

CREATING BREATHING BREAKTHROUGHS

Professor Dina Brooks teaches breathing exercises to make daily life easier and brings hope to sufferers of COPD, studying everything from walkers to oxygen use.

BREATHING *as* ONE.

B R E A T H E
the lung association

2015/2016 Annual Report



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WHO WE ARE

BREATHING PASSION AND COMPASSION. Our reason for being can really be summed up in one word: Breathe. It's what unites us. It's what inspires us. And it's what keeps our community of physicians, scientists, clinicians, educators, administrators, volunteers and donors so committed. The Lung Association is the leading organization in Canada working to promote lung health and prevent and manage lung disease. We do this by funding vital research, pushing for improved treatments, smarter policies, and supporting patients in managing their health.

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.



To be honest, my COPD can be very scary. It makes me remember the fear I had as a child; the fear of not having family to protect me, the fear of not being able to breathe—but that same feeling is a reminder to be thankful for every day I'm still here, and for all the kindness I receive.

« **Trish Verrier** is a COPD patient who started the *Hugs for Life* program in British Columbia, giving hugs to people who are alone in hospitals.

OUR HISTORY

LUNG STORY SHORT. It has been more than a century of progress, challenges and lifesaving research. The Lung Association was founded in 1900 as Canadian Association for the Prevention of Consumption and Other Forms of Tuberculosis.

Much has been accomplished along the way. We were among the first to attack smoking as the country's greatest preventable health risk. As a result, passengers now breathe easier on smoke-free trains, planes and buses; cigarettes carry graphic warnings; most tobacco advertising is banned; and smoking is prohibited in workplaces and outdoor spaces. We also achieved a landmark victory for breathers' rights with the passing of the Environmental Protection Act that regulated emissions from vehicles and engines. Despite all of the success thus far, we know that our mission is not yet completed and more remains to be done. That is why the Lung Association recently launched the development of a national respiratory research strategy, which will do much to alter the way we think about breathing. There is no doubt that this is a pivotal moment in our history. We have the will. We have the wisdom. We have the experience. But we can't do it alone.

This annual report is for the national office of The Lung Association. Provincial annual reports are available through individual provincial offices.

MESSAGE FROM THE CEO



Debra Lynkowski
President and CEO

The past year has in many ways given The Lung Association an opportunity for rebirth and a renewed sense of self. The year 2015 marked the beginning of our five-year federation-wide strategic plan. This plan gives the federation an opportunity to draw from individual successes across the country and become a stronger organization with a common goal. Key strategic directions include enhancing and expanding our impact and awareness, improving our operating structures and functions and building a sustainable financial model. This shared framework allows us to build on areas of convergence, create greater alignment and synergy and enhance our efficiency and effectiveness.

The strategic plan truly sets the direction for our organization's exciting future. It sets a future for a Canada where everyone can breathe easier. One of the early successes of our strategic plan was the ownership of November as Lung Month. In November 2015, The Lung Association invited Canadians to celebrate breathing through the *Breathing As One* social media campaign. This month gave us the opportunity to illustrate how our research affects real people. It gave us an opportunity to squash stigma surrounding lung disease and celebrate the successes of people affected by lung disease. This pan-Canadian campaign engaged with Canadians, researchers, health professionals and patients alike to raise awareness about lung health and the need for dedicated money for lung research.

I am proud to say that we also took on an active role during the federal election. We developed a federal election campaign asking all political parties to make a commitment to respiratory research.

This serves as yet another example of our resolve to engage policy makers as we continue working towards a future where all Canadians can breathe with ease. Collectively, we have invested \$1.6 million into research during 2015-2016. We remain committed to strive for excellence in lung health at all levels. To this end, under the leadership of The Lung Association - Saskatchewan we also created an Education for Chronic Disease Educator Course - RESPTREC™ - that is currently offered across the country. RESPTREC™ provides health care professionals with the highest standard of training in asthma, COPD and education. The program has become an invaluable resource for healthcare professionals Canada-wide.

As we go forward, our strategic plan will continue to guide us and allow us to grow as a respected worldwide leader in lung health.

WHY WE MATTER

TOBACCO

Tobacco use is the #1 preventable cause of death and disease. Tobacco use remains the single greatest preventable cause of death and disease. Despite years of public education, smoke-free legislation, tax increases, advertising and sales restrictions and more, almost 4.2 million Canadians aged 15 and older (15 per cent) are still smoking¹.

COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)

COPD is the #1 avoidable cause of hospitalization in Canada. Chronic obstructive pulmonary disease (COPD) is the fourth leading killer of Canadians. 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. But the majority of Canadians don't know what COPD is, whether they're at risk, or how to get tested.

LUNG CANCER

Lung cancer kills more people than breast, colorectal and prostate cancer combined. Lung cancer is the number one cancer killer in Canada. While smoking is the main cause, a significant proportion of cases (10 to 15 per cent) 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.

ASTHMA

Asthma is a chronic (life time) disease that makes your lungs very sensitive and hard to breathe. About 2.4 million Canadians live with asthma². 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. In 2016, we are committed to coordinating a national survey on asthma management in Canada.

TOBACCO USE IS THE #1
PREVENTABLE
CAUSE OF DEATH
AND DISEASE

9 IN 10 CANADIANS
WITH ASTHMA DO NOT
HAVE IT UNDER
CONTROL

SLEEP APNEA

Statistics show that 26 per cent of Canadian adults aged 18 years and older are at high risk of sleep apnea³, 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 22,000 times a day, passing 10,000 litres of air through our lungs, much of it containing air pollutants. **Every year more than 21,000 Canadians die from the effects of air pollution.** 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, almost 9 million people develop active TB each year and 1.4 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 First Nations, Métis and Inuit. **The TB rate for First Nations, Métis and Inuit is 33 times the rate of others born in Canada.**

1 www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2013-summary.html

2 www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health50a-eng.htm

3 2011 source: www.lung.ca/news/latest-news/latest-news/announcement-canadian-thoracic-society-releases-new-sleep-apnea



ONE IN FIVE CANADIANS HAS
BREATHING DIFFICULTIES



OVER
1 200
PATIENTS HELPED

BREATHING AS ONE

LUNG MONTH—CREATING BREATHING BREAKTHROUGHS WITH *BREATHING AS ONE*

Lung Month 2015 served as a launching pad for *Breathing As One*. The Lung Association's national research funding program brought together Canadians coast-to-coast in the sharing of inspirational stories of researchers and ambassadors who live full and fulfilling lives despite various lung diseases. The theme of the Lung Month was: Creating Breathing Breakthroughs; the call-to-action this year was: Share. Learn. Donate.

This strategy relied on successful engagement with Canadians in communities across Canada and on social media alike. Breathing and what it truly means was at the core of all conversations.

SOCIAL MEDIA

Social media was our main source of communication with our audience. We used Facebook and Twitter to engage with Canadians and illustrate not only the need for research by sharing stories of ambassadors such as lung cancer survivor Joseph Neale or double-lung transplant recipient and jazz singer Alex Pangman but also stories of researchers who create #BreathingBreakthroughs to help all breathe.

MUNICIPAL INVOLVEMENT: LUNG MONTH IN THE COMMUNITY

The Lung Association delivered letters to municipalities across Canada, encouraging them to designate November as Lung Month. Lung Month was celebrated in communities across the country in ways that gave Canadians hands-on understanding of the importance of lung health research.



MEDIA

The Lung Association reached an even wider audience with an 8-page media insert that illustrated real-life impact of successful fundraising efforts in the form of patient stories, donor stories and researcher profiles.

WHY *BREATHING AS ONE*?

The Lung Association aims to change the way we think about breathing, what we do to enable it, how we therapeutically treat it and the measures we take to safeguard it.

That's the impetus behind Breathing As One: The Campaign for Lung Research. The audacious \$10 million campaign is organized around three major pillars.

- 1. Money:** We need to be able to support exceptional researchers with ongoing funding that takes them into new, uncharted areas of integrated, multidisciplinary investigation.
- 2. Mentorship:** We have a responsibility to partner the next generation of scientists with the most knowledgeable and inspiring advisors.
- 3. Meaning:** We need to take all of this learning into the real world by converting research into concrete guidelines, practices, treatments, design and policy.



We're looking at how breast milk potentially protects babies from developing asthma. So far, we're seeing early signs that breast feeding can reduce the risk of wheezing during the first year of life.

« Dr. Meghan Azad, a Winnipeg-based researcher and a recipient of a Canadian Respiratory Research Network ERLI award.

RESEARCHER PROFILE

We are committed to supporting lung health researchers at all levels of their career. For this reason, we were thrilled to be able to give support to the Canadian Respiratory Research Network—a network that gives grants and support to researchers in Canada.

One of the researchers that has benefited from this network is Dr. Meghan Azad. Dr. Azad is a Winnipeg-based researcher and a recipient of a Canadian Respiratory Research Network ERLI award, who is committed to learning just what other super powers this nourishment holds.

“We’re looking at how breast milk potentially protects babies from developing asthma,” she explains, adding “So far, we’re seeing early signs that breast feeding can reduce the risk of wheezing during the first year of life.” And while she admits there is no cure for asthma, she’s hopeful that there might be a way to prevent it in some instances.

Dr. Azad’s particular arm of research is a part of a much larger study—The Canadian Healthy Infant Longitudinal Development Study (CHILD)—a five-year national study with 3,500 moms and their respective 3,500 children as well as 2,600 dads. Each of the families has participated in the study since the mother’s pregnancy. Dr. Azad is one of 40 researchers Canada-wide who are actively participating in the study. This dream team of researchers includes a wide array of expertise, ranging from nutrition to pediatrics. The goal of the study is to “provide a greater understanding of the root causes of allergy and asthma including genetic and environmental triggers and the ways in which they interact.”

HEALTH INFORMATION

In 2015 we bolstered our health information as it relates to asthma to help all those living with the chronic disease manage it and breathe easier. In addition to printed materials that provide Canadians with information about the disease, management and asthma action plans, we developed a series of videos that provide guidance on the usage of different types of inhalers.

These step-by-step instructions feature real people and provide a simple way to understand and use any of the inhalation devices in Canada.

ELECTION

During the federal election, the Lung Association asked all political candidates to sign a pledge to support lung health research if elected to office. The purpose of this 2015 outreach was to position the Lung Association and our key messages in front of political candidates. Lung health research is still grossly underfunded in Canada.

The parties contacted were:

- Conservative Party of Canada
- Liberal Party of Canada
- New Democratic Party of Canada
- Green Party of Canada
- Bloc Québécois

MEASURABLE SUCCESSES

The Lung Association received a letter of commitment to research from both the NDP and the Liberal parties. Both parties made a commitment to increasing funding to federal research in general.

HELPING CANADIANS BREATHE— WE CAN'T DO IT ALONE

Working with professional societies, the Canadian Thoracic Society and the Canadian Respiratory Health Professionals, we help strengthen our research capacity and move knowledge into practice to help Canadians breathe easier.

The Canadian Thoracic Society is a national respiratory specialty society that brings together researchers, respirologists and other physicians working in respiratory health. The Canadian Thoracic Society produces clinical practice guidelines that allow health professionals to provide optimal treatment and care to Canadians with respiratory disease.

The Canadian Respiratory Health Professionals (CRHP) is the Lung Association's multidisciplinary health professional section. The CRHP welcomes nurses, respiratory therapists, cardio-pulmonary physiotherapists, pharmacists, and other health professionals working in the respiratory field.

RECOGNIZING OUR SUPPORTERS

We are thankful for all of the volunteers, donors and sponsors who allow us to carry out our mission and make Canadians' lives better. The time, money and support go a long ways towards helping us create a future for Canadians where everyone can breathe easier.

PRO-BONO SUPPORT

The Lung Association would like to thank Gallant Leaman Group for their generosity in providing us with pro bono creative services.

SPONSORSHIP OF CANADIAN RESPIRATORY CONFERENCE

- Actelion
- AstraZeneca
- Boehringer Ingelheim
- Grifols
- Intermune
- Merck
- Novartis
- ProResp
- Takeda

FRIENDS

- Bayer Inc.
- MantahMed Inc.
- McArthur Medical Sales inc.
- Pediapharm Inc.
- PneumRx, Inc.
- Pulmonary Hypertension Association of Canada
- Thorasys Thoracic Medical Systems Inc.
- Trudell Medical International

ALLIANCES

We are proud to work with the following organizations and coalitions.

- Alpha-1 Canada
- American Thoracic Society
- Canadian Cancer Society
- Canadian Council for Action on Tobacco
- Canadian Foundation for Healthcare Improvement
- Global Lung Cancer Coalition
- Health Charities Coalition of Canada
- HealthPartners
- The Heart and Stroke Foundation
- Public Health Agency of Canada
- Pulmonary Hypertension Association of Canada
- Quality End-of-Life Care Coalition of Canada
- Royal College of Physicians and Surgeons of Canada

Thank you.
Together, we can all help
Canadians breathe easier.

FINANCIAL STATEMENTS

Fiscal Year April 1, 2015 to March 31, 2016

Statement of Operations				2016	2015
	General Fund	Research Fund	Breathing As One Campaign	Total	Total
Revenue					
Provincial assessments	\$ 785,734	\$ 618,536	\$ —	\$ 1,404,270	\$ 1,156,545
Program and project contracts	121,290	69,294	—	190,584	108,559
Sponsorship	477,937	1,665	—	479,602	755,967
Donations, bequests & memorials	414,854	5,528	—	420,382	94,862
Membership	117,807	—	—	117,807	123,192
Endorsements	20,000	—	—	20,000	11,813
Sale of materials	1,950	—	—	1,950	9,139
Campaign donations	—	—	36,866	36,866	67,966
Interest and investment income	57,835	77,878	—	135,713	136,428
Accreditation	—	—	—	—	15,750
Miscellaneous and other income	317,076	2,316	—	319,392	12,466
Conference registration	178,056	—	—	178,056	349,787
	<u>2,492,539</u>	<u>775,217</u>	<u>36,866</u>	<u>3,304,622</u>	<u>2,842,474</u>
Expenses (Schedules)					
Admin allocation	(57,171)	57,171	—	—	—
Advertising and promotion	57,129	1,948	39,480	98,557	138,196
Consultants	120,261	40,980	10,552	171,793	441,413
Meetings and travel	465,472	44,598	43,299	553,369	603,323
Other operating expenses	245,310	15,985	26,088	287,383	467,922
Office rentals and leases	171,890	876	187	172,953	191,787
Professional fees	118,026	—	454	118,480	20,433
Research grants and awards	—	524,554	—	524,554	459,534
Salary	907,385	142,704	610,603	1,660,692	1,489,565
	<u>2,028,302</u>	<u>828,816</u>	<u>730,663</u>	<u>3,587,781</u>	<u>3,812,173</u>
Excess (deficiency) of revenue over expenses before unrealized items	464,237	(153,599)	(693,797)	(283,159)	(969,699)
Unrealized gain (loss) on investments	(42,224)	(58,309)	—	(100,533)	27,319
Excess (deficiency) of revenue over expenses for the year	<u>\$ 422,013</u>	<u>\$ (111,908)</u>	<u>\$ (693,797)</u>	<u>\$ (383,692)</u>	<u>\$ (942,380)</u>

The condensed financial information above has been extracted from the 2016 Audited Financial Statements. The complete Audited Financial Statements, including the independent report of auditors Collins Barrow Ottawa LLP, as well as notes and more detailed financial information, are available on our website.

2015/2016 BOARD OF DIRECTORS



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