

2021-2022 ANNUAL REPORT

A BETTER WAY FORWARD



**ASTHMA
AUSTRALIA**

ACKNOWLEDGEMENT OF COUNTRY

Asthma Australia acknowledges the Traditional Custodians of the lands on which we work and pay respect to Elders, past, present and emerging, and the Aboriginal and Torres Strait Islander people within our community.

We recognise and respect the holistic concept of health for First Nations Peoples which embraces physical, social, emotional, cultural, and spiritual wellbeing, for both the individual and the community, and which encompasses the importance of connection to land, water, culture, spirituality and ancestry.

We acknowledge and uphold the intrinsic connections and continuing relationships Aboriginal and Torres Strait Islander people have to Country and value the cultural knowledge, strength and resilience in our work to improve the lives of people with asthma.



CONTENTS

4

Introduction

- 4 Mission, Vision and Values
- 6 Strategic Plan
- 8 CEO Report
- 10 Chair Report
- 12 Our Board
- 14 Our Reach
- 16 Asthma in Australia

17

Engage and Empower Consumers

- 19 Consumer Advisory Council Chair Report
- 20 Asthma Champions

28

Partner with Community to Act on Unmet Needs

- 29 Meeting the needs of communities in South Australia
- 31 Engaging Australia's health professionals
- 34 Partnering with culturally and linguistically diverse communities

35

Influence Systems Change

- 36 Advocating for policy reform for people living with asthma
- 39 Our Research Priorities
- 40 Research Advisory Committee Chair Report
- 42 Professional Advisory Council Chair Report

43

Build Capability

- 44 Recognising Our People
- 44 Growing Inclusion
- 45 Contributing to Reconciliation
- 46 Increasing Digital Transformation

47

Sustain Ambitions

- 48 Thank you to our donor community
- 49 Community Fundraising
- 55 Financial Summary
- 56 Treasurer's Report

MISSION, VISION AND VALUES

OUR PURPOSE

Our purpose is to help people breathe better so they can live freely.

Through our carefully considered approach, we work to drive better, measurable outcomes for you and the 2.7 million Australians living with asthma.

We work with people living with asthma, their families, communities, governments and policy makers and a network of partners across the health, social services and environment sectors to drive meaningful and significant change.

OUR VISION

Our vision is to ensure no one experiences a life restricted by asthma.

We are committed to halving the number of avoidable asthma-related hospitalisations by 2030. We know this will have a significant impact on thousands of Australians, their families and our healthcare system, with data showing 80 per cent of all asthma hospitalisations are avoidable.

We are also dedicated to reducing the burden of the disease, which is likely to grow with the predicted increase in climate-related events like bushfires. 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.

A core part of our vision is also to improve the lives of the one in nine Australians living with asthma to support you every day where you live, learn, work and play.

OUR VALUES

1 **WE LEARN WHAT WORKS** **& PLAN WHAT'S NEXT**

We know we don't have all the answers. We listen, we experiment & search for what could be

2 **WE EMPATHISE** **& EMPOWER**

We start from a place of understanding others & encourage people to be the best they can be

3 **WE'RE INCLUSIVE** **& COLLABORATIVE**

We value & respect each person's uniqueness & we seek diverse perspectives. We know we can be more creative when we solve problems together, rather than go it alone

4 **WE'RE CARING** **& COURAGEOUS**

We care about the people & the communities we work with & we maintain their trust. We challenge the way things are and set ambitious goals

5 **WE'RE PASSIONATE** **& PERSISTENT**

We are driven by our purpose and we find joy in our progress



STRATEGIC PLAN

2022-2024

Our new Strategic Plan for 2022-2024 sets out an ambitious and targeted agenda to deliver on our vision that no one experiences a life restricted by asthma.

While there have been incredible advances in preventing and treating asthma in Australia, progress in reducing the burden of the disease has plateaued. There is significant work to do.

Our new strategic plan sets out how we will do it. We have committed to testing and driving new approaches to deliver better, measurable outcomes for people living with asthma at scale.

We are taking a person-centred approach to understand what is needed to shape our response. We are also committed to influencing systems change, working holistically to address the lifestyle, socio-economic and environmental impacts on our health and to influence systematic efforts to tackle asthma.



HOW WE ASPIRE TO DELIVER IMPACT



ENGAGE AND EMPOWER CONSUMERS

Expand insights to adapt and scale our services, achieving deeper engagement and improvements in asthma and wellbeing outcomes



PARTNER WITH COMMUNITY TO ACT ON UNMET NEEDS

Understand local needs and take collaborative action to reduce the impact of asthma on communities where the unmet needs are greatest



INFLUENCE SYSTEMS CHANGE

Influence priority policies, systems and service models to drive demonstrable and enduring change

TO ENABLE THIS IMPACT, WE WILL



BUILD CAPABILITY

Align our people, culture, processes and technology to deliver on our new direction



SUSTAIN AMBITIONS

Increase effectiveness of revenue generation



CEO REPORT

Michele Goldman

As I reflect on the year that has been, I'd like to acknowledge the immense contribution of people with asthma and their carers.

They have generously shared their lived experience, volunteered their time and co-designed solutions, so we are better placed to tackle what matters most in order to shift the status quo for people with asthma.

As the peak body for people with asthma, we have worked hard over the past year to deliver on our promise to help people breathe better so they can live freely.

Once again, the year was dominated by COVID-19 and the restrictions it imposed on people's lives. We were particularly saddened by the effects of the pandemic on vulnerable populations, where compounding factors increased their risk of getting COVID-19 and made it harder to access support.



Our many touchpoints with the community enabled us to keep track of how COVID-19 was impacting on people with asthma. Concerns ranged from access to reliever medications and biologic treatments; to mask wearing mandates, to accessing primary healthcare due to shared symptoms between COVID-19 and asthma. We responded to these needs through relevant content, research and advocacy initiatives.

We commissioned The George Institute to conduct a global systemic review to explore whether people with asthma were more at risk of developing COVID-19, and if contracted more likely to die from it. The results confirmed this was not the case, enabling us to deliver reassuring messages.

Some people living with asthma reported fewer asthma symptoms during the period of restrictions, accompanied by significantly lower rates of respiratory viruses which are common triggers for asthma flare-ups, and hospitalisation rates for asthma were lower throughout the period. This could be cause for celebration, however, our optimism is tempered by concerns that people living with asthma could not, or did not, seek medical services throughout the pandemic period. Research into this phenomenon remains ongoing.

I would like to acknowledge the lives lost to asthma this year and to extend my condolences to their loved ones. More than one Australian loses their life to asthma each day. We are committed to changing this.

In addition to mortality rates, fresh data cast a light on the challenge we face to reduce the high impact of asthma. The 2021 Census revealed asthma as the third most commonly reported long-term health condition in Australia, affecting more than two million people. Asthma was the most commonly reported condition for children aged younger than 14 years.

Michele Goldman
Chief Executive Officer
Asthma Australia

Continued over next page...

Asthma Australia has a long history of being the voice for people living with asthma and their carers. This year we have deepened this engagement, transforming our approach into one that is based around the insights, expertise and lived experience of people with asthma.

We were proud to launch our 2022-2024 Strategic Plan which sets out our ambition to lead change and drive progress on our goal to halve avoidable hospitalisations from asthma. We believe the answers lie in connecting and engaging with the people and communities most impacted by asthma, and understanding their needs and lived experiences to shape and deliver effective change. We have strengthened our focus on addressing the social and environmental determinants of health, which contribute greatly to the burden of asthma in people's lives. Our strategic pillars focus on engagement and empowerment, partnering with communities, influencing systems change, building capability and sustaining our ambition.

A key highlight this year was delivering our AirSmart public education campaign and air quality app. The multi-channel campaign seeks to make the 'invisible visible' by revealing local pollutants using the AirSmart App, empowering people who are sensitive to low air quality with the information they need to make choices to protect their health. The campaign was piloted in key regional areas of Victoria, New South Wales and the ACT, with a view to securing funding for a national rollout.

Another highlight was the 'Asthma in the Mid North Community Connector' program in regional South Australia. This community was chosen based on higher-than-average prevalence of asthma compounded by a fragmented health system and enduring stigma about the condition.

Together with our community partners, we co-designed a solution based on lived experience. We recruited and trained a local person with lived experience of asthma for the role we called an Asthma Community Connector. This Connector assists and connects with other locals to provide direct support or refer them to get additional healthcare.

This approach has been so successful that it has now been replicated in another South Australian community in the Yorke region. The Mid North program is ongoing.

This year we have also sought to build capacity within our organisation in the knowledge that a strong and secure Asthma Australia enables us to better assist people living with asthma.

We have focused on diversity and inclusion strategies, mirroring the broader community of people who experience asthma. We are also increasing our internal capabilities, notably in digital transformation and engagement. I would like to particularly note the exceptional performance of Kathy Packenas, who took on the role of acting Chief Executive Officer for three months this year while I was on sabbatical as part of the inaugural cohort selected for the Social Impact Leadership Australia program. I am proud of the depth of talent within Asthma Australia team.

Finally, I would like to express my appreciation to the broader team who have contributed to our progress. To our board, and in particular our Chair James Wright, your wise counsel and support is highly valued. Our directors go above and beyond to provide considered and strategic guidance. To our Professional Advisory Council, Consumer Advisory Council and Research Advisory Committee, we are inspired by the generous gift of your knowledge and experience to improve our work for people living with asthma. And to our dedicated and caring staff – it is a privilege to work with you all. We have made great progress over the last year and the momentum that is building will no doubt grow the impact we can deliver for the communities we serve.

Thank you.

CHAIR REPORT

James Wright

I am pleased to report that Asthma Australia has again performed strongly in another year heavily impacted by the continuation of the COVID-19 pandemic.

While the vaccine rollout in 2021 increased hopes of a quicker return to normal, this year was still dominated by lockdowns, forced isolation, and disruptions to supply chains. Working from home became a more permanent feature of the workforce and it was more difficult to stay fully engaged with all our stakeholders through meetings 'in real life'. But things continue to improve, and I am very proud of the achievements of the organisation during another difficult year.

Asthma Australia is now at a natural inflexion point in its evolution. The early years following the 2017 merger of state-based foundations necessitated a more inwardly focused organisation as we built the elements of a national business – strategy, structure, personnel, and operational plans.

Many legacy activities ceased as we standardised our outcomes-based framework into national initiatives to focus on streams of work to really shift the dial on asthma. This has taken considerable focus and introspection but the professionalism of the board, executive and councillors working collaboratively has got us to this important juncture.

Our strategic goals provide the North Star for the organisation's aspirations and operational plans. Work to progress our enabling pillar - to build capability and a financially sustainable operating model - is well underway.

I am excited by the work we have embarked on in our digital transformation. This involved a digital architecture refresh, work on consumer journey mapping and customer experience to provide a more tailored service to people living with asthma and their carers. Our pilot programs and advocacy demonstrated a new level of professionalism. We are fortunate as an organisation to have such a talented and cohesive board, and I want to thank them for their incredible efforts this year. We have had a lot on our plate and their commitment to making time and finding ways to impact the organisation has been incredible.



James Wright
Board Chair
Asthma Australia

Continued over next page...

CHAIR REPORT

James Wright

While a great board is an important element in any company, the real work is done by the amazing staff we have assembled across the country. Our CEO Michele Goldman has been outstanding, and we have added more talent across the organisation this year, including important positions across the leadership team. Along with our amazing consumer, professional and research councillors and committee members, Asthma Australia has so many engaged and talented people propelling us forward.

Their enthusiasm and commitment to making a difference is infectious.

We continue to work effectively with organisations across the healthcare sectors. Michele and I were very excited to attend the 40th anniversary of the Asthma Foundation in Northern Territory in Darwin in early August where we were able to spend time with their board and discuss ways to improve on our constructive relationship. We continue to work very well with Asthma WA, which continued to do great things in the west for people living with asthma.

While we have come a long way as a national body and have achieved many of the milestones we originally set ourselves, there is still more work to do to fully realise the bold ambitions of the original organisational merger.

Rest assured that the board and staff remain committed to the lofty ambitions in our strategic plan, and we shall continue the process of constant improvement to deliver the best possible outcomes for those living 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, and worked at the Treasury Corporation of Victoria and the Commonwealth Treasury in Canberra.

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

BOARD MEMBERS



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, the peak body for solicitors working in the ACT. As a parent to children with asthma, Simone also has personal experience with the challenges facing people 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.

Continued over next page...

BOARD MEMBERS



Louise Schaper

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

Louise has completed a Bachelor of Science to be an Occupational Therapist, a Ph.D. in Information Systems (Health Informatics), more than 20 years' experience in healthcare, with more than 11 years at the executive level. She is currently the CEO of the Australasian Institute of Digital Health, Honorary Research Fellow at the University of Melbourne, and is a Fellow of AIDH and the International Academy of Health Sciences Informatics.



Samantha Clark

Finance and Risk Committee member

Samantha is a passionate, commercially minded and skilled strategic executive with more than 20 years' experience across management consulting, medical, media, retail, travel, sport and recreation, FMCG and not-for-profit sectors.

Samantha spent several years at QML Pathology working closely with clinical, medical and operational experts overhauling marketing, governance framework, and policies around integrated health.



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. He has been a practicing clinician in emergency, anaesthetics and general practice since 2000. Christopher was the clinical design lead for the first three releases of Australia's national health record (myHR) and is a Visiting Fellow at the Australian National University.



Kristen Raison

Finance and Risk Committee member

Kristen has over 25 years' experience operating at Executive levels in the Financial Services industry, ranging from Executive Management, Leadership and Sales to National Lead of People Culture and Change Management.

Kristen runs her own consultancy business supporting business and individuals, through executive coaching, facilitation or leadership programs and global business mentorship.



Jo Taylor

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

Managing a diverse range of philanthropic trusts and foundations, Jo has distributed more than \$300m to for-purpose organisations focused on creating long term transformational change. Jo joined the Paul Ramsay Foundation in 2016 as General Manager for Operations and in 2019 transitioned into her current role as the Chief Capability Officer.

OUR REACH

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

SUPPORTING PEOPLE WITH ASTHMA



4,168 people contacted us for their asthma answers through **1800 ASTHMA**

1,708,893 website visits to **asthma.org.au**

66,436 followers on social media

2,338,857 people reached with information about asthma through our social media

68,014 young people reached

958 referrals from healthcare professionals

3,219 Kiss myAsthma app users

3,001 Asthma First Aid app users

43,736 people subscribed to our onAIR newsletter

4,307 healthcare professionals subscribed to our Asthma Link newsletter

5,669 education staff subscribed to our Asthma in Education newsletter

186 Asthma Champions

EDUCATION AND TRAINING HIGHLIGHTS



2,185 schools trained in Asthma First Aid

29,616 school staff trained in Asthma First Aid

450 healthcare professionals trained in asthma through ThinkGP

31 healthcare professionals trained in Fundamentals in Spirometry

407 people reached through our education webinars

SPOTLIGHT ON ASTHMA IN AUSTRALIA



2,322 media hits across online news, radio and TV about asthma

\$9,587,282 advertising value equivalent

430 media hits for our call to phase out woodfire heaters

311 media hits for the launch of our Air Nutrition campaign for Asthma Week

ADVOCACY HIGHLIGHTS



We continued to be the **leading voice** in the health sector calling for improved air quality and policy measures to support people with asthma and others vulnerable to exposure to air pollution

Victorian Government inquiry recognising **11** of Asthma Australia's 15 policy recommendations in its report

We engaged with governments in NSW and the ACT over their respective **clean air strategies**

RESEARCH HIGHLIGHTS



10 research projects currently funded

10 research partnership involvements

✓ National Asthma Research Agenda project completed



ASTHMA IN AUSTRALIA

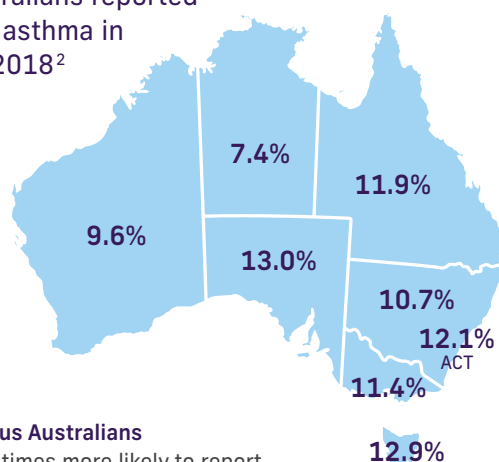
1 IN 9 AUSTRALIANS HAVE ASTHMA
2.7 million people¹



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

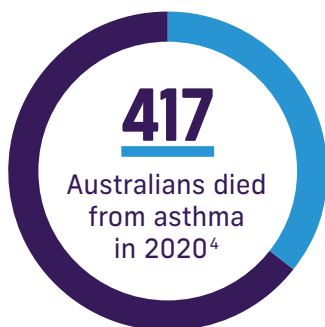
Australians were hospitalised for asthma¹

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



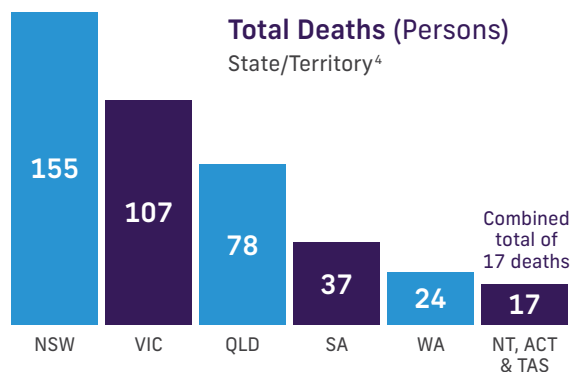
■ 143 males ■ 274 females



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



ENGAGE AND EMPOWER CONSUMERS



Expand insights to adapt and scale our services, achieving deeper engagement and improvements in asthma and wellbeing outcomes



Images shown above are of the people who have shared their lived experience

Asthma is a unique and complex chronic health condition that impacts each person differently.

By understanding people living with asthma in the context of their lives and their asthma journey, Asthma Australia is well placed to provide personalised, flexible and easy to access information and support. This will help to improve asthma outcomes and keep people out of hospital, helping them to reach their full potential and live freely.

Throughout the financial year, Asthma Australia has been working to transform how we engage with people with asthma, their carers, and other stakeholders. We are designing a new personalised and holistic model of care for people living with asthma, one that engages and empowers people in their journeys through the right channel at the right time, with the right message.

We have sought to understand the needs and pain points of people with asthma. In response, we are designing, implementing and delivering useful services and information to provide the best supports possible. This work is based on deep data analysis, customer research and journey mapping, supported by evidence and information.

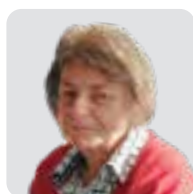
CAPTURING THE VOICE OF LIVED EXPERIENCE

Over the course of the year we have continued to put the voice of people with a lived experience of asthma at the forefront of all our initiatives, making sure we use their journeys to inform our work. Asthma Australia's consumer engagement approach has matured over time, and over the past 12 months we've been focused on gaining deeper insights from people with lived experience and we continue to use them to direct business decisions.

These insights are gleaned from data and information collected from our community engagement programs, our cornerstone consumer research surveys, our Asthma Champion programs, our social media channels and our Voice of Customer program, which is comprised of solicited and unsolicited feedback channels. As we move into the next financial year, we will continue to work to combine and expand these insights to further strengthen our approach.

A foundation of our person-centric approach since 2018 has been our Consumer Advisory Council (CAC). The CAC represents the interests of people living with asthma and their carers, especially those from priority population groups. Their voices assist us to stay connected to the experiences of people living with asthma, and to implement our Consumer Engagement Strategy. Throughout the year, the CAC was led by Judith Wettenhall, who has served as the Chair since 2018. Her report (see page 21) details the work of the Council throughout the 2022 financial year. Our valued 2021/2022 Council members are listed in Appendix one.





CONSUMER ADVISORY COUNCIL CHAIR REPORT

Judith Wettenhall

We are proud to have provided a voice for people with asthma throughout 2021/2022.

Through the Council, consumers have helped shape the strategy and actions of Asthma Australia, by sharing our lived experiences and providing insights into the challenges people with asthma face in managing their chronic disease. This included difficulties faced during the COVID-19 pandemic, and ongoing issues accessing medical support.

We have provided our views on diverse topics, ranging from housing and asthma, to the development of the AirSmart App and public education campaign, to increased involvement for pharmacists in the management of asthma, and suggested strategies to improve health outcomes for First Nations peoples living with asthma.

The CAC was also represented at Professional Advisory Council and Research Advisory Committee (RAC) meetings. A panel of reviewers has been established to assist the RAC in their assessment of proposed grant applications. As the end users of research, we believe this involvement is important.

Thank you to the volunteers who contribute their time and efforts to the CAC.

This year we had some membership changes, as we strive to have representation in all states and the Australian Capital Territory, and an even gender and age balance.

The CAC will continue to encourage engagement with healthcare professionals, especially for culturally and linguistically diverse communities, and those people who live in rural and remote areas, or for whom their needs remain unmet.

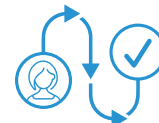
LISTENING TO THE VOICE OF THE CONSUMER



Undertook the annual **customer satisfaction** survey which measures customer satisfaction and highlights key drivers of experience and engagement



Implemented '**real-time** **listening posts**' across phone service, emails and website which help us identify areas for continuous improvement across these touchpoints



Asked those already engaging with us to share their lived experience, so we could better understand someone's asthma journey end to end which garnered over **2600 responses**

ASTHMA CHAMPIONS

Our Asthma Champions Program again supported our public campaigns in the 2022 financial year. These individuals have been impacted by asthma and use their experiences to bolster our public campaigns, fundraising and advocacy. Their personal stories shine out in our media and government outreach and help us to co-design health and research programs, ultimately aimed at improving asthma outcomes. It is our pleasure to work with such an active and engaged group of people in the Asthma Champion Program.



Asthma Champion Judy Jensen and her grandson

The Asthma Champions program had 186 members at June 30, 2022, spread across Australia but concentrated in New South Wales, Victoria and Queensland. They come from a wide range of social, cultural, family and career backgrounds.

Over the past financial year, more than 72 champions were engaged across 101 organisational activities, plus surveys, in support of Asthma Australia.

More broadly, their participation has been sought by other academic institutions and research projects to represent people affected by asthma.

CONSUMER-FACING INITIATIVES TO ENGAGE AND EMPOWER

Providing personalised support through 1800 ASTHMA

We were proud to deliver telephone and digital information and support services to people with asthma and their carers throughout 2021/2022, and to see the profound impact it had on their health and wellbeing.

**Three-quarters (76%)
of people who used the
1800 ASTHMA service in the
2022 financial year reported
they knew more about
how to self-manage their
asthma after their call.**

The aim of the service is to support and empower effective self-management practices and increase consumer knowledge, confidence, and skills. Staffed by trained asthma experts, it supported more than 4000 people in 2021/2022, as it has each year. Information provided included the importance of a correct diagnosis, the role of respiratory tests, medication management, device technique, Asthma Action Plans and the impact of lifestyle factors on improving effective asthma care.



Last year we provided evidence-based content to more than

4 MILLION

people through digital channels

This included website, email marketing and social media contacts

HOW THE 1800 ASTHMA INFORMATION LINE HELPED OUR COMMUNITY

*"I will book into the doctor today – it has been **absolutely great** that I rang you, and received guidelines – I have peace of mind and now understand more."*

*"This is **awesome**. I am so grateful. It has made a lot of things clear. It makes sense and I can't thank you enough."*

*"This is **really helpful**. I have had asthma all my life and nobody has ever spoken to me about it like this."*

*"We appreciate how much time you have given us today and how **patient** you have been answering all our questions."*

Health promotion activities

We ran a series of annual health promotion campaigns to coincide with seasonal changes impacting asthma and asthma hospitalisation spikes. These were planned and proactive campaigns that provided preventive health information, support and strategies to get ahead of key seasonal triggers, reducing possibilities of asthma flare-ups and adverse health impacts.

This year we delivered a significant campaign to improve understanding and action around mould, its impact on asthma and strategies to help reduce exposure and remove mould from the home.

The topical mould communications proved to be both highly relevant and engaging. The content drove 7,540 website visits, reached more than 64,000 people and resulted in 394 interactions with consumers on social channels.

We also undertook a series of webinars related to breathing techniques to enable people to manage their asthma. These webinars were themed around the current health climate i.e. breathing with a mask, supporting at-risk audiences with breathing techniques to combat chronic respiratory conditions like COPD, and on key identified triggers such as cold air and exercise.

The Breathe Better webinar series, recorded continued growth in registrations, attendance and high levels of engagement.

From January to June 2022, there were 981 registrations, 339 attendees, 378 unique views of the webinars (live and recorded) with 41% of attendees completing a post-webinar survey.



Huffing technique demonstration by Diane Percy



Controlled breathing technique demonstration by Diane Percy



Slow breathing technique demonstration by Diane Percy

BRAND AND ENGAGEMENT

Asthma Australia continues to maintain a national profile as the leading voice for asthma in the country.

Media

Throughout the 2022 financial year, a media monitoring service reported **2,336 media items and mentions for Asthma Australia, with an advertising value equivalent (AVE) of \$9,840,815.**



Our advocacy campaign calling for the phasing out of woodfire heaters garnered the most earned media this year, achieving 430 news items, across primarily radio, but also on television and in print, during June 2022. This was worth \$364,807 in AVE.

Our experts also led public conversations and news coverage, resulting in interviews across print and broadcast media. Asthma Australia's Asthma Week Air Nutrition campaign combined with an eventful spring period generated significant earned PR for the organisation. In total, there were 311 news items in September 2021, with an AVE of \$670,653.

A special thank you to Asthma Australia's Asthma Champions for sharing their stories and experiences with media outlets. Their stories are among the most effective avenues to raise awareness for people living with asthma.

World Asthma Day - Overuse of oral corticosteroids

For World Asthma Day **1,808 people with asthma were surveyed about their experiences using oral corticosteroid tablets to treat asthma, and its side effects.**



For those who have used corticosteroid tablets:

55%
**HAVE EXPERIENCED
SIDE EFFECTS**

Through this work, we helped form Australia's largest collection of lived experiences around these medicines.

Using these findings, we want to address the 'real life' gaps in asthma care. With other leading respiratory organisations, we aim to improve how these medicines are prescribed, through a plan for Oral Corticosteroid Stewardship in Australia, enabling a balance between their benefits and adverse health impacts.

The full results are being processed by the team at Monash University for publication next year.

Asthma Week 2021 – Air Nutrition

The 2021 Asthma Week campaign broke new ground about air quality and asthma public awareness in Australia.

Previously, air pollution and asthma information were discussed in terms of climate change and advocacy, either in response to the bushfires, government enquiries or research studies. This year, the Air Nutrition campaign aimed to support self-education about air pollution risks and generate support for change.

THE CONCEPT



This concept was designed to create a quick mental shortcut for consumers to connect air – what they breathe – with their daily health – nutrition. The campaign highlighted research about the health impacts of air pollution for short and long-term health, especially for those living with asthma.

The 2021 Asthma Week campaign received strong support from industry influencers and government. South Australian Member of Parliament Tony Pasin said, “We may consider ourselves to have clean and healthy air, but this is not always the case. Consistent exposure can lead to the development of serious long term health conditions like asthma, heart and lung disease, stroke, and cancer. Raising awareness of respiratory diseases like asthma and the need for cautious practices and prevention measures is vital, especially at this challenging time.”

Strong connection with consumers was also evident with the hashtags #AIRNUTRITION and #AsthmaWeek appearing 165 times and driving 704,577 in organic reach on Twitter and Facebook.

Paid social media advertising also reached 184, 248 people, opening opportunities for further engagement with a new audience.

The Asthma Week Air Nutrition campaign, was so successful it received a highly commended (2nd) in the 2021 Mumbrella Awards for – Best for campaign on a small budget.



Parents' plea for more rural specialists



Breah Elvins hugging her mum, Tina

Tina and Ben Elvins never gave up trying to find solutions to help ease the serious asthma endured by their teenage daughter Breah.

Throughout her life, as the family searched for better medical treatments, their efforts were hampered by the shortage of specialist respiratory services in their rural New South Wales community.

Despite their intense and ongoing efforts, Breah experienced a series of critical asthma flare-ups and complications that led to her premature death in February 2022.

Breah was just 17 and had planned to study nursing. While her life was cut short, her family believe her memory will live on in a very poignant way as several of her organs – her kidneys, liver, pancreas, and heart – were donated to save the lives of four strangers.

"We felt that this was her way of fulfilling that dream of helping people," Tina said. "To find out that she did help a child with her heart. [It] was really nice to hear that."

"I just get a lot of relief from that her wishes were fulfilled to a degree – she got to help a child."

Tina hopes that telling their story will help address the desperate need for specialists and improved asthma care in all rural and remote communities.

Throughout her life, Breah never received any specialist support locally because there was none located near the family's rural hometown.

"It's frustrating as a parent – you don't know where to turn to for help," Tina said.

The challenges of their location added to Breah's struggles to live a normal life, from a reluctant formal asthma diagnosis as a toddler, an almost-endless list of triggers from pet hair to dust, multiple hospital stays, an almost fatal respiratory collapse as a 14-year-old, and steroid-based medication that left her teeth stained and brittle.

Unfortunately, Tina feels the treatment situation has not improved in decades – she had a good friend who passed away from asthma when they were both in their early teens.

"In 27 years since she's been gone, there has not been any kind of real change in how we treat asthma and it's really not acceptable," she said.

Mary's late-onset asthma highlights need for medical vigilance among older women



Mary Keller, Asthma Champion

When the winter winds sweep into Tasmania and wood heater smoke fills the air, retiree Mary Keller knows it's time to keep her doors and windows sealed and guard her lungs until warmer weather returns.

The reason for Mary's extreme caution is her asthma, which was only recently diagnosed at age 72. This is known as adult-onset asthma.

"It was never in our family, I never had it as a child or anything, and it was totally unexpected," Mary said.

"I just noticed a couple of years ago, when I walked uphill, I was puffed. When I walked up the stairs I was puffing. When I was doing a bit of gardening, puff puff. I thought, 'Heavens, maybe there's something wrong with my heart'."

A visit to her doctor, who performed a lung function test, confirmed Mary had asthma.

"I just thought, 'Goodness, that's a bit late in the piece to be getting something like that'. I always thought it was a childhood disease," she said.

As recent Census health data confirms, asthma is most commonly reported in childhood up to age 14. But it can emerge at any age. It is now one of the most common three health conditions in Australia, behind only arthritis and mental illness.

Asthma Australia recommends anyone, but particularly adults aged over 50, who are out of breath more often, to not accept it as 'a normal part of aging'. Talk to a doctor, to check for conditions such as asthma.

Engaging schools and young people to raise awareness of emergency asthma management

Asthma Australia's Schools and Young People program provides information and emergency response training for the management of asthma and linked chronic respiratory conditions to school staff. It includes the promotion of self-management principles.

WE DELIVERED:

Emergency asthma management information and training:

- 29,616** staff trained across 2,185 schools nationally
- 97%** agreement to improved asthma symptom recognition, first aid procedure and confidence to administer emergency asthma management post-training
- 85%** correct response rate on first attempt of the validated Asthma Knowledge Questionnaire

The Schools Asthma Health Check to support schools to have comprehensive asthma management protocols and procedures in place:

- 4,162** visits to the Schools Asthma Health Check website page
- 181** formal submissions received
- 93%** had satisfied all five recommended asthma management readiness criteria in their initial submission

Best-practice National School Guidelines for Asthma Management to schools/ education sectors:

- 1,873** visits to the guidelines' website page
- 797** copies downloaded
- 460** copies distributed

Asthma management engagement with children and young people:

- 53,109** visitors to the Asthma Australia website aged 18-24 years
- 181** users of the Kiss myAsthma app – 817 were tagged as new users
Average engagement time of over five minutes per app session



Confirming plans to seek youth user feedback on and co-design support of the app and its features once the pending assignment agreement is finalised

- 1,862** users recorded for the Asthma Kids website tool

PARTNER WITH COMMUNITY ON UNMET NEEDS



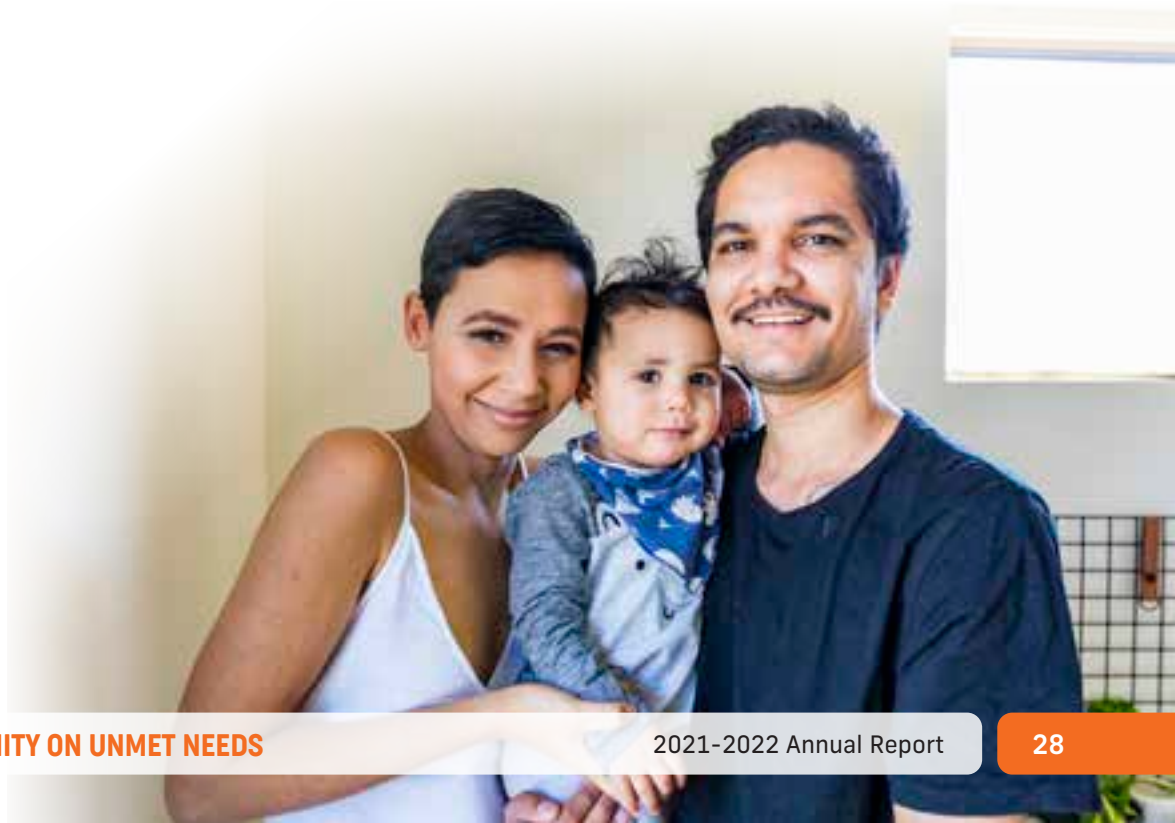
Understand local needs and take collaborative action to reduce the impact of asthma on communities where the unmet needs are greatest

Throughout the 2022 financial year we sought to understand the needs of local communities impacted by asthma and took action to reduce its impacts, notably in areas where unmet needs remain. We continued our community and health partnerships to assist priority populations who experience asthma more significantly than the broader population.

We recognise that everyone experiences asthma differently, and some populations have a disproportionately high burden of disease.

Figures released during the year from the Australian Census revealed asthma prevalence was twice as high among children with a disability compared to no reported disability (18% compared to 8.9%). First Nations young Australians have higher self-reported prevalence rates (15%), as do young people living in low socio-economic areas, or those who live in a single-parent household.

These insights have prompted Asthma Australia to develop collaborative models of care with diverse communities. Three key areas include regional and rural populations, First Nations communities, and children aged five to nine years who are admitted to hospital experiencing asthma.



MEETING THE NEEDS OF COMMUNITIES IN SOUTH AUSTRALIA

Mid-North and Yorke Peninsula

Asthma Australia continued to work with local communities in regional South Australia. Asthma rates are higher in South Australia (13%) compared to the national average (11%), and even higher in the Mid-North and Yorke areas (about 16%).

Likewise, hospitalisations are 45% higher than the state average.

This year, we continued to deliver the 'Someone Like Me' project in the Mid-North, thanks to funding from SA Health's Wellbeing SA. Co-designed by locals and still in its prototype phase, the program employed an Asthma Community Connector to support and educate those living with asthma. An emergency discharge (ED) component was also integrated in the model.



Community Connector

A non-professional with asthma who works with the local Respiratory Nurse to connect with community and make asthma healthcare more accessible.

This role might include increasing communication and strengthening relationships between people and their health professionals and walking alongside people as they access health care.

Achievements of the project included:

- ✓ A new information and support service for an area, where there are general practitioner and pharmacist shortages
- ✓ The new referral pathway, through the Asthma Community Connector, has enabled people to be tested and diagnosed (many for the first time ever)
- ✓ An innovative ED discharge process involving the respiratory nurse was developed and increased ED referrals
- ✓ Systems changes around referral pathways, including telehealth
- ✓ Increased reach of the Asthma Australia brand in a rural area where it has not been before. Referrals to Asthma Australia Community Connector surpasses those to the Helpline from the rest of the state
- ✓ New processes and procedures within Asthma Australia to work with consumers based on community engagement
- ✓ A three-year contract extension for our Asthma Community Connector in the Mid-North, with funding from the local government health network based on the Asthma Australia project

These successes prompted Country SA PHN to fund and replicate the project in another area of South Australia, the Yorke Peninsula. In the first four months of the Yorke project, we have employed and trained a local Asthma Community Connector.

They have connected with more than 40 people with asthma, established a steering committee of key stakeholders and consumers, and built a relationship with the local First Nations community.

The 'Someone Like Me' project in the Mid-North started in 2019, with funding from Country SA PHN.



The asthma car out and about in the Yorke Peninsula



Asthma Community Connector Kerry Goldsworthy at the Yorke Peninsula

ENGAGING AUSTRALIA'S HEALTH PROFESSIONALS TO IMPROVE ASTHMA OUTCOMES

Our work with general practitioners

Asthma Australia engages with health professionals to encourage best-practice, evidence-based treatments and prevention. There is considerable work to do, given more than 80 per cent of hospital admissions and about 70 per cent of asthma-related deaths are considered potentially avoidable. Throughout the year we delivered practical courses and training to improve asthma awareness and treatment approaches.

Spirometry was a key focus on our health professional education. A partnership between Asthma Australia and the Spirometry Training Company offered the Fundamentals in Spirometry online introductory course. This provided an educational update to healthcare professionals, which earned CPD points. Its online delivery made it easy to access, regardless of location. The course included seven, one-hour modules completed over three months. In 2021/2022, 31 health professionals completed the program.

Further, the **Adelaide Integrated Respiratory Response (AIRR)** project sought to address the challenges facing general practice. Among the profound impacts of COVID-19 included increased infection control measures at clinics and services. This included restrictions on lung-function testing procedures that saw point of care spirometry largely withdrawn from general practice given the heightened risk of respiratory virus transmission.

Dr Kerry Hancock (GP Chandlers Hill Surgery, Adelaide) and Richard Parsons (Senior Respiratory Scientist, Southern Adelaide Local Health Network) developed a short two-part film with up-to-date information to re-establish spirometry in primary health care settings. Produced in association with Asthma Australia and funded by the Adelaide PHN, the film supported the position statement released by the Thoracic Society of Australia and New Zealand (TSANZ) and The Australian and New Zealand Society of Respiratory Science (ANZSRS). This recommended administrative controls, pre-screening, vaccination and other procedures to mitigate transmission risks.



Video: Spirometry in Primary Care Settings – Part 1: Infection Control Advice

AIRR Project Integrated Model of Care

The Adelaide Integrated Respiratory Response (AIRR Project) focused on enhancing and supporting collaboration and connectedness for consumers in the asthma-care system, particularly between general practices, pharmacies and Asthma Australia.

The COVID-19 pandemic created challenges for the project at the local level, however, workshops and training continued to be delivered. These included self-management workshops, and healthcare professional training opportunities, such as communities of practice, spirometry and COPD training. We also developed resources to support healthcare professionals to deliver best practice and support patients, such as the pharmacy assistant training package, and patient self-management information.

Learnings from the project will continue to evolve as we strive to deliver quality projects for our consumers and the healthcare sector. The AIRR Project ended in mid-June 2022 following a three-year funding agreement with the Adelaide PHN.

Throughout the year we continued to deliver the accredited learning module, ThinkGP, in partnership with Reed Medical Education. This six-module advanced learning asthma management course can be taken as individual modules or completed as a course and explores the impact of asthma for patients and common challenges to provide optimal care in primary practice and offered access to additional resourcing. Asthma in Australia: Practical Solutions for Challenges in Primary Care covers best-practice diagnostic and management principles, strategies for preventive care and reducing the risk of hospitalisation, and real-world tips for making the most of consultation time with patients.

This year 2,266 health practitioners from 3,825 enrolments completed the individual modules with 450 participants completing the entire course.

Almost 9 out of 10 (88%) reported greater confidence after the online course.

Empowering and supporting the consumer interaction with community pharmacy in Tasmania

Asthma Australia was invited by the Pharmacy Guild of Australia's Tasmanian branch to host a pharmacy assistant asthma masterclass as an Asthma Week activity in 2021. Pharmacy assistants are a key touchpoint for people with asthma.

The scope of the project was for a non-clinical presentation and education session for pharmacy assistants, designed to:

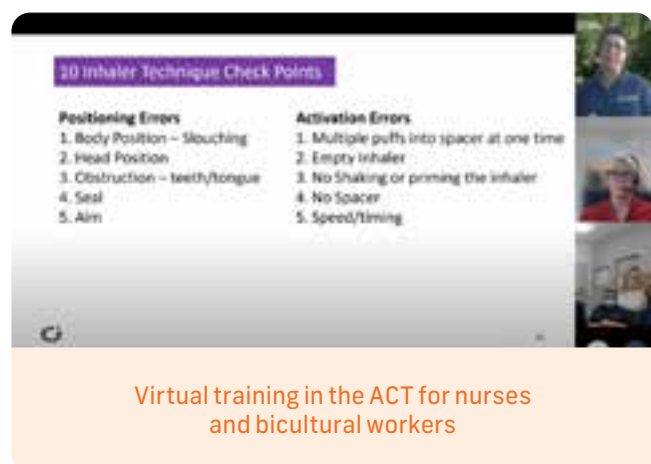
- ✓ Raise awareness amongst pharmacy staff of asthma symptoms and management
- ✓ Support better value for the customer in their interactions with pharmacy
- ✓ Increase the potential for stores to add to their customer value proposition around asthma support services
- ✓ Position Asthma Australia as the primary resource for information, resources and further support beyond the store itself

After a small-scale trial at one pharmacy, we refined the content and delivery. We then conducted two free face-to-face events in regional areas of Tasmania, with a target of 20 people each session. A total of 48 participants from 13 stores attended, which exceeded the targets. All attendees reported an increase in knowledge of confidence in their communications with customers.

Many highly recommended the session as essential to pharmacy workers.

The pilot established a business case for a continued roll out in partnership with the Pharmacy Guild in Tasmania.

Providing high-quality asthma education to healthcare professionals



This year we provided on-demand asthma management education services to a number of healthcare professional groups, including the Queensland State School Nursing Service (87 participants) and NSW Justice Health and Forensic Mental Health services (20 participants).

Delivered online, both sessions achieved almost 85% positive feedback for meeting learning needs and raising personal asthma management confidence. Further, online education for nurses and bicultural health workers was also delivered at sites across the ACT.

PARTNERING WITH CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Understanding the needs of primary school aged children with asthma from Arabic speaking backgrounds

In 2022 Asthma Australia completed a needs assessment to identify issues, opportunities, priorities, and potential partners to inform our strategy to support Arabic-speaking children aged between five and nine years living in western and southwestern Sydney.

The project reviewed the outcomes of the previous Creating Collective Solutions project, which sought to codevelop solutions to the question:

What can we do to support children with asthma in NSW aged five to nine years to live their best life?

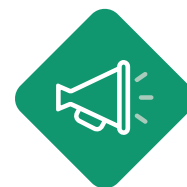
This revealed gaps and opportunities to improve integrated care. Further, we worked with agencies who work with culturally and linguistically diverse (CALD) families in western and southwestern Sydney to scope opportunities for collaborative projects to improve asthma management for young children.

This identified potential for improvement, regarding common treatments and triggers, hospitalisation rates, impact of asthma on a child's lifestyle, increased anxiety in parents of children with asthma, low health literacy levels, medication costs and lack of coordinated care.

As a result of these findings, Asthma Australia will distribute Arabic-language resources in those areas. We will continue to work with schools and community organisations to deliver culturally appropriate asthma information and plan consultations directly with children to determine their needs.



INFLUENCE SYSTEMS CHANGE



Expand insights to adapt and scale our services, achieving deeper engagement and improvements in asthma and wellbeing outcomes

Throughout 2021/2022 Asthma Australia has delivered on its strategic goal to influence systems change through advocacy, policymaking and research. Systems change is a critical enabler to improve asthma outcomes.

This is because of the 2.7 million Australians who live with asthma, it is estimated that approximately half experience poor control of their condition.

Further, about one in ten live with severe or difficult to treat asthma, which exerts a heavy burden on them, despite their efforts to manage their condition.

Changes at a local and national level can have a major impact on the factors that contribute to, and influence the outcomes for, people living with asthma. These systems changes can be accelerated through strong policy and advocacy.

Key priorities undertaken throughout the year were the delivery of the Australian-first AirSmart health education campaign for air quality (see page 39), continued advocacy supporting a phase out of wood heaters in residential areas, calling for actions to address the impacts of climate change on asthma and commencing policy development around asthma healthy homes.

Underpinning all of Asthma Australia's efforts was our ongoing commitment and dedication to evidence, data and the search for new discoveries that inspire and sustain change. Our research program and priority setting exercise are both geared towards the achievement of these ambitions. In this, we are grateful for the work of the Research Advisory Committee. These volunteers assist Asthma Australia to optimise our efforts in research.

ADVOCATING FOR POLICY REFORM FOR PEOPLE LIVING WITH ASTHMA

Asthma Australia increased our influence and impact this financial year as a result of focusing on priority issues for proactive policy development and advocacy. These priorities were determined through consultation with people with asthma and reference to research evidence that demonstrated potential areas for improvement.

We continued to be the leading voice in the health sector calling for improved air quality and policy measures to support people with asthma and others vulnerable to exposure to air pollution.

In November 2021, the Parliament of Victoria's Inquiry into the health impacts of air pollution in Victoria acknowledged Asthma Australia's advocacy, recognising 11 of our 15 policy recommendations in its final report. Further, Asthma Australia engaged with the New South Wales and Australian Capital Territory governments to boost their respective clean air strategies, while also raising community awareness of the need for stronger action to protect people with asthma against exposure to unhealthy air.

With the COVID-19 pandemic continuing, Asthma Australia contributed to advocacy efforts with other consumer-health peak bodies, which secured permanent Medicare funding for telehealth. Research conducted with people living with asthma informed us they valued it as an option to access healthcare safely and conveniently.

We also lent our voice to the chorus calling for a commitment from the Commonwealth Government to achieve net zero emissions by 2050, again reflecting recognition from people living with asthma of the impacts they experienced as a result of climate change.

Significantly, the Australian Government's National Preventive Health Strategy 2021-2030 incorporated many priorities sought by Asthma Australia throughout the consultation process. This included recognition of the impacts of air quality, climate change, mental health and health literacy, as well as a five percent target for expenditure on preventive health.

And as part of our commitment to advocating for access to healthcare for vulnerable populations, we engaged with government agencies in New South Wales to improve asthma management and emergency first aid following the tragic death of a First Nations man in custody in 2018. Following the reporting period, Asthma Australia finalised its involvement on this issue by connecting a respiratory specialist with one of the government agencies. Together, they will work towards improving the management of asthma in NSW custody.

Piloting our AirSmart campaign

AirSmart is a community education campaign developed by Asthma Australia with the support of a panel of experts in air quality, health promotion, public health evaluation and digital technology and people with lived experience of asthma.

AirSmart aims to educate and empower people with the information, tools and strategies they need to minimise exposure to unhealthy air and, in doing so, reduce its harmful effects.

We developed a multifaceted campaign which includes television, outdoor and radio advertising, a website and an AirSmart smartphone app. The development of these assets was informed by intensive consumer research and the AirSmart app was developed using human-centred design principles.

This evidence-based air quality educational initiative is an Australian-first. The AirSmart app is a consumer tool providing local real-time air quality information and related health advice about how to avoid or minimise exposure to air pollution at specific air quality levels.

A pilot AirSmart campaign will run in regional Victoria, ACT and Southern New South Wales communities over six weeks in July and August 2022. An evaluation of the pilot will be used to refine the future national AirSmart campaign.



The AirSmart pilot campaign and AirSmart app has been made possible thanks to the support from the New South Wales Department of Planning and Environment, Perpetual, The SA Trust, Annie Danks Trust and Asthma Australia Board of Directors.

Working with our expert advisory group, a full evaluation of the AirSmart pilot will inform the national AirSmart campaign. Asthma Australia is proud to be leading this work which will help all Australians breathe better and live healthier lives.



View the AirSmart pilot campaign video at youtu.be/39K-zkEXaq4



View the AirSmart pilot campaign website and download the App at airsmart.org.au

OUR RESEARCH PRIORITIES

The National Asthma Research Program

The National Asthma Research Program (NARP) is our coordinated set of research-related activities that aim to expedite the discovery of answers to the critical questions that impact people living with asthma. It involves direct research funding, forming high-quality research partnerships, supporting implementation and evaluation needs and research policy.

This year we advertised and awarded more than \$1 million dollars to new research projects and established four new partnerships valued at over \$15 million.

We were pleased to have a role in the announcement of \$20m in research funding from the Medical Research Futures Fund and deliver the National Asthma Research Agenda.

Projects funded



The ABC-CALD Study
(Lata Jayaram)



Virtual asthma care model to reduce unscheduled hospital presentations (Ryan Mackle)



Healthy-Air: pollution advice for people with asthma



Career Development Grants

National Asthma Research Agenda Project

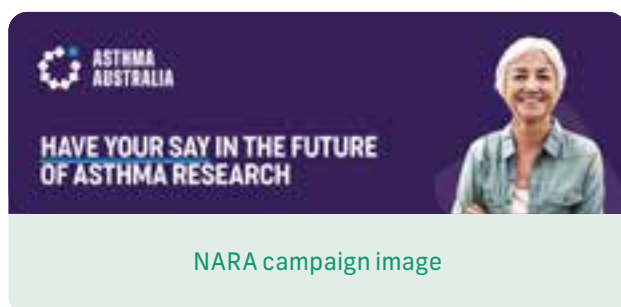
The National Asthma Research Agenda (NARA) was aimed at establishing internationally recognised priorities to help prioritise, coordinate and advocate for increased research funding, in line with the Asthma Strategy.

Led by Professor Peter Gibson, with advice from Anne McKenzie AM, Asthma Australia consulted and engaged with people living with asthma and their carers.

We received insights from 593 survey respondents and workshops with 29 diverse participants to arrive at a top ten priority list that highlights the breadth and depth of enduring needs of the asthma community.

The National Asthma Agenda: Top 10 list has been developed, and the project is currently being finalised for publication. We look forward to disseminating these priorities and working with audiences to use them to influence research policy and practice.

The NARA project methodology was adapted from a James Lind Alliance process that puts the priorities of the end-user at the centre.



HOW THE PROCESS WORKED



Online survey

An online survey of consumers, carers, clinicians and policy makers asked:

- What would you like to see answered by research to improve living with asthma on a day-to-day basis?
- Are there any other issues you'd like to see answered by research, in addition to the above?



Thematic analysis

Responses to these questions were analysed into research themes. Each theme had dot points explaining the specific comments and questions from the survey.



Evidence checking

A team of researchers reviewed the themes and questions against evidence. Themes or questions which had already been answered by research were removed.



Consensus workshop

A series of online workshops were held with consumers, carers, clinicians and policy makers to discuss and prioritise the research themes.



Final top 10 research priorities

The prioritised lists from each workshop were combined to produce a final list of the top 10 research priorities.



RESEARCH ADVISORY COMMITTEE CHAIR REPORT

Professor Adam Jaffe

By building on the strong foundations in the previous year, the first full year of the National Asthma Research Program activity was highly productive.

The Research Advisory Committee is coalescing around an agenda that is diverse and stimulating and draws upon the unique range of skills and insights of the members.

The highlights of the year included the realisation of our important goals to:

- Shepherd a growth trajectory of our research footprint
- Improve the experience of researchers as they interface with our program
- Empower consumers in the grant review process
- Consider the meaningful impact of our research
- Develop a National Asthma Research Agenda

During the course of the year, the Committee spent significant time refining and improving the grant application processes. Grant applicants and prospective partners should have great confidence that their interaction with Asthma Australia will be one that benchmarks favourably with others in the sector.

One of our challenges was striking a balance in our grant portfolio to support people (such as early/mid-career researchers), discovery science, as well as translational research. We believe that we have developed a good balance, but of course, all researchers know there is never enough money! We enhanced the national asthma research community by developing, supporting and leveraging research partnerships. This continues to grow.

We were able to invest significantly in research grants and research partnerships.

This year we advertised and awarded more than \$1m in funding for research grants. Four research partnerships worth upwards of \$15m resulted from this activity.

Critically, in line with the Asthma Australia agenda, consumers are at the heart of the Research Advisory Committee. Asthma Australia is a sector leader in supporting consumer involvement in research program governance. In order to empower our consumer representatives further, we facilitated additional training in how best to involve the voice of the consumer in research development. We recognised the need to give our consumer representatives on the committee an opportunity for training in consumer and community involvement in health research.

The committee also supported the development of Asthma Australia's National Asthma Research Agenda. I would like to thank Anne McKenzie AM for her generosity and input in this valuable project.

It is a privilege to chair such a wonderful committee and I would like to acknowledge the work, commitment, and passion of the 10 other committee members on the Research Advisory Committee. We have met virtually on five occasions and tackled a vast agenda. The diverse thought and skills, and the insights from across the country have been invaluable for our journey to date and I look forward to us meeting in person in the coming year.

Another highlight of the year was the pleasing announcement of \$20m in research funding in respiratory health through the Medical Research Future Fund.

I recognise the advocacy work of Asthma Australia, alongside its friends within the Lung Health Alliance, to influence this policy decision.

As we look towards the year ahead as Australia's only dedicated asthma research program, we will focus on investment growth opportunities and research impact. We hope that the results of the prioritisation work into what research people with asthma want and need, will help drive further investment into asthma research. Furthermore, these priorities will be central to our strategic planning and will help us articulate the need to our supporters and other stakeholders. We continue to rely on the generosity of our community, and we hope that our upward investment trajectory will continue in order for us to realise our ultimate goal of improving the health outcomes for all people living with asthma.

Our Research Advisory Committee profiles are listed in the appendix.



PROFESSIONAL ADVISORY COUNCIL CHAIR REPORT

Rosemary Calder

The Professional Advisory Council provides advice, information and guidance on medical, scientific and health and social care-related matters to assist Asthma Australia to achieve its strategic objectives. Council members contribute expert support for policy development and advocacy and advise on clinical and health-related resources, programs and services for people living with asthma.

The Council comprises ten members who represent a broad range of professional skills and expertise, including medical, pharmacy, nursing, health professional education, health research, health economics, health system planning and governance and policy. The Council met six times this year. Councillors also made themselves available for additional requests for support through the year.

Among the strategic actions Asthma Australia embarked upon this year was the redesign of the flagship Consumer Support Program (CSP), which is the only model of its kind in Australia to provide tailored and evidence-based education and information for people with asthma.

The CSP redesign project sits within a broader portfolio of work to transform our digital strategy to better meet the specific needs of people with asthma, establish a continuum of service for people with asthma and improve health outcomes.

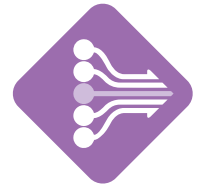
In response to advice from Council members, we were able to participate in high-calibre Medical Research Future Fund grant applications for relevant research funding.

Oral corticosteroid stewardship is an issue of considerable concern, due to the risks of avoidable harm for people living with asthma. This was discussed through several meetings of the Council to inform the organisation's implementation strategy. While the strategy is still being developed, it is clear it will require an extended program of consumer education and empowerment, health professional education and resource support, and the exploration of policy levers that may support these efforts.

The Council advised on other matters, including ways in which general practice and primary healthcare more broadly, such as pharmacy services, could better support and assist people with asthma, national medicines policy reform, and healthcare partnership opportunities. We also received guidance on the continuing challenge of COVID-19 and its implications for asthma-related support. The role of housing in providing environments that are either protective for people living with asthma, or that may exacerbate or increase risk for people living with asthma is a complex and challenging concern. The Council has informed and guided the work undertaken to date by Asthma Australia in this field.

As a Director of the Board and Chair of the Professional Advisory Council, I have had the privilege of working with Council members who generously gave their time and considerable expertise to these discussions, and in response to requests for advice and guidance throughout the year. The continued guidance of the Council will be central to the implementation of the 2022-2024 Asthma Australia strategic plan and our collective aim to halve avoidable asthma hospitalisations by 2030.

BUILD CAPABILITY



Align our people, culture, processes and technology to deliver on our new direction

Asthma Australia maintains strong operational and cultural frameworks so we can deliver on our purpose to help people breathe better so they can live freely.

Throughout the 2022 financial year we continued to review and strengthen internal skills and capabilities in line with our priority areas. This included increasing our knowledge of digital transformation to enable data-informed decision making, supporting an inclusive workplace, and developing skills across the organisation. Ultimately, the continued strengthening of our organisation will enable us to continue to deliver on our key priorities for people living with asthma.



Kathy (left) and Michele (right)

RECOGNISING OUR PEOPLE



David McLean, one of our Buzz Lightyear award winners

At Asthma Australia we have a highly engaged staff of talented people who work in collaboration to drive better outcomes for people with asthma. We know from our 2022 Voice Engagement Survey results demonstrated that our people believe in the purpose and values of our organisation.

Throughout the year we loved recognising our colleagues when they exemplified our values in action through our quarterly "Buzz Lightyear" award. We maintain consistent year-on-year results for staff engagement, wellbeing and progress across our survey outcomes. We continue to look for opportunities to improve our processes, so they support our people to achieve their goals.

GROWING INCLUSION

We must work with new people in new ways if we are to reduce the impact of asthma where unmet needs are greatest.

We recognise we need to focus deliberate effort on building a more inclusive organisation from the inside out to enable this.

We have commenced progress in this area by facilitating a series of organisation-wide conversations to explore what we mean by inclusion, diversity, privilege and equity. Planning has now commenced to establish clear, internally focused goals for an Inclusion and Diversity Plan. This will provide an initial roadmap to guide our progress to actively foster an inclusive workplace.

CONTRIBUTING TO RECONCILIATION

Asthma Australia is currently developing a Reconciliation Action Plan (RAP) as part of a broader Indigenous Strategy.

Asthma Australia is committed to implementing a RAP as an initial roadmap to create a workplace that understands, values and respects the history, cultures and contributions of Aboriginal and Torres Strait Islander people.

The RAP is to be underpinned by a broader five-year Indigenous Strategy, which provides for a longer-term commitment to Aboriginal and Torres Strait Islander outcomes including health and wellbeing, and economic and social advancement. The strategy will embed Aboriginal and Torres Strait Islander principles and knowledge into all aspects of the organisation. It will provide a strategic and holistic whole-of-organisation approach to improving Aboriginal and Torres Strait Islander outcomes, which is not just bound by reconciliation alone.

We have committed to increasing our engagement with Aboriginal and Torres Strait Islander people, communities and organisations, and developing a RAP that is authentic, impactful and accountable.

This year we commenced our RAP journey by listening and learning to the voices of Aboriginal and Torres Strait Islander people with asthma, as well as our Aboriginal and Torres Strait Islander staff, so we can ensure that reconciliation and the health and wellbeing of First Nations people are intrinsically part of our organisational values.

Our RAP is being developed and championed by our RAP Working Group, which includes Aboriginal and Torres Strait Islander staff and people with asthma. The Working Group is supported by the board and executive leadership team. Our Chief Executive Officer is proudly committed to being the RAP Champion, and advocating that reconciliation is everyone's business.

The RAP is expected to be completed in late 2022.



Danielle, a proud Torres Strait Islander woman in the RAP Working Group

INCREASING DIGITAL TRANSFORMATION

As we work to deliver on our promise to put consumers at the heart of everything we do, we're aiming for a seamless, end-to-end customer experience.

We seek to deliver an experience that is exceptional, whether it be a health service client, a donor or a training user. Our ideal is for people to be offered an ongoing engagement journey with Asthma Australia to improve their lives, the life of someone they love or someone they know who lives with asthma.

We're working to build a connected digital ecosystem in which we learn more about those who engage with us. This is so we can deliver personalised and person-centred support over the phone, through our website and webchat, content in emails, via a smartphone app, and through training. We also want to increase connections between asthma consumers, and those that support them. This could be connecting the person and their healthcare professional, a child with their school nurse or teacher, or an adult with their workplace or peer who shares their experience.

Through these connections, we will enable people to be supported and connected in their asthma journeys as they never have before.

We are developing a robust insights program that will garner insights about pain points and potential systems barriers, which may be impeding people from living their best lives. We will also be able to understand what matters most to people with asthma, and what holds them back, such as stigma, poor air quality or housing. In this way we will seek to act on these insights to design responses to address these priorities and influence others to do so, too.

Throughout the year, we worked to identify the right technology and systems to capture and store data and information to enable an end-to-end engagement experience for our customers. We made great progress on our digital transformation. While we know it won't be easy and will take time, we know it will enable exceptional experience, customer-centric engagement and lead to improved health outcomes for people with asthma.



SUSTAIN AMBITIONS



Increase effectiveness of revenue generation

Asthma Australia must be strong and accountable if we are to deliver our ambitious goals to improve outcomes for people living with asthma.

Throughout the 2022 financial year, we have sought to provide a suite of services that are both effective and sustainable. Our operations have maintained sufficient revenues to enable us to continue our service delivery and engagement with the community.

One critical element that allows us to continue our work is the generosity of the philanthropists who support us. Donations contribute about one-quarter of our revenue, allowing us to provide support and services to people living with asthma. This includes \$908,882 from bequests, and \$695,814 from trusts and foundations and major donors. Our Christmas and end-of-financial year appeal donors contributed significantly to new research and treatments for asthma, and we are grateful for this support. All of these programs are incredibly valuable to Asthma Australia and the wider community.

Another significant program is Asthma Heroes, who donated a total of \$47,154 in the 2022 financial year. These 205 donors provided monthly or yearly donations through a regular program, which enabled us to plan and finance existing and new programs and services.

We continue to seek ways to evolve our revenue generation and develop a stewardship program to attract and retain strategic funders. We are also exploring avenues to provide fee-for-service initiatives. As an organisation we take a strategic and balanced approach to risk and opportunity.



THANK YOU FOR YOUR SUPPORT

Saying thank you and acknowledging one's help is often forgotten in our fast paced and busy world. But these two words mean so much to Asthma Australia and we are so grateful for your support over the last 12 months.

Thank you for making a difference in the lives of so many people who are striving to live freely with their asthma.

Because of you, people coping with the impact of asthma have been able to access the support, information and care they so sorely needed.

Because of you, cutting edge research into the prevention and treatment of asthma continues to evolve.

Because of you we are hopeful that one day soon we will achieve our vision of a community free from asthma.

Thank you for your compassion, kindness, and drive in making Australia a place where people with asthma can breathe better and live freely.

THANK YOU NATALIE AND NATHAN



Natalie (left) and Savanna (right)

Natalie and Nathan experienced the heartbreaking death of their daughter Savanna, 14, as the result of a severe asthma attack in August 2020.

This year they undertook a fundraiser for Asthma Australia in memory of their daughter that raised more than \$13,000.

Running a fundraiser in memory of a loved one is a precious and thoughtful tribute. Natalie and Nathan achieved an amazing result, which contributed vital funds that will have a significant impact to ensure ongoing support for people living with asthma. Fundraisers such as these make a real difference.

COMMUNITY FUNDRAISING

**161 community fundraisers
raised a total of \$97,020.**



We would like to thank the following people and community groups for their wonderful support, raising vital funds of more than \$1,000, and awareness throughout this financial year.

- Australian Communities Foundation Limited
- Balldale Hotel
- Albury Black Uhlands
- Campbelltown CFA
- Heath Wilson
- Jacob Ladgrove
- Kristy Lang
- Natalie Coall & Nathan Symonds
- NSW Women's Bowl For Others Club
- Olivia Bird
- Warwick McLauchlan



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

Trusts and Foundations

- Neil & Norma Hill Foundation
- Perry Foundation
- JLDJS Foundation
- The Ross Trust Foundation
- Philanthropy Australia
- Asthma Foundation SA Trust
- The Fay Fuller Foundation
- Belgrave Lions Club Asthma Research Fund Trustees
- The Zoe Kennedy Foundation
- The Lionel & Yvonne Spencer Trust
- James N Kirby Foundation
- The Alfred & Jean Dickson Foundation
- Rigg Memorial Trust
- The Howard & Lorrie Lucas Foundation

Major Donors

- Perpetual
- Sally and David Rickards - In memory of
Estelle Grace Rickards who was a lifelong volunteer for Asthma Foundation NSW
- Anonymous

"The late Estelle Rickards was committed to supporting three causes – asthma, the medical school at Sydney University and art. When she passed away, she left her nephew David Rickards and his wife Sally to distribute donations to the organisations she had been supporting.

David and Sally had the vision to explore whether a project might be conceived that integrated all three areas, and to combine the resources for greater impact. The partnership between Asthma Australia and the Djurali Centre at Macquarie University was born. This entails an action research project designed to work with a couple of communities and which seeks to understand the barriers and enablers to better asthma health, and to partner with the communities to create the changes needed.

This project will take place over several years, enabling evaluation of the longer term outcomes and producing a model that can be replicated in other communities."

– Dave Rickards

Trusts and Bequests

- The Estate of the Late Alice Livingston-Vail
- The Estate of the Late Allen Sampson
- The Estate of the Late Anita McKenzie
- The Estate of the Late Audrey Eva Ward
- The Estate of the Late Beryl Kelly
- The Estate of the Late Bruce Carroll
- The Estate of the Late Dawn Christine
- Estate of the Late Hazel Ruth Duffy
- Estate of the Late Queenie Lilian Elizabeth Baker
- The Estate of the Late Florence Maud Colmer
- The Estate of the Late Geoffrey Burfoot
- The Pethard Trax Charitable Fund
- The Estate of the Late Gwendolyn Una Thomas
- The Estate of the Late Hilda Eugene Rose
- The Estate of the Late Ian Russell Berry
- The Jack Jacobs Charitable Trust
- The Joe White Bequest
- The Estate of the Late Lindsay James Baldy
- Queensland Community Foundation (Mervyn Rodger Fund)
- The Estate of the Late Roma Collins
- The Estate of the Late Sue Ann Sellars
- The Estate of the Late Sylvia McGilvary
- The Hart Family Perpetual Trust
- The Thomas and Vera Condie Trust
- The Estate of the Late Thelma Chandler

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
- ENT Technologies
- GSK
- Novartis
- Sanofi



WE WOULD LIKE TO THANK AND ACKNOWLEDGE OUR:

Program, government and state funding partners

- 4D Medical
- AstraZeneca
- Bird Healthcare
- ENT Technologies
- GSK
- Novartis
- Respiratory & Sleep Service
- Sanofi
- South Australia Power Networks
- TerryWhite Chemmart
- White Magic
- Australian Government (Department of Health)
- Tasmanian Government (Department of Health)
- NSW Government (Ministry of Health)
- Queensland Government (Queensland Health)
- Adelaide PHN
- Country SA PHN
- ACT Government Health
- NSW Department of Planning and Environment

Research Program Strategic Partners

- Macquarie University – Improving Asthma Outcomes: Building a program of research with Aboriginal Australians using codesign methods
- Australian National University – Healthy Environments and Livelihoods
- University of Melbourne – Tasmanian Longitudinal Health Study
- Hunter Medical Research Institute – Bushfire smoke and asthma
- Centre for Research Excellence in Treatable Traits for Asthma
- University of NSW – Sustainable Communities and Waste Hub
- University of Tasmania – Air quality community education
- Centenary Institute – Lung effects of bushfire smoke
- NSW Department of Planning and Environment

Business and Community Partners

- Spirometry Training Company
- Woolcock Institute of Medical Research
- University of Wollongong
- Consumer Health Forum
- Climate and Health Alliance
- Brisbane South Primary Health Network
- Brisbane North Primary Health Network
- Mackay Hospital and Health Service
- State Schools Nursing Service -
Department of Education Queensland
- 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
- Reed Medical Education
- Ritchies Supermarkets & Liquor Stores
- Quit Tasmania (Cancer Council Tasmania)
- Quitline
- Pharmacy Guild of Australia
Tasmanian Branch
- Capital Health Network –
ACT Primary Health Network

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.

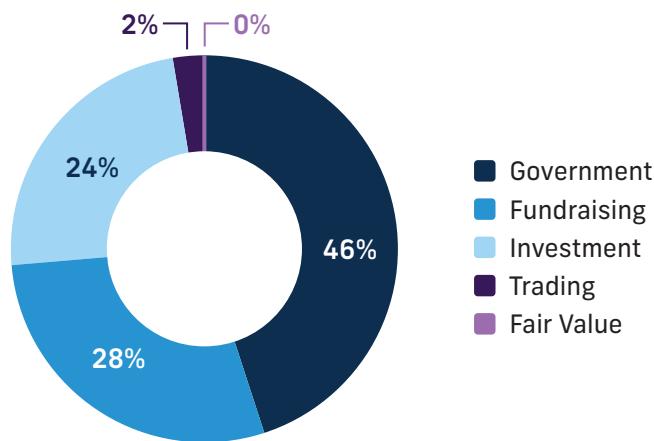
- Lung Foundation Australia
- Thoracic Society of Australia and
New Zealand
- National Asthma Council Australia
- Cystic Fibrosis Australia



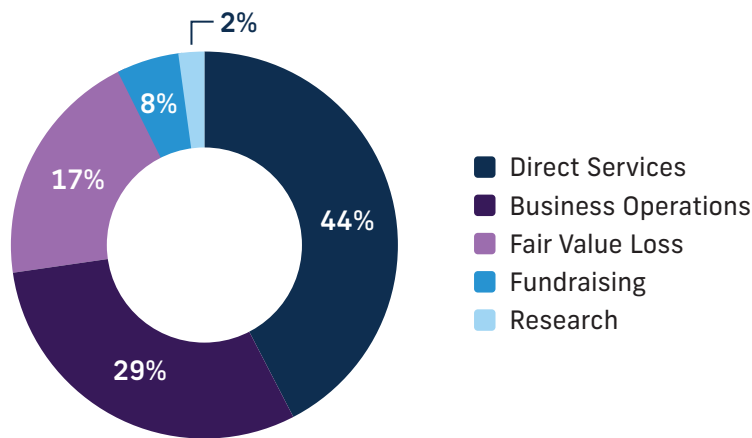
FINANCIAL SUMMARY

FY 21/22

Where the money came from
Income



How the money was spent
Expenses





TREASURER'S REPORT

Paul Sinclair AM

With the close of the 2022 financial year we reflect on the number of challenges the COVID-19 pandemic created for all Australians, both on a personal level and a business level. It was important to everyone at Asthma Australia that service delivery continued, albeit in modified ways based on each jurisdiction's requirements. This ensured our consumers continued to be supported and advocated for in a COVID-safe manner.

Asthma Australia is grateful for the continuing support of generous benefactors, these funds have been applied to important work with consumers front of mind. In particular, Asthma Australia committed to a significant amount from reserves to support the exciting research projects designed to ultimately have a positive impact on those living with the condition. These projects would not be possible without the ongoing support Asthma Australia receives. We are honoured to be the recipient of such philanthropic support.

The balance sheet is strong, showing in excess of 21 million in equity.

The board intend to leverage this position to have the highest impact possible on those living with asthma.

As an example of this, the board approved the use of the reserves to co-fund the implementation of the AirSmart application, which is under pilot. This application is designed to make air quality information accessible to users on smart devices so that those afflicted can make the best decision about environmental factors for their day.

During FY22 the difficult decision was made to discontinue the provision of training products. This service line was increasingly difficult to deliver efficiently, and revenues were declining.

The downturn of the economy towards the end of the financial year led to a significant devaluation of the investments held by Asthma Australia. However, we are looking at the long term and will continue to invest with the objective of long-term growth.

Asthma Australia did not receive any government stimulus funding under the continuing COVID-19 measures during FY22.

APPENDIX ONE

With thanks to

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.

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.

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.

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

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.

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.

Paula Swatman

Paula is a semi-retired Professor of Information Systems whose focus is on Human Research Ethics. She is the chair of Swinburne University's Human Research Ethics Committee (HREC) and a Research category member of Bellberry Australia's 12 HRECs. She was diagnosed with asthma in 2019.

Puspa Sherlock

Puspa is a single mother of five and primary carer of two children with chronic asthma. A mental health practitioner and life coach, Puspa sits on various government and non-government boards and committees and is a member of Consumers Health Tasmania and the Tasmania Council of Social Services.

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 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.

Dr Pamela Laird

Pamela is a clinician research fellow at Telethon Kids Institute and paediatric respiratory physiotherapist at Perth Children's Hospital. She is passionate about improving respiratory health outcomes for children and has worked in the paediatric respiratory field for 30 years both in Australia and the United States.



HEAD OFFICE

Level 13 Tower B
799 Pacific Highway
Chatswood NSW 2067

P: 02 9906 3233

F: 02 9906 4493

ABN: 91 609 156 630

info@asthma.org.au

1800 ASTHMA
(1800 278 462)

asthma.org.au