



# asthma | 2022 NEW ZEALAND ANNUAL REPORT

Helping New Zealand Breathe Easy  
*Kai mā mā ake ai te hā*

# A WORD FROM OUR LEADERS

**asthma** **2022**  
NEW ZEALAND **ANNUAL**  
**REPORT**



**GREG BANKS**  
President

Every day we each take thousands of breaths – and most of us do so without giving it another thought. Unfortunately, this is not the case for everyone – not all of us can breathe easy!

Amongst our friends, colleagues, family and the people we meet every day there will be many (statistically, one in five) who live with respiratory disease, asthma being the most prevalent. Asthma is an indiscriminate disease. It makes no difference what the age, the ethnicity, the demographic nor for that matter, whether they are fit or unfit. Even elite athletes are not immune.

Symptoms can be mild or severe – in the worst case, life threatening. The good news is the disease can be managed through education and training which is why Asthma NZ exists. We remain committed to achieving our goal of halving hospital admissions by 2029.

We know our education programmes work, but to achieve this goal we need to have scalability. This year we have seen a strong development in our digital reach and capability. Alongside this we have used the discussion around healthy homes (or rather, lack of) as a vehicle to bring respiratory problems to the attention of the wider community and, dare we hope, our political leaders.

I am pleased to congratulate Katheren and her team for the great progress they have made in reaching thousands of asthmatics, especially against the backdrop of a pandemic.

Thank you to our Funders who enable us to achieve our goals and to my fellow Board members who voluntarily give up their time and expertise.



**KATHEREN LEITNER**  
Chief Executive

The prevalence of asthma in NZ is amongst the highest in the world with up to 20% of children and adults affected. The cost to NZ each year is staggering, in excess of \$1 billion. The global respiratory pandemic has been a double-edged sword. In the early days Asthma NZ found our community more proactive in understanding and managing their respiratory health than any other time in our 50 year history.

As the pandemic drags on we are watching peoples focus change. Stress, anxiety, fear and anger have replaced the fighting spirit that NZ so often displays in time of crisis. We see this not just with our patients, but across all aspects of Health Care. Despite the awareness of how critical respiratory health is Asthma NZ have found it increasingly challenging to access funding. Thinking about how we deliver education, training and support is a priority. What we do must see a decrease in asthma and COPD hospitalisation.

Working with Impact Lab to validate the impact of what we do was important, wasting money on initiatives that are ineffective is something no charity should be doing. We are thrilled to give Funders the confidence that for every dollar they invest with us we provide a return of \$6.20. In order to do more of what we now know works we must find ways to educate, train and support hundreds of thousands of kiwi's.

Asthma NZ have a phenomenal team of Nurses and Support Staff, finding ways to have them educate and support more patients is critical. Technology will play a key role as we look to increase our reach and impact.



**ANN WHEAT**  
Nurse Manager

2021 has been another challenging year with the ongoing Covid Pandemic. Lockdowns played havoc with home visits, school visits, education sessions and spirometry. We have had to learn new ways of educating our clients during these times. Zoom, Teams, and WhatsApp have become a part of our arsenal for educating clients. Home and school visits have restarted in the last three months of the financial year, but the team has had to make some changes when doing these, as it is no longer safe to do peak flow readings.

When doing in-person assessments, it has been essential for nurses to protect the clients, themselves, and their own families. Mask wearing has become the norm as well as social distancing. This added an extra dimension to each consult. Many consults were undertaken outside to allow for the social distancing required for safe contact. Another challenge during the year was training our new nurses, who started during the 2021 financial year.

Normally new nurses go out on visits with other nurses, learning how to do education sessions. This has not been possible and so again, Zoom and Teams have played a big role in making it possible to provide thorough inductions and training to educate confidently in the community.

Finally, I would firstly like to thank the wonderful nursing team for their continued support and willingness to take on the challenge of the Covid era. Your effort has been brilliant. Well done! I would also like to thank the funders who have made it possible for us to continue our roles. Without your financial support, it would not have been possible, and we are most grateful. Again, many thanks.



# THE IMPORTANT ROLE A PARENT/ CAREGIVER PLAYS

Tāwhiri was referred to Asthma New Zealand by his GP, for poorly controlled asthma, poor adherence to his preventer and overusing his Ventolin. A very common problem in New Zealand.

His Mum Joanne was very pleased to receive a call from an Asthma NZ Nurse. As a Mum she was “desperate for information to assist Tāwhiri to better manage his asthma”. Asthma NZ visited Tāwhiri and Joanne in 2021, at that stage Tāwhiri was using 14 puffs of Ventolin per week, more than two puffs, twice a week indicates poorly controlled asthma. Tāwhiri could not keep up with his younger sibling up the 100m family driveway and exercise was a huge trigger for him. He was doing a lot of mouth breathing and at times would stop breathing during the night. Allergic rhinitis caused his nose to be congested. Joanne was sleep deprived and finding her own mental well-being affected, as she found herself constantly worried and checking Tāwhiri to ensure he was still breathing.

Asthma NZ worked in partnership with Tāwhiri and Joanne to produce an asthma management plan that they could understand and follow. This involved improving their health literacy so they understood what asthma is, the role of preventers and relievers, ways to identify, manage and where possible avoid triggers, the advantages of nose breathing and need to treat allergic rhinitis. As is so often the case Tāwhiri’s inhaler technique was incorrect, meaning he was not getting medication in the airways where it was needed.

Asthma NZ helped Joanne and Tāwhiri answer the “why”. Once Tāwhiri realised that he could play league, something that he really loves with asthma, he took it upon himself to self-manage his asthma.

The last time Asthma NZ saw Tāwhiri and Joanne they were much happier and healthier. Tāwhiri had joined a rugby league club and was loving it. He could also go out with his friends to the local park without being worried about failure to keep up and feels normal like other kids. Tāwhiri no longer views his asthma as a barrier to living a full life as he now knows how to



Watch Tāwhiri & Joanne’s  
Story on YouTube [\[click\]](#)

control his asthma and not the other way around. Joanne felt supported and was so thankful to Asthma NZ for empowering her with knowledge and she is passionate about letting others know about Asthma NZ services. Joanne can see a brighter future for Tāwhiri and feels well equipped to provide the guidance he needs to continue his asthma self-management routine.

Stories like this highlight the value and importance of having Asthma NZ Nurses in the community. We keep 87% of our patients out of hospital, more importantly we make sure that young people like Tāwhiri don’t give up on their dreams, hopes and aspirations because of a health condition that can be managed so they live well with it.

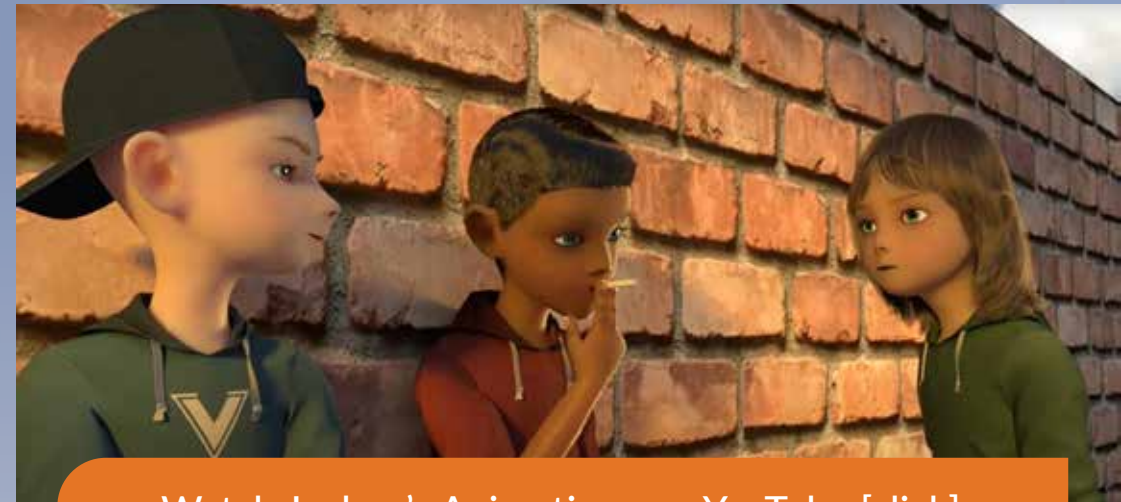
To all our funders that support our Nurses, thank you.  
You make stories like this possible.

# INCREASING OUR IMPACT AS EDUCATORS

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In 2021 Asthma NZ started working with a young, Animator Joshua Robinson. Aware of the power of story we wanted to find tools to educate our young people in ways they can relate to and connect with. Who we worked with was important, as a charity we recognise the importance of the multiplier effect. Joshua was in the early stages of Media Design School when we met him and engaged his services. He had never done a project like this outside of school projects and admits to being nervous and excited. For Asthma NZ it was a great way of investing into young NZ talent whilst achieving our aim of developing tools that increase our impact and multiply our effect.

Joshua is working on his third animation with us now. It is exciting to be part of his development as an animator, we can see the difference from his first animation to his third. And of course, the more time Joshua spends working with us the more he learns and understands the nuances of our community.



[Watch Joshua's Animations on YouTube \[click\]](#)



Animation is exciting, it allows us to educate in a way that viewers don't recognise as education. It is visually engaging and allows viewers the opportunity to understand their own story. It allows us to deliver messages that if delivered by traditional mediums could be confronting and potentially disengaging to audiences. Educating in health is often a juxtaposition – it's not until you don't have it that it becomes of interest, and even then we see many who are willing to put up with very poor health despite an ability to assume good health.

Asthma NZ must thank the Trustees at Pelorus Trust for recognising the value of such an initiative, without your funding these animations would not be possible. We really appreciate the confidence you communicate when approving our funding requests.





# BUILDING THE FOUNDATIONS FOR TRUE TRANSFORMATION

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Four years ago, when I came into Asthma NZ as CEO I did so with the specific purpose of scaling the organisation's reach. Having been exposed to a lot of emerging technologies in previous roles, I knew technology needed to play a key role.

"We have nine nurses and it wouldn't matter if we employed another 50 – we'd still have a patient ratio of 10,000 to one.

"Humans, as important as they are, aren't enough, we had to develop a triage system, a way of establishing a lifetime of contact with our patients as asthma and COPD do not go away."

When we first met with Quanton, the Technology Partner we would go on to engage, I was buzzing with ideas for advanced technologies – a bot here, some conversational artificial intelligence there, integrating systems,...

"I could see it all, how it would happen," I was out shopping for the furniture before the house had even been built! In one question from Quanton priorities changed, "That's fantastic, but where do you currently house your data?"

The answer was in three different databases built back in the 1980s. We had an access database that was modified from a foundation not really suited to our needs, excel allowed us to save numerical data so we could at least report on it and word let us create all the communication pieces to the patients and their health professionals.

Our Nurses were spending more than 60% of their time data-entering! It was a shambles.



## LAYING THE FOUNDATIONS

For all the technologies Asthma NZ wanted to harness, data is key. I can laugh now, however, had we not had the guidance from Quanton we could have very easily headed off down the road of developing exciting and emerging technologies and would have had no way to use it. As Garry Green, Managing Director of Quanton explains, "Asthma NZ wanted to leverage technology to extend their reach, but first we needed to go back to the fundamentals of what they were trying to achieve and step out how to get there. In this case, they needed to modernise their operations – around people, processes, technology and, crucially, data."

## A PLAN ON A PAGE

The first part of our journey was understanding what our technology vision was: What is the purpose of technology for Asthma NZ? what will it enable us to do? How will it make us more efficient and effective?

The purpose for Asthma NZ was clear: To enable us to reach as many patients as we can with education that inspires behavioural change and self-management.

## CRM BENEFITS

The deployment of Microsoft Dynamics as Asthma NZ's CRM system formed the first step in enabling the organisation to improve the productivity of the resources we already have.

We have moved from three discrete databases, which required nurses to take notes manually while visiting patients, then return to the office to input the notes into the system, to a single, cloud-hosted offering.

Asthma NZ had to invest in a system that did not require constant updating and patch maintenance, we have no IT team and whilst we can get funding for capital expenditure such as a CRM system, funding for maintenance and upgrades is much more problematic. Microsoft's Dynamics 365, part of the Office 365 suite, cloud hosted and with little requirements for maintenance and no requirement for an IT environment to host it on, proved the CRM of choice after looking at several options.

## A FOUNDATION FOR CHANGE

The new CRM is the first step towards a more robust and digitised solution, enabling nurses to use modern technology to know their patient better, communicate with them more efficiently and enable the business access to data that allows for more informed decisions and investment.

Asthma is a \$1.1 billion dollar drain on the NZ economy, the ramifications of having the 2nd highest rate of asthma in the world far extends that of a fiscal value. The ripple effect of poorly managed asthma is significant. It affects a child's ability to learn, an employee's ability to think, it causes people to stop physical activity and has a direct impact on the quality of our mental health.

Getting a solid foundation in place which will enable us to reach more people in more effective and efficient ways is critical, the countries social capital has been depleted and not addressing conditions that affect 20% of the population will only exacerbate that.

# NAVIGATING THE PANDEMIC

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As an Asthma Nurse Educator for Asthma NZ, I am welcomed into people's homes. It is a privilege and a highlight of my job. During my assessment of their asthma management, I ask a range of questions. One of which is "in the last four weeks how many days has your child had away from school due to their asthma?"

In the last year during these COVID times the responses have been shocking. Many children who are experiencing asthma symptoms are being asked to stay away from school or their caregivers do not feel confident in sending their child to school while they are displaying asthma symptoms. The reason these children are staying away from school is due to a lack of knowledge. The symptoms of asthma can be similar to those of a contagious viral illness. However, asthma is not transmissible. We need to educate individuals, families, and schools to lessen the effect of this pandemic on our young and wider society.

This issue worries me deeply. I worry about our tamariki missing out on social connection and falling behind on valuable learning. Which will most certainly impact poorly on our communities in the future. Our young are our next leaders, they deserve the best. Education is the single most effective way of living well with Asthma. And that is what inspires me each day.

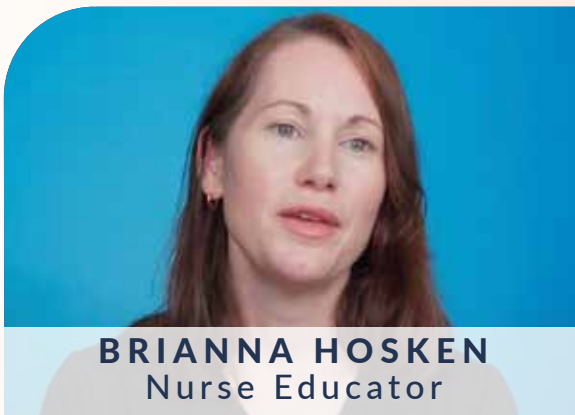
During the Covid-19 lockdown months, Asthma NZ nurse educators, like many other businesses and health specialities in NZ, had to get creative because we knew that if we did not act quickly, our asthma and COPD community could be at risk of unnecessary asthma exacerbations, hospitalisation and even death.

While face-to-face education ceased for a short period of time, Asthma NZ was able to quickly transform the way we educated while ensuring the education we were providing was still just as meaningful, appropriate and accessible. We worked alongside patients over the phone, virtually via zoom and in some cases where a phone call or virtual appointment was impossible due to a lack of technology or internet access (of which there were many instances), we met patients outside at their home or at a park where we maintained social distance and adhered to public health measures such as hand sanitising, mask wearing and appropriate PPE gear.

I was impressed with how the patients I interacted with virtually prioritised their health with the many other things that were going on. People are resilient and adaptable, especially in times like a pandemic where things can change rapidly. While virtual appointments provided a way for us to continue the important work we do at Asthma NZ, nothing compares to sitting next to a client in their home working together, side-by-side to improve their health outcomes. Thank you to all the funders that make it possible for us to do what we do. It means so much more than dollars and cents.



**KATIE FAAIUSO**  
Nurse Educator



**BRIANNA HOSKEN**  
Nurse Educator

Much of New Zealand has been challenged and affected during the past year by the Covid-19 pandemic. Initially we saw a reduction in asthma symptoms being reported, perhaps due to less exposure to respiratory illness, viruses and infections in the community. There tended to be a greater awareness of respiratory health and desire for those with asthma to gain greater control of their symptoms. People have wanted to stay healthy or improve health, which was likely driven by the fear of Covid-19. Greater awareness has led to better hygiene practices, specifically hand hygiene, which has supported respiratory health, by helping stop the spread of the usual winter viruses we commonly see.

Negative impacts have included patients not being able to see their G.P or not wanting to see them due to fear of Covid-19 or desire not to take up a doctor's time during this busy period. Financial constraints have also affected patients' ability to seek medical advice or prescriptions/medications. During lockdown periods, parents working from home whilst trying to support children studying from home, were often too overloaded to worry about asthma, particularly if they or their child was well at the time. Most patients I contacted were grateful, some felt oversaturated with health advice and had little interest in discussing asthma, theirs or their children's.

In general, asthmatic symptoms last year may have decreased for many due to less exposure to seasonal illness and greater awareness. However, as more of the population become exposed to and infected by Covid-19, we are seeing a higher number of asthma symptoms being reported again. Well controlled asthma has never been more important.



# WHY ASTHMA NZ FILMED A TV SERIES ABOUT HEALTHY HOMES

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When I came to Asthma NZ from a non-health background, I expected to spend my time learning about asthma and respiratory disease. I did not expect to need to know about building science! Don't get me wrong, it's fascinating stuff but having to invest the time learning about it was not how I intended to spend my time, when navigating a charity that needs to make a significant impact on the way in which New Zealand addresses its appalling asthma stats.

The health of Kiwis and the state of our housing is inextricably linked. The purpose of a house is to protect us from the outside. In Europe, they build homes to "keep inhabitants healthy." In New Zealand, 53% of homes don't meet Healthy Homes standards. Why does this matter? If your home is not healthy you will not be healthy. With one in four children being born into poverty without question, each of these kids will live in a house that makes them sick. What start to life is this? Asthma NZ nurses make over 3000 visits to patient homes every year - they go into many homes that are so cold they themselves need to put an extra jacket on. Mould can sometimes be so bad they can write their names in it and children's bedrooms are reading temperatures of 9 degrees.

New Zealand has the second highest rate of death from asthma in the developed world, we have had this rate for 20 years. Asthma NZ is on a mission to reduce asthma hospitalisation by 50% by 2029. It has become apparent that we won't get there without a significant re-focus on the health of our homes.

I don't know about you, but when I grew up, I thought that waking up and seeing my breath was normal. I thought that in winter having to put more clothes on indoors than outdoors was normal because that's what you do in winter.

We needed to understand the extent of the problem, never did I expect to discover it this bad. How was it possible that a country this young could have such appalling housing? I was even more shocked to find out that New Zealand has been on notice from the World Health Organization since the 80s for being in breach of Article 25.1 of the Human Rights Declaration, I don't know who that reflects more poorly on! The article states that everybody deserves a home that keeps them and their family safe and healthy.

Speak to the industry and they all know there is a problem. "We knew about this in the 80s", it stuns me to know that in all this time nothing has been done about it. Do you know how many trillions of dollars have been wasted by respiratory illness alone in that time? Every year, New Zealand loses seven billion dollars to respiratory. And more importantly, think of the number of lives that have been lost since then. If we do not see significant changes to the way we build homes New Zealand will continue to have one of the highest asthma death rates in the world. Worse still with the emergence of more air-borne respiratory viruses' likely, it puts us in a very dangerous position should we ever have to be locked down in our homes over winter!

There have been advancements in medication enabling people to live well with asthma, however, without a healthy home to live in, we might as well be filling up a bathtub without a plug in it.

And so what to do about it? The most immediate item is to address the exorbitant cost of power, landlords are now required to install adequate heating into their rentals, this is a waste if tenants can't afford to run the heating. The most important for future generations would be to overhaul the Building Code. We have a building code that enables us to build the unhealthiest home we can possibly build legally. Ironically in the current building code, there is no requirement for heating in a home's construction! We are in a first-world country yet we live in Third World Houses. The construction mafia in this country does not help, they have locked out and dumbed down innovation. Our Building Code is about 30 years behind Europe's.

Imagine if the automotive industry built cars that's brakes failed. Why are we not recalling homes that are unhealthy? Why do we continue to build homes that make people sick? Ironically, some of the very old homes are healthier in many ways than the new. Our nurses are going into Kiwi Build homes to find some of them at 18 months old have mould on the walls.

Healthy Homes Kiwi Dream travels up and down the country, we speak to everyone in the industry responsible for legislation, design, building and inspection. We installed internal air quality technology into over 15 homes to ensure what we were looking at had data to back it up. We went into homes so unhealthy that one of our crew had to get out an hour after we started filming due to an allergic reaction to the mould. We went into other homes that have a monthly power bill of \$4! Most people know there is a problem with NZ homes, we wanted to help Kiwis understand why and what they could do to improve the health of the homes they live in.

We are in the process of negotiating airing rights, so we hope you will see this on a TV screen in the very near future. It would be wonderful if the next series of The Block took 4 unhealthy homes and made them healthy!





Whether you're funding change-making organisations or delivering the services that make a difference, GoodMeasure simplifies impact measurement so you can learn what works and make a bigger impact.

We take great pride in providing a research process that our customers can trust. GoodMeasure's power comes from calculations using multiple reputable data sources, including the Living Standards Framework. GoodMeasure also uses the best of the worldwide evidence about what works. This includes published literature and evidence databases from world renowned academics and impact organisations.

#### Contact us

 [www.impactlab.co.nz](http://www.impactlab.co.nz)

 [info@impactlab.co.nz](mailto:info@impactlab.co.nz)

#### Our team

To make better decisions, it's crucial to consider both the hard facts and the human stories that substantiate them. Our family of researchers, data scientists and statisticians are committed to combining powerful analytics with what you know works for your community.


Alongside expertise in data-driven decision making, our team brings a wealth of real-world experience. We are parents, teachers, volunteers and customers of social services.

  
**Sir Bill English**  
ImpactLab Chairman

To calculate social value, we combine these impact values with:

- ◆ Evidence from global literature about how effective a programme can be.
- ◆ The size of the opportunity for the people an organisation serves to achieve more positive outcomes.
- ◆ The number of people supported.

By combining these inputs, the social value calculation helps us understand how a programme or intervention helps change lives for the better. We combine the social value with cost information to calculate a programme's social return on investment.

 **Helping you do good, better.**

## GoodMeasure for the 3+ programme

In the year in scope, 3+ programme delivered \$3,558,625 of measurable good to society in New Zealand.

### Understanding the 3+ programme's impact

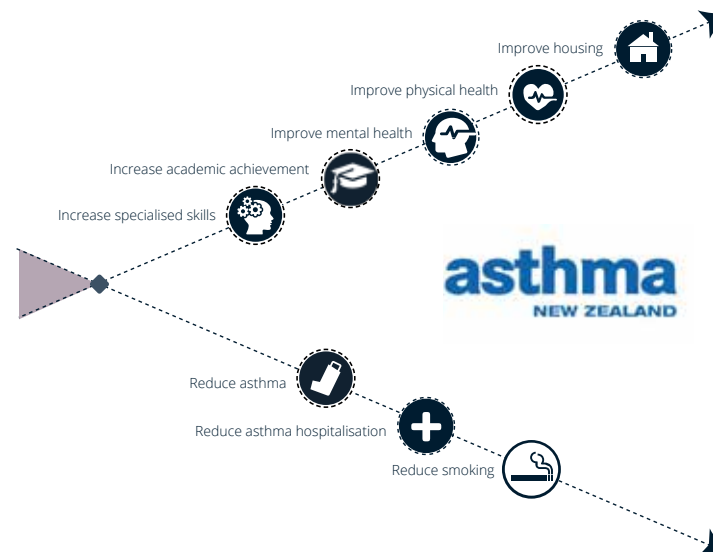
Asthma New Zealand is committed to creating a healthier New Zealand, where every Kiwi with Asthma and COPD lives a full life. Asthma NZ's mission is to see a 50% reduction in asthma and COPD hospitalisation by 2029.

### What does the 3+ programme do?

Asthma NZ's 3+ programme provides education for the self-management of asthma and COPD to reduce the negative health impacts and cost of the disease in New Zealand.

### Whom does the 3+ programme serve?

Adults and children with asthma, COPD or other respiratory conditions and health professionals accessing professional development. In the year in scope, the programme supported 740 adults and 1919 children in the main 3+ programme. 1211 health professionals accessed professional development courses for asthma and COPD, and 110 children accessed respiratory education at school.



### GoodMeasure outcomes

*These outcomes directly contribute to this year's social value calculations.*

Reduce asthma  
Reduce asthma hospitalisation  
Improve housing  
Improve physical health  
Improve mental health  
Reduce smoking  
Increase specialised skills  
Increase academic achievement

### Additional outcomes

*These outcomes do not directly contribute to this year's social value calculations.*

Increase productivity  
Increase health engagement  
Increase health literacy

## The 3+ programme's impact

**Social Value**  
**\$3,558,625**

### Social value definition

Social value generated for each participant	\$875
Measurable benefits as proportion of programme cost	620%
Cost of the programme per participant	\$121

When we take into account the operating costs of the 3+ programme, we can calculate the social return on investment that is generated for every dollar in the programme.

**Social Return on Investment**  
**\$1:\$6.20**

Every \$1 invested in 3+ programme results in \$6.20 returned to NZ  
(July 2020 – June 2021)



## FINANCIAL PERFORMANCE

For the year ended 31 March 2022

### REVENUE

#### Donations, fundraising and other similar revenue

	2022	2021
	\$	\$
- Donations	178,962	60,619
- Grants	369,064	412,726
	<b>548,026</b>	<b>473,345</b>

#### Fees, subscriptions and other revenue from members

- Campaigns, Information & Membership	15,674	14,573

#### Revenue from providing goods or services

- Contracts - WDHB & CCDHB	327,137	410,302
- Trading	55,444	50,928
- Training	1,740	4,213
- Corporate Sponsorship	-	12,500
	<b>384,321</b>	<b>477,943</b>

#### Other revenue

- Gain from sales of fixed assets	-	1,228
- Other revenue	14,159	74,680

<b>Total Revenue</b>	<b>962,180</b>	<b>1,041,769</b>
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### EXPENSES

#### Expenses related to public fundraising

- Promotion & Fundraising Exp	11,223	42,035

#### Special Project Costs

- Special Project Costs	166,798	-

#### Volunteer and employee related costs

- Salaries	812,396	781,081

#### Costs related to providing goods or services

- Personnel Expenses	26,262	30,207
- Communication	29,484	31,788
- Service Provision	33,682	26,758
- Property	117,696	105,863
	<b>207,124</b>	<b>194,616</b>

#### Other Expenses

- Audit Fee	8,808	7,529
- Depreciation	95,546	98,681
- Loss on sale of fixed assets	1,048	-
- General Expenses	7,581	5,322
	<b>112,983</b>	<b>111,532</b>

<b>Total Expenses</b>	<b>1,310,524</b>	<b>1,129,264</b>
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<b>Surplus / (deficit) for the Year</b>	<b>(348,344)</b>	<b>(87,495)</b>
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# FINANCIAL POSITION

As at 31 March 2022

## ASSETS

### Current Assets

	2022	2021
	\$	\$
- Bank accounts and cash	622,722	1,007,593
- Debtors and prepayments	29,720	53,082
- Inventory	8,598	9,650
<b>Total Current Assets</b>	<b>661,040</b>	<b>1,070,325</b>

### Non-current assets

- Property, plant and equipment	389,678	273,760
<b>Total Non-Current Assets</b>	<b>389,678</b>	<b>273,760</b>

<b>Total Assets</b>	<b>1,050,718</b>	<b>1,344,085</b>
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## LIABILITIES

### Current Liabilities

- Creditors and accrued expenses	33,211	34,673
- Employee costs payable	58,152	50,013
- Unused donations and grants with conditions	85,712	19,530
- Finance lease liabilities	365	4,380
- GST payable	(6,654)	6,848
<b>Total Current Liabilities</b>	<b>170,786</b>	<b>115,444</b>

### Non-Current Liabilities

- Finance lease liabilities	-	365
<b>Total Non-Current Liabilities</b>	<b>-</b>	<b>365</b>

<b>Total Liabilities</b>	<b>170,786</b>	<b>115,809</b>
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<b>Total Assets Less Total Liabilities (Net Assets)</b>	<b>879,932</b>	<b>1,228,276</b>
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### Accumulated Funds

Accumulated surpluses	879,932	1,228,276
<b>Total Accumulated Funds</b>	<b>879,932</b>	<b>1,228,276</b>

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# THOSE THAT MAKE OUR WORK POSSIBLE

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Beatrice & Arthur Wade Charitable Trust  
Dorothy Cutts  
EH Davis and T & M Carr Endowment Trust

Estate Helen S Royal Charitable Trust  
JA Redwood Charitable Trust  
Maurice Paykel Charitable Trust

McLauren Medical  
Ted & Mollie Carr Endowment Trust  
Wilks Charitable Trust

# LIFE MEMBERS

Mr Peter Barnett

Miss Heather Bradnam

Mr David Bridge

Mrs Lorraine Brown

Mr Gerry Hanna

Mr Brian Hight

Mrs B Hight

Dr Allen Liang

Mrs Pamela O'Brien

Mr William Price

Mrs Lynne Watson



*Acknowledgements to  
those who have passed*

*Mr Peter Ludgate*

*Mrs Janet Bridge*

*Mr Roy Funnell*



# BOARD MEMBERS & STAFF

## Board of Directors

Greg Banks	<i>President</i>
Amy Chan	<i>Board Member</i>
Dave Rosenberg	<i>Board Member</i>
Greg Lay	<i>Board Member</i>
Priya Sharma	<i>Board Member</i>
Robert Muir	<i>Board Member</i>
Scott Green	<i>Board Member</i>
Katheren Leitner	<i>Chief Executive</i>



[www.asthma.org.nz](http://www.asthma.org.nz)

0800 227 328

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mt eden, auckland

## Nursing Team

Ann Wheat	<i>Nurse Manager</i>
Amanda Sloane	<i>Nurse Educator</i>
Anne Couper	<i>Nurse Educator</i>
Bekitemba Maseko	<i>Nurse Educator</i>
Brianna Hosken	<i>Nurse Educator</i>
Cathie Dowell	<i>Nurse Educator</i>
Jen Stevens	<i>Nurse Educator</i>
Katie Faaiuso	<i>Nurse Educator</i>
Sonia Wiltshire	<i>Nurse Educator</i>

## Office Team

Jee Ho Rodriguez	<i>Accounts</i>
Samara Pepperell	<i>Health Promotions</i>
Sharon Stewart	<i>Health Promotions</i>
Swarna Hemachandra	<i>Fundraising</i>
Zoe Hunt	<i>Health Promotions</i>