

ANNUAL REPORT 2018-19



**ASTHMA
AUSTRALIA**

OUR PURPOSE

To help people to breathe so they can live freely.

We help people to live their life. To breathe easy. And not just to live, but to have a full and empowered life, striving for goals and achieving them. A life without limits.

When you're a young person with asthma, or you have a child with asthma– we're here.

When you have asthma and you exercise, or you're having a baby– we're here. When you need to learn about triggers, prevention, or relievers – we're here.

And with one in every nine Australians directly impacted by asthma, our work is critical to the health of all Australians. It is among the top 20 reasons people present to hospital emergency departments. More than 400 people die every year. It costs our health system more than \$1 billion annually.

Asthma matters to all of us. Asthma Australia is here for you and your family when you need us.

OUR VALUES

We know what works. We define what's next.
We empathise. We empower.
We're constant, reliable and resilient. We're dynamic and evolving.
We're caring. We're courageous.
We do serious work. We don't take ourselves too seriously.

OUR VISION

A community free of asthma.

At Asthma Australia we are committed to halving the number of avoidable asthma hospitalisations by 2030. Currently out of the 40,000 hospitalisations, 80% are avoidable. Our target is to reduce the avoidable asthma hospitalisation down to 16,000 by 2030.

We want everyone in the community to understand asthma so they can help if they are in an emergency situation.

We want to challenge the way we do things now, to keep improving asthma prevention and treatment outcomes for people with asthma.

We will challenge and we will we will bring our imagination to creating a better tomorrow.

At Asthma Australia, we help people to breathe. And you can help, too.

Find out more about asthma [here](#).
Find out more about prevention and treatment [here](#). Help us help the community and donate [here](#).

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CHIEF EXECUTIVE OFFICER'S REPORT

OUR SECOND YEAR OF OPERATION HAS BEEN AN EVEN BUSIER ONE THAN THE FIRST, IF THAT IS POSSIBLE!

The team have been hard at work to build a solid foundation for the future – with a clear focus and direction, engaged and competent people, and plans which are well informed but leave room for creativity and pushing the boundaries. Which we need to do, because asthma still places too large a burden on Australians.

Highlights

Of note was the formation of our inaugural **Consumer Advisory Council** given our strong focus on person centred care. Having gone through a rigorous application project, our Councillors – all people with asthma and caring for children with asthma, have met bi-monthly, been available for consultation, and played an invaluable role in informing and shaping key initiatives across all areas of our work.

Our **Professional Advisory Council** also formed during the year. We are privileged to have members from across primary and tertiary care, respiratory research, health policy, health economics, behavioural psychology and social marketing.

With access to the advice of this incredible group of people with lived experience, and leading professionals in their respective areas of expertise, along with the wisdom, direction and support of our board, we are well set to achieve our purpose to help Australians breathe so they can live freely.

We conducted an insightful yet sobering **qualitative research** project to better understand the experience of those living with the chronic disease today, and where we should be focusing our attention to more effectively meet their needs.

People urged us to be a champion for them, to drive new approaches in health policy and practice so they can access the right treatments, in the right place, at the right time - whenever and wherever they most need it.

We have evolved our **strategic plan** (page 7)

accordingly. We have set ourselves the bold goal to **halve avoidable hospital presentations by 2030**. Whilst bold it is not without precedent. Finland halved asthma hospitalisations and deaths over a decade with a coordinated and systemic approach. We know we all need to work together towards this goal - health professionals, governments, researchers, industry, schools and others, with the person with asthma at the centre, guiding us and shaping all we do.

A number of innovative pilots were initiated to explore new approaches:

- Placed based community project with migrant communities in South Brisbane tackling the social determinants of health
- System mapping of chronic disease in Adelaide
- Applying human centred design thinking to the issue of medication affordability

We continued to extend support to more people and new communities:

- Growing referrals from GPs and Emergency Departments to The COACH Program®, so more people with poorly controlled asthma can access this vital education and support service

And to partner with the broader healthcare system to trial new models of care:

- The Respiratory Health Project, in partnership with Adelaide PHN, is building the capacity of health service providers to improve outcomes for people with asthma and COPD
- Funding was secured to expand the Emergency Department Discharge Protocol Project first piloted in Queensland to a number of hospitals in NSW and Victoria in FY20, ensuring those worst impacted are supported to avoid future hospitalisations

We advocated for policy change on issues of importance to the community:

- Regulations enabling the storage of blue relievers in workplace first aid kits
- Reducing the impact of hazard reduction burns on health.

We were pleased to **extend our services to Tasmania** following the invitation by Asthma Foundation Tasmania to do so when they took the decision to wind up, recognising the benefits of a national organisation for Tasmanians with asthma.

Our ability to realise our plans is contingent on funding. We are grateful for the support from our existing funders, partners, and donors, who are committed to changing the status quo for the 1 in 9 Australians with asthma, and particularly those whose asthma leads to urgent doctor and hospital visits.

Looking ahead

We have started FY20 with a bang with the relaunch of our brand and website.

We now have a strong foundation to build on and are excited to progress with turning our plans into action.

A massive thanks to the many very hardworking people across our board, advisory committees and staff who are 100% committed to changing the trajectory for people with asthma.

Onwards and upwards....



Michele Goldman
CEO Asthma Australia



CHAIR'S REPORT

THE PAST YEAR HAS BEEN A YEAR OF CHANGE AND CONSOLIDATION AS WE STRIVE TO REPOSITION ASTHMA AUSTRALIA LTD (AAL) TO BECOME A SUSTAINABLE COMPANY TO BUILD ON THE GREAT WORK OF ITS PREDECESSOR FOUNDATIONS.

Change is an inevitable aspect of any organisation's life, and this always presents not just its own challenges but opportunities as well. In this context, the Board has resolved that as a key part of our evolving strategic plan, by 2030, we want to reduce avoidable hospital presentations by 50%. It's a bold goal but demonstrates the seriousness of how our organisation takes the role.

An important development during the year was the decision of Asthma Foundation Tasmania to wind up it's operations so that our new national company could deliver the services to Tasmanians living with asthma. This followed an approach by the Foundation's Chair Helen Pollard who worked very closely with our CEO and Executive staff over a relatively short period of time to ensure there was a transparent and trusted relationship to achieve this outcome.

I want to acknowledge Helen's key leadership role in this process as someone who clearly understood and accepted the benefits the change would bring to Tasmanians. The Board also held its first meeting for the year in Hobart where we were able to meet with the outgoing Board and Staff of the Foundation, as well as key stakeholders to acknowledge their past work and leadership role for people living with asthma in Tasmania.

While there are still state-based Foundations operating in Western Australia and the Northern Territory, we are working collaboratively with these organisations to ensure national programs can be delivered in these jurisdictions.

Over the past year the valuable role of our two Advisory Councils – Consumer and Professional – has been greatly appreciated by the Board and staff of AAL. I have attended meetings of both Councils and have been amazed by the commitments, understanding and



enthusiasm of each and every member. Their advice to the Board arising from lived experience of asthma to vital research work is most invaluable and vital to our organisation.

The past year also saw the beginning of a major exercise that led to the rebranding of our new organisation. While you will recognise some of this change through the new logo and bold colours on our website, our new brand is more about our actions rather than just symbols and many of those actions are highlighted in this Report.

A significant change in the governance of the organisation occurred when the Appointments Committee extended the tenure of six directors for a further year in 2018. This was an important decision in terms of retaining corporate knowledge and building stability that has served the organisation well last year. But change will also occur in the board during the course of 2019-2020 when the rotation process of directors begins as part of the process of annual board renewal.

Our CEO Michele Goldman leads an Executive Team and staff who support the new direction of Asthma Australia Limited. While the Board endorses our strategic direction, the implementation of the strategy falls to the staff and I acknowledge the manner in which they have embraced change with such enthusiasm.

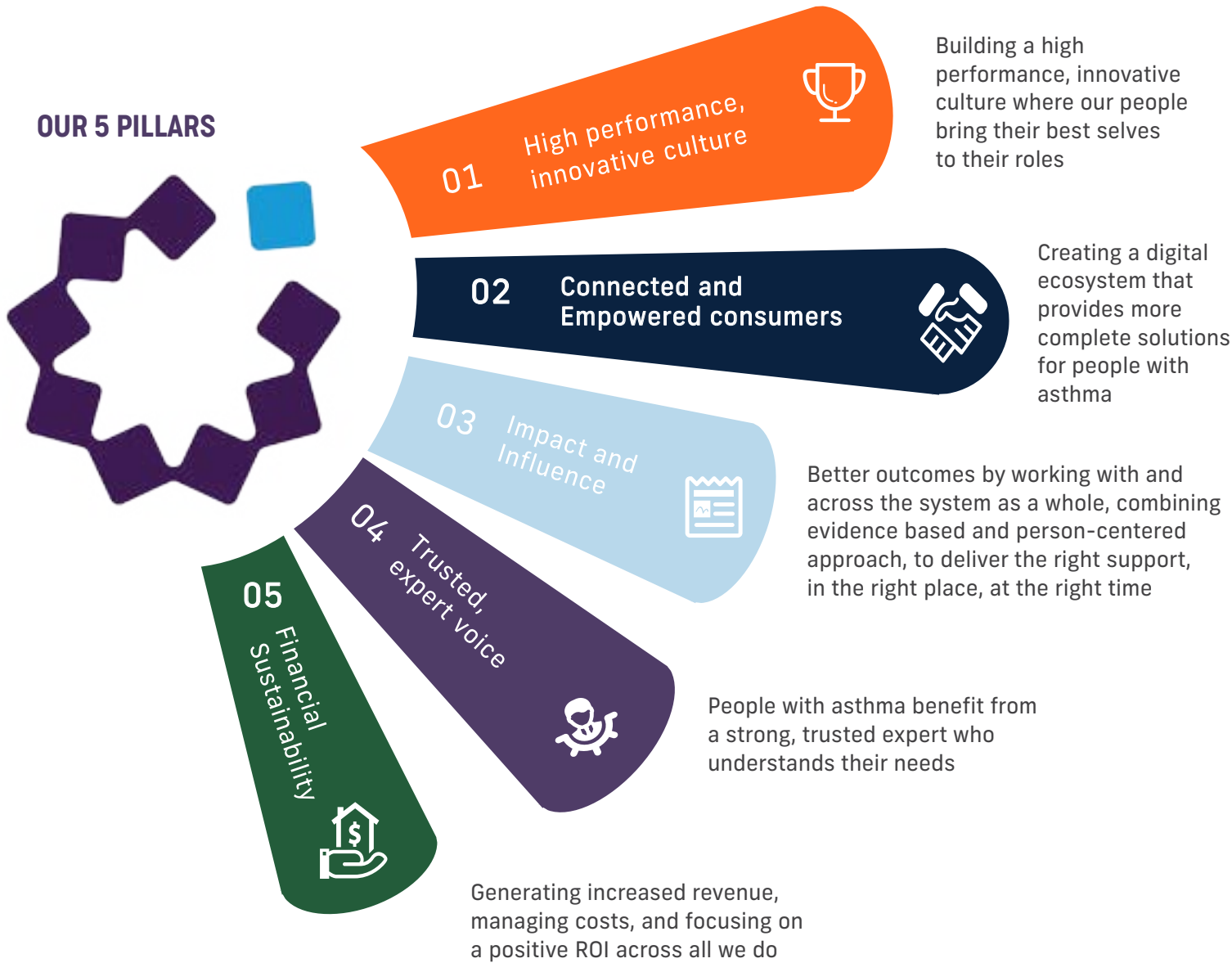
Finally, I acknowledge my fellow directors for their personal and professional support in building the organisation. All have a passion for our governance role in the important task of helping all Australians breathe so they can live freely.

Hon David Simmons OAM, FAICD, BA, M.Ed. (Hons)
Chairperson

STRATEGIC PLAN

AUSTRALIA HAS MADE SIGNIFICANT PROGRESS IN THE PREVENTION AND TREATMENT OF ASTHMA. BUT WE CANNOT REST WHILE ASTHMA CONTINUES TO CAUSE HURT AND HEARTACHE. WE WANT TO REINVIGORATE OUR EFFORTS TO PREVENT, TO RESEARCH AND TO STOP ASTHMA.

In order to help you, we have set in train a strategic plan that will strengthen our organisation and services, now and into the future.



IMPACT AND INFLUENCE



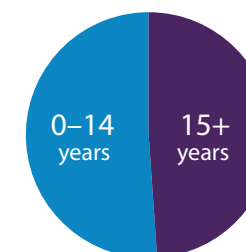
ASTHMA IN AUSTRALIA



HOSPITALISATIONS



In 2017-18,
40,000
Australians
hospitalised⁴



Australia has one of the highest avoidable hospitalisation rates for asthma compared with other OECD countries⁷

Asthma was one of the top 20 most common principle diagnosis for Emergency Department visits in 2016-2017, with 74,034 presentations³

Asthma hospitalisations have stagnated over the last two decades⁵, despite approximately 80% being potentially preventable⁶

MORTALITY RATES



More than 400 people die from asthma each year⁸

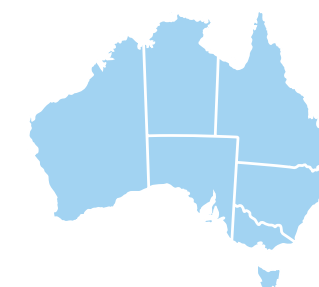
Indigenous Australians have a higher prevalence of asthma and higher asthma mortality rates compared with non-Indigenous Australians^{9,10}

ASTHMA PREVALENCE IN AUSTRALIA IS HIGH BY INTERNATIONAL STANDARDS²

Asthma is more common in people living in regional and remote areas, current and ex-smokers, people who are overweight or obese, people living in the most socioeconomically disadvantaged areas of Australia and people living with disabilities or long-term health conditions¹



Most of the burden of asthma is borne by young people. Asthma is the leading cause of burden of disease for people aged 5-14 years¹¹



1. Australian Bureau of Statistics 2018; National Health Survey: First Results 2017-18. ABS Cat no. 4364.0.55.001. Canberra: ABS | 2. Global Asthma Network 2018, The Global Asthma Report, New Zealand | 3. Australian Institute of Health and Welfare (AIHW) 2017. Emergency department care 2016-17: Australian hospital statistics. Canberra: AIHW | 4. AIHW 2019, Separation statistics by principle diagnosis (ICD-10-AM 10th edition), Australia 2017-18. Canberra: AIHW | 5. AIHW 2019, National Hospital Morbidity Database, Canberra: AIHW | 6. Australian Institute of Health and Welfare (AIHW) 2018. Potentially preventable hospitalisations in Australia by small geographic areas. Canberra: AIHW | 7. OECD 2015, Health at a glance 2015: How does Australia compare, Paris: OECD | 8. Australia Bureau of Statistics (ABS) 2018. Causes of Death, Australia, 2017. Canberra: ABS | 9. ABS 2013. Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13. ABS Cat. no. 4727.0.55.001. Canberra: ABS | 10. AIHW 2018, Asthma Snapshot, Canberra: AIHW | 11. AIHW 2019, Australian Burden of Disease Study 2015, Canberra: AIHW.

OUR REACH LAST YEAR

IN THE MEDIA


19,350,000

This extends across radio, print, online and television.

*Media reporting is confined to outlets with an audience of 2,000 people or more. Therefore, each into regional areas has not been captured in these statistics.

MEDIA\$VALUE
3,579 million

Media value was equivalent to an estimated advertising sales rate (ASR) of \$3.579M. This does not include prime placements such as page 4 of a major paper with an image or top media story placement on the news. Therefore, this is to be considered as a conservative amount.

MAY 
SEPTEMBER

Peak media periods include September 2019 and May 2019, both these periods include awareness raising days including World Asthma Day on 7 May and Asthma Week 1-7 September.



MOST MEDIA SATURATION

Asthma Australia received the most media saturation in New South Wales, followed by Victoria and then nationally closely followed by Queensland.




The entity with the highest ASR value is

MICHELE GOLDMAN

the key spokesperson for Asthma Australia valued during the period 1 Jan to 30 June at \$259K.

*only available during this period due to the available media monitoring service.

#SOCIAL MEDIA

52,509
FOLLOWERS


73.3K

ENGAGEMENTS
reach across our major social media channels

528,155
WEBSITE USERS
www.asthma.org.au

INTRODUCTION TO POLICY PLATFORM

AT ASTHMA AUSTRALIA WE WORK COLLABORATIVELY WITH A RANGE OF STAKEHOLDERS TO ACHIEVE A BETTER FUTURE FOR PEOPLE WITH ASTHMA: GOVERNMENT, MEDICAL NETWORKS, RESEARCHERS, INDUSTRY, THE PRIVATE SECTOR, CONSUMERS, PEOPLE WITH ASTHMA THEMSELVES AND THEIR CARERS.

In 2018-19 we developed our Policy Platform, outlining our priorities for change. These include:

- Supporting individuals to achieve their asthma management goals,
- Raising awareness of asthma in the community,
- Making our health system the best it can be for people with asthma,
- Challenging the status quo to provoke new ways of providing healthcare and supporting health,

- Managing air quality and hazard-reduction burns, and

- Building research, data and evidence for asthma.

Read more about our policy priorities and what they mean [here](#).





HAZARD REDUCTION BURNS

THIS YEAR, WE HAVE HAD A SPECIFIC FOCUS ON REDUCING THE IMPACT THAT HAZARD REDUCTION BURNING HAS ON PEOPLE WITH ASTHMA.

Smoke is a common trigger for asthma and can seriously impact the health of those with respiratory and heart conditions. Here's some of the key activities we have delivered in this space in 2018-19.

Sydney Smoke Impact Survey

In May 2019, Sydney experienced five days of hazardous air quality due to smoke from planned hazard reduction burns in the Blue Mountains National Park.

We launched our Sydney Smoke Impact Survey to gain insight into the health impacts of hazard reduction burn smoke on Sydneysiders with asthma. The survey attracted responses from more than 500 people over a one-week period, shortly following the smoke inundation.

The responses showed worrying results, indicating that over 20% of respondents were sick for more than a one-week period, and many people were hospitalised or presented to Emergency Departments. View the full results [here](#).

Following the survey Asthma Australia Executive Members and a consumer representative met with the New South Wales Minister of Policy and Emergency Services, The Honourable David Elliott MP, to highlight

the survey results. The meeting was positive, with the key take out that we will work more collaboratively across communications with the community and organise a roundtable to explore how we can reduce health impacts from Hazard Reduction Burns.

We also consulted with the NSW Rural Fire Service about the survey results and will continue this proactive working relationship towards improving outcomes for people with asthma.

Clear Air Society of Australia and New Zealand (CASANZ) Biomass Smoke Workshop
Asthma Australia and a consumer advisory councillor presented at and attended a three-day workshop with a diverse range of people from across the country including researchers and various government departments. Asthma Australia presented our Emergency Reliever Protocol, a partnership with GSK and the Pharmacy Guild of Australia to disseminate asthma medication during State Declared Emergencies. A protocol which began after the 2014 Hazelwood Mine Fire. We also presented the results from the Sydney Smoke Impact Survey and the human impact of biomass smoke on people with asthma.

Research Funding

As part of our National Research Program, with funding from Enjo, we have provided a PhD scholarship to Nicolas Borchers from the University of Tasmania. Nicolas is conducting research into the impacts of hazard reduction burning smoke on people with asthma with the purpose of developing an integrated assessment framework which allows practitioners to objectively evaluate the impacts wildfire risk reduction strategies impose on society and the environment.

THE COACH PROGRAM®

THE COACH PROGRAM® IS A CONFIDENTIAL FREE HEALTH COACHING SERVICE, FOR PEOPLE WITH ASTHMA.

During the course of the program Asthma Australia Coaches provide comprehensive health coaching including treatment gap analysis and goal setting over two to five phone calls, with the same COACH, generally over the phone.

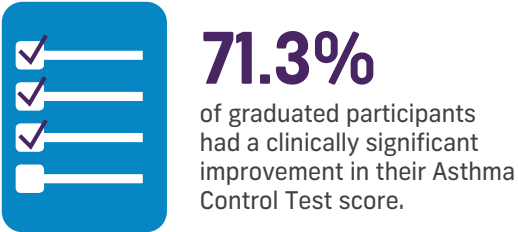
Coaches are skilled and specialised asthma educators providing evidence-based information and education using the evidence-based Australian Asthma Handbook Guidelines.

The COACH Program® delivers high quality, systematic, consistent, structured education and support over a period of six months to assist the person with asthma to set and achieve their health goals, maximise their wellbeing and minimise Emergency Department presentations and hospitalisations.

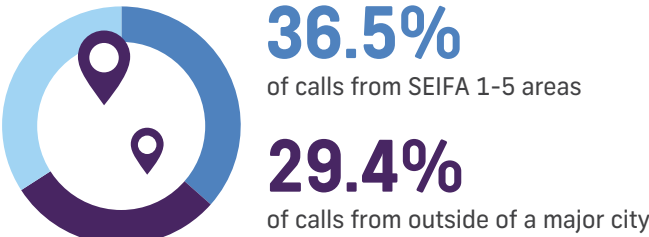
Over the 1 July 2018 to 30 June 2019, upon entry to the program, the average Asthma Control Test (ACT) score was 9.9, indicating poor asthma control. Upon graduation from The COACH Program® the average ACT score is 20.9, indicating well controlled asthma.

The program is designed to complement existing care services provided by health professionals; referral is through a health professional, medical practitioner or by self-referral either through the website or 1800 ASTHMA.

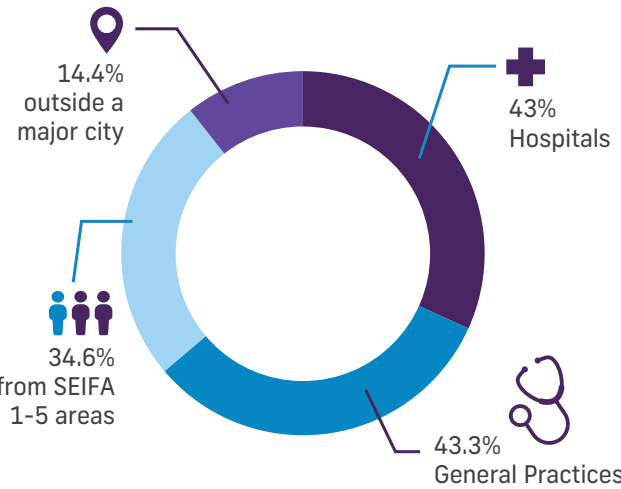
THE COACH PROGRAM®



1800 ASTHMA



REFERRALS FROM HEALTH PROFESSIONALS





MEET AN ASTHMA EDUCATOR/COACH

Janine Lourensz

I joined Asthma Australia as I have always enjoyed the realm of preventative health – keeping people well, managing their own health and wellbeing, and avoiding hospital admissions; my role as an Asthma Educator within Asthma Australia has provided me with the ideal platform to do what I enjoy and to develop my skills specific to asthma education. I thrive on the interaction that I have with our callers – they help inform me, and therefore Asthma Australia, about their needs and experiences which is paid forward to assist future callers. It is always a privilege to listen to a person's story, learning from them as much as it is about sharing our knowledge and stories to help guide them to a life of breathing easier.

Our callers come from all walks of life – sometimes they feel unsure about talking to us as they feel they should know more about their own condition. I often find out the caller has had asthma since they were young, when their parents managed their health, or they were vaguely diagnosed as an adult; no-one has explained asthma or the most up-to-date management to them since. Witnessing the change in confidence by clarifying the basics and empowering self-management with each caller is hugely satisfying and motivating.

This includes callers who, now that they have improved and maintained their asthma management, are no longer worried about travelling overseas, or about how to manage their symptoms during Spring. Reassuring parents managing their children's asthma symptoms with evidence-based information or guiding a relative on the asthma care of their loved one to provide a better quality of life for people are both typical scenarios encountered daily. At times I can hear relief of some callers who feel that they are being provided the answers to so many of their questions, whether that's about their diagnosis, their symptoms, medications or how to use their medication devices.

Being part of our caller's health care continuum is an honour that we are able to keep through 1800 ASTHMA and The COACH Program® – a team I'm proud to be a member of.

ADELAIDE RESPIRATORY HEALTH PROJECT (ARHP)

ADELAIDE RESPIRATORY HEALTH PROJECT – PARTNERING WITH GENERAL PRACTICE AND PHARMACY FOR SUCCESS

Funded by the Adelaide Primary Health Network and delivered in partnership with the Lung Foundation Australia, the Adelaide Respiratory Health Project was implemented in two of Adelaide's most disadvantaged areas. The areas of Playford and Onkaparinga were selected for the project due to the high prevalence of asthma, chronic obstructive pulmonary disease and smoking rates.

Four general practices and 12 pharmacies were recruited in the selected areas, with staff undertaking a variety of practical and theoretical training sessions on guidelines-based care. Staff completed training in medication delivery device technique, motivational interviewing and, how to discuss quitting smoking. Post training self-reports indicated that these sessions increased confidence and improved their practice.

Throughout the project, strong relationships were formed between the participating general

practitioners and pharmacists who began to work more closely together and develop better referral and communication pathways. Significantly, referrals to Asthma Australia consumer support services increased by over 200%.

The Adelaide Health Projects and Partnership teams will celebrate the conclusion of the 18-month project later this year. The success of this project has led to further funding by the Adelaide Primary Health Network of a second project phase: a three-year project that aims to expand and consolidate the successes so far.

The new project will add a hospital emergency department patient discharge component and work with people with lived experience of asthma to develop better referral service pathways and integrated models of care.



HIGH PERFORMANCE AND INNOVATIVE CULTURE



EMPLOYEE ENGAGEMENT

OUR PEOPLE ARE CRITICAL TO DELIVERING ON OUR STRATEGIC GOALS.

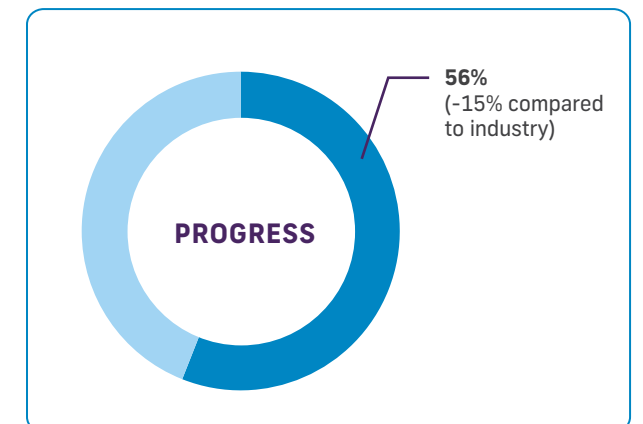
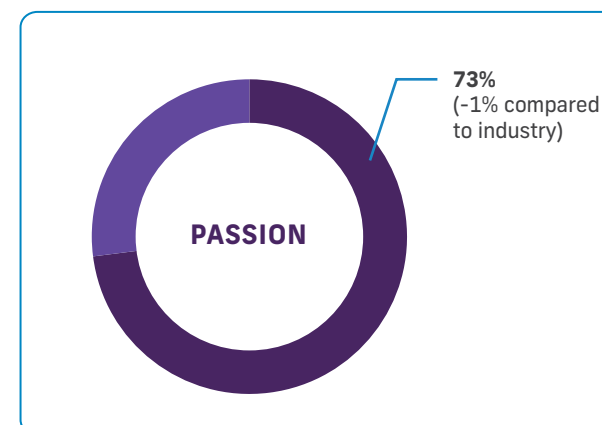
We are building a culture of high performance and innovation which provides the environment for our people to bring their best selves to work and deliver great outcomes for people with asthma.

Our annual Employee Engagement Survey provides us with insights into what our people see we are doing well and what we need to improve on. We use the Voice Engagement Model as the basis for our Survey. There are two main outcomes in this employee survey that are related to organisational performance:

- Passion (otherwise known as employee engagement) refers to the positive attitudes and emotions that contribute to employee retention and productivity.
- Progress measures staff perceptions about organisational performance.

To identify how to increase passion and progress, the Voice Engagement Survey measures current performance on a range of organisational practices. This assessment helps to identify areas where key changes can be made to drive stronger engagement and progress.

Our 2018 survey provided guidance for where we needed to focus efforts to improve outcomes for employers and employees. Our results are shown below.



Five focus areas identified through the survey results have been encapsulated in an organisation Culture Plan – Continuous Learning and Development, Communication and Collaboration, Wellbeing, Reward and Recognition and Workplace practices. Working Groups for each focus area have been established and are working on projects and activities aimed at increasing employee engagement and work satisfaction.

In January 2019 we introduced the Employee Net Promoter Score (eNPS) as a quarterly Pulse Survey, designed to track sentiments across the organisation and identify areas of success and opportunity to help our people to be happy, healthy and engaged at work.

Results for the two surveys conducted in 2019 were:

- January 2019 (for December quarter) -4
- April 2019 (for March quarter) -13

Feedback from the Pulse Survey indicates that our people have a strong alignment to our purpose and vision, enjoy working with their colleagues but can see the need for improvement in cross-team communication and greater role clarity.



AWARDS RECEIVED

Veronika Seda

Congratulations to Veronika Seda who was awarded the South Australia/Northern Territory (SA/NT) Early Career Pharmacist Development Award.

Ms Seda was presented this award by Pharmaceutical Society of Australia's (PSA) National President Dr Chris Freeman for raising practice standards and providing a model of practice for her fellow Early Career Pharmacists.

Ms Seda is the Chair of the SA/NT Early Career Working Group and a project pharmacist with the Adelaide Respiratory Health Project - a project funded by Adelaide PHN and delivered in partnership with Asthma Australia and the Lung Foundation Australia.

"Veronika has a passion for pharmacist communication and is currently a PhD candidate working on a sustainable model for professional services in community pharmacy," Dr Freeman said.

GOVERNANCE

CHAIRMAN DAVID SIMMONS OAM

David Simmons holds a number of director roles in the community and health sectors. The former Australian Government Minister is a non-executive director of Western Health Alliance Limited. He is also a former director of the Hunter Medical Research Institute, a former Chair of the Bathurst Hospital Board, a former Chair of the National Heart Foundation (NSW Division), and a former Director of General Practice Training Valley to Coast Limited. From 2012 to 2015 David was the Chair of Western NSW Medicare Local. Mr Simmons is a former teacher. He was awarded the Order of Australia Medal in 2001 for services to the New South Wales Central West and Hunter regions.



TREASURER JAMES WRIGHT

James Wright is the Chief Investment Officer at JBWere, managing the Markets and Investment Strategy Group, a position he has held since 2013. Mr Wright has a strong finance background in strategy, economics and portfolio management, including a previous position as ING Investment Management Chief Investment Officer and Head of Equities where he was on the Asian Leadership Team. Previous roles include Treasury Corporation of Victoria and the Commonwealth Treasury, in Canberra. He has been active in Asthma Foundation New South Wales and Asthma Australia roles since 2014. He has a Bachelor of Economics (Honours) from Monash University.



ROSEMARY CALDER

Rosemary Calder is a leading health and social policy expert and is Professor of Health Policy at the Mitchell Institute, Victoria University. She leads the Australian Health Policy Collaboration, a national network of collaborating organisations and experts focussed on population health improvement through translation of evidence to policy and practice. She has held positions as a senior executive in health policy and administration in both State and Commonwealth Departments of Health and was head of the Office for the Status of Women in the Commonwealth Department of Prime Minister and Cabinet from 2000 to 2003. She has also served as Chief of Staff to a Victorian Minister for Health. Rosemary has extensive experience in policy and organisational management and board governance in the not for profit sector. She is a sociologist and began her career as a journalist.



SIMONE CARTON

Simone Carton is CEO of the Australian and New Zealand Society of Palliative Medicine, a specialist medical society that promotes the practice of palliative medicine and facilitates professional development and support for its members. Prior to this role, Simone was corporate lawyer and company secretary for the Advertising Standards Bureau and Australian Advertising Standards Council, and has worked in a diverse range of legal, governance and operational roles across the corporate, government and NFP sectors. Simone has experience as a director on the Boards of the former Asthma Foundation ACT and the Australian Multiple Birth Association. As a parent of children with asthma, Simone also has personal experience with the challenges facing people with asthma and values the important support Asthma Australia provides.



GOVERNANCE CONTINUED

MARITA COWIE

Marita Cowie is the CEO of the Australian College of Rural and Remote Medicine. She is a current member of a number of ministerial, commonwealth and state government committees in Queensland relating to general practice, health and medical education. Marita joined the Asthma Foundation QLD Board in April 2013 and has been a member of the Asthma Australia Board since May 2014. She holds a Master of Education, a Bachelor of Arts (Clinical Psychology) and a Bachelor of Business (Communication).



TERRY EVANS

Terry Evans is an experienced lawyer and company director. He currently performs the role of Chair for the University of South Australia Senate, the Adelaide and Hills Local Hospital Network (\$450M budget), and is a director of the Northern Adelaide Medicare Local. Mr Evans was the Managing Director and Chair of Minter Ellison SA and retains a role as a Special Counsel. He has provided strategic and legal advice to the Asthma Australia Board over the last three years.



PAUL SINCLAIR AM

Paul Sinclair is a community pharmacist and pharmacy-business operator with more than three decades of experience in the sector. Paul Sinclair is a Past President of the Pharmacy Guild of Australia, NSW Branch, Past National Vice President of the Pharmacy Guild of Australia and past Board member of Asthma Foundation Queensland and New South Wales. Paul Sinclair is also a past Chair and board member of the Australian Association of Consultant Pharmacy and has had a long involvement with a number of community based not-for-profit organisations. He is a strong advocate for community pharmacy and for the full utilisation of pharmacists in primary health care.



ROB STOBBE

Rob Stobbe is Chief Executive Officer of utility SA Power Networks, a position he has held since 2010. Mr Stobbe has held senior management positions across infrastructure sectors including electricity, water, gas, rail and telecommunications, both in Australia and overseas. He is Chair of Operation Flinders Foundation, and a Board member of Business SA, Energy Networks Association, and the James Brown Memorial Trust.



NICHOLAS THORNTON

Nicholas Thornton is an experienced leadership and performance educator, currently the Director of the Lauriston Institute and HR Manager (Teaching) at Lauriston Girls' School. Mr Thornton oversees recruitment, wellbeing, recognition and ongoing professional learning of teaching staff, enabling the school to work toward the best educational outcomes for students. He is a former Regional Director and Principal in the government education service and General Manager of disability services for SCOPE, and a former teacher.



TRUSTED EXPERT VOICE



THE NATIONAL ASTHMA RESEARCH PROGRAM

IN 2018-2019 ASTHMA AUSTRALIA UNDERTOOK AN INTERNAL EVALUATION AND REVIEW OF THE NATIONAL RESEARCH PROGRAM TO DETERMINE THE NEW STRATEGIC DIRECTION FOR THE NATIONAL ORGANISATION.

Within the new strategic framework, updated to align with the new Asthma Australia, we have reinforced emphasis on the strategic alignment of research priorities and are taking a dedicated approach to translation of results, so research outcomes tangibly lead to improvements in the lives of people with asthma across Australia.

This includes a focus on the following priority areas:

- Research that focuses on primary and secondary **prevention**.
- Research, interventions and other methods of enquiry which seek to address the inequity of asthma impact on **vulnerable groups** in Australia.

- Research or design and testing of **models and systems** which seek to address the systemic contributions to asthma health or illness.
- Research which explores and minimises the impact of the changing **environment** on asthma health.
- **Influencing policy** through the consolidation of our experience, insights and consultations with the wider research community.

We are proud to have supported the following research projects in 2018-19.



THE NATIONAL ASTHMA RESEARCH PROGRAM

RESEARCHER(S)	INSTITUTION	PROJECT
Prof Peter Gibson and Prof Phil Hasbro	Hunter Medical Research Institute University of Newcastle	Evaluating the success of two different pneumococcal vaccines as a new asthma therapy for adults with severe asthma.
Mr Simon Forsyth	University of Queensland	Understanding the high asthma related mortality in ex-prisoners and identifying potential targets for preventative action.
Yuxiu Xia	University of Melbourne	Investigating the ability to relieve or prevent asthma attacks by inhibiting the tole of an enzyme (CK1δ/ε), which reduces the effect of normal asthma preventer medications. This hopes to inform the development of new medication for people with severe asthma.
Prof John Upham	Translation Research Institute University of Queensland	Determining how much and what type of exercise is best for people with asthma to improve airway inflammation and asthma control.
Gabrielle McCallum	Menzies School of Health Research	Improving asthma education for Indigenous populations through a culturally appropriate mobile application (app).
Nathan Bartlett	The University of Newcastle	Investigating the ability of targeted drug delivery to cells lining the airways, to reduce the impact of rhinovirus (the common cold) on people with asthma.
Paul Robinson	Kids Research Institute	Investigating the feasibility of using the Forced Oscillation Technique (an effort-independent, easy to perform lung function test), to monitor asthma control and provide early insight into when an exacerbation is about to happen in children.
Dr Jane Gibbs	Asthma Australia	Researching the unique experiences, challenges and opportunities faced by Aboriginal and Torres Strait Islander People with asthma in NSW.

THE NATIONAL ASTHMA RESEARCH PROGRAM CONTINUED

RESEARCHER(S)	INSTITUTION	PROJECT
Vanessa Murphy	The University of Newcastle	Determine the ideal time-point and blood level of Vitamin D needed during pregnancy to reduce the risk of poor respiratory health in a group of high-risk infants.
Binh Truong, Zoe Kopsaftis and Antony Veale	Queen Elizabeth Hospital, Adelaide	Determining the reasons for hospital admissions for asthma in South Australia compared to other states.
Professor Janet Davies	QUT	Action research evaluating the effectiveness of Australian wide pollen monitoring and forecasting system and potential to improve health outcomes.
Niamh Troy	Telethon Kids Institute	Investigating the feasibility of using immune modulation to accelerate maturity of the immune system and protect high risk infants from lower respiratory tract infections.
Nicolas Borchers	University of Tasmania	Development of an integrated assessment framework that will allow practitioners to objectively evaluate the impacts that wildfire risk reduction strategies impose on society and the environment.
Professor Helen Petsky	Griffith University	Development of a virtual reality education tool to teach children and adolescents about asthma.
Prof. Nick Zwar	University of Wollongong	Evaluating the outcomes of the Giving Asthma Support to Patients (GASP) program in New South Wales.
The Social Deck	The Social Deck	Human-centred co-design approach to tackle the issue of cost-related non-adherence to asthma preventer medications.

RESEARCH SPOTLIGHT: COST OF MEDICATIONS PROJECT

OF ALL AUSTRALIANS WITH ASTHMA, RESEARCH SUGGESTS THAT IN AT LEAST 45% , THEIR CONDITION IS UNCONTROLLED. THIS PLACES UNNECESSARY STRAIN ON THE AUSTRALIAN HEALTHCARE SYSTEM, RESULTS IN FALRE UPS, REDUCED WELLBEING AND IN SOME INSTANCES, DEATH.

However, despite effective medications to control asthma symptoms which are subsidised by the Pharmaceutical Benefits Scheme, asthma preventer medicines are underused in Australia.

Through previous research Asthma Australia has been involved in, we know that cost is a factor influencing adherence to asthma preventer medications. We know that people managing asthma are either not using preventer medications (at all or consistently) because of cost or forgoing other basic needs to pay for their medications. We found that while cost is an important factor, is it not the dominant consideration in choice of asthma preventer. We also know that there is a lack of shared decision making between GPs and consumers when it comes to prescribing asthma medications, GPs are unaware of the cost of asthma medications, and people with asthma don't feel they have a choice in their treatment plan.

To challenge the current ways of thinking, Asthma Australia have engaged The Social Deck to embark on a human-centered co-design approach to tackle this issue. This includes understanding the current evidence base, identifying assumptions, exploring the user experience through consumer consultation, collating insights, brainstorming ideas and co-designing solutions that can be tested with users. This agile approach allows deeper, more surprising insights to be gained and issues to be reframed in ways that more traditional research methods may not be designed to incorporate.

In June we conducted four focus groups with people with asthma and their carers in Victoria to gain insights into people's lives and identify new ways of thinking.

We are now planning a stakeholder workshop, where we will bring together a select group of consumers, medical professionals, experts, advocates and peak body representatives to further define or reframe the issue and generate creative solutions. Later in the year we look forward to sharing the outcomes of this exciting project.



CONSUMER ADVISORY COUNCIL (CAC)

IN 2018, ASTHMA AUSTRALIA ESTABLISHED A NATIONAL CONSUMER ADVISORY COUNCIL, COMPRISED OF PEOPLE WITH ASTHMA AND THEIR CARERS FROM ALL JURISDICTIONS WHERE ASTHMA AUSTRALIA OPERATES.

The CAC have now been in action for more than a year and have provided vital advice and guidance to Asthma Australia on a variety of projects. The CAC meet bimonthly and have been consulted on a number of projects including: Asthma Australia’s brand and website redevelopment, public education campaigns and associated resources, our Policy Platform and Advocacy Strategy and the National Research Program. Members of the CAC have also supported Asthma Australia during presentations and media opportunities.

Read about the members of our CAC [here](#).

Julia Owens
Consumer Advisory Council Member

Julia Owens is an experienced Operations and Human Resources Manager skilled in operations management, sales, managing business growth, innovation development, training delivery and customer experience. She is an avid advocate for asthma and people with asthma and has participated in a range of medical research trials for her own asthma. Ms Owens has represented Australia at a global patient engagement advisory forum.

“Hello, my name is Julia and I am an asthmatic, I say that with a smile on my face because I don’t like to let my illness define me; however this is my story about living with asthma. I am a 46 year old professional working as a HR & Operations Manager during the week, and on weekends I fulfil one of my dreams and crew for a hot air balloon company in the Yarra Valley, in Melbourne, Australia.

Most people take breathing for granted but for an asthmatic it’s a very special gift. I manage my asthma through a range of drugs and am steroid dependant. I have participated in six drug trials over the past 20 years to which most I have had an allergic reaction to of sorts.”

Read her journey [here](#).



PROFESSIONAL ADVISORY COUNCIL (PAC)

IN ADDITION TO THE CAC, ASTHMA AUSTRALIA ESTABLISHED A PROFESSIONAL ADVISORY COUNCIL WHO PROVIDES GUIDANCE AROUND KEY CONTEXTUAL ISSUES.

The Professional Advisory Council (PAC) is made up of a diverse group of Australia’s thought leaders in clinical, academic, social innovation, marketing and planning and have provided critical influence on the work we do on behalf of people with asthma. The PAC have been consulted on several activities including submission to the PBAC, the reinvigorated National Research Program Strategy, our Policy Platform and Advocacy Strategy, and internal program evaluations.

Read about the members of our PAC [here](#).

Asthma Australia would like to thank both our Consumer and Professional Advisory Councillors for their valuable advice and guidance.



Professor Peter Gibson
Professional Advisory Council Member



Professor Peter Gibson is a doctor who cares for people with respiratory diseases and is a clinical scientist investigating the mechanisms and treatment of asthma, COPD, cough, and other airway disorders.

He is a concept leader who has developed innovative approaches around inflammatory subtypes of asthma and cough; airway biomarkers; neurogenic mechanisms, laryngeal dysfunction and related treatments for refractory cough; multidimensional assessment and management of complex airway disorders such as severe asthma, airways diseases in the elderly, and asthma in pregnant women.

His peers have awarded Peter several research medals and elected him as the president of the Thoracic Society of Australia and New Zealand (2015-2016).

His research and clinical practice serve to bring research developments into focus as effective health care interventions that improve the health of people suffering from breathing disorders.

In 2018, Peter was awarded the European Respiratory Society Gold Medal for Asthma, which recognises excellence in the field of asthma research.

TRAINING

ASTHMA AUSTRALIA IS A REGISTERED TRAINING ORGANISATION PROVIDER (RTO 4987) OFFERING QUALITY ACCREDITED AND NON-ACCREDITED TRAINING TO THE GENERAL PUBLIC AND HEALTH PROFESSIONALS.

Our training programs have been developed in consultation with relevant peak bodies to ensure our courses incorporate the latest information, and best practice advice.

Asthma Australia provides all their students with high quality education that is designed to meet their vocational goals in an efficient, professional, compliant and safe learning environment.

All activities at Asthma Australia are carried out ethically, honestly, fairly and accurately to give value to our clients and students. Our commitment to continually improve our business allows training programs to be the best they can be and ensure that students/clients receive high quality training.

Accredited and non-accredited training has continued to grow over the years, this financial year we held 1,590 courses and trained 14,270 students. Our goal is to continue growing our training department Australia wide, educating the community in Asthma, Anaphylaxis and First Aid Management.

Asthma Australia continues to have a partnership with the Department of Education in training 22303VIC Verifying the Correct Use of Adrenaline Autoinjector Devices to all schools in Victoria. This partnership allows teachers to have the knowledge, skills and training to supervise staff within their schools on the correct use of an adrenaline auto-injector. This training will save the lives of many students within their care.



FINANCIAL SUSTAINABILITY



COMMUNITY PARTNERS AND FUNDRAISING

ASTHMA AUSTRALIA HAS RECEIVED SUPPORT FROM MANY AMAZING PEOPLE WHO FUNDRAISE TO HELP US CONTINUE OUR WORK TO SUPPORT PEOPLE WITH ASTHMA TO BREATHE BETTER AND LIVE A LIFE WITHOUT LIMITS.

We have seen some wonderful community fundraisers from Blayney Rams RUFC, the Matty34 Legacy and Race Ya Family Fun Day.



Blayney Rams RUFC

Blayney Rams Rugby Union Football Club in New South Wales has raised \$1700 for Asthma Australia by auctioning their jerseys at their annual ball. A big thank you for your support!

Matty34 Legacy

The Matty34 Legacy began when Julie Smith’s son Matthew died at age 34 due to asthma in April 2013. By championing Matty’s legacy and raising much-needed money for asthma education and research, Julie and her family hope no other family will have to go through the same experience.

Matty was a keen sportsman and very involved with the baseball community both in Bendigo and Melbourne. In honour of Matty and to raise money for not only asthma but also organ and tissue donation, Julie and her family started holding memorial baseball matches for Matty – one in metro Melbourne and the other in country Victoria.

“There are approximately 80-100 players from four clubs involved in the Bendigo event now, and we have guest speakers come along on the day. I design special Matty34 jerseys and hats – all out of our own pocket.”

In addition to the baseball matches, the family host trivia nights to raise awareness for asthma, with funds raised from raffles and merchandise going directly to Asthma Australia.

“We have around 100 to 200 people attending the trivia nights now. It’s great fun, with mini fashion parades in the Matty34 gear.”

Julie’s attitude towards fundraising is inspiring: *“\$20 is better than no dollars. Every dollar counts. We put the logo on the outfits, and people ask questions about it. They ask us to tell them the story behind the merchandise, and it raises awareness and funds.”*

In 2019, Matty34 Legacy raised over \$3,000. Thank you so much for your support.



Race Ya Family Fun Day

Race Ya Family Fun Day was created by Kristy Lang in memory of her son Ned Cameron, who sadly lost his life to asthma in 2016. Ms Lang created this event to raise funds and awareness for Asthma Australia, and in 2019 the Race Ya Day raised an impressive total of \$15,000. Thank you so much for your support, we couldn’t do it without you!

DONATIONS AND BEQUESTS

ASTHMA AUSTRALIA IS EXTREMELY GRATEFUL FOR THE GENEROUS SUPPORT OF OUR DONORS, SPONSORS, VOLUNTEERS AND COMMUNITY PARTNERS.

We would like to thank and acknowledge the following donors:

Donations \$50,000 +

- Neil & Norma Hill Foundation, C/- Arrowstone Wealth Planning
- JLDJS Foundation.

Donations \$20,000 +

- The Christopher Van Leeuwen Foundation
- Plate Marketing Pty Ltd
- Brian M Davis Charitable Foundation Pty Ltd
- M.A & V.L Perry Foundation
- The Profield Foundation C/o Protrust Pty Limited

Donations \$10,000 +

- The Doug and Margot Anthony Foundation Pty Ltd

Community Partners and Fundraising

- Mr Heath Wilson (Golf Day)
- Kristy Lang (Race Ya event)
- Gerringong Hotel Fishing Club (Derek Wishard Memorial Competition)
- Julie Smith (Baseball event - Matty34 Legacy)
- Picnic Creek State School (Dress blue)
- NSW Women’s Bowl For Others Club
- Ms Judy Sullivan (Ute Show)
- Lenore Miller
- Ritchies Supermarkets & Liquor Stores
- Albany Hills State School (PJ Day)
- Blue Illusion (Champagne Fridays)
- Campsie Public School (PJ Day)
- Merrimac State School (Dress blue)
- Dalby & District Friendly Society Dispensary (PJ Day)

Bequests from the following Estates

- Maryke Jonkman
- Maria Rombola
- Florence Colmer
- Ellen Matthews
- Frederick William Yates

- Muriel Carlson
- Albert Churcher
- Gladys Crosby
- L Roach
- Valentina Kerswell
- Jack Jacobs
- James Lutton
- Gwendolyn Thomas
- William Nicolson
- Lindsay Baldy
- Mervyn Edwin Rodgers (Queensland Community Foundation)
- Evelyn Ramson (The Hart Family Perpetual Trust)
- Thelma Darragh
- Ruth Long
- Joseph Zammit
- Laurie Greening
- Kathleen Muegge
- Yvonne Alexander
- Thelma Chandler
- Mervyn Yates
- The Thomas and Vera Condie Trust
- George Pethard (PethardTrax Charitable Trust)
- Thelma Bradbury
- Margaret Ralston
- Joe White
- Michael Hopkins
- Donald Graham
- Enid Morgan
- Karin Wigmore
- Sylvia Taylor
- Kevin Baulch
- Robert Matthews
- Audrey Neville
- Rodney Gummow
- Peter Male
- Keith Hughes
- Barbara Mckewen Delahunty
- Snezanka Duster

PHARMACEUTICAL FUNDING AND POSITIONING

ASTHMA AUSTRALIA ACCEPTS FUNDING FROM PHARMACEUTICAL COMPANIES IN LINE WITH OUR PARTNERSHIP AND SPONSORSHIP POLICY, WHICH REQUIRES ABSOLUTE TRANSPARENCY, AND COMPLIES WITH THE MEDICINES AUSTRALIA GUIDELINES FOR HEALTH CONSUMER ORGANISATIONS WORKING WITH PHARMACEUTICAL COMPANIES.

In this policy is a commitment to align funding with projects via untied grants only. This means Asthma Australia maintains full control over any resource, campaign, program or material.

Asthma Australia intends to maintain an impartial position when it comes to goods and services, as such Asthma Australia will not endorse any individual product. Where there is evidence that suggests a product category, or type of good, or style of service will indeed benefit people with asthma, Asthma Australia will seek to promote the category as a whole.

The following pharmaceutical companies supported Asthma Australia this financial year:



THANK YOU

ASTHMA AUSTRALIA WOULD LIKE TO THANK AND ACKNOWLEDGE OUR PROGRAM, GOVERNMENT AND STATE FUNDING PARTNERS.

Funding Partners



THANK YOU

ASTHMA AUSTRALIA WOULD LIKE TO THANK AND ACKNOWLEDGE OUR RESEARCH PROGRAM PARTNERS.

- Hudsons Coffee
- The RE Ross Trust
- The Fay Fuller Foundation
- Belgrave Lions
- ENJO

ASTHMA AUSTRALIA WOULD LIKE TO THANK AND ACKNOWLEDGE OUR BUSINESS AND COMMUNITY PARTNERS.

- MedAdvisor
- The George Institute for Global Health
- Woolcock Institute of Medical Research
- University of Wollongong
- Comprehensive Care Ltd (New Zealand)
- Wentwest PHN
- South Eastern NSW PHN
- Terry White Chemmart
- Agency for Clinical Innovation



OP SHOPS AND VOLUNTEERS

ASTHMA AUSTRALIA OP SHOPS CELEBRATE 30 YEARS.

Asthma Australia owns and operates a group of five Op Shops in the greater Brisbane region, and in 2019 we celebrate 30 years! In recognition of this anniversary Asthma Australia gratefully acknowledges the amazing community good will by donors and volunteers as the people are the foundation of what we do. Amazing people such as:

Mary Paterson who has been with Asthma Mitchelton for 16 years. Mary is a significant reason why the store does so well.

Gloria Squire, celebrating 90 years young! This pocket rocket has been with Asthma Zillmere for 10 years. Gloria is the heart and soul of Asthma Zillmere keeping everyone on their toes.

Cindi Gallaher, normally we think of volunteer's separate to staff, but many store managers started as volunteers and continue to volunteer outside their work hours. No one typifies this more than Cindi! 19 years with Asthma, the first four as a volunteer. Cindi is often spotted at 5am in the morning preparing the store for the day, an amazing leader and ambassador for Asthma Australia.

Misty Wohlman, A big thank you to Misty from Misty Moments Photography for volunteering many hours this year to produce an amazing photo campaign promoting Asthma Op Shops.

OP SHOPS AND VOLUNTEERS CONTINUED

We would like to recognise the dedicated team of volunteers in our Op Shops for 2019:

Annerley

Lynette Coop
Sandra Davis
Diana Moore
Amy Inglis
Matthew Anderson
Jan-Maree Caudell

Coorparoo

Chris Phillips
Alex Coman
Deloris Tannock
Emma Fensom-Beck
Terry Gallaher
Paul Miller
Graham Wilmont
Tenielle Gridland
Renee Payne
Harvey De San Miguel
Charlene SoBrick
Misty Wohlman
Cyan Reign
Lauren Thompson
Karyn Oster

Hillcrest

Barbro Davidsson
Kay Simpson
Sylvia Koot
Paula Baker
Kathleen Griffiths
Myra Potter
Geraldine Farrel
Chantal Burrows
Jennifer Haddad
Robyn Ross
Rhonda Hadley
Margret Butler

Mitchelton

June Noon
Thelma Dennis
Carmel Todd
Mary Paterson
Jenny Brown
Evelyn Critchley
Margaret Sheehan
Anita Lomas
Lynda Dunstan
Jacqui Grice
Alex Grice
Marilyn James
Robyn Elford
Bill Sturtridge
Judy Ballantyne
Marline Plato
Galina Lagunova
Trisha Nehmer
Glenys Mickan
Julie Brett
Michael Kenny
Shylah Heke
Patrick Graham
Xanthe Justo

Zillmere

Ann Needham
Ann Ditchurn
Sarah Gallaher
Bernadine Denaro
Gloria Squire
Sylvia Aldrich
Jeremy Gallaher
Rachel Chalker
Felicity Denaro
Audrey Gallaher
Debbie Voysey
Aline Padget
Kate O'Neil
Cindi Gallaher

IN ADDITION TO OUR OP SHOP VOLUNTEERS

ASTHMA AUSTRALIA WOULD ALSO LIKE TO ACKNOWLEDGE AND THANK YOU FOLLOWING VOLUNTEERS FOR YOUR SUPPORT THIS FINANCIAL YEAR:

SA

Vickie Hulton

NSW

Andrew Howard
Paul Kujian
Amy-Jo Dilley

QLD

Emma Johnson
Luke Sinclair
Scott Grills

CONNECTED AND EMPOWERED CONSUMERS



KISS MY ASTHMA

KISS MY ASTHMA – CO-DESIGNED FOR YOUNG PEOPLE, BY YOUNG PEOPLE

Ask the everyday consumer on the street what the term innovation means, and you're almost guaranteed to hear a response along the lines of "Well, you'll need an app for that!".

And, in fact, we do! Welcome to Kiss My Asthma.

With its focus on asthma management and asthma goals, users receive notifications from a cast of monster characters who provide friendly reminders and opportunities to adjust goals to keep users on track.

A team of researchers, clinicians and app developers, led by the University of Sydney, used a co-design model, with young people actively involved in deciding the app's content and design. Asthma Australia funded the initial project.

Our current project revolves around our licencing

agreement with the university to maintain the app, refresh its look and importantly, in this phase, to increase the number of young people accessing and using the app to help manage their asthma.

An integrated marketing and communications approach with a strong focus on digital marketing and public relations was implemented featuring Alannah, a singer, backed by edgy videography of time-lapse street art.

Results were strong with over 1600 of the total annual 2453 active downloads of the app occurring during the three-month promotional period.

We encourage young people with asthma to channel their inner Alannah, download the app and proudly state "you can kiss my asthma!"



ASTHMA AND SCHOOLS – BUILDING SAFER ENVIRONMENTS

WHEN YOU CONSIDER THE RAW NUMBERS, THE RESULTS ARE SIMPLY STAGGERING – WITH ASTHMA PREVALENCE RATED AT 1 IN 9 PEOPLE IN AUSTRALIA, THIS MEANS THAT IN EVERY AVERAGE SIZED SCHOOL CLASSROOM ACROSS THE COUNTRY, ABOUT THREE STUDENTS HAVE ASTHMA.

Our new schools and youth project aim to meet the needs of the greater school environment to more confidently address asthma management and offer a safer environment for those with asthma.

Forming part of the overarching Asthma Management Program, funded by the Australian Government, this project seeks to deliver new options to cover policy, process and practice arenas.

The project has been further strengthened by the development of transition plans into Tasmanian schools and collaboration with the Asthma Foundation Northern Territory and Asthma Western Australia to facilitate greater national reach.

Online training of school staff has eclipsed 16,000 completions across over 2,200 schools. Typical school operational first aid scenarios have been trialed in training to suit integration into a revised online package. New national asthma management guidelines have been drafted for review, based on stakeholder contributions; a supportive asthma management framework for schools, conceived as the “Schools Health Check”, has been modelled for development, based upon survey feedback from education sectors; and, engagement with young people across online, social media and app means has exceeded 18,000 interactions.

These foundation activities will pave the way for renewed approaches into the schools and young people market, helping to ensure that asthma management remains a key focus.



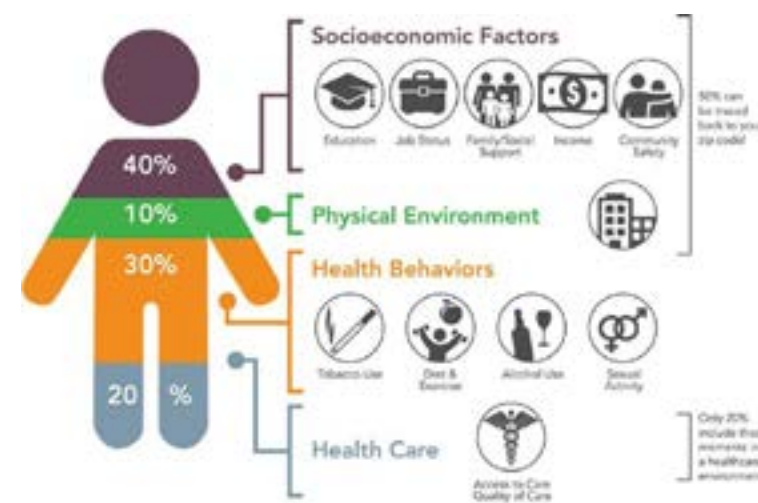
CULTURE WELL – TACKLING CHRONIC DISEASE THROUGH A SOCIAL DETERMINANT’S LENS

THE CULTURE WELL PROGRAM IS PART OF ASTHMA AUSTRALIA’S ASTHMA MANAGEMENT PROGRAM FUNDED BY THE AUSTRALIAN GOVERNMENT.

Asthma Australia has partnered with One Health Organisation and World Wellness Group, engaged several NGO’s, government and philanthropic organisations in round table discussions and focus groups to collaborate on a new approach to addressing chronic disease factors.

Using a social determinants approach, this innovative project addresses chronic disease management in culturally linguistically diverse communities. The chronic diseases asthma, cardiovascular disease and diabetes are the focus of the work.

A system mapping methodology is utilised to identify the most significant social determinants, both barriers and enablers, that impact on health and wellbeing in specific communities. Dr Luke Craven, from First Person Consulting, the creator of the systems mapping methodology, is also a partner.



The project has been implemented in the South Brisbane area with three ethnically diverse communities: Vietnamese, Arabic speaking and Samoan/Pacific Islander, with a mix of the three noted chronic conditions. The premise is that the social determinants, mediated by a person’s culture, will be more significant drivers in addressing chronic condition issues than the type of chronic condition with which a person has been diagnosed.

There are two phases of the project: a primary research phase, and an intervention phase. The primary research phase involved focus groups in the relevant native languages, as well as interviews with participants for data validation and clarification. These groups were undertaken in April and data was collated and analysed during May and June. In July an initial presentation of findings to 25 local service providers and government agencies.

The second phase of the project involves co-designing interventions based on the insights with community participants and local service providers. This will begin shortly with a plan to have prototyped potential interventions and a draft implementation plan complete by June 2020.

We would like to acknowledge and thank our project partners, as well as Incus Group for providing Measurement Evaluation and Learning framework.



We believe positive results from this project will lead to greater investment in interventions that are based on social determinants approaches and which are more likely to deliver effective and sustainable health outcomes.



FINANCIAL REPORT

TREASURER'S REPORT

I AM PLEASED TO PRESENT THIS REPORT FOR OUR FIRST FULL YEAR OF TRADING, FOLLOWING THE MERGER OF STATE-BASED ASTHMA FOUNDATIONS IN OCTOBER 2017 TO FORM ASTHMA AUSTRALIA LIMITED.

The financial year to 30 June 2019 saw us deliver a strong surplus of \$1.6M. This included a very good result in fundraising income of \$3.7M of which \$2.8M came from bequests. While bequests are an important part of our overall fundraising income, we are currently conducting a strategic review of all our fundraising activities, seeking to maximise revenues from all potential sources, in what is a very competitive fundraising environment.

Other highlights from the financial year results include total revenue of \$10.0M, including \$4.0M in grant income. Income derived from our investment portfolio was \$0.8M. The value of the investments as at 30 June 2019 was \$16.1M. Funds committed to research grants and scholarships totalled \$0.3M.



Our balance sheet position remains strong, with equity of \$20.7M, up from \$19.1M in 2018. While it remains important to maintain appropriate levels of equity in the business for prudent and safe operating, our equity position can fluctuate over time as the board and management make strategic investments in various programs aimed at improving the lives of people with asthma.

James Wright
Treasurer

FINANCIAL SUMMARY



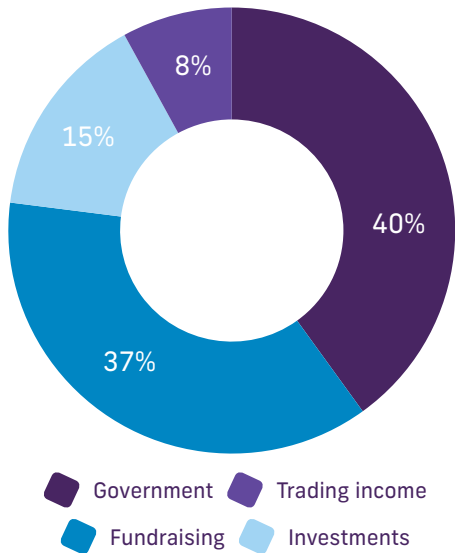


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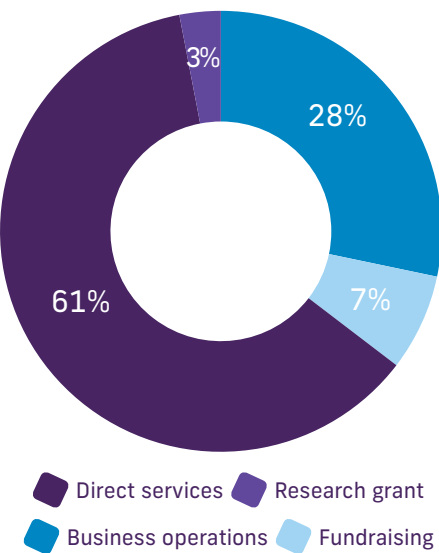
ABN: 91 609 156 630

info@asthma.org.au

WHERE THE MONEY CAME FROM



HOW WAS THE MONEY SPENT



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