



Annual Report 2012



**THE AUSTRALIAN
LUNG FOUNDATION**

"When you can't breathe...nothing else matters"™

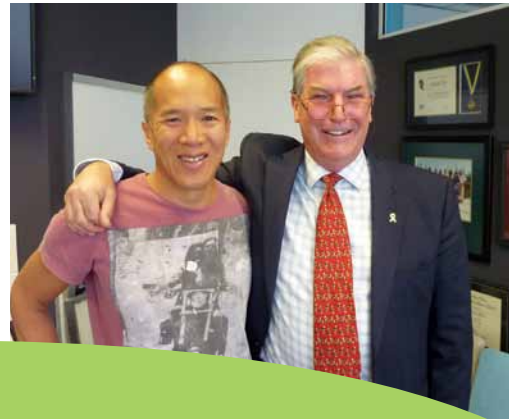


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Our vision is to “ensure lung health is a priority for all in Australia”...



Strategic Goals

We endeavour to achieve this through four key strategic goals:

- Broaden our services to encompass all aspects of lung health
- Establish Strategic Collaborative Partnerships
- Focus on Brand Development and Management
- Maintain Organisational Capacity and Governance.

Our Values

We strive for excellence and quality outcomes, with respect for the individual, integrity and ethical behaviour as integral tools when we work with our community, whether they are patients, their families and carers, stakeholders or employees.

Who We Are

The Australian Lung Foundation was established in 1990 by a group of Thoracic Physicians concerned about both the chronic shortage of funds for research work in respiratory medicine and the impact of lung disease on our community. We are a registered charity with our Head Office located in Brisbane. The Australian Lung Foundation strives to meet the need in the community of reducing the significant and debilitating cost of lung disease, both in human and financial terms.

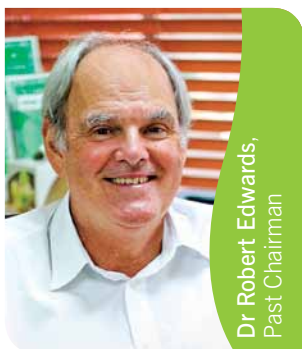




A/Prof David Serisier,
Chairman



William Darbishire, CEO



Dr Robert Edwards,
Past Chairman

Foreword

At The Australian Lung Foundation we began 2012 with the aspiration for a year of consolidation. In the event, 2012 turned out to be a year of great change and advance for the organisation!

In June, Dr Robert Edwards stepped down as Chairman of the National Council after 22 years of involvement with The Australian Lung Foundation... This included 18 years as Chairman. We owe a huge debt of gratitude to Bob for his vision and leadership over the years. The organisation has been extremely fortunate that Associate Professor David Serisier has agreed to take on the role of Chairman. David, Director of Respiratory Medicine at the Mater Hospital in Brisbane, has served as Treasurer for the Thoracic Society of Australia and New Zealand (TSANZ) and has already put his 'stamp' on the Lung Foundation. The end of 2012 has seen change and the start of an exciting new phase of development for the Lung Foundation. The most significant is the work carried out to facilitate a change of name from The Australian Lung Foundation to Lung Foundation Australia. We are also in the process of changing our governance arrangements from being an Incorporated Association in South Australia to a Public Company Limited by Guarantee. Finally, in December, we completed a move to a new office in Milton, not far from the banks of the Brisbane River.

In March a long-term strategic goal of the Lung Foundation was finally achieved; during the opening ceremony of the TSANZ Annual Scientific Meeting in Canberra, Professor Paul Reynolds officially launched the Lung Health Alliance.

The Alliance partners are as follows:

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



The Presidents and CEOs of the Alliance partners meet regularly and much has been achieved in the relatively short time since the Alliance was launched.

A key long term objective of our advocacy work has borne fruit in 2012, with the introduction of legislation requiring the plain packaging of tobacco products. Early indications are that this has led to a reduction in smoking rates and more importantly, the rates at which young people are taking up smoking. It seems that plain packaging has removed the "glamour" as cigarettes have now been exposed as what they are: a product that kills when used entirely as intended.

In March a long-term strategic goal of the Lung Foundation was finally achieved with the launch of the Lung Health Alliance during the opening ceremony of the TSANZ Annual Scientific Meeting in Canberra...

Another area of advance has been our push to encourage superannuation funds and our sovereign Future Fund to cease their investments in tobacco companies. Our advocacy work on this began with a press release on World No Tobacco Day on 31 May 2012 and it is pleasing to note that a number of super fund investment portfolios are now “tobacco free”.

In late November 2012, we were thrilled to be advised by the Minister of Health that the following project applications made to the Department of Health and Ageing in 2011 have been successful:

- National Lung Health Community Awareness and Promotion Campaign
- Chronic Lung Disease Self Management Project

These Chronic Disease Prevention and Service Improvement projects will absorb much Lung Foundation time in 2013/14 and help underpin our strategy for years to come.

It is certainly no secret that the achievements and successes of the Lung Foundation are largely due to the huge input from the hundreds of volunteers who assist us each year by somehow making time to support our projects, despite their incredibly busy schedules.

Our grateful thanks go also to all our Lung Foundation National Council members (listed below) who provided such solid strategic direction and leadership once again in 2012:

- Professor Gary Anderson
- Mr Andrew Churchill
- Dr Robert Edwards (ceased 14 June 2012)
- Professor Peter Frith
- Mr David Hayne (appointed 30 March 2012)
- Professor Mark Holmes

- Associate Professor Peter Holmes
- Professor Christine Jenkins
- Mr David MacIntosh AM
- Dr James Markos
- Dr Lucy Morgan
- Associate Professor Matthew Peters
- Professor Martin Phillips
- Professor Paul Reynolds
- Associate Professor David Serisier
- Mr Peter Stapleton AM
- Professor Philip Thompson (ceased 30 March 2012)
- Professor John Upham
- Mr William Darbishire (Secretary)

As you will read in this Annual Report, 2012 has been a momentous year for the Lung Foundation. This progress simply could not have been achieved without the dedicated and talented input from the team at the National Secretariat office; in particular our thanks go to Heather Allan, Glenda Colburn, Chris Emery and Elizabeth Harper who have provided such dedicated direction and program leadership.

Lung disease is the third leading cause of death in Australia and with more than 50 Australians dying from lung disease every day, clearly we must keep up the pressure and never give up in our mission.

Our strategy is very clear - the Lung Foundation will continue focusing on our vital strategic initiatives to make our organisation stronger, more agile and competitive as demand for our services inevitably grows. We commend the 2012 Annual Report to you.





Chronic Obstructive Pulmonary Disease National Program

The COPD National Program, under the leadership of Prof Peter Frith, made significant gains in 2012. All achievements in the area of Chronic Obstructive Pulmonary Disease are a result of the ongoing and generous contributions of our clinical and patient volunteers whose commitment, energy and creativity have been the driving force in meeting the goals set out in the COPD Strategic Plan.

Guiding our work are four important committees: The COPD Coordinating Committee (Chair – Prof Peter Frith), COPD Evaluation Committee (Chair – Prof Michael Abramson); the General Practice Advisory Group (Chair – Dr Kerry Hancock), the Australian COPD Patient Taskforce (Chair – Mr Bryan Clift – Megan Rushton is the incoming Chair for 2013). In addition, we are fortunate to have working groups overseeing the COPD Online Training (Chair – Dr Vanessa McDonald); Lungs in Action (Chair – Dr Lissa Spencer); the Pulmonary Rehabilitation Network and Pulmonary Rehabilitation Online training (Chair – Associate Prof Jenny Alison); COPD Pharmacy Online training (Chair Mr David Hayne).

Clinical Support and Education

The focus of the COPD National program over the last two years has been to support those working across the primary care continuum to diagnose and manage COPD. The COPD Program now offers a comprehensive suite of clinical resources, from a one page summary of the COPD-X Guidelines (***Stepwise Management of Stable COPD***) to a comprehensive online training program to support the role of the primary care nurse in COPD diagnosis and management (***COPD Online***) to a ***COPD screening program*** that can be implemented in pharmacy or general practice.

In 2012 we continued in our mission to support all those working across primary care by developing training and resources. We are in final phases of developing:

COPD Pharmacy Online - online training to support targeted case-finding of COPD within community based pharmacy. This plays an important role in increasing knowledge and skills of providing best practice disease management within a community pharmacy setting.

Pulmonary Rehabilitation Online - online training to support the implementation of best practice pulmonary rehabilitation, particularly in centres outside of urban settings.

Companion resource to COPD-X Guidelines - This new resource will translate The COPD-X Plan for use in a busy General Practice setting and will include practical and prioritised recommendations for care. This will take the

form of a short handbook initially and eventually be the basis for an adult learning module and smart phone app.

The COPD Team invested considerable energy in promoting all our resources to the primary care sector.

- Invited to submit oral presentations at Australian Pharmacy Professional Conference; Pharmacy Live; Australian Practice Nurse conference, Australian Disease Management Conference, General Practice Convention and Exhibition (Sydney and Brisbane), Practice Nurse Convention and Exhibition (Sydney and Brisbane); WA and Queensland Respiratory Networks
- Exhibition space at the above plus Fitness Industry Convention & Exhibition (FILEX); Australian Medicare Local Alliance
- Feature articles in Hospital & Aged Care; Primary Times (two articles) and Medical Observer Primary Care Nurse

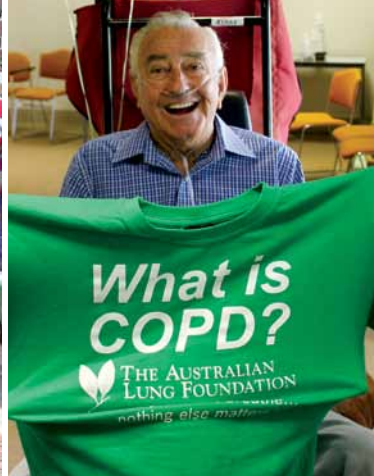
Pulmonary Rehabilitation and Ongoing Maintenance

Equitable access to pulmonary rehabilitation and ongoing maintenance continues to be a challenge in Australia.

The Australian Lung Foundation will continue to lobby for national funding mechanisms to support wider access to both, possibly through the MBS schedule.

To support this, the Lung Foundation has developed a National network of Pulmonary Rehabilitation experts, the Pulmonary Rehabilitation Network. This group will act as mentors to fledgling rehabilitation programs but also provide a unified and significant voice to advocate for wider access to all patients who can benefit from pulmonary rehabilitation and community based maintenance, post-rehabilitation.

Lungs in Action, the Lung Foundation's community based exercise program for those who have graduated from rehabilitation, goes from strength to strength. At the time of writing, there were 42 Lungs in Action programs across five states in Australia, offering 70 classes a week. Lungs in Action now includes a module to train instructors how to manage heart failure patients within their Lungs in Action classes.



Patient Resources

Better Living with COPD: Second Edition

A second edition of the popular Better Living with COPD has been published. This new edition incorporates several new chapters, including: A revised medications chapter; Preventing and managing a flare-up; COPD and other related conditions; Intimacy and COPD; Travel and COPD; Legal Issues and Resources from The Australian Lung Foundation.

Home Oxygen Therapy

This new DL flyer provides introductory information on home oxygen treatment and is now available free of charge with our other educational resources.

Raising awareness of lung health and COPD

In addition to our important work in clinical resources, we continued our work in raising awareness in the community about COPD and about lung health generally.

Show us Your Lungs Day - To recognise World Spirometry Day, the Lung Foundation organised the Australian event, which we named "Show us Your Lungs Day".

In co-operation with clinical partners nationally, we hosted free lung function testing in every capital city in June. Clinical support at each site made the events possible. Thanks to Austin Hospital, Queensland Health, Lung Institute of WA, Woolcock Institute, Darwin Hospital, Canberra Hospital, Hobart Hospital and Repatriation Hospital, Adelaide. Over 2,300 pairs of lungs were tested during the day nationally.

In Canberra, the event was held in Parliament House and run as an advocacy event.

To support the public events, a media campaign led by Prof Christine Jenkins was launched on June 12, highlighting the significant increase in hospital admissions during the winter. The media campaign reached an audience of over 1.1 million.

World COPD Day - To mark World COPD Day, we worked with 119 local event organisers who staged events ranging in nature from lung testing to group walks to seminars to static displays.

I would also like to acknowledge the outstanding work of staff members Juliet Brown (Executive Officer COPD Evaluation Committee), Liz Harper (Lungs in Action and

Pulmonary Rehabilitation Program Manager), Judy Powell (Project Manager - Primary Care), and Karen Wright (Project Officer – COPD National Program) and newly-appointed Emma Gainer, (Lungs in Action and Pulmonary Rehabilitation Program Manager).

In November 2012, I stepped down from the position of Director, COPD National Program after almost eight years in the role. I have been enormously privileged to work with a large number of inspirational clinical volunteers and mentors and have been supported by a small team of very dedicated and talented staff.

I am happy to pass the reins on to Elizabeth Harper who has shown great leadership in our Lungs in Action and Pulmonary Rehabilitation program.

The COPD-X Plan

Australian and New Zealand Guidelines for the Management of Chronic Obstructive Pulmonary Disease (COPD-X) – Juliet Brown, Executive Officer

The COPD-X Plan: Australian and New Zealand Guidelines for the Management of Chronic Obstructive Pulmonary Disease (COPD-X) is a decision support aid for clinicians managing people with established COPD. It is available on a dedicated reference site, www.copdx.org.au. As new evidence is published, COPD-X is regularly updated by the COPD Evaluation Committee, which is overseen by the Lung Foundation's COPD National Program.

The eight member COPD Evaluation Committee is chaired by Professor Michael Abramson and meets quarterly to review and evaluate the latest published evidence on COPD and to make recommendations for updating the content of COPD-X. Two new versions of COPD-X were uploaded to the website - in April 2012 and December 2012.

In 2012, the Lung Foundation began the process of developing a new COPD resource, which will be a companion document to COPD-X, aimed specifically at health professionals working in primary care. COPD-X: Priority Recommendations for Better Patient Outcomes will translate COPD-X into a tool to be used by practitioners who are not specialists in COPD and who may have very limited and, in some cases, out of date knowledge of current best practice. This will be finalised and launched in 2013.



Lung Cancer National Program

Lung Foundation firsts in 2012 –

- Hosted the inaugural Lung Cancer Consumer Forum within the Australian Lung Cancer Conference (ALCC) in Adelaide.
- Held an Australian & New Zealand Lung Cancer Nurses Forum Nurses' Master Class at the ALCC
- Launched our first ever lung cancer awareness TV ad and web based campaign entitled "End the Unspoken" – www.endtheunspoken.com.au
- Launched our first Lung Cancer Patient Guide – "Better Living with Lung Cancer"
- Launched our first Mesothelioma patient DVD
- Produced our first Aboriginal Lung Cancer survivor video entitled "Merle's Story" which was screened at the Albury Shine a Light on Lung Cancer vigil.

The Lung Cancer National Program (LCNP), under the leadership of Prof Kwun Fong, has had a busy year with significant outcomes and saw the successful completion of our three year strategic plan 2009 – 2012.

The LCNP consists of four main aspects which are the Lung Cancer Consultative Group (Chair Prof Kwun Fong), the Australasian Lung cancer Trials Group (Chair Prof Paul Mitchell), the Kylie Johnston Lung Cancer Network (Chair Prof Matthew Peters), and the Australian & New Zealand Lung Cancer Nurses Forum (Chair Ms Mary Duffy). These groups provide clinical advice and strategic guidance for the lung cancer program and are broad based multi-disciplinary groups of clinical and patient volunteers who strive to improve the outcomes for lung cancer and mesothelioma patients, carers and their families.

I would also like to acknowledge the outstanding work of Kerrie Callaghan, Karen Lather and Nigel McPaul who assist in project management of LCNP initiatives.

Clinical Support and Education

The Lung Foundation hosted our 4th bi-annual **Australian Lung Cancer Conference (ALCC)** in Adelaide, from 23rd – 25th August 2012. ALCC 2012 was endorsed by the International Association for the Study of Lung Cancer (IASLC). ALCC 2012 was our biggest yet with nearly 500 delegates, nine international keynote speakers, 111 scientific abstracts submitted and five satellite workshops/meetings.

Participation in this conference was broad-based, with key medical representatives from across Australia, New Zealand and the World. We were delighted to see such a wide attendance. The conference is supported by the clinical, scientific and health care community, and would not be possible without the significant support from our

sponsors, exhibitors, volunteers and speakers.

ALCC 2012 provided a forum to raise and discuss issues relating to translating advances into clinical practice in a multidisciplinary team environment, for non-small cell lung cancer, small cell lung cancer and mesothelioma.

This event was the culmination of two years planning by a small team from within the Lung Foundation.

The Lung Foundation is working with the IASLC **World Conference on Lung Cancer 2013 (WCLC)** Conference Presidents and the Local Organising Committee, and is extremely proud to be supporting the delivery of this, the 15th WCLC, from 27-30 October 2013 in the stunning location of Sydney, Australia.

The **Australasian Lung cancer Trials Group (ALTG)** held business and members meetings throughout 2012, meeting several times during the year. Two trial studies were completed in 2012 and the ALTG currently has five trials open for recruitment. Other trial concepts that were approved by the ALTG this year have initiated protocol development, feasibility surveys and submitted applications for funding. In 2012 the ALTG had a membership of 344 investigators which is continuing to expand due to interest in reducing the incidence, morbidity and mortality of lung cancer.

The **ANZ-Lung Cancer Nurses Forum** hosted its second Nurse/Allied Health Lung Cancer Workshop as a satellite workshop to the ALCC in August. In addition the ANZ-LCNF also hosted a Lung Cancer Nurse Masterclass prior to ALCC with 19 attendees. The aim of this four hour workshop was to

provide tools that allow Lung Cancer Nurses the opportunity to explore their value through understanding the expectations of those commissioning their services at a business level.

Community Awareness, Support & Education

The Lung Foundation as lead organisation in partnership with the Hume Regional Integrated Cancer Services, was awarded a Cancer Australia (Supporting People with Cancer) Grant entitled “**Let’s Yarn with the Albury/Wodonga Aboriginal community** about cancer prevention, early diagnosis and better outcomes”. This project involved community engagement and cancer education amongst local Aboriginal and Community Health Workers and the local Aboriginal community around early detection and treatment of cancer.

Six **Shine a Light on Lung Cancer** awareness vigils were hosted around Australia on World Lung Cancer Awareness Day, November 17. The Lung Foundation would like to thank those who hosted vigils in their State.

The Lung Foundation launched its first Community Service Announcement (television advert) on Lung Cancer titled **End the Unspoken** in November to increase the general public’s awareness of lung cancer. Please visit endtheunspoken.com to help us and lend your voice for lung cancer and be heard.

A lung cancer patient handbook titled ‘**Better living with lung cancer**’ has been published. This new resource incorporates several chapters. The Lung Foundation developed this booklet to help people diagnosed with lung cancer understand more about lung cancer, its diagnosis and treatment. In it you will find information to explain what lung cancer is, its causes and symptoms, diagnosis, treatments and effective ways on managing treatment side-effects.

A mesothelioma patient DVD titled ‘**Mesothelioma: Understanding, Managing & Living**’ was produced in 2012. This new resource leads on from the success of the Lung Cancer DVD and incorporates many chapters. The Lung Foundation developed this DVD to help people diagnosed with mesothelioma to understand more about their disease, its diagnosis and treatments.

VALE TO DR PETER OLIVER

The Lung Foundation was very privileged this year to work with a fiercely intelligent and passionate patient advocate, Dr Peter Oliver (pictured below), from Maleny in Queensland. A well respected and much loved Maleny local, Peter was highly motivated to raise awareness around the indiscriminate nature of lung cancer and the need for more research funding into early detection, better treatments and supportive care.

In just six months, Peter Oliver successfully –

- Published his two page story “Shining a Light on Lung Cancer” in Maleny’s Hinterland Times.
- Conducted two lengthy ABC radio interviews about lung cancer awareness.
- Hosted a community BBQ in Maleny to gather local support for lung cancer fundraising and advocacy work.
- Had an informal chat with the new Queensland Premier, Campbell Newman, about key lung cancer inequalities.
- Sent an advocacy letter to the McKeon Review Secretariat about lung cancer research inequalities.
- Hosted a Retirement Lecture with a lung cancer focus at the University of Queensland.
- Raised approximately \$4,000 for the Lung Foundation at the Maleny District Sport & Recreation Club Inc. Pyjama Cricket Match held in his honour in October.

Sadly, Peter Oliver passed away on 20 November 2012 just three weeks after his gallant attendance at the Maleny fundraiser. Peter is survived by his wife, Ann and three children.

Lung Cancer Patient/Carer Telephone Support Groups

have now become a regular service of the Lung Foundation and participant numbers continue to grow.

This is a very brief snapshot of what the LCNP has worked on in 2012 – please visit the Lung Foundation’s website (www.lungfoundation.com.au) for more information.





Nigel McPaul,
Group Project Officer

PIVOT, CICADA and the Australian IPF Registry

Chronic Cough in Infants, Children and Adults

In 2012 the Chronic Cough in Infants, Children and Adults: Diagnosis and Assessment (CICADA) group focused on the implementation and promotion of the published Australian Cough Guidelines.

The CICADA group held a cough symposium at the TSANZ Annual Scientific Meeting (ASM) in April 2013 consisting of presentations from three CICADA group members. The group also met face to face at the TSANZ ASM to discuss CICADA group activities for the year.

Following on from this meeting at the TSANZ ASM, the CICADA group secured funding from AstraZeneca to develop a consumer resource that will be co-badged by Asthma Australia, focusing on 'Understanding cough and noisy breathing in children'. A Working Group has been formed and the resource is currently in development. The consumer resource is expected to be launched at the 2013 TSANZ ASM in Darwin.

For further information on the CICADA and access to the Australian Cough Guidelines, medical practitioners can visit The Lung Foundation website at: www.lungfoundation.com.au.

Pulmonary Interstitial Vascular Organisational Taskforce

In 2012 the Pulmonary Interstitial Vascular Organisational Taskforce (PIVOT) continued to build on the successes of the Idiopathic Pulmonary Fibrosis (IPF) Registry project with a full day PIVOT symposium at the 2012 TSANZ Annual Scientific Meeting (ASM) featuring presentations from PIVOT members and an international speaker, Professor Luca Richeldi from the Centre for Rare Lung Diseases, University Hospital of Modena, Italy. The symposium was well attended with all seats filled.

The PIVOT group also had a face to face meeting at the TSANZ ASM to discuss the results from the ongoing Australian Registry Network for Orphan Lung Disease (ARNOLD), the IPF Registry and other PIVOT activities. It was agreed at this meeting that the PIVOT group should build on the success of the PIVOT symposium

by developing a Rare Lung Disease Short Course to be held in Sydney on Friday 9th and Saturday 10th August 2013.

A working group has been formed and a program, including an international speaker, focusing on diagnosis and therapy for Interstitial Lung Disease (ILD) and scientific research into ILD is currently being developed.

For more information on the Rare Lung Disease Short Course visit The Lung Foundation website at: www.lungfoundation.com.au and to join the ARNOLD registry visit: www.arnold.org.au.

Australian IPF Registry

The Australian Idiopathic Pulmonary Fibrosis (IPF) Registry is operating in most States. Receiving positive support from those with IPF, recruitment is well underway. Established by a national multidisciplinary Steering Committee, this Lung Foundation initiative is meeting the Registry aims with Coordinators in all States driving implementation. In Tasmania the Coordinator will start in early 2013 and ethics applications for the Northern Territory are underway.

A unique research platform has been created open to all researchers. Research proposals have already been received from four groups keen to use Registry data. Awareness of and education in this rare and complex disease has already been enhanced by Committee and Coordinator activities and communications. More than 100 health care professionals across the country are members of the Registry special interest group, AUS IPF-net. Initial Registry data has been presented at the International Colloquium on Lung and Airways Fibrosis, Italy.

Collaboration remains a Registry feature and continues to be fostered. The Registry is a foundation member of an international registry collaboration. A scientific advisory group with Australia-wide membership has been established and is providing advice to the Steering Committee on establishing the Registry blood biobank. Radiology, histopathology and multidisciplinary review committees are working with international experts.

Focus is now on securing funding for the Registry blood biobank, an essential part of the research platform and to support Registry activities from 2014.

For further information on the Registry contact Project Manager, Sacha Macansh ipf@lungfoundation.com.au.



Information and Support Centre

The Information and Support Centre (the Centre) provides information and support to patients recently diagnosed with a lung condition and/or their families and carers, as well as resources for health professionals. The Centre is also the first point of contact for the Lung Foundation’s awareness campaigns.

Enquiries

The Centre can be contacted via a free-call number (1800 654 301) or email (enquiries@lungfoundation.com.au) and its four staff members provide enquirers with information resources published both by the Lung Foundation and by other organisations. The Centre also supplies contacts for support services useful for those affected by respiratory conditions. In April 2012, the Lung Foundation appointed a Lung Care Nurse, to provide confidential support and advice to those affected by lung disease.

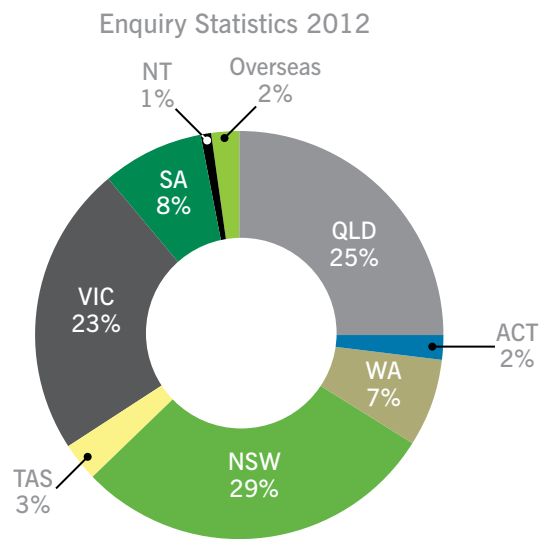
Enquiry Statistics

The number of enquiries received by the Centre in 2012 was over 5,000 and a breakdown of the enquiries per State and Territory and overseas (up to 26 November 2012) is shown top right.

Newsletter

LungNet News is a quarterly publication, providing articles on lung health and information about the Lung Foundation’s projects and initiatives. It is an important means for the Lung Foundation to communicate regularly with patients, health professionals and other individuals interested in lung health. The newsletter’s content changes in response to demand and, in 2012, a new feature, “Ask the Health Professional” was introduced, allowing patients to submit a question, to be answered by a member of an identified panel of health professionals.

Mailed in hard copy to approximately 12,700 households in Australia, *LungNet News* is also available on the Lung Foundation’s website www.lungfoundation.com.au. In 2012, we offered our readers the option of receiving an email notification of the newsletter’s availability on the website instead of a paper copy. Approximately 10% of readers have taken up this option.



LungNet Patient Support Group Network

Self-help Patient Support Groups continued to be active in all States and Territories in 2012, and are an important means for patients to gain mutual support and ongoing education about their condition. Whilst the majority of groups have face-to-face meetings, support is also available online or by telephone. The current number of Support Groups in Australia at the end of 2012 was 112. New Groups have been established this year in Bowral and Orange in New South Wales and Gawler in South Australia.

LungNet Education Days

In 2012, LungNet Education Days were organised in all States and the ACT. The Education Days provide an opportunity for patients to listen to experts in the field of respiratory medicine and allied health. Over 850 people registered for the 2012 program of events.

Pulmonary Rehabilitation Programs

The Centre maintains a list of over 300 pulmonary rehabilitation programs across Australia, the locations of which are listed on our website. Contact details for the programs are available from the Centre at the request of patients and health professionals.

Volunteers

Our newsletter volunteer team has worked tirelessly once again this year, sending out all four issues of *LungNet News*. All at the Lung Foundation were saddened by the passing in 2012 of two members of the volunteer team - Janice Hawkins in February and Patrick Hogan in October – and both will be greatly missed. We acknowledge the contribution and commitment of Eileen Perry, our long-serving volunteer who provides invaluable support and assistance in the Information and Support Centre.



Marketing and Fundraising

2012 has been a terrific year for fundraising, marketing and media at The Lung Foundation.

Fundraising

In March, we worked with Octagon Australia on the Breath of Life Music Festival in Launceston. This two-day event was attended by around 16,000 people who enjoyed entertainment from a range of high-profile Australian and international acts. The event generated significant publicity for The Lung Foundation and raised around \$70,000.

In April, The Lung Foundation coordinated the Healthy Active morning at the TSANZ conference in Canberra. This event was attended by over 80 participants who took part in running, cycling and walking.

The Lung Foundation applied to the Department of Health and Ageing to fund a national awareness campaign. We are delighted to report that this application was successful and planning is already underway.

The Lung Foundation received net funds of \$50,000 from the ASX-Thomson Reuters Charity Foundation in 2012. We are also pleased to report that we made a successful application for the 2013 award.

We received a number of In Memorium and bequest donations in 2012, one of which will be used to offer a scholarship in lung cancer research over the next three years.

In 2012, we worked with third party fundraisers, Shane Talbot and Peter Tuffield on a lung cancer fundraiser called "Tuffy's Trek". This event involved Shane Talbot walking the Kokoda Track in under three days (it takes most people eight days). To date, this fundraiser has generated over \$28,000 for The Lung Foundation. Shane and Peter are organising more treks for 2013 and are currently seeking participants.

In August we applied to the Rural Health Continuing Education program to fund a COPD training course for pharmacists. We were successful in this application.

The 2012 tax and Christmas appeals were very successful and our Christmas cards proved to be the most popular to date.

Public Awareness

The Lung Foundation generated significant awareness this year through a range of media initiatives. This includes:

- **Breath of Life Music Festival** – an event aimed at the youth of Tasmania (as detailed above) in March.
- **World Show Us Your Lungs Day** – a national media campaign in June which highlighted the importance of checking lung health during the Winter months when lung disease symptoms are more prevalent.
- **The Australian Lung Cancer Conference** was held in Adelaide this year and research presented at the conference proved that screening for lung cancer does work.
- In 2012, the number of **Shine a Light on Lung Cancer** vigils doubled as we held six in total across the country.
- **End the Unspoken** was the first media campaign dedicated solely to lung cancer and garnered some excellent national coverage.
- Over 120 grassroots events were coordinated for **World COPD Day** which tested Australian's lung health with spirometers and Piko-6s.







Operations Report

During a year of great change for Not-for-Profit entities in Australia, The Australian Lung Foundation 2012 results show a deficit of \$30,255, principally due to our investment in business development and delays in the commencement of a couple of projects. We have continued to maintain a good level of returns on the Lung Foundations' investments during the year.

Net assets have been maintained above \$2 million, which provided a level of financial stability to the Lung Foundation during 2012. We have been able to maintain our Prudential Reserve (an initiative of the National Council), which ensures that the Lung Foundation has financial cover for at least six months of operational expenditure.

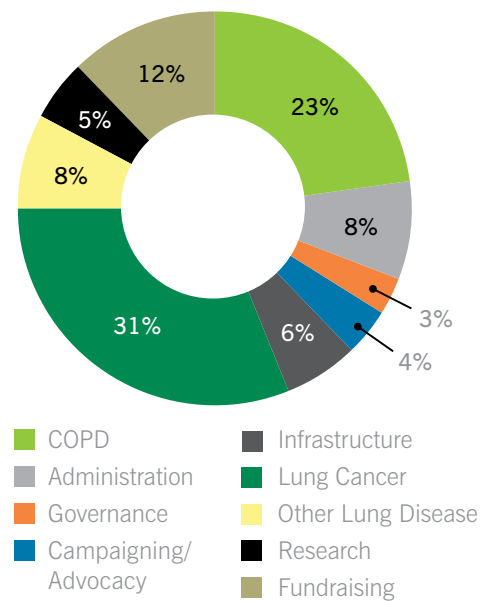
As shown in the chart to the right, the administration expenses have been kept at a level of 8% of total expenditure. This is a favourable result when compared with other Not-for-Profit entities, and our donors and supporters can be confident that the Lung Foundation will continue to ensure that substantially all of its income is spent on the delivery of our projects and the funding of research.

Our full-time equivalent employees increased to 19.5 FTE's (2011: 16.2 FTE's) with the growth due to the addition of business development personnel, and new staff working on the development of the Australian IPF Registry. During the year, the Lung Foundation commenced the development of a national dealer network to leverage the acquisition of the Australian distribution rights for the PiKo range of products, which were acquired in 2011.

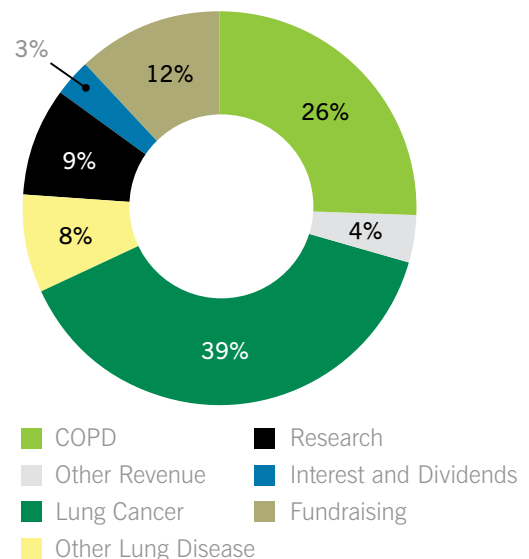
During the month of December, the Lung Foundation completed its relocation to new office space in Milton, Queensland, which will provide space for growth and flexibility for the Lung Foundation into the future. Another big change for the Lung Foundation was the transition on 1 January 2013 of its corporate structure from an incorporated association to a public company limited by guarantee, which also provided the opportunity for a change of name to Lung Foundation Australia. This will lead to a decrease in the future reporting requirements for the Lung Foundation. In early 2013, we launched our new website and are continuing the ongoing development of the website as we look to continually enhance the service and resources that we provide to our stakeholders.

As always, the Lung Foundation could not have achieved its 2012 outcomes without the wonderful support of our volunteers, who continue to selflessly give their time to the Lung Foundation, either as members of our Consultative Committees or assisting with our LungNet Program.

The Australian Lung Foundation 2012
Combined Expenditures



The Australian Lung Foundation 2012
Combined Revenues



Research Awards 2012

Each year, the Australian Lung Foundation facilitates and funds Research Awards in the area of lung diseases. In 2012, we received a large number of excellent applications.

The research sub-committee of the Thoracic Society of Australian and New Zealand reviews the applications against the relevant criteria and advises the Lung Foundation of the successful applicant that most closely meets the Award criteria.

The Lung Foundation congratulates the 2012 winners.

Ludwig Engel Grant-in-Aid for Physiological Research 2012

Dr Danny Eckert

Postgraduate Grant-in-Aid for Lung Cancer Research 2012

Dr Tracy Leong

COPD Research Fellowship 2012/2013

A/Prof Greg Hodge




A/Prof Greg Hodge



Dr Tracy Leong



Dr Danny Eckert



The Lung Foundation
is the only charity
dedicated to serving
everyone in Australia
with a lung disease.

Corporate Partners

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Air Liquide
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Clayton Utz Lawyers
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Treehouse Creative
Turner Freeman Lawyers
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Government Partners

Cancer Australia
Cancer Institute NSW
Comcare
Department of Health and Ageing
Hume Integrated Cancer Services
Queensland Health



Acknowledgements

The Lung Foundation would like to acknowledge the fantastic efforts and selfless dedication of these generous volunteers.

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Prof Alan Crockett
A/Prof H. John Fardy
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A/Prof Brian Smith
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Dr Kate Pumpa
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Mr James Walsh
Ms Sally Watts
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Acknowledgements *continued...*

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Ms Linda Christenson
Ms Belinda Clarke
Dr Peter Cole
Prof Jane Ingham
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A/Prof Paul Mitchell
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Ms Lyn Joseph (Tas)
Mrs Rosemary Moore (Vic)
Mrs Lissa Spencer (NSW)

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THE AUSTRALIAN LUNG FOUNDATION INC.
CONCISE FINANCIAL REPORT FOR THE YEAR ENDED 31 DECEMBER 2012
COUNCILLORS' REPORT

The councillors submit the financial report of The Australian Lung Foundation Inc. for the financial year ended 31 December 2012.

The financial statements and specific disclosures included in the concise financial report on pages 2 to 7 have been derived from the full financial report of The Australian Lung Foundation Inc ("The Foundation") for the year ended 31 December 2012.

The concise financial report is an extract from the full financial report for the year ended 31 December 2012. The financial statements and specific disclosures included in the concise financial report have been derived from the full financial report. The concise financial report cannot be expected to provide a full understanding of the financial performance, financial position and financing and investing activities of The Foundation as the full financial report.

A copy of the full financial report and auditor's report will be sent to any member, free of charge, upon request.

Councillors

The names of councillors in office throughout the year and at the date of this report are:

Professor Gary Anderson
Mr Andrew Churchill
Dr Robert Edwards (resigned 14 June 2012)
Professor Peter Frith
Mr David Hayne (appointed 23 April 2012)
Professor Mark Holmes
Associate Professor Peter Holmes
Professor Christine Jenkins
Mr David Macintosh AM
Dr James Markos
Dr Lucy Morgan
Associate Professor Matthew Peters
Professor Martin Phillips
Professor Paul Reynolds
Associate Professor David Serisier
Mr Peter Stapleton AM
Professor Philip Thompson (resigned 30 March 2012)
Professor John Upham
Mr William Darbishire (Secretary)

Principal activities

The principal activities of The Australian Lung Foundation Inc during the course of the financial year were providing support to those burdened by respiratory disease through patient support groups, education and raising funds for research.

Significant changes

There was no significant change in the nature of these activities during the year.

On 3 December 2012, the Corporate Affairs Commission of South Australia ('the Commission') issued an Order pursuant to Section 42(1) of the Associations Incorporation Act 1985 (South Australia) ('the Act') that stated that it was of the opinion that the undertaking or operations of The Australian Lung Foundation Inc. ('the Association'), being an incorporated association under the Act, would more appropriately be carried on by a company limited by guarantee incorporated under the Corporations Act 2001 (Commonwealth).

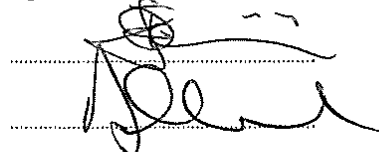
The Commission, pursuant to Section 42(2) of the Act, ordered that on 31 December 2012, the Association would be dissolved and the property of the Association would become the property of Lung Foundation Australia Limited (ACN 160 505 671), and the rights and liabilities of the Association would become the rights and liabilities of Lung Foundation Australia Limited.

From 1 January 2013, Lung Foundation Australia Limited became the trading entity for the activities and objects previously undertaken by The Australian Lung Foundation Incorporated.

Operating results

The deficit for the year ended 31 December 2012 was \$30,255 (2011: Deficit \$57,619)

Signed in accordance with a resolution of the councillors.



Dated this 15th day of February 2013

Statement of Comprehensive Income

The Australian Lung Foundation Inc.

For the year ended 31 December 2012

	Notes	2012 \$	2011 \$
Continuing operations			(restated)
Revenue from projects		3,186,255	2,485,592
Revenue from donations and bequests		261,800	251,465
Revenue from specifically designated funds	3	393,962	183,232
Other income	2	348,323	332,786
Total revenue from continuing operations		4,190,340	3,253,075
Project expenses		(3,186,255)	(2,490,244)
Specifically designated fund expenses	3	(139,750)	(177,000)
Other expenses	4	(1,006,980)	(763,066)
Surplus/(deficit) from continuing operations before finance income		(142,645)	(177,235)
Finance income		112,390	119,616
Net surplus/(deficit)		(30,255)	(57,619)
Other comprehensive income			
Net unrealised gains / (losses) on investments		28,034	(11,577)
Total comprehensive income		(2,221)	(69,196)
Net surplus/(deficit) for the year is attributable to:			
Non-controlling interest		-	-
Members		(30,255)	(57,619)
		(30,255)	(57,619)
Total comprehensive income for the year is attributable to:			
Non-controlling interest		-	-
Members		(2,221)	(69,196)
		(2,221)	(69,196)

The accompanying notes form part of the financial report

Statement of Financial Position

The Australian Lung Foundation Inc.
For the year ended 31 December 2012

	Notes	2012 \$	2011 \$
Current assets			
Cash and cash equivalents		2,907,694	2,967,106
Receivables		486,661	275,342
Inventories		3,804	9,253
Total current assets		3,398,159	3,251,701
Non-current assets			
Available for Sale Financial assets		170,315	142,281
Property, plant and equipment		206,672	68,164
Total non-current assets		376,987	210,445
Total assets		3,775,146	3,462,146
Current liabilities			
Payables		1,402,630	1,266,081
Provisions		229,044	111,778
Total current liabilities		1,631,674	1,377,859
Non-current liabilities			
Payables		71,044	-
Provisions		27,034	36,672
Total non-current liabilities		98,078	36,672
Total liabilities		1,729,752	1,414,531
Net assests		2,045,394	2,047,615
Equity			
Retained earnings		1,320,344	1,604,811
General reserve		300,000	300,000
Reserves for specifically designated funds		414,306	160,094
Unrealised gains / (losses) reserve		10,744	(17,290)
Total equity		2,045,394	2,047,615

The accompanying notes form part of the financial report

Statement of Cash Flows

The Australian Lung Foundation Inc.
For the year ended 31 December 2012

	Notes	2012 \$	2011 \$
Cash flows from operating activities			
Receipts from customers		4,909,455	4,177,002
Dividends received		12,603	12,135
Interest received		122,862	130,469
Payments to suppliers and employees		(4,923,741)	(4,118,505)
Net cash flows from operating activities		121,179	201,101
Cash flows from investing activities			
Investing in term deposits		253,484	(18,042)
Acquisition of plant and equipment		(180,591)	(32,752)
Net cash flows used in investing activities		72,893	(50,794)
Net increase / (decrease) in cash and cash equivalents held		194,072	150,307
Cash and cash equivalents at the beginning of the financial year		2,637,398	2,487,091
Cash and cash equivalents at the end of the financial year		2,831,470	2,637,398

The accompanying notes form part of the financial report

Statement of Changes in Equity

The Australian Lung Foundation Inc.
For the year ended 31 December 2012

	Notes	2012 \$	2011 \$
Retained earnings			
Balance at 1 January 2012		1,604,811	1,668,662
Surplus/(deficit)		(30,255)	(57,619)
Transfer to specifically designated funds reserve		(254,212)	(6,232)
Balance at 31 December 2012		1,320,344	1,604,811
General reserve			
Balance at 1 January 2012		300,000	300,000
Balance at 31 December 2012		300,000	300,000
Specifically designated funds reserve			
Balance at 1 January 2012		160,094	153,862
Transfer from statement of comprehensive income		254,212	6,232
Balance at 31 December 2012		414,306	160,094
Unrealised gains / (losses) reserve			
Balance at 1 January 2012		(17,290)	(5,713)
Revaluation gains / (losses)		28,034	(11,577)
Balance at 31 December 2012		10,744	(17,290)
Total change in equity			
Balance at 1 January 2012		2,047,615	2,116,811
Surplus/(deficit)		(30,255)	(57,619)
Revaluation gains / (losses)		28,034	(11,577)
Balance at 31 December 2012		2,045,394	2,047,615

The accompanying notes form part of the financial report

Notes to and forming part of the Financial Report

The Australian Lung Foundation Inc.

For the year ended 31 December 2012

1. Basis of preparation of the concise financial statement

This concise financial report is an extract from the full financial report for the year ended 31 December 2012. The concise financial report has been prepared in accordance with Australian Accounting Standard AASB 1039 "Concise Financial Reports".

The financial statements, specific disclosures and other information included in the concise financial report are derived from and are consistent with the full financial report of The Australian Lung Foundation Inc ("the Foundation"). The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of the Foundation as the full financial report.

The presentation currency used in this concise financial report is Australian dollars. The concise financial report was authorised for issue by the councillors on 15 February 2013.

A copy of the full financial report and auditors report will be sent to any member, free of charge, upon request.

	Notes	2012 \$	2011 \$
2. Other income			(restated)
Dividends received		12,603	12,135
Membership fees		61,692	67,444
Sales of educational publications		7,776	25,171
Fundraising and events		181,434	221,241
Sale of PiKo Products		11,830	622
Sundry income		72,988	6,173
Total other income		348,323	332,786
3. Specifically designated funds			
Revenue			
Donations		375,495	174,750
Interest		18,467	8,482
		393,962	183,232
Expenses			
Research awards		(139,750)	(177,000)
Net surplus from specifically designated funds		254,212	6,232

Continued over the page...

Notes to and forming part of the Financial Report *continued...*

The Australian Lung Foundation Inc.

For the year ended 31 December 2012

	Notes	2012 \$	2011 \$ (restated)
4. Other expenses			
Premises		195,930	154,717
Depreciation		29,060	25,554
Fixed assets written off		13,024	-
Telecommunication		16,708	19,957
Website and internet		12,498	28,198
Marketing and fundraising events		215,142	173,312
Employee benefits		618,654	428,561
Superannuation		140,299	113,857
Educational leaflets and guides		4,818	36,954
Cost of Sales - PiKo Products		8,302	1,800
Provision for Diminution - Investments		-	9,465
Research Awards		89,862	25,455
Strategic planning		3,115	8,029
General, administrative and other costs		183,477	136,857
Overhead Recovery		(523,909)	(399,650)
Total other expenses		1,006,980	763,066

5. Restatement of 2011 Statement of Comprehensive Income comparatives

Overhead recoveries of \$399,650 in 2011 has been reclassified to Other expenses as this amount does not represent revenue generated from third parties, but represents an internal recovery of costs. As a result, the following financial statement line items in 2011 have been amended:

	2011 \$ (as previously stated)	Adjustment	2011 \$ (restated)
Statement of Comprehensive Income (extract)			
Other Income	399,650	(399,650)	-
Other Expenses	1,162,716	(399,650)	763,066
Net Surplus / (Deficit)	(57,619)	-	(57,619)

The above reclassification had no impact on the net surplus/(deficit) for the 2011 financial year. There was also no impact on the statement of financial position as at 31 December 2011 and 1 January 2012. Hence, no restatement of the opening balances of assets, liabilities and equity of the comparative period, in line with AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors, is considered necessary.

6. Taxation

The Australian Lung Foundation Inc has been endorsed by the Australian Taxation Office as a Tax Exempt Charitable Entity.

Notes to and forming part of the Financial Report *continued...*

The Australian Lung Foundation Inc.

For the year ended 31 December 2012

7. Events subsequent to reporting date

On 3 December 2012, the Corporate Affairs Commission of South Australia ('the Commission') issued an Order pursuant to Section 42(1) of the Associations Incorporation Act 1985 (South Australia) ('the Act') that stated that it was of the opinion that the undertaking or operations of The Australian Lung Foundation Inc. ('the Association'), being an incorporated association under the Act, would more appropriately be carried on by a company limited by guarantee incorporated under the Corporations Act 2001 (Commonwealth).

The Commission, pursuant to Section 42(2) of the Act, ordered that on 31 December 2012, the Association would be dissolved and the property of the Association would become the property of Lung Foundation Australia Limited (ACN 160 505 671), and the rights and liabilities of the Association would become the rights and liabilities of Lung Foundation Australia Limited.

From 1 January 2013, Lung Foundation Australia Limited became the trading entity for the activities and objects previously undertaken by The Australian Lung Foundation Incorporated.

No other events have occurred subsequent to reporting date that will have a material effect on the financial report of The Foundation for the year ended 31 December 2012.

8. Discussion and Analysis

a. Statement of Comprehensive Income

Overall total revenue for 2012 is 29% higher than 2011 revenue. This was due to an increase in Revenue from Projects (due to additional projects being commenced and existing projects being more active during 2012). This was matched by a similar decrease in Project expenses and increases in revenue from specifically designated funds (due to a bequest received as an SDF Fund and an increase in funding for grants payments) and Other Income (due to an increase in revenue from the results of increased project activity).

Overall total expenditure for 2012 is 26% higher than 2011 expenses. This was due to an increase in Project Expenses due to the increased project activity undertaken during 2012) and Other Expenses (due to an increase in marketing and fundraising costs, premises costs associated with the relocation of the Lung Foundation office, an increase in employee costs due to additional staffing requirements during 2012, an increase in award payments from operational funding and a slight increase in legal and professional costs incurred for office relocation, corporate restructure and human resource activities). This was offset by a decrease in grants paid from the specifically designated funds during 2012.

Finance Income has decreased by 6% as the average interest rate on our funds invested in term deposits during the year fell by approx 2% during 2012.

b. Statement of Financial Position

The Cash and Cash Equivalents remained at similar levels to 2011 figure with a decrease in General funds being offset by an increase in invested funds.

Receivables have increased due to an increase in Trade debtors (caused by two large invoices charged to a federal government department for 2 projects that commenced in November 2012).

Financial assets have experienced an increase due to an increase in the market value of the investment portfolio of Australian equities.

Property, plant and equipment has increased due to the acquisition of leasehold improvements resulting from the relocation to new office space during the year.

Payables have increased due to an increase in Project liabilities due to new projects being initiated during 2012 and to a new liability for Rent Incentive incurred as a result of the move to our new office space during December 2012 (which includes a current and a non-current component).

c. Statement of Cash Flows

Investing in Term Deposits represents those term deposits that have a maturity date which is more than 3 months past the financial year end date of 31 December 2012. The value of these term deposits are included in the value of cash and cash equivalents that appears in the statement of financial position.

d. Statement of Changes in Equity

In the specifically designated funds reserve, the transfer from statement of comprehensive income represents the annual movement in the valuation of funds set aside for a specific purpose.

In the unrealised gains / (losses) reserve, the revaluation losses are due to the revaluation of available for sale financial assets at balance date.

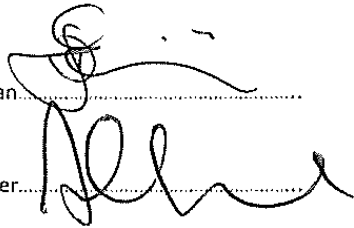
**THE AUSTRALIAN LUNG FOUNDATION INC
ABN 36 051 131 901
STATEMENT BY COUNCILLORS**

The councillors of The Australian Lung Foundation Inc declare that the concise financial report for the year ended 31 December 2012 set out on pages 2 to 7:

- (a) is an extract from the full financial report of the Australian Lung Foundation Inc. for the year ended 31 December 2012. The financial statements and specific disclosures have been derived from the full financial report;
- (b) complies with Accounting Standard AASB 1039 "Concise Financial Reports"; and
- (c) The concise financial report cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities of the foundation as the full financial report, which is available on request.

This statement is made in accordance with a resolution of the Council and is signed on and behalf of the Council by:

Chairman.....
Treasurer.....



Signed at Brisbane, 15th February 2013

Independent Auditor's Report

To the Councillors of the Australian Lung Foundation Incorporated

The accompanying concise financial report of The Australian Lung Foundation Incorporated, which comprises the statement of financial position as at 31 December 2012, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended and related notes and the councillors statement, is derived from the audited financial report of Australian Lung Foundation Incorporated for the year ended 31 December 2012. We expressed an unmodified audit opinion on that financial report in our report dated 15 February 2013. That financial report, and the concise financial report, does not reflect the effects of events that occurred subsequent to the date of our report on that financial report.

The concise financial report does not contain all the disclosures required by Australian Accounting Standards and accordingly, reading the concise financial report is not a substitute for reading the audited financial report of Australian Lung Foundation Incorporated.

The Councillors' Responsibility for the Financial Report

The Councillors are responsible for the preparation and fair presentation of the concise financial report in accordance with Australian Accounting Standard AASB1039: *Concise Financial Reports* and for such internal control as the councillors' determine is necessary to enable the preparation of the concise financial report.

Auditor's Responsibility

Our responsibility is to express an opinion on the concise financial report based on our audit procedures which were conducted in accordance with Auditing Standard ASA810: *Engagements to Report on Summary Financial Statements*.

Auditor's Opinion

In our opinion the concise financial report derived from the audited financial report of the Australian Lung Foundation Inc for the year ended 31 December 2012 is consistent in all material respects with the audited financial report, in accordance with Australian Accounting Standard AASB1039: *Concise Financial Reports*.



Crowe Horwath Brisbane
Signed at Brisbane, 15 February 2013



Valerie Main
Partner

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Looking Ahead ... Plans for 2013

In 2013 we will focus on translating our five key strategies across the various settings and communities in which we serve. To ensure that the Lung Foundation is able to deliver on the strategies, we constantly strive to ensure that our governance and structure is fit for purpose.

Set out below are extracts from the 2013 Annual Plan, showing examples of projects that we will undertake to support the five key work settings as follows:

1. Clinical community

Our aim is to develop and promote practical resources, tools and programs to support:

- Identification of those at risk of lung disease,
- Diagnosis of lung diseases; and
- Management/care across the primary care continuum.

In 2013 we will develop a clinical communications program to support community awareness and self-management programs.

2. The wider community, particularly those at risk

In 2013 we will develop and implement a **National Lung Health Community Awareness and Lung Health Promotion Campaign**. The campaign will incorporate television and radio advertising, public relations activities, underpinned by telephone and digital media web-based support. The campaign will embrace a clinical campaign, designed to assist primary health care professionals to respond to queries relating to a lung disease. The community awareness campaign will utilise the Lung Foundation Australia's lung health checklist ... A tool which has been clinically developed and evaluated. This will enable the public to gauge their lung health and guide them towards their GP if the checklist indicates they may have chronic lung disease.

3. Patient Community and Their Carers

Our aim is to provide education and support to those affected by lung disease and their carers. We aim to promote to patients the benefits of their role in self managing their disease.

In 2013 we plan to develop a set of person-centred educational videos and regional seminars which will endeavour to educate, assist and support patients with the management of their chronic lung disease.

We hope to increase the knowledge and confidence of people with chronic lung disease to enable them to better manage their condition and improve their overall wellbeing.

4. Stakeholder/political community

In 2013 there are going to be state and federal elections. This provides us with a one-off opportunity to contribute to the National health debate at local, state and Commonwealth levels. As a peak body in respiratory health we will be consulted by media and other stakeholders in respiratory matters. We will also cement our relationship with Medicare Locals during the run-up to the federal election. We plan to hold two meetings of the Parliamentary Friends of the Lung Foundation both pre and post federal election. We will continue to build on existing relations with the Heart and Diabetes National Bodies in relation to chronic disease management.

5. Research and Community

Our annual plan for 2013 includes projects to support our strategy to raise funds to support research and others to conduct research. We will also develop our role in identifying gaps and communicating research outcomes. A new area of focus for the Lung Foundation Australia research setting will be to collaborate with higher education and tertiary institutions in order to "gear" research funds available. We plan during the year to explore ways in which to steer our research efforts to include more translational research.

6. Governance and Structure Fit For Purpose

In 2013, we will introduce a new governance structure for a new entity – Lung Foundation Australia which will absorb all the assets and undertakings of the Australian Lung Foundation Inc.

This will provide an opportunity to streamline and update our governance structure.

The new Lung Foundation Australia logo is shown below.



*"When you can't breathe...
nothing else matters"TM*

The story behind the leaves...

The original Lung Foundation logo was created in 1990 by the late Professor Geoffrey McLennan the inaugural Chairman for the Lung Foundation National Council. The idea of leaves on the Lung Foundation logo came about when Professor McLennan made a connection between the laurel trees in his backyard and lungs. Apart from the lung like shape, he noted that leaves to a tree are like lungs to a human. Both are involved in the exchange of gases with the outside environment and play an important part in plants' and humans' survival. As a final touch, it was decided to invert the leaves to signify the Lung Foundation's determination to fight lung disease.

Become a member

The Lung Foundation are always on the lookout for more members. If you would like to become a Lung Foundation member, please contact the Lung Foundation office on 1800 654 301 or visit www.lungfoundation.com.au Your membership will assist Lung Foundation Australia in maintaining our momentum to assist more than six million Australians impacted by lung disease.

Donate

You can help the Lung Foundation provide support, resources and advocacy to Australians living with lung disease. To make a donation, please phone 1800 654 301 or visit www.lungfoundation.com.au



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**THE AUSTRALIAN
LUNG FOUNDATION**

"When you can't breathe...nothing else matters"™