explore opportunities which will support our mission of helping those people living with asthma.



**ASTHMA
AUSTRALIA**

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