

WHEN  
YOU CAN'T  
BREATHE,  
NOTHING  
ELSE  
MATTERS



THE  LUNG ASSOCIATION™

2011/2012 Annual Report

**For over 100 years**, the Canadian Lung Association has been dedicated to its mission of promoting and improving lung health for all Canadians. We are a non-profit and volunteer-based health charity that depends on donations from the public to support lung health research, education, prevention and advocacy.

The Lung Association movement began in 1900 to control the spread of tuberculosis and provide better services for TB patients. Today, The Lung Association focuses on all issues that affect the ability of Canadians to breathe every day: asthma, chronic obstructive pulmonary disease (COPD), healthy air, health-care professional education, research, smoking prevention and cessation and advocacy.

The mission of the Canadian Lung Association is to lead nationwide and international lung health initiatives, prevent lung disease, help people manage lung disease and promote lung health. Together with our national and provincial offices, we work together to help the one in five Canadians who have breathing problems.

This annual report is for the national office of the Canadian Lung Association. To see the annual report for each of the separately incorporated provincial offices, please visit their respective websites, which can be found at: [www.lung.ca/provincial](http://www.lung.ca/provincial)

THE  LUNG ASSOCIATION™

# Improving Lives One Breath at a Time



Richard Shuhany, CA  
Chair of the Board of Directors

Looking back on the past year, we have many things of which to be proud.

We made a strategic decision to increase our investment in lung health research. In 2008-09, lung disease accounted for 10% of the burden of major diseases in Canada, yet only 4.5% of total federal research dollars went to research into the causes and exacerbations of lung disease. We believe increased investments in research will translate into more effective treatment and prevention of lung disease, improving the health of Canadians.

We have funded more than \$575,000 in grants, fellowships and studentships. These awards are financed by annual contributions from provincial Lung Associations and through partnerships. The provincial grant-in-aid program, a national peer-reviewed application process, supports pulmonary research or development projects. This program awarded over \$1.2 million in grants for research operating costs, including laboratory supplies, technicians and some equipment for up to one or two years.



Mary-Pat Shaw  
Acting CEO and President

In October 2011, our *10,000 Breaths* spirometry awareness campaign featured a variety of events, including thousands of breathing test demonstrations in pharmacies, shopping malls, health fairs, workplaces, conferences, community sites and health centres, across Canada.

In February 2012, our cough awareness campaign targeted people who have been living with a cough lasting three weeks or longer with no improvement. This multimedia campaign focused on prevention, detection and self-management of lung disease using tools and interventions that increase awareness of cough as a symptom of a lung disease. Chronic

lung disease can sometimes go undetected and misdiagnosed until it has reached later stages. Early detection and proper diagnosis of lung disease means earlier treatment, improved outcomes for the patient, decrease reliability of the emergency room and lower health care costs. During the month-long campaign in February 2012, more than 40,000 people visited our cough microsite and almost 25,000 took our online quiz.

In March 2012, we saw the winding down of federal government funding for the National Lung Health Framework, Canada's first national action plan on lung health. As the secretariat for the Framework, we collaborated with some of the best and brightest from across Canada to identify gaps and opportunities to improve lung health. Collective action has resulted in: increased awareness of the preventable and modifiable risk factors for lung disease; coordinated efforts to drive a national respiratory research strategy; identification of best practices for improving health outcomes; and legislative and policy changes that support improved lung health. We plan to build on the momentum gained from the Framework and continue to promote and facilitate collaboration and innovation among the respiratory health community.

Moving forward, we will continue to work hard to help Canadians breathe easier each day. The Canadian Lung Association, which includes our 10 provincial partners and our medical societies, the Canadian Thoracic Society and the Canadian Respiratory Health Professionals, would like to thank all of our generous donors and volunteers. Our achievements would not have been possible without their unwavering dedication, passion and support.

## Our Vision

All people free of lung disease

## Our Mission

To lead nationwide and international lung health initiatives:  
prevent lung disease; help people manage lung disease  
and promote lung health



## Saluting our Lung Champions

For many years, the firefighters of the Burnaby Fire Department (above) of British Columbia have participated annually in the *Climb the Wall: Stair Climb for Clean Air* and raised countless dollars to fund lung health services and vital research. We are privileged to know many selfless, dedicated individuals from across Canada like these firefighters who value lung health and make our work possible.

# Why We Matter

## TOBACCO

Tobacco use remains the single greatest preventable cause of death and disease. It is the leading cause of death from lung cancer and COPD (chronic obstructive pulmonary disease). Yet despite years of public education, smoke free legislation, tax increases, advertising and sales restrictions and more, almost 5 million Canadians aged 15 and older (17 per cent) are still smoking.

## COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)

Chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in Canada. It has a higher hospitalization rate and a higher hospital re-admission rate than heart failure, angina, and other serious chronic diseases; leaves some working-age people too sick to work, and costs billions of dollars a year nationally in medical bills and lost productivity. Yet the majority of Canadians don't know what COPD is, whether they're at risk, or how to get tested.

## LUNG CANCER

Lung cancer is the deadliest of all cancers. While smoking is the main cause, a significant proportion of cases (10 to 15 percent) occur in people who never smoked a day in their lives. Researchers have identified a number of other possible causes; the best known is second-hand smoke. Radon gas and asbestos exposure are also known causes. In addition, environmental pollution and genetic factors are believed to play a role. In 2012, an estimated 25,600 Canadians will be diagnosed with lung cancer and 20,100 will die of it.

## ASTHMA

Canada has one of the highest asthma rates in the world. About 2.7 million Canadians live with asthma. Asthma is the most common on-the-job lung disease, the third leading cause of lost work time, and the leading cause of school absenteeism and hospitalization for children. Though effective medication and treatment is available, many children and adults still do not effectively manage their asthma.

## SLEEP APNEA

Statistics show that 26 per cent of Canadian adults aged 18 years and older are at high risk of sleep apnea, one of the most seriously under-diagnosed chronic respiratory conditions today. Obstructive sleep apnea is a serious breathing problem that interrupts one's sleep. Those affected stop breathing dozens or hundreds of times each night. Left untreated, the consequences can be life-threatening. People with sleep apnea are at a higher risk for heart attacks and strokes, high blood pressure, depression and memory loss; and they're seven times more likely to have a car crash.

## AIR QUALITY

We breathe 20,000 times a day, passing 10,000 litres of air through our lungs, much of it containing air pollutants. Even so, convincing Canadians to take air pollution seriously is difficult, particularly if we rely on comparisons to cities and countries with even worse problems. Yet the evidence is clear: air pollution is an important public health issue, both in terms of the number of people affected and the range of diseases associated with it.

## TUBERCULOSIS

Despite the low incidence of tuberculosis (TB) in Canada, 1,600 new cases are reported every year. Worldwide, more than 9 million people develop active TB each year and nearly 2 million will die. If not treated, each person with active TB infects, on average, 10 to 15 others. TB tends to travel into Canada as people travel back and forth to high incidence countries, with the majority of all new TB cases in Canada occurring in people born outside of the country and Aboriginal peoples.



## Supporting all Canadians with lung disease

Lana Biro (above) is one of our many lung health experts who help answer questions from patients and their caregivers. Through our 10 provincial associations, we support the one in five Canadians with lung disease breathe easier through our local support groups, toll-free help lines and our national website, [www.lung.ca](http://www.lung.ca).



## Funding world-class research

We fund world-class research to find treatments—and ultimately cures—for lung diseases. Dr. Nabeel Ghayur (above) is a recent recipient of the CTS Research Fellowship award. He is studying anti-asthmatic medicinal plants traditionally used by Canadian Aboriginals. “This study will have a direct impact on the lung health of all Canadians. This study will also lead to identification of isolated anti-asthmatic components from plants for possible future drug development,” explains Dr. Ghayur.



Photo *left to right*: Dr. Howard Njoo; New Brunswick Lung Association CEO Barbara MacKinnon; Health Minister Leona Aglukkaq; and Dr. Gonzalo Alvarez (project lead).

## Creating partnerships to fight TB in Canada's North

In Canada, tuberculosis (TB) rates among Aboriginal people are more than 25 times higher than those of non-Aboriginals. To help reduce TB rates in Nunavut, an innovative project was developed to educate and screen people door-to-door. The Taima TB project visited 444 people and one third of those screened were recommended for latent TB infection treatment. Funded through the National Lung Health Framework, the project brought together the following partners: the Government of Nunavut, the Ottawa Hospital Research Institute, Nunavut Tunngavik Inc, Inuit Tapiriit Kanatami, the New Brunswick Lung Association and the National Aboriginal Health Organization. Building on the success of this project, further studies on TB in Nunavut have been funded by the Canadian Institutes for Health Research.



Photo *left to right*: Health Minister Leona Aglukkaq; Ifrhan Rawki, Heart and Stroke Foundation of Canada; Mary-Pat Shaw, acting president and CEO of Canadian Lung Association; and Dr. Gonazlo Alvarez of Ottawa Hospital.

## Advocating to prevent lung disease

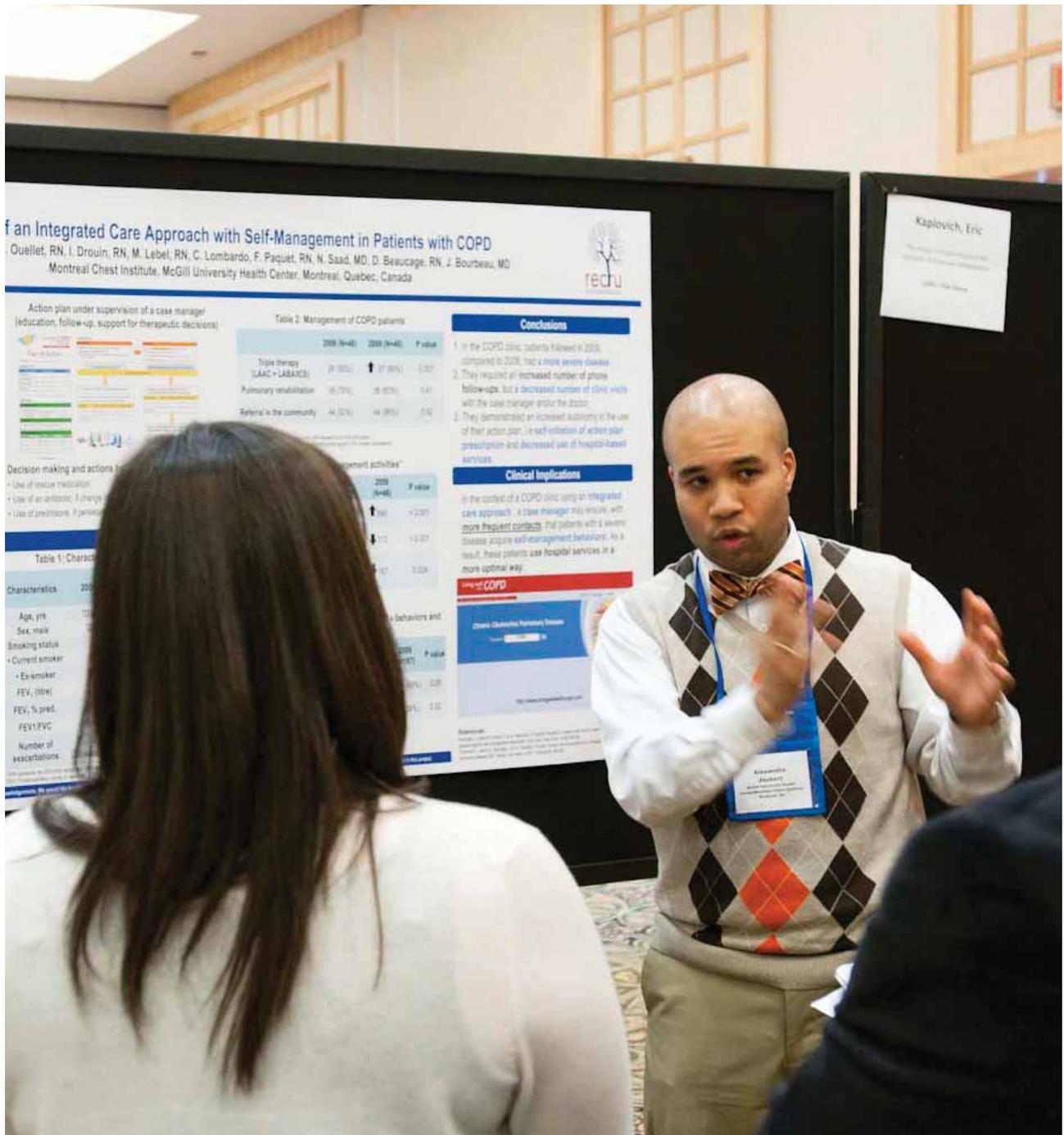
Smoking is still the number one preventable cause of death in Canada, killing over half of long-term smokers. We actively supported the introduction new and more graphic warnings on cigarette packaging that include messages covering 75% of the front and back of packaging. The messages focus on diseases associated with tobacco use and stories of Canadians whose health and lives have been negatively affected by tobacco use.

# GOT A COUGH THAT WON'T LEAVE YOU ALONE?



## Promoting early detection and diagnosis of lung disease

Chronic lung disease can sometimes go undetected and misdiagnosed until it has reached later stages. Early detection and proper diagnosis of lung disease means earlier treatment, improved outcomes for the patient, decrease reliability of the emergency room and lower health care costs. Our 3 Week Cough campaign focused on prevention, detection and self-management of lung disease using online tools and interventions to increase awareness of cough as a symptom of a lung disease.



## Ensuring respiratory professionals have access to essential training

We provide health care professionals with access to training on best practices in chronic lung disease diagnosis, care and management and lend our support to local and regional lung health education and professional workshop initiatives.

Our allied health professionals section is the Canadian Respiratory Health Professionals, who advise us in the promotion of lung health and provides expertise on patient care, education and research related to respiratory health care.



## Celebrating smoke-free living, helping those ready to quit and preventing children from starting

We celebrate those who have quit smoking, like Nikhil Joshi (above) and provide free quit smoking support services to those who want to quit. We also encourage youth not to start smoking and continue to advocate for increased smoke-free places and smoke-free housing. This year, we launched five new videos featuring people who have quit smoking and counselors who help people quit.

# Vote for action on lung health!



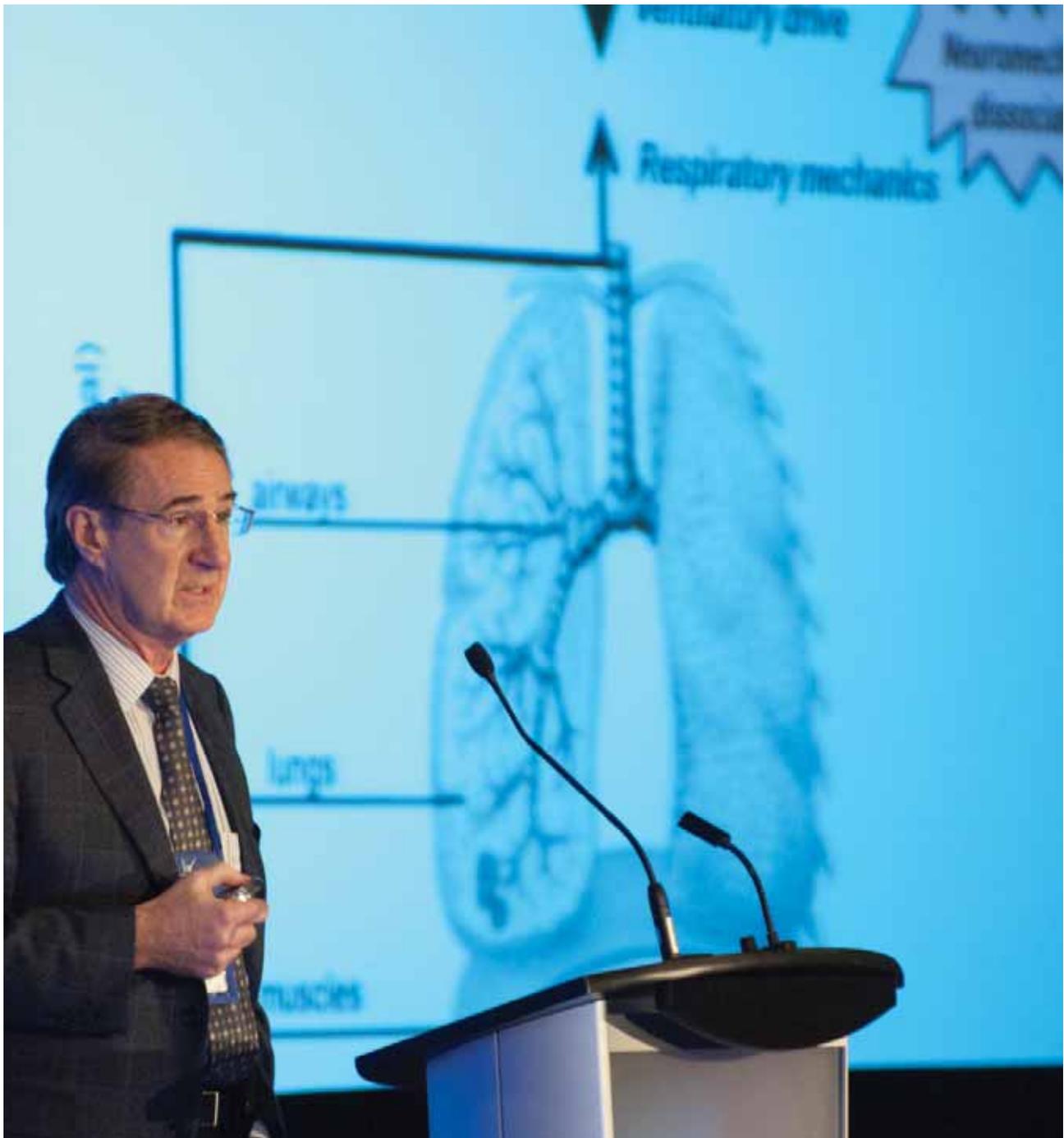
**ASTHMA IS THE LEADING CAUSE OF EMERGENCY ROOM  
VISITS FOR CHILDREN IN CANADA**

SUPPORT ACTION ON LUNG HEALTH at [www.lung.ca/election](http://www.lung.ca/election)

THE  LUNG ASSOCIATION™  
When you can't breathe, nothing else matters.

## Advocating for lung health

During the 2011 federal election, we pushed for strong action to clean up the air that Canadians breathe, increased funding for lung health research, continuous funding to carry out Canada's first action plan on lung health, and a long-term renewal of the Federal Tobacco Control Strategy to reduce smoking rates in Canada.



## Advancing knowledge, improving patient care

Founded in 1958, the Canadian Thoracic Society (CTS) is our medical section. CTS promotes lung health by supporting the respiratory community through leadership, collaboration, research, education and promotion of the best respiratory practices in Canada. CTS advises us on scientific matters, provides medical expertise and reviews our information for patients.



## Recognizing our supporters

Our work could not be done without the countless volunteers, donors and sponsors who help us achieve our mission. We are inspired by their enthusiasm, creativity and passion.

We gratefully acknowledge the support of the Public Health Agency of Canada and our valued national corporate sponsors who make lung health their business, too.

Abbott	McNeil Consumer Healthcare
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ManthaMed Inc.	Velan Foundation
McArthur Medical Sales Inc.	VitalAire

Thank you for your ongoing commitment and support.  
Together, we are helping Canadians breathe easier.

# Financial Statements

Fiscal Year April 1, 2011 to March 31, 2012

Statement of Operations				2012	2011
	General Fund	Research Fund	International Project	Total	Total
<b>Revenue</b>					
Provincial Assessments	\$ 785,734	\$ 648,937	\$ —	\$ 1,434,671	\$ 1,261,482
Program and projects	1,202,153	—	111,684	1,313,837	754,623
Sponsorship	1,229,970	60,967	—	1,290,937	1,333,509
Corporate donations	28,104	—	—	28,104	15,738
Bequests and memorials	147,985	—	—	147,985	65,711
Membership	116,341	—	—	116,341	84,351
Sale of Materials	—	—	—	—	—
Recovery of prior year awards	—	5,000	—	5,000	7,869
Interest and invested income	48,054	58,579	—	106,633	185,117
Courses and registration fees	128,150	291	—	128,441	148,619
Conference registration	137,940	—	—	137,940	160,088
	<u>3,824,431</u>	<u>773,774</u>	<u>111,684</u>	<u>4,709,889</u>	<u>4,017,107</u>
<b>Expenses</b>					
Committees	105,868	113,191	—	219,059	208,286
Programs and projects	1,946,348	612,221	106,809	2,665,378	2,433,928
Working groups	4,901	—	—	4,901	26,393
Societies	894,163	—	—	894,163	806,094
General Administration	789,937	126,977	—	916,914	896,136
	<u>3,741,217</u>	<u>852,389</u>	<u>106,809</u>	<u>4,700,415</u>	<u>4,370,837</u>
Excess (deficiency) of revenue over expenses before unrealized items	83,214	(78,615)	4,875	9,474	(353,730)
Unrealized gain (loss) on investments	24,538	33,886	—	58,424	(28,298)
Excess (deficiency) of revenue over expenses for the year	<u>\$ 107,752</u>	<u>\$ (44,729)</u>	<u>\$ 4,875</u>	<u>\$ 67,898</u>	<u>\$ (382,028)</u>

The condensed financial information above has been extracted from the Audited Financial Statements. The 2010 report of the Auditors, Collins Barrow Ottawa LLP and complete audited financial statements, which include notes and more detailed financial information, are available for examination at the office of the CEO and Director of Finance.



Have  
you had your  
lungs  
tested?

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THE  LUNG ASSOCIATION™

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