

SPEAKING UP FOR ASTHMA

**2019-2020
ANNUAL REPORT**



**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 puffers – 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.



A person's shoulder is visible in the bottom left corner, looking out at a sun-dappled forest. The background is a soft-focus image of trees with sunlight filtering through the leaves, creating a bokeh effect of bright, circular light spots.

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. This will mean more than 16,000 fewer anxious and scary trips to hospital.

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 bring our imagination to creating a better tomorrow.

OUR VALUES

1

WE KNOW
WHAT WORKS.
WE DEFINE
WHAT'S NEXT.

2

WE EMPATHISE.
WE EMPOWER.

3

WE'RE CONSTANT,
RELIABLE AND
RESILIENT.
WE'RE DYNAMIC
AND EVOLVING.

4

WE'RE CARING.
WE'RE
COURAGEOUS.

5

WE DO SERIOUS
WORK. WE DON'T
TAKE OURSELVES
TOO SERIOUSLY.

**“AFTER I SPOKE TO YOU
THE FIRST TIME, I WAS
SO EXCITED AND TOLD
MY PARTNER I HAD JUST
SPOKEN TO A FANTASTIC
LADY ABOUT MY ASTHMA
AND WAS SO HAPPY TO
LEARN ABOUT WHAT I COULD
DO TO FEEL BETTER! BEST
CALL I EVER MADE!”**

COACH CLIENT



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CEO'S REPORT

MICHELE GOLDMAN

**“THERE WAS
POSSIBLY NO
GREATER IMPACT
THAN ON THE
FAMILY OF
BELOVED
DAUGHTER,
SISTER AND
FRIEND
COURTNEY
PARTRIDGE-
MCLENNAN.”**



“THE IMPROVEMENT IN OUR STAFF ENGAGEMENT LEVELS FROM 75% TO 86% IS A TESTAMENT THAT WE ARE ON THE RIGHT PATH.”

IT'S BEEN A WHOPPER OF A YEAR...

WE STARTED THE YEAR WITH A BANG.

We relaunched our brand and website based on consumer insights so we could focus on our purpose, to help people with asthma to breathe so they can live freely. In our quest to change the trajectory for people with asthma, we launched a bold goal - to halve avoidable asthma hospitalisations by 2030. But despite the positive start, this reporting period has presented massive challenges for people with asthma.

It started with Australia's Black Summer Bushfires. Amid Australia's worst bushfires on record, smoke blanketed our cities and towns for weeks. People with asthma were significantly affected. No longer are Australians taking clean air for granted.

We surveyed the community to better understand their experiences. We were overwhelmed with more than 12,000 responses, validating the significance of these events. People shared their fear, anxiety and helplessness. Almost all people with asthma (94%) had symptoms, despite heeding public health advice. The smoke impacted them physically, socially, psychologically and financially.

There was possibly no greater impact than on the family of beloved daughter, sister and friend Courtney Partridge-McLennan. The 19-year-old died after suffering a severe asthma attack while sleeping. Her sister Cherylleigh [shared her family's story](#) to an audience of hundreds online at the launch of Asthma Australia's smoke survey results, courageously joining our call for action to protect our community's respiratory health.

The smoke had barely dissipated before Australians were confronted by a global pandemic. People with asthma became extremely anxious. We had a significant increase in calls and engagements through our social media channels. *Am I more at risk of contracting COVID-19? Will I be sicker? Am I at greater risk of dying?* We did regular surveys to monitor changing sentiment and explore specific topics in greater depth, such as medication shortages, wearing face masks, and getting tested for COVID-19.

As an organisation, we stepped up and supported our community's evolving and urgent needs. We answered calls and developed content to address people's queries and concerns. We provided access to experts through Facebook live sessions, and we advocated around the issues that were identified. I am incredibly proud of the initiative and effort of the team, and grateful to work with such a committed bunch of people.

Outside the impacts of the twin crises that dominated 2020, we have also achieved strong progress.

A highlight was the launch of an accredited learning module with Reed Medical Education. Doctors and health professionals can now learn all the fundamentals for providing quality asthma care in six modules, with a strong focus on partnering with patients to provide person-centred care.

We are continuing our innovative pilots to explore the social determinants of health in South Brisbane and South Australian communities. These use co-design practices to address specific local issues and will push the boundaries for chronic disease responses.

Working in partnership with Adelaide Primary Health Network (PHN) and The Lung Foundation, we are exploring new integrated models of care for people with asthma and COPD to achieve patient empowerment.

We continued to adapt rapidly to change as an organisation. We are exploring options to share the program we had planned for our asthma conference to “shift the dial” on asthma. Likewise, ahead of COVID-19's onset we developed a new fundraising strategy and are fortunate to have laid the foundations ahead of what we expect will be a challenging period.

After a long history, we said goodbye to our Brisbane Op Shops. We were very pleased to sell the business to Link Vison, enabling ongoing employment and volunteering opportunities for our wonderful team. I thank them and the local communities all for their dedication to these businesses.

A huge thanks to our Board for their professional governance, and always being available to share their expertise and counsel. Particular gratitude to David Simmons, whom I have had the privilege to work with as our Chair over our inaugural three years.

Thank you to the amazing volunteers on our Professional and Consumer Advisory Councils. The ability to tap into your insights, experience and wisdom enables us to continue to meet the evolving needs of the community in a fast-changing world.

And finally, thanks to the wonderful team of people who put in the hard yards every day, who push the boundaries, and go out of their way to support those we seek to serve. The improvement in our staff engagement levels from 75% to 86% is a testament that we are on the right path. Together we have faced the challenges of 2019/2020. I look forward to more progress this year.

CEO Asthma Australia
Michele Goldman

CHAIRPERSON'S REPORT

DAVID SIMMONS OAM

**“THIS TRAGIC
SITUATION
PROPELLED US
TO ENGAGE WITH
CONSUMERS
AND ADVOCATE
FOR EFFECTIVE
AIR QUALITY
GUIDELINES
AND POLICIES
IN NATIONAL
AND STATE
GOVERNMENT
CAMPAIGNS.”**



“OUR RELATIVELY EARLY DECISION TO ESSENTIALLY CLOSE OUR OFFICES AND REQUIRE STAFF TO WORK REMOTELY IS A GREAT EXAMPLE OF HOW ASTHMA AUSTRALIA RESPONDS TO A CHALLENGE AND GRABS AN OPPORTUNITY.”

Last year I commented about the inevitability of change in any organisation's life, and how it presents both challenges and opportunities. Little did I imagine the socioeconomic ravages of the most serious global pandemic in more than a century and the nation's most significant bushfire season.

Our relatively early decision to essentially close our offices and require staff to work remotely is a great example of how Asthma Australia responds to a challenge and grabs an opportunity.

We have been fortunate to move relatively easily to the work-from-home model without the face-to-face requirements of many other organisations in the not-for-profit sector. I commend our workers for their dedication, noting the challenges of a home office such as supervising and guiding children during their lockdowns, for example.

These COVID-19-related challenges followed the significant impact on many people living with asthma in bushfire-impacted areas. This tragic situation propelled us to engage with consumers and advocate for effective air quality guidelines and policies in national and state government campaigns.

The annual meeting of 2019 saw the first significant changes in the composition of our Board since the new organisation commenced in 2017. After many years of service to asthma organisations, Marita Cowie AM from Queensland, Rob Stobbe from South Australia, and Nick Thornton from Victoria retired. Their corporate knowledge, wisdom and judgement greatly assisted our new organisation in its formative years, and I pay tribute to them and their service on your behalf.

Change provided opportunities for Board renewal. We are fortunate to welcome new and different skills in our current directors, Queenslander Samantha Clark and Victorians Dr Chris Pearce and Dr Louise Schaper. In their relatively short time as directors, they have contributed to the strengthening of our corporate governance. We also congratulate South Australia-based director Terry Evans, who was awarded a Member of the Order of Australia (AM) in the Australia Day Honours List for his service to community organisations in the education and not-for-profit sectors.

We continue to work with state-based Foundations in Western Australia and the Northern Territory to ensure national programs are delivered effectively. Together with our Chief Executive Officer, I had the opportunity to travel to Perth and Darwin and meet with these Boards to discuss opportunities for further collaboration. Our organisations share positive professional relationships with those in other states.

This will be my final report as Chair of Asthma Australia. I have been fortunate to work with a passionate, dedicated and professional group of directors over the years to establish sound governance in a cordial and respectful manner.

A great Board is an important attribute of any company, but the staff in the end do the hard yards.

Our company is led by a passionate, dedicated and professional Chief Executive Officer in Michele Goldman. It has been a pleasure and a privilege to have worked so effectively with Michele, her leadership team and her supportive staff.

It has been an honour to be the Chair of a great organisation since its inception in October 2017. I'm confident better days will be ahead despite the challenges life will always present.

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

TREASURER'S REPORT

JAMES WRIGHT



**“WHILE OUR REVENUE
STREAMS ARE ROBUST,
WITH APPROXIMATELY
50% OF TOTAL
REVENUE COMING
FROM CONTRACTED
GOVERNMENT GRANTS,
FUNDRAISING HAS
BEEN CHALLENGING.”**

“DURING THIS YEAR WE DEVELOPED A NEW FUNDRAISING STRATEGY AND PLAN, AND BROUGHT NEW SKILLED FUNDRAISING STAFF INTO OUR TEAM...”

2020 HAS BEEN A VERY UNUSUAL AND CHALLENGING YEAR FOR ALL BUSINESSES.

Some not-for-profit organisations have been forced into very difficult decisions about staffing and service provision. Thankfully, the strength of our balance sheet, which has been built up over many years, has held us in good stead.

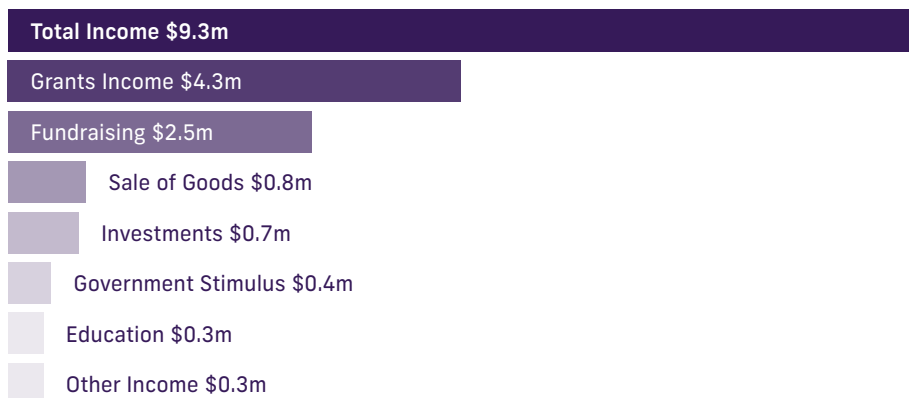
While our revenue streams are robust, with approximately 50% of total revenue coming from contracted government grants, fundraising has been challenging. We have been fortunate and appreciative to have received Australian Government assistance from the cash flow boost and JobKeeper support packages. During this year we developed a new fundraising strategy and plan, and brought new skilled fundraising staff into our team to maximise fundraising returns in whatever economic environment we find ourselves in.

The divestment of our Op Shops business during the year saw core revenues and expenses fall from the previous year, but this decision did not contribute to any material decrease in profit.

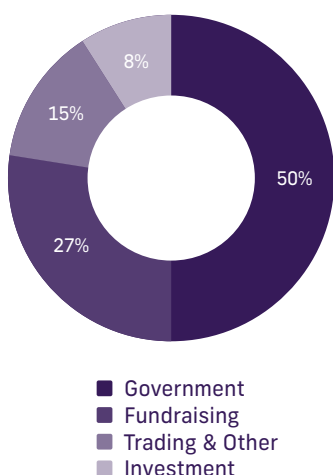
The market turmoil has seen the value of our investments fall \$1.2 million, resulting in a net loss of about \$500,000 for the year to June 30, 2020. We are confident that our investments are well managed by our partners at Perpetual, and that as the economy recovers we will see a return to higher values.

While our balance sheet position remains very strong - with an equity position of \$20.4m - we have not been complacent on our expenses this year, and we will continue to look for opportunities to increase the efficiency and cost effectiveness of our business operations.

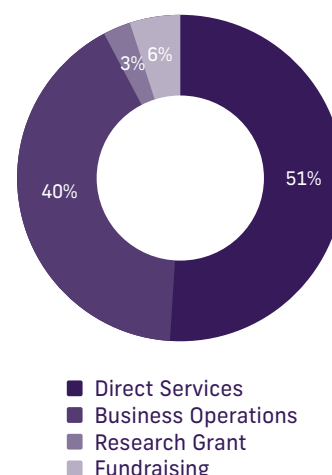
FY19/20



WHERE THE MONEY CAME FROM



HOW WAS THE MONEY SPENT



STRATEGY ON A PAGE

OUR PURPOSE

To help people to breathe so they can live freely.

OUR VISION

A community free of asthma.

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 5 PILLARS

1



HIGH PERFORMANCE & INNOVATIVE CULTURE

Building a high performance, innovative culture where our people bring their best selves to their roles.

2



CONNECTED & EMPOWERED CONSUMERS

Creating a digital ecosystem that provides more complete solutions for people with asthma.

3



IMPACT & INFLUENCE

Better outcomes by working with and across the system as a whole, combining an evidence based and person-centered approach, to deliver the right support, in the right place, at the right time.

4



TRUSTED, EXPERT VOICE

People with asthma benefit from a strong, trusted expert who understands their needs.

5



FINANCIAL SUSTAINABILITY

Generating increased revenue, managing costs, and focusing on a positive ROI across all we do.

BOARD PROFILE

Asthma Australia is governed by an independent, skills-based Board that meets formally six times a year. Directors are appointed for three-year terms to support renewal. They may be reappointed for up to three terms. The Appointments Committee, comprised of two members from each of the Board, Consumer and Professional Advisory Councils, is responsible for appointing new directors.



CHAIRMAN

Hon David Simmons OAM

David Simmons is an experienced director in the community and health sectors.

The former Australian Government Minister has held previous roles as Director of the Hunter Medical Research Institute, Western Health Alliance, Chair of the Bathurst Hospital Board, Chair of the National Heart Foundation (NSW Division), and Director of General Practice Training Valley to Coast. From 2012 to 2015 David was the Chair of Western NSW Medicare Local.

David began his career as a 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 a founding partner at Sayers, an advisory and investment firm launched in 2020.

James has over 30 years experience in economics and investment markets working in senior roles in both the public and private sector. He has previously been the Chief Investment Officer of JBWere Ltd and ING Investment Management, where he led teams that managed considerable amounts of capital for clients. 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.

BOARD MEMBERS



PROF ROSEMARY CALDER

Rosemary has worked in health, aged care and social policy and services in the non-government sector and held senior executive roles in both Victorian and Commonwealth health departments. She is Professor of Health Policy and Director of the Australian Health Policy Collaboration at the Mitchell Institute, an education and health policy think tank established by Victoria University.



SIMONE CARTON

Simone is an experienced CEO, lawyer and governance professional. She has worked across a variety of sectors including legal, health, advertising, banking and the arts.

Simone is currently CEO of the ACT Law Society, the peak body for solicitors working in the ACT. Previously, Simone was CEO of the Australian and New Zealand Society of Palliative Medicine and worked as in-house counsel and company secretary for the Advertising Standards Bureau.

Simone previously served on the boards of the former Asthma Foundation ACT and the Australian Multiple Birth Association. As a parent to children with asthma, Simone also has personal experience with the challenges facing people with asthma.



TERRY EVANS

Terry Evans is an experienced lawyer and company director.

He has held senior positions as a lawyer and as an administrator in both the private and public sectors and as a director in the corporate, government, arts, health and sports sectors.

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.

Paul 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. He 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.

BOARD MEMBERS



DR LOUISE SCHAPER

Louise Schaper has built a career around digital innovation to drive better health.

Louise has a Ph.D. in Information Systems (Health Informatics), more than 20 years in healthcare, with 11 years at the executive level. She has extensive experience leading change and growth in the highly complex health sector.

She is currently the CEO of the Australasian Institute of Digital Health, Honorary Research Fellow at the University of Melbourne, Non-Executive Director of Daylesford and Macedon Tourism Ltd and is a Fellow of AIDH and the International Academy of Health Sciences Informatics.

Louise brings to our board strong leadership and governance experience, entrepreneurial spirit and drive and a passion for driving better health outcomes through technology – a key strategic focus for Asthma Australia over the coming years.



SAMANTHA CLARK

Samantha is a passionate, commercially minded and skilled strategic executive with more than 20 years' experience across management consulting, medical, media, retail, travel, sport and recreation, FMCG and not-for-profit sectors.

Samantha spent several years at QML Pathology working closely with clinical, medical and operational experts overhauling marketing, governance framework, and policies around integrated health.

Samantha has experienced firsthand the consequences of severe asthma and the impact it has on wellbeing. Her personal connections to asthma, coupled with an MBA, Industry Fellow and Certified qualifications, allows her to demonstrate strong leadership, diverse skills, and passion in data-led customer-centric transformations, which is the heart of Asthma Australia.

Currently a Consultant specialising in customer-centricity, brand and marketing and also a Member of the QUT Alumni Board, Samantha is looking to optimise, progress and empower organisations.



DR CHRISTOPHER PEARCE

Dr Christopher Pearce has been involved in Health Informatics for more than 20 years. Trained in Rural and Remote Medicine and General Practice, he worked for 13 years in rural Victoria and assisted with the early adoption of GP desktop systems and developing distance education programs. He remains a practicing clinician in emergency, anaesthetics and general practice.

As a member of the first Information Management Strategy Group he advised the Australian Government on informatics for general practitioners.

Dr Pearce has a PhD on the use of computing in medicine and advises national bodies on data management, informatics and change management.

He is a Visiting Fellow at the Australian National University and has published more than 50 articles in refereed journals and books.

CONSUMER ADVISORY COUNCIL

Our Consumer Advisory Council (CAC) is comprised of a diverse group of passionate individuals with a lived experience of asthma, including two directors from the Board.

The CAC is an integral part of our organisation as we strive to actively engage people who live with asthma or are directly impacted by it. By deeply engaging with people with lived experience, it will ensure we shape our work based on a deep understanding of their needs and pain points. Established in 2018, it provides vital advice and guidance on our projects. We value the expertise of people with lived experience.

Projects the CAC has been involved with this year include:

- the prioritisation of research funding
- meetings with key decision makers
- Therapeutic Goods Administration and Pharmaceutical Benefits Advisory Committee submissions
- organisational strategy.

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

**THE CAC IS AN
INTEGRAL PART OF OUR
ORGANISATION AS WE
STRIVE TO ACTIVELY
ENGAGE PEOPLE WHO
LIVE WITH ASTHMA
OR ARE DIRECTLY
IMPACTED BY IT.**

CONSUMER ADVISORY COUNCIL MEMBERS



JUDITH WETTENHALL

Chairperson

Judith Wettenhall is the Chair of the Holbrook Local Health Advisory Committee and is an asthma educator. She lives with asthma.



JAMES WRIGHT

James Wright is a founding partner at Sayers, an advisory and investment firm launched in 2020. He has been active in Asthma Foundation New South Wales and Asthma Australia roles since 2014.



SIMONE CARTON

Simone is CEO of the ACT Law Society, the peak body for solicitors working in the ACT. Simone is a parent of children with asthma and has experience as a director on the Boards of the former Asthma Foundation ACT and the Australian Multiple Birth Association.



MARTIN BEAUPARK

Martin Beaupark is a QANTAS aircraft maintenance worker and has two children with asthma.



TRACY ELLEM

Tracy Ellem is an educator in Asthma and Anaphylaxis management and First Aid. She has asthma and a child with allergies.



KYM HOLDEN

Kym Holden is an advocate for asthma education. She has had a long association with the Consumers Health Forum and the former ACT Asthma.



KATE GARVEY

Kate Garvey works in public health with Tasmania's Department of Health and lives with asthma.



HELEN MURRAY

Helen Murray is a retired nurse whose experience spans the public and private sectors in paediatric practice and aged care. She developed asthma as an adult.



LYNDA WHITEWAY

Lynda Whiteway is a Queensland Cancer Fund Community Educator and a member of the Making Care Better Group based at the Royal Adelaide Hospital.



DR LAN TRAN

Dr Lan Tran is a lead veterinarian in Melbourne. She has asthma and has a child with asthma.

CONSUMER ADVISORY COUNCIL CHAIR REPORT

“DESPITE THE CHALLENGES OF COVID-19 RESTRICTIONS, WE ACHIEVED A PRODUCTIVE YEAR USING REMOTE CONFERENCING.”



The CAC has built strongly on its establishment phase to have a year of progress. Councillors have told us they feel respected for their input into the initiatives and direction.

Councillors and their networks have provided feedback on a range of varied projects. These included website design for Asthma Week and the Spring Campaign, workshops on the cost of medication, evaluations of 1800 ASTHMA and The COACH Program®, and comment on Asthma Action Plan design, future grant proposals and our critical submission to the New South Wales Bushfire Inquiry.

A focus of the year was presenting what the Council believes to be the priority focus areas. Asthma Australia is identifying where work is already occurring against these priority areas and the gaps that need to be considered in planning.

Despite the challenges of COVID-19 restrictions, we achieved a productive year using remote conferencing. We will continue to build on this year's activity and to reach out to those populations we recognise we have not reached as yet.

**CAC Chair
Judy Wettenhall**

CONSUMER ADVISORY COUNCIL PROFILE

LYN WHITEWAY



“I HAVE A PASSION FOR CONSUMER CENTRED CARE, WHICH IS ALWAYS TALKED ABOUT WITHIN HEALTH SERVICES BUT VERY OFTEN ISN'T PRACTISED.”

My name is Lyn and I have both asthma and bronchiectasis. I'm 74 years old and a dedicated consumer advocate. As well as the Asthma Australia CAC, I am a consumer advisor to SA Health committees and to groups in the private sector.

I am Chair of the SA branch of Asthma Australia's Adelaide Integrated Respiratory Response (AIRR) project committee. In this role I present workshops about my asthma journey. I have a passion for consumer centred care, which is always talked about within health services but very often isn't

practised. That's why I'm so passionate about consumers being at the heart of their healthcare, being health literate and understanding their treatment and the medications used to help them.

I absolutely love the work I do to improve the patient journey of consumers. I relish the times I can help a clinician understand that a patient who is involved in their healthcare planning is a patient most likely to follow their instructions and take their medications. Little wins make me glow.

PROFESSIONAL ADVISORY COUNCIL

Asthma Australia's Professional Advisory Council (PAC) comprises a diverse group of Australia's thought leaders, including two Board directors. Their expertise spans clinical fields, academia, social innovation, marketing and planning. Together they provide critical input into our work on behalf of people with asthma. The PAC is consulted regularly on key activities including program evaluation, policy and advocacy activities, and our response to COVID-19.

Asthma Australia was pleased this year to invite Dr John Blakey to join us as our medical advisor. John works as a specialist respiratory physician at the Charles Gardiner Hospital in Perth and is an Adjunct Associate Professor at the Curtin University. John has worked previously in similar roles with Asthma Foundation WA and before arriving in Australia, contributed to the work of Asthma UK. His main areas of interest are in research translation and models and innovations in health care and he has deep, broad and patient centred insights around asthma which are proving to be extremely valuable for people with asthma in Australia. It is a privilege to have him on board.

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

**THEIR EXPERTISE SPANS
CLINICAL FIELDS, ACADEMIA,
SOCIAL INNOVATION,
MARKETING AND PLANNING.**

PROFESSIONAL ADVISORY COUNCIL CHAIR REPORT



The PAC had a busy and very productive year during 2019/20. It is clear this group of leading professionals and leaders in their respective fields has a strong commitment to their role advising and contributing to the priorities and work program of Asthma Australia. Needless to say, their commitment was in high demand over the past year.

In addition to the range of complex clinical and policy challenges that required support and guidance throughout the year, we were also confronted by the extraordinary respiratory challenges of the summer bushfires followed without respite by the COVID-19 pandemic. Each of these required comprehensive and considered responses from us and we were given outstanding advice and support from the members of the PAC as we responded to these challenges. We have seen the benefit to our consumer community in turn.

The Council met on five occasions during the past year, three times face-to-face and twice via video conference. Between these meetings, Councillors were also available for focused discussions out of session, providing their advice on a range of priority issues including air quality policy, consumer service design for people with asthma affected by COVID-19, medication and prescribing changes affecting people with asthma, and a program evaluation design and oversight strategy.

Other significant projects for which the PAC provided advice and guidance included the evaluation plan of our approach to addressing the social determinants of health, the Culture Well project (find out more on [page 44](#)) and National Air Quality Standards.

As per the Terms of Reference, the Council also undertook a self-assessment and Council evaluation exercise which has given Asthma Australia and the Council a strong platform on which to build and optimise our ways of working into the future.

As the Chair of the PAC, I have been deeply impressed by the quality of the conversation and debate we have in our meetings and by the integrity and independence with which professional opinions are expressed and debated. I look forward to the ongoing work of this Council as we pursue and continue to redefine our goals and get outcomes for the people living with asthma for whom we are determined to achieve best practice treatment, care and support options.

Prof Rosemary Calder
PAC Chair

“AS THE CHAIR OF THE PAC, I HAVE BEEN DEEPLY IMPRESSED BY THE QUALITY OF THE CONVERSATION AND DEBATE WE HAVE IN OUR MEETINGS AND BY THE INTEGRITY AND INDEPENDENCE WITH WHICH PROFESSIONAL OPINIONS ARE EXPRESSED AND DEBATED.”

PROFESSIONAL ADVISORY COUNCIL MEMBERS



PROF ROSEMARY CALDER

Chairperson

Rosemary Calder is a Professor of Health Policy at the Mitchell Institute, Victoria University and leads the Australian Health Policy Collaboration.



ADJUNCT ASSOCIATE PROF PHARMACY KINGSLEY COULTHARD

Professor Kingsley Coulthard is a nationally recognised advocate for equity of access to safe and effective medicines for children and the former Director of Pharmacy at the Adelaide Women's and Children's Hospital.



PROF ANNE-MARIE FEYER

Professor Anne-Marie Feyer is an expert in health and social care research, practice and policy who has worked across academia, the private sector and in consultancy.



DR JULIET FOSTER

Dr Juliet Foster is a Research Psychologist with a special interest in the patient's perspective on chronic disease and self-management.



PROF PETER GIBSON

Professor Peter Gibson is a respiratory disease doctor and a clinical scientist who investigates the mechanisms and treatment of asthma, COPD, cough, and other airway disorders.



MELINDA GRAY

Melinda is a Clinical Nurse Consultant, Paediatric Asthma at Sydney's Children's Hospital Randwick and co-coordinates NSW's Aiming for Asthma Improvement in Children Program.

PROFESSIONAL ADVISORY COUNCIL MEMBERS



ASSOCIATE PROF TRACEY-LEA LABA

Associate Professor Tracey-Lea Laba, is a health systems researcher and NHMRC Early Career Fellow at the Centre for Health Economics Research and Evaluation, UTS Business School Sydney.



PROF SHARYN RUNDLE-THIELE

Professor Sharyn Rundle-Thiele is a social marketer and behavioural scientist. She is the Founding Director of [Social Marketing @ Griffith](#), which is the largest university based group of social marketers in the world.



DR TIM SENIOR

Dr Tim Senior works as a General Practitioner at the Aboriginal Community Controlled Health Service in South West Sydney, and is a clinical senior lecturer at Western Sydney University.



PAUL SINCLAIR AM

Paul Sinclair is a community pharmacist and pharmacy-business operator with more than three decades of experience in the sector.



DR LOUISA OWENS

Dr Louisa Owens is a Consultant Respiratory Paediatrician at Sydney Children's Hospital with a special interest in asthma management and the epidemiology of respiratory health of children.

ASTHMA IN AUSTRALIA



1 IN 9

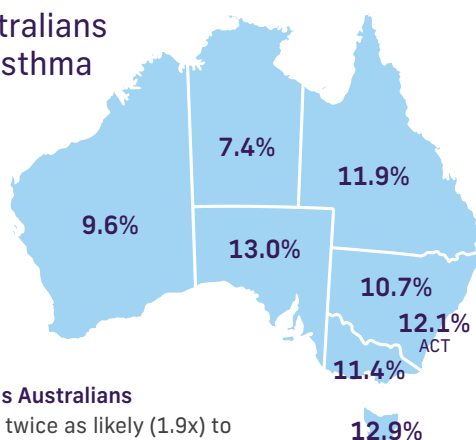
AUSTRALIANS
ARE AFFECTED
BY ASTHMA

2.7 million people

11.2%

of Australians
have asthma

Persons (%)
State/Territory



Indigenous Australians
are nearly twice as likely (1.9x) to
report having asthma compared
with non-Indigenous Australians.²

Age standardised rates¹

HOSPITALISATIONS



In 2017-18

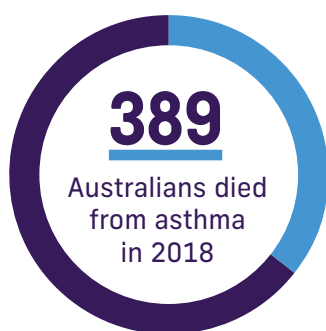
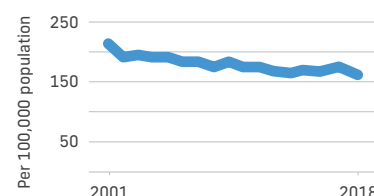
38,792

Australians
were
hospitalised³

Approximately **80%** of asthma
hospitalisations are preventable

Almost **half (44%)** of the
hospitalisations for asthma
in Australia are for children
aged 0-14.

Asthma
hospitalisations
have plateaued
over the last
decade



■ 139 males ■ 250 females



ASTHMA MORTALITY

Mortality rates are higher for:

- People living in remote areas
- People living in areas of lower socio-economic status
- Indigenous Australians



Total Deaths (Persons)
State/Territory⁴

Total deaths do not equal the sum of the states,
because states with small values are randomly
assigned to protect confidentiality.

Combined
total of
14 deaths

QUALITY OF LIFE¹

People with asthma are less
likely to report excellent health,
and more likely to report fair or poor
health, than people without the condition.



ASTHMA ACTION PLANS⁵

28.4% of people with asthma
have an Asthma Action Plan.

- 0-14 years: 53.7%
- 15 years and over: 21.3%

ACTION PLAN



1. Australian Bureau of Statistics 2018; National Health Survey: First Results 2017-18. ABS Cat no. 4364.0.55.001. Canberra: ABS.

2. AIHW 2017. Asthma. Web Report. Available from: <https://www.aihw.gov.au/reports/asthma-other-chronic-respiratory-conditions/asthma/data>

3. AIHW 2019. Separation statistics by principle diagnosis (ICD-10-AM 10th edition), Australia 2017-18. Canberra: AIHW

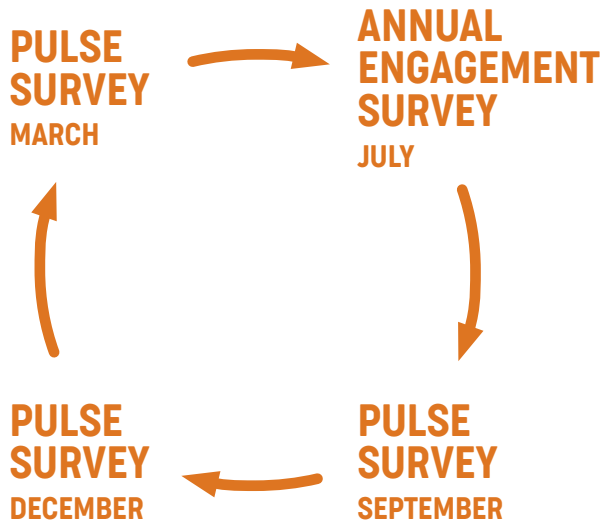
4. Australia Bureau of Statistics (ABS) 2019. Causes of Death, Australia, 2018. Canberra: ABS.

5. Australian Government Productivity Commission 2018. Report on Government Services.

HIGH PERFORMANCE & INNOVATIVE CULTURE

We know our people are our biggest asset. We continue to focus on building a high performance, innovative culture where our people bring their best selves to their roles and deliver great outcomes for people with asthma.

EMPLOYEE ENGAGEMENT



**WE KNOW OUR
PEOPLE ARE OUR
BIGGEST ASSET.**

We keep connected with our people to understand how they feel about working with us, including what we are doing well and where we need to focus our effort to make improvements. Two key opportunities to hear feedback directly from our people are the annual Engagement Survey and a quarterly Pulse Survey.

ANNUAL EMPLOYEE ENGAGEMENT SURVEY

Our annual Employee Engagement Survey provides us with valuable insights into how our people experience working with us. We use the Voice Engagement Model to measure the overall job satisfaction of our people and their commitment to the organisation as well as their emotional wellbeing and perceptions about organisational performance.

In July 2020, 100% of our people responded to our request to participate in our Engagement Survey and the results from their feedback confirm we are on the right track.

We were named as a finalist for the Voice Project, 2020 Change Challenge Award, shortlisted from 117 eligible organisations. This was for our work driving organisational change that positively impacted employee experience, resulting in a significant improvement in employee engagement between 2018 and 2019.



**ENGAGEMENT FOR
OUR ORGANISATION
IS HIGH AT 86%**

*This represents an 11% increase
when compared with 2019 results*



**OUR WELLBEING
RESULTS ARE ALSO
HIGHER THAN OUR
PREVIOUS SURVEY**

This falls in the moderate range at 68%

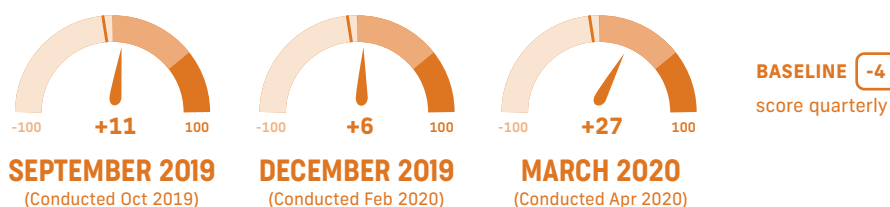
**THERE HAS BEEN
AN ENORMOUS
IMPROVEMENT IN THE
PERCEPTION FROM
OUR PEOPLE ABOUT
ORGANISATIONAL
PERFORMANCE,
WHICH IS NOW IN
THE HIGH RANGE OF
81%**

*A significant improvement
of 14% points on 2019 results*

PULSE SURVEY

The quarterly Pulse Survey uses the Employee Net Promoter Score (eNPS) 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 of the three survey's conducted in 2019/20 include:



Feedback from the Pulse Survey indicates that our people have a strong alignment to our vision and values and enjoy working with their colleagues. They see an opportunity for improvement in how we support staff to navigate rapid change and uncertainty, as well as how we respond to increasing workload.

We also included a question exploring how people were coping with the changes from COVID-19, in the March Quarter 2020

survey. Feedback indicated that they were coping well. Our people have valued the organisations "great" response to COVID-19, including strong leadership and increased flexibility. They also saw an opportunity to improve support for managing the increased workload and loss of face-to-face connection created from working from home.

IMPACT & INFLUENCE

WE ARE AIMING TO CHANGE THE HEALTH SYSTEM SO IT IS MORE EFFECTIVE IN IMPROVING HEALTH OUTCOMES FOR PEOPLE WITH ASTHMA.

We are reaching out to people with asthma through our existing services and finding better ways to connect.

We are approaching health and hospital networks to embed best-practice asthma services.

We are building an evidence-based and cost-effective strategy to improve asthma knowledge in health professionals and community services.

Overall, we are aiming to change the health system so it is more effective in improving health outcomes for people with asthma. This is all aimed at our goal to halve avoidable hospitalisations due to asthma by 2030.

A CONSUMER- LED VOICE FOR CHANGE

The bushfire and COVID-19 impacts on Australians living with asthma were extraordinary.

These events presented unique challenges for people with asthma and required us to advocate strongly on their behalf.

We took the opportunity to engage deeply with our community to find out the personal and day-to-day impact on their lives.

Our comprehensive surveys on the effect of the bushfire smoke and the impact of COVID-19 and the restrictions put in place to minimise its spread provided significant feedback from people living with asthma.

This informed and guided our advocacy and media response, engagements that remain ongoing.

This is what you told us.





“I SOMETIMES FEEL USELESS, SEEING HOW OTHER PEOPLE SEEM TO BE ABLE TO FUNCTION NORMALLY WHEN I’M STRUGGLING TO DO BASIC TASKS.”

SMOKE IMPACT SURVEY

AT ITS WORST THE AIR QUALITY INDEX REACHED MORE THAN 25 TIMES THE HAZARDOUS LEVEL IN CANBERRA ON JANUARY 1, 2020.¹

Between July 2019 and March 2020, Australia experienced an unprecedented number of bushfires, affecting populations that totalled more than 12m across New South Wales, Queensland, the Australian Capital Territory, Victoria and South Australia. Bushfire smoke contains high concentrations of fine particulate matter, which is harmful to human health. Smoke effects are unevenly distributed across the population. People with asthma or other chronic conditions, very young children, pregnant women and the elderly are particularly vulnerable.

At its worst the Air Quality Index reached more than 25 times the hazardous level in Canberra on January 1, 2020.¹ Between November 2019 and January 2020, the index was greater than 10 times the hazardous rating on multiple occasions in certain areas

of Sydney.² It is estimated the bushfire smoke was responsible for more than 400 deaths, 2000 respiratory hospitalisations and 1300 presentations to emergency departments for asthma.³

In response to the unfolding public health emergency caused by poor air quality, we developed and disseminated the *Bushfire Smoke: Are You Coping?* survey to give a voice to people with asthma and the broader community about their experiences during the prolonged periods of bushfire smoke exposure. More than 12,000 people responded, providing rich insights into their experiences. The six key findings highlighted the devastating impact of bushfire smoke on individuals at high risk and the need for better protection, particularly for vulnerable people.

1. ACT Government 2020, PM2.5 AQI real time graph, Canberra: ACT Government. <https://www.data.act.gov.au/Environment/PM2-5-AQI-real-time-graph/jdgg-ug2d?referrer=embed>
2. NSW Department of Health 2020, search for and download air quality data, Sydney: NSW Government. <https://www.dpie.nsw.gov.au/air-quality/search-for-and-download-air-quality-data>
3. Borchers et al 2020, Unprecedented smoke-related health burden associated with the 2019-20 bushfires in eastern Australia, Medical Journal of Australia. Doi: 10.5694/mja2.50545



The survey results indicated there were three main factors that limited individual's ability to avoid smoke during the Black Summer bushfire crisis. These were the lack of relevant information, financial constraints and ineffective public health messaging.

With fire seasons becoming longer and more intense, the health impacts of smoke must become a policy priority for all jurisdictions. We made 10 detailed recommendations for action to reduce the impact of future bushfire-smoke events on all Australians, particularly those with asthma or other vulnerabilities.

Read the full report here: <https://asthma.org.au/what-we-do/advocacy/smoke-survey-results/>

We thank all participants who completed the Smoke Impact Survey. The analysis was completed in partnership with:

- Sharon Davis PhD; Early Career Researcher
- Dinh Bui MPH, PhD; Research Fellow; University of Melbourne; Allergy and Lung Health Institute
- Shyamali Dharmage MBBS, MSc, MD, PhD; Professor and Head of the Allergy and Lung Health Unit; University of Melbourne; Allergy and Lung Health Unit
- Amy Chan; Senior Clinical Research Fellow; University of Auckland.

COVID-19 AND ASTHMA SURVEY

The World Health Organisation declared COVID-19 a global pandemic in March 2020 due to its rapid spread throughout the world. As the outbreak in Australia unfolded, people with asthma faced significant uncertainty. This included a perceived increased risk of contracting COVID-19 or having a more severe illness, as well as stockpiling behaviours that affected medication supplies and availability of vital asthma medication.

We launched our *Asthma and COVID-19 Survey 2020* to understand the experiences of people with asthma, to inform our public responses and advocacy, and to conduct ongoing sentiment checks as the COVID-19 pandemic unfolded.

The initial survey, from April 9-30, received nearly 2000 responses from people with asthma or their carers. Following this, a smaller group of approximately 300-500 people completed a pulse survey on a fortnightly basis for six months. This helped us track changing impacts and sentiments over the course of COVID-19, and to identify new challenges that arose and needed action.

THE INITIAL SURVEY, FROM APRIL 9-30, RECEIVED NEARLY 2000 RESPONSES FROM PEOPLE WITH ASTHMA OR THEIR CARERS.

Key insights from the initial survey included:

1. People with asthma were very anxious about COVID-19 and their level of vulnerability as a person with asthma

More than half of participants (54%) rated their anxiety about COVID-19 as a six or higher on a scale of 0-10. One in five people (19%) rated their anxiety at a 9 or 10. People with severe asthma or poorly controlled asthma were more likely to be anxious about the COVID-19. At the time of this survey there was no specific data to suggest people with asthma were at higher risk of contracting the virus or experiencing serious illness, however the lack of definite information left many people with asthma feeling anxious.

2. Nearly half the people with asthma (44%) reported experiencing new or increased symptoms of depression and anxiety

Additionally, one quarter of people (25%) said feelings of anxiety, stress and depression had been triggering their asthma. The percentage of people reporting new or increased symptoms of anxiety and depression increased with decreasing asthma control, and vice versa, highlighting the bidirectional impact between asthma and mental health.

3. More than half the people with asthma reported they were self-isolating (67%)

This meant they were staying at home and not leaving unless it was an emergency, not going to public places (e.g. shopping centres or work) and not having visitors. Only 8% of those self-isolating reported they were doing so due to government regulations (e.g. returning from recent travel). Most people with asthma were choosing to self-isolate to protect themselves. People with severe asthma or poorly controlled asthma were more likely to report self-isolating.

4. One quarter of people with asthma (26%) faced challenges accessing their usual asthma medication

Additionally, 10% of people with asthma reported they did not have a 30-day supply of their asthma medication as recommended. This was mainly due to the medication being out of stock. Participants mostly reported this being an issue for Symbicort, Flixotide and Ventolin/Salbutamol.

5. Most people with asthma did not have well-controlled asthma

People with asthma completed the Asthma Control Test as a measure of their level of asthma control.ⁱⁱ Only 38% of people with asthma had well-controlled asthma. This was lower than estimates from a 2015 nationally representative survey, where half the people with asthma were well controlled.ⁱⁱⁱ People who reported they had been diagnosed with severe asthma were more likely to have very poorly controlled asthma.

6. People with asthma experienced changes to their usual healthcare during COVID-19

One third of people with asthma (33%) reported concern about COVID-19 exposure at health services and nearly one in 10 people (8%) reported they had been unable to see their doctor in person during this period for management of an asthma flare-up or for an asthma review.

Other challenges included not being able to perform spirometry and disruptions to regular care in a hospital setting.

Level of asthma control	Mild-moderate asthma	Severe asthma	All participants with asthma	General asthma population
Well controlled (20+)	49%	22%	38%	54.7%
Not well controlled (16-19)	26%	25%	25%	22.6%
Very poorly controlled (5-15)	25%	53%	36%	22.7%

i. Modified US version for use in Australia. This does not replace a full assessment from your doctor. Asthma Control Test™ copyright, QualityMetric Incorporated 2002, 2004. All rights reserved. Asthma Control Test™ is a trademark of QualityMetric Incorporated. Asthma Score is distributed by GlaxoSmithKline Australia Pty Ltd. 1061 Mountain Hwy, Boronia Victoria, 3155. ABN 47 100 162 481. www.gsk.com AUS/AST/0031/14

ii. Development of the Asthma Control Test: A survey for assessing asthma control; Nathan RA et al, J Allergy Clin Immunol 2004;113:59-65. 2. The Asthma Control Test™ (ACT) as a predictor of GINA guideline-defined asthma control: analysis of a multinational cross-sectional survey; Thomas M et al, Prim Care Resp J 2009; 18(1): 41-49.

iii. Reddel HK, Sawyer SM, Everett PW, Flood PV, Peters MJ 2015. Asthma control in Australia: a cross-sectional web-based survey in a nationally representative population. Medical Journal of Australia 202;492-7

A smiling blonde woman with long hair is leaning on a white railing, looking towards the camera. She is wearing a grey patterned top. The background is a blurred outdoor setting with buildings and a clear sky.

OUR SERVICES TO SUPPORT AND EMPOWER PEOPLE WITH ASTHMA

We provide a range of education, training and direct services across Australia to help people with asthma.

We work hard to ensure national consistency while serving the specific needs of local communities. We utilise various funding sources to achieve our national objectives, including state governments and the Australian Government, philanthropy and our own funds.

OUR KEY FOCUS AREAS ARE:

1. Children and young people with asthma

Children are a vulnerable group, especially outside of the care of their parents. They spend most of their waking hours at school where they are exposed to a wide range of triggers. These can provoke asthma symptoms. Our Schools and Young Persons Program aims to ensure schools are safe environments and risks are minimised.

2. Community asthma

Poor asthma management leads to urgent and avoidable doctor and hospital visits, placing an unnecessary burden on the healthcare system. Our community programs 1800 ASTHMA and The COACH Program® aim to ensure that people with asthma and those in the broader community are equipped with the information and support they need to better manage their asthma.

3. Priority population asthma

Some communities have higher prevalence rates of asthma. Targeted approaches are needed for these communities to accommodate their particular needs. The Culture Well Project aims to pilot and refine a co-designed place-based model of asthma management.

4. Working with Healthcare Professionals

Many people turn to their doctor as a trusted source of information. However with the management of asthma constantly being refined through the availability of new evidence, it is important that general practitioners have timely access to treatment changes and practice updates. With increasing numbers of Australians impacted by asthma and severe asthma, it is critical doctors' knowledge remains current. Our approach to supporting health professionals is to provide broad access to a number of programs. This includes face to face training, online learning, webinars, forums, written updates and innovative pilot programs that create new models of care, strengthen the consumer voice and create new knowledge. This partnership approach builds on current knowledge, creates new knowledge and creates a more robust and responsive system.

HIGHLIGHTS



ASTHMA CONTROL
IMPROVED FOR
86.4%
OF COACH PROGRAM®
PARTICIPANTS

Up from 77.4% in 2019



SCHOOL
STAFF HAVE
99%
FAMILIARITY WITH
ASTHMA FIRST AID
AFTER TRAINING



WORKED WITH
PEOPLE FROM
**VARIOUS
CULTURAL**
BACKGROUNDS IN
CAPTURING THEIR
VOICE TO IDENTIFY
BARRIERS &
ENABLERS TO
GOOD HEALTH



EXCEEDED
ANNUAL
1800 ASTHMA
INFOLINE
TARGET BY
135%



MORE THAN
2,000
KISSMYASTHMA
APP DOWNLOADS



DEVELOPED
PROJECTS WITH
PEOPLE WITH
ASTHMA TO
UNDERSTAND
HOW THE HEALTH
SYSTEM CAN BE
**BETTER
EQUIPPED**
IN SUPPORTING THEM
AND IMPROVING THEIR
HEALTH OUTCOMES



EXCEEDED
ANNUAL TARGET
FOR REFERRALS
TO 1800 ASTHMA
BY **146%**



PROVIDED
TRAINING
TO HEALTH
PROFESSIONALS
IN THE MANAGEMENT
OF ASTHMA



WORKING WITH SCHOOLS

TO ENSURE SAFE SCHOOL ENVIRONMENTS WE FOCUS ON:

- training and service delivery
- associated resourcing and promotion
- communicating guidelines
- advising risk management
- engaging youth



ONLINE TRAINING FOR SCHOOL STAFF

Our online training package Asthma First Aid for Schools teaches educators and school staff about asthma emergency responses and management. It is a free resource available from our online learning portal, accessed by our website.

The updated training package, released in mid-March, includes animated scenarios typical of the school environment.



WE TRAINED
23,572
STAFF FROM
3,538
SCHOOLS

Significantly, this reach is 136% over both the targets of 10,000 staff and 1500 schools



98%
OF PARTICIPANTS
SAID THEY WERE
CONFIDENT IN
MANAGING AN
ASTHMA FLARE UP

Further, 99% said they were familiar with the first aid procedure. These outcomes compared with values between 54%-75% before the training for the same measures



43.5%
OF TRAINING
PARTICIPANTS
WERE FROM AREAS
OF SOCIO ECONOMIC
DISADVANTAGE

We set a 33% target based on data indicating poorer asthma outcomes are experienced by people living in areas of socioeconomic disadvantage



GUIDELINES FOR SCHOOLS

While community asthma management guidelines are universal, the specific approach to asthma symptom management within education settings varies, with differences outlined in local regulations.

Following a national audit of school guidelines and policies, we have created uniform guidelines to address these variations.

SCHOOLS HEALTH CHECK

The Schools Health Check is an online risk-management tool for schools to review and evaluate their asthma management readiness.

The Schools Health Check enables individual school reporting, the ability to generate checkpoint reminders and provide, via email, specific recommendations and associated resourcing to support school engagement.

ENGAGING WITH YOUNG PEOPLE

IN 2019/2020 WE ACHIEVED ALMOST 35,000 ENGAGEMENTS FOR OUR YOUTH-FOCUSED RESOURCES ACROSS OUR WEBSITE, APP AND SOCIAL MEDIA CHANNELS.

Of particular note is the KissMyAsthma app. This is a youth co-designed app offered under licence from The University of Sydney since August 2019.

Promoted through our social media channels, and the education sector has attracted more than 2,000 new users this year.

The app has been a feature of discussions with research partners, with a view to it enabling exploration of issues such as hospital utilisation by young people. Such opportunities and the further development of the app will be explored.

WORKING WITH PEOPLE WITH ASTHMA



Asthma Australia has empowered more than 4,000 people with asthma, their families and carers to take control of their asthma and live freely through comprehensive and individual asthma education on the 1800 ASTHMA information line.

“THIS IS ALL THANKS TO YOU. WITHOUT YOU AND YOUR ORGANISATION I DON’T KNOW WHERE I WOULD BE. I WOULD NOT HAVE KNOWN TO ASK FOR HALF OF THIS STUFF IF IT HADN’T BEEN FOR YOU.”

SA RURAL COACH CLIENT

1800 ASTHMA & THE COACH PROGRAM®



ABOUT **86.4%** OF PEOPLE SHOWED SIGNIFICANT IMPROVEMENT IN THEIR LEVEL OF ASTHMA CONTROL AFTER SPEAKING WITH AN ASTHMA EDUCATOR

*We are increasing our impact,
as this is up from 77.4% in 2019*

When someone calls 1800 ASTHMA, they can ask about a range of topics such as asthma causes, medications, trigger management and how to talk to schools about a child's asthma.

For people aged older than 12 years, a more ongoing relationship can be formed via our COACH Program®. It is a confidential, free health coaching service delivered by phone over six months by Asthma Australia coaches. The program aims to help people with their general health and wellbeing by better controlling their asthma.

Our Coaches work with people who have asthma to make positive lifestyle changes through education, support and goal setting. This includes focussing on specific risk factors such as smoking, physical activity, nutrition, weight and wellbeing. We encourage connection with doctors through a comprehensive summary letter which is sent to the individual and their general practitioner about the person's goals and progress after each call.

People can access our services by calling 1800 ASTHMA, reaching out via our website for an Asthma Educator to call them, and we take referrals from healthcare professionals.

While we support people with asthma, we also learn a lot from these interactions. The 1800 ASTHMA and The COACH Program® services provide valuable insights into the concerns of people with asthma and impacts at the local level. This helps identify emerging trends and helps us to develop consumer-oriented supports such as advocacy action and new education or training materials.

During COVID-19, we learned about people with asthma's struggles to adapt to public health guidelines around wearing facemasks. From that, we developed tailored resources on options available for people with breathing difficulties to wear masks, but also advocated for support from the Victorian Government for an exemption scheme.

1800 ASTHMA and The COACH Program® continue to exceed expectations.



ASTHMA
AUSTRALIA

**GET BACK
TO LIVING
FREELY**

FIND YOUR
ASTHMA ANSWERS
1800 ASTHMA
(1800 278 462)

asthma.org.au
1800 278 462

1800 ASTHMA AND THE COACH PROGRAM® CONTINUE TO EXCEED EXPECTATIONS



1800 ASTHMA INTERACTIONS

From 1 July 2019 - 30 June 2020:

 **6,986**
TOTAL INTERACTIONS

 **5,137**
UNIQUE INTERACTIONS

 **2,198**
REFERRALS

Asthma management indicators improved compared to 2018/2019, a great result considering the challenges faced by people with asthma this year.

In order to raise awareness of the services in rural and remote communities, we ran a six-week campaign from May. While the campaign didn't reach the targets we set, we have derived valuable learnings which are informing existing and future approaches to promotion and positioning of the 1800 ASTHMA service.

Going forward, we continue to evaluate The COACH Program® to ensure it is effective for the people who need it most.

THE COACH PROGRAM®

349 
ENROLMENTS

136 
GRADUATES

The COACH Program® makes a real impact. People who completed more than two sessions of The COACH Program® found:

INCREASED ASTHMA CONTROL

86.4% had a clinically significant improvement in their level of asthma control. This was an increase from 77.4% in 2019

BETTER PREVENTER USE

77.2% reported using their preventer medication for more than eight weeks at the time of graduation from the program. This was an increase from 66.7% in 2019

OWNERSHIP OF ASTHMA ACTION PLAN

29.2% reported having a current Asthma Action Plan at the time of graduation. This was an increase from 24.2% in 2019

IMPROVED DELIVERY DEVICE TECHNIQUE

47.7% reported having their technique assessed. This was an increase from 43.4% in 2019

TAKE UP OF SPIROMETRY TESTING

43.6% of people who had not had a recent spirometry test now had one.

This was an increase from 32.8% in 2019 – despite clinics not performing spirometry testing due to COVID restrictions from March - June 2020

CONSUMER FEEDBACK



"I always considered my asthma was reasonably managed but after doing COACH I feel like I have a clear plan. I have learnt a lot and don't feel stressed about knowing how to manage it. I use the AirRater app you suggested to identify high pollen count days. In fact, if the pollen count is high, on those days I have Ventolin before my daily run which has meant my asthma is not impacting my exercise." (COACH graduate)

"I am amazed how quickly you have got back to me – it's fantastic! Then I can't believe how much I have learned from you today. It is so professional, and I am so grateful! Can't thank you enough!" (1800 call)

"I can't believe what a difference it has made speaking to you, an educator. I saw my GP when I got to town. The tightening in my chest, which I always thought was heartburn, has gone. What I thought was unfitness or laziness has now been sorted because I can now walk 3km before I get puffed, rather than 100 metres like before. I realised I had gotten used to not breathing well and now realise I have had asthma symptoms for quite some time. Thank you so much for your time." (John, SA)

"After I spoke to you the first time, I was so excited and told my partner I had just spoken to a fantastic lady about my asthma and was so happy to learn about what I could do to feel better! Best call I ever made!" (COACH client)

"Thank you very much for your email and the precious advice you've provided. I'll take my time during the afternoon to access the links you have sent me so that I can have a better understanding of it."

(Email enquiry QLD)

"Thank you for all the information that you spoke to me about yesterday afternoon it was so very helpful. I had a friend make contact with Asthma Australia yesterday afternoon as well. After talking with you yesterday I was feeling pretty disappointed that I have tried to get better asthma management all year, but nothing was being changed by the respiratory physician. I feel more hopeful now with the information you gave me plus the change/addition of medications today at emergency. Hopefully things will get better control from now!" (COACH client)

WORKING WITH DIVERSE COMMUNITIES

A woman with dark hair tied back, wearing a grey cardigan over a pink top, is smiling warmly at a young child. The child, seen from the back, is wearing a yellow and white plaid shirt. They are in a close, intimate interaction, possibly playing or talking. The background is softly blurred, showing a domestic interior.

Our Culture Well Project is a unique framework aimed at addressing the social determinants of health within Arabic, Samoan and Vietnamese communities in southern Brisbane. We want to change the way chronic conditions are managed, and this project is part of that goal.

THIS RESEARCH FOUND CULTURAL DIFFERENCES WERE MUCH MORE RELEVANT TO WELLBEING ISSUES THAN THE TYPE OF DISEASE AN INDIVIDUAL HAD.

Culture Well puts the person at the centre of the program instead of the healthcare provider. It seeks to engage their community, beliefs, values, housing and economic situation – and not just their health condition – to improve their health outcome.

The first phase research findings were presented at the start of the year to relevant service providers and the three communities. This research found cultural differences were much more relevant to wellbeing issues than the type of disease an individual had. While each group had specific issues that were more relevant, mental health was both a strong barrier and enabler for health and wellbeing for all.

The next phase of the project was planned to be with only one of the communities. An extensive selection process identified the Arabic speaking community as the most ready. The issues for this community were poor language skills, lack of integration in society (often exacerbated by poor language skills), mental health issues and unemployment.

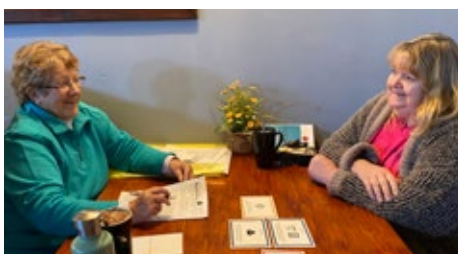


"The main important thing that help me to be wellbeing is to learn the English language."

"The second one is good health, treat my diseases, and get a job, which will help me to improve my income and have a good life'."

"The main preventers (to wellbeing) are the disease, which effects the ability to work and the English language, which also prevents me of talking to people and inability to express my feelings. In addition, effects my family relations. Which directly make me depressed and sad."

"The main significant preventers (for) me to be wellbeing in this country is that not all my family is around me, which make me have stress and depression."



The first co-design workshop was held in Brisbane in February with Arabic-speaking community members predominating, in keeping with best practice. All community members were remunerated, had a personal, paid interpreter and provided all their input, written or verbal, in Arabic.

Overarching themes emerged. These were access to information to support informed decision making, pathways to re-employment in their skilled professions, as well as strengthening cross-cultural engagement. These were developed into potential interventions: a neighbourhood buddy system, an online resource to explain qualification recognition pathways, and dual-learning community education sessions delivered by health professionals to develop their cultural competence.

The next step, which was to form a mixed Impact Team of community members and providers to identify one project for implementation, needed to be redesigned due to COVID-19. Together with our partner World Wellness Group and in consultation with stakeholders, we agreed to hold the education sessions so that work could progress.

The concept of the sessions is simple – while building the capacity of the Arabic speaking community to navigate and understand the healthcare system, healthcare professionals will build a relationship with the community. This increases trust and builds cultural competence. Pharmacists have been chosen as the initial health professional group to trial the sessions.

This left only one gap in the expected outcomes for this phase, building the capacity of community members and organisational staff to better collaborate to achieve change. To address this, One Health Organisation redirected their original focus from mentoring and training the Impact Team in person to developing a digital *Radical Guide to Deep Collaboration*.

The guide distils the previous collaboration experience of the partners and new learnings into an easy to read, warts-and-all handbook on how to be effective in collaboration. This will be a key legacy of the project, which would not have been available without COVID-19. It will be used as a blueprint for establishing and working in partnership in future communities.

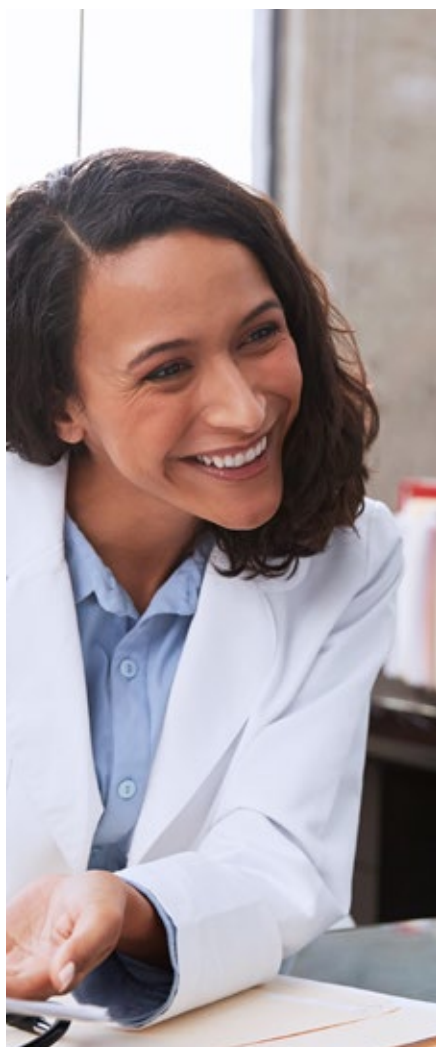


WORKING WITH HEALTHCARE PROFESSIONALS - ONLINE TRAINING

As one part of our Healthcare Professional Project, we partnered with Reed Medical Education to create accredited asthma education for doctors and other health professionals.



THIS NEW ONLINE PROGRAM PROVIDES A DIVERSE OPPORTUNITY FOR HEALTH PROFESSIONALS IN ACCESSING RELEVANT, CONTEMPORARY, EVIDENCE-BASED INFORMATION.



Education will be delivered to a minimum of 3,400 health professionals over three years in a blend of formats, including online accredited learning modules and face-to-face sessions. The online component is broadly accessible, ensuring equal opportunity for regional and remote healthcare professionals.

After completing the training, the most common intentions for change are:

- will set up a recall and reminder system for scheduled reviews
- will now create a written Asthma Action Plan for every patient
- will introduce or increase use of spirometry, especially at diagnosis
- will now utilise other healthcare providers
- now understand 'types' better and when to refer

"I've learned that the more educated patients are about their condition, the less attacks and more progress they will have."

"I couldn't find a single comprehensive resource to study asthma in a structured way before I did these modules."


"This program helped me to understand asthma treatment is more than just inhaler therapy."

This new online program coupled with written and face-to-face education provides a diverse opportunity for health professionals in accessing relevant, contemporary, evidence-based information.

Thank you for the clinical support:

- Prof Peter Gibson (Asthma Australia PAC, John Hunter Hospital and Hunter Medical Research Institute)
- John Harrington (CoE Severe Asthma, John Hunter Hospital)
- Dr Louisa Owens (AA PAC, UNSW, SCHN)
- Dr Celia Zubrinich (TSANZ, ASCIA, Alfred Hospital, Monash University)
- Dr Joel Ten (NAC GP advisor, North Mitcham Clinic)

WORKING WITH STATE GOVERNMENTS TO IMPROVE MODELS OF CARE



LOCAL COMMUNITY AND STATE- BASED SERVICES AND PROJECTS COMPLEMENT THE WORK WE ARE DOING TO HELP PEOPLE WITH ASTHMA AT A NATIONAL LEVEL.

We have invaluable relationships with Queensland Health, New South Wales Health, Australian Capital Territory Health and Tasmania Health. We thank them for their ongoing commitment to help people with asthma.

The focus of many of our projects and grant-funding activities is to explore improved models of care, which in turn delivers better outcomes for people with asthma.

This is achieved through activities like our:

- Emergency Department Programs in the ACT and Victoria
- Creative and innovative work with Primary Health Networks in most states
- Health professional training and information provision through newsletters and quality improvement joint activities
- Locally based projects working with people with asthma and the health professionals who care for them
- Development of new resources such as Asthma Action Plans, fact sheets, and teaching materials
- Awareness raising of the importance and availability of air quality apps and tools

DEVELOPING NEW APPROACHES TO SHIFT THE DIAL ON ASTHMA





LISTENING TO OUR CONSUMERS – COMMUNITY RESPONSES TO ASTHMA IN THE MID NORTH PROJECT

**IN PETERBOROUGH,
JAMESTOWN & ORROROO:**



**1 IN 5
PEOPLE HAVE
ASTHMA**

*Compared to the national
average of 1 in 9*

**HOSPITALISATION
RATES ARE 45%
HIGHER
THAN THE
NATIONAL
AVERAGE**



The *Community Responses to Asthma in the Mid North* project was funded by Country South Australia Primary Health Network and finished in June 2020. This community project was focused on understanding what drove the high prevalence of asthma in the towns of Peterborough, Jamestown and Ororoo, where one in five people has asthma compared to the national average of one in nine. Hospitalisation rates are 45 per cent higher than the national average. The project seeks to find grassroots solutions to help locals better manage their asthma.

We undertook the project with our partners the Australian Centre for Social Innovation (TACSI), which focuses on finding social solutions to health problems. The project employed three local people with asthma who interviewed their peers and local health professionals about their experience of asthma and to identify the gaps in treatment.

“The project has really opened up dialogue around asthma, which has been really uplifting. So far, it’s been invaluable to me and the community of Peterborough,”

(Peer researcher)

“We brought people’s experiences and innovative ideas together to find a way that works for us.”

(Peer researcher)

More than 100 people being directly involved in interviews, consultations, surveys or testing ideas. Many people opened up about their asthma for the first time, revealing that one of the biggest causes behind the high statistics is that people feel a stigma about their condition and are not seeking preventative help. Others talked of being “allergic to their jobs”, with pollen, grain, and dust being problematic triggers for farmers and their families.

Community-generated solutions included accurate, easily accessible information, good asthma care, a supportive community to overcome stigma and local peers acting as champions and advocates.

Two additional projects are now underway.



A PATIENT-CENTRED MODEL OF CARE FOR PEOPLE WITH ASTHMA AND COPD

"I don't feel like some symptoms and observations make sense"

The Adelaide Integrated Respiratory Response project (AIRR) brings together people with asthma and COPD, doctors and general practice staff, and pharmacy staff together in Breathe Better Care Groups.

FUNDED BY THE ADELAIDE PRIMARY HEALTH NETWORK, THE THREE-YEAR TRIAL IS AIMED AT IMPROVING OUTCOMES AND MEETING PATIENT GOALS.

We are developing a person-centred, integrated model of care by:

- Upskilling general practice and pharmacy staff to deliver evidence-based, person-centred care
- Supporting people to better participate in their own healthcare through self-management, health literacy and patient activation
- Developing and implementing transition of care pathways to reduce potentially preventable hospitalisations
- Facilitating and increasing collaboration and integration between doctors, pharmacies and local health networks, emergency and outpatient departments

It builds on a previous project, the Adelaide Respiratory Health Program.

While AIRR started in September 2019, COVID-19 delayed full implementation due to the burden on general practices and pharmacies. When at full operation, 16 general practices and a key pharmacy associated with each practice will be offered a place in the AIRR project.

Project feedback has been positive.

"I need a long-term management plan"

"I manage the condition reasonably well but mainly in a reactive way"

"I need to be properly diagnosed"

CHRONIC CONDITIONS SYSTEMS CHANGE IN SA: INSIGHTS FROM LIVED EXPERIENCE – IMPLICATIONS AND OPPORTUNITIES



"The medical field put you in a box without looking at your separate issues [all together], ... you are put in a box and that's what's wrong with you."

(Interviewee)

A CO-DESIGN IMPACT TEAM INCLUDING THE PEER RESEARCHERS AND HEALTH PROFESSIONALS IDENTIFIED PERSON-CENTRED CARE, TRAUMA AND STRESS AS KEY ISSUES.

This project explored the mindsets, attitudes, and practices of the healthcare system through the lived experience of people living with asthma.

Funded by the Asthma Foundation SA Trust and in partnership with the Australian Centre for Social Innovation, we undertook a systems-change approach.

Three people with asthma and other chronic conditions were employed as peer researchers who interviewed another nine others.

"Specialists are too 'clinical'. I find it hard to see or hear any empathy from them. Some of them simply don't care. Nobody understands."

(Interviewee)

CHRONIC CONDITIONS SYSTEMS CHANGE IN SA: INSIGHTS FROM LIVED EXPERIENCE – IMPLICATIONS AND OPPORTUNITIES CONT.

Together the co-design team identified six opportunities:

- 1** To prevent health supports from re-traumatising people, create experiences that contribute to the healing of trauma and create multiple chronic conditions management that is more validating, reassuring and healing
- 2** To enable lived experience voices to have greater presence and representation in service design, delivery and decision-making roles
- 3** To support health professionals to invest in—and remove barriers that get in the way of—building meaningful partnerships with people managing multiple chronic conditions, those close to/caring for them and other professionals
- 4** To support an integrated approach to care that holistically considers people's life journey, context, chronic conditions and aspirations
- 5** To more strategically tackle the onset/progression of chronic illness through improving social determinants of health
- 6** To explore alternative ways to support people with co-morbidities to confidently navigate their journey, voice their concerns and questions and build trusting two-way relationships with clinicians

The suggested intervention ideas:

- Establish ways for lived experience to have more presence in professional training and policy design
- Bring non-government organisations together to focus on the social determinants of health
- Reduce the need for people to retell their story
- Develop a person-centred model of holistic care
- Redefine good practice and incentivise it
- Develop pathways or processes to ensure greater collaboration between healthcare professionals, lived experience, professional bodies and NGOs



Project team including the Peer Researchers



IMPROVING HEALTHCARE SYSTEMS

Each year about 70,000 Australians present to Emergency Departments for asthma symptoms, half of whom are children.

Of those 70,000 people, six out of every ten children and four out of every ten adults will return to the hospital within 12 months.

Anyone who has had to rush to hospital will understand the fear and anxiety that comes with not being able to breathe, or helplessly watching a loved one who is struggling to breathe.

We need to break the cycle. Our Emergency Department projects aim to equip those who present to hospital with the knowledge, tools and strategies to avoid acute flare ups in the future.

EMERGENCY DEPARTMENT DISCHARGE PROTOCOL PROJECT IN VICTORIA

We worked with six emergency departments in Melbourne and regional Victoria – Angliss, Box Hill, Cabrini, Hamilton, Maroondah and Monash Hospitals – to improve asthma discharge protocols for people who presented to hospital with an acute episode of asthma.

Based on findings of a Queensland project that revealed asthma control improved if people were given brief asthma education at discharge and referral for follow-up, we provided resources to people with asthma.

This included information and a spacer, an interim Asthma Action Plan, a letter prompting the patient to visit their doctor, and a referral to our 1800 ASTHMA and The COACH Program®.

The project was co-designed with participating hospitals to align with their existing priorities, workflows and infrastructure.

Through the delivery of the emergency department protocol, we aimed to achieve:

- Improvements to a person's level of asthma control of at least three points due to participation in The COACH Program® education and support
- Increased patient self-management practices, such as an interim asthma action plan and a spacer
- Follow up with their doctor for ongoing asthma review and management

We also hope to reduce the level of hospital re-presentation rates of these patients in the 12 months following project-level presentation.

THE PROJECT WAS WELL RECEIVED BY THE STAFF IN THE EMERGENCY DEPARTMENTS AND AN EVALUATION IS NOW UNDERWAY.

MACKAY HOSPITAL AND HEALTH SERVICE IN QUEENSLAND

We partnered with the Mackay Hospital and Health Service's Breathe Easy, Breathe Safe project to develop new emergency department protocols. Key components are an interim digital Asthma Action Plan and ongoing referrals to The COACH Program®.

We provide education, resources and referrals, if appropriate, to people who present to hospital frequently.

Now part of a broader promotional drive to the other Queensland hospital and health services, we hope emergency departments will consider the adoption of the plan into their discharge workflow, information and record systems.

The image shows a screenshot of a digital 'INTERIM ADULT ASTHMA ACTION PLAN' form from the Mackay Hospital and Health Service. The form is titled 'INTERIM ADULT ASTHMA ACTION PLAN' and includes fields for 'Urgency classification (initial visit)', 'Family name', 'Given name', 'Address', and 'Date of birth'. It also has checkboxes for 'Day', 'Night', 'Evening', and 'Weekend'. The form is divided into sections for 'Relief / Crisis Reliever', 'Preventer', 'Symptoms / Signs / Protocol', and 'Prednisolone Tablets'. Each section contains checkboxes and text boxes for recording patient information and actions. The 'Relief / Crisis Reliever' section includes checkboxes for 'Inhalation of Salbutamol 100 mcg (2 puffs)' and 'Inhalation of Salbutamol 200 mcg (2 puffs)'. The 'Preventer' section includes checkboxes for 'Inhalation of Fluticasone', 'Inhalation of Budesonide', 'Inhalation of Formoterol', 'Inhalation of Beclomethasone', 'Inhalation of Mometasone', 'Inhalation of Ciclesonide', 'Inhalation of Vilanterol', 'Inhalation of Risperidone', 'Inhalation of Aclidinium', 'Inhalation of Umeclidinium', 'Inhalation of Vilanterol', 'Inhalation of Risperidone', 'Inhalation of Aclidinium', and 'Inhalation of Umeclidinium'. The 'Symptoms / Signs / Protocol' section includes checkboxes for 'Inhalation of Fluticasone', 'Inhalation of Budesonide', 'Inhalation of Formoterol', 'Inhalation of Beclomethasone', 'Inhalation of Mometasone', 'Inhalation of Ciclesonide', 'Inhalation of Vilanterol', 'Inhalation of Risperidone', 'Inhalation of Aclidinium', and 'Inhalation of Umeclidinium'. The 'Prednisolone Tablets' section includes checkboxes for 'Inhalation of Fluticasone', 'Inhalation of Budesonide', 'Inhalation of Formoterol', 'Inhalation of Beclomethasone', 'Inhalation of Mometasone', 'Inhalation of Ciclesonide', 'Inhalation of Vilanterol', 'Inhalation of Risperidone', 'Inhalation of Aclidinium', and 'Inhalation of Umeclidinium'. The form also includes a section for 'Other instructions'.

HELPING INFORM AND UPSKILL OUR COMMUNITY



ASTHMA EDUCATION AND TRAINING



COVID-19 had a massive impact on our training business in 2020. With all face to face training suspended, we focussed our attention on doing as much training in online formats as possible. We negotiated with the Victorian Department of Education a change in the delivery mode of training in the correct use of EpiPens for school teachers to allow us to continue delivery of this training during COVID restrictions.

PLANNING IS WELL UNDERWAY FOR THE LAUNCH OF A NEW, FULLY ONLINE SPIROMETRY TRAINING PROGRAM FOR HEALTH PROFESSIONALS.

In a strategic review of our training programs, we decided to cease offering First Aid and CPR courses, instead to focus ourselves fully on asthma related training. As COVID-19 restrictions ease, we will be looking to build a national network of trainers to be able to offer a full range of accredited (under our Registered Training Organisation) and non-accredited training programs across all the states we operate in.

KIDS HEALTH – WHAT TO DO WHEN YOUR LITTLE ONE IS SICK



This project provided information sessions for parents and carers of babies and children younger than four years old living in the North Western Melbourne Primary Health Network catchment area.

This region is rich in its cultural diversity, with approximately 44% of residents born outside Australia. We know culturally and linguistically diverse communities and recent arrivals in Australia often have a lack of understanding of the health system, and thoughts about health that may be influenced by religion, culture, beliefs or customs.

Our plan was to deliver face-to-face sessions on an ongoing basis, with a goal of fewer emergency department presentations for non-emergency symptoms or illnesses.

When public gatherings were not achievable due to COVID-19 restrictions, our Education and Training team decided to prioritise the development of an online, train-the-trainer style module for community leaders. This would preserve the information and encourage communities to stay engaged with the project.

A SERIES OF ONLINE SESSIONS FOR PARENTS AND CARERS WAS ALSO CREATED USING NEW TECHNOLOGIES SUCH AS GO-TO-WEBINAR, IN FOUR LANGUAGES.

Liza* is an overseas born, first time mother of a four-month-old. After the session said she felt much more confident when it came to common childhood illnesses. Liza has a history of eczema, allergy and asthma symptoms, though she never received a diagnosis for any of those in her home country of Macedonia. Her baby had some eczema already. Liza also learned there was a Victorian Government designated Supercare pharmacy close to where she lives, where pharmacies are open 24 hour a day with a registered nurse onsite from 6pm-10pm each day to help reduce hospital visits.

(Attendee)

**Not her real name*

The Kids Health program was funded by North Western Melbourne Primary Health Network through the Australian Government's primary health network program.

See more about the project [here](#).

TRUSTED & EXPERT VOICE

**AS THE LEADING
VOICE ON ASTHMA IN
AUSTRALIA, WE ARE
STRENGTHENING OUR
RELATIONSHIPS WITH
KEY GOVERNMENT,
HEALTH AND
COMMUNITY
ORGANISATIONS.**

We are committed to meeting the needs of all people with asthma and the people who care for them.

We empower and inform the Australian community about asthma using the latest evidence-based research, and the lived experience of people with asthma.

Through our Consumer Advisory Council, Asthma Champions program, our surveys and your lived experiences, we represent the voice of asthma in Australia.

RESEARCH PROGRAM



PRIORITIES

We look forward to funding high quality and potentially impactful research in the following priority areas:



PREVENTION

This priority encompasses research that focuses on primary and secondary **prevention**. Australia has seen a steady regression in the prevalence rate for asthma over the past six years by 12%. Projects which focus on primary prevention and secondary prevention outcomes addressing increasing prevalence will be important.



VULNERABLE GROUPS

Research, interventions and other methods of enquiry which seek to address the inequity of asthma's impact on **vulnerable groups** in Australia are the focus of this priority area, including Aboriginal People, people of Culturally and Linguistically Diverse backgrounds, people with severe asthma and children.



MODELS AND SYSTEMS

Research or design and testing of models of care and approaches which seek to address the systemic contributors to asthma health or illness will be the focus. We need to challenge the current models of care and systems of support around people with asthma and will lead the way to explore new approaches which seek to address the systemic contributors to asthma health or illness. Implementation research will figure highly in this priority area testing and demonstrating new ways to organise services with the person with asthma at the centre.



ENVIRONMENT

This encompasses research which explores and minimises the impact of the changing **environment** on asthma health which includes air quality and other impacts of global warming. Contributing to the evidence base to improve our understanding and influence profound policy change are going to be important priorities going forward. Also included here is research looking at solutions, contingency planning, collective impact, health promotion and health protection methods.



INFLUENCING POLICY

The focus of this priority is **influencing policy** through the consolidation of our experience, insights and consultations with the wider research community. As well as organising the growing base of evidence to influence asthma research funding and the prioritisation of asthma research for government and other key actors.

CURRENT RESEARCH PROJECTS

RESEARCHER(S)	INSTITUTION	PROJECT
Prof John Upham	Translational 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).
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.
Vanessa Murphy	The University of Newcastle	Identifying 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	The Queen Elizabeth Hospital, Adelaide	Determining the reasons for hospital admissions for asthma in South Australia compared to other states.
Professor Janet Davies	Queensland University of Technology	Evaluating the effectiveness of Australia-wide pollen monitoring and forecasting system and potential to improve health outcomes.
Nicolas Borchers	University of Tasmania	Developing an integrated assessment framework that will allow practitioners to objectively evaluate the impacts that wildfire risk reduction strategies impose on society and the environment.
Doctor Helen Petsky	Griffith University	Developing a virtual reality education tool to teach children and adolescents about asthma.
Asthma Australia	Asthma Australia, University of Melbourne, University of Sydney and University of Auckland	Surveying people with asthma, and the broader community to give voice to and understand their experiences during the 2019/2020 bushfire period and resulting prolonged periods of poor air quality.
Asthma Australia	Asthma Australia	Surveying of people with asthma to understand their unique experiences, challenges and anxieties as the COVID-19 Pandemic unfolded in Australia.



MEDIA OVERVIEW

This report comes with a special tribute to Courtney Partridge-McLennan (pictured) and her family. We are forever indebted to the courage of Courtney's sister Cherylleigh, who together with her parents Tammy and Chris, has been a tenacious advocate to improve the lives of all Australians with asthma.

Thank you.

AS THE BUSHFIRES CONTINUED THROUGHOUT EARLY JANUARY, WE REMAINED ACTIVE IN THE PUBLIC REALM, CALLING FOR URGENT IMPROVEMENTS TO REAL-TIME AIR QUALITY.

WE HAVE CONTINUED TO ADVOCATE PROACTIVELY THIS YEAR, ACHIEVING EXCEPTIONAL MEDIA COVERAGE FOR OUR CAMPAIGNS ACROSS MAJOR MEDIA OUTLETS.

Even before Australia's bushfires took hold, we were active in the media warning of the potential health risks of smoke. We released research into those health risks in November 2019 and called for governments to strengthen Australia's bushfire-smoke monitoring and boost communication.

When the bushfire and ensuing air quality crisis unfolded across New South Wales from December, we released to the media the results of our national survey. This generated strong coverage across the country from December 20 across the Christmas period. A concurrent social media campaign on PM2.5 levels and the need to improve air quality data also generated strong engagement.

As the bushfires continued throughout early January, we remained active in the public realm, calling for urgent improvements to real-time air quality. This generated widespread coverage, including the front page of major outlet Sydney Morning Herald. We were joined in this call for action by Cherylleigh Partridge who told her family's deeply personal and affecting story of loss.

The final release of the Bushfire Smoke Impact Survey was launched virtually with ABC presenter Karina Carvalho, the Partridge-McLennan family, and President of the Public Health Association of Australia David Templeman. It dovetailed with Menzies Institute findings of **417 excess deaths, 2027 hospitalisations for respiratory problems and 1305 presentations to emergency departments with asthma.**

Our survey continues to shape the news and was raised again during hearings for the NSW parliamentary inquiry.

We were also highly responsive to media requests as COVID-19 spread and restrictions were enforced. People with asthma were listed as higher risk, and medication stockpiling behavior caused widespread asthma medication shortages that required media responses.

The Bushfire Smoke Impact Survey and the coronavirus pandemic continue to be at the centre of public relations activities in the 2020-21 financial year.

ADVERTISING SALES RATES VALUE OF ASTHMA AUSTRALIA MEDIA COVERAGE



2018/19 → 2019/20

19.35M
PEOPLE

40.04M
PEOPLE (186% ↑)

HIGH PROFILE



- BBC online and radio
- **SMH** ★
- **The Sunday Telegraph** ★
- A Current Affair
- ABC 7.30 Report
- The Project
- AAP
- The Guardian
- ABC Radio National and State
- ABC Online News
- ABC National Nightly News
- Nine National News
- The Today Show

★ Front Page

STATES WITH MOST MEDIA COVERAGE

Asthma Australia received a high quantity of national media stories this financial year. Tasmania is an area of growth for media coverage.



1. NSW
2. Victoria

PEAK MEDIA COVERAGE

At the height of the 2019/20 summer bushfires in January, we spoke out for Australians with asthma, calling for improvements to air quality monitoring. The compelling personal story of Courtney Partridge-McLennan captured media attention nationally and internationally, reaching an audience of

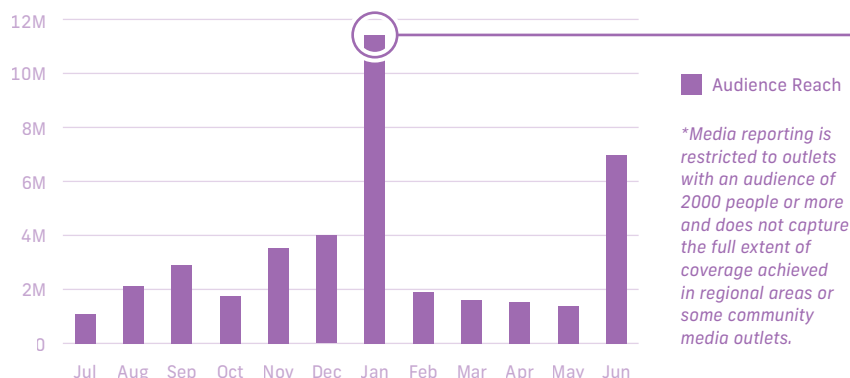
**MORE THAN
11.25M
PEOPLE**



MEDIA REACH



Media reach is reported for Australian radio, print, television and online news. This financial year, we also achieved international media coverage, which is not captured in this data. This included coverage on the BBC during the summer bushfire air quality crisis.



ASTHMA CHAMPION PROGRAM

We are committed to meeting the needs of all people with asthma and the people who care for them.

We empower and inform the Australian community about asthma using the latest evidence-based research, and the lived experience of people with asthma.

Through our Consumer Advisory Council, Asthma Champions program, our surveys and your lived experiences, we represent the voice of asthma in Australia.



ASTHMA CHAMPION

SO WHAT MAKES AN ASTHMA CHAMPION?

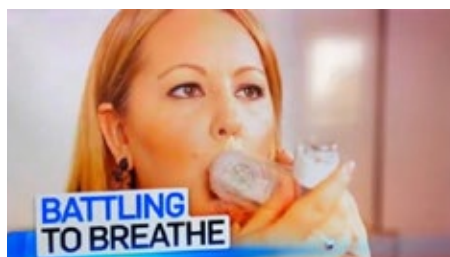
MEET GABRIELLE WENMAN.



Gabrielle Wenman was one of Asthma Australia's first Asthma Champions. Gabrielle has chronic asthma and works as a high school teacher in Sydney.

"I'VE HAD ASTHMA MY WHOLE LIFE, I DON'T EVEN KNOW WHAT IT'S LIKE TO BREATHE WITHOUT VENTOLIN, A NEBULIZER OR PREDNISONE," GABRIELLE SAYS.

"I am a silent asthmatic and so I don't wheeze. As a child, I remember having to crawl out of bed with the tightest chest and bang on the door so someone could save me. It's terrifying. There's so much fear that comes with asthma."



Gabrielle worked with us this year to help raise awareness of issues facing people with asthma and participated in asthma research. This included high value media features on The Project (Channel 10) and in The Guardian and Sydney Morning Herald.

Gabrielle is passionate about raising awareness about the impact asthma can have on mental health.



"Asthma has caused me a lot of trauma, which I'm now dealing with. When I was growing up, the mental health aspect of the illness was so forgotten," she says.

"Mental health must be remembered with asthma, it takes you away from social experiences – I was never allowed to go on school camps and sleep overs, and I used to have my nebuliser at lunch time."

Asthma Australia is proud to have champions, like Gabrielle, who have the courage to share their story to improve the lives of people with asthma across Australia.

ADVOCACY

Our community engagement highlighted the significant impact on people with asthma from the unparalleled events of 2020.

THE BUSHFIRE SMOKE SURVEY HIGHLIGHTED THAT THE CURRENT HEALTH ADVICE IS INSUFFICIENT FOR THE TYPE OF SMOKE EVENT WE EXPERIENCED THIS YEAR, AND CAN EXPECT TO EXPERIENCE AGAIN.



We developed a comprehensive bushfire smoke policy platform informed by the survey results and scientific research. Our 17 policy recommendations demonstrate there is no silver bullet for this problem.

People with asthma and other vulnerabilities need a multifaceted response from governments at all levels to address the impact of bushfire smoke. The key recommendation is an AirSmart public education campaign, with other recommendations aimed at air quality information and support for people to minimise their exposure to air pollution.

These recommendations were incorporated into submissions to the Royal Commission into National Natural Disaster Arrangements, the Senate Inquiry into Bushfires in Australia, the NSW Parliamentary Inquiry into Health impacts of exposure to poor levels of air quality resulting from bushfires and drought. We were invited to give evidence to the NSW inquiry and provided a witness statement to the Royal Commission.

We launched the Bushfire Smoke Impact Survey in June and started meeting with decisionmakers across levels of governments and portfolio responsibilities. These stakeholder meetings are ongoing.



RELIEVER PUFFERS IN NSW SCHOOLS TO HELP 15,500 STUDENTS



One of the key advocacy strategies that continued from previous years was the NSW Department of Education policy on the availability of blue reliever medication in schools' first aid kits.

At the end of 2019, after two years of advocacy, the Department revised their policy to align with the updated Safework NSW guidelines and Asthma Australia's recommendations, and now permits. This will allow students to access the medications more easily in an asthma emergency situation.

We worked closely with the team at Aiming for Asthma Improvement in Children from the Sydney Children's Hospital Network on this policy issue.

TOGETHER WE OVERSAW THE EDUCATION PACKAGE FOR SCHOOL STAFF, WHICH WAS PUBLISHED BY THE DEPARTMENT DURING TERM 3, 2020.

This was an important achievement and one that promises greater safety and reassurance for approximately 15,500 students in NSW with asthma, their parents and school staff.

CONNECTED & EMPOWERED CONSUMERS

**WE ARE PROVIDING THE
RIGHT INFORMATION
IN THE RIGHT FORMAT
AND AT THE RIGHT TIME
FOR OUR CONSUMERS.**

People with asthma are empowered with the knowledge and tools you need to manage your asthma. We are increasing our digital presence to engage individuals when and where they need it, from big cities to the outback.

DIGITAL ECOSYSTEM

**WE ARE CREATING A
DIGITAL ECOSYSTEM TO
CONNECT PEOPLE TO THE
RIGHT INFORMATION, AT
THE RIGHT TIME, IN THE
RIGHT WAY, TO MEET AND
EXCEED THEIR NEEDS.**



WE HAVE HAD SIGNIFICANT REACH AND ENGAGEMENT WITH PEOPLE WITH ASTHMA AND THEIR TREATING HEALTH CARE PROFESSIONALS VIA OUR DIGITAL ECOSYSTEM IN THIS REPORT.

People with asthma have told us that they want us to be there for them, to give them the information they need, empowering them to manage their asthma and live their lives to the fullest. They also want us to speak up for them. To stand up and be their voice because asthma continues to be an issue in our country. From tragic bushfires, floods, global pandemics, people continue to be impacted.

We know that to create change, we need to work with all parts of the system, but it starts with understanding the lived experience of with people with asthma. We then work to deliver what they need and to remove barriers for them to achieve optimal health outcomes.

There's no denying it's a big job to help the 2.7m people in Australia living with asthma, and the millions more who are impacted. We started our journey three years ago to reach and support more people, and the last 12 months have seen us sharpen our focus on creating a digital ecosystem to reach more people individually.

Key outputs in this area have included improvements to our data and systems, implementation of a marketing technology and a strong focus on delivery information and education, informed by insights from our 1800ASTHMA information line, surveys and digital channels.

We have had significant reach and engagement with people with asthma and their treating health care professionals via our digital ecosystem in this report.

This work has been foundational in setting our organisation up to commence work on the development of our Customer Experience program, which will see people with asthma have a stronger voice in all Asthma Australia activities, transforming the way we work to meet our purpose of helping people to live freely from their asthma.

DIGITAL ECOSYSTEM OUTCOMES IN 2019/2020



12,000
NEW WEBSITE
VISITORS



OUR SOCIAL
MEDIA REACHED
4 MILLION
MORE PEOPLE
THIS YEAR



3700
NEW
REGISTRATIONS
FOR ASTHMA
ASSIST



REPEAT
WEBSITE VISITS
TRIPLED



557,537
NEW FACEBOOK
VIEWS



OUR NEW
ASTHMA IN
EDUCATION
NEWSLETTER
HAD
1,739
NEW
SUBSCRIBERS



BLOG
READERSHIP
EXCEEDED
200,000
WITH NEW
CONTENT
STRATEGY

WE HAVE
NOW HIT OVER
1 MILLION
FOR PAGE REACH

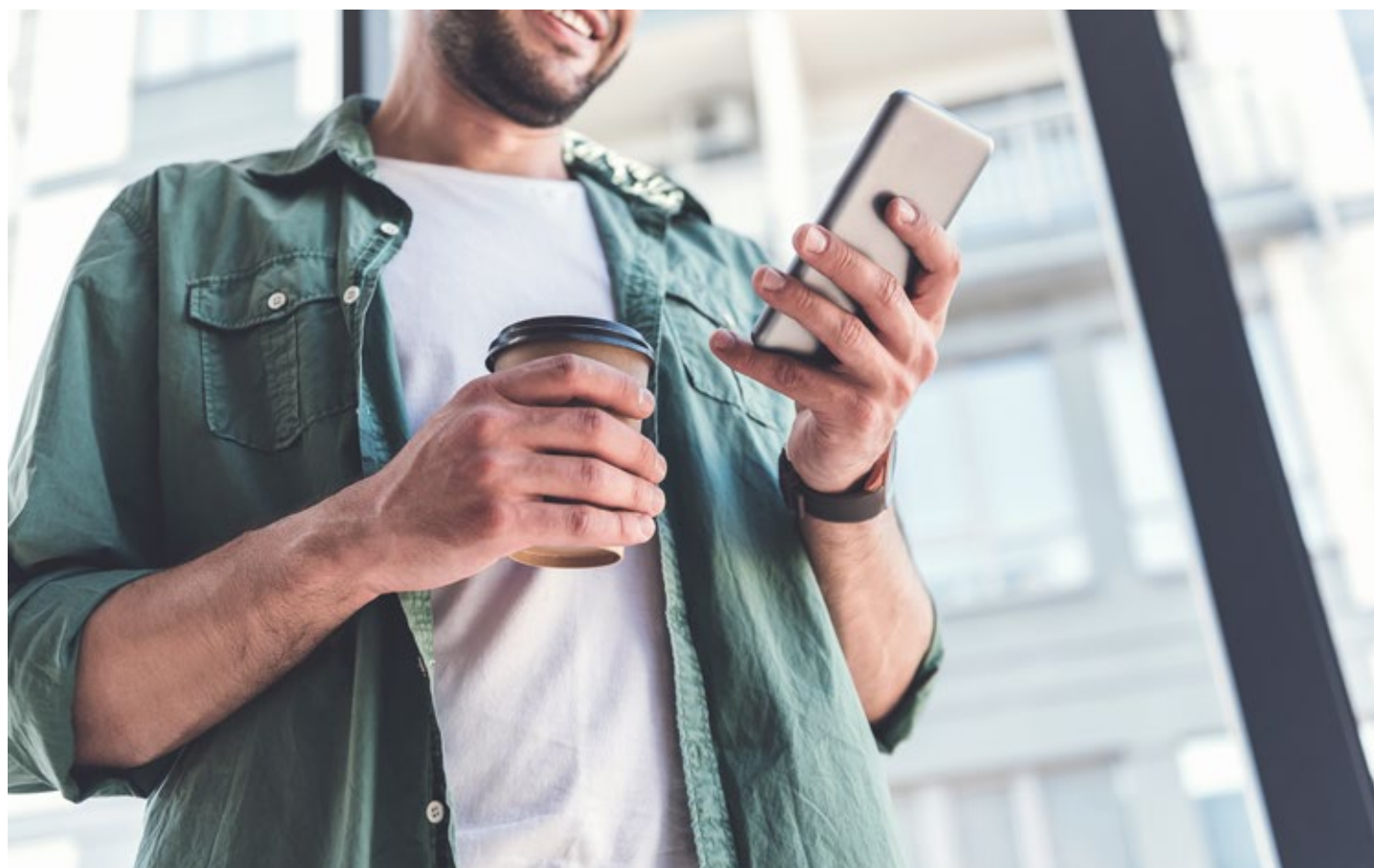


37,000
NEW KISSMYASTHMA
APP VIEWS



DIGITAL ECOSYSTEM OUTCOMES IN 2019/2020

AREA	CHANNEL	METRIC	RESULT	GROWTH
BRAND AWARENESS / REACH	Website	views	537,691	+2.26%
	Facebook	post reach	4.8M	+589%
CUSTOMER ENGAGEMENT	Website	repeat visitors	8,636	+163%
	Facebook	post engagement	496,993	+376%
	YouTube	video views	301,500	+2.9%
	KissMyAsthma	app users	3,900	+200%
NEW CUSTOMERS	Asthma Assist	new subscribers	5,491	+208%
	Facebook	followers	51,500	+12%



FINANCIAL SUSTAINABILITY

We are ensuring our internal operations are strong, so we can continue to deliver services and assistance for people with asthma into the future.

IMPACT STATEMENT

We acknowledge our many generous philanthropists for their contribution of \$1.8m in 2019-2020. Together we are helping people to breathe easier and enjoy longer and much healthier lives.

The impact of every supporter's gift will continue to be felt as lives are transformed everyday by our work. We thank you sincerely on behalf of each person and family who have been impacted by your kind support.

**WE COULD NOT
DO THIS WORK
WITHOUT YOU.**

COMMUNITY FUNDRAISING





Warwick McLauchlan (centre) and some members of his walking group

**WE HAVE RECEIVED
SUPPORT FROM MANY
AMAZING INDIVIDUALS
AND ORGANISATIONS
WHO FUNDRAISE TO
HELP US CONTINUE
OUR WORK TO SUPPORT
PEOPLE WITH ASTHMA
TO BREATHE BETTER AND
LIVE A LIFE WITHOUT
LIMITS.**

Due to the bushfire crisis and COVID-19 pandemic our fundraising events program has changed.

We would like to thank the following people for their support of Asthma Australia this year, especially in such difficult times:

- Warwick McLauchlan - Wazza Wheezes 2020
- Blayney Rams Rugby Union Club
- Peninsula Kingswood Country Golf Club
- The Officials Swimming Club
- Race Ya Family Fun Day
- Lachlan Ferguson – Jindalee State School
- Heritage College
- Lenore Miller
- Highland Reserve State School
- Ballara Art & Lifestyle Retreat
- Lions Club of Brisbane Camp Hill and Carindale
- Cahill Tennis
- Lions Club of Perth Tasmania
- ANZCRO
- Merrimac State School



In memory of Ned Cameron

PJ DAY



1 IN 9 AUSTRALIANS LIVE WITH ASTHMA. MANY OF THEM ARE CHILDREN

Our PJ Day fundraising and awareness campaign is one of our annual fundraising events. Supporters wear their pyjamas, slippers or a dressing gown to school or work for the day and give a donation.

The day was founded in 2009 by Montanna, a young girl living with asthma who spent a lot of time in hospital and in her PJs. While dressing for the day in your PJs is fun, it also reminds us of the experience of children around Australia who often have to spend time away from school at home or in hospital. Over more than a decade Montanna's idea has grown to include hundreds of schools and childcare organisations across Australia.



IN 2019, PJ DAY RAISED MORE THAN \$84,000

Unfortunately, due to the COVID-19 pandemic we put our PJ Day on hold for 2020. We are reviewing our fundraising campaigns into the future.

We would like to thank Montanna, and the thousands of organisations and individuals who joined in the fun over the last 10 years, all in the comfort of their PJs.



ASTHMA OP SHOPS



In 2020 we decided to end our Asthma Op Shops business operations. This decision came after careful consideration about how this business fit with our strategic plans and business goals, and whether we had the right skills to run a retail business in a very challenging and competitive environment.

**ON BALANCE, WE
DECIDED IT WAS BEST
TO EXIT AND FOCUS
OUR ATTENTION ON
ASTHMA-RELATED
CAUSES AND REVENUE
OPPORTUNITIES.**

We had operated these Op Shops in Brisbane for almost 30 years. This started under the Asthma Foundation of Queensland organisation until the merger of the state foundations in 2017. During this time hundreds of staff and volunteers worked in the shops and created a valuable community.

We believe that Op Shops continue to be important in Australia. Every year they save tonnes of useful goods from ending up in landfill, and they provide places for shoppers, staff and volunteers to meet in local communities.

We were pleased to sell the operational businesses to another Op Shop operator, allowing most of our staff and volunteers to continue working. One shop is now owned by Red Cross, and our other four shops are now owned by Link Vision.

We wish the new owners well and celebrate the wonderful contribution our Op Shop staff and volunteers made over many years.

PHARMACEUTICAL FUNDING AND POSITIONING



We accept 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.

This policy outlines our 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 US THIS FINANCIAL YEAR, IN ALPHABETICAL ORDER:

AstraZeneca 

 GlaxoSmithKline

SANOFI 

STALLERGENES  GREER
Life beyond allergy

THANK YOU

DONATIONS \$100,000+

- Perpetual Foundation

DONATIONS \$50,000+

- Neil and Norma Hill Foundation
- The Ross Trust
- JLDJS Foundation

DONATIONS \$20,000+

- MA & VL Perry Foundation
- Brian M David Charitable Foundation
- The Profield Foundation Trust

BEQUESTS FROM THE FOLLOWING ESTATES

- The Estate of Raymond Arnold
- The Estate of Lindsay Baldy
- The Estate of Elaine Bobbin
- The Estate of Aileen Bolton
- The Estate of Thelma Bradbury
- The Estate of Merle May Chappell
- The Estate of Albert Churcher
- The Estate of Florence Colmer
- The Estate of J Freestun
- The Estate of Rodney Gummow
- The Estate of Alexander Hilliard
- The Estate of Richard Hobbs
- The Estate of Daryl Howard
- The Estate of Keith Hughes
- The Estate of Jack Jacobs
- The Estate of Rosemary Mackrell
- The Estate of Ellen Matthews
- The Estate of Barbara McKewen Delahunty
- The Estate of Enid Morgan
- The Estate of Margaret Ralston
- The Estate of L Roach
- The Estate of Ronald Simmonds
- The Estate of Valerie Stanley
- The Estate of Corin Svenson
- The Estate of Gwendolyn Thomas
- The Estate of Cora Weston
- The Estate of Joe White
- The Estate of Jean Williams
- The Estate of Annette Wilson
- The Thomas and Vera Condie Trust
- Queensland Community Foundation - Mervyn Edwin Rodgers Fund
- The Hart Family Perpetual Trust
- Queensland Community Foundation - Asthma Foundation QLD Sub-fund

WORKPLACE GIVING

- AGL Power To Give
- AMP Foundation Charitable Trust
- Aon Charitable Foundation Pty Ltd
- Australia Post
- Bairnsdale Regional Health Services
- Blackmores Ltd Staff Community Chest
- Count Charitable Foundation
- CSL Givingforgood
- Flight Centre Foundation - Work Place Giving
- Mrs Property
- National Australia Bank Limited
- OPTUS Yes4Good
- Origin Give2
- ORIX Australia Corporation
- PWC - Matched Donations
- Telstra Corporation
- Telstra Matching CAF Comm Fund
- UniSuper Management Pty Ltd

THANK YOU

WE WOULD LIKE TO THANK AND ACKNOWLEDGE OUR PROGRAM, GOVERNMENT AND STATE FUNDING PARTNERS



Supported by



- Asthma Foundation SA Trust
- Samuel and Eileen Gluyas Charitable Trust
- The Fred P Archer Charitable Trust

THANK YOU

WE WOULD LIKE TO THANK AND ACKNOWLEDGE OUR RESEARCH PROGRAM PARTNERS

- The Ross Trust Foundation
- The Fay Fuller Foundation
- Belgrave Lions Club Asthma Research Fund Trustees
- ENJO
- Freemasons Foundation Victoria
- Lodge Amicus 928
- Neil & Norma Hill Foundation

WE WOULD LIKE TO THANK AND ACKNOWLEDGE OUR BUSINESS AND COMMUNITY PARTNERS

- The Australian Centre for Social Innovation (TACSI)
- MedAdvisor
- The George Institute for Global Health
- Woolcock Institute of Medical Research
- University of Wollongong
- Centre for Health Economics Research and Evaluation - UTS
- Comprehensive Care Ltd (New Zealand)
- The Social Deck
- Consumer Health Forum
- Environmental Justice Australia
- Doctors for the Environment
- Climate and Health Alliance
- Brisbane North Primary Health Network
- Mackay Hospital and Health Service
- Eastern Health (Angliss, Box Hill and Maroondah Hospitals)
- Cabrini Hospital
- Hamilton Base Hospital
- Monash Health (Clayton Hospital)
- South Eastern NSW PHN (Coordinare)
- Murrumbidgee PHN
- Central and Eastern Sydney PHN
- Terry White Chemmart
- Agency for Clinical Innovation (NSW)
- Advantage Group
- Beyond Bank
- IEC group
- Fort Knox Self Storage
- Victorian School Nurses (ANMF Vic)
- KidSafe
- Hume City Council
- Wyndham City Council
- Melton Shire Council
- Reed Medical Education
- Polaron
- Ritchies Supermarkets & Liquor Stores
- Quit Tasmania (Cancer Council Tasmania)
- The Salvation Army
- Job Prospects
- Matchworks
- Sarina Russo
- CVGT
- Victorian Refugee Health Network

THANK YOU

WE WOULD LIKE TO THANK AND ACKNOWLEDGE OUR PROFESSIONAL CONSULTANTS AND COLLABORATORS

Johnston, Guy Marks, Penny Jones and Amanda Wheeler
- Centre for Air pollution, energy and health Research





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