

asthma & news

respiratory

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the asthma foundation
Better respiratory health for New Zealanders

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Gifted vehicles get the new look

Within days of the Asthma Foundation launching a fresh new look at the 2009 AGM/conference, that look was fully adopted by Asthma Waikato, including on their new fleet of Mitsubishi Colts.

“The new look is quickly being introduced to all aspects of our work. We are already using new business cards and stationery and are now in the process of developing a new range of service and information brochures,” says Business Manager Vikki Blundell.

Pictured: The fleet of Mitsubishi Colts that Asthma Waikato was gifted recently by the Lion Foundation.

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Scientists: Using relievers too often can make asthma worse

03/10



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The Asthma Foundation is committed to making a difference for Maori with respiratory conditions

From www.telegraph.co.uk

Using reliever inhalers too often can bring on attacks.

Common treatments like salbutamol cause the lungs to release harmful chemicals if taken too often – bringing on more asthma attacks.

Inhalers are meant to relieve symptoms by relaxing muscles in narrowed airways, making breathing easier.

But Professor Peter Bradding and colleagues found when used frequently they mean the lungs lose their ability to stop the release of the harmful chemical. Prof Bradding, of Leicester University, said: “Sufferers should still use their inhalers when needed but there is evidence they can make symptoms worse if used too often.

“When we exposed cells in the lab to the inhaler drugs over a period of time they increased the release of lung chemicals that bring on attacks.

“Despite their usefulness in rapidly relieving asthma, relievers may cause asthma to worsen when used too frequently. Moreover, they are not always as effective as predicted.”

The research has important consequences for individuals with poorly controlled asthma and for those who rely too heavily on relievers whilst not using their preventer medication regularly.

Prof Bradding, of Leicester University, said if the finding is confirmed it could lead to the development of new treatment strategies benefitting thousands of people.

There are 5.4 million people in the UK who suffer from asthma.

Dr Elaine Vickers, of Asthma UK who funded the research, said: “Millions of people around the world

use reliever inhalers that contain medicines such as salbutamol and these devices play a crucial role in relieving asthma symptoms.

“Professor Bradding aims to understand why it is that people who use their reliever inhalers too often, without using a preventer inhaler, are putting themselves at risk of worse asthma symptoms.

“We hope the results of Professor Bradding’s work will lead to the development of drugs that overcome the problems associated with over-use of reliever inhalers.

“But in the meantime we would urge anyone who needs to use their reliever inhaler three or more times a week to visit their doctor or [respiratory educator] to have their symptoms reviewed.

“We would also urge people with asthma to use their preventer inhalers as prescribed. This should not only control symptoms but also guard against any harmful effects of frequent reliever use.”

Asthma Foundation comment on story

The Asthma Foundation’s self management plan states that if you regularly need to take more than six puffs of reliever every day you need to see your health professional as there is a risk of harmful side effects. If you regularly take more than three puffs of reliever a week you should be taking regular preventer medication.

An asthma self management plan is a vital part of managing or controlling asthma well.

Education Services Manager, Robyn Ingleton.

Health professionals please note:

- Beta-agonists have a pro-inflammatory effect when given at high doses.
- Beta-agonists result in an increase in airway hyper-responsiveness (AHR) when given regularly or at high doses.
- In some patients the increase in AHR is associated with rebound bronchoconstriction at the end of the dosing interval.
- A vicious circle develops in some patients because with increased inflammation and AHR, symptoms worsen, and there is a perception that even more “reliever” is required.

News and More



The 2009 Asthma and Respiratory Supreme Achievers at Premier House on 10 November. (Back left: Her Excellency Lady Susan Satyanand, the wife of the Governor-General and His Excellency, Sir Anand Satyanand, the Governor-General of New Zealand).

Julie McMeeken was delighted to start the New Year with a new job as the Fundraising Manager at The Asthma Foundation.

"My fundraising career has allowed me to work for a number of respected New Zealand not-for-profits during the past seven years. I am looking forward to working on a fundraising programme to support the essential work that the team at the Asthma Foundation does", Julie says.

"I am relatively new to Wellington, having moved here in late 2006 when I acquired a position as events coordinator with the Society of Local Government Managers. Latterly I worked as the national appeals advisor for the Royal New Zealand Foundation of the Blind.

"Christchurch holds very strong ties for me, it being my home town for much of my life. Outside of work hours you can find me endeavouring to master the game of golf, walking, playing bridge or enjoying some of the cultural delights that Wellington has to offer."

You can call Julie at the Asthma Foundation on (04) 499 4592, or email julie@asthmafoundation.org.nz.

Our former Fundraising Manager, Suzanne Silva, left at the end of 2009 and we wish her the best of luck in her new role at the SPCA.

In other coming and goings, Christine Baker, who filled in for Rachel Shaw as Administrator while she was on maternity leave, has started in the role permanently. Rachel will not be returning. The Asthma Foundation wishes Rachel all the best for the future and welcomes Christine to her new permanent position within the organisation.

Correction

In the December issue of the A and R News we misspelled the name of one of our 2009 Asthma and Respiratory Supreme Achievers. The correct spelling is Paula Baker-Heremaia. Paula won the Rangatahi (Maori 13 to 18 Year Old) category.

2010 Respiratory Educators Conference: mark your diaries!

Make a note, the 2010 conference will be held at the Michael Fowler Centre in Wellington on 9 and 10 September 2010 (a Thursday and Friday). The theme this year is *cough, cough, coughing*. For more information please call the Asthma Foundation's Education Services Manager, Robyn Ingleton, on (04) 499 4592 or email: conference@asthmafoundation.org.nz.

0900 4 ASTHMA
(0900 4 278 462)

to automatically donate \$20
to support

*Better respiratory health
for New Zealanders.*

Modified Tai Chi training opportunity

As featured in the June 2009 issue of the A and R News, ACC runs Tai Chi courses modified for older people, which can be very helpful for people with respiratory illnesses. Instructors are needed for these courses and a number of training sessions for instructors are being held around the country during the next few months.

If you are a respiratory educator or other health professional who would like to learn to teach the art of Tai Chi, the courses are free and more information is available at www.acc.co.nz/taichi.



Tai Chi exponents, from left: Gillian McCloy, from Nelson/Marlborough DHB, and Shirani Smith, from Taranaki DHB.

Date	Location	Basic	Advanced
March 2–5	Timaru	Tue 2 and Wed 3	Thur 4 and Fri 5
March 9–16	Christchurch	Tue 9 and Wed 10 Thur 11 and Fri 12	Mon 15 and Tue 16
March 22–26	West Coast Greymouth	Mon 22 and Tue 23	Wed 24 and Thur 25
April 12–16	Auckland	Mon 12 and Tue 13	Wed 14 and Thur 15
April 19–30	Northland	Mon 19 and Tue 20	Wed 21 and Thur 22
May 3–7	Gisborne	Mon 4 and Tue 5	Wed 6 and Thur 7
May 10–13	Tauranga	Mon 10 –Tue 11	Wed 12 – Thur 13
May 17–21	East Coast	Mon 17 Tolaga Bay (Hauti) Tue 18 and Wed 19 Te Araroa Thur 20 and Fri 21 Te Runanga o Te Whanau (Whanau a Apanui) Te Kaha Note: combined with basic.	Thur 20 and Fri 21 Te Runanga o Te Whanau (Whanau a Apanui) Te Kaha Note: combined with basic.
June 8–11 14–18	Hawkes Bay	Tue 8 and Wed 9 Wairoa Mon 14 and Tue 15	Thur 10 and Fri 11
June 21–25	Wellington	Mon 21 and Tue 22	Wed 23 and Thur 24

Managing to survive: Raewyn Keyte's story

Managing your asthma and how active a life you lead are inextricably linked.

Raewyn Keyte's story is a stark demonstration of this. It's part advertisement for people taking control of their asthma, and part cautionary tale about what can happen if you ignore expert advice.

Raewyn, 41, lives in Te Puke in the Bay of Plenty, with her husband, Ken, and four children, Jason (15), Hayden (13), Mitchell (11) and Ashley (8). She is a busy mum who spends a lot of time taking her children to rugby, soccer and ballet. Raewyn is on the Board of Trustees at Te Puke Intermediate and she works two days a week as a hairdresser. Treasurer of a local athletics club for children, she is also a member of Tauranga Harriers. Ken is the pastor of a local church and, yes, this super woman helps him with that too, when needed.

Raewyn was first diagnosed with asthma about 14 years ago while pregnant with Hayden. She was living with Ken and Jason in a suburb of Santa Rosa in California, where Ken was working for the New Zealand Dairy Board in marketing.

In the third and final trimester of her pregnancy, Raewyn struggled with a chest infection that she just couldn't shake and was told she had "walking pneumonia". This was when Jason was running around as a toddler too.

She was admitted to hospital and the doctors talked about inducing the baby. Raewyn pleaded with them that she didn't have the energy to go through that.

Then, she was told she had asthma. Raewyn says that at the time the diagnosis actually came as a relief.

"It explained why I was feeling so lousy. I was just so low on energy...it was a huge relief."

Following the diagnosis: "it made life harder and it took a little time to get my head around what it was I had and the medications I had to take. You know, the difference between preventers and relievers."

It may have taken some time for her to adjust but Raewyn has also always generally followed wise advice. Her asthma has a seasonal aspect to it and she makes sure to take her preventers when the weather is cooler (in Te Puke, typically from around April until September).

She certainly knows the price that you can pay when you don't take asthma control seriously.

"About five years ago I didn't go on my preventer like I should have, and then got a bad chest infection and ended up on Prednisone for two weeks. When on this medication I found it hard to sleep at night. I was advised by a doctor that it would be better to get myself onto a preventer over the winter months than end up on Prednisone because it is so hard on your body [the side effects]. I have taken that advice on



Raewyn and Ken Keyte

and my asthma has been a lot better for doing this."

Raewyn has run competitively since her days as a student at Hawera High School, where she competed in national road and cross-country races.

One of her major concerns was how her running would be affected by asthma. Regular exercise is essential for people with asthma, but exercise-induced asthma is undoubtedly a very real problem for tens of thousands of New Zealanders.

Her asthma has affected her running but hasn't stopped her. She says with four children she doesn't get the time to run that she used to, but she still likes to run about five days a week, up to 8 to 12 kilometres at a time, depending on whether a race is coming up.

Not long before her diagnosis Raewyn ran the San Francisco marathon in a time of 3 hours, 13 minutes. A few years ago she completed the

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Balloon Day 2010: new decade – new look



With new Asthma Foundation and campaign branding, holding the day on a Friday instead of a Saturday and a street appeal in Wellington, Balloon Day 2010 will mark quite a departure from what we have done in the past.

The campaign will also benefit from continuity where it counts. Mitre 10 is again right behind us as our campaign sponsor, with support from Pink Batts.

This year our fundraising focus will be on gold coin donation boxes containing red lollipops that will be positioned on checkouts at more than 100 Mitre 10s around New Zealand, including 22 MEGAs.

Mitre 10 customers will be able to take away a lollipop (with our new logo on it) for a small donation: a win-win situation. Last year our advertising on television and in print pointed potential donors to our 0900 number (0900 4 ASTHMA or 0900 4 278462) to make an automatic \$20 donation. We will plug that message again, and, this time around, work hard with the Mitre 10s via their advertising mailouts, for example, to encourage customers to make a donation to us. The posters that we are sending out to schools, health sector stakeholders and public libraries – to raise awareness and encourage them to raise funds for us – will carry similar messages to last year around 1 in 4 children having asthma, but feature different imagery. The deflated red balloons will be dropped completely for the advertising campaign in 2011, but because of timing issues will remain on this year's television adverts. We also have on order our new Balloon Day red balloons that have a plain, classic look that means we will be able to use any left over from this year in 2011.

A number of New Zealand Not-for-Profits make a significant amount of money through street collections in Wellington City and we want to emulate their success. We have permission to collect on the streets of the Capital for the Friday (7 May) of Balloon Day Week, with collectors at a number of busy prime locations. We will assess the success of the street collection with potential for a bigger one next year in mind.

In the past we have asked the public to donate to "childhood asthma research." This time we will use

the more generalised phrase "to help us continue our good work in the community." This underscores how a lot of our work, helping people improve their health, happens on the ground.

Our media strategy and other public relations work will focus on the difference that the Asthma Foundation and our affiliated Asthma Societies make in the lives of New Zealanders. The Societies provide a lot of help out in the community at the grass (or flax) roots and the Asthma Foundation enables and supports this. We are an important presence in the community for people with asthma and their families and we need to let everyone know that. We are *the* New Zealand authority on asthma and we need to build awareness of that fact among our key stakeholders, including the New Zealand public at large.

Look on our website for updates regarding Puff, our hot air balloon. Puff has played an important role in raising asthma awareness in recent years. Last year for example Puff was there when Associate Health Minister, Tariana Turia, visited a Kura in Wellington to talk about her asthma. In 2008 a stunning night time photo of Puff tethered at the Viaduct in Auckland featured in the New Zealand Herald.

The new Balloon Day branding is designed to build a stronger association between the Asthma Foundation and Balloon Day in the public mind. Our aim is for people to think of the Asthma Foundation and Balloon Day like they do the Cancer Society and Daffodil Day.

If you want to get involved with Balloon Day 2010, please email: info@asthmafoundation.org.nz or call our new Fundraising Manager, Julie McMeeken, on (04) 499 4592.



Balloon Day 09 in Murapara

Battling Maori smoking

The Asthma Foundation has made a strongly-worded written submission to a Parliamentary Maori Affairs select committee inquiry into the tobacco industry's promotion of smoking among Maori and the consequences of Maori smoking.

Submissions closed on 29 January 2010 for what is believed to be New Zealand's highest level ever consideration of the damage smoking does to Maori regarding their health and their cultural, social and economic lives.

Our submission called for a realisation of the Smokefree Coalition's smokefree vision for 2020 as a basis for action (see box on this page). The Asthma Foundation is a founding member of the coalition.

The select committee will make recommendations to Parliament on any legislation or policy changes that could be implemented to reduce the effect smoking has on Maori.

Tobacco smoking is the biggest risk factor in Chronic Obstructive Pulmonary Disease (COPD, including emphysema and chronic bronchitis and chronic asthma) and lung cancer. The death and hospitalisation figures for COPD for Maori compared with non-Maori are extremely concerning.

- Maori have more than double the rates of hospitalisations for COPD than non-Maori. (It's not known whether this represents greater prevalence or more frequent admissions).
- COPD-related hospitalisations in Maori occur at earlier ages and rates increase more steeply with age than non-Maori, with Maori women bearing the greatest burden. Mean age at hospitalisation for Maori is more than eight years younger than that of non-Maori.



One of the graphic warnings carried on cigarette packets sold in New Zealand.

The Smokefree Coalition's smokefree vision for 2020

By 2020

- **children will be protected from exposure to tobacco and the marketing and promotion of tobacco products**
- **there will be no supply of or demand for tobacco as consumer products in Aotearoa/New Zealand**
- **all smokers will be empowered to quit and supported by effective quit-smoking support services and products.**

2010 priority actions

- a substantial tobacco excise tax increase in the 2010 budget
- tobacco retail displays to be banned
- tobacco taxes to be equalised for roll your own and factory made cigarettes.

2011 priority actions

- a schedule of annual tax increases of 10 percent per annum (or greater) will be agreed, with a view to increasing the price of a packet of 20 cigarettes to \$20 by 2020
- the sale of tobacco will be limited to licensed retailers. There will be a schedule to reduce the number of licenses issued, and strict public health focused criteria applied for issuing licenses.

2012 priority actions

- supply model for controlling the tobacco market explored and developed
- introduction of supply control policy that mandates a reduction in the volume of tobacco sold, and the range/number of locations where it may be purchased
- legislation will ban smoking in cars carrying children.

2013 priority actions

- tobacco products branding will be limited to generic plain text and graphic picture warnings
- the use of terms, packaging and marketing tools that mislead smokers about the relative harm of tobacco products will be banned
- no new smoked tobacco products will be permitted into New Zealand unless they can demonstrably be proved to have a public health benefit
- introduce a schedule for the mandatory reduction of nicotine content in cigarettes.

2013 onwards

- regulation and control on the supply and sale of tobacco products will set a mandatory annual decrease in the tobacco available for sale in New Zealand, and the locations at which it can be sold
- the addition of flavourings designed to improve the palatability of tobacco products will be banned.

Swine flu (again)

by Dr Bob Hancox, Asthma Foundation Medical Director

Just when you thought it was all over, swine flu could be about to make a comeback. Last winter's swine flu epidemic (officially known as Pandemic influenza H1N1/09) lasted about three months and affected many of us. The northern hemisphere is just recovering from a similar winter epidemic. Swine flu is expected to reappear in New Zealand this winter as part of the usual flu season and the experience of northern hemisphere countries suggest that it could arrive early. For this reason the Ministry of Health has released a vaccine against swine flu for targeted groups – including those with chronic respiratory conditions. This will be followed by the usual seasonal flu vaccine which is normally released in March and this year will also cover swine flu. The reason for the early release of a separate swine flu vaccine is to cover the likelihood that it will come earlier than seasonal flu. People who get the early swine flu vaccine will be advised to get the seasonal one as well.

Thankfully, for most people, last year's swine flu was a mild illness. This has led to some accusations of over-reaction and scare mongering. In fact, we should be grateful that things turned out better than we had feared – at the start of the epidemic, no-one knew how nasty this flu was going to be. Even so, quite a lot of people were severely unwell and about 15 000 people are known to have died from it worldwide, including about 20 in New Zealand. Most of these people were young (those over age 65 were less likely to get swine flu – probably because they still had some immunity from a similar flu virus circulating many years ago). Although many of them had an underlying health problem (including asthma and other respiratory conditions) for most people these conditions did not stop them from leading full and active lives.

So should you get the flu vaccine this year? Influenza vaccination is one of the few preventive measures known to save lives in people with chronic lung diseases. Each year the vaccine is designed to cover the three most likely flu viruses, based on what viruses are circulating at the time. Because these change from year to year, an annual flu vaccination is recommended. Information from the northern hemisphere winter is the most useful guide to what we are likely to get. Last year was different – Swine flu was unexpected. This was a brand new virus and no one could have predicted when it would appear or what it would be like. It was first identified in April 2009 in North America – too late for vaccine development for our winter.

Contrary to what some people believe, you cannot get flu from

influenza vaccination. Occasionally people get mild reactions to the vaccine, which can last a day or two. Serious reactions are very, very rare. Far more likely is that people catch an ordinary cold around the same time – the vaccine is usually given in autumn when colds are increasing and sometimes gets the blame.

I get the flu jab every year and plan to do the same this year. I work with people with respiratory conditions who are prone to getting complications from flu. Not only does this put me at an increased risk of getting it, but if I do, I could pass it on to other patients and put their health at risk. If you are eligible for flu vaccination this year, I recommend that you get one too.

Managing to survive

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Rotorua marathon in a considerably slower 3 hours, 44 minutes. The past couple of years she has run around Lake Rotorua in a relay event as a member of Te Puke Athletics Club.

How does she find the time to do all of these things?

“You just have to take one day at a time. I am a fairly organised sort of person; you have to be with kids and everything. So long as you are functioning you can do things.”

And the future for Raewyn and her family? It looks like the active approach to life and the busyness will continue.

“We are looking into fostering children. There is such a big need out there. There are so many children who are not in an ideal family situation who need to be loved and cared for.”

Asthma management bare essentials

- Use your preventer regularly rather than relying on your reliever.
- Get immunised against influenza this winter.
- Stay away from cigarette smoke (if you smoke call Quitline on 0800 758 758).

Get an asthma self-management plan
visit www.asthmafoundation.org.nz

Innovative tool

The Asthma Societies affiliated to the Asthma Foundation have shown a great keenness to participate in the roll out of a new, home-grown web-based assessment and support tool for improving asthma management.

GASP (Giving Asthma Support to Patients) is designed for use by General Practitioners, respiratory nurses and trained respiratory educators.

The Asthma Foundation helped develop the tool, the brainchild of Wendy McNaughton, respiratory services manager at Auckland PHO, Harbour Health.

The evidence to date suggests that the use of GASP significantly reduces hospitalisations and exacerbations. We expect the roll out of GASP and the training to support it will be substantially completed in the next month or so. We are delighted to be able to promote the use of this innovative tool and we are confident that it will be a valuable addition to the services of our affiliated Asthma Societies, another 'tool' in the toolkit that they use to provide the best cutting edge service to people affected by asthma.*

For more information on GASP, you can call our Chief Executive Jane Patterson on (04) 499 4592 or email: info@asthmafoundation.org.nz

Jane discusses GASP in her message from the Chief Executive on page 12.

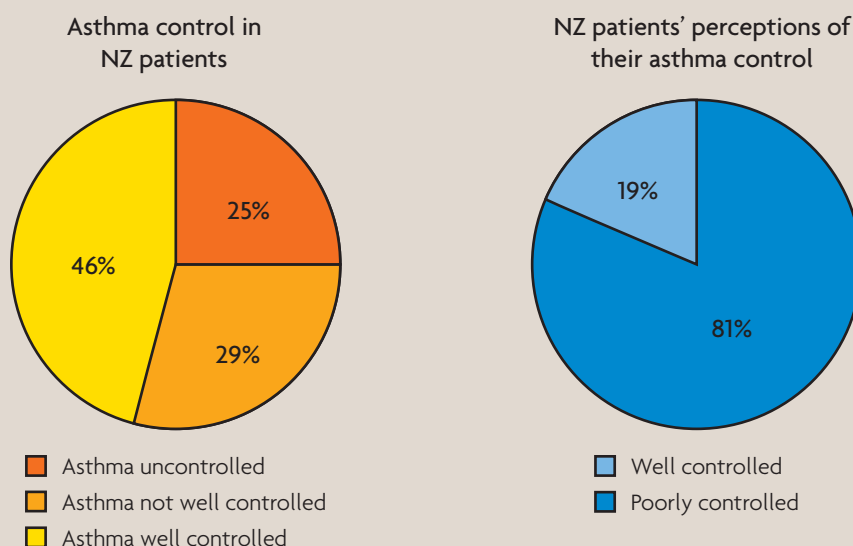
New vehicles get the new look

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Referring to the cars that were gifted by the Lion Foundation and that will be used by Asthma Waikato's three educators, Vikki said: "Asthma Waikato is tremendously grateful to the Lion Foundation for their generous support with the new vehicles and along with Dallas Mitsubishi's discounts in recognition of our charitable status and our quality work in the community, we were delighted to be able to recently purchase a car for each of our educators."

"Asthma and Respiratory Services [Waikato] deems a positive and very high community profile as vital to its ability to continue to educate and support people with respiratory conditions. The board was very keen to signwrite the three new asthma vehicles so that they are easily recognised throughout the region [see photo and caption]."

54% of Patients in New Zealand remained Poorly Controlled in 2007* n - 160



The difference between real and perceived asthma control in New Zealand, graphically demonstrated.

* NZ INSPIRE study – Research Review 2007
 Working together for a healthy future

Study opens up new possibilities

A study into the effectiveness and acceptability of snus (Swedish oral tobacco) and oral nicotine as Nicotine Replacement Therapies (NRT) by three medical researchers that was funded by the Asthma Foundation was recently published in an American medical journal.

Their success is opening doors for the researchers and furthering scholarship in this area.

Professor Julian Crane, Professor Carl Burges, and Dr Brent Caldwell, from Otago University's School of Medicine in Wellington found in their study that snus and oral nicotine led to less severe withdrawal symptoms and higher reductions in smoking rates when compared with the standard for NRT, nicotine gum, in 63 people during a two-week trial of each product. Those reduction rates were 37 percent, 42 and 33 percent respectively.

The study was published in January in *Nicotine and Tobacco Research*, a journal compiled by the Society for Research on Nicotine and Tobacco in Wisconsin and published through Oxford University Press.



In addition to the positive results, most of the subjects reported a strong desire to use snus or Zonnic oral nicotine to stop smoking. These two had fewer "gastrointestinal side effects" on their stomachs than the gum.

This team of researchers has received grants from the Health Research Council to test whether three new nicotine replacement therapies can deliver higher quit rates than current therapies: a new nicotine inhaler plus nicotine patches; Zonnic mouth spray plus patches; and whether snus is effective when all other treatments have failed.

The researchers believe that these new treatments may offer hope to smokers for whom current therapies are ineffective.

Abstract of the study

Randomised crossover trial of the acceptability of snus, nicotine gum and Zonnic therapy for smoking reduction in heavy smokers

Abstract

Introduction: Novel approaches to nicotine replacement therapy (NRT) are needed to improve the modest long-term quit rate of 10 percent. Snus (Swedish tobacco) and Zonnic (oral nicotine satchet) rapidly deliver nicotine via buccal absorption and have potential as NRTs. As a prelude to formal evaluation of either product as a smoking cessation therapy, it is necessary to determine their acceptability and the willingness of smokers to use them in populations with no history of access to oral tobacco products.

Methods: An open-label crossover study of *ad libitum* snus, Zonnic and nicotine gum among 63 smokers for 2 weeks each, and smoking reduction if the subjects did not feel the desire to smoke. Diary cards recorded use of products and cigarettes; formal and ad hoc scales measured urges to smoke, withdrawal symptoms, and the sensory quality of the products.

Results: Subjects preferred snus and Zonnic over gum. Snus and Zonnic were superior to gum in reducing urges to smoke and caused fewer side effects. All three products suppressed withdrawal symptoms. Subjects reduced their smoking by means of 33%, 37% and 42% during the gum, snus and Zonnic fortnights, respectively.

Discussion: Most subjects reported a strong desire to use Zonnic or snus to quit smoking. Subjects preferred snus and Zonnic, which both had significantly fewer gastrointestinal side effects than gum and resulted in greater reductions in smoking. Snus and Zonnic are effective in suppressing desires to smoke and reducing smoking, and further studies are warranted to investigate their effect on long-term quit rates.

Contestable Grants 2009/2010

Help yourself, help others breathe easier!

Each financial year the Asthma Foundation's Board creates a fund that our Asthma Societies apply to help pay for projects that they undertake.

In 2009/2010 the Board again allocated \$20 000 to our Contestable Grants Scheme and a number of Societies told the A and R News about what they did with the money.

Asthma Northland

- Money spent on costs to promote the Mobile Respiratory Testing Centre (MRTC) initiative to government and potential non-government funders. The MRTC is a vehicle equipped with spirometers and portable Niox testing equipment to assess members of the public's respiratory health.
- Meetings with several Government Ministers in October 2009 and buy in from the Minister of Health saw the Northland District Health Board set up a committee to "investigate the implementation of respiratory as a priority onto the NDHB Strategic Plan".

Asthma and Respiratory Services (Waikato) Inc

Money spent on visits to Asthma Northland, Asthma and Respiratory Management BOP, Asthma Canterbury and others to talk to regional managers about sharing best practice information including on:

- HR
- salary rates
- legal knowledge, funding successes and general peer support and information sharing. ("I did this and it was great for us – maybe it would be for you too?"). Increases ability to work effectively and efficiently so that they each aren't "re-inventing the wheel". Practical examples of savings include: Canterbury and Waikato used BOP's client database and "saved a fortune".

North Otago Asthma Society

Using contestable grant money to employ a physiotherapist twice monthly at exercise group classes which a field worker facilitates. This adds variety for participants and is appreciated.

Criteria:

- These grants are to be for a one off project or for a project that can then be sustained in future by the society itself.
- They are not to be used for day-to-day running costs.
- They must be used in the year in which they are granted, unless a special exemption is applied for and granted.
- They must be used for the benefit of people with respiratory illnesses.
- A brief report must be provided within three months of the end of the financial period to which the grant applies and any money not used in the project must be refunded.

The Asthma Foundation has signed up with Fundraise Online – www.fundraiseonline.co.nz – an exciting website that allows people to raise money for their favorite cause.

For example, people can register an event on the site and receive donations from their supporters around the country. People who give their event a charity angle tend to have a solid response because good causes attract support.

Another way of getting behind the Asthma Foundation would be by using Fundraise Online to collect donations to us in lieu of presents for a wedding, birthday or other special occasion.

Fundraise Online is totally secure and it is very easy to set up your own fundraising web page, send messages, promote your cause, collect donations and thank contributors.

If you are considering an event, whether as part of a group or by yourself, remember you don't have to run a marathon or climb a mountain to raise funds. Your personal challenge is exactly that: your own challenge.

If you would like to set up a sponsored challenge or somehow else raise funds to promote better respiratory health for New Zealanders, we would love to hear from you. Email info@asthmafoundation.org.nz or call (04) 499 4592 so we can provide you with further information and help support your challenge.



Asthma Matamata recently celebrated 25 years of making a difference in the community for people affected by asthma.

GASP

I would like to update you on a development that we are very excited about. We are organising the roll out of the GASP management tool to our affiliated Asthma Societies*. GASP (Giving Asthma Support to Patients) is a web-based, clinical assessment and decision support tool for improving asthma management.



The tool has been developed along New Zealand, British and US guidelines. It is designed for use by General Practitioners, respiratory nurses and trained respiratory educators. GASP was on display at our Respiratory Educators Conference in September last year.

The Asthma Foundation was involved in initial work on the tool which has been developed by the Auckland PHO Harbour Health, under the direction of respiratory programme manager Wendy McNaughton. A version of GASP for use with COPD patients is underway too and we are involved with this.

GASP is particularly good for supporting nurse-led clinics and is being purchased by many PHOs for use in their practices. It has received a lot of national attention and Harbour Health was the overall winner of the 2009 Waitemata Health Excellence Award acknowledging their work in developing GASP. Harbour Health and GASP are also finalists in The New Zealand Focus on Health Challenge (a New Zealand Trade and Enterprise award). The ten finalists are considered to have addressed current health problems, improved patient outcomes and to have strong business plans and management teams behind them.

The evidence to date suggests that the use of GASP significantly reduces hospitalisations and exacerbations. The tool is auditable and provides consistent best practice in asthma management. The Asthma Foundation is funding a research project looking at the differences in outcomes between practices that use the tool and those that do not.

We expect the roll out of GASP and the training to support it will be completed substantially in the next month or so. We are delighted to be able to promote the use of this innovative tool and we are confident that it will be a valuable addition to the services of our affiliated Asthma Societies.

*There are some prerequisites for societies to be able to use the tool.

Jane Patterson
Chief Executive
The Asthma Foundation

Yes, I want to help all New Zealanders breathe easier!

Please accept my donation of:

\$15 \$25 \$35 \$50 \$100 Other amount (Donations of \$5.00 and over are tax deductible.)

Please find enclosed my cheque (please make cheques payable to the Asthma Foundation. The Asthma Foundation is a registered charity no. CC22906)

Please charge my credit card number CARD # EXP

VISA MASTERCARD AMEX DINERS \$ SIGNATURE

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Monthly Pledge Partner Programme. Please accept my regular monthly donation of:

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Please send me information about leaving a bequest in my Will for the Asthma Foundation

I have already left a bequest to the Asthma Foundation

Please send me information on making a monthly contribution through my bank



Contact details

Name

Address

Postcode

Tel Number

(Please return this slip with your donation to: Freepost 140226, The Asthma Foundation, PO Box 1459, Wellington 6140)

Phone 0900 4 ASTHMA (0900 4 278462) to make an automatic \$20 donation