



ASTHMA
AUSTRALIA

IMPACT REPORT

2024 - 2025





AILSA WALSH

"THALDIN NUNDILI" (Standing Together), 2023

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

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.

ACKNOWLEDGMENT OF COUNTRY

Asthma Australia acknowledges the Traditional Custodians of the lands on which we work and pay respect to Elders, past, present and to 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 peoples have to Country and value the cultural knowledge, strength and resilience in our work to improve the lives of people with asthma.



OUR VISION FOR RECONCILIATION

Our vision for reconciliation is one of unification across Australia, based on deep listening, truth telling and authentic collaboration and partnerships with First Nations peoples, communities and organisations. We envisage a future based on mutual respect, equity and equality where First Nations voices are valued and embraced. As an organisation, Asthma Australia is committed to creating a workplace that is culturally safe and rich, with a focus on working together to improve the health and wellbeing of First Nations peoples with asthma.

Asthma Australia aims to contribute to equitable asthma health outcomes for Aboriginal and Torres Strait Islander peoples. Asthma Australia recognises and is guided by the strength and resilience of Aboriginal and Torres Strait Islander peoples, whose knowledge and experiences help improve the health and wellbeing of people living with asthma. This guidance supports our vision that no one is limited by their asthma.

We will strengthen our First Nations engagement through new relationships that deepen our commitment to Reconciliation and establish strategic new partnerships with First Nations stakeholders. Importantly, First Nations principles and ways of working will be key.

CONTENTS

11

ALETA'S STORY

Learning to manage
my son's asthma

13

SHEILA'S STORY

Finding confidence
after diagnosis

19

KATIE'S STORY

Building asthma
smart communities

ABOUT ASTHMA AUSTRALIA

Asthma Australia, the peak body for people with asthma, has set a goal to halve preventable hospital admissions by 2030.

Evidence from the Australian Institute of Health and Welfare (AIHW) shows that up to 90% of asthma-related hospitalisations could be prevented through accessible, high-quality primary health care and effective community-based prevention. ⁽²⁾⁽³⁾

To achieve this, Asthma Australia delivers education and support for people with asthma, their families and carers, schools and health professionals. The organisation advocates for system-wide reforms to strengthen access to care, optimise treatment pathways and reduce inequities, particularly for Aboriginal and Torres Strait Islander peoples, rural and remote communities and children and young people. Asthma Australia leads efforts to address environmental determinants, including exposure to airborne hazards and invests in research to drive innovation and move us closer to a cure.

Asthma Australia's work is underpinned by evidence and shaped by the lived experience of people with asthma. This consumer-centred approach ensures that programs, policy advice and advocacy are relevant, responsive and sustainable, supporting a stronger health system and better asthma outcomes for all Australians.

4 From our leaders

6 Our impact and reach

8 Our strategy

10 Optimise engagement

10 Empowering families to take action

12 Asthma Educators and 1800ASTHMA

14 Partnering with healthcare professionals to improve asthma care

16 Partner with communities to act

16 Safer schools for children with asthma

18 Partnering with communities to strengthen First Nations care

20 Targeting asthma hotspots

22 Co-designing with communities

23 Influence systems change

24 National Asthma Research Program

26 Reducing hospitalisations through virtual asthma care

27 Groundbreaking home monitoring research

28 Build capability and capacity

28 Strengthening our organisation to deliver on our Strategic Plan

29 Governance structure

30 Specialist advisors driving, evidence, innovation and impact

31 Sustain Ambitions

31 Treasurer's report and financial summary

32 Understanding and measuring our impact

33 Outcomes framework

34 Thank you

39 References

FROM OUR LEADERS

With the appointment of a new CEO, Asthma Australia entered a new chapter of leadership and growth.

ESSENTIAL LEADERSHIP ADDRESSING A GROWING HEALTH CHALLENGE

Asthma remains a significant and growing health challenge in Australia, with recent data from the Australian Institute of Health and Welfare's (AIHW) National Asthma Indicators⁽⁴⁾ showing an overall increase in the burden of asthma on individuals, families and the healthcare system. Despite medical advances, there has been no reduction in asthma prevalence over the past five years and the burden on the health system continues to rise. Asthma is now the costliest respiratory disease in primary health care, with expenditure reaching \$1.2 billion in 2022–23 – a 40% increase in just one year.

This reflects worsening asthma control across the population, leading to greater demand for care and higher system costs. Notably, asthma claimed 474 lives in 2023⁽⁷⁾, the highest death rate in nearly a decade; 69% of people with asthma do not take their preventer medication as prescribed and over 750,000 Australians (27%) have poor asthma control⁽⁵⁾.

While there are some positive signs, including slightly fewer hospitalisations and reduced emergency department presentations, the broader picture is troubling. Asthma continues to interfere with daily life for 1 in 5 Australians with the condition, 8.8% report very high psychological distress and 9.4% rate their health as poor⁽⁵⁾. Asthma is not just a medical condition but a significant driver of poor quality of life and rising health costs in Australia.

The National Asthma Indicators reveal the broader pressures of chronic disease on individuals, communities and the health system. Chronic conditions are the leading cause of illness, disability and death and are threatening the sustainability of the health system as costs and complexity rise.



Kate Miranda, CEO and James Wright, Chair

Comorbidity remains high: 65% of people with asthma have at least one other chronic condition, particularly mental health issues (41%), back problems (25%) and arthritis (23%)⁽⁵⁾. Smoking rates among adults with asthma are higher than the national average. Among adults aged 18 and over with asthma, 1 in 7 (14.1%) smoke daily, compared with 1 in 10⁽⁶⁾.

Asthma is a microcosm of the chronic disease burden in Australia. Without stronger prevention and management strategies, the costs and health impacts of asthma and other chronic conditions will continue to grow.

This is why the dedicated work and leadership of Asthma Australia is more vital than ever, championing evidence-based solutions, advocacy and education to address this escalating health challenge.

REDUCING THE BURDEN OF ASTHMA

FY25 was a big year for Asthma Australia. We scaled up our digital services, reached more Australians than ever before and deepened our partnerships with health professionals and experts nationwide. It was a year of connection, innovation and real impact, proving that when evidence, expertise and lived experience come together, we can make a measurable difference in people's lives.

Through the National Asthma Management Program, we delivered a coordinated, evidence-based response to one of Australia's most costly and inequitable chronic diseases. We supported more than 131,000 people through education and digital services and upskilled nearly 2,000 health professionals. In just three years, 55% of schools nationwide now have at least one teacher trained in Asthma First Aid by Asthma Australia, that's nearly one in three teachers helping keep children with asthma safe every day.

We also scaled our national health literacy campaigns to a whole new level. Using AI, advanced marketing and geo-targeting, we delivered smarter, more localised messages to millions of Australians. Our campaigns reached 5.3 million people, attracted 910,000 website visits, and distributed tens of thousands of resources to consumers, schools and health professionals. Through 1,182 media stories and a monthly newsletter to 40,000 subscribers, we helped Australians better understand asthma, manage it proactively and prevent attacks.

Our impact was amplified by partnership. Working with national peak bodies, including Thoracic Society of Australia and New Zealand (TSANZ), Pharmacy Guild of Australia, Pharmaceutical Society of Australia and the Australian Primary Health Care Nurses Association (APNA),



Kate Miranda with Professor Trent Twomey

"Over recent years, the Pharmacy Guild of Australia and Asthma Australia have worked together to improve health outcomes for people with asthma.

Our collaboration spans system-wide initiatives, such as the Cheaper Medicines Now campaign to reduce the cost of PBS medicines lowering the co-payment to \$25 as of January 1, 2026 - through to smaller pilot projects in community pharmacies, which can be tested, evaluated and scaled when successful."

Professor Trent Twomey, National President, The Pharmacy Guild of Australia

we strengthened asthma care across the country. As part of a coalition of 20 health organisations, we successfully lobbied for cheaper medicines; from January 2026, Australians will save \$6.60 per prescription, easing pressure on millions of families. For every dollar invested by governments, Asthma Australia doubled its value through corporate partnerships, philanthropy and fundraising.

Behind it all is our ecosystem of expertise and lived experience, made up of 42 passionate members of our Professional Advisory Council, Consumer Advisory Council, Digital and Data Advisory Committee and Research Advisory Committee. Together, we are shaping better services, stronger policy and a healthier future.

Over the past year, we undertook an organisational review and restructure that marked a period of change and reflection. We farewelled valued colleagues who helped shape who we are today, and we remain deeply grateful for their service. This process also resulted in us investing in new leadership capability, particularly in relation to policy, advocacy and fundraising.

As we continue to grow, we are building the partnerships and momentum needed to achieve our bold goal: to halve preventable hospitalisations and give every Australian with asthma the chance to breathe easier.

OUR IMPACT AND REACH

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



Motivation to make changes



Maintaining self-management of asthma



Better asthma outcomes

 131,200

people were supported to better manage asthma through our programs and services
(compared to 55,666 users last year)

 61,937

follow our Facebook and Instagram channels for information
(compared to 61,499 users last year)

 8,101

Healthcare Professionals engaged with our education and training programs and resources

 914,000

people visited asthma.org.au
(compared to 662,000 users last year)

 3,495

Asthma Control Questionnaires (adults) and 131 Asthma Control Test (kids) were completed

"I am truly quite amazed at what I didn't know.. What I have been doing for 30 odd years - it has been all wrong! Thank you for all of this, it has been really enlightening!"

Healthcare Professional

"It's a miracle! Feeling much better since our conversation. I'm breathing and sleeping better... able to get out and about. I was previously unmotivated, couldn't walk and breathe. Now I'm enjoying outings, helping my health and social life. Thank god we had our conversation. I could have died!"

1800ASTHMA caller

Successful advocacy for more affordable medicines for people with asthma

Our advocacy delivered tangible outcomes:

During the 2025 election campaign, Asthma Australia was part of a coalition of 20 health organisations, led by the Pharmacy Guild of Australia, that lobbied the Federal Government for more affordable medicines. This campaign was successful. From January 2026, a lower PBS co-payment will save families \$6.60 per prescription, reducing the cost of medication for millions of Australians.

Creating safer school communities for children with asthma



30,265

school staff from 2,359 schools were trained in Asthma First Aid
An annual average of 30,142 staff over the last three years



36,280

school staff are subscribed to our Asthma in Education newsletter

Compared to 20,692 last year



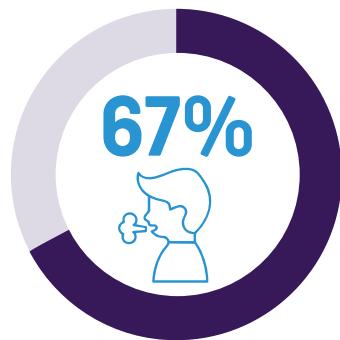
608

Schools Asthma Health Check completions
Compared to 469 last year

96% of school staff are confident to manage an asthma emergency after training, a 37% increase from the pre-training level.



In the past year, 67% of schools self-rated their asthma readiness as "High" against the Schools Asthma Health Check criteria. Among those who have completed two checks, 10% improved their rating.



Examples of anonymised participant quotes post-training:

I am confident to manage an asthma attack.

I will be more relaxed in managing the children when they are coughing too much.

I'll be re-acquainting myself with all of the asthma needs of the students in my class.

Thunderstorm asthma... I just wasn't aware.

The information on the Asthma Australia website has helped me have more confidence to speak to the parents. We often receive an Asthma Action Plan from parents which says the child should have Ventolin before exercise or P.E and then the parents say "No, don't worry, it's fine they can have it if they need it." Reading the information on the website makes me more confident to say, "If the doctors have written that, then that's what we should be doing."

OUR STRATEGY



OUR IMPACT GOAL

To **halve** potentially 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 and influencing systems change

OUR VALUES

WE LEARN WHAT WORKS & PLAN WHAT'S NEXT

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

WE EMPATHISE & EMPOWER

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

WE'RE CARING & COURAGEOUS

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

WE'RE INCLUSIVE & COLLABORATIVE

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

WE'RE PASSIONATE & PERSISTENT

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

OUR PRINCIPLES

We put the voice and lived experience of people with asthma at the centre of what we do.

We use data, information and insights as evidence to test assumptions and inform decision making.

We honour the trust of those we serve and hold ourselves to account to always act with integrity.

OUR WORK IN FOCUS

Asthma Australia's Organisational Strategy 2024–2027 sets a clear course toward our goal of halving potentially preventable asthma hospitalisations by 2030.

By putting the needs of people with asthma at the centre of everything we do and working with the communities, settings and systems that shape their lives, we're building a future where people can breathe better and live freely.

OUR STRATEGIC PILLARS

1. OPTIMISE ENGAGEMENT

Scale up digital and data personalised engagement to improve asthma outcomes

3. INFLUENCE SYSTEMS CHANGE

Address systemic issues affecting asthma outcomes by influencing priority policies, systems and service delivery, enabling healthcare and contributing to translation of research discoveries

2. PARTNER WITH COMMUNITIES TO ACT

Reduce the impact of asthma in communities with high risk factors for asthma and poor asthma outcomes

4. BUILD CAPABILITY AND CAPACITY

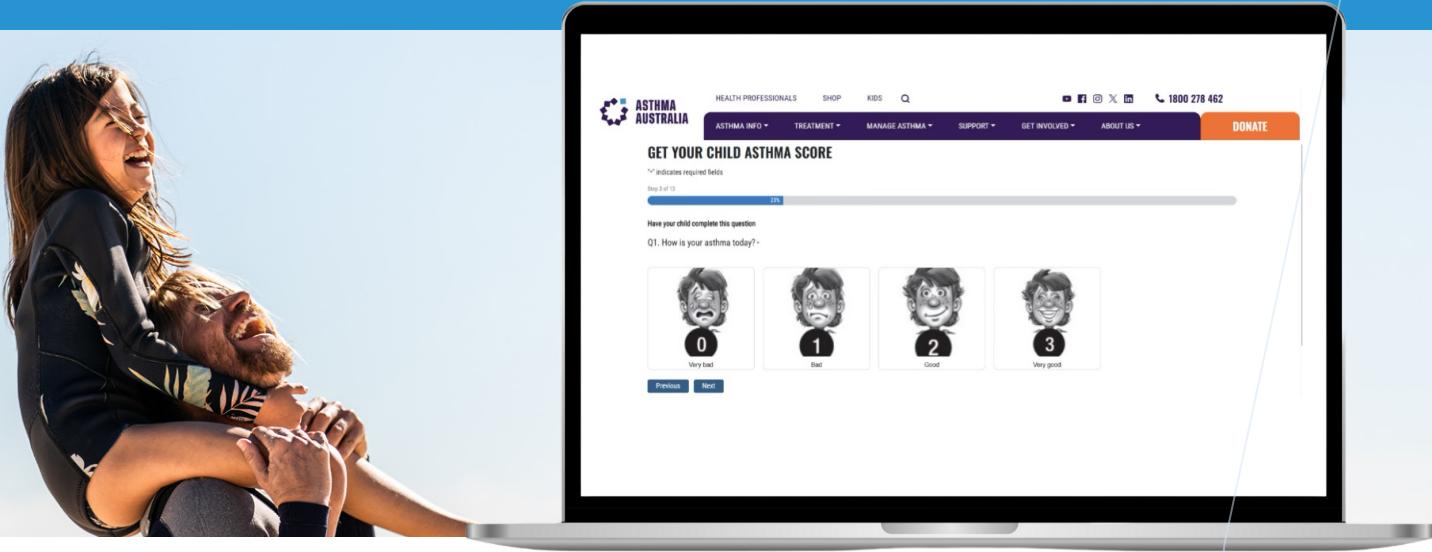
Align our people, culture, processes and technology to deliver our strategy

5. SUSTAIN AMBITIONS

Increase effectiveness of revenue generation and leverage our equity

1. OPTIMISE ENGAGEMENT

Scale up digital and data personalised engagement to improve asthma outcomes



EMPOWERING FAMILIES TO TAKE ACTION

During 2024–25, Asthma Australia strengthened its commitment to improving asthma outcomes for children and families with the launch of the [Childhood Asthma Control Test \(C-ACT\)](#) – a clinically validated tool designed to help children aged 4–11 and their families measure their asthma control. Knowing their child's asthma control score can help parents and carers monitor and manage asthma symptoms more effectively. The C-ACT forms part of our new [Kids Hub Microsite](#) which addresses key gaps in childhood asthma care, including delayed recognition of symptoms, limited tools for younger children, low confidence among parents and carers and inconsistent monitoring that can lead to preventable flare-ups.

Building on the established Asthma Control Questionnaire (ACQ) used for adults and older children, the C-ACT offers a tailored, easy-to-use solution for younger children by capturing perspectives from both the child and their parent or healthcare professional.

The seven-question tool automatically calculates a score to classify asthma control, supporting earlier intervention and more informed clinical decisions.

Asthma Australia secured the national licence to implement the C-ACT and integrated it across multiple service channels – including the new kids and parent carers section of the website, the 1800 ASTHMA phone service via Asthma Educators and clinical settings where families can complete the test with their healthcare provider. Results are instant, easy to share and linked to a personalised asthma journey that guides next steps in care.

By promoting regular use of the C-ACT, Asthma Australia is empowering families to recognise early warning signs, improve symptom awareness and build confidence in managing childhood asthma.

This initiative strongly aligns with our strategic pillar to **Optimise Engagement**, harnessing digital and data-driven solutions to improve asthma outcomes. It also supports **Partner with Communities to Act**, helping families take earlier, more informed action to keep children healthy.

ALETA'S STORY

LEARNING TO MANAGE MY SON'S ASTHMA

When Aleta's son was two and a half, she knew something wasn't right with his breathing. "He'd have these awful coughing fits that left him exhausted. We'd been to the doctor a few times but were told it was hard to diagnose at his age and that he might "grow out of it." I tried to reassure myself, but late at night, when he struggled to breathe, I couldn't shake the feeling something more was going on".

One night, while searching online for answers, Aleta found the Asthma Australia website.

I saw other parents sharing how a phone call with an Asthma Educator had helped them, so I decided to book one too.

"The first conversation lasted over an hour. The Asthma Educator listened as I described his symptoms and then they explained how asthma can look in young children, how medications work, and why puffer technique matters. She emailed follow-up resources, like how to clean the puffer properly, so I could revisit the information when things felt less overwhelming."

"I'd been using my son's medication for a month, even been back to hospital, but nothing had improved. My doctor had reassured me I was using it correctly but through Asthma Australia, I learned I wasn't. That changed everything. The Educator showed me how to use the medications properly, when to use them and how to manage those frightening night-time episodes. They answered questions I hadn't felt confident asking before."



Within weeks, the difference was remarkable. His coughing fits stopped and the blue puffer we'd relied on now sits unused.

"Our nights are quieter and I feel confident, not just as a mum, but as someone who understands what's happening and how to respond."

"Asthma Australia gave me something I didn't even realise I needed - clear, trusted guidance at the right time. That one phone call changed the course of my son's care and our lives, for the better."

**Aleta aged 38,
mother of child with asthma aged 3 years.**



Asthma is the leading cause of disease burden for children aged 1-14 years. ⁽¹⁾⁽²⁾

ASTHMA EDUCATORS AND 1800ASTHMA

Asthma Australia's Asthma Educators play an important role in empowering people with asthma. They provide non-judgmental support, reassurance and high quality education about asthma and asthma management. These highly trained Educators are available to give free, personalised support through the 1800ASTHMA information line.

70% of people who engaged with Asthma Australia said they had improved confidence to manage their asthma.



They would take action such as:

- seeking an asthma review with their doctor (37%)
- using a spacer (20%)
- regularly using their preventer (19%)
- and getting an Asthma Action Plan (15%).

3,125 people improved their ability to manage their asthma through our 1800ASTHMA phone service – a 3% increase on the year before.

- 75% were new people to our eco-system.

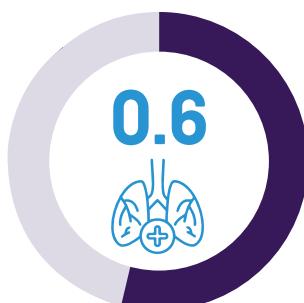


ASTHMA CONTROL SCORES

45% of all people who engaged with Asthma Australia had an improved Asthma Control Score at 3 months.



Analysis of the overall change in asthma control among adolescents and adults across sequential completions revealed an average improvement of 0.6 which is in excess of what's considered clinically significant.



What our 1800ASTHMA customers said:

I think I would have ended up in hospital without the Asthma Educator. I'm sure of that. I think it probably prevented it, because it's made me look at my symptoms and work out my triggers much easier.

I'm grateful the service was free, especially with the cost of living, but I feel like it is undervalued. I personally think there is no value you could put on what the Asthma Educator taught me in those six phone calls.

I had one phone call with an Asthma Educator at Asthma Australia and it was wonderful, she was amazing. They had a lot of knowledge, were really informative and able to prompt, guide and unpack a lot.

It's made heaps of difference and has been quite significant because my mindset has changed now, I know what to do. Previously, I thought I knew a lot, but I really didn't know much. The Asthma Educator explained things really well and it made a lot of sense...

SHEILA'S STORY

FINDING CONFIDENCE AFTER DIAGNOSIS



"I was diagnosed with asthma in the middle of this year and it came as a huge surprise. I was really scared and pretty upset, because I hadn't been terribly sick before."

Looking for answers, Sheila found Asthma Australia's website, completed the Asthma Control Test, watched webinars and then spoke with Asthma Educator Nicole. "It wasn't until I spoke to the Asthma Educators on the phone that I really understood the true context of my asthma."

Those conversations turned fear into confidence. "Before the phone calls I was feeling really panicky. In talking to Nicole, I thought, 'I'm not the only one. There is hope and the medication can work.'"

Understanding how her preventer worked gave her the tools to manage her asthma. "I kept looking at those notes and reading them. I began to think 'okay, I've got this, it's going to be okay.'"

Today, Sheila's asthma is well controlled and she feels prepared to respond to flare-ups. "Because of what Nicole had told me, I had the confidence to increase my preventer. And it was fine."

Sheila, 75 year old with asthma

PARTNERING WITH HEALTHCARE PROFESSIONALS TO IMPROVE ASTHMA CARE

In 2024–25, Asthma Australia strengthened how we work with healthcare professionals to improve asthma care for children and families. Through co-designed programs, strong networks and strategic collaborations, we've expanded our reach and laid the foundation for even greater impact in the years ahead.

A major achievement was the launch of [ASTHMAXCHANGE](#), a new digital hub that gives doctors, nurses, pharmacists and other health professionals easy access to trusted, evidence-based asthma information. We know that when healthcare professionals have clear, practical resources at their fingertips, families receive better, more consistent care. The hub includes tailored collections of resources, starting with paediatric asthma care, to help clinicians support children and young people with asthma.

To build knowledge and confidence in real-world settings, we also delivered two Paediatric Asthma Care Masterclasses focused on practical strategies and reducing over-reliance on quick-relief inhalers. Engagement was strong, over 600 healthcare professionals participated through live sessions or on-demand viewing.

The impact goes beyond attendance. More than 75% of participants of the Paediatric Asthma Care Masterclass said they intend to change the way they deliver asthma care. For example, by using Asthma Action Plans more consistently, starting preventer medications earlier and working with families to understand inhaler use. Clinicians also reported significant gains in their confidence to provide the best possible care for children with asthma.

An additional 1,700 HCPs have completed one or more modules of our sponsored [online medical education: "Asthma in Australia: Practical Solutions for challenges in primary care on ThinkGP"](#).

This work has a flow on effect. For every clinician who changes their practice, many children and families benefit from better support, earlier action and improved health outcomes.



This program plays a vital role in our ambition to halve preventable asthma hospitalisations by 2030 and aligns strongly with our strategic pillar to **Influence Systems Change** ensuring people with asthma receive consistent, high-quality care no matter where they live.

WE PARTNER WITH HEALTHCARE PROFESSIONALS TO CREATE CHANGE



Better understanding of asthma and its impact



Motivation to make changes



Taking action to support people with asthma



Better environments around people with asthma

Healthcare professionals (HCPs)

We work alongside healthcare professionals to listen, learn and co-design practical solutions that reflect the realities of asthma care

Through evidence-based programs, we strengthen workforce capability and make it easier for clinicians to deliver consistent, person-centred support

By fostering collaboration and innovation across the health system, we help create the conditions for meaningful, lasting change

We are driving toward our shared goal: halving preventable asthma hospitalisations by 2030 and improving the lives of people with asthma

6,401 HCPs engaged through digital engagement via our Asthma Link newsletter, webinar registration and sponsored articles

2,281 HCPs participated in our live or on-demand Masterclass webinars, or completed one or more online medical education modules

1,710 HCP learners committed to practice change

Estimated 17,000 children will receive improved person-centred asthma care through our educated HCPs, translating to reduced risk of asthma-related hospitalisation

The Paediatric Asthma Care Masterclass webinars provided healthcare professionals with evidence-based strategies for improving asthma management in children.

When asked specifically what they would change:

Practical engagement strategies webinar attendees reported intention to:

- Commit to the use of the Asthma Action Plan
 - Apply more person-centred techniques in a consultation with children and families
 - Reinforce the use of preventer medicines
 - Check device technique.

Masterclass webinar participants said they would:

Spend more time in taking a detailed history and understanding the culture and language barriers.

Addressing reliever over-reliance webinar attendees reported intention to:

- Engage with the patient and their family to understand patterns of SABA (Short-Acting Beta Agonists) use, and deliver education
- Initiate Inhaled Corticosteroid (ICS) and accompanying device technique earlier
- Use the Asthma Action Plan and engage in regular Asthma Reviews.

Ask for further information about the child's use of reliever & preventer as well as ask for a demonstration of the child's inhaler technique rather than taking responses at face value.

2. PARTNER WITH COMMUNITIES TO ACT

Reduce the impact of asthma in communities with high risk factors for asthma and poor asthma outcomes

SAFER SCHOOLS FOR CHILDREN WITH ASTHMA

Throughout 2024–25, we continued to deliver the Schools and Young People Project as part of the National Asthma Management Program, supporting schools to create safer environments for students with asthma. The program equips school communities with the knowledge, skills and tools to manage asthma confidently and promote self-management among young people.

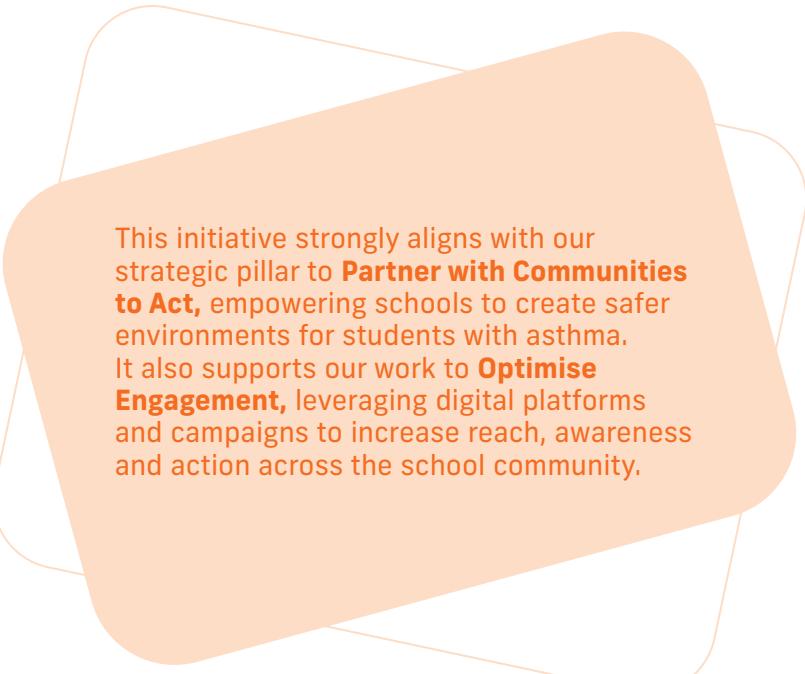
The program strengthens schools' ability to prevent and respond to asthma emergencies, ensuring children with asthma are safer and more supported at school. It builds staff confidence, improves readiness and response systems and helps students participate fully in school life without being limited by their condition.

The initiative includes:

- [Asthma Guidelines for Australian Schools](#): evidence-based recommendations to help students with asthma fully participate in school life.
- [Schools Asthma Health Check](#): an online risk assessment and readiness tool providing automated feedback and guidance.
- [Staff Training](#): free online asthma management and emergency response training for school staff.
- [Resource Package](#): posters, brochures and templates to support whole-of-school asthma management.
- [Back to School Campaign](#): a national awareness campaign focused on Action Plan renewals, readiness checks and early symptom prevention.

- [Kids Hub Microsite](#): a dedicated digital space providing youth-focused asthma education and practical tools for families.

When teachers were asked about changes they would make in their school post-training, the most common response was improved "readiness" – ensuring emergency kits are available, strengthening response protocols and enhancing staff communication.



This initiative strongly aligns with our strategic pillar to **Partner with Communities to Act**, empowering schools to create safer environments for students with asthma. It also supports our work to **Optimise Engagement**, leveraging digital platforms and campaigns to increase reach, awareness and action across the school community.



HIGHLIGHTS 2024-25

30,265

school staff trained nationally
(target of 20,000), 4,230 during
the Back to School campaign period

2,359

schools trained nationally (target of 2,000)

96%

of participants post-training felt
confident to manage an asthma attack
and recognised the signs and symptoms
of asthma (37% and 22% increase
respectively on their entry values)

94%

demonstrated knowledge of the asthma
first aid steps (33% increase on entry value)

87%

of participants scored 100% on their
Asthma Knowledge Questionnaire
after completing the training

15,104

Asthma Action Plan downloads

2,836

downloads of Asthma Guidelines
for Australian Schools

608

Schools Asthma Health Check
submissions, exceeding target
numbers of 200, with 67% achieving
a "high" rating against the criteria



Aligning with our strategic pillar to **Partner with Communities to Act**, this work is empowering communities to shape asthma care that reflects their needs and culture and supports our work to **Optimise Engagement** by embedding education and resources in everyday community settings to increase reach, awareness and sustained action.

A collaborative project at Bookooyanna introduced art as a mechanism for healing and prioritising wellbeing and asthma care. The artwork is now the centrepiece of community engagement activity and speaks with the community's own voice.

PARTNERING WITH COMMUNITIES TO STRENGTHEN FIRST NATIONS CARE

Asthma Australia is responding to persistent inequities in asthma outcomes and access to culturally safe care for First Nations communities across the Yorke Peninsula, South Australia, where higher asthma rates, limited trusted services and barriers to consistent management contribute to poorer health outcomes.

We are working in close partnership with the Health Centre and local primary school in Bookooyanna (Point Pearce, Yorke Peninsula, South Australia), to trial new models of care grounded in listening, trust-building and progressing at the community's pace, to codesign an asthma management approach that reflects local priorities. At its heart is a collaborative art project that fosters healing, connection and shared storytelling.

We have strengthened relationships, trained Aboriginal Health Workers, provided practical

asthma resources and created opportunities for the community to shape their own care.

Through culturally safe engagement we have achieved:

- 100% adoption of Asthma Action Plans,
- distributed more than 320 spacers,
- embedded asthma education in community settings,
- reached 240 participants through Nunga Lunches,
- engaged 65 community members in the art project and
- provided an Asthma Emergency Kit and staff training to the primary school.

The approach is now reaching beyond Bookooyanna, with increasing engagement by First Nations Communities across the Peninsula. With support from the Cybec Foundation, this community-led model will continue to grow - strengthening access, participation and health outcomes for First Nations Peoples.

KATIE'S STORY

BUILDING ASTHMA SMART COMMUNITIES

Katie has been collaborating with Asthma Australia's Community Connector Kerry at the local primary school in the Yorke Peninsula.

"Kerry came for a full day of asthma education sessions with all our classes. My son also has asthma, and Kerry has been fantastic with us, just checking in and offering resources and equipment, like spacers, if we require them."

"When Kerry came out to the school and did the education sessions, she used some fantastic props to demonstrate what the inside and outside of the airways can look like. These showed the airways before and after using a preventer and why it is so important to use them. We had a couple of children who were previously resistant to using a preventer, but once they understood why it mattered, it became easier for parents to support them."

It was also important for children to understand that if they take their medication, they can be unstoppable.

As a result of the project there is increased awareness within the community of how common asthma is and an increased understanding of the many ways it can present. This greater awareness has helped reduce stigma and build a more informed, supportive community.

"Kerry has also worked across the community and families to make sure the messaging about asthma management is consistent. Some community members have been entirely reliant on their reliever, and Kerry has also been able to explain really clearly the importance of trigger management and preventers."

The awareness of asthma and support for families has definitely increased and that's been a really positive shift.

Katie, parent of a child with asthma who works at the local school



474 Australians died from asthma in 2023. Mortality rates are higher for people living in outer regional areas ⁽⁷⁾.

474
474

TARGETING ASTHMA HOTSPOTS

Research released in September 2024 by the University of New South Wales has identified childhood asthma hotspots across Australia. The study found that these hotspots are predominantly located in regional and rural communities, where socioeconomic disadvantage is greater and there are higher proportions of Aboriginal and Torres Strait Islander peoples.

Based on 2021 Census data, the study analysed asthma prevalence among 4,621,716 children aged 0–14 years, covering 2,321 Statistical Area Level 2s (SA2s) nationwide. The findings revealed an overall childhood asthma prevalence of 6.27%. An SA2 is a medium-sized geographical area defined by the Australian Bureau of Statistics, typically representing a suburb or local catchment area.

Using 2021 Census data provided by UNSW researchers, Asthma Australia identified 23 high prevalence areas. Within these areas there are clusters of neighbouring suburbs where childhood asthma rates exceed the national average.

This evidence now informs strategic service planning and underpins policy and advocacy to the Australian Government, strengthening the case for targeted investment and system-level reform in areas of greatest need.



23 ASTHMA CLUSTER AREAS

NSW:	Central Coast, Hunter Valley, Newcastle/Lake Macquarie, Port Macquarie, Riverina, Central West
Victoria:	Shepparton, Ballarat, Bendigo, Geelong, Hume
Queensland:	Ipswich, Logan/Beaudesert, Moreton Bay, Maryborough
Tasmania:	North West, North, South
South Australia:	Barossa/Yorke/Mid North, Adelaide North, Adelaide South
ACT:	Belconnen, Tuggeranong



CO-DESIGNING WITH COMMUNITIES

Asthma can be effectively managed in primary care and the community, with most hospitalisations being preventable. Empowering people and communities to manage asthma strengthens self-care, reduces health system burden and helps individuals stay healthy and independent.

Which is why Asthma Australia is partnering with local organisations, including Country SA Primary Health Network, Connected Beginnings and Healthy Cities Australia, to co-design and pilot tailored asthma models of care in communities such as Point Pearce (South Australia), Burnie, Launceston and Bridgewater (Tasmania) and Wollongong (New South Wales).

Targeted campaigns are also reaching priority populations, including Arabic-speaking children in Western Sydney, migrant communities in Canberra and people with asthma and mental health conditions in Tasmania.

We are also co-designing culturally informed models of care with First Nations communities in South Australia and Tasmania that aim to support future national implementation.

These place-based, partnership approaches strengthen health equity and ensures communities with the greatest burden can access care tailored to their local needs.

Breathing better in the Gong

The Breathe Better in the Gong Project, delivered by Healthy Cities Australia and funded by the Pearl Sheppard Foundation, is addressing the high burden of asthma and low health literacy in communities like Bellambi, where families often lack practical support to manage asthma effectively.

In April, the "Give Me Space!" holiday workshop for families living with asthma was held at two sites in the Wollongong Local Government Area. The half-day workshop combined education and consultation sessions for parents, led by Asthma Educators from the Illawarra Shoalhaven Local Health District, with interactive circus skills activities for children, facilitated by Milk Crate Circus.

This dual-stream approach created an engaging and accessible way for families to build knowledge, skills and confidence in managing asthma, supporting stronger self-management and reducing preventable hospital visits.

"Would love to see more workshops like this for others to benefit. Would love to see GPs give a demonstration on how to use a spacer for others."

- Parent of a child with asthma



"I actually learnt so much about asthma I didn't know before and am really glad I came."

- Parent of a child with asthma

3. INFLUENCE SYSTEMS CHANGE

Address systemic issues affecting asthma outcomes by influencing priority policies, systems and service deliver, enabling healthcare and contributing to translation of research discoveries



Motivation to make changes



Taking action to support people with asthma



Better environments around people with asthma



23

We made 23 submissions to government consultations and parliamentary inquiries



7,323

people follow us on LinkedIn and X/Twitter (104,939 impressions)



1,800

media articles or mentions:



167

on pollen



138

on thunderstorm asthma



137

on Asthma Action Plans



108

60-Day Prescriptions



98

on Back to School Asthma

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.

Key policy submissions and advocacy campaigns include:

- Cheaper medicines: Lower PBS co-payments
- OCS requirement removed for the prescription of mAbs for severe asthma
- OCS stewardship education and practice change program reached 7.1 m people
- Ongoing lobbying for no new gas connections, woodfire heater phase out
- Submission to the Parliament Senate Select Committee on Cost of Living
- 9 submissions on impacts of climate change on people with Asthma
- TGA submission re vaping
- Supported Government campaign for 60-day prescribing - 2 inhalers for the price of 1

National Sustainable Asthma Care Roadmap

In September 2024, Asthma Australia, in partnership with the Institute for Health Transformation at Deakin University, launched the [National Sustainable Asthma Care Roundtable Report](#), recommended by the then Assistant Minister for Health, Hon. Ged Kearney. The report outlines eight priority goals designed to drive asthma-related greenhouse gas emissions towards zero.

These goals now guide the work of an implementation committee co-led by Asthma Australia and Deakin University, alongside the National Health Climate and Sustainability Unit within the Federal Department of Health. Together, this group is leading a sector-wide collaboration to develop and deliver an implementation plan.

The initiative has been strongly endorsed across the sector, including at the TSANZ Conference 2025 in Adelaide and has been featured by Croakey Health Media and by the RACGP. We also acknowledge the leadership of pharmaceutical partners AstraZeneca, Chiesi and GSK, who are investing in low-emission inhaler technologies expected to reach Australian patients within the next two to three years.

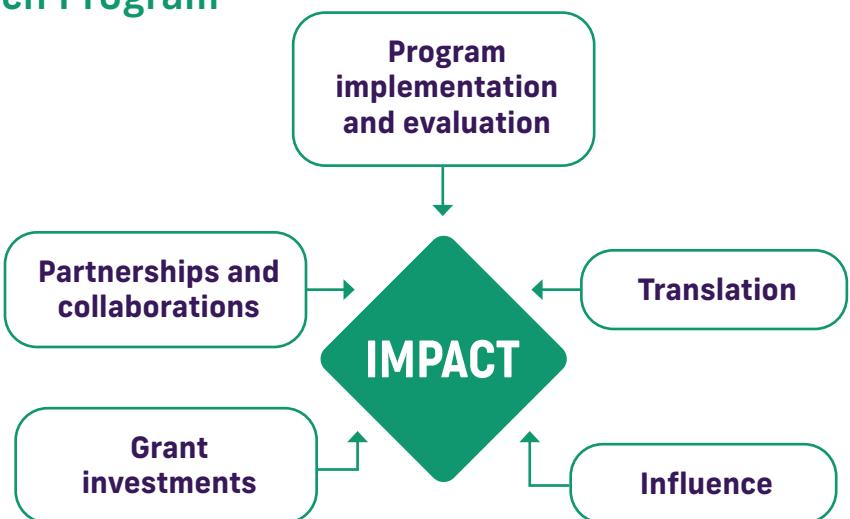
WE WILL INVEST IN PROGRESSIVE RESEARCH APPROACHES TO DISCOVER, TRANSLATE AND IMPLEMENT REAL SOLUTIONS WITH PEOPLE WITH ASTHMA, THEIR LOVED ONES AND THE COMMUNITY.

National Asthma Research Program

Asthma Australia's National Asthma Research Program (NARP) is the only dedicated asthma research program in Australia.

This program has seeded the careers of many high profile, internationally renowned researchers, and led to discoveries that have changed practice and policy for the better.

Our National Asthma Research Program strategy sets out our key priorities for 2023-2028 and outlines the innovative approaches we will take to deliver meaningful impact for people with asthma.



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





Better asthma outcomes



Better environments around people with asthma



\$1.5m

We are funding 11 research projects through the National Asthma Research Program, with over \$1.5m invested



\$56.8m

We are a voice for people with asthma through involvement in 17 priority research partnerships worth \$56.8m



CURE

We are leading an Australian-wide research collaboration to [CURE Asthma](#)



x6

Through our National Asthma Research Program, we are funding six research projects to develop or test new models of care or treatments for people with asthma to help them stay out of hospital

Advancing research and innovation

Asthma Australia is investing in research that brings us closer to a world where asthma no longer holds people back. In partnership with the University of Melbourne, we've made strong progress on our mission to CURE Asthma, including presentation at the TSANZ conference in Adelaide.

This year also marked a breakthrough for culturally inclusive care with the completion of the Bicultural Health Worker Model of Care Project in Western Suburbs Melbourne, supported by the Ray O'Donnell Belgrave Lions Asthma Research Fund. Designed to better support people from culturally and linguistically diverse communities, this project improved knowledge, confidence and asthma control, helping people stay well in and out of hospital. Western Health is now working to embed this model across its hospital network so more people can benefit.

On a national scale, the government announced a further \$20 million in funding for new respiratory research, bringing the total investment since 2019 to \$110 million. This funding will accelerate innovative solutions, delivering practical solutions for those who need them most and ensuring lasting impact in everyday lives.

REDUCING HOSPITALISATIONS THROUGH VIRTUAL ASTHMA CARE

Dr Ryan Mackle, University of New South Wales (UNSW), Sydney Children's Hospital 2025 recipient of an Asthma Australia PhD Scholarship

Asthma Australia is proud to support the next generation of asthma clinicians and researchers driving innovation in care.

Recent Australian research has shown that hospital re-presentations for asthma among children are rising, with one in three children returning to hospital within 12 months, up from one in five in 2015.

A review of national and international evidence found that comprehensive post-discharge models of care have the potential to prevent up to 80% of these re-presentations.

Dr Ryan Mackle, who is supported by a PhD scholarship from Asthma Australia, and his team at UNSW and the Sydney Children's Hospitals Network have been putting this evidence into action through a virtual asthma care program for children and families following two emergency department visits or one hospital admission.

The program includes:

- Coordinated care and follow-up support
- A secure web-based portal to log asthma symptoms and data
- Data integration with healthcare providers
- Virtual home visits
- Self-management education and resources

The study demonstrated significant reductions in healthcare use in the six months following enrolment, including 81% fewer emergency visits, 89% fewer hospital admissions and 41% fewer GP visits per participant.

"This Asthma Australia Scholarship gives me the invaluable opportunity to embark on research early in my paediatric respiratory career. I hope that through this PhD I can continue to make an ongoing impact in the care and management of childhood asthma."

– Dr Ryan Mackle



Dr Ryan Mackle, Sydney Children's Hospital

Dr Ryan Mackle is currently a paediatric trainee at the Sydney Children's Hospital in Randwick and a member of the Royal Australasian College of Physicians (RACP).

He has extensive experience in childhood asthma management and paediatric respiratory medicine both in Australia and the UK.

Ryan is an advocate for improving the health and wellbeing of children.

He started his PhD at the University of New South Wales in 2022.

This research strengthens the evidence for virtual models of asthma care, supporting Asthma Australia's goal of halving potentially preventable hospitalisations by 2030. It aligns with our strategic pillars, **Building Capability and Capacity, Influence Systems Change**, while bringing care closer to families' everyday lives through **Partner with Communities to Act**.

GROUNDBREAKING HOME MONITORING RESEARCH OFFERS NEW HOPE FOR CHILDREN WITH ASTHMA

A world-first Australian study has shown that daily home monitoring of lung function could predict asthma attacks before symptoms appear. This is a breakthrough with the potential to transform care for children with asthma.

Funded by Asthma Australia and led by Professor Paul Robinson at the University of Queensland, the research provides early proof that oscillometry, a simple at-home test, can identify airway changes days before a child becomes unwell.

Asthma continues to be the number one health burden for Australian children. Too many kids end up in hospital, and too many families live with that constant fear of the next attack - Asthma Australia CEO Kate Miranda said.

The study followed 55 children over 3–4 months, including 42 with asthma, who performed daily tests using a portable oscillometry device. By measuring subtle tightening, swelling or resistance in the airways, the device provided a real-time window into the lungs without the need for the forceful breathing required in traditional spirometry.

Professor Paul Robinson explains:
Oscillometry lets us detect airway changes before a child starts coughing or wheezing. It gives clinicians a chance to intervene early, adjust treatment, and potentially prevent an attack altogether.

For families in regional and rural Australia, where hospital care is harder to reach, this technology could be lifesaving. Early detection is vital because asthma's unpredictable course in children leads to high hospitalisation rates, impacting over 13,500 young people annually.



"This research takes the guesswork out of a disease parents can't see," Ms Miranda said. "If we can detect worsening asthma before a child feels it, we can keep them out of hospital and help them live fuller, safer lives."

A larger trial involving 200 children is now in planning, aiming to measure how many asthma attacks can be prevented.

"This is the power of targeted investment. Asthma Australia is proud to back research that brings us one step closer to healthier futures for every child with asthma."
Kate Miranda, CEO, Asthma Australia.

4. BUILD CAPABILITY AND CAPACITY

Align our people, culture, processes and technology to deliver our strategy



STRENGTHENING OUR ORGANISATION TO DELIVER ON OUR STRATEGIC PLAN

In FY25, Asthma Australia strengthened our organisational foundations to ensure we are equipped to deliver our strategy and achieve lasting impact for people with asthma. Over the year, we embedded new structures, systems and capabilities that position us for high performance, accountability and sustainable growth.

We aligned our organisational structure to the Strategic Plan, ensuring teams were configured to deliver our national impact goals from reducing preventable hospitalisations to improving equity of care. This included clarifying roles, strengthening leadership capability and building the capacity needed for future growth.

We established two new executive roles – Director of Public Affairs and Policy, and Director of Development to strengthen our influence, expand our partnerships, elevate the voice of lived experience, grow our profile and drive sustainable growth.

We delivered on the goals outlined in our Innovate Reconciliation Action Plan and continue to embed equity, cultural safety and partnership with Aboriginal and Torres Strait Islander peoples across our work.

We strengthened our governance and risk frameworks, ensuring compliance, transparency and long-term organisational sustainability. This included regular monitoring of risk controls, policy updates, and Board and committee oversight to uphold best-practice governance.

We continued to build a positive, inclusive and high-performing culture, grounded in our values and commitment to equity. This focus has strengthened engagement, wellbeing and collaboration across the organisation.

Finally, we made significant progress in building and maintaining fit-for-purpose systems, data platforms and infrastructure enabling us to scale digital services, improve data-driven decisions, and support innovation that enhances the lives of people with asthma.

Together, these achievements provide a strong organisational platform for Asthma Australia to deliver greater impact, accelerate change, and move closer to a future where every Australian with asthma can breathe easier.

GOVERNANCE STRUCTURE

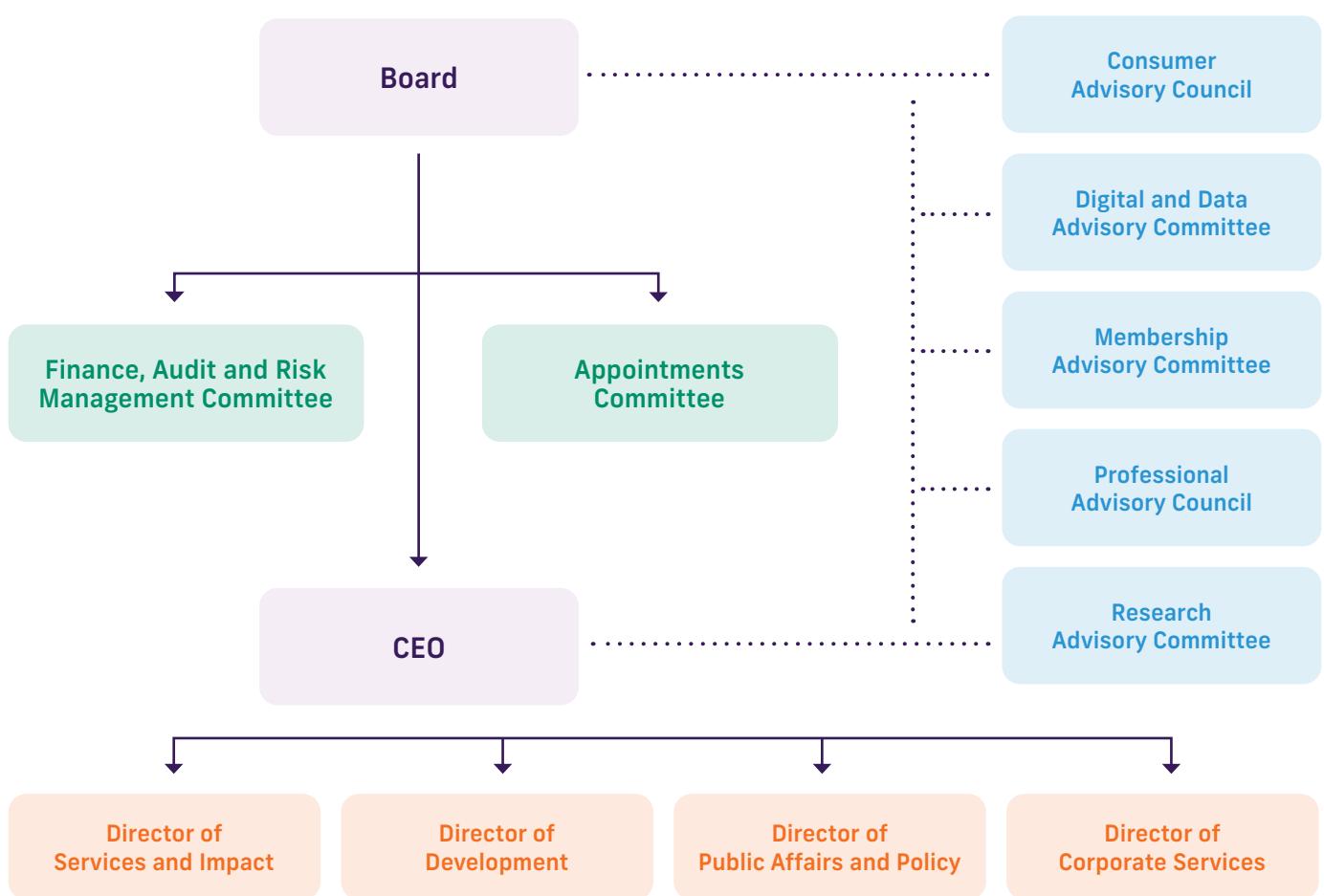
AT ASTHMA AUSTRALIA WE ARE SURROUNDED BY PROFESSIONALS AND PEOPLE WITH LIVED EXPERIENCE TO ADVISE, INFORM AND SUPPORT OUR WORK.

Categories

Advisory Groups

Sub-committees

Executive Leadership



SPECIALIST ADVISORS DRIVING EVIDENCE, INNOVATION AND IMPACT

Asthma Australia is guided by expert councils and committees whose combined clinical, scientific, digital and lived-experience expertise strengthens every part of our work. Together, they form a powerful advisory network that enhances our influence, credibility and national leadership in asthma care.



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



Digital and Data Advisory Committee (DDAC)

The DDAC provides advice, information and guidance to Asthma Australia's Board and Executive in relation to the digital and data landscape in Australia.

Chairperson: Dr Louise Schaper



Membership Advisory Committee (MAC)

The MAC will provide the Board with recommendations for implementation of a member engagement and support strategy that will build and sustain future stewardship and leadership of Asthma Australia.

Chairperson: Simone Carton



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: Prof. Lisa Wood*

5. SUSTAIN AMBITIONS

Increase effectiveness of revenue generation and leverage our equity

TREASURER'S REPORT

Kristen Raison

2025 saw a year of change and transformation at Asthma Australia.

I acknowledge the expert leadership of Doris Whitmore as she graciously stepped into the Interim CEO role to ensure continuity whilst we recruited Kate Miranda as CEO. Since Kate's commencement, we have seen the shift in gears at Asthma Australia and the transformation of the organisation into the streamlined, focused team we have today.

For the past few years, the Board have been focusing on ensuring long-term financial sustainability. This 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.

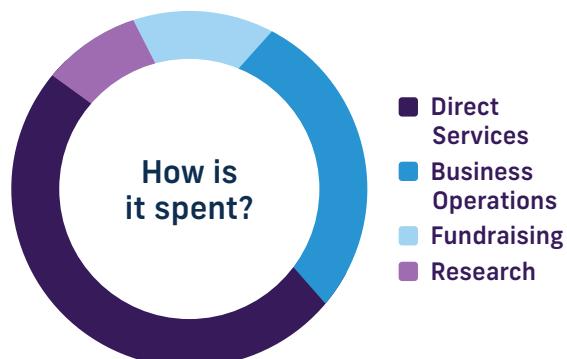
In recent years Asthma Australia has been able to record a surplus due to the sale of a building, or the growth of the investment portfolio. We are fortunate to have benefited from these, but they are not an ongoing operational revenue stream from which we can deliver on our strategy.

To that end, in 2025 the Board initiated an organisational review, bringing in an independent consultant to review the operating model of the business and redesign it to work within the operating revenue available. While the decision to restructure the organisation has been difficult, it was necessary to reshape the way Asthma Australia will be able to support people with asthma now and in the future.

The 2025 financial year saw a deficit of \$1,246,131. Revenue growth has not been sufficient to keep up with operating expenses. The transformation of the organisation was the first step towards our future by ensuring that we can operate in a sustainable way.



FINANCIAL SUMMARY



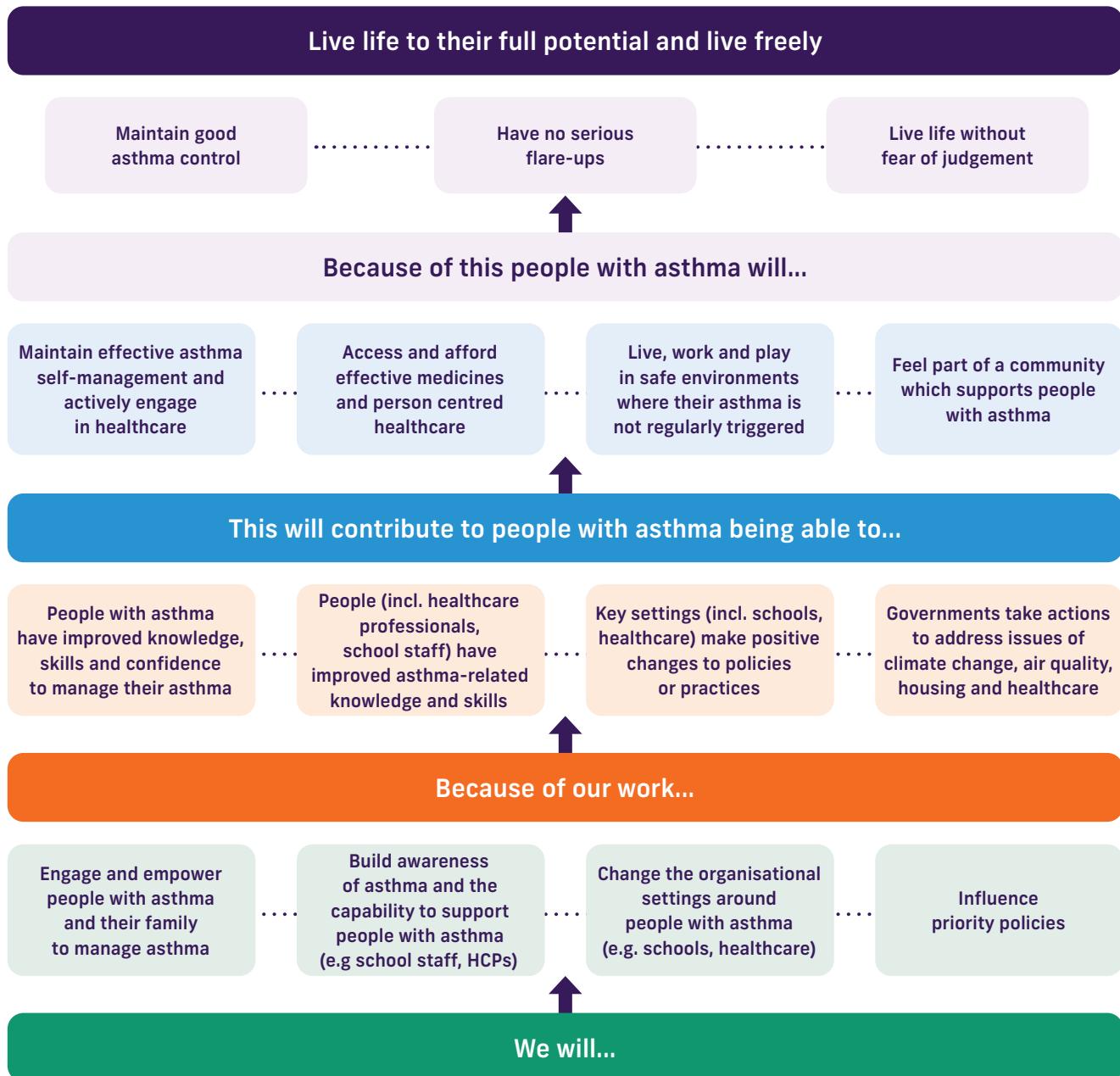
UNDERSTANDING AND MEASURING OUR IMPACT

The Theory of Change and Outcomes Framework are central to Asthma Australia's strategy to improve the lives of people with asthma. These tools provide a clear, evidence-informed pathway linking targeted actions to measurable outcomes, ensuring coordinated and sustainable impact.

THEORY OF CHANGE

The theory of change outlines how real improvements in asthma outcomes can be achieved through targeted, system-level action. It recognises that sustainable change depends on more than individual self-management, it requires equitable access to affordable care, healthy environments and strong community support. This approach strengthens accountability, guides investment and drives coordinated action across sectors.

OUR THEORY OF CHANGE



OUTCOMES FRAMEWORK

Our outcomes framework focuses on understanding, motivation and action within supportive environments. It empowers individuals to better manage their asthma, reduces flare-ups and hospitalisations and enhances quality of life. It also provides a structure to align programs, demonstrate impact and advocate for investment and policy reform, ensuring people with asthma are supported to live well and reach their full potential.

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

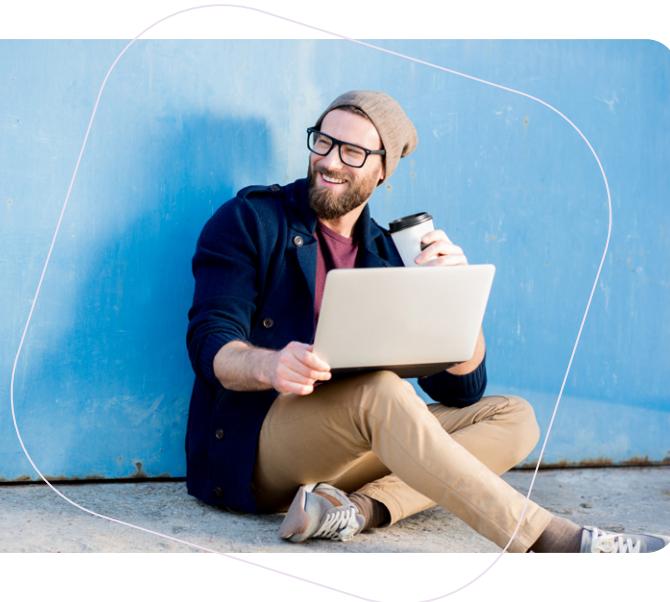


People with asthma live life to their full potential

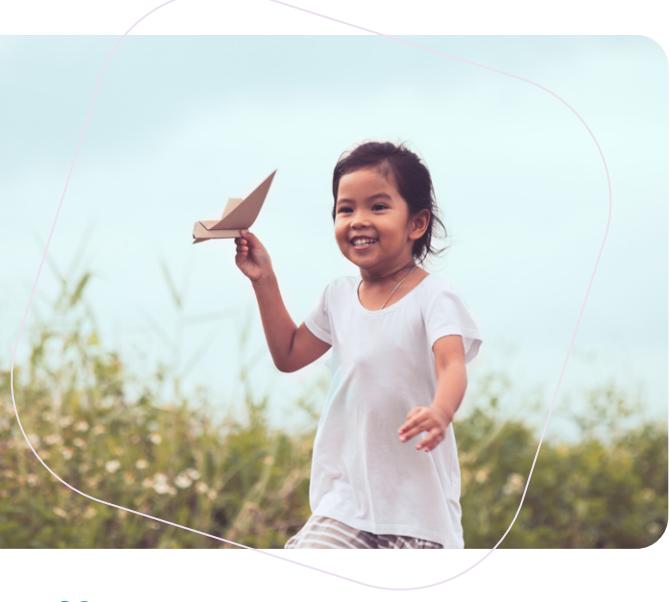
THANK YOU

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

Asthma Australia sincerely thanks all our supporters, partners and volunteers whose generosity and commitment underpin our work. Your contributions enable Asthma Australia to deliver meaningful impact, drive innovation, and support communities across the nation. 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, we have been able to invest in research to find solutions to reduce the impact of asthma.



Because of you, people living with asthma have been able to access the support, information and care they need.



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

IN MEMORY OF MITCHELL: TURNING HEARTBREAK INTO HOPE

Mitchell passed away from an unexpected asthma attack in November 2024, aged 22.

Mitchell was a vibrant, fun-loving young man - the life of the party, loyal to his mates and deeply devoted to his family. He loved off-road adventures in his beloved Nissan Patrol, gaming with friends, and making his niece laugh with silly dances and movie nights.

Asthma had been part of his life since childhood, with some frightening hospital visits, but as an adult it seemed under control. That's why the sudden attack one evening was so shocking. Walking home with his best mate Kayne, Mitchell began coughing and said, "I can't breathe." Despite using his puffer, his condition worsened rapidly. By the time help arrived, it was too late.

In his memory, his mother Kelly created an online tribute page to raise funds and awareness of the seriousness of asthma.



OUR COMMUNITY FUNDRAISERS EACH RAISED OVER \$1,000

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
- Robo's Group
- Upper Murray Horseman's Association
- Kane Oats
- Kelly Tinworth
- Julie Smith
- Lisa Skinner
- Heidi Ramaker

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

Trust and Foundations

- Perpetual
- M.A & V.L Perry Foundation
- Fay Fuller Foundation
- Cybec Foundation
- James N Kirby Foundation
- Civic Insurance Brokers
- Rigg Memorial Trust
- Australian Philanthropy Services
- Equity Trustees
- 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
- Lord Mayor's Charitable Fund
- The Howard and Lorrie Lucas Foundation
- The Bowles Charitable Foundation

Major Donors

- Henry Foster
- Jim Tait
- Matthew Hayes Memorial Trust
- Sally and David Rickards
 - In memory of Estelle Grace Rickards who was a lifelong volunteer for Asthma Foundation NSW
- Stephen Brew
- Yvonne Barton

Trusts and Bequests

- Estate of the Late Edward Bernard Fair
- Barrie & John McDevitt & Cartwright
- Estate of the Late Pamela May Hughes
- Estate of the Late Rosalind Maybanke Strong
- Estate of the Late Jack Jacobs
- Estate of the Late Lindsay James Baldy
- Estate of the Late Ellen Matthews
- Estate of the Late Alberta Helena Lederman
- Estate of the Late Geoffrey John Bidwell
- Estate of the Late Frank Alfred James
- Estate of the Late Maureen Jean Rattray-Smith
- Estate of the Late Beulah Betty Pontin
- Estate of the Late Rodney Gummow
- Estate of the Late Nancy Lau
- Estate of the Late Catherine Ann Walsh
- Estate of the late Julie Ann Kendrick

- Estate of the Late Michael Marinus Reinders
- Joe White Bequest
- Queensland Community Foundation (Mervyn Rodgers Fund)
- The Hart Family Perpetual Trust (Evelyn Ramson)
- The Thomas and Vera Condie Trust

We would like to thank and acknowledge our:

Corporate, Program, Government and State Funding Partners

- ACT Government (ACT Health Directorate)
- Aimwell Breathing
- AstraZeneca
- Australian Government (Department of Health and Aged Care)
- Bird Healthcare
- BMedical
- Chiesi Australia
- Country SA Primary Health Network
- GSK
- Livingstone International Foundation
- MedAdvisor Solutions
- My Amigo
- New South Wales Government (NSW Ministry of Health)
- Orion Pharma
- Queensland Government (Queensland Health)
- Rentokil Initial
- Sanofi
- Tasmanian Government (Department of Health)
- White Magic

Research Program Strategic Partners

- Canberra University
 - Healthy Environments and Livelihoods
- University of Newcastle - Centre for Research Excellence in Asthma Treatable Traits
- University of Melbourne
 - Tasmanian Longitudinal Health Study
- University of Melbourne
 - Creating A Risk Assessment Tool to prevent Seasonal allergic and Thunderstorm Asthma
- University of Melbourne - CURE Asthma
- 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
 - Sustainable Asthma Care Roadmap
- Macquarie University - National paediatric applied research translation initiative

- Monash University - Non-drug treatable trait approaches for high risk chronic respiratory disease
- Queensland University of Technology (QUT) - AusEnHealth: managing place-based health in the context of our environment
- University of Tasmania - Centre of Research Excellence in Safe Air
- The 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 Sydney - Young people and chronicity: Growing up well in precarious times
- 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 Newcastle - Treatable Traits to reduce OCS exposure in asthma
- University of Newcastle - The role of medical nutrition therapy in asthma
- South Australia Medical Research Institute (SAMRI) - Asthma AI+ Digital AI powered self-management support for young people with asthma
- University of Adelaide - Reducing Steroid and Antibiotic Use in Rhinosinusitis and Asthma with Precision Medicine

Business and Community Partners

- ACT Council of Social Service (ACTCOSS)
- Asthma Foundation NT
- Australian Council of Social Service (ACOSS)
- Better Renting
- Brighton Council Tasmania
- Brisbane North Primary Health Network
- Cancer Council
- Capital Health Network – ACT Primary Health Network
- Centre for Safe Air
- Central Highlands Council
- Change for Health Tasmania
- 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 Education Tasmania
- Doctors for the Environment
- George Town Council Tasmania
- Global Cooksafe Coalition
- Granville East Public School
- Health Care Consumers Association ACT
- Health Consumers Tasmania
- Healthy Cities Illawarra
- Healthy Environments and Lives (HEAL) Network
- Healthy Futures
- Healthy Homes for Healthy Renters
- Healthy Schools Network ACT
- Huonville Council
- IPN Tasmania
- Karadi
- 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 West Regional Hospital 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
- Priceline Pharmacy Bridgewater Tasmania
- Primary Health Tasmania – Tasmanian Primary Health Network
- 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
- St Lukes
- State Schools Nursing Service - Department of Education Queensland
- Tasman Council
- Tasmanian Aboriginal Centre
- 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)
- Wellness My Way - Queensland Government
- Women's Centre for Health Matters ACT
- Woolcock Institute of Medical Research



Lung Health Alliance members L to R: [Kate Miranda, CEO, Asthma Australia](#); [Dr Jo Armstrong, CEO, Cystic Fibrosis Australia](#); [Vincent So, CEO, TSANZ](#); [Rhonda Cleveland, CEO, National Asthma Council](#); [Mark Brooke, CEO, Lung Foundation Australia](#).

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

Lung Learning Partnership

We are proud of the collaborative work of the Lung Learning Partnership - a consortium of Asthma Australia, the Lung Foundation and The Thoracic Society of Australia and New Zealand - 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.

REFERENCES

1. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2023. [Online] 2023. [Cited: 5 Jan 2024.] www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023.
2. Principal diagnosis data cubes. Separation statistics by principle diagnosis, Australia 2023-24. [Online] 2025. [Cited: 9 July 2025.] <https://www.aihw.gov.au/reports/hospitals/principal-diagnosis-data-cubes/contents/summary>.
3. Admitted patients: Australian hospital statistics, 2023-24. Data Download Chapter 8, Table S8.2. [Online] 2025. [Cited: 9 July 2025.] <https://www.aihw.gov.au/hospitals/latest-updates-and-downloads/data>.
4. Chronic respiratory conditions: National asthma indicators. [Online] 27 Nov 2024. [Cited: 5 Jan 2024.] <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma-indicators>.
5. Chronic Respiratory Conditions: Asthma. [Online] 2024. [Cited: 5 Jan 2024.] <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma#prevalence>.
6. Australian Bureau of Statistics. Asthma. [Online] 15 Dec 2023. [Cited: 5 Jan 2024.] <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/asthma/2022>.
7. Causes of Death, Australia. [Online] 2024. [Cited: 1 Nov 2024.] <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>.
8. Social deprivation and spatial clustering of childhood asthma in Australia. Khan, J.R., Lingam, R., Owens, L. et al. 22, s.l. : glob health res policy, 2024, Vol. 9.





HEAD OFFICE

Level 13 Tower B
799 Pacific Highway
Chatswood NSW 2067

P: 02 9906 3233

F: 02 9906 4493

ABN: 91 609 156 630

info@asthma.org.au

1800 ASTHMA
(1800 278 462)

asthma.org.au