



IMPACT REPORT

2023 - 2024

BRIGHTER FUTURES FOR
PEOPLE WITH ASTHMA





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).



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CAROLYN'S STORY

UNDERSTANDING THE SERIOUSNESS OF MY ASTHMA



Better understanding of asthma and its impact



Motivation to make changes



Maintaining self-management of asthma



Better asthma outcomes

In October 2023, I had a catastrophic asthma attack and ended up in the ICU. I'm turning 60 this year and I haven't had asthma before in my life. It was just overwhelmingly scary, suddenly not being able to breathe. I had an attack at home and my husband called the ambulance. At hospital I ended up in the respiratory unit, and then that night I had another severe attack, and ended up in the ICU for three nights.

After I got home, I wasn't getting any better. I was struggling to breathe through most days and had so many issues. I just did a bit of a search online, just to check what was out there, and found Asthma Australia. The next appointment back at the hospital respiratory unit wasn't for two or three months, and I had heaps of questions. I rang Asthma Australia in the end, almost out of desperation.

That pretty much started a life changing experience of information and connection

In the first call the Asthma Educator, Nicole*, immediately said this is serious, asked what was going on and what medications I was taking. She was incredibly proactive, suggesting different things to do and sending me readings from the Asthma Australia website. I went back to the respiratory unit very much empowered to ask questions and reinforce that my asthma still wasn't controlled. I was able to say, "what about this and this, I still can't sing at church, I still can't walk further than 15 minutes without coughing, I still can't pick up my grandchildren without coughing," and these were all new issues for me.

The most significant change was really starting to take my asthma seriously. In one of our conversations, I made some kind of flippant remark about being in the ICU. Nicole wasn't rude, but she said something like "Woah. This is really serious, people do die from asthma. You were in the ICU and they don't put people in there when it isn't severe."

Her ability to ground me in my reality was really significant, because I became that much more aware. I was kind of passing it off and thinking it would go away, but it's been nearly seven months now and it hasn't gone away.

The Asthma Educator's input really was empowering me to make better choices about how I was living my life, becoming more aware of different triggers, and having the knowledge to ask more questions and get more specific answers from my doctors.

I knew little to nothing about asthma before. The Asthma Educator, Nicole, has given me the knowledge to speak with some sense about a whole new world.

My asthma is not fully controlled at the moment, but it is much better. And that was something she kept saying – "hey you can control this, it can be controlled, think about this, what about this." Nicole is going to ring me back after my next appointment with the serious asthma clinic as well. It's almost like she has taken a personal interest, which is just really affirming.

*Name changed for privacy

15.3%



Asthma affects people of all ages, but is more common in older women than older men. More than one in six women (15.3%) aged 55-64 have asthma in Australia¹

FROM OUR CHAIR



James Wright, Board Chair

Asthma is a major health condition that affects both children and adults and is the leading cause of disease burden among children.² Although asthma can be a serious condition, it can be managed well with the right treatment.

One in nine Australian adults and one in five children had asthma in 2022 – a total of nearly 2.8 million people.¹ For approximately half of people with asthma, their asthma is poorly controlled.^{3,4} In 2022-2023, more than 31,000 people were hospitalised for asthma,⁵ approximately 97,000 presented to emergency departments⁶ and in 2023, 474 deaths were attributed to asthma.⁷ More than 90% of these hospitalisations are known to be potentially preventable with optimal asthma management.^{5,8}

We need to achieve better health and wellbeing outcomes for people with asthma in Australia.

Asthma Australia aims to halve preventable hospital admissions for asthma by 2030. We will do so by working with people with asthma to improve understanding of asthma and how it can be well managed; and by working with the people, settings and systems which influence an individual's ability to manage their asthma.

The evidence of what works to reduce preventable asthma hospitalisations is strong. Having an Asthma Action Plan, developed with a treating health professional, provides people with advice on what to do when asthma symptoms worsen. However, in 2022, only 1 in 4 adults (24.5%) with asthma had a written action plan.¹ Two in three children (67.2%) had a plan.¹

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

Working with people with asthma

We continue to provide, refine, and expand our personalised support services for people with asthma to support effective self-management and aim to improve overall health and wellbeing. We have provided asthma information and support to more than 55,000 people this year. Among those who have completed at least two Asthma Control Questionnaires, more than one-third (37%) improved, or maintained good asthma control.

We are committed to reconciliation and improving Aboriginal and Torres Strait Islander asthma outcomes. This year, our **Reflect Reconciliation Action Plan** (RAP) has neared completion, and we have established a First Nations Engagement Lead role.

Collaborating with the people supporting people with asthma

We began 2024 with a Design Thinking Workshop with 54 healthcare professionals and people with asthma to generate ideas for health professional educational solutions focused on priority issues relating to quality use of medicines in chronic airways disease. The development and launch of these solutions will expand healthcare professional engagement and education support, including online medical education with Think GP, which recorded more than 1,740 module completions this year. More than 27,000 school staff completed Asthma First Aid training this year, and nearly all (96%) are now confident to manage an asthma emergency.

Influencing systems change

We have been a voice for people with asthma on 42 submissions this year, providing evidence at two Parliamentary Inquiries, and joining two Government advisory groups. We have contributed to positive actions in our priority policy areas including Victoria requiring all new homes that need a planning permit to be built all electric, ACT phasing out wood heaters in suburban areas, and the launch of the National Climate and Health Strategy. In response to the National Health and Climate Strategy, we led a collaborative and systematic roundtable with health professionals, climate experts and consumers to consider how to provide better health care to manage impacts of climate on people with asthma. This culminated in the development of the National Sustainable Asthma Care Roadmap, providing evidence-based guidance on improving asthma management while achieving reductions in environmental impacts.

In April 2024, we brought together significant researchers in the field of asthma, with the bold goal to go beyond the current status of asthma as a chronic disease and actually cure asthma. This has established a growing collaborative network of researchers working to develop a long-term research strategy to do so.

Working together

Through this year, we farewelled the inaugural CEO of Asthma Australia, Michele Goldman. Michele led Asthma Australia from November 2016, including playing an integral role in the merging of six asthma foundations, resulting in the formation of a national peak body for people with asthma in October 2017. Michele's leadership, passion and unwavering commitment to Asthma Australia has built strong foundations for the organisation and our ambitions to halve preventable hospitalisations, to improve the management of asthma and to search for a cure. Doris Whitmore, as Interim CEO, has provided ongoing leadership for the team and support to the Board and we will welcome the new CEO for the organisation, [Kate Miranda](#), to the helm in October.

In this 2023-2024 Impact Report, we have shared some of the work we have underway to deliver on our mission to improve the health of people with asthma – and our goal to reduce preventable hospitalisations as a major step towards doing so. Working with people with asthma, and with the people, settings and systems around them, we are confident we are on the right path and look forward to achieving our ambitions together.

ABOUT US



Asthma is a respiratory condition that affects nearly 2.8 million Australians, with children being the most impacted. Asthma is responsible for at least one Australian death every day, making it a serious health concern. In 2022-23, over 31,000 people were hospitalised for asthma,⁵ yet more than 90% of these hospitalisations were considered potentially preventable.^{5,8}

Despite the prevalence of asthma, it is often misunderstood, causing fear and anxiety for those living with the condition.

However, there is hope.

Asthma Australia has been the leading charity for people with asthma and their communities for over 60 years.

The challenges of climate change, unhealthy air, and health inequity make it more important than ever for people with asthma to have a voice. We search for new and progressive approaches to challenge the status quo. Our work is grounded in evidence and centred on the experiences of people affected by asthma. We believe by listening to those living with asthma, designing solutions with them, and influencing change, people with asthma can live freely, unrestricted by their asthma.

We operate across Australia, working in partnership with our sister organisations in Western Australia and the Northern Territory.

OUR STRATEGY 2022 - 2024



OUR IMPACT GOAL

To **halve** preventable asthma hospitalisations by 2030

OUR PURPOSE

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

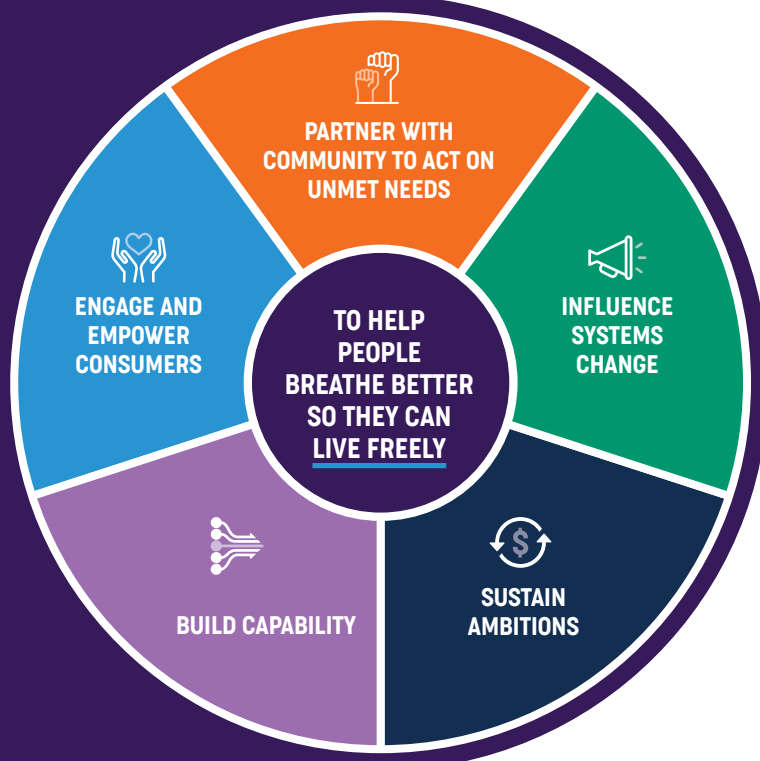
OUR VISION

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

OUR MISSION

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

OUR STRATEGIC GOAL

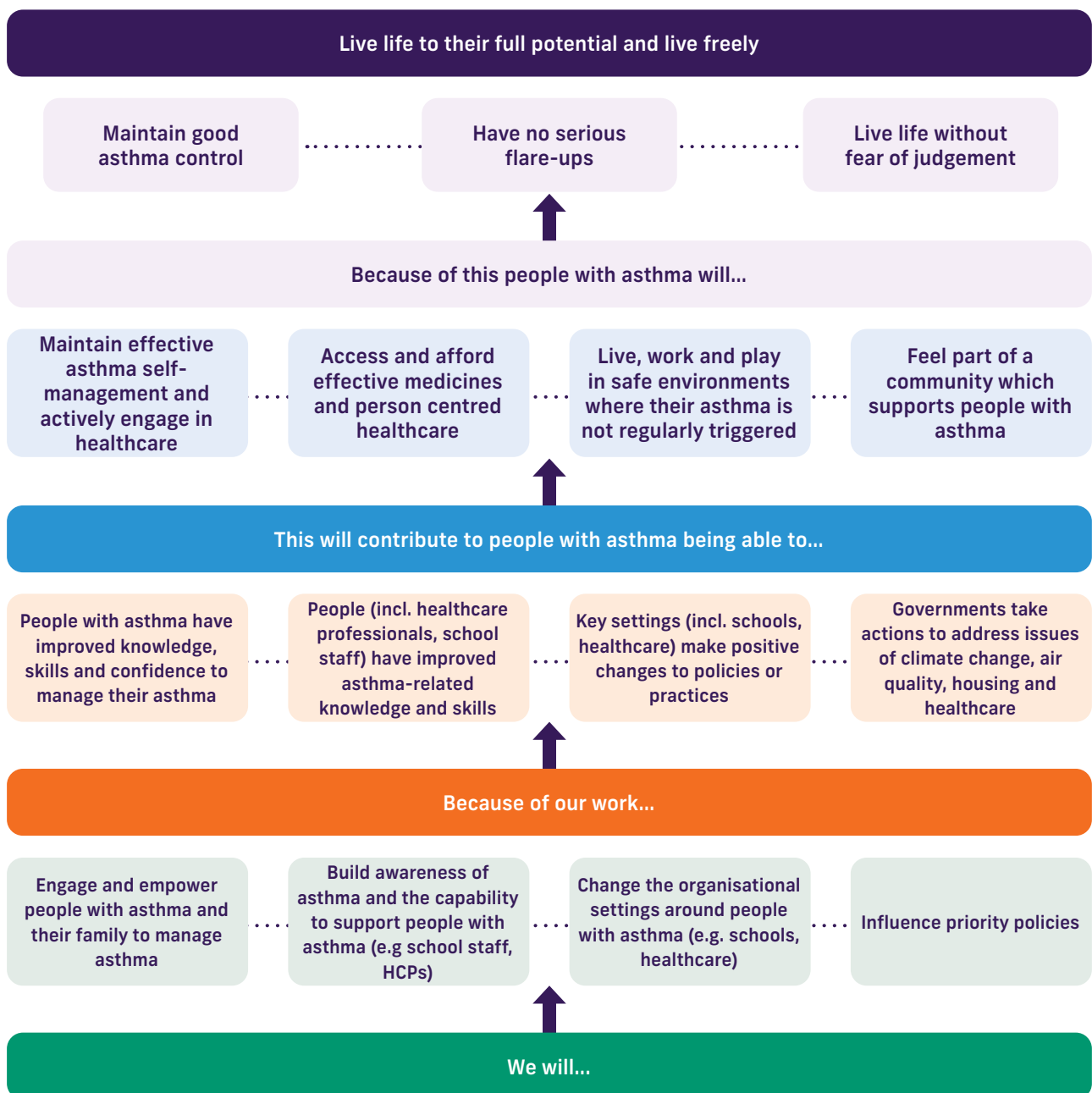


HOW WE UNDERSTAND AND MEASURE IMPACT

Our organisational Theory of Change and Outcome Framework help us to understand and demonstrate our impact, ultimately seeking to answer the question, are we making a difference in the lives of people with asthma?

Our Theories of Change are our best understanding of our pathway to impact at the time, and we will continue to refine them as we learn with people with asthma about what works and doesn't work to create change. The below represents a simplified version of our organisational Theory of Change.

OUR THEORY OF CHANGE



Our Impact Report reflects our journey to date. We are continuing to develop and embed measurement tools across the organisation to provide visibility of our achievements against these outcomes, and to further our commitment to learning as an organisation.

OUR OUTCOMES FRAMEWORK



Better understanding of asthma and its impact

This means:

People with asthma have improved knowledge of asthma and asthma self-management

People in the community and key settings have improved knowledge of asthma and understand the lived experience of people with asthma



Motivation to make changes

This means:

People with asthma see the value of taking action and take steps to improve their asthma management

People in the community, key settings and government are willing to consider the impact on people with asthma when making decisions



Taking action to support people with asthma

This means:

People in the community, key settings and government make changes that support people with asthma and enable better asthma outcomes



Maintaining self-management of asthma

This means:

People with asthma practice good asthma self-management

People with asthma are actively engaged in their asthma healthcare



Better asthma outcomes

This means:

People with asthma experience limited burdensome asthma symptoms.

People with asthma do not have asthma attacks / severe flare-ups



Better environments around people with asthma

This means:

The communities / people around people with asthma are supportive and non-judgmental

The environments people with asthma live in are safe and support good asthma outcomes



People with asthma live life to their full potential

OUR IMPACT AND REACH

WE EMPOWER PEOPLE WITH ASTHMA TO ADDRESS GAPS IN THEIR ASTHMA CARE AND TAKE STEPS TO IMPROVE THEIR ASTHMA HEALTH.



55,666

people were supported to better manage asthma through our programs and services



662,000

people visited asthma.org.au
(compared to 474,548 users last year)



61,499

people follow us on social media



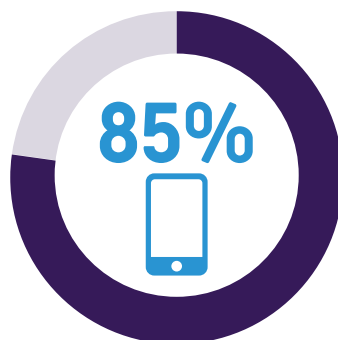
17,000

people are using the AirSmart app

Motivation to make changes



At least 70% of people who had a follow-up call with an Asthma Educator reported a change or taking action recommended to them. Most commonly feeling more confident to self-manage their asthma, having an asthma review with their doctor, or using a spacer with their medication.



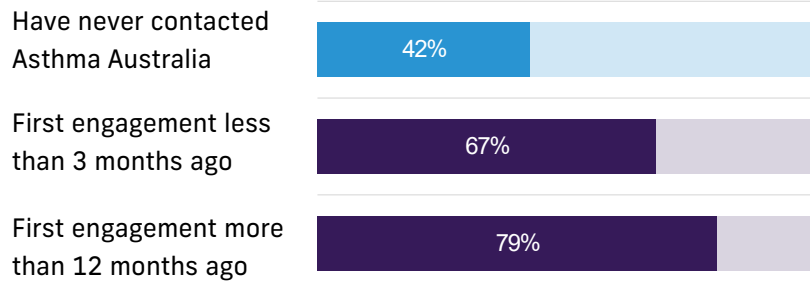
85% of people have taken action after using our AirSmart app. Most commonly opening or closing windows, staying inside, and using or increasing medication for a health condition.

Maintaining self-management of asthma

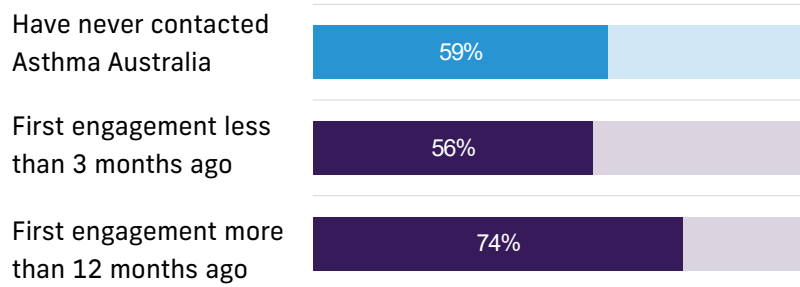


Early data suggests people who maintain a connection with us are more likely to report adhering to their preventer and having a planned asthma review with their doctor.*

74% of all Asthma Australia consumers surveyed reported adhering to their preventer.*



65% of all Asthma Australia consumers surveyed reported having a planned asthma review with their doctor in the last 12 months.*



*This is early data from a small sample size due to ongoing development and implementation of new data collection methods for our programs and services and should be treated with caution. Comparative data is from a sample of adults with asthma or parents of children with asthma using an online panel provider.

Better asthma outcomes



37% of people who have completed more than one Asthma Control Questionnaire online or over the phone improved their control or remained well controlled.

WE BUILD CAPABILITIES AND PARTNER TO INFLUENCE PRACTICE
CHANGE TO CREATE SAFER ENVIRONMENTS FOR PEOPLE WITH ASTHMA

20,692 

school staff are subscribed to our
Asthma in Education newsletter

3,175 

healthcare professionals are subscribed
to our Asthma Link newsletter

469 

schools completed the Schools
Asthma Health Check
(compared to 156 last year)

1,740 

Completions of online medical education
content on ThinkGP this year
(compared to 742 last year)

School staff from

2,451 

schools were trained in Asthma First Aid,
an annual average of 29,806 staff over the
last three years

Through our National Asthma
Research Program, we are funding

10 

research projects to develop or test new models
of care or treatments for people with asthma

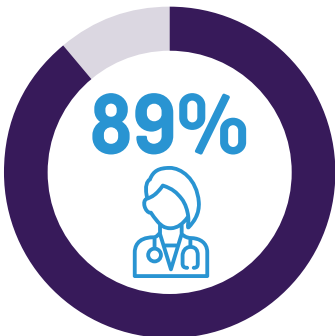
Better understanding of
asthma and its impact



96% of school staff are confident to manage an
asthma emergency after training, a 41% increase
from the pre-training level.



89% of healthcare professionals rated their learning
needs entirely met by ThinkGP asthma education
module/s.



Motivation to make changes



Taking action to support people with asthma



[I have] increased knowledge about asthma, and how to effectively help others during an asthma attack.

Schools Asthma First Aid course participant

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

My understanding was confirmed and I feel more confident to manage and support a person with asthma.

Schools Asthma First Aid course participant

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.

ThinkGP participant

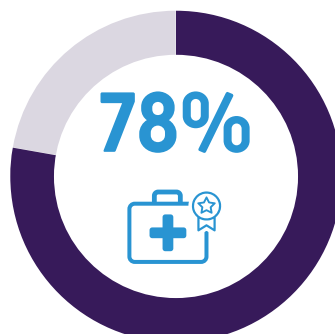
With Clubs Tasmania, we are delivering Asthma First Aid education and resources to every sporting club in Tasmania. Most participants told us they hadn't undertaken asthma education previously, and now feel empowered to support their club members with asthma.

Asthma Australia staff member

Better environments around people with asthma



In the last year, 78% of schools self-rated their asthma readiness as high against the [Schools Asthma Health Check](#) criteria.



WE INFLUENCE POLICY TO ADDRESS ISSUES IMPORTANT TO PEOPLE WITH ASTHMA SUCH AS HOUSING, AIR QUALITY, CLIMATE CHANGE, AND ACCESS TO AFFORDABLE MEDICINE AND HEALTHCARE.

42 We made 42 submissions to government consultations and parliamentary inquiries



6,791  
people follow us on LinkedIn and Twitter (161,068 impressions)

14 We had 14 meetings with Ministers and Ministerial offices



18 We had 18 meetings with Members of Parliament and their offices

970 We had 970 media articles or mentions



Including:



193 about bushfires and hazard reduction burning



98 about wood heaters



67 about viruses and vaccinations



46 about hay fever, pollen and allergies



24 about our Climate and Health Survey

3 Through our National Asthma Research Program, we are funding three research projects answering questions related to air quality and climate change



13 We are a voice for people with asthma through involvement in more than 13 research partnerships



Motivation to make changes



Our voice is being heard by decision makers in government submissions, Parliamentary inquiries and hearings, and through the media. The experiences of people with asthma are being listened to. For example:



The National Climate and Health Strategy was launched – a key recommendation from our Climate Change Policy Position Statement. The Strategy acknowledges the significant impacts of climate change on people with asthma. It commits to improving respiratory health outcomes and reducing emissions from inhalers. It also recognises the need for whole-of-government action to address air quality and housing, which are crucial areas for people with asthma.



We were invited to join the newly formed Climate and Health Expert Advisory Group. The group provides advice to the Assistant Minister for Health and Aged Care to support the implementation of the National Health and Climate Strategy. Asthma Australia is currently the only consumer health organisation in this advisory body.

Better environments around people with asthma



Taking action to support people with asthma



Asthma Australia's advocacy with key stakeholders has contributed to positive outcomes in our priority policy areas of climate change, air quality, housing and healthcare. For example:



Victoria phasing out gas connections in new homes that require a planning permit, reducing the harmful health impacts of indoor air pollution from household gas appliances on people with asthma, as well as a critical move in reducing carbon emissions.



South Australia committing \$50,000 to improve air quality in the homes of people with asthma on low incomes, through the provision of HEPA air purifiers. This funding resulted from our pre-Budget submission and advocacy.



Australian Capital Territory phasing out wood heaters in suburban areas by 2045. In winter, smoke from domestic wood heaters is the main source of air pollution in the ACT, and is linked to several health conditions including asthma.



Australian Capital Territory committing \$5.2 million 2024-2025 budget to the Community Partnership Electrification Program to cover energy efficiency upgrades and electrification costs for around 350 low-income households.



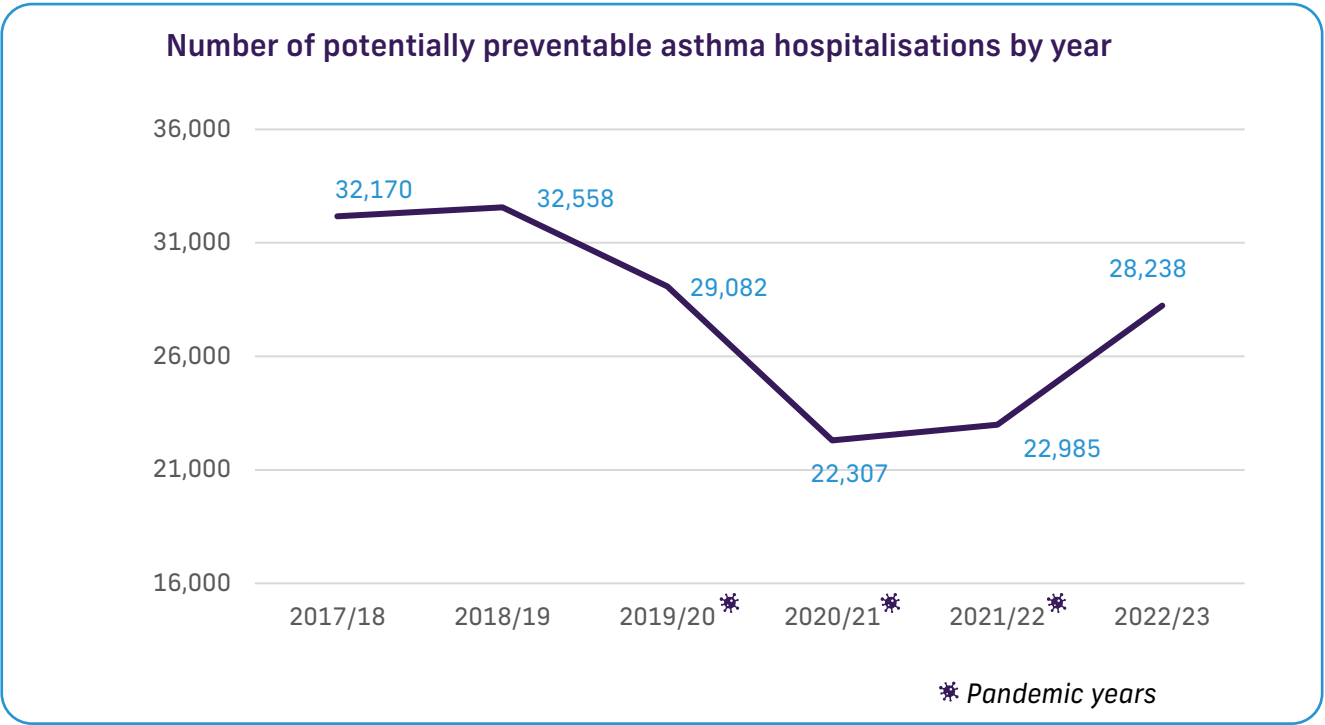
Pharmaceutical Benefits Advisory Committee (PBAC) recommending the removal of the oral corticosteroid requirement to access biologics. This will improve access to biologics for people with severe asthma and support reducing oral corticosteroid use.

WE ARE WORKING TOWARDS BETTER ASTHMA HEALTH OUTCOMES FOR ALL PEOPLE WITH ASTHMA IN AUSTRALIA. BUT THERE IS STILL A LONG WAY TO GO.

Our vision is that no one experiences a life restricted by asthma. This goes beyond those who engage directly with our programs and services, to all people with asthma who can have better asthma health and wellbeing because of our influence in the places where they live, work and play.

We know we still have a long way to go, but we will continue to monitor the asthma health outcomes in Australia. In particular, we are working towards halving preventable asthma hospitalisations by 2030, and progress against this goal can be seen below.

Asthma hospitalisations reduced during the COVID-19 pandemic years. These reductions were likely due to COVID-19 protection measures leading to 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.^{9,10}



**With continued determination, focus and commitment,
we will improve the lives of people with asthma.**



SUSAN'S STORY

UNDERSTANDING MY MEDICATIONS HELPED ME GAIN CONTROL



Better understanding of asthma and its impact



Motivation to make changes



Maintaining self-management of asthma



Better asthma outcomes

Most adults and some kids with asthma should be prescribed a preventer. Yet only one in three people with asthma in Australia use a regular daily medication.¹

1 in 3



I've had asthma since I was in my early 30s and I'm now in my 70's, so I've had it for 40 years. I can't remember when I first heard about Asthma Australia, but I've known about it for a long time. About four years ago my asthma changed, I went from just being breathless to now having a cough. I was having so many problems because the cough wouldn't settle.

My GP had tried to manage it, but it was clearly getting worse and so she referred me to a specialist for a whole series of tests. It got to the point where I couldn't manage it, I was coughing all the time, and nothing was working. I stopped the medication because I didn't feel like it was helping, and so of course it got worse and worse. I was coughing most of the day, and a good portion of the night.

I had an appointment to see the specialist again, but there was a bit of a delay, as there always is, and I was just desperate. I did a Google search and of course Asthma Australia came up. I had a look at the website and saw they had a phone service, and thought I'll have a chat to someone.

The thing I came away with is that the Asthma Educator actually listened to me, to help me work through it. I was able to sit down and talk to someone calmly, and logically go through the issues

I have to say it was excellent. Our conversations were more than half an hour, close to three quarters of an hour, which is a long time for anyone to spend talking to me about my asthma.

One of the first things the Asthma Educator, Amy*, helped me with was reducing my anxiety and giving me back the sense that I can control these symptoms. I started to believe it's not going to control my life, I can actually control these symptoms with careful planning.

The most significant change was knowing how to take the medication and why. I hadn't had instructions about how to take the medications before. When you go to the doctor they just say, "here's your script, go and take it." And then when you go to the pharmacist, they're really great but they just say, "make sure you take two puffs twice a day, and use a spacer."

When I spoke to the Asthma Educator, she talked to me about how I'm using my medications. She reinforced the fact that the doctor had prescribed them and they need a couple of weeks consistently to get into your system, before you can say it is working or not, which I hadn't done. I had found that if I used my reliever I could stop my coughing. But the trouble was, as she rightly pointed out to me, using your reliever six or seven days a week for a couple of weeks is a sign that your asthma is well and truly out of control and you need to change something. You need to go into prevention mode, rather than just trying to deal with the immediate symptoms, and what Amy said made good sense.

The change was significant because I had gotten to the point where I stopped taking the medications because I didn't feel like it was working.

By the time I went back to the specialist I had been on the medication for about a month, and I have to say the Asthma Educator was right. By taking the medication consistently and correctly my asthma was so much better.

Even my husband has said, 'I can't believe how much better you are.' I couldn't go out at night before because I would just cough so badly, and I would cough in bed all night which drove him crazy. Last night at 6 o'clock I actually was able to walk down to our local shopping centre and get some milk and walk back again. It's not far, only a 20-minute walk, but I did that in both directions, and before I spoke to Amy at Asthma Australia I could not have done that.

*Name changed for privacy

WORK IN FOCUS



Our Strategic Plan 2022 – 2024 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.

Here are five of our highlights from 2023-2024.

1. TOWARDS PERSONALISED SUPPORT SERVICES FOR PEOPLE WITH ASTHMA AND THEIR CARERS

Asthma Australia's information and support services have played an important role in empowering people with asthma to live freely for many years. People with asthma and their carers have told us that our Asthma Educators provide non-judgmental support, reassurance and high-quality education about asthma and asthma self-management. They have also told us they were looking for a service which was easy to access, more personalised and flexible so as to suit their specific circumstances.

This led us on a process to re-design the service to ensure people with asthma and their carers could access the right support, in the right way, at the right time for their asthma needs. We used data and evidence, and the voice of people with asthma, to develop a journey map that showcased their asthma journey and the moments that matter most in their experiences. We reviewed and improved our service to allow for the delivery of personalised information and support enabled by improved technology platforms and data excellence.



Over the last year we have:



Continued to provide phone-based education and support through more than 3,000 calls with people who have asthma or asthma-like symptoms and their carers.



Re-organised our website to better reflect the information needs of people with asthma at each stage of their asthma journey. Each page was reviewed and updated to ensure it was easy to read and action, to increase accessibility by those with poor health literacy.



Implemented our first automated digital health information journey focused on the Asthma Control Questionnaire – to understand symptoms at a point in time, and provide information and support to take action/s to improve asthma control.



Commenced a project with the University of Newcastle, funded by a Medical Research Futures Fund grant, to evaluate the effectiveness of our digital asthma support program compared to usual care.

We are expanding our service so that more people with asthma and their carers can access asthma information and education in a variety of ways that are personalised and flexible to their needs. We aim to support and empower effective self-management practices through increasing knowledge, confidence, and skills to not only improve overall health outcomes but so people with asthma and their carers can make informed decisions throughout their asthma journey.

In future years, the service will be expanded to new channels and to address the specific needs of people with asthma. In the next horizon, this will include a focus on children, young people and their families, to reflect the disproportionate burden and specific asthma experiences.

2. TRANSFORMING ASTHMA CARE

How might we support healthcare professionals to deliver best-practice, person-centred care for people with asthma?

Asthma Australia's approach is built around the person with asthma to support them to live freely. This systems lens applies the socio-ecological framework to address the moments that matter in an individual's asthma journey. It also considers the attributes and factors that influence how a person experiences their asthma. As a major influence within this framework, we recognised that we needed a strategic plan for healthcare in order to transform asthma care.

With this in mind, we posed the question: "How might we support healthcare professionals to deliver best-practice, person-centred care for people with asthma?" to set a clear ambition for the work needed to drive both behavioural and systemic changes. Our response to this set out three imperatives to focus implementation and anchor activity design: engage, enable and inspire.



ENGAGE, listen, learn and co-design with the HCPs involved in asthma care



ENABLE best practice through delivery of meaningful programs



INSPIRE change amongst both providers and the healthcare system

In the last year, we focused on engaging healthcare professionals (HCPs) to listen, learn, and co-design solutions. For example in February, we held a Design Thinking Workshop to inform the Program Design for the Quality Use of Medicines in Chronic Airways Disease (QUM in CAD) Program. Asthma Australia led the Program Design on behalf of the Lung Learning Partnership, a consortium including the Lung Foundation, The Thoracic Society of Australia & New Zealand, and Asthma Australia with funding from the Australian Government Department of Health and Aged Care.



Design Thinking Workshop participants, February 2024

The workshop was facilitated by the Social Marketing @ Griffith team and brought together 54 HCPs and people with lived experience of CAD for a five-stage participatory design thinking process.

Participants developed pitches for educational solutions addressing priority issues related to the quality use of medicines, building on lived experience of people with CAD. Common themes included leveraging patient stories, offering practical tools and resources, and utilising engaging formats. The final Program Design incorporated these insights, and the educational solutions have been designed to enable HCPs in providing optimal care to people with asthma. Launching in late 2024 on [The QUAD – the home of Quality use of medicines in chronic Airways Disease HCP education.](#)

With our ambition to inspire transformation in asthma care, we will continue to implement behaviour change programs to improve individual patient care, work with partners to spark and sustain change, and drive policy reform to embed best practices at a systemic level.



3. OUR AMBITION TO CURE ASTHMA



Despite the known burden of asthma, and progress towards cure in other diseases, the focus on finding an asthma cure has faded over the last twenty years. Our progress in treating current asthma means we have stopped looking for ways to cure people of the disease. This situation cannot continue.

At Asthma Australia, we believe it is now time to formally name this ambition and initiate an Australia-wide collaboration to [CURE Asthma](#).

Together, we have started planning a targeted and long-term approach with a vision to end the burden of asthma, to:



Create solutions to eliminate asthma in children and adults soon after onset



Impede the transition to chronic disease



Prevent the accumulation of complex secondary lung changes leading to loss of function

Major advances in our scientific understanding of asthma and examples from other comparable diseases for the first time make this goal a realistic ambition. This pursuit is also supported by specific questions from the [National Asthma Research Agenda \(NARA\)](#), which identified the top 10 asthma research priorities according to people with asthma, carers, healthcare professionals and policy makers.

In partnership with Professor Gary Anderson from the University of Melbourne, we have assembled world leading clinicians and researchers as the CURE Asthma executive steering committee.



CURE Asthma Team (L-R) A/Prof John Blakey, Prof Gary Anderson, Prof Christine Jenkins, Prof Vanessa McDonald, Prof Shyamali Dharmage, Prof Alan James, Prof Guy Marks, Prof Peter Gibson, Prof Phil Bardin, and Anthony Flynn. Not pictured: Profs Paul Foster, Adam Jaffe and Prof Peter Sly

In April 2024, we held The CURE Asthma Research Symposium. The event explored important discovery to translation pathways across the asthma life course, building bridges between diverse scientific disciplines and generating the energy required to support this bold mission to CURE Asthma.



"Asthma Australia as our peak body for all asthma related cases, is always available to support and guide us to maintain our daily living activities. The current research initiative to find a cure for asthma is wonderful news for all of us. It gives us hope that one day all asthma sufferers can lead a normal healthy life to their maximum potential."

- Sundram Sivamalai,
Consumer Advisory Council member



"The CURE Asthma symposium gave us great confidence to pursue this goal. With a strong focus and clear national "roadmap" leading forward, we are building a continuous, integrated 10 year pipeline of discovery to translation work to get us to that goal."

- Professor Gary Anderson,
University of Melbourne

4. THE NATIONAL SUSTAINABLE ASTHMA CARE ROADMAP



A key strategic goal for Asthma Australia is to influence priority policies and systems to drive demonstrable and enduring change. A focus of our work includes addressing the impacts of climate change on people with asthma.

In December 2023, the Australian government announced the launch of Australia's first ever National Health and Climate Strategy, which we advocated for and participated in consultations about.

The National Health and Climate Strategy seeks to increase resilience to the health impacts of climate change and reduce greenhouse gas emissions from the Australian health system. Action 4.14 commits to improving respiratory health outcomes and reducing emissions from respiratory inhalers.

In response, we engaged Deakin University's Institute for Health Transformation to conduct two roundtables in November 2023 and March 2024. The roundtable discussions were structured to understand the drivers of asthma care's climate footprint and identify the opportunities and barriers to improving care and reducing emissions. Representatives from 50 key organisations participated in the collaborative and systematic approach.

This led to the development of the [National Sustainable Asthma Care Roadmap](#) - Roundtable Report, which aims to support the development of a national implementation plan for transitioning to low greenhouse gas emission inhalers.

The Roadmap's eight goals are:

- | | | |
|---------------|---|--|
| Goal 1 |  | Establish a data dashboard to display the national indicators of high-quality asthma care and decarbonisation trends |
| Goal 2 |  | Establish processes and resources to support annual/regular updating of the national asthma guidelines and for harmonising secondary recommendations and clinical tools in consultation with peak asthma bodies |
| Goal 3 |  | Increase clinician education and digital enablement to implement evidence-based guideline-concordant, low-carbon asthma care, particularly the use of AIR regimens |
| Goal 4 |  | Inform people with asthma about how to improve their asthma control and options to reduce greenhouse gas emissions from inhalers where suitable devices are available |
| Goal 5 |  | Reduce the imbalance between cost and ease of access to SABA compared with safer and more effective medications |
| Goal 6 |  | Support research to implement and evaluate high-quality sustainable asthma care |
| Goal 7 |  | Reduce greenhouse gas emissions by minimising residual hydrofluorocarbon leakage from discarded asthma inhalers |
| Goal 8 |  | Support governments in developing a 'health in all policies' approach to reducing the modifiable inducers and triggers of asthma |

The Roadmap was officially launched on 18 September by the Hon Ged Kearney, Assistant Minister for Health and Aged Care. We will be working with stakeholders involved in developing the Roadmap to resource and progress its implementation.



5. RECONCILIATION ACTION PLAN PROGRESS



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

This year Asthma Australia's inaugural Reflect Reconciliation Action Plan (RAP) neared completion. It has been an organisational journey of listening, learning and unlearning, so that we can create a workplace that values, understands and respects Aboriginal and Torres Strait Islander cultures, peoples and histories.

The most significant reconciliation achievement was the creation of a learning journey for staff to increase our cultural understanding and value the contributions of Aboriginal and Torres Strait Islander peoples. This resulted in significantly improved individual and organisational cultural capability over the span of the RAP implementation. The greatest shift in organisational cultural capability was staff perceptions of Asthma Australia's readiness to engage with First Nations communities and stakeholders, which improved from 40% in 2023 to 85% in 2024. Also notably, Asthma Australia's commitment to developing staff's understanding about Aboriginal and Torres Strait Islander histories, people and cultures is widespread across the organisation at 98%.

Another reconciliation success to note is the expansion of Asthma Australia's Aboriginal and Torres Strait Islander workforce, through the establishment of a First Nations Engagement Lead role. This identified role has been instrumental in driving strategic initiatives and activities that will have a positive impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples with asthma.

Moving forward, the next phase of this important work is to consolidate our learnings and reflections from the Reflect RAP and commence the development of an Innovate RAP. Additionally, planning has commenced to develop a First Nations Asthma Strategy so we can deepen our commitment to improving Aboriginal and Torres Strait Islander asthma outcomes. This will be enabled by the establishment of a First Nations governance mechanism to drive, guide and elevate this work.



JAMES'S* STORY

INFORMATION FROM ASTHMA AUSTRALIA HELPED ME ASK FOR AN
ASTHMA MANAGEMENT PLAN THAT SUITED ME



Better
understanding of
asthma and its
impact



Motivation to
make changes



Maintaining self-
management of
asthma



Better asthma
outcomes

*Name changed for privacy

I was diagnosed with asthma when I was a child and had mild to moderate symptoms. In my 20's I rarely ever needed a preventer and took my reliever only a couple of times a week. Then in the middle of my 30's, my asthma went from mild, straight to severe and uncontrolled, even landing me in hospital.

My asthma is made more challenging to manage because I also have other conditions as well. As a result, I always make sure to ask lots of questions and research information myself. About two years ago, when my specialist was prescribing me a new asthma medication, I came across the Asthma Australia website in my research. I signed up to receive regular emails and use the website as a trusted source of information or starting point when I have questions.

I have used the website to better understand the different types of asthma inhalers, how they work, and how stepping up a treatment works. It's been a helpful resource to understand what is going on, what's next, why, and how it works. This has been particularly important for me because of how quickly and severely my asthma symptoms came on in my 30's, the side effects I experience, and how the medications interact with my other health conditions.

I also remember about 12 months ago I was having a conversation about biologics with my specialist. I was already aware of the different names and medications which allowed me to be prepared for that conversation without freaking out about what the medication was going to do to me.

The most significant change for me was gaining better control of my asthma, which in turn helped my other health conditions.

Whilst I have a specialist and GP who are really good, you really only get half an hour with them, and often the half an hour is getting to the bare bones of organising treatments, as opposed to understanding how the treatment works, and how I can use that better understanding to adjust a treatment as well.

I read information on the website about the different types of preventer and reliever inhalers, and how they actually work. After reading and thinking about it, I took a suggestion to my doctor and said, "what do you think about this?" My doctor wasn't sure, but when I saw my specialist they said, "that's exactly what I would have suggested for you."

I also now know how to increase the doses of my different inhalers to manage day-to-day fluctuations in my symptoms and reduce the need for reliever. I can use additional reliever inhalers, ones which aren't as good for emergencies, but can help get on top of symptoms when I'm having a hard day, without the side effects for my heart

Understanding the specific components of the medications has helped me to advocate for an asthma management plan that works for me.

condition. This knowledge and changes to my medications have improved my asthma control, meaning I need less reliever.

65%



65% of people with asthma also have one or more other chronic conditions.¹

THANK YOU

Thank you for making a difference in the lives of so many people who are striving to live freely with their asthma. We are proud of the work we have progressed in the last 12 months for people with asthma, and look forward to continuing to develop, test and expand our services. Thank you to all those who help us make a difference in the lives of people with 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**.



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

Trust and Foundations

- M.A & V.L Perry Foundation
- Neil & Norma Hill Foundation
- JLDJS Foundation
- Asthma Foundation SA Trust
- The Ross Trust
- The Lionel & Yvonne Spencer Trust
- John James Foundation ACT
- Australian Communities Foundation
- Hands Across Canberra
- Bowles Charitable Foundation
- Lord Mayor's Charitable Fund
- The Howard and Lorrie Lucas Foundation
- L R Cazaly Trust Fund

Major donors

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

Trusts and Bequests

- Estate of the late Lindsay James Baldy
- Estate of the late Marjorie Alma Barnard
- Estate of the late Alice Livingston-Vail
- Estate of the late Frank Alfred James
- Estate of the late Peter Carroll Held
- Estate of the late Robert Allen
- Estate of the late Geoffrey John Bidwell
- Estate of the late Letitia Jessie Taylor
- Estate of the late Marie Claire-French
- Estate of the late Edith Maud Badger
- Estate of the late Anne Eleanor Lynch
- Estate of the late Betty Patricia Elliott
- Estate of the late Maureen Jean Rattray-Smith
- Estate of the late Pamela May Hughes
- Estate of the late Charles Eastley
- Estate of the late Gwenda Doris Steicke
- Estate of the late Shirley Lorraine Loffler
- Estate of the late Alberta Helena Lederman
- Estate of the late Beverley Ruth Dunn
- Estate of the late Ellen Jean Matthews
- Estate of the Late Florence Maud Colmer
- Estate of the late Gwendolyn Una Thomas
- Estate of the late Jack Jacobs

- Estate of the late Muriel Helen Condry
- 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
- Donation in memory of Colin Phillips
- Donation in memory of Andrew Evans
- Donation in memory of Luke Pearce
- Donation in memory of Dr Chris Brown

We would like to thank and acknowledge our:

Corporate, program, government and state funding partners

- ACT Government (ACT Health Directorate)
- AstraZeneca
- Australian Government (Department of Health and Aged Care)
- Bird Healthcare
- Chiesi
- Country SA PHN
- Flo – Aspen Pharmacare
- GSK
- New South Wales Government (NSW Ministry of Health)
- Orion Pharma
- Primary Health Tasmania
- Queensland Government (Queensland Health)
- Rentokil Initial
- Sanofi
- Tasmanian Government (Department of Health and Department of Sport and Recreation)
- White Magic
- Livingstone International Foundation

ASTHMA WEEK 2023: Bing Lee, Sleep Solutions, Dulux, Choice, Ch9 Digital, The Good Guys, Rentokil Initial, GSK

Research Program Strategic Partners

- Canberra University – Healthy Environments and Livelihoods
- Centre for Research Excellence in Treatable Traits for Asthma
- University of Melbourne – Tasmanian Longitudinal Health Study
- University of NSW and University of Tasmania – Sustainable Communities and Waste Hub
- University of Tasmania – Online air quality community education

- Hunter Medical Research Institute – A complete digital solution to empower people with asthma
- Institute for Health Transformation, Deakin University
- Macquarie University – National paediatric applied research translation initiative
- Monash University – Non-drug treatable trait approaches for high risk chronic respiratory disease
- University of Tasmania – Centre of Research Excellence in Safe Air
- Telethon Kids Institute – Finding early markers of respiratory disease to identify treatable traits
- University of Sydney – Patient empowerment through technology enabled interventions delivered by community pharmacists
- University of Newcastle – Digital intervention for breathlessness and physical activities in people with severe asthma
- University of Newcastle – Treatable Traits for asthma management during pregnancy
- University of Melbourne – CURE Asthma
- The Thoracic Society of Australia and New Zealand

Business and Community Partners

- ACT Council of Social Service (ACTCOSS)
- Asthma Foundation NT
- Australian Council of Social Service (ACOSS)
- Better Renting
- Brisbane North Primary Health Network
- Cancer Council
- Capital Health Network – ACT Primary Health Network
- Center for Safe Air
- Child and Family Learning Centres Tasmania
- Climate and Health Alliance
- Clubs Tasmania
- cohealth
- Companion House ACT- Refugee Medical Service
- Connected Beginnings Tasmania
- Consumer Health Forum of Australia
- Council on the Aged Tasmania
- Department of Communities, Sport & Recreation Tasmania
- Doctors for the Environment
- Global Cooksafe Coalition
- Granville East Public School
- Health Care Consumers Association ACT
- Health Consumers Tasmania
- Healthy Cities Illawarra
- Healthy Futures
- Healthy Homes for Healthy Renters
- Healthy Schools Network ACT
- Lung Foundation Australia
- Mental Health Council of Tasmania
- National Aboriginal Community Controlled Health Organisation
- National Asthma Council Australia

- National Health, Sustainability and Climate Unit, Australian Government Department of Health and Aged Care
- Neighbourhood Houses Tasmania
- North Western Melbourne Primary Health Network
- NSW Council of Social Service (NCOSS)
- Pharmacy Guild of Australia – ACT Branch
- Pharmacy Guild of Australia - Tasmanian Branch
- Primary Health Tasmania
- Public Health Association of Australia
- Quitline
- RACGP
- Respiratory Care WA
- Ritchies Supermarkets & Liquor Stores
- Royal Children's Hospital, Melbourne
- Safer Care Victoria
- Shelter National
- SHOUT ACT
- State Schools Nursing Service - Department of Education Queensland
- Tasmanian Council of Social Services
- Thoracic Society of Australia and New Zealand
- University of Canberra - Discipline of Pharmacy
- University of Tasmania
- Victorian Council of Social Service (VCOSS)
- Way to Wellness – Queensland Government
- Women's Centre for Health Matters ACT
- Woolcock Institute of Medical Research

Lung Learning Partnership

We are proud of the collaborative work of the Lung Learning Partnership - a consortium of the Lung Foundation Australia, The Thoracic Society of Australia and New Zealand, and Asthma Australia – formed to deliver the Quality Use of Medicines in Chronic Airways Disease healthcare professional education program, funded by the Australian Government Department of Health and Aged Care.

- Lung Foundation Australia
- Thoracic Society of Australia and New Zealand

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.

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

OUR COMMUNITY FUNDRAISERS EACH RAISED OVER \$1000

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

- Kristy Lang
- Natalie Coall and Nathan Symonds
- Heath Wilson
- Maggie Packenas
- Shane Landers
- Julie Smith
- Kerry Laird

CAR SHOW AND SHINE IN MEMORY OF 20-YEAR-OLD MUM-TO-BE, HANNAH HENDERSON-WILSON

Hannah was five months pregnant when she died suddenly from an asthma attack in November 2022, aged 20.

A team of Paramedics found her collapsed in her front yard, not long after she phoned for help. Despite their efforts, a team of paramedics were unable to save her.

Almost a year on, her father Kane Oats, held a car show, shine and cruise in memory of his daughter, Hannah Henderson-Wilson and her unborn son, Carter.

"Hannah had always been a real car person. She liked car shows and was climbing the ranks on the dirt circuit", said Kane, so a car show in her memory made sense.

"It's been a real shock. I want everyone to know that asthma is dangerous and to act on it quickly," said Kane.

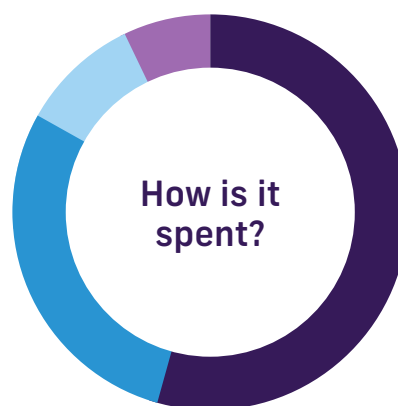
Thank you to Kane and his community for raising \$4,263 for Asthma Australia in memory of Hannah and Carter. The funds you've raised have supported asthma research and education to help save lives.



SUSTAINING OUR AMBITIONS



- Government
- Fundraising
- Fair Value
- Investment
- Product Sales



- Direct services
- Business operations
- Research
- Fundraising





TREASURER'S REPORT

Kristen Raison



First, I'd like to take a moment to acknowledge the dedication and service of Michele Goldman during her tenure as CEO of Asthma Australia. It's been a privilege to work closely with Michele in my role as Treasurer, witnessing firsthand her passion for our cause and her tireless commitment to the people we serve. We wish her every success in her future endeavours.

I'm pleased to report that our financial performance in FY2024 was stable, with a surplus of over \$1.4 million (compared to \$1.3 million in 2023). This strong result was largely driven by the continued growth of our investment portfolio.

At Asthma Australia, ensuring long-term financial sustainability is essential for us to continue providing life-changing services to the millions of Australians who depend on us. To that end, we are actively working to diversify our revenue streams, ensuring we remain resilient and sustainable.

A significant development this year was the sale of our Adelaide office, which was acquired by the Department of Infrastructure and Transport. Thanks to the generous bequest of Mrs. Marjorie Edwards for enabling Asthma Australia to purchase this property which has been utilised by our South Australian operations for many years. The proceeds from the sale have been strategically reinvested in our investment portfolio, ensuring Mrs. Edwards' legacy continues to support our mission for generations to come.

Our Finance Audit and Risk Management Committee continues to oversee the performance of the investment portfolio, which increased in value from \$17 million in 2023, to \$22 million in FY24. The board remains committed to using this financial strength to drive meaningful improvements in asthma outcomes across Australia through key strategic initiatives.

INVESTING IN IMPACT: THE POWER OF OUR RESERVES

We're not just focused on building reserves—we're actively deploying them where they can create the most impact. This year, we made strategic decisions to draw on these funds to support projects that otherwise wouldn't be possible.

In FY24, the most significant items the Board invested in were AirSmart and the Healthcare Professionals Engagement Strategy.

With AirSmart, the Board made a critical investment to ensure this app, which provides real-time air quality information, remains online and available to millions of Australians living with asthma. Air quality can be a significant trigger for asthma attacks, and by keeping AirSmart operational, we're giving people the power to manage their condition more effectively, safeguarding their health in times of environmental unpredictability.

We also made a bold commitment to the Healthcare Professionals Engagement Strategy, a collaborative effort with the SA Trust. This investment focuses on building stronger, more meaningful relationships with the healthcare professionals who are on the front lines of asthma care. By developing this strategy,

we're ensuring that doctors, nurses, and other health workers have the tools and knowledge they need to support asthma patients effectively. While the initial investment was made this year, the full implementation of this strategy will roll out over the coming years, promising long-term improvements in asthma management and care.

Beyond these key investments, the Pearl Sheppard Fund was utilised to support a collaborative initiative in Wollongong, NSW. This project, working with local stakeholders, is designed to address systemic issues that lead to preventable asthma-related hospital admissions for children, and it will continue into 2025.

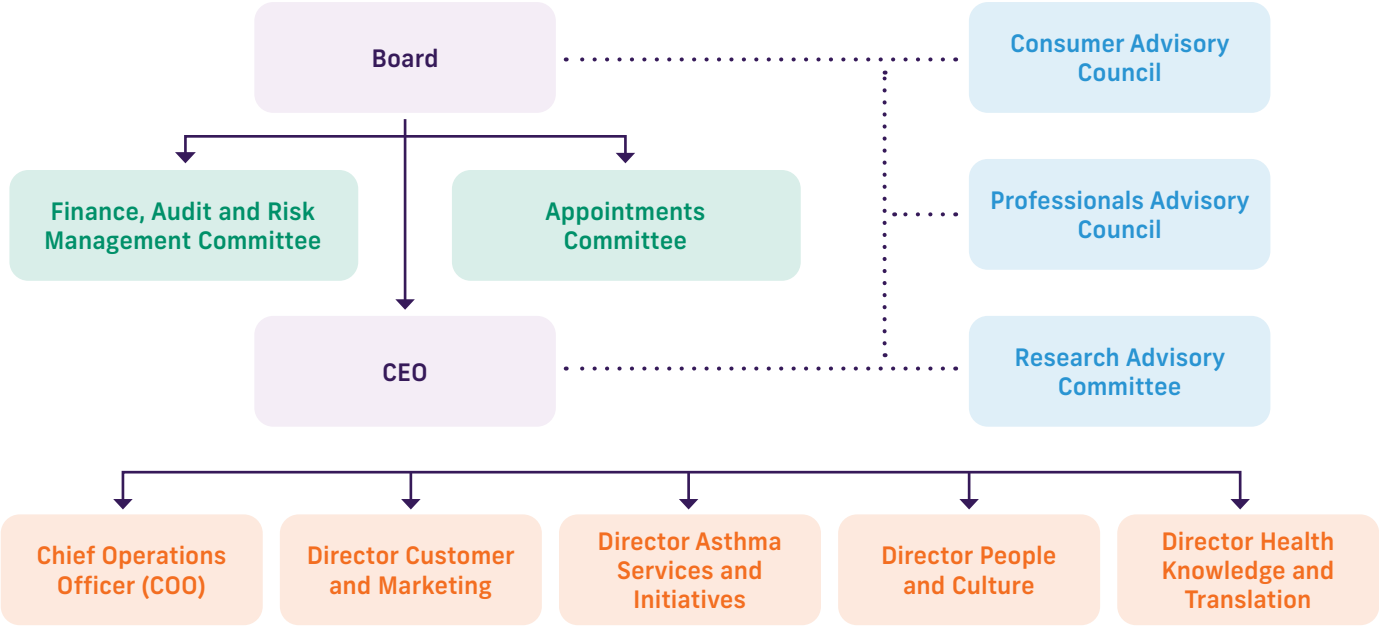
On the research front, our reserves were also deployed to further progress the National Asthma Research Program. In 2024, we allocated \$831,808 to research grants and have committed to investing a further \$1.2 million in the years ahead. This investment will push forward groundbreaking research, unlocking new insights and innovations that will help the 1 in 9 Australians living with asthma.

These investments reflect our Board's unwavering commitment to using our financial strength for initiatives that directly impact the asthma community, ensuring that every dollar works toward our vision of better health outcomes for all Australians living with asthma.

Thank you for your continued support as we work together towards a future where every Australian can breathe easier.

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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