



**ASTHMA
AUSTRALIA**



IMPACT REPORT

2022 - 2023

**INFLUENCING CHANGE AND
UNDERSTANDING OUR IMPACT**





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.



‘THALDIN NUNDILI’ (Standing Together)

About the artwork

This artwork represents our individual and collective roles in managing asthma.

By standing together, we can all help close the gap in community health and be part of a holistic journey towards a better future. This piece also represents the relationships between healthcare providers, organisations and the community. Together we are stronger and together we will find common ground to heal.

This artwork represents people living with asthma, from the physical aspect to the emotional and mental impacts it has on daily life. *THALDIN NUNDILI* represents empowerment, strength and resilience.

About the artist

The artwork, *Standing Together*, was created by Wulkuraka Designs - Ailsa Walsh (Davidson).

Ailsa is a First Nations Artist - Lardil (Mornington Island, Queensland), Kullilli (Thargominda, Queensland) and Yuggera (Ipswich/Brisbane, Queensland).





**“I spent my 19th, 20th,
and 21st birthdays in a
hospital bed... now I’m
getting a distinction
average at university.”**

Eloise, Asthma Champion

Eloise was diagnosed with asthma when she was five years old. As a child her asthma only flared up occasionally but as I she got older it got much worse.

Eloise was diagnosed with brittle asthma when she was 18.

CONTENTS

6

JAALA'S STORY

Learning to take my
asthma seriously

16

MARITA'S STORY

The power of information
and support

32

KAYLA'S STORY

The Asthma Community
Connector helped my
Mum get active

8 From our leaders

10 Why we exist

11 Asthma in Australia

12 Strategic Plan

13 Theory of Change

14 Outcome Framework

18 Impact and reach

25 Work in focus

26 Reconciliation Action Plan

28 National Asthma Research Agenda

30 Working deeply with communities

34 Living with asthma: Learning from
Arabic-speaking children with asthma

36 Addressing the impacts of climate
change on people with asthma

38 Thank you

42 Sustaining our ambitions

44 Governance structure

45 References

JAALA'S STORY

LEARNING TO TAKE MY ASTHMA SERIOUSLY



I have had asthma since I was a toddler and am now a mum of three kids with asthma. I was admitted to hospital in 2021 after a serious asthma attack. It caught me by surprise because the triggers and presentation of symptoms were different than usual.

At the hospital they recommended I speak to Asthma Australia and sent a referral. I spoke to the Asthma Educators at Asthma Australia and had one or two follow-up calls as well.

During those phone calls I learnt new information about asthma, medications, and asthma management. There were still things I didn't know about asthma and things that have changed in the years I've had it. I wasn't aware of all the new medications that had come onto the market in the last 30 years. It made me aware that having it your whole life doesn't mean you necessarily know everything.

The phone calls reminded me of the importance of taking care of my own asthma, and the risk of becoming complacent with my management.

If you've had a condition a very long time, you tend to think you know everything there is to know about it and you can become complacent. That's potentially why my asthma attack got to where it got to. I think that's primarily where it was for me, realising I don't actually know everything, and I need to look after this with as much care as someone who's new to it. Although I find this is hard when also trying to look after three kids with asthma, as I tend to be more on top of their asthma management than my own.

After my hospitalisation and phone call with Asthma Australia, I went back to my doctor, was referred to a lung specialist, started new medication, have 6-monthly checks in with my specialist, and carry my puffer with me all the time.

I haven't had any repeat attacks since that one in December, my asthma still isn't perfect, but I feel like it is much more under control.

The hospitalisation was definitely a catalyst for me to get in control of my asthma, but I think if I had known that there was a better route than just taking my puffer, I might have sought help sooner.

I remember since my hospitalisation, seeing a poster at a pharmacy that said 'how often have you used your puffer lately. If you've used it this often, it's not under control.' I think that is a good way to get people's attention, because I didn't know that, I had been told to keep taking my puffer until my symptoms stopped.

FROM OUR LEADERS

Michele Goldman, CEO and James Wright, Board Chair



Michele Goldman, CEO at Asthma Australia



James Wright, Board Chair at Asthma Australia

Asthma is a serious health problem which demands our attention and creativity to find a better way forward.

Asthma is the 8th leading cause of disease burden in Australia, up from 10th position in 2003, and is the **leading cause of disease burden for children** 0-14 years. Its impacts are far-reaching, including significant demand on urgent healthcare resources, absenteeism from school and work, lost productivity, and restricting people from achieving their full potential.

Climate change and extreme weather events are resulting in the increased frequency and severity of bushfires, thunderstorms and floods, which are exacerbating symptoms in people with current asthma and **contributing to future asthma cases**.

Asthma Australia is committed to changing this.

Our bold goal is to halve avoidable asthma hospitalisations and reduce the burden of disease to improve the lives of the 1 in 9 people who live with asthma.

However, asthma is complex, as are the systems which enable or hinder better asthma outcomes, and so our collective efforts need to be invested across many different strategies and approaches.

The key question is where should we be investing our time, talent and resources to maximise impact?

We have a carefully considered approach, which takes on an ambitious and targeted agenda to design and **test new approaches** and to work differently so we **drive better, measurable outcomes** for people with asthma at scale and in local communities.

Over the past year we have made progress across a range of different strategic initiatives.

Through identifying the questions that matter most to people with asthma, their carers and those treating them - we developed a **National Asthma Research Agenda**, 10 asthma research priorities which will guide our focus over the coming years. We have a big job ahead of us to fund and influence investment to answer these questions, and importantly translate new knowledge into tangible outcomes.

We are listening deeply to the voices of people with asthma in communities to understand their experiences and needs. We worked with three schools in Western Sydney to learn about the experiences of children with asthma from Arabic speaking backgrounds through art.

We are continuing to trial and learn from the **Asthma Community Connector** role in South Australia, and are now embarking on a discovery process in Tasmania to understand the unique context and experiences.

To address the disparate health outcomes of our First Nations peoples we are building a workplace that is inclusive and welcoming for First Nations employees and partners. We demonstrated our **commitment to Reconciliation**, embarking on a cultural learning journey and launching our Reflect RAP.

In response to community feedback and a Royal Commission, we piloted our **AirSmart education campaign and app**, with results strongly demonstrating the community want real time, local air quality to help navigate smoke and other pollutants.

Our efforts are guided by an ambitious Strategic Plan, Theory of Change and outcome framework.



What is working, and what is not working to achieve change?



What learnings can we derive to inform improvements?



Ultimately, are we making a difference in the lives of people with asthma?

Answering these questions are critical to maintain the energy and engagement of our team who are passionate about delivering our vision, and to inspire our partners and supporters whose support is critical to this work.

We are measuring progress.

We are on a journey towards a better understanding of our impact. We are developing and embedding measurement tools across the organisation to provide visibility of our achievements and to enable us to answer the questions above.

We are delighted to share the progress we are making with you through an impact lens.

We are confident we are on the right path. With continued determination, focus and commitment we will improve the lives of people with asthma.

We hope you will partner with us to drive this change.

WHY WE EXIST



Asthma Australia exists because people's lives are still restricted by asthma. In Australia, **2.7 million** people live with asthma.¹ For **45%** of these people, their asthma is poorly controlled.²

With social and environmental factors fuelling the prevalence and burden of asthma, we know we can and must do better to ensure everyone can access appropriate services.

ASTHMA IN AUSTRALIA



1 IN 9

^{1, 3}



NO. 1

burden of disease
in Aussie kids
aged 0 - 14 years⁴



Cost

\$28
BILLION

in 2015 in real
and hidden costs⁵



About

400
DEATHS⁶



On average, about

39,000

Australians were
hospitalised each
year for asthma^{7,8}
(2016-17 to 2018-19)

STRATEGIC PLAN



OUR IMPACT GOAL

To **halve** avoidable
asthma hospitalisations
by 2030

OUR PURPOSE

To help people breathe better
so they can **live freely**

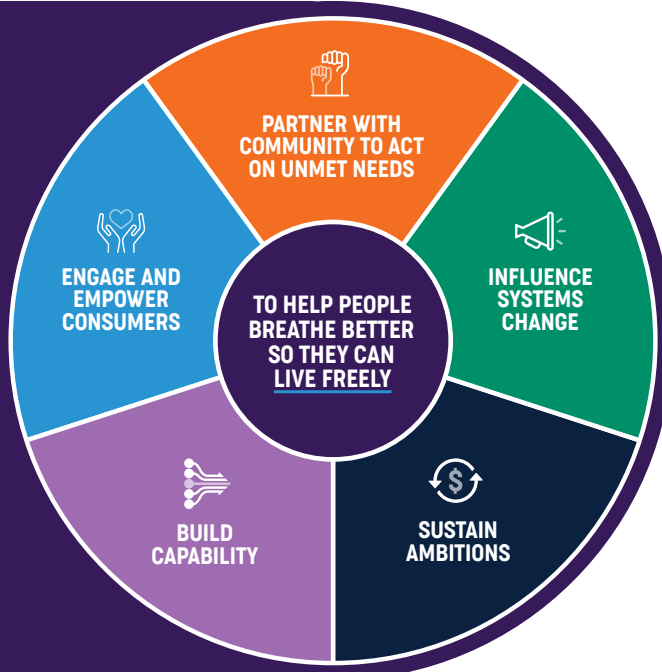
OUR VISION

No one **experiences** a life
restricted by asthma

OUR MISSION

Driving **person-centred** approaches
& influencing systems change

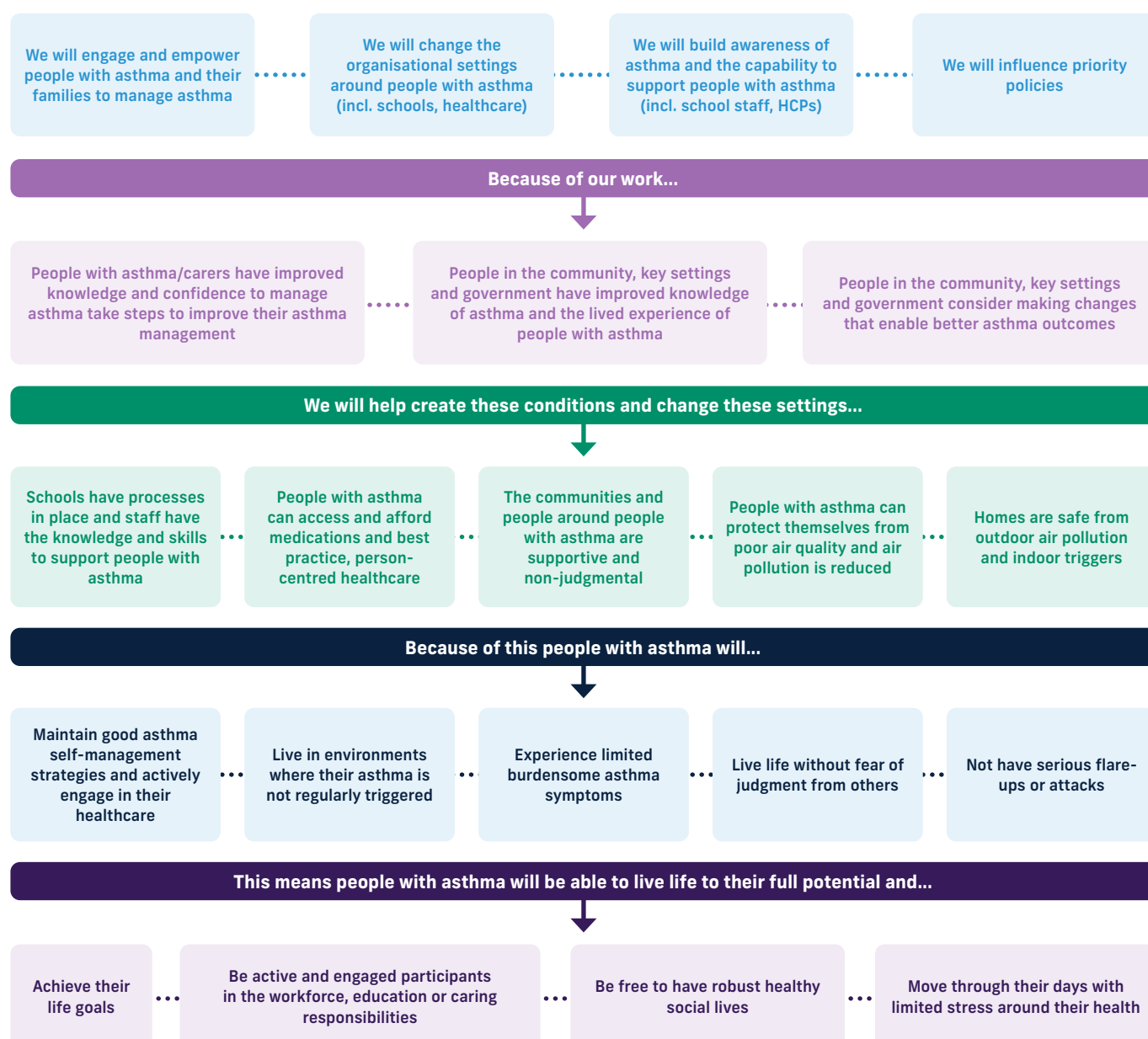
OUR STRATEGIC GOALS



THEORY OF CHANGE

At Asthma Australia, we have developed an organisational **Theory of Change** to create a unified understanding of what we are working towards as an organisation, and how we think the work we are doing is going to achieve our desired outcomes.

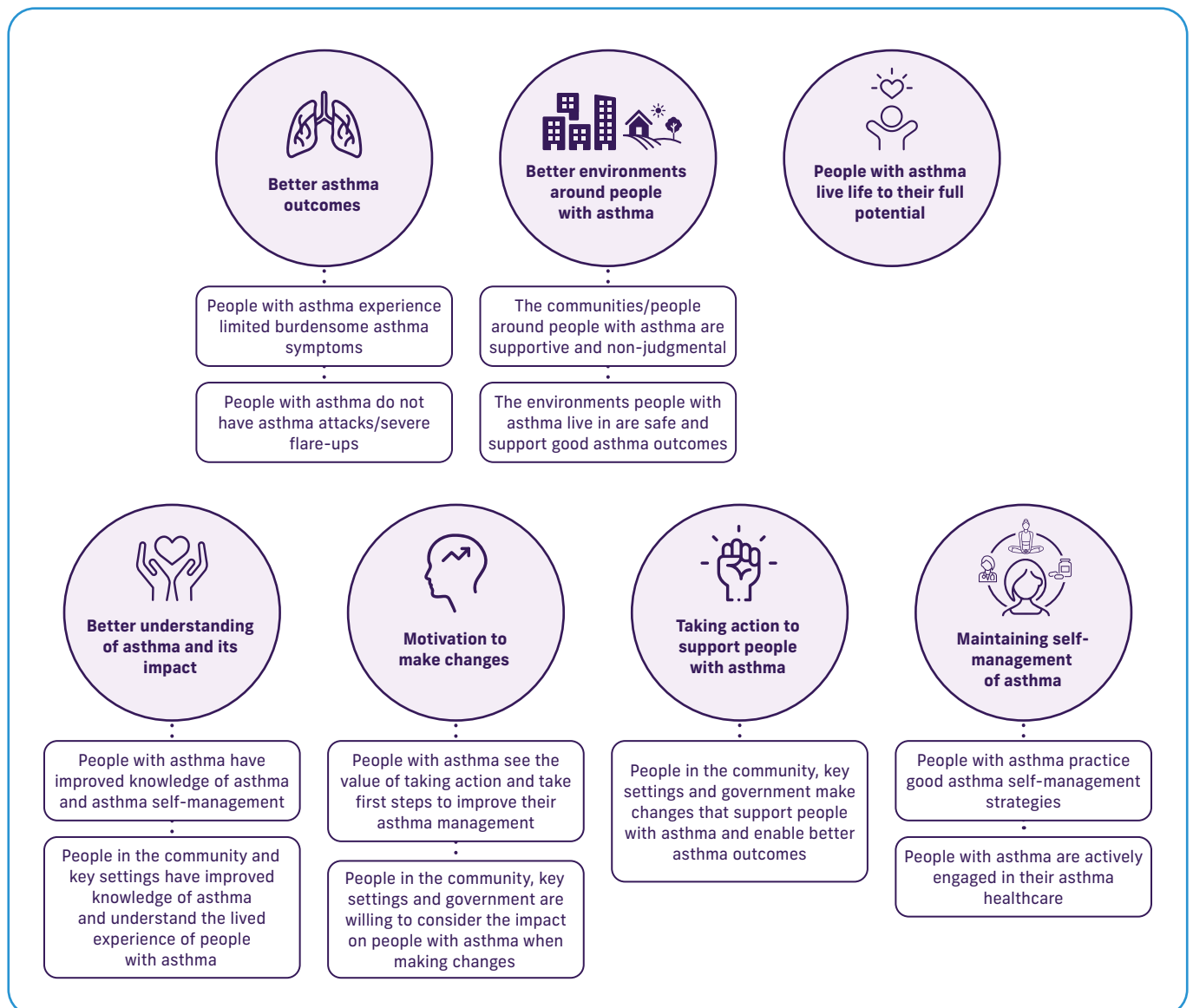
We use our Theory of Change to understand and evaluate our work, and to refine it as we learn what works and what doesn't work to improve the lives of people with asthma. The below represents a simplified version of our organisational Theory of Change.



OUTCOME FRAMEWORK

Alongside our Theory of Change, we have developed an Outcome Framework to help us understand how we are making a difference in the lives of people with asthma and contributing to our vision of **no one living a life restricted by asthma**. This Framework has seven outcome areas, as described below.

This Annual Impact Report reflects our journey to date. We are developing and embedding measurement tools across the organisation to provide visibility of our achievements against these outcomes, and to further our commitment to learning as an organisation.





Dave was diagnosed with asthma as a child. Throughout his childhood and his teens Dave struggled to manage his asthma... Until one day he found a doctor who was willing to listen and was well versed in asthma management.

“Once I started down that pathway, I felt I could do anything anyone else could do as long as I kept up with my asthma plan.”

Dave, Asthma Champion

MARITA'S STORY

THE POWER OF INFORMATION AND SUPPORT



I had COVID in January 2022 and was diagnosed with post-COVID asthma and struggled to get my symptoms under control. My 2022 was full of hospital visits, ambulances and continuous doctors' appointments. I think the longest time between attacks across the year was only 3 weeks.

I called **1800 ASTHMA** several times over the year when I had questions. They would also send me follow-up information on email, call me back, and I get the newsletters and use the website to find information.

Being able to call **1800 ASTHMA** made a big difference. Firstly, I discovered I was not taking my inhalers correctly. They listened to how I was using my devices and were able to direct me how to use the inhalers and preventers properly when I hadn't quite been using the right technique. And then they directed me to the asthma website where I got to watch all the videos of people doing the various different things that they were doing. It was a short lesson, but as soon as you do that, you're doing a much better job of managing your asthma. I'm more confident that I am doing everything I can for my medications to work best.

The phone calls also gave me more knowledge and confidence to manage my symptoms. When I was feeling anxious about not knowing what to do, I would ring the info line and the lovely people would take me through everything and I would always feel so much better. Sometimes I would call when I was having an attack, and I'd say 'ahh which inhaler am I supposed to be using or what am I supposed to be doing?' The calmness of the people on the phone has been very good.

The most significant change for me was the reduction in my anxiety about asthma because I now know I have the right information, know how to manage my symptoms and know I can speak to Asthma Australia whenever I have questions. Sometimes I would learn in passing about new asthma triggers, like cold weather or thunderstorm asthma, but I didn't understand what it meant for me or how I could manage it.

I would ring Asthma Australia if I was worried or wanted to know what I am going to do if this happens. I would say 'but what if this happens, what if I can't talk so I can't ring for an ambulance, what am I going to do when or if this happens...' Every time I've had questions I would ring up and the people would talk me through the different things that might be happening, so I could be prewarned to what I would do in such a situation.

This has been significant because I have been trying to do everything right, but I haven't been able to get my symptoms under control since being diagnosed. And I have had to take in so much new information.

Calling Asthma Australia took the anxiety out of not knowing what to do. It made me feel like I was being supported, that I wasn't doing it by myself.

IMPACT AND REACH

We give people with asthma information and support through a variety of channels, which helps to address gaps people experience in their healthcare. We increase knowledge and empower people to take action to improve their asthma health including:



Using a spacer with their reliever puffer

Taking regular preventer medication

Seeing their doctor for an asthma review

Getting a written Asthma Action Plan



1,869

people had their asthma questions answered through **1800 ASTHMA**



66,277

people follow us on social media



More than

620,000

visits to asthma.org.au



41,636

people are subscribed to regular asthma information via email

The **Asthma Community Connector** project is being trialled in the Yorke Peninsula.

Last year there were

25

one-on-one engagements with community members and

12

community sessions or events

Please note: Due to changes in our technology platforms and reporting processes, these numbers should not be compared to previous annual reports. Future reports will include year on year comparisons where possible.



84%

of our adult consumers report they have and **adhere to their preventer medication**, compared to

48%

of the general population of adults with asthma



72%

of our adult consumers report they **have seen their healthcare professional for a planned asthma review in the last 12 months**, compared to

60%

of the general population of adults with asthma



65%

of our adult consumers report they have **had a flare-up requiring medical intervention in the last 12 months**, compared to

53%

of the general population of adults with asthma

Please note: The data above reflects a baseline from 575 adults with asthma engaged with Asthma Australia and a sample of 822 adults with asthma from the general population. Future data collection will explore changes over time for people engaged with Asthma Australia's services and the differences in asthma flare-ups. It is possible the difference in flare-ups is influenced by people being more likely to engage with Asthma Australia if they have a moderate to severe condition, or have experienced a recent flare-up.



Because of Asthma Australia's information I finally came to **understand and accept my asthma diagnosis...**

after a decade of experiencing symptoms and starting to learn what it means for me, I've started to be more careful about how much reliever medication I use and have sought the advice of a respiratory specialist.

- Peter



Following the Asthma Australia Facebook page and receiving the regular newsletters **helps me be proactive with my own asthma management...**

I remember receiving an email recently about woodsmoke in winter, which was a reminder to think about my management and start increasing my preventer dose.

- Jane

School staff and healthcare professionals who care for people with asthma have improved knowledge of asthma after engaging in our information and training services.



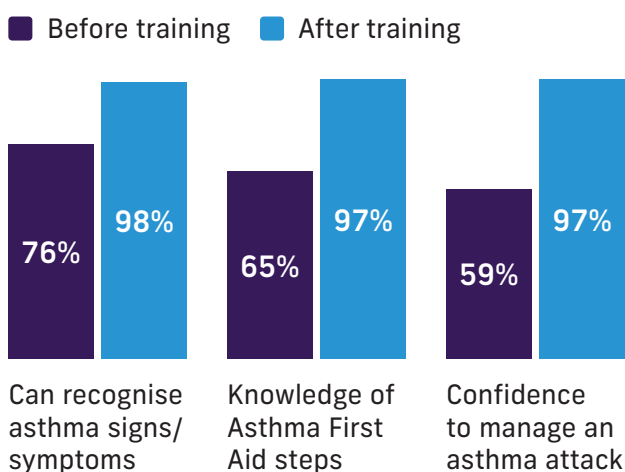
21,435 

school staff are subscribed to Asthma in Education newsletter

32,214 

school staff from **2,404** schools trained in Asthma First Aid

% of people completing the online school Asthma First Aid training who agree with statements (n=21,998)



3,336 

healthcare professionals are subscribed to Asthma Link newsletter

2,119 

healthcare professionals enrolled in Think GP asthma training

(total of **8,635** enrolments since the course began)

153 

healthcare professionals have received asthma training through community projects

"I have learnt and understood to assess different aspects of asthma control which will help me to assess my patient in a better way and make effective and timely specialist referral when needed." – ThinkGP Participant

*"After attending the last session, I have been talking to my customers, who are getting puffers over the counter, about spacers and showing the pamphlet about spacer usage [how it improves medication delivery]... Though I had a knowledge of spacers previously and used to counsel patients, I [have] started to emphasise more about spacers in my counselling and **seeing a positive attitude among customers.**" – Participant at ACT pharmacy session*

*"Most of my patients are young men who are reticent to seek care for chronic conditions. This module has provided outstanding advice on how to draw out these issues and **ensure patients are safe and engaged in care.**" – Think GP Participant*

We are a consistent voice for people with asthma, raising awareness of the issues which cause or worsen asthma outcomes and the real impact of asthma on people's lives.



To advocate for topics important to people with asthma including climate change, housing and air quality, we:

Made **15 submissions** to government consultations and Parliamentary inquiries,

Promoted the interest of people with asthma in the Victorian and NSW state elections,

Had **13 meetings** with Ministers and Ministerial offices; and **23 meetings** with Members of Parliament and their offices (across federal, state and territory jurisdictions), and

Had numerous and regular meetings with Government Departments and Agencies across federal, state and territory jurisdictions.

We had

3,027 

media articles or mentions.

This includes on key issues such as:



107 Homes, Health and Asthma report



95 Gas and asthma



75 Wood heater smoke

We held a Parliamentary Friends of Asthma event at the Australian Parliament to promote the findings for the Homes, Health and Asthma survey and report, **focusing on the impact of gas**. The event featured a panel with Asthma Australia, a doctor, a consumer and a housing sustainability expert.

The event was co-hosted by the Parliamentary Friends of Asthma co-chairs and attended by Members of Parliament, Senators, Government Department officials and other stakeholders.

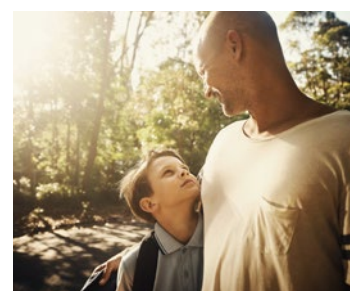


We developed and published a **National Asthma Research Agenda**, to drive research into the priorities which matter most to people with asthma.

We are a voice for people with asthma on

15

research partnerships



We are contributing to creating better systems and environments for people with asthma where they live, work and play.



HEALTHCARE

Through our Asthma Community Connector project in the Yorke Peninsula (South Australia) we provided spirometry training for nurses and a local community grant enabled the required spirometry equipment to be purchased. People living in central Yorke Peninsula can now access spirometry locally. A respiratory clinic has also been established in Yorketown to provide spirometry once a month, thanks to the collaborative efforts of Yorke and Northern Local Health Network, Asthma Australia, Country SA PHN, Yorketown Medical Practice and Country Home Services.

Asthma Australia coordinated a coalition of clinicians and other organisations to oppose changes made to the availability of a PBS subsidy for Fluticasone, particularly affecting children. The Minister for Health accepted the recommendations, reinstating equitable access of the medicine to children with asthma.

The Long-COVID inquiry report reflected three recommendations from Asthma Australia's submission, which included insights from people with asthma.

The Federal Government's 60-day dispensing initiative has been passed in Parliament, through which people may save up to \$180 a year, per medicine for Medicare card holders who do not have a concession card, and up to \$43.80 a year, per medicine for concession card holders. Asthma Australia, alongside other organisations and healthcare professionals, worked together to publicly support the initiative to introduce 60-day dispensing which was central to its success.

We are providing funding for four research projects trialling and evaluating models of care:

- Dr Nusrat Homaira; a community-based care coordination model for kids with asthma at risk of future hospitalisations (NSW)
- Dr Ryan Mackle; a virtual model of care for kids with asthma at risk of future hospitalisations (NSW)
- Associate Professor Lata Jayaram: A nurse-led model of care with bilingual community healthcare workers to improve asthma outcomes in culturally and linguistically diverse communities (Victoria)
- Dr Katherine Chen; a cross sector model of care aiming to identify and reduce gaps in asthma care for kids with asthma (Victoria)

We called for a ban on the importation of nicotine-containing vapes in the submission to the Therapeutic Goods Administration on e-cigarettes regulatory reform, which was adopted by the Federal Government in the strongest crackdown on smoking in Australia. Other jurisdictions, including Queensland, are introducing reforms to which Asthma Australia has provided submissions and input.

ENVIRONMENT

The ACT Government introduced the following policy changes, which reflect recommendations and advocacy from Asthma Australia:

- Funding for a Home Energy Support program which provides heating assessment and upgrades for people with chronic conditions and low incomes, which is a policy recommendation in our bushfire and climate change platform.
- Commitment to revamp the wood heater replacement scheme, after reviewing its effectiveness.
- Private members bill to pilot a more generous wood heater replacement scheme.

The ACT Commissioner for Sustainability and the Environment released a report of the investigation into wood heaters and wood heater policy in the ACT. The report made significant recommendations, including stopping the installation of wood heaters, which linked to Asthma Australia's position statement on wood heaters and ongoing advocacy on this issue.

The Federal Government began work on the first National Climate Change and Health Strategy which was a priority in Asthma Australia's climate change position statement and 2022-23 Federal Pre-Budget submission.

The Victorian Government announced that gas connections in new homes will be banned from January 2024. Asthma Australia participated in advocacy activities, led by Better Futures, for this change.



Anthony (left) and Doris (right) from Asthma Australia supporting gas ban in Victoria

SCHOOLS

156 schools have completed the Schools Asthma Health Check with **96%** reporting an asthma management readiness rating of high.



Monitoring progress of our goal to halve avoidable asthma hospitalisations.



Before the pandemic about 39,000 Australians were hospitalised each year for asthma.⁷ More than 80% of asthma hospitalisations are potentially preventable.^{8,9} In the last ten years, there has been little change in hospitalisations for adults, but a decreasing trend for children.

We are working towards halving avoidable asthma hospitalisations by 2030, with a specific focus on children, and are monitoring and trialling solutions to achieve this.

Whilst there were fewer asthma hospitalisations during the pandemic years,⁹ this is likely due to COVID-19 protection measures leading to:^{9, 10}

- Fewer respiratory infections (cold and flu),
- Less outdoor air pollution,
- Better hand-hygiene, mask wearing and social distancing,
- Potential protective benefit of inhaled asthma therapies, and
- Access to telehealth, avoiding hospital visits.

We will continue to monitor the trends in hospitalisation data in future years.

Number of potentially preventable asthma hospitalisations by year



2017/18	32,720
2018/19	32,558
2019/20 *	29,082
2020/21 *	22,307
2021/22 *	22,985
2030 target	16,000

* Pandemic years



Tyler (at age 13) in hospital due to an asthma attack



Eloise in hospital due to an asthma attack

WORK IN FOCUS



Asthma Australia's Reflect RAP Launch in Sydney, May 2023

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

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.

On the following pages are five of our highlights from 2022-2023.

RECONCILIATION ACTION PLAN

Aboriginal and Torres Strait Islander people are **twice as likely to have asthma and more than twice as likely to die from asthma**. At Asthma Australia, we understand that there are many and varied determinants of health and that the impacts of colonisation and the resultant intergenerational trauma for Aboriginal and Torres Strait Islander people is substantial.



Uncle Boe Rambaldini, Bundjalung Elder, speaking at Asthma Australia's Reflect RAP Launch in Sydney, May 2023

We are honoured to be contributing to the national reconciliation movement and, in doing so, making a formal commitment to advance reconciliation with Aboriginal and Torres Strait Islander peoples and communities.

We reached a significant milestone this year, with a **Reflect Reconciliation Action Plan** (RAP) endorsed by Reconciliation Australia and launched during National Reconciliation Week 2023. This embodies a year of learning and unlearning, listening and planning, followed by a further year of RAP development through consultation and collaboration.

Through the development of a RAP, there has been a visible shift in organisational cultural capability and opportunities to consider how Aboriginal and Torres Strait Islander perspectives can be considered across the business units of Asthma Australia.

This is owing to our strategic approach to RAP development; a RAP is part of the organisational Strategic Plan, Aboriginal and Torres Strait Islander team members and people with asthma, as well as representatives from across our organisation gathered to consider how we create a RAP that is meaningful and authentic, an internal RAP Project Team added additional value by driving the RAP forward, and an Aboriginal cultural consultant has been engaged throughout to share cultural leadership and guidance.

As a result, we have developed a Reflect RAP that is authentic, meaningful, and reflective of our organisational values. Next stages will include the employment of an Aboriginal and/or Torres Strait Islander person to lead our First Nations strategy.



Asthma Australia has taken a brave and bold step to walk down the reconciliation path and is putting real action behind its intent to make real change across the organisation...

*As we grow in our cultural consciousness, and our curiosity deepens, the unique perspectives of First Nations peoples will shine. We will also learn more about ourselves. It's **an exciting dimension to our work** and an inspiring personal journey.*

- Jess Tyler, Tasmanian Health Projects and Partnerships Coordinator, Asthma Australia



Standing Together (artwork) created by Wulkuraka Designs - Ailsa Walsh (Davidson), for Asthma Australia's Reflect RAP

NATIONAL ASTHMA RESEARCH AGENDA

The 2018 National Asthma Strategy (NAS) highlighted the need for a National Asthma Research Agenda (NARA) to help “focus, coordinate and translate quality health research into policy and practice.” The NAS identified research as a key enabler of progress in Australia but emphasised there is a lack of overarching strategic direction.

We led a research project to identify the top 10 asthma research priorities according to people with asthma, carers, healthcare professionals and policy makers, and create a National Asthma Research Agenda.

We wanted to know what really matters to people who live with asthma, who care for someone with asthma or who treat people with asthma so we can prioritise asthma research in a coordinated and structured way, ensuring we can collectively and positively impact the lives of people with asthma.



Asthma Australia's NARA Event 2023

You told us your most important asthma research priorities were:

-  **Asthma in children**
-  **COVID-19 and asthma**
-  **Asthma care and self-management**
-  **Diagnosis and medication**
-  **Managing asthma attacks**
-  **Causes, prevention and features of asthma**
-  **Mental health**
-  **Asthma and ageing**
-  **Severe asthma**
-  **Asthma and other health conditions**

Under each theme, there are specific questions you have told us you want answered. Read the full report [here](#).

The National Asthma Research Agenda has now been published in a high profile international respiratory health journal, **Respirology**, and was awarded an editor's choice award. It has also been officially launched by the New South Wales Parliamentary Secretary of Health, Dr Michael Holland.

We are now incorporating these priorities into our Research Program, the only dedicated asthma research program in Australia, so we can continue to find solutions which reduce the impact of asthma.

We will continue to use the National Asthma Research Agenda to influence research funding and policy decisions in Australia, support increased investment in and attention to priority issues identified by the end users of asthma research, and facilitate conversations about the necessary research investment to address these priorities.



Dr Michael Holland, Parliamentary Secretary for Health (left) and Michele Goldman, CEO of Asthma Australia (right)

WORKING DEEPLY WITH COMMUNITIES

A core pillar of our strategic plan is to work deeply at a local level, to understand their needs and take collaborative action to reduce the impact of asthma on their community.

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

This work is continuing in the Yorke Peninsula in country South Australia, where once again local people with lived experience of asthma have been trained as the local Asthma Community Connector (the Connector) and Local Project Support Officer.



Kerry, Asthma Community Connector (left) and Robyn, Local Project Support Officer (right)

Engagement is moving at the pace of trust, and we are concentrating on raising awareness of asthma, Asthma Australia, our local Connector and understanding how we can together meet community needs. We are particularly proud and humbled of the relationship built with the local Aboriginal community, who have been generous with their time, sharing their stories and embracing and welcoming the Connector into their community. As we develop our First Nations strategy and employ a First Nations person to lead this work, we continue to be committed to listening, learning and working with Aboriginal and Torres Strait Islander Peoples, communities and organisations.

The implementation of this approach plays out differently in each community, despite similar levels of disadvantage and asthma prevalence. Understanding these differences related to 'place' are crucial to inform decisions about scaling and are being explored.

The learnings from South Australia are also now being adapted for the Tasmanian context, distilling the critical success factors needed to deeply understand people's experience and context. We seek to go further than the obvious prevalence and associated data about asthma in Tasmania and build a more detailed and consumer-based picture of local, placed-based community responses to asthma.

These approaches are showing how Asthma Australia is pioneering community-led projects in priority communities that seek to understand local health issues, giving people a voice and listening to 'what life is like' in regional areas for people with complex problems. Through this work, we are learning that communities are the holders of solutions and privileging the consumer voice is a critical element.



Jess Tyler, Asthma Australia Health Projects and Partnerships Coordinator with consultants Lucy Byrne and Penny Terry at a Tasmanian Asthma Discovery Project group session with community member Nikita Grosfeld

KAYLA'S STORY:

THE ASTHMA COMMUNITY CONNECTOR HELPED MY MUM GET ACTIVE



I don't have asthma, but my mum has had it all her life.

I found out about the Asthma Community Connector (ACC) in town from someone else. Someone told me 'oh you can just go and see this person and she'll be able to give you asthma information.' I spoke to the ACC because I wanted to have a basic knowledge of asthma and what to do if my mum had an asthma attack. I felt like I had more knowledge after speaking with the ACC, and she gave me some resources to take home.

I also thought the ACC would be a fabulous opportunity for mum to speak to someone about her asthma, which she did. After speaking with her, she has started managing her asthma better. Before, her asthma management was very haphazard, and she was often not taking her medication every day or only if she was unwell.

Now her asthma is far more manageable, she doesn't struggle with breathlessness as much and she feels much more confident.

I think this was from the conversations with the ACC and having someone explain how to manage her asthma, the importance of taking medication regularly, and how to use her devices. Mum's always had terrible anxiety going to the doctors because she thinks she's going to get in trouble.

Speaking to the ACC was such a casual laid-back thing, where she can actually sit back, absorb and ask questions. Whereas if you go to a doctor or a pharmacy, they are like 'okay here you go' and then it's onto the next patient. Mum could catch up with her for a coffee, and it didn't have to be in a medical service. It also wasn't rushed, and she made her feel comfortable to ask questions. I know she has also continued to see her more casually during walks with other people in the community.

I think the most significant change was Mum's activity levels and confidence to exercise.

Before having this knowledge and better-controlled asthma, she didn't want to go for walks or do physical exercise because it made her breathless. Now, with the knowledge from the Connector, and having her puffer regularly and doing the things she needs to do to manage it, she will go for walks (and) she will quite happily do a workout.

This is significant because I remember as a child, mum wouldn't be able to run around playing with me. Instead, we would do activities together that were lower energy, like boardgames. Now with mum managing her asthma more properly, it means she feels more confident, and is able to take part fully in her life and community. It's great she will actually be able to run around when I have kids and things like that, because it will be a managed health condition.

LIVING WITH ASTHMA: LEARNING FROM ARABIC-SPEAKING CHILDREN WITH ASTHMA

Asthma Australia partnered with Social Equity Works to conduct consultations with parents of children with asthma from Arabic speaking backgrounds in Western Sydney. The purpose of the consultations was to identify the issues, opportunities, priorities, and potential partners to inform our longer-term strategy and guide the implementation of projects that better support young children with asthma.

We then worked closely with three schools to learn about primary school aged children's experience with asthma. In each school we ran a two-hour child-centred asthma management and discovery workshop with children from Arabic speaking backgrounds in grades four to six.

Among other questions and activities, the children were asked to create a piece of artwork to show what it was like to live with asthma. Key insights from this work noted that children:

- rely on their blue reliever to help them manage their asthma
- felt having asthma meant they missed out on playing with friends or physical activity
- had been bullied or were embarrassed to have asthma symptoms or take their medicine in front of others

Read the full findings [here](#).

From these insights, we plan to define a localised strategy to support Asthma Australia's work in youth asthma and develop and trial an interactive asthma management resource for primary school aged students in schools within the same region to improve overall asthma care.



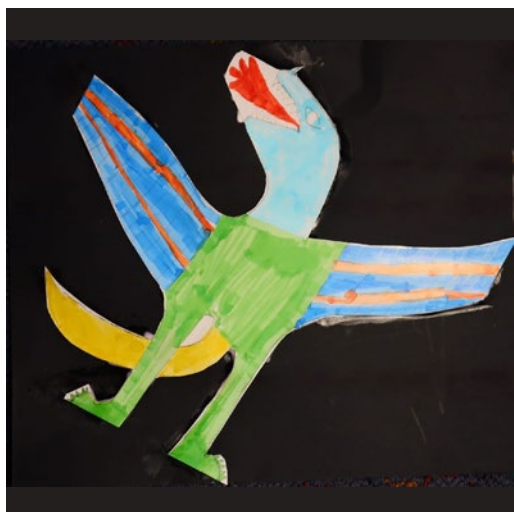
Arabic-speaking children with asthma during the creative activity



What don't you like about having asthma?

"I painted two girls playing and one girl with asthma is not playing. It represents people not being able to play as much because of their asthma."

- Grade 6 student



What don't you like about having asthma?

"I drew a picture of a dragon with short breath. A dragon usually has a strong fiery breath. It shows what it feels like to have short breath, like when I run."

- Grade 6 student



What helps with your asthma?

"This is a self-portrait of me holding my puffer. Taking my puffer makes me feel better."

- Grade 5 student

ADDRESSING THE IMPACTS OF CLIMATE CHANGE ON PEOPLE WITH ASTHMA

A key strategic goal for Asthma Australia is to influence priority policies and systems to drive demonstrable and enduring change. In 2022-2023, a major focus of our policy and advocacy work was addressing the impacts of climate change on people with asthma.

Our focus on climate change as a strategic priority is driven by the concerns shared with us by people with asthma and their carers, particularly during the 2019-20 bushfire crisis, when 80% of the population was exposed to smoke for prolonged periods of time. More recently, we've heard from many people struggling to deal with mould in their homes caused by unprecedented rainfall and flooding.

This year we saw significant progress with the Federal Department of Health and Aged Care beginning Australia's first National Health and Climate Strategy, which was a key recommendation of our [**Climate Change Policy Position Statement**](#). We are now advocating for the National Health and Climate Strategy to prioritise protecting health and wellbeing, and commit to climate adaptation actions necessary to support people with asthma to respond to increasing threats to their health.

Improving the health of our homes is also a critical area for climate change adaptation for people with asthma needing to shelter at home from climate-driven hazards such as bushfire smoke or thunderstorm asthma. Our landmark report, [**Home, Health and Asthma in Australia**](#), revealed the findings from a nationally representative survey of 5,000 people, showing homes are not a healthy place for all Australians, particularly people with asthma or allergies.



3 IN 10

Australians with asthma or allergies experience worse symptoms at home



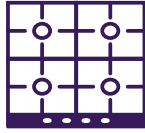
50%

of Australians have had mould or dampness in their home in the last 12 months



7 IN 10

Australians have had pests in their home in the last 12 months



48%

of Australians use a gas cooktop and 7% use unflued gas



Many Australians **face barriers to making changes** to improve their indoor air quality including the cost of taking action, lack of autonomy over their property, or a lack of concern or knowledge about what to do.

Asthma Australia took these findings to decision makers in the Australian Parliament, hosting an event with the Parliamentary Friends of Asthma (PFOA) group which focused on the need to support households to transition away from gas cooktops.

Gas cooktops produce harmful gases and pollutants and are responsible for up to 12% of the childhood asthma burden in Australia,¹¹ yet our survey found they are a popular choice for many people, demonstrating the need to raise awareness around negative impacts gas cooktops can have on our health.



Left to right: Tony Pasin (Co-Chair PFOA), Michele Goldman (CEO AA), Dr Mike Freeland (Co-Chair PFOA) and James Wright (AA Board Chair)

THANK YOU

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 living with asthma have been able to access the **support, information and care they need.**

Because of you we have been able to **invest in research** to find solutions to reduce the impact of asthma.



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

COMMUNITY FUNDRAISING

Our community fundraisers raised over \$65,000



Heath Wilson, fundraiser for Asthma Australia

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.

- Basil Epiha
- Carmen Elvins
- Fiona Graham - Highland Reserve State School
- Heath Wilson
- Kristy Lang
- Michele Goldman
- Natalie Coall and Nathan Symonds
- Vanessa Mitchell

SPOTLIGHT ON A FUNDRAISER: KRISTY LANG AND RACE YA'

Kristy's son Ned Cameron died at the age of 14 due to asthma on Boxing Day 2016.

Kristy and her family started Race Ya' in 2018 to remember and honour Ned. They also wanted to raise funds for Asthma Australia and to educate people about what to do in the event of an asthma attack.

Race Ya' is a family fun day held in Maldon Victoria, and includes: face painting, yabbie auction and races, a vintage car display, lolly hunt, egg toss, nail drive, wheelbarrow race, running races, tug-o-war, gold panning, gumboot toss, goal kicking, kids rides, silent auction, raffles and asthma education.



Ned, a fit, healthy, energetic boy, died of an asthma attack at age 14

A special thank you to Kristy, her family and their community for raising over \$75,000 since 2016.

The funds Kristy and her community have raised have helped fund the **1800 ASTHMA** telephone support and information service and asthma research that may help prevent asthma attacks in children.

We would like to thank and acknowledge our major donors trusts, and bequest.

Trust and Foundations

- ACT Government's Environment, Planning and Sustainable Development Directorate
- Asthma Foundation SA Trust
- Australian Communities Foundation
- Baxter Charitable Foundation
- Belgrave Lions Club Asthma Research Fund Trustees
- Bowles Charitable Foundation
- James N Kirby Foundation
- JLDJS Foundation
- John James Foundation
- Lord Mayor's Charitable Fund
- Neil & Norma Hill Foundation
- Olver-Carlyle Charitable Foundation
- Perry Foundation
- Rigg Memorial Trust
- The Howard and Lorrie Lucas Foundation
- The Ross Trust

Major donors

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

Trusts and Bequests

- Estate of the late Alberta Helena Lederman
- Estate of the late Anita McKenzie
- Estate of the late Audrey Ward
- Estate of the late Barbara Delahunty
- Estate of the late Beverley Ruth Dunn
- Estate of the late Desley Joan Smith
- Estate of the late Doreen Clarke
- Estate of the late Edward Bernard Fair
- Estate of the late Ellen Jean Matthews
- Estate of the Late Florence Maud Colmer
- Estate of the late Fredrick William yates
- Estate of the late Gwendolyn Una Thomas
- Estate of the late Jack Jacobs
- Estate of the late Jennifer Lynn Hunt

- Estate of the late Jennifer Tait
- Estate of the late John Edwin McDonald
- Estate of the late Jozo Bukvasevic
- Estate of the late Kay McDonald
- Estate of the late Lindsay James Baldy
- Estate of the late Margaret Dawn Maddern
- Estate of the late Mary Jane Derrick
- Estate of the late Muriel Helen Condy
- Estate of the late Ross Hartley Heinjus
- Estate of the late Victor William Chapman
- Estate of the late William Tysack Hams
- Joe White Bequest
- Queensland Community Foundation (Asthma Foundation of Queensland sub-fund)
- Queensland Community Foundation (Mervyn Rodger Fund)
- The Hart Family Perpetual Trust (Evelyn Ramson)
- The Pethard Tarax Charitable Trust
- The Thomas and Vera Condie Trust

We would like to thank and acknowledge our:

Corporate, program, government and state funding partners

- ACT Government Health
- Aspen Pharmaceuticals
- Australian Government (Department of Health and Aged Care)
- Bird Healthcare
- Chiesi
- Country SA PHN
- GSK
- Novartis
- NSW Department of Planning and Environment
- NSW Government (Ministry of Health)
- Primary Health Tasmania
- Queensland Government (Queensland Health)
- Respiratory & Sleep Service
- South Australia Power Networks
- Tasmanian Government (Department of Health, Department of Sport and Recreation)
- TerryWhite Chemmart
- Victorian Government (Department of Health)
- White Magic

Research Program Strategic Partners

- Australian National University – Healthy Environments and Livelihoods
- Centenary Institute – Lung effects of bushfire smoke
- Centre for Research Excellence in Treatable Traits for Asthma
- Hunter Medical Research Institute – Bushfire smoke and asthma
- Macquarie University
- NSW Department of Planning and Environment
- University of Melbourne – Tasmanian Longitudinal Health Study
- University of NSW and University of Tasmania – Sustainable Communities and Waste Hub
- University of Tasmania – Air quality community education

Business and Community Partners

- Agency for Clinical Innovation (NSW Health)
- Brisbane North Primary Health Network
- Capital Health Network – ACT Primary Health Network
- Climate and Health Alliance
- Clubs Tasmania
- cohealth
- Companion House ACT- Refugee Medical Service
- Consumer Health Forum
- Country Home Services SA
- Fort Knox Self Storage
- Health Care Consumers ACT
- Health Match
- Lung Foundation Australia
- Mackay Hospital and Health Service
- Murrumbidgee Local Health District
- Murrumbidgee Primary Health Network
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
- National Asthma Council Australia
- North Western Melbourne Primary Health Network
- Pharmacy Guild of Australia – ACT Branch
- Pharmacy Guild of Australia - Tasmanian Branch
- Quitline
- Reed Medical Education
- Ritchies Supermarkets & Liquor Stores
- Royal Children's Hospital, Melbourne
- Safer Care Victoria

- Spirometry Learning Australia
- Spirometry Training Company
- State Schools Nursing Service - Department of Education Queensland
- University of Canberra - Discipline of Pharmacy
- University of Newcastle – Centre of Excellence Treatable Traits/Asthma in Pregnancy Toolkit
- University of Wollongong
- Victorian Department of Education
- Way to Wellness – Queensland Government
- Women's Health Matters ACT
- Woolcock Institute of Medical Research



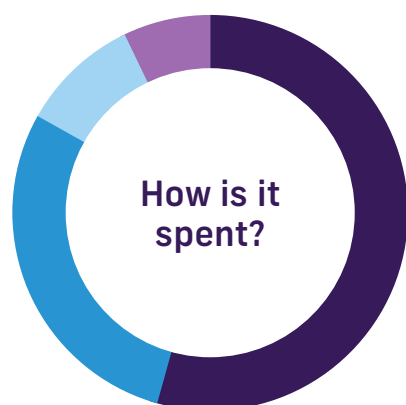
Asthma Australia is proud to be a member of the Lung Health Alliance. This collaborative partnership, with the following organisations, seeks to amplify the issues relevant to people with chronic respiratory disease.

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

SUSTAINING OUR AMBITIONS



- Government
- Fundraising
- Fair Value
- Investment
- Trading



- Direct services
- Business operations
- Research
- Fundraising



TREASURER'S REPORT

Kristen Raison

It was an honour to be asked to step into the role of Treasurer when Paul Sinclair retired last November. Paul's invaluable service to Asthma Australia over many years has ensured strong foundations of financial governance and I look forward to leading Asthma Australia into the next chapter.

The 2023 financial year saw the first steps towards executing our strategic plan. The board's focus is on ensuring our financial resources are used for the highest level of impact, supporting the 1 in 9 Australians with asthma.

The work undertaken is once again generously supported by our benefactors without whom we would not be able to reach as far or aim as high. We are grateful for their support.



Kristen Raison, Treasurer at Asthma Australia

In addition to our commitment to deliver high quality services such as our **1800 ASTHMA** info line and continuing to provide resources to people with asthma and healthcare professionals, the board are leveraging the strength of the balance sheet to invest in specific projects that ongoing external funding is not available for.

In 2023 we spent \$847,597 on research projects contributing to the National Asthma Research Agenda priorities. We have committed to at least a further \$1.7 million worth of research projects over the next three years to find more answers for our constituents and we are committed to translating the findings from these projects so that people with asthma can breathe freely.

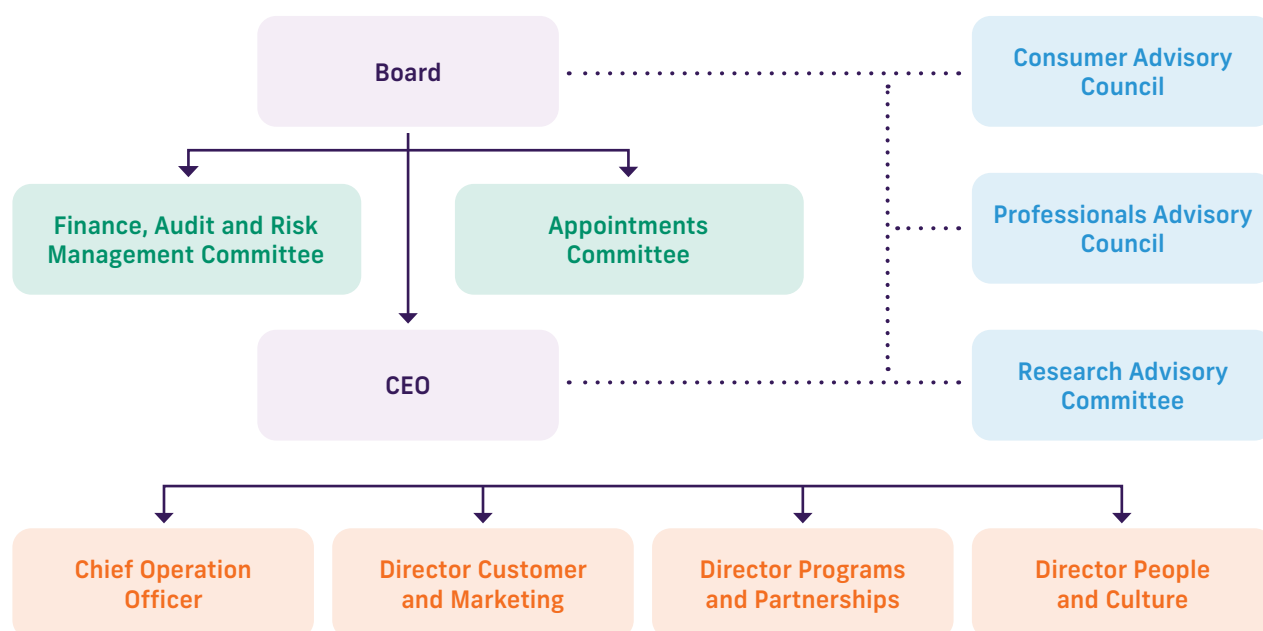
We are actively seeking funding for these projects and will use our research reserves to support important initiatives to ensure the priority questions are answered.

The board approved a project focused on the Illawarra region in NSW, funded by the Pearl Sheppard Fund within the reserves. The project is a collaborative initiative, working with local stakeholders to understand and address the systems issues that lead to avoidable asthma related hospital admissions for children.

We continue to monitor our investment strategy to ensure our portfolio is generating returns and increasing the capital value over the long term. This capital can be used to invest in new projects over the coming years.

GOVERNANCE STRUCTURE

At Asthma Australia we are surrounded by professionals and people **with lived experience** to advise, inform and support our work.



Categories

Advisory Groups

Sub-committees

Executive Leadership

Consumer Advisory Council (CAC)

The CAC is a formal mechanism to ensure that the interests of people living with and caring for people with asthma are at the centre of Asthma Australia's planning, communication and processes. The CAC supports Asthma Australia by providing advice, information and guidance from people with lived experience, across all areas of Asthma Australia's strategy.

Chairperson: Judith Wettenhall



Professional Advisory Council (PAC)

The PAC supports Asthma Australia to better meet the diverse needs of people with asthma and those who care for them by providing technical or clinical expertise, assisting with advocacy and policy development, advising on medical and health related developments, and supporting the development or execution of strategic priorities.

Chairperson: Rosemary Calder

Research Advisory Committee (RAC)

The RAC supports Asthma Australia to execute its responsibilities and opportunities with respect to the National Asthma Research Program. They also contribute to the Program's strategic growth, development and commitment to translation and impact. The RAC includes research, clinical, and scientific experts as well as people with lived experience from across Australia.

Chairperson: Professor Adam Jaffe



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