Our vision
Be the leaders in respiratory health knowledge to improve respiratory health outcomes for all.

What we do is
Develop and support respiratory health best practice through partnering, research, training and education.

Front cover image:
Aimee Lin - Art competition winner, age 17
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The Foundation’s positive impact

It has been an outstanding year for the Asthma and Respiratory Foundation NZ. Our new Chief Executive Letitia O’Dwyer has finished her first full year at the Foundation, and it comes as no surprise that she has made a positive impact right across the organisation. The Foundation has launched many new initiatives, produced some fantastic new resources and educational programmes, utilised the latest technology, and managed some highly successful events along the way. I am so pleased with how the team has taken things to the next level. I want to personally thank Letitia and the whole team for all their efforts. Many tangible outcomes and deliverables have come together and we are hitting important objectives within our strategic plan.

One of the stand-out areas for me as President is the great work that has been happening with the Turuki Health Care project in South Auckland and working with Māori communities to help connect and engage more effectively. Another stand-out area is the new online resources – these have been produced to a high standard with contributions from many respiratory health experts, they will help people across New Zealand for a long time to come. And of course there is the positive team atmosphere that Letitia has built during her first year’s tenure. Every staff member is dedicated to making a difference to people’s lives.

Respiratory disease continues to be a major health problem

The figures from the last Impact Report continue to be a stark reminder of the severity of respiratory illness in New Zealand. One in six people suffer from a respiratory illness, which equates to 700,000 New Zealanders. We have all been staggered by estimations that 586,000 school days are lost every year because of asthma in children. This information has driven the Foundation to produce one of its newest resources, and highlights why it’s essential that we continue to do our valuable work.

Educating our future generations

The new Teachers’ Asthma Toolkit was developed this year, and launched on World Asthma Day on 1 May 2018. It’s great to see that it is already having an impact, with many teachers now using it as their go-to reference guide for learning more about asthma. The toolkit, alongside our Sailor Asthma Show, is an important resource for getting the Foundation’s message out to teaching staff and children right across the country.

In this financial year I was also extremely proud of the team for launching the long-awaited ‘Managing your child’s asthma’ resource. It’s a valuable resource that teaches parents, whānau and other caregivers of children about asthma. This sits alongside the Teachers’ Asthma Toolkit on the website www.learnaboutlungs.org.nz. These all provide a lifeline to so many people, and their use can result in tangible outcomes that change lives.

Continuing to upskill our professionals

Upskilling our health professionals is a key part of the Foundation’s work, and this year it went from strength to strength. Over 100 e-learning courses took place during the last financial year, and thousands of resources were ordered through the Foundation’s online portal. This area is often overlooked, but the support and number of resources provided by the Foundation to our primary care operators is quite outstanding.

Connecting with our communities

There have been several key events managed by the Foundation this year. One of the standout occasions was the 30th anniversary of the New Zealand Respiratory Awards held in April 2018. The Respiratory Achievers’ Awards presented at this event recognised people for their outstanding achievements while living with a serious respiratory condition. This year’s winners were truly inspirational, and it is their stories that continue to drive us in the work that we do. You can read more about this event on page 20. You can also read about many of the campaigns that the Foundation managed throughout the year. Campaigns such as Breathe Better September are strategically important for the Foundation, and not only help raise awareness but also help us raise vital funds.

Acknowledgements

Thank you to the Board for their support and continued commitment to their roles as trustees. Our Board members come from diverse professional backgrounds, bringing a wide range of skills and governance expertise that contribute to the success of the Foundation.
As an independent charity, Asthma and Respiratory Foundation NZ would not be what it is today, or carry out the valuable work it does, without the support of its funders. I would like to take this opportunity to thank our major funders, Pub Charity and the New Zealand Lotteries Commission. The Foundation is also hugely grateful to everyone who chose to donate to our cause in the past financial year – we can’t thank you enough for your support.

An exciting future

I am very excited about the future, there are already so many projects and new initiatives on the horizon. I can’t wait to see the final results from the Turuki Health Care project and I’m encouraged by many of the new relationships and partnerships that the Foundation is building. By delivering on our strategic plan we will continue to make a difference to the lives of the one in six New Zealanders who live every day with a respiratory condition. What would make a real difference to our work would be Government funding, to enable us to bring more of our exciting ideas to fruition. Our work continues on this, and I hope it will happen in the near future – we could achieve so much more.

John Knight
President

Our Medical Director

Dr Stuart Jones MBChB, PhD, FRACP, was appointed as Medical Director of the Asthma and Respiratory Foundation NZ (ARFNZ) on 12 September 2017. His experience, knowledge, and understanding of respiratory disease provides a highly valuable evidence-based medicine contribution to the Foundation.

Stuart is a respiratory and sleep physician working in Middlemore Hospital, South Auckland, where he is the clinical lead for the sleep and ventilation service. As well as being a medical doctor he has a PhD (Otago) gained in the assessment of airway inflammation. He specialises in general respiratory medicine, with a particular interest in sleep and ventilation, asthma and airway disease, and pulmonary hypertension.

Stuart is the current New Zealand Branch President of the Thoracic Society of Australia and New Zealand (TSANZ), the peak professional body for respiratory specialists. He became involved in ARFNZ because he is passionate about improving respiratory health across New Zealand and saw ARFNZ as an important contributor to this cause. He wants to see a closer working relationship between ARFNZ and TSANZ and believes that both organisations can be of benefit to New Zealanders suffering from respiratory problems by creating a combined loud voice for better respiratory health.

Stuart chairs the ARFNZ Scientific Advisory Board (SAB) which is made up of 14 respiratory health professionals, including nurses, general practitioners, respiratory hospital specialists, allied primary health care professionals, and academics from across the country. The SAB advises the Foundation on scientific and medical matters related to respiratory health, and is involved in writing important medical resources and educational training materials, and the formation of national guidelines, such as the recently produced NZ Adult, and Child and Adolescent, Asthma Guidelines. The Chair and members of the SAB also act as scientific and medical media spokespeople for ARFNZ when required.

Our Chief Cultural Adviser - Māori

Sir John Clarke, KNZM, CNZM, was appointed Chief Cultural Adviser – Māori on 14 September 2017. His expertise, understanding, and cultural knowledge play a vital role in the Foundation’s cultural competency and understanding across all of its work. Sir John has been particularly instrumental in the development of the Turuki Health Care project in South Auckland, and his ongoing expertise and advice has been of paramount importance to its success. He has also facilitated valuable Māori language and cultural learning sessions for all staff at the Foundation and provides regular media comments within the Māori space.

Sir John has worked in education and crown agencies, and since the 1990s has played a role in almost 30 treaty settlements throughout New Zealand. Sir John received his knighthood for services to Māori and heritage preservation on 17 May 2018 at Government House. It is a privilege to have a Knight Companion of the New Zealand Order of Merit as part of the Asthma and Respiratory Foundation NZ.
Improving respiratory health outcomes for all

Wow, what a year it has been for the Foundation!

Advocating for national health initiatives, resulting in positive health outcomes for people in New Zealand living with a respiratory illness, has been a major focus for the Foundation over the past year. The advent of a new coalition government at the end of 2017, with a strong focus on primary healthcare, saw the Foundation release its first political manifesto. The manifesto highlighted areas of need and the best way to achieve a 20 percent reduction in emergency visits for acute respiratory illnesses within five years. The Foundation was also actively involved (as part of Smokefree Aotearoa 2025) in calling for regulations and education around e-cigarettes and vaping products, rather than treating them as a stand-alone recreational consumer product with few restrictions in advertising. We were also very active in the primary school asthma educational space, with our Teachers’ Asthma Toolkit, Learn About Lungs online, and printed resources. Being the lead national respiratory health ‘connector’ between health and education was part of our strategic plan, and we believe the following statements assist New Zealanders to achieve this goal.

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The National Respiratory Strategy underpins all that we do at the Foundation.

As Chief Executive, and in consultation with our esteemed Scientific Advisory Board (SAB), I met with the Hon Dr David Clark, Minister of Health, and key Ministry of Health officials. I recommended that a national health target was the only solution that would support respiratory illness being taken seriously across all District Health Boards (DHBs) and amongst all Primary Healthcare Organisations (PHOs). I also discussed breaking down the silos within the current health system’s key stakeholder areas, so we can improve accessibility and the management of asthma and other respiratory diseases, and provide ongoing support for the elderly, as well as education on asthma and respiratory diseases in the primary school setting. These are all facilitated by the Foundation as the national respiratory health ‘connector’. The goal of the national health target must be a reduction in asthma, bronchiectasis, childhood bronchiolitis and pneumonia, chronic obstructive pulmonary disease (COPD) and other respiratory diseases nationwide.

The Foundation’s commitment to the Māori Engagement Strategy saw the final part of our Pilot Partnership Project with Turuki Health Care in South Auckland come to fruition. This project identified some of the real-world challenges in connecting with our most hard-to-reach tamariki to improve respiratory health outcomes, and we hope that the lessons learnt through this model can be applied to other Māori healthcare provider partnerships.

During the past year, the Foundation also made the decision to create a new role of Chief Cultural Adviser – Māori, with a focus on addressing Māori needs, to ensure the right messages were delivered in the right way to address challenges identified in the pilot project. It is important to the Foundation that any activities we undertake as part of our Māori Engagement Strategy are led by someone highly regarded not only in the Māori community, but across New Zealand. The Foundation is honoured to have Sir John Clarke, KNZM, CNZM, join us in this role. Personally, I have learnt so much from Sir John, and it is a real privilege to have him involved with the Foundation.

Also over the past year, our wonderful Scientific Advisory Board (SAB), consisting of members from a wide range of disciplines such as public health, sleep medicine, pharmacy, nursing, and adult and child respiratory medicine, held three highly interactive meetings. These meetings ensure that the Foundation releases information from an evidence-based medicine (EBM) perspective at all times. Many of the SAB members were instrumental in developing the New Zealand Child and Adolescent Asthma Guidelines, led by Professor Innes Asher, and released in November 2017. We are so lucky to have Professor Asher as part...
of our SAB. She is also the Chair of the Global Asthma Network, a renowned international body.

The Foundation also ran its first ‘Best Practice Asthma Guidelines’ training programme for nurses, which focused on understanding the new guidelines and how to disseminate them to GP practices across New Zealand.

It is only through close, productive, EBM relationships between the Foundation and health professionals that we can achieve our strategic goal – being the leaders in respiratory health knowledge to improve respiratory health outcomes for all. That is why we were delighted to appoint the accomplished New Zealand Respiratory Physician Dr Stuart Jones as our Medical Director this year. Dr Jones is also the President of the New Zealand branch of the Thoracic Society of Australia and New Zealand (TSANZ). With Stuart’s support the Foundation entered into a Memorandum of Understanding with TSANZ to ensure EBM alignment as we move forward.

Maintaining a strong voice within social media, and showing our commitment to our digital strategy by updating the ‘My Asthma’ app, are two ways we keep our finger on the digital pulse. The ‘My Asthma’ app allows people to have all of their necessary asthma information, including asthma management plans, with them at all times, at the touch of a screen.

Our marketing and communications team is integral to raising the awareness of respiratory illness and the work undertaken by the Foundation. Events such as World Asthma Day (1 May 2018) are paramount in raising the Foundation’s national profile and reaching out to a wider range of people requiring support. We had a strong focus on raising awareness in schools for the 2018 World Asthma Day campaign.

Funding is the backbone of the Foundation, and as you know we receive no government funding to deliver all that we do nationally. Therefore, it is only with the generous support of our grant providers and donors that we can continue to provide the services and resources that we do. Educating primary school children and staff to become ‘Asthma Friendly’ schools, providing printed and online support material for health professionals, running specialised ‘Best Practice’ programmes, and other continuing professional development (CPD) accredited training, and implementing pivotal projects across the country, are all vital to those living with a respiratory illness.

I wish to thank everyone involved with the Foundation, as it is often the ‘behind the scenes’ planning, organisation and skills of these people, who give so much of their time freely, that makes all the difference.

Partnerships with key stakeholder groups, organisations, and government agencies involved in respiratory health are important to strengthen our voice and raise awareness of the high respiratory illness rates across New Zealand, and reduce them. The Foundation is thankful for the many partnerships created over this past year, and we are excited to identify and grow many more over the coming year.

A word of thanks. I would like to thank all our partners and donors across New Zealand for the huge commitment and contribution they have made over the past year. The Foundation strives to improve the lives of many thousands of New Zealanders affected by a respiratory illness (one in six, in fact), and it is only through your support and your belief in us here at the Foundation that we can continue to help those who need us the most.

I would like to personally thank all our staff here in Wellington. I constantly talk about how proud I am of my staff here at the Foundation; they are all so exceptional and highly skilled at what they do – it really is the best team a Chief Executive could ask for.

Finally, a special thank you to our wonderful President and to the Board for their support and guidance throughout this past year – I have learnt so much.

Next year holds a lot of promise, opportunity and new partnerships that I know will build an even stronger Foundation, and one that will go on delivering to those living with a respiratory illness. The team and I look forward to it with enthusiasm.

Letitia O’Dwyer
Chief Executive
Chloe Crump is a bubbly five-year-old girl from Tauranga. Her mother Rachel Crump is sharing her story to raise awareness of respiratory conditions. Rachel believes that New Zealand should take respiratory disease much more seriously.

Chloe was born a healthy baby with no pre- or post-natal health issues. At 20 weeks though, she contracted her first virus which led to a severe episode of bronchiolitis. After that Chloe kept getting bronchiolitis, it seemed like she had barely recovered from the last episode before it came back. Rachel says she would get comments from people on how rattly Chloe’s chest was even when she seemed well. At two years old Chloe was given a diagnosis of asthma and not long after this she had her tonsils and adenoids removed for sleep disordered breathing. Despite all this Chloe remained a generally happy toddler and was active, loved swimming and going to the beach.

Chloe was eventually diagnosed with bronchiectasis and chronic asthma after the next few years of struggling with respiratory ill health. As a result, she now does physiotherapy twice daily using nebulised hypertonic saline and has frequent antibiotics for chest infections. Hospital is second nature to little Chloe. Rachel says:

“When Chloe was first diagnosed with bronchiectasis it was something we weren’t expecting. I went through a bit of a grieving process to digest it all really.”

A big and happy milestone for the whole family was Chloe starting school in October 2017. She is dual enrolled at Northern Health School as she attends school on a part-time basis to keep her well. Her parents met with the school’s SENCO (special needs teacher) and her teacher two months before she started school to inform them of Chloe’s conditions, and to go through the action plans and other information. This proved to be invaluable.

Chloe also has anaphylaxis to bee stings, and autism, so has a robust IEP (individual education plan) in place. “Her school and teacher have been absolutely wonderful and extremely accommodating to her needs, which has reflected positively on Chloe’s start to school life”, says Rachel.

Rachel made the huge decision to give up work 18 months ago, so she was able to cope more with Chloe’s extra needs. Rachel comments: “It was a decision that took me a long time to action. I was very settled and loving my job as a preschool teacher, but it was becoming increasingly hard going juggling everything.”

Having a strong support network is something that Rachel really believes is vital in order to cope with having a child with extra high needs. Social media has also played its part in terms of getting extra advice and learning from other parents in a similar position. Rachel says she first turned to social media about a year before Chloe was diagnosed with bronchiectasis, as there were not a lot of support groups or community help available for parents of children with respiratory conditions and it was quite isolating. Rachel says: “I discovered the bronchiolitis support group that had not long begun when Chloe was just two years old. When I joined it had 40 members, three years later I help with administration of this group and we now have over 700 members. Many members are grateful for having found it for the very same reason I did, for support and hearing the experiences from other parents, just knowing they weren’t alone on this journey.”

‘Active Lungs for Chloe’ is Chloe’s popular Facebook page which was created in February 2017 as part of her fundraising efforts for respiratory conditions. Since then the page has developed into a campaign to raise awareness, support others and share Chloe’s journey.

Chloe and her mum Rachel are also big supporters of Breathe Better September, and they have taken part in events during the past two years. So far Chloe has raised more than $500 for the Foundation.

Chloe was the 2018 Cody Forbes Award for Courage winner at the NZ Respiratory Achievers’ Awards.
South Auckland Partnership Project

It is hoped this project will act as a model for future ARFNZ partnerships with other Māori healthcare providers, to enable improvement in the disproportionately high rates of people admitted to hospital with asthma within our target population of children: Māori 2.9 times higher, and Pacific people 3.7 times higher.

The Foundation is also looking to improve the alarming bronchiectasis rates which have seen an increase of 41 percent over the last 15 years (Impact of Respiratory Disease in New Zealand: 2016 Update, Dr Lucy Telfar-Barnard and Jane Zhang).

The Foundation’s vision is that the success of this pilot project will provide invaluable ‘lessons learnt’ to achieve positive health outcomes across other high needs areas in New Zealand. This project fits strongly within the Government’s focus on primary care and within the New Zealand Health Strategy.

The final report will be completed by the end of 2018 and will be presented by the Foundation to the Ministry of Health.

Reaching out to the community

A key focus of the Asthma and Respiratory Foundation NZ (ARFNZ) is to provide better respiratory health for all New Zealanders with a goal of lessening respiratory hospitalisations and GP visits. The Foundation has made it a strategic priority to investigate how we could improve Māori health outcomes, especially in children, in a highly affected pilot area in South Auckland.

Prevalence in New Zealand and South Auckland

By far the highest number of people being admitted to hospital with asthma are Māori and Pacific peoples and people living in the most deprived areas. The prevalence of asthma in New Zealand is among the highest reported worldwide, with 25 percent of children aged 6–7 years and 30 percent of adolescents aged 13–14 years reporting asthma symptoms.

Pilot Project with Turuki Health Care

The project, which will run for one year and is nearing completion, brought together the expertise of both the Asthma and Respiratory Foundation NZ and Turuki Health Care. Its aim was to reach out to the community in this part of the country by working alongside tamariki and the school networks that make healthcare services more accessible.

This collaborative project was supported by the Foundation with resources and training materials for whānau support workers and respiratory nurses to use, and alongside the New Zealand Child and Adolescent Asthma Guidelines.
Respiratory disease continues its impact within New Zealand with over 700,000 New Zealanders living with a respiratory condition, and one third of these are children. Asthma continues to lead these statistics, affecting over 521,000 people within New Zealand. 63 people die every year due to asthma.

According to the 2016 Impact of Respiratory Disease in New Zealand report, commissioned by the Asthma and Respiratory Foundation NZ, respiratory disease causes 2,663 deaths each year and makes up 10 percent of all overnight hospitalisations, costing the country more than $6 billion every year.

The report’s findings were drawn from research into total respiratory disease and associated individual respiratory disease indicators such as asthma, bronchiectasis, childhood bronchiolitis, pneumonia, and chronic obstructive pulmonary disease.

From this research it was found that there was a “high degree of inequality, across both the socio-economic spectrum and different ethnic groups” with Pacific people’s health performing the poorest across all indicators – they are 3.1 times more likely to be hospitalised than any other ethnic group. This was closely followed by Māori, who are 2.4 times more likely to be hospitalised than any other ethnic group.

There were also regional trends identified, with Counties Manukau, Lakes, and Northland DHBs having the highest total respiratory hospitalisation rates, illustrating the connection between deprivation and respiratory disease.

The report was first published in 2002 to gain insight into respiratory disease over extended periods, and is updated biennially. The report is used by health professionals and researchers, and the statistics are used frequently by the media. The findings of the report are also used to shape future campaigns at the Foundation, with the next Impact report due out towards the end of 2018.
Updated asthma guidelines – children and adolescents

At the end of 2017 the Foundation was proud to announce that the updated New Zealand Child and Adolescent Asthma Guidelines had been published in the New Zealand Medical Journal. The guide was developed by a multidisciplinary group of respiratory health experts under the leadership of Professor Innes Asher, who is a member of the Foundation’s Scientific Advisory Board.

The new guidelines are designed to aid health professionals in delivering asthma care in the community and in emergency departments, providing simple, practical, evidence-based guidance for the diagnosis and treatment of asthma in children and adolescents aged 15 years and under.

David McNamara, Respiratory Paediatrician at Starship Children’s Health, one of the co-authors, commented on the launch: “The new guidelines are an important step in reducing disparities and improving outcomes for children with asthma and their whānau. They address the biggest challenges in asthma management: patient education, follow-up, motivation and improving adherence. By focusing on these we hope to lift the health and quality of life of children with asthma and reduce the burden of acute sickness and hospitalisation.”

Prior to this project, New Zealand’s Child and Adolescent Asthma Guidelines had not been updated since 2005, with the old guidelines having a strong medical focus. The new guidelines, based on best practice research, have more of a practical focus and are intended to eliminate inequalities and variations in asthma care in New Zealand.

Lorraine Hetaraka-Stevens, Nurse Leader, Networks & Integration at National Hauora Coalition, commented on their release: “The new guidelines include a focus on workforce, systems and broader determinants that impact on asthma such as income and housing. They aim to enable consistent standards of care which can inform a wide range of health professionals working in a variety of settings, for example school-based nurses and rural health professionals.”

The new guidelines also include the bigger picture factors that contribute to child asthma. They align the latest research with specific information for the New Zealand context, including available medications and relevant content for treating Māori and Pacific children and adolescents with asthma.

The guidelines were peer-reviewed by a wide range of respiratory health experts and key professional organisations, including the New Zealand Nurses Organisation (Te Rūnanga o Aotearoa and Respiratory sections), the Pasifika GP Network, PHARMAC, the Royal New Zealand College of General Practitioners, the Thoracic Society of Australia and New Zealand and the Internal Medicine Society of Australia and New Zealand.

The content is now being used to create asthma action plans for patients, as well as for training courses and as a tool for health professionals. The expiry date for the guidelines is 2022. www.nzasthmaguidelines.co.nz

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Best Practice Asthma Guidelines 2018 training programme

With the launch of the updated Adult Asthma Guidelines and the Child and Adolescent Asthma Guidelines, it is important that health professionals are aware of and use the updated information. The guidelines are an important tool to help all health professionals correctly diagnose and treat asthma. They are a credible, evidence-based source of information that is nationally recognised, with a direct link from the Ministry of Health website.

In addition, educational resources have been developed to help health professionals diagnose and treat asthma using the step up, step down method of treatment.

A training event was held in Wellington in March 2018 to train the trainers to deliver Best Practice Asthma Guidelines information to primary health care providers, including general practitioners and practice nurses. Resources were provided to all attendees so they could disseminate both sets of guidelines in their areas.

Each trainer visited five medical practices to deliver the training in locations around New Zealand including Auckland, Wellington, Marlborough, Christchurch and Southland. A total of 186 health professionals were trained during the last financial year.

Asthma and COPD Fundamentals course

Asthma and Respiratory Foundation NZ also provides the most current Asthma and COPD Fundamentals course available in New Zealand, designed for all registered health professionals including GPs, nurses and pharmacists.

The course aligns latest research with specific information in a New Zealand context that includes recently funded medications, treatment for Māori and Pacific peoples, and best practice health literacy.

The course consists of two sections, an e-learning series and a classroom-based masterclass. Upon completion, a total of 20 continuing professional development (CPD) hours are awarded to participants. During this financial year, 100 participants took part in this training, giving them the most up-to-date information in this area.

The Foundation prides itself on the training it offers. Training is led by the Head of Education and Research, Teresa Demetriou. More information is available about the Foundation’s training programmes on the ‘Health Professionals’ section of the website – asthmafoundation.org.nz/health-professionals.
The New Zealand Respiratory Conference is the largest gathering of GPs, nurses, pharmacists, educators and health professionals with an interest in respiratory health in New Zealand. It brings together the latest research, guidelines and thinking, and is led by experts in their fields. Speakers come from across Australasia for the conference each year.

The 2017 theme ‘Sharing the care – breathing easier’ had a particular focus on the way health professionals can work collaboratively and in partnership to ‘share the care’ of people with a respiratory condition. It is not one person alone or one body that can make a real difference, it is people and organisations working together to ultimately improve client health outcomes. Health professionals who attended the conference were able to attain professional development credits. Workshops and break-out sessions at the event were invaluable for delegates to share ideas, debate and network freely.

200 delegates attended, and 16 organisations exhibited at the two-day event at the Pullman Hotel in Auckland in November 2017. It was one of the best attended events the Asthma and Respiratory Foundation NZ has ever organised.

Thanks to our New Zealand Respiratory Conference 2017 sponsors:

- Pub Charity
- Rex Medical
- PHARMAC
- AstraZeneca
- Novartis
- Roche
- Boehringer Ingelheim
- GlaxoSmithKline
- CSG
Educational resources

‘My Asthma’ app in focus

The ‘My Asthma’ app, an exciting development for the Foundation, was first launched in May 2017. It provides key asthma information, first aid steps and customisable Asthma Action Plans to users at the touch of a button.

This year we added child asthma action plans to the app together with the functionality to save multiple Asthma Action Plans to a single device. This means that the app is useful for families where more than one person has asthma.

It is a vital resource for people with asthma around the country and has had 1,232 downloads to date. It’s especially useful when people are out and about, as they can access the tool easily on their phones – with asthma you never know when a flare-up may occur.

Teresa Demetriou, Head of Education and Research, Asthma and Respiratory Foundation NZ, comments: “The ‘My Asthma’ app is a great tool to ensure that people have access to Asthma Action Plans while out and about. It’s very handy to have this information easily accessible and while on the go.”

‘My Asthma’ app is available free for Android and IOS devices from Google Play and Apple App stores.

Managing your child’s asthma resource

The ‘Managing your child’s asthma’ resource teaches parents and caregivers about asthma, including how to help prevent an asthma attack, and was launched in September 2017. The resource aims to improve the asthma health literacy of families across New Zealand. The content in the resource is designed to help parents ensure their child stays fit, healthy, and happy. It’s in a user-friendly style that’s easy to understand and use.

It helps parents and caregivers answer important questions such as:
• What are the symptoms of asthma?
• What are the triggers for asthma?
• What should I do to manage my child’s asthma?
• Who are our local asthma health providers?

This resource can help parents who often feel overwhelmed when their child is diagnosed with asthma, and find it difficult to get the information they need or feel they can’t ask people directly.

The new ‘Managing your child’s asthma’ resource is available for free as an online learning resource and sits alongside the ‘Teachers’ Asthma Toolkit’ at www.learnaboutlungs.org.nz.

The resource is also available as a printed booklet. All Asthma and Respiratory Foundation NZ printed resources can be ordered online at http://online.printstop.co.nz/AsthmaFoundation/
The Sailor Asthma Show is an engaging musical show about asthma that is performed at primary schools and early childhood education centres throughout New Zealand. In 2018, the show toured the South Island for the first time. Over 80 schools were visited during the three-month tour, from Nelson at the top of the South Island right down to Bluff and Invercargill in the south, with 10,590 children benefiting from this tour.

Chris Lam Sam is the children’s entertainer who delivers the show alongside his trusty mascot Sailor the Puffer Fish. Every school that hosts the performance is invited to be certified as an Asthma Friendly School. To qualify the school needs an asthma policy and a first aid kit containing an up-to-date reliever inhaler. “The certification means parents and caregivers can identify which schools have staff that are educated and know what steps to take in an asthma emergency,” says Letitia O’Dwyer, Chief Executive, Asthma and Respiratory Foundation NZ.

Chris Lam Sam, entertainer and performer of the show, comments: “What a vital educational show this is, it not only helps to save lives, but the kids have an enormous amount of fun too. We have laughter, giggles, shouting and audience participation. The tour has been funded by donations given to the Foundation. Keeping this education free for schools and early childhood centres plays a large part in Sailor’s on-going success.”

The show was founded by Asthma Waikato in 2012. In October 2016 the Asthma and Respiratory Foundation NZ formed a partnership with Asthma Waikato to take ownership of the show. The Foundation will continue to provide asthma education for children by delivering shows around the country. In 2017 the show also toured the North Island.
1 May 2018 marked the 20th annual World Asthma Day as organised by the Global Initiative for Asthma (GINA). The aim of the day is to globally improve asthma awareness and care through the message ‘never too early, never too late’, providing a call to action for both the public and healthcare professionals to act promptly when managing asthma.

Every year the Asthma and Respiratory Foundation NZ gets on board with this global initiative to positively increase awareness across New Zealand and to make people aware of some of the key facts. This year we had a particular focus on educating children and assisting teachers in our schools in order to improve their knowledge in this area. It's currently estimated that over 586,000 school days are lost each year due to asthma-related symptoms in children – which is too many lost education days.

In 2018 the Foundation, as part of its World Asthma Day awareness campaign, officially launched the Teachers’ Asthma Toolkit as well as launching a nationwide school awareness and fundraising campaign.

The initiative saw 90 schools across the country sign up for one of the Foundation’s World Asthma Day school packs. Many of the schools also took part in fundraising and awareness efforts to spread the message of World Asthma Day and its importance within our school communities.

Palmerston North’s St Peter’s College exceeded campaign expectations and were the lead fundraisers for the campaign, raising over $600 through a school-wide mufti day. As a reward, the Foundation’s celebrity ambassador Erin Simpson visited the school to personally present a scholastic book prize for their school library.

World Asthma Day attracted wide media interest and the Foundation featured in five radio interviews, two further broadcast reports and one TV feature, plus multiple online and print articles.

Teachers’ Asthma Toolkit launches

Before the Teachers’ Asthma Toolkit was launched, there was no consistent and simple way for teachers across the country to readily learn about asthma or a way to inform their students about asthma. What do you do in an emergency? How do you spot if a child is having an asthma attack? What can a child do to help their friend in the playground who is having an asthma flare-up? The Foundation worked alongside Cognition Education Group over a twelve-month period to design the revolutionary new Teachers’ Asthma Toolkit which can be accessed via the interactive website www.learnaboutlungs.org.nz.

The online toolkit, which is a first for New Zealand, is designed so that teachers can access all the important information about asthma in one place. Teachers around New Zealand now have the tools to be better equipped to deal with asthma symptoms and emergencies in the classroom. The online resource includes video clips, animations, classroom resources and child-friendly activities.

Among a host of benefits, the new Teachers’ Asthma Toolkit explains what asthma is, how asthma affects education, what the common triggers are at school and how it is treated. The toolkit takes an integrated approach, so it can be used as part of a teacher learning experience and the basis for staff meeting discussions, but it can also be incorporated into the classroom if desired. It can be used across the board in preschools, primary schools and secondary schools, although the main focus has been on children aged 11 years and under, where asthma statistics are the highest.

Michael Hinds, Principal of St Benedict’s School, Khandallah, Wellington, comments on the new toolkit:

“The toolkit is simple to use and practical. Teachers will have the option to either integrate the toolkit into health, PE, science or literacy lessons.”
Breathe Better September is a national campaign to raise awareness of respiratory conditions in New Zealand.
Breathe Better September
– increasing awareness

A year on, Breathe Better September has now successfully celebrated its second annual campaign during September 2017 and has continued to build on raising awareness and support for the 700,000 New Zealanders living with a respiratory condition.

The Asthma and Respiratory Foundation NZ introduced Breathe Better September in 2016 as a national campaign to increase public awareness of asthma and respiratory conditions and to promote healthy lungs. The annual campaign month coincides with the beginning of spring and the pollen season, which can bring about multiple difficulties for those living with allergen onset respiratory conditions.

The 2017 campaign month also saw the introduction of the Healthy Lungs Challenge, which invites people to become ‘Everyday Heroes’ and commit to achieving a better breathing goal, promoting healthy lungs for the month of September. The challenge gathered support nationwide with participants setting various activity goals such as walking the dog daily or five minutes of yoga each morning. Over the duration of the month many supporters raised a generous amount of sponsorship donations and assisted in positively promoting the nationwide profile of Breathe Better September.

The campaign was also supported by two high profile celebrity ambassadors, Erin Simpson (TV personality) and Issac Luke (rugby league player) who both actively promoted the campaign throughout September and engaged with Breathe Better September’s younger audience through social media.

This youth engagement was also reinforced with the Healthy Lungs Children’s Art Competition which was a great success. The winning artwork featured in our Better Breathing Better Living magazine.

Baradene College in Remuera, Auckland, was one of the many supporters that took part in the campaign month, where students organised and carried out an awareness week between 4–8 September, selling blue ribbons for a small donation towards the campaign. “In a school where leadership is encouraged amongst young ladies, we were breathless with excitement to be given this opportunity and get the school involved for this cause,” says Annie Ho, one of the student organisers. Another student, Georgia Bakalich also commented: “We live in a beautiful country where the air we breathe fills us with energy and freshness. What many don’t realise is that those with asthma miss out on this, so we felt it was important to raise awareness.”

Breathe Better September is now entering its third consecutive year and has proven successful in increasing awareness of asthma and respiratory conditions, as well as promoting healthy lifestyles to prevent respiratory complications. However this is just the beginning. With a bigger and better campaign planned for 2018, the focus is now to ensure asthma and respiratory conditions are considered as serious and often life-threatening conditions that should be positioned at the forefront of public health awareness and prevention.
Raising our profile

Public relations and media

The Foundation continues to raise awareness of its work and provide commentary on the most current issues by running an on-going integrated public relations campaign. The aim is to gain media coverage across numerous topics related to asthma and respiratory conditions. We highlight important dates such as World Asthma Day and run national campaigns like Breathe Better September.

The Foundation provides seasonal advice, for example on flu vaccinations before the winter season and allergy advice in spring and summer. We have numerous individuals that we use as spokespeople to comment on topical issues, including members of the Asthma and Respiratory Foundation NZ team as well as members of the Scientific Advisory Board. In the past financial year, the Foundation has featured in more than 150 articles and interviews across print, online, radio and television media.

Online social community

The Foundation’s online presence continues to grow at a rapid pace. The social media activity has worked in tandem with the public relations and marketing campaigns.

The Foundation is consistently active across Facebook, Instagram, YouTube, LinkedIn and Twitter. Similarly, the website has become a ‘go to’ reference site for people to access information as well as to order useful online resources.

- 7704 Facebook followers
- 288 Instagram followers
- 1837 Twitter followers
- 139,800 Website users

Ambassadors

We have raised our profile utilising a variety of celebrity and community ambassadors across New Zealand. Issac Luke, a well-known rugby league player, worked with the Foundation during 2017 and was featured in our Breathe Better September campaign.

Erin Simpson, TV personality, has been a celebrity ambassador for the Foundation since 2014. Erin has been extremely active with the Foundation and was most recently involved with the NZ Respiratory Awards 2018, which were held in Wellington in April 2018.

Over 30 community ambassadors continue to spread the word and get involved with marketing campaigns. Some of these ambassadors are also actively involved in fundraising for the Foundation.

New Zealand Respiratory Awards – April 2018

One of the main events of the year, organised by the marketing team, was the New Zealand Respiratory Awards 2018. In its 30th year the event, held in Wellington, was separated into two parts, the Respiratory Achievers’ Awards and the Media Awards.

The Achievers’ Awards praise and honour those individuals in New Zealand who make a real difference in their communities while living with a respiratory disease. The Media Awards recognise journalists and writers who utilise their resources to spread awareness about respiratory conditions.

The night was filled with inspirational award winners and speakers. There were 10 national winners from across New Zealand and around 80 people attended the function. Among them was Erin Simpson, our celebrity ambassador, and Alistair Harstant, ‘Ironman for Asthma’, one of our community ambassadors. Alistair spoke at the event about living with chronic asthma and the challenges he’s overcome to be successful in sport. The event is an awards ceremony that attracts multiple nominees per category, and nominees come from across the country. All children in the 5–12 years old category received a prize for their entry.
Sensitive Choice® is a community service programme created over 10 years ago to help people identify products and services that are asthma and allergy friendly. Approved products wear the Sensitive Choice® blue butterfly on their packaging and advertising.

To become part of the programme products and services go through a rigorous approval process where they are assessed by an independent panel of experts to ensure that they are beneficial, or are not harmful, for those with asthma or allergies.

Products and services involved in the programme include a variety of different categories, for example: air purifiers and bedding, building products and vacuum cleaners, cleaning services and personal products, paint and more.

Sensitive Choice® and the Asthma and Respiratory Foundation NZ

Sensitive Choice® is owned by the National Asthma Council Australia, and managed in New Zealand by the Asthma and Respiratory Foundation NZ.

The Foundation works to grow and market the programme in New Zealand, and in the 2017/2018 financial year managed 15 partners across more than 190 products. Many partners are very well recognised brands, some even at an international scale.

Spreading the word

To promote the programme and our partners we ran marketing activities including monthly partner social media promotions, bi-monthly e-newsletters, regular press releases, incorporation of Sensitive Choice® into annual awareness campaigns and hosted stands at Auckland Home Show and Wellington Better Home and Living Show.

Sensitive Choice® partners

- BEAM New Zealand
- Clean Planet Franchise
- HRV
- CSR Building Products (Bradford Insulation, Edmond ventilation parts)
- Dyson NZ
- Earthwise Group
- Ellis Fibre/ Novadown
- Filta Cleaning Products
- Fujitsu General New Zealand
- New Zealand Comfort Group
- New Zealand Steel
- Pro Clima New Zealand
- Resene Paints
- Rinnai New Zealand
- Valspar Paint NZ
- A.H. Beard
- Aaxis Pacific
- Bambi
- Beaulieu
- Bekaert
- Bissell
- Breville
- Care Pharmaceuticals
- Daikin
- De’Longhi New Zealand
- Dunlop Flooring
- Godfreys
- Homedics
- Interface
- Jaspa Herington
- King Living
- Mediband
- Miele
- Phillips New Zealand
- Protect-A-Bed
- Ultra Air
- Waterco
Fundraising

Sophie’s inspiring challenge

Sophie’s Healthy Lungs Challenge raised $1,525, making her the highest fundraiser for 2017.

Sophie has lived with both asthma and bronchiectasis for most of her life and set herself the challenge of completing 20-30 minutes of fitness every day in September. Sophie decided to join the challenge to raise awareness for the Foundation and comments: “The more that people know about asthma the better.” Well done Sophie!

Inosandreia makes a difference

Inosandreia Nesi Tike, the second highest Healthy Lungs Challenge fundraiser, raised $604.

Inosandreia is only nine years old and has been admitted to hospital more times than she can count. Living with both chronic asthma and bronchiectasis since she was an infant, Inosandreia decided to take on a challenge during Breathe Better September to raise awareness and to support other children like herself. She comments: “I have a lung condition that will stay with me for the rest of my life, a lot of children have this in New Zealand but it is not well known.” Inosandreia set a challenge of ‘being active’ throughout the month and managed to raise over $600 in generous donations. Amazing work Inosandreia!
Donation Point Tap – new technology assisting fundraising

In March 2018, the Foundation embarked on a new fundraising initiative by purchasing two Donation Point Tap devices followed by a third unit in April. Donation Point Tap is a contact-less countertop device that enables charities to quickly accept low value card donations. Debit or credit card holders place their card over the reader for a couple of seconds and a donation for the amount displayed on the screen is donated. It’s very easy to use and people have been excited about the potential of this technology. Donation amounts can easily be changed, and positioning of the Donation Point Tap devices can also be really flexible.

All current units are in the Wellington area and the Foundation is extremely thankful to these supporters for their participation in this new initiative:

- Matt and Freya and staff at Seashore Cabaret, Petone foreshore, Wellington
- Iain and his team at Penthouse Cinema, Brooklyn, Wellington
- Daisy and her crew at HOME Café, Molesworth Street, Wellington

Feedback from the businesses hosting these machines has been very positive and people are loving how simple it is to donate to the Foundation, especially in this increasingly cash-less society. The Foundation is pleased with how the trial period has gone and plans to grow the programme over the next year.

Leaving a lasting gift for people with respiratory conditions

The Foundation has recently launched a new brochure and updated the bequest information on the website, to provide important details for anyone wanting to learn more about the bequest process. The Asthma and Respiratory Foundation NZ knows and understands the sensitivities around this area, and has an empathetic approach when speaking with families.

The Foundation has had some key bequest donations in the last financial year. Leaving a bequest to charity is becoming increasingly popular and bequest programmes can raise significant funds. The strategy at the Foundation is to let people know they can make a bequest in their will if this is what they would like to do. Fifty percent of New Zealanders have a will, and approximately 7.5 percent of those people have made a charitable gift in their will.

The Foundation offers advice for people thinking of making a bequest and follows best practice by ensuring people always seek advice from a legal professional.
Our supporters

The Asthma and Respiratory Foundation NZ is an independent charity that currently receives no government funding, relying entirely on donations, grants, sponsorships and bequests. The Foundation is sincerely grateful to everyone who chose to donate and support our cause during this past financial year.

Our family of donors

To our family of donors – we value you so much.

The much-needed support you give so selflessly tells us that you hold a special place in your heart for those who struggle to breathe freely.

We feel enormous gratitude to you because without you we would not be able to continue with the vital work we do, to improve the health outcomes for New Zealanders whose lives have been affected by respiratory disease.

Your reasons for giving are many – a family member affected by asthma or a respiratory condition, a parent, your child, a work colleague, or you may have lost a loved one to a respiratory condition.

Thank you for honouring these individuals.

Without you – we simply couldn’t do it…

Major Supporters

B W & S W Picot Charitable Trust
Community Post
Eastern and Central Community Trust
Egmont Seed Company
Four Winds
Glaxo Smith Kline
Healtheries NZ
HOME Molesworth Street
HOME Stout Street
Humes
Joan Neilson Benevolent Trust
Lion Foundation
MetService
Noel Leeming
Novartis
Penthouse Cinema
PHARMAC
Rex Medical
Roche
Rotary Club of Eastern Hutt Inc. Charitable Trust
Seashore Cabaret
Society of Mary
Streamline Mail Solutions
TechVerge
Wesley Thrift Shop
WN Pharazyn Charitable Trust.

Thank you to Rex Medical who supported our attendance at the European Respiratory Society (ERS) International Congress in Milan, Italy.
Financials
Financials contents

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28 Approval of Financial Report
29 Statement of Financial Performance
30 Statement of Financial Position
31 Statement of Cash Flows
32 Statement of Accounting Policies
34 Notes to the Performance Report
Entity Information

Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust
For the year ended 30 June 2018

Legal Name of Entity
Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust

Entity Type and Legal Basis
Charitable Trust and Registered Charity

Registration Number
CC53035

Entity's Purpose or Mission
To be the leaders in respiratory health knowledge to improve respiratory health outcomes for all.

The Foundation develops and supports respiratory health best practice through partnering, research, training and education to achieve its mission.

Entity Structure
Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust's Trust Deed states that there must be between seven and nine Trustees. There are currently seven Trustees that constitute the governance board, and who attend regular face to face and teleconference meetings. Trustees/governance members may lead sub-committees as determined by our annual work plan and priorities.

Main Sources of Entity's Cash and Resources
Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust's activities are funded by revenue from Donations, Grants, Corporate Sponsorship, Membership fees, Resource Sales, the Sensitive Choice Programme, and Interest Revenue from term deposits.

Main Methods Used by Entity to Raise Funds
Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust raises funds through Donations, Grants, Corporate Sponsorship, Membership fees, Resource Sales, the Sensitive Choice Programme, and Interest Revenue from term deposits.

Entity's Reliance on Volunteers and Donated Goods or Services
Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust relies on Board Members volunteering their time and expertise to complete work in essential governance roles.

Physical Address
Level 2, The Woolstore
262 Thorndon Quay, Pipitea
Wellington 6011

Postal Address
PO Box 1459, Wellington 6140
Approval of Financial Report

Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust
For the year ended 30 June 2018

The Trustees are pleased to present the approved financial report including the historical financial statements of Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust for year ended 30 June 2018.

APPROVED

[Signature]
Trustee
Date 21st September 2018

[Signature]
Trustee
Date 21/9/18
# Statement of Financial Performance

**Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust**  
For the year ended 30 June 2018

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations, fundraising and other similar revenue</td>
<td>1,692,205</td>
<td>1,135,405</td>
</tr>
<tr>
<td>Revenue from providing goods or services</td>
<td>405,037</td>
<td>424,338</td>
</tr>
<tr>
<td>Interest, dividends and other investment revenue</td>
<td>56,433</td>
<td>64,858</td>
</tr>
<tr>
<td>Other revenue</td>
<td>25,185</td>
<td>7,492</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>1,774,920</td>
<td>1,632,093</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer and employee related costs</td>
<td>598,081</td>
<td>695,296</td>
</tr>
<tr>
<td>Costs related to providing goods or service</td>
<td>1,097,356</td>
<td>1,152,689</td>
</tr>
<tr>
<td>Other expenses</td>
<td>52,354</td>
<td>117,583</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>1,747,791</td>
<td>1,965,568</td>
</tr>
</tbody>
</table>

**Surplus/(Deficit) for the Year**                                        | (272,871) | (333,475) |
# Statement of Financial Position

**Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust**

**As at 30 June 2018**

<table>
<thead>
<tr>
<th>Assets</th>
<th>30 JUN 2018</th>
<th>30 JUN 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank accounts and cash</td>
<td>3,113,692</td>
<td>172,744</td>
</tr>
<tr>
<td>Debtors and prepayments</td>
<td>105,235</td>
<td>127,115</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>549,000</td>
<td>1,850,000</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>1,758,927</td>
<td>2,149,858</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>90,758</td>
<td>86,276</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>18,884</td>
<td>37,768</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>109,642</td>
<td>126,044</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>1,888,569</td>
<td>2,275,902</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors and accrued expenses</td>
<td>178,885</td>
<td>315,175</td>
</tr>
<tr>
<td>Employee costs payable</td>
<td>20,226</td>
<td>16,399</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>199,111</td>
<td>333,573</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>199,111</td>
<td>333,573</td>
</tr>
</tbody>
</table>

**Total Assets less Total Liabilities (Net Assets)**

2018: 1,669,458  
2017: 1,942,329

<table>
<thead>
<tr>
<th>Accumulated Funds</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated surpluses or (deficits)</td>
<td>1,669,458</td>
<td>1,942,329</td>
</tr>
<tr>
<td><strong>Total Accumulated Funds</strong></td>
<td>1,669,458</td>
<td>1,942,329</td>
</tr>
</tbody>
</table>
# Statement of Cash Flows

**Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust**  
*For the year ended 30 June 2018*

### Cash Flows from Operating Activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations, fundraising and other similar receipts</td>
<td>988,205</td>
<td>1,119,406</td>
</tr>
<tr>
<td>Receipts from providing goods or services</td>
<td>400,007</td>
<td>411,140</td>
</tr>
<tr>
<td>Interest, dividends and other investment receipts</td>
<td>63,151</td>
<td>64,726</td>
</tr>
<tr>
<td>Cash receipts from other operating activities</td>
<td>5,185</td>
<td>7,492</td>
</tr>
<tr>
<td>GST</td>
<td>977</td>
<td>727</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(1,800,868)</td>
<td>(1,834,452)</td>
</tr>
<tr>
<td><strong>Total Cash Flows from Operating Activities</strong></td>
<td>(343,343)</td>
<td>(231,000)</td>
</tr>
</tbody>
</table>

### Cash Flows from Investing and Financing Activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from sale of investments</td>
<td>2,090,000</td>
<td>-</td>
</tr>
<tr>
<td>Payments to acquire property, plant and equipment</td>
<td>(25,709)</td>
<td>(76,124)</td>
</tr>
<tr>
<td>Payments to purchase investments</td>
<td>(780,000)</td>
<td>-</td>
</tr>
<tr>
<td>Cash flows from other investing and financing activities</td>
<td>-</td>
<td>(4,220)</td>
</tr>
<tr>
<td><strong>Total Cash Flows from Investing and Financing Activities</strong></td>
<td>1,364,291</td>
<td>(80,364)</td>
</tr>
</tbody>
</table>

### Net Increase/ (Decrease) in Cash

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Increase/ (Decrease) in Cash</strong></td>
<td>940,548</td>
<td>(311,345)</td>
</tr>
</tbody>
</table>

### Cash Balances

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents at beginning of period</td>
<td>172,744</td>
<td>484,089</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of period</td>
<td>1,113,692</td>
<td>172,744</td>
</tr>
<tr>
<td>Net change in cash for period</td>
<td>940,548</td>
<td>(311,345)</td>
</tr>
</tbody>
</table>
Statement of Accounting Policies

Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust
For the year ended 30 June 2018

Basis of Preparation

The entity has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses equal to or less than $2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

Goods and Services Tax (GST)

The entity is registered for GST. All amounts are stated exclusive of goods and services tax (GST) except for accounts payable and accounts receivable which are stated inclusive of GST.

Income Tax

Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

Bank Accounts and Cash

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Changes in Accounting Policies

There have been no changes in accounting policies. Policies have been applied on a consistent basis with those of the previous reporting period.

Revenue Recognition

Interest revenue is accounted for on an accrual basis.

Revenue from the sale of goods is recognised when the Foundation has transferred to the buyer the significant risks and rewards of ownership of the goods.

Receipts from appeals, donations, sponsorships and legacies are recognised when they are received.

Revenue from grants is recognised when the grant conditions have been met. Any funding received where conditions have not been met is recognised as a liability at balance date.

Annual Leave Liability

A liability for annual leave is accrued and recognised in the statement of financial position. The liability is equal to the present value of the estimated future cash outflows as a result of employee services provided at balance date.

Accounts Receivable

Accounts Receivable are recorded at net realisable value.
Intangibles

Website development costs are capitalised as an intangible asset on the basis of the costs incurred to develop and bring to use the website.

Costs associated with maintaining the website are recognised as an expense when incurred.

During the year, amortization of 50% DV has been applied.

Property, Plant and Equipment

Depreciation has been charged in the financial statements as follows:

- Furniture and Fittings 13% - 67 DV
- Building Fit-out 10% DV

Fixed assets are recorded at cost less accumulated depreciation and are reviewed for impairment annually.

Charitable Status

The Inland Revenue Department has approved the Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust for legal charitable and donee status. The Foundation is exempt from income tax subject to the sections within the Income Tax Act 2007, and is registered as a charitable entity under the Charities Act 2005, Charities Commission Registration number CC53035.
# Notes to the Performance Report

**Te Ha Ora The Asthma And Respiratory Foundation Charitable Trust**  
For the year ended 30 June 2018

### 1. Analysis of Revenue

<table>
<thead>
<tr>
<th>Donations, fundraising and other similar revenue</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bequests</td>
<td>59,182</td>
<td>124,280</td>
</tr>
<tr>
<td>Donor Appeal</td>
<td>319,850</td>
<td>392,734</td>
</tr>
<tr>
<td>Grants</td>
<td>609,064</td>
<td>618,391</td>
</tr>
<tr>
<td><strong>Total Donations, fundraising and other similar revenue</strong></td>
<td><strong>988,296</strong></td>
<td><strong>1,135,405</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue from providing goods or services</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Sponsorship</td>
<td>22,155</td>
<td>9,893</td>
</tr>
<tr>
<td>Education, Courses, Seminars</td>
<td>158,529</td>
<td>163,913</td>
</tr>
<tr>
<td>Sensitive Choice</td>
<td>221,734</td>
<td>250,532</td>
</tr>
<tr>
<td>Marketing Income</td>
<td>2,672</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Revenue from providing goods or services</strong></td>
<td><strong>465,597</strong></td>
<td><strong>424,338</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interest, dividends and other investment revenue</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest Income</td>
<td>56,433</td>
<td>64,858</td>
</tr>
<tr>
<td><strong>Total Interest, dividends and other investment revenue</strong></td>
<td><strong>56,433</strong></td>
<td><strong>64,858</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other revenue</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doubtful Debts Recovery</td>
<td>20,000</td>
<td>-</td>
</tr>
<tr>
<td>Other Income</td>
<td>5,185</td>
<td>7,492</td>
</tr>
<tr>
<td><strong>Total Other revenue</strong></td>
<td><strong>25,185</strong></td>
<td><strong>7,492</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

### 2. Analysis of Expenses

<table>
<thead>
<tr>
<th>Volunteer and employee related costs</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>580,750</td>
<td>643,229</td>
</tr>
<tr>
<td>Travel &amp; Accommodation</td>
<td>17,332</td>
<td>52,067</td>
</tr>
<tr>
<td><strong>Total Volunteer and employee related costs</strong></td>
<td><strong>598,081</strong></td>
<td><strong>695,296</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Costs related to providing goods or services</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Costs</td>
<td>257,176</td>
<td>387,596</td>
</tr>
<tr>
<td>Marketing and Communications</td>
<td>145,312</td>
<td>178,769</td>
</tr>
<tr>
<td>Maori Health National Projects</td>
<td>212,290</td>
<td>46,707</td>
</tr>
<tr>
<td>Governance</td>
<td>29,109</td>
<td>63,447</td>
</tr>
<tr>
<td>Education and Training</td>
<td>349,959</td>
<td>374,587</td>
</tr>
<tr>
<td>Fundraising</td>
<td>73,433</td>
<td>87,095</td>
</tr>
<tr>
<td>Sensitive Choice</td>
<td>32,076</td>
<td>14,087</td>
</tr>
<tr>
<td><strong>Total Costs related to providing goods or services</strong></td>
<td><strong>1,097,356</strong></td>
<td><strong>1,152,689</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other expenses</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit Fees</td>
<td>10,220</td>
<td>11,951</td>
</tr>
<tr>
<td>Depreciation</td>
<td>42,112</td>
<td>57,317</td>
</tr>
<tr>
<td>Doubtful Debts Expense</td>
<td>-</td>
<td>48,315</td>
</tr>
</tbody>
</table>
### 3. Analysis of Assets

<table>
<thead>
<tr>
<th>Bank accounts and cash</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petty Cash</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Westpac Cheque Account</td>
<td>56,897</td>
<td>83,800</td>
</tr>
<tr>
<td>Westpac Saver Account</td>
<td>1,047,819</td>
<td>55,608</td>
</tr>
<tr>
<td>Westpac Salaries Account</td>
<td>8,776</td>
<td>33,135</td>
</tr>
<tr>
<td><strong>Total Bank accounts and cash</strong></td>
<td>1,113,692</td>
<td>172,744</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Debtors and prepayments</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Receivable</td>
<td>101,112</td>
<td>113,027</td>
</tr>
<tr>
<td>Allowance for Doubtful Debts</td>
<td>(28,315)</td>
<td>(48,315)</td>
</tr>
<tr>
<td>GST</td>
<td>2,376</td>
<td>22,144</td>
</tr>
<tr>
<td>Interest Accrued</td>
<td>1,235</td>
<td>7,953</td>
</tr>
<tr>
<td>Prepayments</td>
<td>28,223</td>
<td>32,306</td>
</tr>
<tr>
<td>Sundry Debtors</td>
<td>604</td>
<td></td>
</tr>
<tr>
<td><strong>Total Debtors and prepayments</strong></td>
<td>105,235</td>
<td>127,115</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other current assets</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term Deposits</td>
<td>540,000</td>
<td>1,850,000</td>
</tr>
<tr>
<td><strong>Total Other current assets</strong></td>
<td>540,000</td>
<td>1,850,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intangibles</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website</td>
<td>75,536</td>
<td>75,536</td>
</tr>
<tr>
<td>Less Accumulated Depreciation on Website at Cost</td>
<td>(56,652)</td>
<td>(37,768)</td>
</tr>
<tr>
<td><strong>Total Intangibles</strong></td>
<td>18,884</td>
<td>37,768</td>
</tr>
</tbody>
</table>

### 4. Analysis of Liabilities

<table>
<thead>
<tr>
<th>Creditors and accrued expenses</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>29,649</td>
<td>171,942</td>
</tr>
<tr>
<td>Credit Cards</td>
<td>4,888</td>
<td>2,051</td>
</tr>
<tr>
<td>Other Creditors</td>
<td>39,454</td>
<td>19,124</td>
</tr>
<tr>
<td>Revenue Received in Advance</td>
<td>104,894</td>
<td>122,056</td>
</tr>
<tr>
<td><strong>Total Creditors and accrued expenses</strong></td>
<td>178,885</td>
<td>315,175</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee costs payable</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Leave Liability</td>
<td>20,226</td>
<td>18,399</td>
</tr>
<tr>
<td><strong>Total Employee costs payable</strong></td>
<td>20,226</td>
<td>18,399</td>
</tr>
</tbody>
</table>

### 5. Property, Plant and Equipment

<table>
<thead>
<tr>
<th>Furniture and Fittings</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and fittings owned</td>
<td>91,408</td>
<td>65,698</td>
</tr>
</tbody>
</table>
Accumulated depreciation - furniture and fittings owned  (36,390)  (17,605)
Total Furniture and Fittings  55,017  48,093

Other Fixed Assets

Owned fixed assets  42,127  42,127
Accumulated depreciation - fixed assets owned  (6,386)  (1,944)
Total Other Fixed Assets  35,741  40,183

Total Property, Plant and Equipment  90,758  88,276

6. Accumulated Funds

Accumulated Funds

Opening Balance  1,942,329  2,275,805
Accumulated surpluses or (deficits)  (272,871)  (333,475)
Total Accumulated Funds  1,669,458  1,942,329

Total Accumulated Funds  1,669,458  1,942,329

2018  2017

7. Commitments

Commitments to lease or rent assets

Less than one year  52,123  83,267
One to two years  51,760  52,123
Two to five years  99,207  150,967
Total Commitments to lease or rent assets  203,090  286,357

8. Commitments

There are no commitments as at 30 June 2018 (Last year: nil).

9. Related Parties

Philip Aldridge is a trustee and provided consulting services to the Asthma and Respiratory Foundation during the year to value of $1,490 exc. GST (Last year: $14,680 exc. GST).

10. Events After the Balance Date

There were no events that have occurred after the balance date that would have a material impact on the Performance Report (Last year: nil).

11. Ability to Continue Operating

The entity will continue to operate for the foreseeable future.
Structure and governance

The Asthma and Respiratory Foundation NZ was established in 1963 by Dr Graham Milne, a GP in Naenae at the time.

Organisational structure

Asthma and Respiratory Foundation NZ is the leading organisation in the country to promote education, research and advocacy aimed at providing better respiratory health for all New Zealanders. The Foundation’s goal is to lessen respiratory hospitalisations and GP visits and to encourage government funding in this area. The Foundation is a charitable trust, headed by Chief Executive Letitia O’Dwyer and a small team of staff that operate out of its Wellington office.

Our board

Our organisation is governed by a Board which ensures the Foundation is well managed and focused in its activities. The Board also determines organisational policies and assures good financial management.

Scientific Advisory Board

Our Scientific Advisory Board is comprised of New Zealand’s leading experts in respiratory health service delivery and research. The group brings quality assurance and strong credibility to the Foundation’s work by approving all major projects and publications, including position statements on health issues and research proposals.

Advisors

Dr Stuart Jones is a Respiratory and Sleep Physician and chairs our Scientific Advisory Board. Dr Jones is appointed as Medical Director of the Foundation. Sir John Clarke is the Foundation’s Chief Cultural Adviser - Māori, and advises the Foundation on tikanga Māori.

Regional partners

Patient care services are carried out by regional partners. Each partner fulfils its local role according to how it can address its community’s needs.

Services may include:
- One-on-one advice about asthma and respiratory health
- Asthma and COPD support groups
- Spirometry testing (lung function testing)

North Island

Asthma Waikato
Asthma and Respiratory Management BOP Inc
Eastern BOP Asthma and COPD support group
Gisborne and East Coast Asthma Society (Inc)
Taranaki Asthma Society
Breathe Hawke’s Bay
Tu Kotahi Māori Asthma Trust (Lower Hutt)
Manaia Health PHO
Te Tai Tokerau PHO

South Island

Marlborough Asthma Society
Nelson Asthma Society
Canbreathe
Otago Asthma Society
North Otago Asthma Society
Southland Asthma Society

Our regional partners are autonomous organisations.

Turuki Health Care

Turuki Health Care was established in 1995, and its existing services include a 6000 patient GP practice, and rheumatic fever and health services across 20 primary and intermediate schools in the Counties Manukau area. The Asthma and Respiratory Foundation NZ has signed a MoU with Turuki Health Care to improve respiratory health in a one year pilot project.

Funding

The Asthma and Respiratory Foundation NZ currently receives no government funding, and relies on the support of major sponsors, including Pub Charity and New Zealand Lotteries Grants, Sensitive Choice® partners, grant applications, sponsors, bequests and generous donors.

Financial reporting

The financial statements in this report reflect the activities of the Asthma and Respiratory Foundation NZ only. Regional partners, being autonomous organisations, publish their own independent financial statements.
As at 1 November 2018

Patron
Her Excellency The Rt Hon Dame Patsy Reddy

Ambassadors
Erin Simpson
Issac Luke

Kaumātua
Peter and June Jackson

Board
John Knight, President
Janice Kuka, Ngāti Ranginui, Ngaiterangi
Ruth Gardener
Louise Te Hinepouri Jurlina
Cheryl Davies
Matt Allen
Philip Aldridge

Medical Director
Dr Stuart Jones, MBChB, PhD, FRACP

Chief Cultural Adviser – Māori
Sir John Clarke, KNZM, CNZM

Scientific Advisory Board
Dr Stuart Jones, Chair
Dr Tristram Ingham
Professor Innes Asher
Professor Richard Beasley
Professor Lutz Beckert
Professor Richard Edwards
Associate Professor Bob Hancox
Dr Matire Harwood
Mr John Kristiansen
Ms Betty Poot
Dr Adrian Trenholme
Professor Jim Reid
Mrs Teresa Demetriou
Mrs Letitia O’Dwyer

Staff
Chief Executive: Letitia O’Dwyer
Head of Education and Research: Teresa Demetriou
Donor Database Co-ordinator/ Office Manager: Judy McLuskie
Grants and Fundraising Manager: Lyndal Bremer
Marketing and Communications Advisor: Vanessa Searing
Marketing and Communications Advisor: Vicky Jones
Marketing and Partnerships Advisor: Hayley Sims
Marketing and Partnerships Coordinator: Jessica MacKay
Office Coordinator: Robyn Love

Life Members
Dr Graham Milne
Justice Anthony J Ryan
Angela Scott QSM
Mary Taylor QSM
Alison Wilkie

Solicitors
Tuia Group

Accountants
Deloitte

Auditors
Moore Stephens Markhams

Level 2, The Woolstore, 262 Thorndon Quay, Wellington 6011
PO Box 1459, Wellington 6140
04 499 4592
asthmaandrespiratory.org.nz
Facebook.com/asthmaandrespiratoryfoundation
Facebook.com/SensitiveChoiceNewZealand/
Instagram.com/asthmaandrespiratoryfoundation
Twitter.com/asthmafoundation

Registered charity
CC53035
Ways you can donate

Please donate towards our cause of improving the lives of the 700,000 New Zealanders with a respiratory condition. Consider how you can support the Asthma and Respiratory Foundation NZ:

- donate by mail or through our website
- direct deposit into the Asthma and Respiratory Foundation NZ bank account - 03 0518 0186452 00 (please include your name and phone number as the reference)
- encourage your employer to make a tax deductible donation
- organise your own fundraising event
- make a bequest in your will
- make a regular donation
- become a sponsor.

To find out more, visit our website: asthmaandrespiratory.org.nz

Better breathing, better living
Mild symptoms:
- Shortness of breath, wheezing, coughing, chest tightness.

Moderate symptoms:
- Loud wheezing, breathing difficulty, can only speak in short sentences.

Severe symptoms:
- Difficult breathing, gasping for breath, difficulty speaking two words, blueness around the mouth.

If the person has severe asthma or is frightened, call an ambulance on 111.

Sit the person upright and stay with them.

Mild symptoms:
- Treat with 2 doses of reliever inhaler.

Moderate or severe symptoms:
- Move on to the next step.
- Treat with 6 doses of any reliever inhaler.
- When possible, use a spacer.
- Treat with 6 doses of reliever inhaler, one puff of medicine at a time, taking 6 breaths.
- When the symptoms you feel are gone, wait 6 minutes.
- Repeat with 6 doses of reliever inhaler.

If improving after 6 minutes, keep monitoring.
- If not improving after 6 minutes, keep monitoring.
- If necessary, repeat 6 doses of reliever inhaler.

Assess:
- If not improving after 6 doses of any reliever inhaler, call an ambulance and stay with the person upright and still.
- If the person has severe symptoms, coughing, chest tightness, and distress, call an ambulance.

Remember:
- 6 doses of medication
- 6 breaths per puff
- 6 minutes wait
- 6 days of medication
- Continue to use the reliever inhaler.
- Monitor the person.

When free of wheeze, cough or breathlessness, return to a quiet activity.

If symptoms recur, repeat treatment and rest.

Remember:
- It is important to always see your doctor after an asthma attack.


asthmaandrespiratory.org.nz
FREE app

First Aid