



**ASTHMA  
AUSTRALIA**

# **NATIONAL ASTHMA RESEARCH PROGRAM STRATEGY** **2023-2028**



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# INTRODUCTION

Asthma Australia's National Asthma Research Program (NARP) is the only dedicated asthma research program in Australia. Running continuously since the 1960s, the program has evolved over time along with the experiences of people whose lives have been so significantly affected by the condition. In these decades, our program has seeded the careers of many high-profile, internationally renowned researchers, and led to discoveries that have changed practice and policy for the better.

In 2017, Asthma Australia unified six of Australia's eight state and territory Asthma Foundations around a common purpose - *'To help people breathe better so they can live freely'*. In that momentous period, the organisation updated its research program to more coherently align with the new purpose, ensuring that the vital investments made possible by our research program funders had the best chance to result in real change for the people and communities living with asthma.

Taking this evolution a step further, in 2021 Asthma Australia embarked on a research priority setting exercise to ensure that the focus reflected the priorities of the people with asthma it is here to serve.

The National Asthma Research Agenda (NARA) was created and was published in 2022 in a high profile international respiratory health journal, *Respirology*. It speaks of the novel process undertaken to define the priorities important to the people who live with the condition and its burden. Asthma Australia has incorporated these priorities into this new research program strategy. The strategy also seeks to maximise the uptake of the priorities among other researchers, institutions and funders.

**We look forward to demonstrating the real impact of the collective pursuit of these priorities by the end of this strategic period.**



# VISION



## To find solutions to reduce the impact of asthma.

For many decades, the Asthma Foundations have proudly funded world class researchers to deliver high quality research projects. We now want to invest in the solutions to reduce the impact, and burden of asthma. From world renowned researchers, to up and coming researchers and innovative design teams - we are seeking bright, curious and innovative minds to help find new solutions. Australia has an excellent track record of contributing to asthma knowledge, but has arguably been less strong in translating this knowledge into practice.

We now focus our efforts on investing in solutions to reduce the impact and burden of asthma. Our focus is strongly on people living with asthma, their carers, the community around them and the system that supports them.

# MISSION



## Based on sound consultation and prioritisation, we will invest in progressive approaches to discover, translate and implement real solutions with people with asthma, their loved ones and the community.

Our mission reflects the path we've committed to taking. With the person with asthma at the centre, and their loved ones, communities, services and policies surrounding them; we have defined the priorities that matter most to them. Investment in these priorities will take many forms and we will ensure that we don't leave the solutions on the shelves, but we work with the end-user to translate and implement them, for tangible and lasting change.



# PRINCIPLES



Asthma Australia has identified four guiding principles that we will apply at all times during the execution of this program strategy.

- 1 LIVED EXPERIENCE** We put the voice and lived experience of the community at the centre of what we do.
- 2 PROGRESSIVE** We enable all methods promising to be effective at addressing the community driven priorities.
- 3 EQUITABLE** We enable equity of participation and seek equity of impact.
- 4 INTEGRITY** We honour the trust of those we serve and hold ourselves to account to always act with integrity.



# RESEARCH PROGRAM PRIORITIES: 2023-2028

Asthma Australia has established the National Asthma Research Agenda (NARA), a top ten list of research priority themes, which directly and authentically reflects the needs of the people who rely on this research for their day to day lives: people with asthma, their carers, health care professionals and policy makers. The full NARA report can be [found here](#), and [here](#) you can read the publication in the Official Journal of the Asian Pacific Society of Respiriology. We invite readers to consider how these priority themes, and their illustrative questions, can inform their research efforts towards priority outcomes for the people who need it.

Asthma Australia's aim is to work progressively and collaboratively through the top ten priorities of the National Asthma Research Agenda over the coming decade. Such approach will be important, to honour the contribution of NARA, to generate the kind of partnerships and collaborations that take time to evolve, and to gain the interest and long term commitment of stakeholders interested in resourcing the pursuit of these outcomes.



# ASTHMA AUSTRALIA'S NATIONAL ASTHMA RESEARCH PROGRAM (NARP) PRIORITIES FOR 2023-2028 WILL BE:



## ASTHMA IN CHILDREN

Prevention, treatment, impacts and causes of asthma remission in children. Measures to address the impacts and unmet support needs for carers of children with asthma.



## ASTHMA CARE AND SELF-MANAGEMENT

Interventions to improve access to and delivery of services, patient-clinician partnership, self-management strategies and patient empowerment.



## DIAGNOSIS AND MEDICATION

New and improved diagnostic tools for asthma. Evidence for incorporating diagnosis of common co-existing conditions as part of the standard assessment.

Medication side-effects and prevention of them, and more personalised medication options to suit different people with asthma.



## CAUSES, PREVENTION AND FEATURES OF ASTHMA

Better understanding of the causes and prevention of asthma, including the role of genes and diet. Better understanding of the intergenerational impacts of asthma, development of severe asthma and prevention of irreversible lung damage.



## ASTHMA AND AGEING

Better understanding of what causes the development of late-onset asthma. Evidence of strategies to better manage asthma in older populations, and how this differs to management in other population groups.

From this list, we will focus sharply on the first two priorities: **Asthma in Children** and **Asthma Care and Self-Management**, and will look for opportunities to invest in work to address the remaining three priorities from this list, as resources allow: **Diagnosis and Medication**, **Causes Prevention and Features of Asthma**, and **Asthma and Ageing**.

Asthma Australia is excited to have a clear and meaningful agenda to work towards, with people with asthma, their carers and the community, and with the excellent community of investigators, researchers and social innovators in Australia.

Such direction will increase the chance of finding new solutions that will more effectively inform health system design, the skills and decisions of healthcare professionals, and the capability of asthma healthcare consumers to use health technologies designed and tailored to their needs. All with the aim of helping people manage their asthma and reduce its burden on their lives.

Below we describe the specific questions underpinning these priority themes, which will be the focus of our research program over the coming 5 years.





## ASTHMA IN CHILDREN

This theme relates to the prevention, treatment, impacts and causes of asthma in children and the factors that influence whether they 'outgrow' it. It also extends to the impacts and unmet support needs for carers of children with asthma.

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### Primary and secondary prevention

What modifiable interventions in the perinatal and early childhood period can change the likelihood of asthma onset or a child's asthma trajectory?

How do frequent episodic asthma symptoms impact growth, development and well-being in children aged 2-5 years?  
What can be done to overcome any impacts?

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### Diagnosis and treatment

What diagnosis and treatment strategies for children with asthma are most effective in increasing quality of life and reducing the burden of their disease?

What training or interventions are effective at increasing knowledge of parents, carers and care staff in managing acute asthma attacks?

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### Access

How can we ensure treatment options are equitably available for children with asthma?

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### Psychosocial

What strategies are effective in reducing family, carers or significant others anxiety in caring for children with asthma?

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## ASTHMA CARE AND SELF-MANAGEMENT

This theme includes issues around access to and delivery of health services, patient-clinician partnership, self-management strategies and patient empowerment.

<b>Barriers</b>	<p>What barriers to optimal asthma care exist in disadvantaged communities and how can we reduce them?</p> <p>What are the barriers to continuity of care for people with asthma and how can they be overcome?</p>
<b>Systems</b>	<p>How can digital health be effectively adapted to improve access to healthcare for people with asthma?</p> <p>What systems can be implemented to effectively optimise referral to specialists for those who need specialist care for asthma? And in particular for people in regional and remote locations?</p> <p>What tools or mechanisms may be implemented and effective at standardising and improving the quality of primary health care among clinicians?</p>
<b>Enablers</b>	<p>How can existing enablers which effectively address obstacles to good quality chronic disease management for disadvantaged communities be leveraged?</p> <p>How can home-administration of asthma medication (steroids, biological therapies) be improved?</p> <p>What is the most feasible and acceptable approach to home-based self-management planning in asthma which incorporates the needs of the critical actors in a person's eco-system?</p> <p>How can carers be supported to help improve outcomes for people with asthma?</p>
<b>Person-centredness</b>	<p>What is shared decision making in asthma healthcare, what impact does it have on clinical and person-centred outcomes, and how can it be developed to improve continuity of care and effective self-management in asthma?</p> <p>What is an effective mechanism or model that can help people with asthma navigate the healthcare system and access quality care at all levels?</p> <p>What models of care can be used to address current deficits in self-management education?</p> <p>How can we embed measures that reflect patient preferences in quality care standards for asthma?</p> <p>What are the core elements of asthma health literacy, how can it be addressed, and how does it impact asthma outcomes?</p>





## DIAGNOSIS AND MEDICATION

- How can the process to diagnose asthma be improved?
  - What is the potential role of biomarkers in supporting a definitive diagnosis?
  - Can we develop better lung function measures to accommodate all ages?
  - How can we address disparities in access to diagnostic tests for asthma?
- What is the role of routine allergy testing as part of asthma diagnosis and management to improve outcomes?
- How can we enable the delivery of personalised medicine in asthma?
- What are the long-term side effects of targeted biologic therapies?
  - What are the optimal long term treatment plans for biologics?
- What other treatments / new treatments can treat severe asthma attacks, that don't have the side effects of OCS?
- How can we reduce long term OCS side effects through appropriate GP prescribing behaviour?
- How can we influence/improve excessive dispensing of OCS?
- What treatment options and new medications are needed for evasive phenotypes in severe asthma?



## CAUSES, PREVENTION AND FEATURES OF ASTHMA

- How can we prevent the onset of asthma?
- What is the relationship between mild/ moderate and severe asthma and how can it be interrupted?
- How does a low inflammatory diet influence the rates of asthma development and exacerbation?
- What other dietary factors impact asthma health? Non-inflammatory pathways?
- Can diet and microbiome influence the onset and severity of asthma?
- How does nutritional modification or diet supplementation improve asthma control? (e.g. protein, Vitamin D)
- How is the development of asthma influenced by population/individual characteristics and how can these be addressed?
- What interventions and measures are effective at preventing asthma exacerbations?
  - a. Addressing individual/population factors
  - b. Addressing environmental factors
  - c. Perinatal/early childhood factors
  - d. Medical/treatment factors
- How can we prevent irreversible lung damage in asthma?





## ASTHMA AND AGEING

- How do current asthma management strategies impact or interact with comorbidities and other medications in older people?
- What does real life asthma management look like in older people, compared to the general adult population? How can it be better understood and improved?
- What does real world evidence say about optimal personalised management strategies (and the obstacles) for older people with asthma compared to younger people? Does age of onset affect this?
- What health and wellbeing aids can be effective at improving asthma health in elderly? What are the obstacles in their use? How can the obstacles be addressed?
- What causes adult onset asthma in the elderly and how can it be prevented?

In addition to these priorities, we remain committed to supporting the evidence and translation of the priority pillars of our [strategic plan](#). They include:

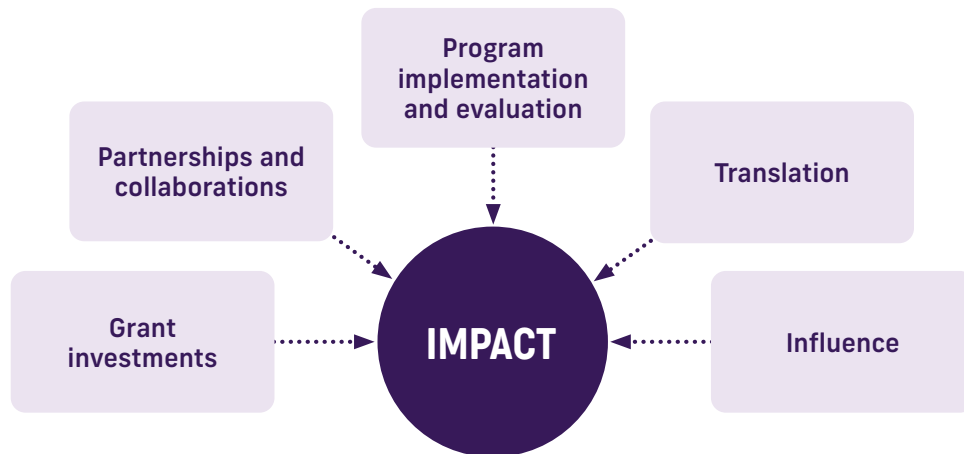
- Digital health
- Community engagement
- Social determinants of health.

We invite inquiries regarding how your research interest potentially supports these priorities.



# STRATEGY

## HOW WE WILL LIVE AND BREATHE RESEARCH



Asthma Australia's research program works in five significant ways to achieve the outcomes it seeks.

### Grant investments

With careful curation, Asthma Australia will invest meaningfully in research projects that address stated priorities. Grant applications will be invited from high quality, like-minded investigators and innovators whose methods span the basic to translation and social science research.

Depending on the needs of the project, Asthma Australia will offer support to successful grant applicants through activities including promotional communications, recruitment support and participation in advisory roles.

We are also determined to support evidence towards implementation, and the grant program will include grants whose aim is specifically to support the implementation of evidence into policy and practice.

### Partnerships and collaborations

Australia is blessed to have many world class institutions, researchers and social designers who are leaders in their fields. The execution of our program strategy will include the engagement with such partners and collaborators across Australia on issues of mutual importance and priority. We will achieve exponentially more together than we might competing for the same research dollar to do incremental work. Our current partnership portfolio includes 10 strategic partners whose work covers priority populations, new models of care, air quality, adaptive health in the changing environment, and epidemiology.

Asthma Australia has established guidelines whose aim is to encourage researchers to engage with us to collaborate on important work. As described in the [guidelines](#), partnerships and other collaborations will be evaluated and entered into when they align strongly to our strategic priorities.



## Program implementation and evaluation

Asthma Australia monitors and evaluates all of its programs and services to ensure they're meeting their objectives, addressing the requirements of funders, and importantly to identify learnings and opportunities for improvement. This includes the research program.

To this end we have an organisational Theory of Change and corresponding Monitoring, Evaluation and Learning framework. Across the range of programs and considering the organisational Theory of Change, we will embark on several initiatives to answer the specific questions agreed upon. These initiatives range from behaviour change campaigns, personalised digital health programs, community engagement projects and a range of policy change initiatives, each with the potential to be adopted by or influence the wider system.

## Translation

In doing all of the above, Asthma Australia seeks to use its resources to support research along the translation pathway, with a focus on translating evidence into public health policy and practice. Our challenge and opportunity is to carry out this role through the lens of both the classical translation paradigm and our program implementation paradigm, as depicted below:

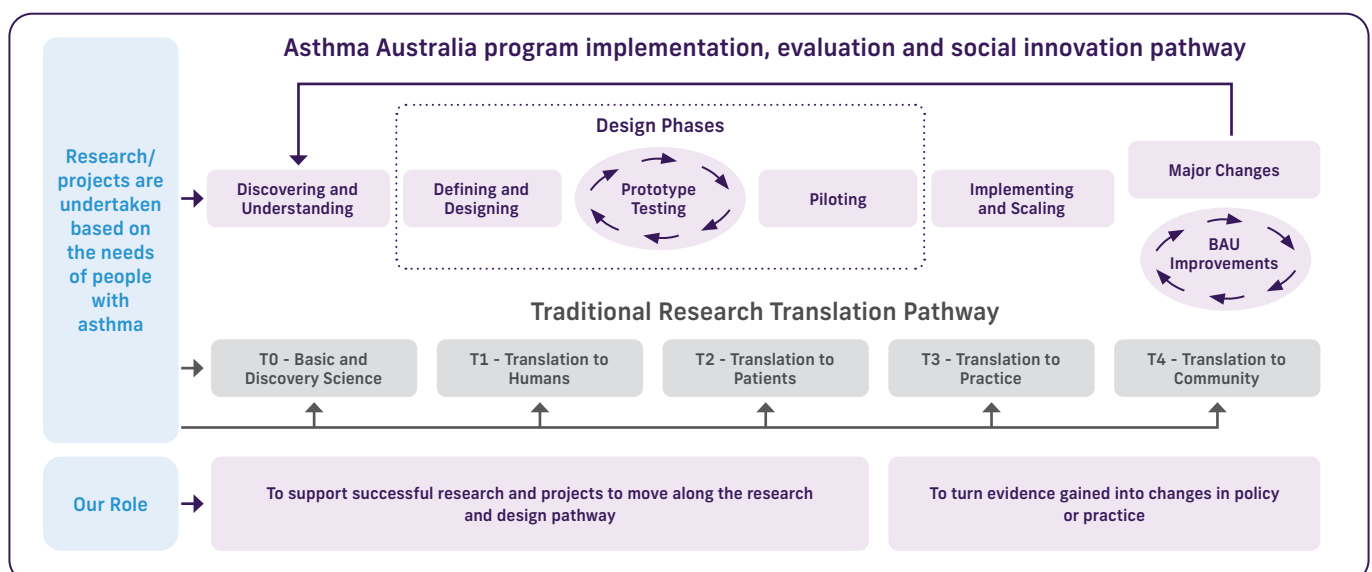
In the delivery of our research program, we will use the various means available to support high quality projects across their respective pathway. This may include but not be limited to:

- Targeted translation grant scheme
- Translation and implementation research training and development support
- Tools to support the use of social innovation in research projects
- Guidelines for building translation and implementation ideas into grant applications
- Opportunities for active collaboration with Asthma Australia to see evidence translated into policy and practice.

## Influence

This key component of Asthma Australia's research program strategy brings together each of the other components – grants, partnerships, program implementation and evaluation, and translation towards important policy influence. In addition to health and social policy and practice change, other areas we may influence favourably include: institutional funding policies, research policy prioritisation, research program administration, research collaborations, and enabling research infrastructures.

Effective policy demands high level evidence, a clear case for action and a critical mass of key informants invested in driving change for wider benefit. Asthma Australia's research program is one catalyst and vehicle for such policy change.



# HOW WE WILL ALLOCATE OUR LIMITED RESOURCES TO MAXIMISE VALUE

## National Asthma Research Agenda

Asthma Australia's National Asthma Research Program will direct the majority of its investment towards the priorities established through the National Asthma Research Agenda (mentioned on page 2). The priorities reflected in this agenda, and specifically those distilled for our strategic plan – **Asthma in Children** and **Asthma Care and Self-Management** will be the primary reference point for all planning and decision making moving forward in the next five years.

Specifically, when planning grant cycles, seeking or deciding on partnerships requested, and mobilising translation mechanisms, we will be looking for strong alignment with the specific questions within these two priority themes. To this end we invite interest from the research community around these priorities and are committed to providing end-to-end support for high quality activities with the view to support them through to implementation and impact.

'Second-tier' priority themes **Diagnosis and Medication**, and **Causes, Prevention and Features**, and **Asthma and Ageing** (see pages 10-11) will also be referred to when considering grant, partnership and translation priorities and we look forward to dedicating substantial effort to the questions within these themes as we continue to grow our National Asthma Research Program.

## Broader organisational priorities

Asthma Australia's explicit broad organisational priorities include social determinants of health, healthcare quality and equity, vulnerable populations, and person-centredness and person-empowerment. We look forward to leveraging our National Asthma Research Program to support these broad domains. We invite readers to refer to our [current strategic plan](#) to understand these organisation priorities in detail.

In these instances, we aim to invest in the generation of new evidence and the pathway to translation, similar to our approach for the NARA based priorities.

## People

People are the heart of our organisation. Whether it's people with asthma, the people who care for them or the people who have dedicated their research and professional careers to the service of people with asthma.

Asthma Australia's research program has a rich legacy of providing early support to the careers of some of the world's most effective and prominent researchers and we are committed to continuing this legacy.

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In the pursuit of our research program vision and solutions for the critical priorities for people with asthma, we will mobilise our grants considerably so that meaningful grant opportunities are available for early and mid-career researchers, alongside the project and partnership grants that are often secured by the more experienced researchers. Such grants will include PhD and Fellowship grants, and we will explore the role of earlier degree models like Honours and Masters' theses in this spirit.

We will continue to provide support to the material costs of being a successful researcher through development grants, made available directly and via partner institutions. The Peter Van Asperen Career Development grant is one scheme we are proud to continue, and researchers can also look out for opportunities that address equity in research careers.

People with asthma are an important part of our strategy. In the delivery of our program, we will commit to support the literacy and engagement needs of people with asthma who are the experts of lived experience. Our expert Research Advisory Committee includes these experts of lived experience, who are also involved in grant reviews, advice and decisions at all levels. Asthma Australia would also like to see more people with asthma included in research design and development, in addition to the growing trend of consumers as referents and advisors in project implementation. Asthma Australia commits to working with researchers and partners to provide people with asthma accessible summaries and results of the work they've been involved in, as participants and/or advisors.

Asthma Australia is committed to elevating the visibility of asthma research to showcase the calibre of our researchers, and to disseminate and share findings broadly to positively influence outcomes for people with asthma.

## Influence

Australian institutional investment in respiratory research is insubstantial in proportion to the burden of disease experienced by the population and especially in comparison with other high profile conditions. Asthma Australia, along with friends from the Lung Health Alliance will continue to engage with state and federal governments and other high value research funders to make the case to bridge this gap, restore equity and address this significant disease burden.

Over the longer term, we would like to see researchers, institutions and change makers collaborate on work of mutual interest, and lead the way in the development, and sustainability of the infrastructure, and other enablers to effective research necessary to achieve the shared goals. Asthma Australia looks forward to working with the research sector to identify streams of work within NARA which require the development of enabling infrastructure to achieve results against these streams. We imagine that such investment will stimulate interest among world class researchers who want to be part of a highly impactful movement.

## Innovation

Innovation is critical to change the status quo. To Asthma Australia, innovation is not limited to technology, but also includes new models, systems and other ideas that aim to shift the dial and change the stagnant asthma trajectory in Australia.

Asthma Australia invites interest from among innovators and developers whose ideas address the end-user generated research priorities. Whilst we can't be a vehicle for all ideas in the market, Asthma Australia takes seriously its role as a connector across the research, innovation and development sectors, and between these sectors and the community, and looks forward to exploring how this unique position can enable the fertilisation and growth of the next game changing development.



# STRATEGIC GOALS

The goals of the National Asthma Research Program strategy reflect our long-term aspirations, priorities, vision and mission for the research program. These goals will inform the development of a monitoring, evaluation and learning plan; and be used to reflect on the success of our strategy.

## OUR 2023-2028 GOALS ARE:



### OUR IMPACT GOALS

We will translate evidence to improve health and wellbeing outcomes for people with asthma; in particular:

- 1 We will find better ways to assess patients, improve management and the delivery of healthcare services; and work to translate or implement them.
- 2 We will find new ways to reduce avoidable asthma hospitalisations for children; and work to translate or implement them.
- 3 We will use evidence from our research to achieve change against our priority policy platform.



### OUR ENABLING GOALS

- 4 We will build and sustain capacity and capability to undertake asthma research in Australia.
- 5 We will increase resources available for asthma research in Australia, to better reflect the actual burden of asthma.
- 6 We will maximise investment in asthma research in Australia by partnering and supporting collaboration across relevant sectors.





# WE WILL KNOW WE ARE SUCCESSFUL BECAUSE:



Improvements in asthma care services and self-management practices are available and used by people with asthma



Avoidable asthma hospitalisations are declining



Our research findings led to changes in policy or practice



Our network of asthma researchers is growing



There is increased funding available and distributed for asthma research in Australia



We have contributed to investment in asthma research through strong collaborations and partnerships





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