



Annual Report

**National Asthma Council Australia
Annual Report 2011/12**

The National Asthma Council Australia (NAC), a not-for-profit organisation, is a collaboration of:

- The Royal Australian College of General Practitioners
- The Pharmaceutical Society of Australia
- Asthma Australia
- Australasian Society of Clinical Immunology and Allergy

Vision

A community that recognises the impact of asthma as a social, economic and health issue, whose members share responsibility for the elimination of asthma and minimising the risk of asthma.

Mission

To improve the quality of life and health outcomes of people with asthma and associated conditions by enabling health professionals through education opportunities and the production of resources on best practice, driving asthma management through health promotion and advocacy to government, and setting the standards for asthma care by developing and disseminating the treatment guidelines for asthma.

Corporate Goals

The NAC is the leading authoritative national body for asthma. Its corporate goals are to:

- Maintain asthma on the public and political agenda.
- Play a leading role in advocacy for asthma, collaborating and communicating with stakeholders in order to facilitate change in asthma management to improve health outcomes.
- Provide state-of-the-art evidence-based resources and educational opportunities for health professionals, particularly GPs, pharmacists, asthma educators, practice nurses, allergists, and respiratory, general and paediatric physicians.
- Conduct health promotion activities directed at improving asthma health outcomes.
- Employ staff and engage experts who have the capacity to carry out the NAC's work.
- Ensure financial viability of the organisation.
- Ensure the NAC holds to corporate governance practices in accordance with the Corporations Act and other relevant legislation.

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Images

- Page 4 World Spirometry Day 2012: Parliamentary Secretary for Health & Ageing, The Hon. Catherine King MP (right) and NAC Chairman Assoc. Prof. Noela Whitby AM.
Photo: SDP Media
- Page 6 Sensitive Choice Partner Forum 2011: NAC CEO Ms Kristine Whorlow (left) with new partner Beaulieu Australia's Mr Jason Wedrien.

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Chairman's Message



Working with a not for profit organisation like the National Asthma Council Australia across many diverse issues is demanding, inspiring, challenging and rewarding. The individuals who came together to start the organisation in the late 1980s were indeed people with vision. They came together because Australia had

a significant asthma problem, far too many asthma deaths, and, of course, the consequent issues of unnecessarily high numbers of hospital admissions, emergency department attendances, and doctor visits along with poor quality of life for many people with asthma. Much was established in those early days, which has continued as guiding principles and leading programs.

An early focus of our organisation was the need for good governance and this has, of course, continued. We have regularly, for instance, updated our Constitution, and at our last AGM, made some changes which included enabling us to appoint up to four independent directors as well as those representing our four member bodies. We wanted to have the capacity to add directors with additional qualities and skills. Dr Jonathan Burdon has thus joined as the first of these independent directors with his governance and health law knowledge and experience.

Since our beginning, the basis for all our work and our core business is the revision, production, dissemination and implementation of the *Asthma Management Handbook*, the treatment guidelines for asthma. Our perspective has been clear – guidelines for primary healthcare practitioners developed from their stated preferences by multidisciplinary teams, and effectively distributed in hard copy and by website availability. It has been interesting, over the years, to watch the development of the guidelines industry and to see the development of the guidelines for guidelines. We have been producing guidelines longer than most similar organisations so have had quite a lot to contribute to the various discussions and forums. There is a need to maintain a balance between the methodology of collecting and applying evidence, and, the delivery of practical, interesting and readable guidelines carefully tailored to the users in formats suitable to them. If this is achieved, then much effort has to be given to the ongoing dissemination and promotion of the guidelines to their users. Our success at that has been demonstrated with studies over the years indicating high recognition of the *Asthma Management Handbook*.

Implementation of guidelines is always challenging and in its earliest days the National Asthma Council realised the importance of national education for the primary care health team, seizing opportunities to deliver education whenever they arose. Since 2001, we have had program funding from the Australian Government Department of Health and Ageing to deliver tailored workshops and seminars on asthma and respiratory updates and spirometry to GPs, practice nurses, pharmacists, asthma educators and more recently Aboriginal Health Workers. This important funding has given us the opportunity to work across Australia, remote, rural, regional and urban, providing education so that busy health practitioners do not have to leave their patients, sometimes for days, to attend educational sessions. We believe we are the only health NGO which is consistently doing this. We worked through Divisions and now Medicare Locals, and other areas where we discover a need such as correctional services and pharmacy marketing groups.

Just as the early National Asthma Council pioneered the use of the media to get asthma management messages to people with asthma and the community so we have continued this. We were an early internet user and, as the social media has developed, we carefully assess appropriate and effective use including the benefits to our target group, people with asthma. We now have our first app. under development, soon to be launched. This is another continuation of an early established process, seizing opportunities to help our work.

From a sound beginning the National Asthma Council has continued to meet challenges and take initiatives in the interests of better asthma management. Progress in any chronic disease area is slow and painstaking. We see advances in some areas and have to take rear guard action in others - the rewards and challenges of our work.

As always, on behalf of the Board, I have many people to thank for their dedication to the asthma cause – my fellow directors, the members of our GP Asthma Group, Pharmacists' Asthma Group, Product Advisory Panel, Finance Committee, the ad hoc Expert Panels, the Guidelines Committee and the associated working groups, and, of course, our staff and CEO. Any success we achieve is due to so many dedicated people, all working to improve asthma health outcomes.



Associate Professor Noela Whitby AM
MBBS (Qld), DPD, Grad Dip Hum Nut, FRACGP, FAICD

Chief Executive Officer's Message



For the National Asthma Council Australia, the 2011/2012 year was one of our busiest and most successful. For the first time our revenue exceeded \$2 million, something beyond our wildest dreams not so many years ago. Maintaining and increasing revenue is hard for any charity, and that was

another achievement, becoming a "charity" in late 2011 when our member bodies unanimously agreed for the first time that we should have deductible gift recipient status. Our Sensitive Choice program has continued to grow providing us with a steady income stream as well as the opportunity to work with our partners to deliver information on the management of asthma and allergies to many different audiences.

Program funding from the Australian Government Department of Health and Ageing has also enabled us to continue delivering our educational activities across Australia with a focus on regional, rural and remote Australia. Extra Department of Health and Ageing funding, committed to us just before the start of the year in review, has meant that we are revising a suite of earlier health professional information papers with corresponding consumer brochures, and covering some new topics. Grants were also obtained from a number of pharmaceutical companies so some other projects could be carried out too. And, we have maintained our presence in Asia Pacific and other parts of the world as well.

We value our relationships and the support of the organisations which provide direct funding or in-kind support. And there are many dedicated health professional volunteers who provide expert advice for our publications and who act as expert spokespeople for our busy media program. For example, over seventy volunteers – GPs, pharmacists, respiratory physicians and scientists, allergists, asthma educators, practice nurses and other expert contributors and reviewers – are working on the many topics to be covered in the seventh edition of the *Asthma Management Handbook* to be launched in May 2013.

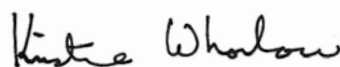
We are now however able to support this expert input with a dedicated project manager, medical writer, guidelines methodologist, literature reviewer and a web development team. In previous years, the volunteer experts would have had to do much of the writing and literature reviews themselves. Similarly, we can provide this kind of specialised support to the experts working on our suite of six revised and new asthma publications and other special projects. The realistic

decision was taken some years ago that our expert volunteers needed to have as much assistance as possible so that their role is for the provision of advice and correction rather than time-consuming writing.

Running as we do, a very intensive educational program across Australia for primary care health professionals – Primary Care Asthma Update, Asthma and Respiratory Management Seminar for Practice Nurses, Pharmacist Seminar, Spirometry Workshop, Spirometry Update and Asthma Update for Aboriginal Health Workers – we similarly support the over 150 presenters of these workshops with training, the slides, presenter manuals and all the necessary administrative support. Thanks to the Australian Government funding, we can also cover transport costs, accommodation and session fees, all of which are realistic needs for health professionals who often leave their own work to travel far and wide for our workshops. For many years we worked mostly with Divisions of General Practice to deliver these educational opportunities and are now working with the newly formed Medicare Locals.

Our regular media work involves not only the members of our Board and our various committees but also many expert volunteers who are often called on at very short notice to respond to media inquiries and also to be our spokespeople when we issue media statements or launch new resources. The NAC's commitment to media work dates from its very earliest days and we maintain this on a national and monthly basis with the aim of keeping asthma on the public and media agenda. As the year in review ended, we were hard at work with other asthma organisations on the development of a significant national media advertising campaign designed to address the important asthma issue of over-reliance on bronchodilators, ensuring that evaluation strategies were in place. Nowadays, we have few opportunities to deliver such high profile campaigns to the public and welcome them.

I would very much like to thank all our supporters for their contribution to a year in which so much was achieved – our many expert volunteers, the Australian Government Department of Health and Ageing, the pharmaceutical companies in asthma, our Sensitive Choice partners and the many other stakeholders with whom we work.



Kristine Whorlow
Chief Executive Officer

Special Features



Asthma Management Handbook 7th edition

The *Asthma Management Handbook*, the Australian national asthma treatment guidelines, is the National Asthma Council Australia's flagship publication and forms the foundation of all our resources and programs.

First published in 1989, and available online since 1996, the Handbook continues to set the standard for best-practice asthma management in primary care.

Work continues apace on the 7th edition, which is due to be published in 2013. Development of the Handbook is a complex, collaborative effort – this edition involves almost 80 honorary contributors working with our editorial team under the auspices of the AMH Guidelines Committee.

We were pleased to meet with more than 50 of these leading health professionals at our Contributor Workshop in August 2011. We thank all our honorary contributors for volunteering their time and expertise to the Handbook, and for their ongoing support.

Significant changes have occurred in the realm of guidelines development since the Handbook's 6th edition was published. Over the past year, the editorial team has been developing an appropriate and transparent methodology to create a Handbook that balances the rigours of evidence-based medicine with the practicalities of clinical practice.

These methodological processes once again put the NAC at the forefront of the guidelines field, as befitting our leading role within the NHMRC's Guideline Developers' Network.

Maintaining the Handbook's well-established reputation for accessible and practical guidance, the primary version of the new edition will be a comprehensive, user-friendly website. A printed summary outlining the key advice will be available as a companion document.

World Spirometry Day 2012

The National Asthma Council Australia marked World Spirometry Day on 27 June 2012 by publishing two updated resources – an *Asthma and Lung Function Tests* information paper for health professionals and a patient brochure, *A Guide to Breathing Tests for Asthma*.

Parliamentary Secretary for Health and Ageing, The Hon. Catherine King MP, formally launched the resources at our World Spirometry Day event at Parliament House, Canberra.

Assoc. Prof. Noela Whitby AM, NAC Chairman, and her fellow Directors welcomed guests from both Houses of Parliament, including Co-Convenor of the Parliamentary Friends of Asthma Senator Trish Crossin, Senator Sue Boyce, Senator Claire Moore and Mr Laurie Ferguson MP.

Stakeholders from across the respiratory and primary care arenas also joined the celebrations, including representatives from the Department of Health and Ageing, Australian Institute of Health and Welfare, Asthma Australia, the Australian Lung Foundation and the Pharmacy Guild of Australia.

The two new lung function resources are the first of an updated series of asthma management information papers and patient brochures, funded by the Australian Government Department of Health and Ageing, which will be progressively launched throughout 2012–2013.

Lung Health Alliance

After many years of behind-the-scenes collaboration and advocacy, Australia's peak respiratory health organisations have formally come together to create the Lung Health Alliance. The National Asthma Council Australia is proud to be a founding member of the Alliance, formed to address the impact of lung disorders that affect one in four Australians.

The Lung Health Alliance advocates on behalf of patients and families affected by poor lung health and supports public awareness campaigns highlighting the risks and prevalence of conditions including asthma, chronic obstructive pulmonary disease (COPD), lung cancer, cystic fibrosis, interstitial lung diseases and lung infections, including tuberculosis.

Launching the Alliance at the opening of the TSANZ Annual Scientific Meeting in Canberra in March 2012, TSANZ President, Professor Paul Reynolds, said the alliance was driven by a commitment of the peak respiratory bodies to "speak with one voice" on key respiratory health issues.

Partners forming the Lung Health Alliance are:

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



First Aid for Asthma

In early 2012, we published an updated *First Aid for Asthma* chart and launched a new paediatric *Kids' First Aid for Asthma* chart, with advice reflecting the latest evidence and medications.

Both charts clearly outline the established 4x4x4 process for community management of an asthma attack using salbutamol, as well as practical advice on how to help someone in physical distress use their asthma inhaler correctly and when to call an ambulance.

For the first time, the *First Aid for Asthma* chart also includes an alternate treatment column showing in detail how *Bricanyl* or *Symbicort* can be used in an emergency, even if this is not the patient's usual medication. The paediatric version features similar advice for *Bricanyl*.

The multidisciplinary panel members involved in developing the charts were:

- Assoc. Prof. Adam Jaffé, paediatric respiratory physician
- Assoc. Prof. Helen Reddel, adult respiratory physician
- Dr Victoria Smith, general practitioner
- Ms Joey Calandra, pharmacist
- Ms Tracey Marshall, asthma educator

Feedback from Asthma Australia was sought prior to finalising the charts and their suggestions were most helpful. The Asthma Australia website is highlighted on both versions.

During development of the general version we took advice from the Therapeutic Goods Administration and also submitted the revised Chart to the Australian Resuscitation Council, which accepted the new guidelines almost immediately. The new paediatric version of the chart was also circulated to these bodies for their information.

As this project was developed without external sponsorship, only limited quantities of the printed charts have been circulated. However, both charts are available for free PDF download on our website.



First Aid for Asthma charts

Ongoing Activities



GP and Allied Health Professional Asthma & Respiratory Education Program

Our GP and Allied Health Professional Asthma & Respiratory Education Program (GPAHPAREP) provides education and training for primary healthcare practitioners to increase best practice management of asthma and linked chronic respiratory conditions. It is part of the Australian Government's Asthma Management Program, funded by the Department of Health and Ageing for 2009–2013.

Building on many years of success, the current iteration of workshops has seen nearly 2000 practice nurses, more than 400 GPs and a growing band of pharmacists and Aboriginal health workers receive this valuable training.

More than 150 expert presenters are involved in developing and presenting our workshops. We thank them all for their ongoing enthusiasm and support.

Looking ahead, our priorities for the program include a continued focus on rural and remote practitioners and working with the new Medicare Locals.

Workshop types

Our key GPAHPAREP activities follow our successful and well-established A-Team model. These are face-to-face workshops run by our team of experienced health professional presenters using standardised material adapted for local needs.

Primary Care Asthma Update [A-Team®] (2hrs) – best-practice essentials for the whole primary care team

Asthma & Respiratory Management Seminar for Practice Nurses (6hrs) – role-specific education

Spirometry Training Course (6hrs) – continuation of comprehensive, hands-on spirometry training for GPs and practice nurses

Spirometry Training Update (2.5hrs) – refresher training for GPs and practice nurses who have undertaken formal spirometry training previously

Asthma Update for Aboriginal Health Workers (3hrs) – pilot series of a new role-specific activity

Implementation update

Our schedule of training activities is rolling out as planned, with many successful workshops held across the country through Medicare Locals, primary care health providers and more recently Aboriginal Medical Services.

As at 30 June 2012, we have conducted:

- A-Team: Primary Care Asthma Update – 49 workshops
- Asthma & Respiratory Management Seminar for Practice Nurses – 49 workshops
- Spirometry Training Course – 59 workshops
- Spirometry Training Update – 20 workshops
- Asthma Update for Aboriginal Health Workers – 7 workshops (pilot series)

*“An excellent, well delivered course.
It means that spirometry will become
a useful tool within my practice”*

GP, NSW

We have almost met our contracted delivery targets nearly a full year before the program is due to finish, yet requests for all workshop types continue to roll in. Priorities for the remaining workshops include rural and remote locations and regions that we have not visited previously.

In addition, we have begun development of an Asthma Update for Pharmacists, adapted from the A-Team material. Pilot workshops are currently being planned.

Professional development recognition

Our workshops have received professional development recognition from a range of relevant professional associations including:

- Royal Australian College of General Practitioners – notably recognising the Spirometry Training Course as a Category 1 QI&CPD activity for 40 points
- Australian College of Rural and Remote Medicine
- Australian Asthma & Respiratory Educators Association
- Australian Practice Nurse Association
- Royal College of Nursing Australia
- Pharmaceutical Society of Australia
- Pharmacy Guild of Australia
- Society of Hospital Pharmacists of Australia

*“These sessions provide more than
just education for participants and
ensure that professional networks
are created and maintained”*

Host organisation, NT



Parliamentary Secretary for Health & Ageing, The Hon. Catherine King MP, performs spirometry with Ms Marg Gordon, asthma educator

Cultural training

In addition to our regular ‘train the trainer’ sessions for our presenters, a full day cultural training seminar was held in Alice Springs for presenters of the Aboriginal health worker education workshops prior to the pilot series commencing. The seminar aimed to ensure our presenters had a broad understanding of the cultural issues and communication methods most appropriate for the Aboriginal health workers attending these workshops.

The highly recommended cultural training was led by a very experienced Indigenous presenter from the Alice Springs region, Ken Lechleitner from *Two-ilpa Bi-cultural Consultancy*. He is an expert in Indigenous liaison and community relations and has worked in a wide range of positions from Aboriginal health worker to Ministerial Liaison Officer.

Presented in a warm and positive manner, the day provided an insightful and comprehensive summary of the origins of Aboriginal communication and family relationships, as well as laws and protocols of human behaviour. Topics included Aboriginal methodology and ideologies in learning and how it changes across different regions. Participants also learned about appropriate dress code and respect for Men’s and Women’s areas, along with sorry camps and culture shock.

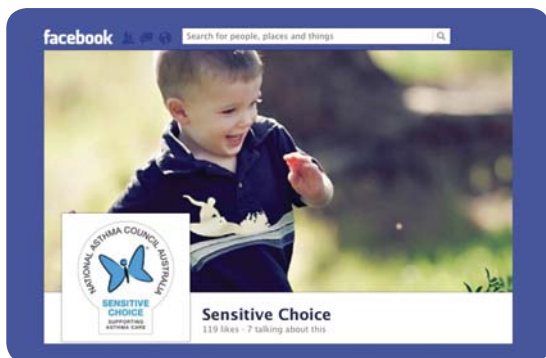
Feedback from the seminar was overwhelmingly positive with a number of participants who currently work in this field or have previously attended Indigenous cultural training stating this was the best education they had ever attended. For many, this gave some clarity to situations they had encountered in their previous work in this area.

Aboriginal health worker education

Five pilot workshops of the new Asthma Update for Aboriginal Health Workers were run in late 2011. Following small changes to the content of the workshop according to recommendations from the pilot sessions, two more workshops were run in the first half of 2012.

The workshops have been met with great enthusiasm from participants who report a significant increase in their understanding of asthma management and spirometry as a result of attending. A minimum of three additional workshops will be run in the next financial year.

Sensitive Choice



Sensitive Choice on Facebook

Sensitive Choice, the NAC's cause-related marketing program, was launched in 2006 to help consumers make informed lifestyle choices that may improve health outcomes for people with asthma and allergy.

The Sensitive Choice program has four stated objectives:

1. Educate Australians and New Zealanders about the importance of managing their asthma.
2. Encourage manufacturers and suppliers to produce products and services that are asthma and allergy friendly and that could benefit people with asthma and allergies.
3. Provide consumers with a way of identifying products and services that may benefit people with asthma and/or allergies and improve health and wellbeing
4. Generate sponsorship funds to enable both the Australian and the New Zealand asthma organisations to continue their work in improving asthma care.

The Sensitive Choice program continued to grow and develop this year, finishing the year with 41 partners. Three partners departed the program during the year, generally because of budgetary pressures, while eight new partners joined the program. More than 200 products and services are now approved.

We thank our partners for their involvement in a program that benefits the community (particularly those with asthma and allergies) and the NAC. Partners are listed later in this report.

People

A critical part of the process is the assessment of applications for approval of products and services by the volunteer members of the Product Advisory Panel, whose insights and expertise add rigor and value to the program.

During the year, one member of the Panel left, while two new appointments were made. Panel members are thanked for their valuable contribution.

Ms Jo Burrows, fundraising consultant, was heavily involved in the Sensitive Choice program from its inception in 2006 and is responsible to a large extent for its successful development, for which we sincerely thank her. Reflecting this growth and success, in late 2011 a dedicated Partnerships Manager was employed to manage the Sensitive Choice program full time, allowing Jo to focus on her other clients.

Processes and contracts

During the year, application and approval processes were improved and documented, standard contract templates were developed to save time and additional trademarks registrations were obtained in both Australia and New Zealand.

Promotional activities

Public awareness of and confidence in the program is important to its ongoing success. During the year, an updated television community service announcement was released. This was aired heavily by two national commercial networks, as well as some regional networks.

Some of our larger partners promote the Sensitive Choice approved status of their products in television, radio and print advertising. This not only promotes their products, but it also improves general awareness of the program.

The Sensitive Choice website (www.sensitivechoice.com.au) is an important tool in providing information about asthma, the program and approved products. During the year, a number of enhancements were made to the site including an increased range of *Healthy Living Factsheets*. These popular resources cover allergy topics like Pets & Allergies as well as more general asthma information, reinforcing and reiterating the NAC's key self-management messages.

Also during the year, social media was engaged as a tool to promote Sensitive Choice and communicate topical information about asthma and allergies.

Sensitive Choice now has a Facebook page (www.facebook.com/sensitivechoice) and is utilising Google AdWords to promote the program and approved products.

New Zealand

New Zealand has the second highest rate of asthma in the world. The Sensitive Choice program operates in New Zealand in conjunction with the Asthma Foundation there.

Both the NAC and the Asthma Foundation share the financial benefits and we acknowledge the valuable support of the Asthma Foundation in promoting the program in New Zealand.



Online presence

The NAC website (www.nationalasthma.org.au) was completely revised and revamped in September 2011. Our newly designed website puts all our information about managing asthma in easy reach, combining a fresh new look with improved navigation and search functionality.

Packed with great resources and advice, our website continues to provide reliable, useful information about asthma for people with asthma and their families, as well as a wide range of education and resources for health professionals.

This year has seen the addition of several new resources including the new *First Aid for Asthma Chart* (general and paediatric versions) as well as the updated *Lung Function Testing* health professional information paper and patient brochure.

The website continues to be extremely well visited by Australian and international users, and our associated website Kids with Asthma (www.kidswithasthma.com.au) is also popular.

We intend to further enhance our existing resources and build on the growing popularity of the *Sensitive Choice* website (www.sensitivechoice.com.au), with plans to explore further online and social media opportunities over the coming 12 months.

We look forward to launching the first free Australian iPhone asthma app, *Asthma Buddy* in August 2012. Our app will provide a take-anywhere, easy to use app that can help people with asthma or their carers recognise when asthma symptoms are getting worse and what to do in response. With paper action plans being one of the most effective asthma management tools available, our action plan app is a great new way for health professionals to help asthma patients stay on track with their asthma medications.

Our revamped website at www.nationalasthma.org.au

Media relations

The release of a range of new educational resources combined with a series of topical announcements combined to keep the NAC in the news throughout 2011/2012.

Proactive media outreach put the focus on the release of the new *Spirometry Users' and Buyers' Guide* and updated *First Aid for Asthma* chart ensuring strong uptake of these new resources by Australian health professionals, with consumer press also extensively highlighting the relevance of the *First Aid for Asthma* chart to all Australians.

At regular intervals throughout the year, we also capitalised on topical dates and announcements ensuring asthma maintained a high profile on the public agenda at regular intervals such as National Asthma Week (September), summer/Christmas (December) and World Asthma Day (May).

We were particularly pleased with the extensive media coverage of World Spirometry Day (June). Radio news bulletins from major national broadcasters through to local regional stations aired our audio news release, which featured quotes from Parliamentary Secretary for Health and Ageing, The Hon. Catherine King MP.

The annual release of the ABS asthma deaths data in April again saw the NAC strongly featured in the headlines in both consumer and health industry media with our bank of spokespeople widely utilised to provide expert media commentary.

Partnerships were also a key plank of the 2011/2012 media strategy with the NAC teaming up with Dairy Australia to set the record straight relating to dairy products and asthma confusion as well as working to support our Sensitive Choice partners' media relations efforts throughout the year.

On average a high profile media release was issued each month during the reporting period by our public relations consultancy, Ogilvy Public Relations, with resultant media coverage reaching well over six million Australians.



Kids' First Aid for Asthma

National Asthma Council Australia
leading the attack against asthma

1

Sit the child upright.
Stay calm and reassure the child.
Don't leave the child alone.

2

Give 4 separate puffs of a reliever inhaler – blue/grey puffer (e.g. Ventolin, Asmol or Airomir)

Use a spacer, if available.
Give one puff at a time with 4–6 breaths after each puff.
Use the child's own reliever inhaler if available.
If not, use first aid kit reliever inhaler or borrow one.

3

Wait 4 minutes.

If the child still cannot breathe normally, **give 4 more puffs.**
Give one puff at a time (Use a spacer, if available).

4

If the child still cannot breathe normally,
CALL AN AMBULANCE IMMEDIATELY (DIAL 000)

Say that a child is having an asthma attack.

Keep giving reliever.

Give 4 separate puffs every 4 minutes until the ambulance arrives.

OR

Give 2 separate doses of a Bricanyl inhaler

If a puffer is not available, you can use Bricanyl for children aged **6 years and over**, even if the child does not normally use this.

Wait 4 minutes.

If the child still cannot breathe normally, **give 1 more dose.**

If child still cannot breathe normally,
CALL AN AMBULANCE IMMEDIATELY (DIAL 000)

Say that a child is having an asthma attack.

Keep giving reliever

Give one dose every 4 minutes until the ambulance arrives.

BRICANYL

For children 6 and over only



- Unscrew cover and remove
- Hold inhaler upright and twist grip around then back
- Get child to breathe out away from inhaler
- Place mouthpiece between child's teeth and seal lips around it
- Ask child to take a **big strong breath in**
- Ask child to breathe out slowly away from inhaler
- Repeat to take a second dose – remember to twist the grip both ways to reload before each dose
- Replace cover

HOW TO USE INHALER

WITH SPACER
Use spacer if available*



- Assemble spacer (attach mask if under 4)
- Remove puffer cap and shake well
- Insert puffer upright into spacer
- Place mouthpiece between child's teeth and seal lips around it OR place mask over child's mouth and nose forming a good seal
- Press once firmly on puffer to fire one puff into spacer
- Child takes 4–6 breaths in and out of spacer
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

*If spacer not available for child under 7, cup child's/helper's hands around child's nose and mouth to form a good seal. Fire puffer through hands into air pocket. Follow steps for WITH SPACER.

WITHOUT SPACER
Kids over 7 if no spacer



- Remove cap and shake well
- Get child to breathe out away from puffer
- Place mouthpiece between child's teeth and seal lips around it
- Ask child to take slow deep breath
- Press once firmly on puffer while child breathes in
- Get child to hold breath for at least 4 seconds, then breathe out slowly away from puffer
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

Not Sure if it's Asthma?

CALL AMBULANCE IMMEDIATELY (DIAL 000)

If the child stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

Severe Allergic Reactions

CALL AMBULANCE IMMEDIATELY (DIAL 000)

Follow the child's Action Plan for Anaphylaxis if available. If you know that the child has severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.

For more information on asthma visit: Asthma Foundations www.asthmaaustralia.org.au National Asthma Council Australia www.nationalasthma.org.au
If an adult is having an asthma attack, you can follow the above steps until you are able to seek medical advice.
Although all care has been taken, this chart is a general guide only which is not intended to be a substitute for individual medical advice/treatment. The National Asthma Council Australia expressly disclaims all responsibility (including for negligence) for any loss, damage or personal injury resulting from reliance on the information contained. © National Asthma Council Australia 2011.

Activity Highlights



Education resources

Asthma information brochure series

In 2005 we launched the Asthma Information Brochure Series, a set of eight numbered health professional information papers with corresponding patient brochures. This was funded by Australian Government Department of Health and Ageing and involved contributions from many experts and stakeholders.

The Department recently commissioned the NAC to update the Series, this time focusing on six key topics in asthma:

- Asthma and Lung Function Tests
- Asthma and Complementary Therapies
- Asthma and Wheezing in the First Years of Life
- Asthma and Allergy
- Asthma and Healthy Living (smoking, nutrition, physical activity and obesity)
- Asthma and the Older Person

An appropriate expert panel is advising on each topic, including a representative of Asthma Australia to provide the patient perspective.

Once complete, the resources will be distributed to general practices and pharmacies across Australia. PDF versions will also be available from our website.

In recognition of the needs of Australia's diverse and multicultural society, the patient brochure series will be published in a range of community languages.

Asthma and lung function tests, the first topic in the series was published in June 2012 with the remaining topics due to follow a staggered publication schedule over the coming year.

Asthma and Lung Function Tests

The Lung Function Test set is the first in our new series of asthma management resources funded by Australian Government Department of Health and Ageing.

The *Asthma and Lung Function Tests* information paper provides an up-to-date summary of lung function testing for asthma, including practical advice on how to perform spirometry accurately and effectively, and when peak flow should be considered. The patient brochure *A guide to breathing tests for asthma* explains what to expect from a spirometry test and how to perform peak flow.

The expert panel members were:

- Assoc. Prof. David P. Johns
respiratory scientist – chair
- Assoc. Prof. Debbie Burton
respiratory scientist
- Ms Marg Gordon
asthma educator
- Dr Steven Rudolph
general practitioner
- Prof. John Upham
respiratory physician
- Ms Paula Murray
Asthma Australia representative



Asthma & Lung Function Tests

Spirometer Users' and Buyers' Guide

Our popular *Spirometer Users' and Buyers' Guide* has been comprehensively updated and was published on our website in November 2011.

The Guide was developed to help primary care clinicians to assess and choose the most appropriate spirometer for their practice. An additional educational section about the measurement and application of spirometry is also provided, including how to perform the test, how to identify poor quality tests and how to interpret the results.

Now in its third edition, the Guide reviews all spirometers currently available in Australia. Using a simple comparative table, it details specifications and features for each, including pricing and costs associated with any consumable accessories.

The *Spirometer Users' and Buyers' Guide* was updated by Assoc. Prof. David P. Johns in conjunction with Assoc. Prof. Debbie Burton and Dr Maureen Swanney. We thank the authors for their ongoing support.

The Guide has been endorsed by the Australian and New Zealand Society of Respiratory Science.



Z-card written asthma action plan

Tools for primary care

Written asthma action plans are one of the most effective asthma management tools available. We have had an unprecedented response to our new-look written asthma action plan template, launched in March 2011. More than 100,000 copies of the foldable z-card version have been distributed nationally via GPs and respiratory physicians over the past year, and the PDF version remains one of the most popular downloads from the NAC website.

The action plan's popularity is matched only by our *Asthma and COPD Medications* wall chart, which was also revised in early 2011. This continues to be amongst the most downloaded resources on our website and many thousands of printed posters have been provided to practice nurses and other health professionals around the country.

Conferences

GPCE Melbourne 2011

Our seminar at the Melbourne General Practitioners Conference and Exhibition (GPCE) in November 2011 was presented by Dr Bandana Saini, a senior lecturer in pharmacy, on the topic of '*Asthma inhalers – the evidence behind the advice*'. The presentation looked at an evidence-based approach to considering the practicalities of inhaled asthma medications.

GPCE Sydney 2012

Assoc. Prof. Sheryl van Nunen, clinical immunologist, presented our session at GPCE Sydney in May 2012. *'Allergic rhinitis: More than just a blocked nose'* covered diagnosis (which isn't always easy) and causes (there are frequently several) and touched on the detective work needed to help sufferers minimise exposure to triggers.

The session was supported by an unrestricted educational grant from Care Pharmaceuticals.

PAC 2011

At the request of Pharmaceutical Society of Australia, we organised a session for the asthma stream at the Pharmacy Australia Congress (PAC) in Melbourne in October 2011.

Dr Bandana Saini, senior lecturer in pharmacy at the University of Sydney and PAG member, presented a session on 'Asthma inhalers – the evidence behind the advice', which was similar to her presentation at GPCE Melbourne. Around 60–70 pharmacists attended.

In addition, a mini-kit of our latest pharmacy resources plus a flyer about the NAC was distributed to all delegates as a satchel insert. The intention was to raise the NAC's profile with pharmacy and to let pharmacists know more about us and our resources.

TSANZ Annual Scientific Meeting 2012

At each TSANZ Annual Scientific Meeting, the NAC holds a breakfast session with the Asthma and Allergy Special Interest Group. At the ASM in Canberra, the session was "Occupational asthma: causes, diagnosis and management in 2012". It was presented by Assoc. Prof. Debbie Yates, Prof. Michael Abramson and Dr Ryan Hoy.

IPCRG 6th World Conference 2012

The 6th International Primary Care Respiratory Group (IPCRG) World Conference was held 25–28 April 2012 in Edinburgh. The conference was for all primary care health professionals with an interest in respiratory health.

Australia was well represented at the Conference. Delegates included NAC Chairman Assoc. Prof. Noela Whitby AM, plus staff members Ms Kristine Whorlow, CEO (also an IPCRG director) and Ms Judi Wicking, Program Manager.

Other conferences

The NAC has an active presence at many other health professional conferences around Australia. Recent presentations include 'Spirometry training in primary care: lessons learnt' at ANZSRS April 2012 and 'Emergency asthma management' at Ambulance Queensland 2012.

In addition, we have conducted our GPAHPAREP workshops as seminars at GPCE's sister conference, PNCE (Practice Nurse Conference and Exhibition) in Sydney, Townsville and Melbourne.

MTOC meeting in Iran:
NAC CEO Ms Kristine Whorlow, pictured left, with
Dr Helen Tope, Co-Chair, MTOC, and Mr Atul Bagai,
Regional Coordinator, South Asia UNEP Regional Office

Asthma Awards

The NAC funds annual awards to encourage research into asthma. Offered via our stakeholder bodies, the awards focus on asthma research presented at each organisation's annual/biennial scientific meeting or conference.

The winner of the 2011 ASCIA and NAC Asthma Research Award was Ms Bianca Angelica from the University of Melbourne. Her winning presentation was *'The association between onset and persistence of eczema and the risk of other allergic diseases'*.

The winner of the 2012 TSANZ and NAC Asthma Prize was Mr Md Ashik Ullah, from the School of Biomedical Science at the University of Queensland. His winning presentation was *'The activation of the receptor for advanced glycation end products (RAGE) contributes to the induction of HDM-specific TH2 responses'*.

International Activities

United Nations Environment Programme

In her role as one of the two Australian Government nominees on the Medical Technical Options Committee (MTOC) of the Montreal Protocol, our CEO attended and spoke at Iran's *Ceremonial and Awareness Meeting on the Transition to CFC-free MDI Products*. The major speakers included Iran's Vice President and Head of the Environmental Protection Agency and the Minister for Health and Education.

She also attended the annual MTOC meeting in Bangladesh and spoke at the *Goal Zero, Transition to CFC-free Inhalers, Celebrating Success of Bangladesh* official dinner. The major speakers included the President and other senior representatives of the Bangladesh Lung Foundation.

Asia Pacific Paediatric Forum

Ms Judi Wicking, our Program Manager, spoke at the Asia Pacific Paediatric Forum in Singapore in early 2012. These interactive sessions were attended by GPs from the Asia Pacific region and covered inhaler device use. With a focus on children and ensuring that age and skills appropriate devices are used, these sessions saw many interesting discussion points raised.



Our People



Board

The Board defines policies and sets goals and objectives, is responsible for corporate governance and regularly reviews progress towards achieving the stated goals.

- Assoc. Prof. Noela Whitby AM, Chairman
General Practitioner
The Royal Australian College of General Practitioners representative
- Prof. Charles Mitchell
Respiratory physician
Asthma Australia representative
- Mr Peter Holder
Community pharmacist
Pharmaceutical Society of Australia representative (to 16 December 2011)
- Mr Stephen Hughes
Community pharmacist
Pharmaceutical Society of Australia representative (from 16 December 2011)
- Assoc. Prof. Janet Rimmer
Respiratory physician and allergist
Australasian Society of Clinical Immunology and Allergy representative
- Dr Jonathan Burdon
Adult Respiratory Physician
Independent Director (from 3 February 2012)

Finance Committee

The Finance Committee supervises budgets, authorises and monitors expenditure, and advises on the acquisition of income.

- Mr Peter Holder (to 16 December 2011) (Chair)
- Mr Stephen Hughes (from 16 December 2011) (Chair)
- Mr Peter Norman
- Mr Alasdair Norton
- Mr Robert Yeo

General Practitioners' Asthma Group

The General Practitioners' Asthma Group works to coordinate the expertise, enthusiasm and skills of general practitioners who have a special interest in the management of asthma.

- Dr Kerry Hancock (Chair)
- Prof. Amanda Barnard
- Dr David Batt
- Assoc. Prof. Ian Charlton
- Assoc. Prof. H. John Fardy
- Assoc. Prof. Chris Hogan
- Dr Steven Rudolph
- Dr Victoria Smith
- Assoc. Prof. Noela Whitby AM
- Assoc. Prof. Sanjiva Wijesinha
- Dr Russell Wiseman

AMH Guidelines Committee

The *Asthma Management Handbook* Guidelines Committee steers development of the Handbook's 7th edition.

- Prof. Amanda Barnard
general practitioner (Chair)
- Ms Naomi Fenton
nurse practitioner
- Dr Jenny Gowan
pharmacist
- Dr Jane Marr
general practitioner
- Assoc. Prof. Helen Reddel
respiratory physician
- Assoc. Prof. Janet Rimmer
respiratory physician and allergist
- Prof. Peter van Asperen
paediatric respiratory physician
- Assoc. Prof. Peter Wark
respiratory physician

Pharmacists' Asthma Group

The Pharmacists' Asthma Group works to coordinate the expertise, enthusiasm and skills of community and hospital pharmacists who have a special interest in the management of asthma.

- Mr Simon Appel OAM (Chair)
- Prof. Carol Armour
- Mr Kingsley Coulthard
- Mr Mark Feldschuh
- Mr Peter Holder
- Mr Stephen Hughes
- Ms Karalyn Huxhagen
- Mr Grant Kardachi
- Mr Kevin Morgan
- Ms Toni Riley
- Dr Bandana Saini
- Mr Marcus Weidinger
- Mr Chris Flood (ex-officio)

Sensitive Choice Product Advisory Panel

The Sensitive Choice Product Advisory Panel considers products and services for acceptance into the Sensitive Choice program. It is supported by Ms Angela Francis, chief executive, Asthma Foundation (NZ), and Ms Kristine Whorlow, chief executive officer, NAC.

The Panel consists of the following experts:

- Adult respiratory physician (Chair)
- Allergist
- Community pharmacist
- General practitioner
- Industrial chemist
- A person with asthma

Staff

- Ms Kristine Whorlow, Chief Executive Officer
- Ms Siobhan Brophy, Communications Manager
- Ms Rhonda Cleveland, Operations Manager
- Mr Adam Trumble, Partnerships Manager
- Ms Judi Wicking, Program Manager
- Ms Melissa Bell, Marketing Coordinator
- Ms Jessica Groom, Project Administration Officer
- Ms Miriam Hagan, Publications Officer
- Ms Leanne Koster, Project Officer
- Mr Mark Olszewski, Communications Project Officer
- Ms Senka Perera, Executive Assistant/Office Manager

Supporters



Acknowledgments

The NAC is able to carry out our important work thanks to the generosity of our sponsors and supporters. The Australian Government Department of Health and Ageing continues to provide invaluable backing for our GP and Allied Health Professional Asthma and Respiratory Education Program (GPAHPAREP) under the Department's Asthma Management Program 2009–2013.

We thank the Department for their ongoing support of the NAC and asthma management more widely.

Our sponsors from the pharmaceutical and spirometry industry are important allies in spreading the best-practice respiratory management message. We were able to develop many of our latest resources as a result of unrestricted educational grants from these companies and we look forward to their continued support.

We are also grateful to our many Sensitive Choice® Partners who continue to raise awareness of asthma in the community and support our important educational activities.

Finally, we extend our thanks to the many tireless health professionals who help us in all facets of our work. You truly are the cornerstone of the NAC.

National Asthma Council Supporters

Government



Australian Government
Department of Health and Ageing

In-Kind Supporters



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Resene Paints Ltd

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Torlys NZ Ltd
Valspar Paint (NZ) Ltd
Warmup New Zealand Ltd

The following partners exited the program during 2011–12:

Enjo New Zealand Ltd
Torlys NZ Ltd
LG Electronics Australia Pty Ltd

YOUR PATIENTS MAY SOON BE ASKING YOU FOR THIS!

Asthma Buddy – the interactive iPhone app for written asthma action plans.

Help your asthma patients stay on track with this easy to use app:

- Personalised instructions for good self-management
- A reminder of their prescribed asthma medications
- Advice on what to do if their asthma is getting worse

Complete with quick access to First Aid for Asthma steps plus the National Asthma Council Australia library of How-to videos on inhaler use.



NationalAsthma
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leading the attack against asthma



For more information go to
www.nationalasthma.org.au/asthmabuddy

The Asthma Buddy app is based on the latest written asthma action plan template, revised and updated in 2011 by the National Asthma Council Australia in consultation with leading respiratory clinicians.



www.NationalAsthma.org.au