



# BREATHING WITH EASE

B R E A T H E  
the lung association

2018/2019 Annual Report



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# WHO WE ARE

WE ARE BREATHING LIFE INTO THE WORLD. Our commitment to Canada free of lung disease has never been stronger. We are Canada's oldest non-profit organization, celebrating 120 years in the coming year. We are committed to the lung health of Canadians. Breathing – and the importance thereof – is the umbrella for all of our efforts in advocacy, research and education. It is what keeps our community of volunteers, donors, physicians, scientists, clinicians, educators and administrators so committed. The Canadian Lung Association is the leading organization in Canada working to promote lung health, while helping to 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.

When you donate to The Lung Association, you are donating towards better **education resources**, life-saving **research** and **advocacy** efforts that make Canada a better country to breathe in.

## 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.

## 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.

We have accomplished a lot along the way. In our early years, we led the fight against tuberculosis and brought down this disease to manageable levels. We were among the first to attack smoking as the country's greatest preventable health risk. As a result, all indoor places in Canada are smoke-free; cigarette packaging carries graphic warnings and we are poised to have plain and standardized packaging in the coming years; most tobacco advertising is banned and smoking is prohibited in workplaces and outdoor spaces. We also achieved significant progress for breathers' rights with the passing of the Environmental Protection Act that regulated emissions from certain vehicles and engines. Despite all of the success thus far, we know that our mission is not yet finished. Tobacco remains the number one cause of preventable lung disease and death, a majority of Canadians with asthma still do not know how to control their disease, vaping has introduced smoking behaviour to a young generation of Canadians and COPD remains the leading cause for hospitalization in Canada, second only to childbirth. We have a long way to go yet, but our strong track record, support of our committed volunteers, donors and staff, along with world-renown Canadian researchers, put us in a favourable position to see a future free of lung disease.

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



## MESSAGE FROM THE CHAIR AND THE CEO



**Andrew John Halayko**

PhD, FCAHS, ATSF  
Chairperson, National Board of Directors



**Terry Dean**

President and CEO

The past year has been a year of growth, self-reflection and continuous improvement for us at the Canadian Lung Association.

We have a long, proud history as a trustworthy Canadian charity. For nearly 120 years, we and our Provincial members have been working diligently to ensure that Canada is a place where everyone can breathe with ease. Our initial battle was against tuberculosis; a crusade of sorts, which was represented by our double-barred cross.

Throughout the decades that followed, our focus expanded beyond tuberculosis and in 2016, we changed our branding and logo to reflect that. Our new wordmark “Breathe,” aptly represents our renewed, expanded focus.

During 2018-19 we revisited our structure, mission and the needs of our key stakeholders to ensure we continue to be the organization that Canadians can depend on. We are committed to continuing to be an organization that proudly represents the interests of our current and potential donors, Canadian researchers and most importantly, all Canadians who cannot breathe with ease.

## CANADIANS

We engage with Canadians every day. We listen to their stories and their concerns. It was through these conversations that we learned that stigma adversely affects their lives. We faced the unfortunate realization that many of those who have lung disease struggle with shame, guilt and blame each day. We felt it was our responsibility to learn more about this issue, shine light on this injustice and begin an engaging conversation. In October 2018, we conducted a survey of 1,500 Canadians to learn about their perceptions of lung disease. This survey was completed by those who have a lived lung disease experience, as well as those who do not. To give a human face to the findings and data from the survey, we invited a variety of Canadians with lung disease to present their stories. Our #BreakStigma campaign served to re-establish our commitment to Canadians with lung disease, while allowing us to correct some of the misinformation that drives the negative attitudes. It is our hope that this topic continues to permeate Canadian conversations for years to come until those who struggle to breathe can acknowledge their disease without judgment. A robust patient engagement strategy will help guide our activities in the coming year.

## OUR DONORS

We also made great strides in ensuring that our donors' needs and expectations continue to be at the forefront of what we do. One big accomplishment in this area last year was the implementation of a plan that to dispense the funds raised through our Breathing As One research campaign. Secondly, our National Board of Directors established the Structure and Operating Model Working Group, comprising volunteers and senior staff from across the country. The activities of this group were meant to ensure the organization remains efficient, effective and acts as an appropriate steward of donor dollars.

## CANADIAN RESEARCHERS

Researchers continue to be one of the key groups of stakeholders we are proud to serve. Canada is home to some of the world's most prominent lung health researchers. We have funded many of these researchers in the past. One of the key elements of our strategy is ensuring that young researchers choose Canada for their careers and research projects by supporting them through our annual early career researcher workshop, grants and scholarships. We are excited to announce that last year we forged a valuable partnership with Astra Zeneca Canada and the Canadian Institutes of Health Research's Institute of Circulatory and Respiratory Health, to add another \$400,000 in grants to our roster of existing research awards. We are excited to begin the application process later in 2019.

We are thrilled about the progress we have made over the past fiscal year and are looking forward to continue to advance our mission priorities in the coming fiscal year. We would like to offer our most sincere thanks to our many supporters for their selfless commitment to our cause.

# WHY WE MATTER

## TOBACCO

**Tobacco use is the #1 preventable cause of disease and death.** Despite years of public education, smoke-free legislation, tax increases, advertising and sales restrictions and more, nearly five million Canadians (16 per cent) currently smoke<sup>1</sup>. The Canadian Lung Association is calling for an Endgame on Tobacco where we see the reduction of tobacco use to less than five per cent by 2035.

## VAPING

**Vaping among youth has quickly reached epidemic levels.** The levels of vaping have nearly doubled among youth aged 16-19 between 2017, when 8.4 per cent vaped and 2018 when 14.6 per cent of youth in the same age group vaped<sup>2</sup>. This is an epidemic that has our attention and concern.

## 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.

## LUNG CANCER

**Lung cancer kills more people than breast, colorectal and prostate cancer combined.** Lung cancer is the number one cancer killer in Canada. Lung cancer is the most common cancer, accounting for 14 per cent of all cancers<sup>3</sup>. Smoking remains the main cause. Researchers have identified a number of other possible causes, including second-hand smoke, radon gas and asbestos exposure. In addition, environmental pollution and genetic factors are believed to play a role.

## ASTHMA

**Asthma is a chronic (lifetime) disease that makes your lungs very sensitive and hard to breathe.** About 2.4 million Canadians live with asthma<sup>4</sup>. 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 are available, many children and adults still do not effectively manage their asthma.

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<sup>1</sup> The 2019 Tobacco Endgame Report – Tobacco Endgame Cabinet; [www.lung.ca/tobaccoendgame](http://www.lung.ca/tobaccoendgame)

<sup>2</sup> Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys; The British Medical Journal; <https://www.bmj.com/content/365/bmj.l2219.full> Accessed 22.7.2019

<sup>3</sup> [http://www.cancer.ca/-/media/cancer.ca/CW/cancer%20information/cancer%20101/Canadian%20cancer%20statistics/Canadian-Cancer](http://www.cancer.ca/-/media/cancer.ca/CW/cancer%20information/cancer%20101/Canadian%20cancer%20statistics/Canadian-Cancer%2018-EN.pdf?la=en) Accessed 22.7.2019-2018-EN.pdf?la=en

<sup>4</sup> <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009608> Accessed 4.2. 2019



# SLEEP APNEA

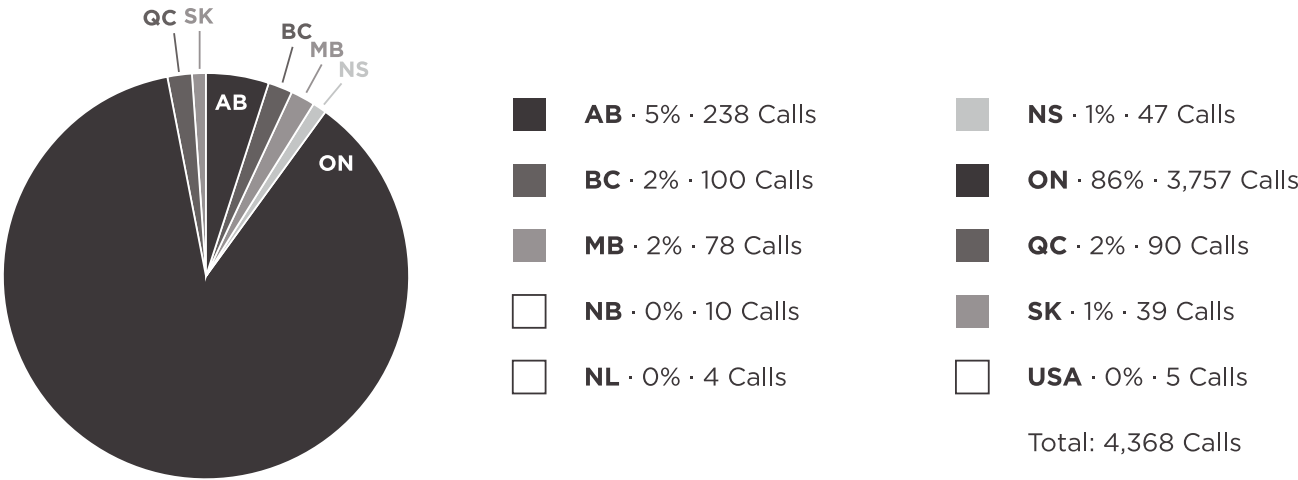
Statistics show that an estimated 6.4 per cent of Canadians have been diagnosed with sleep apnea<sup>5</sup>. However, there is an even greater number of Canadians whose symptoms place them at a moderate or high risk of developing sleep apnea. Obstructive sleep apnea is a serious breathing problem that 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.

# AIR QUALITY

We breathe 22,000 times a day, passing 10,000 litres of air through our lungs, much of it containing air pollutants. Health Canada estimates that particle pollution, carbon dioxide and ozone combined kill 14,400 Canadians each year. This number doesn’t include air pollution from other sources<sup>6</sup>. 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.

# HELPLINE

Number of calls received by the Helpline during April 1, 2018 to March 31, 2019 per province.



<sup>5</sup> Statistics Canada, Fact Sheet: Sleep Apnea in Canada 2016 and 2017, October 2018

<sup>6</sup> [http://publications.gc.ca/collections/collection\\_2018/sc-hc/H144-51-2017-eng.pdf](http://publications.gc.ca/collections/collection_2018/sc-hc/H144-51-2017-eng.pdf)

# RESEARCH: FUNDING LIFE

## BREATHING AS ONE AWARDS

### Breathing As One—Boehringer Ingelheim COPD Catalyst Grant

In December 2018, Breathing As One awarded its third annual grants of this kind. In 2018, incremental funding for this award was made possible thanks to the partnership with Canadian Institutes of Health Research—Institute of Circulatory Respiratory Health (CIHR-ICRH). The Breathing As One—Boehringer Ingelheim Canada COPD Catalyst Grant competition promotes innovative research related to the treatment/quality of life, mechanism of disease and health care services for COPD. Catalyst grants are scalable research studies that can be pilot studies, feasibility studies, translational studies and novel and innovative approaches. Funding for Breathing As One—Boehringer Ingelheim Canada COPD Catalyst Grant competition has been provided by Boehringer Ingelheim Canada, in partnership with CIHR-ICRH.

This year's awardees were:



- **Dr. Thomas Rotter** from Queen's University for the project, "Optimizing Integrated Care For Older Adults with COPD: Determining the Influence of the Primary and Specialist Network of Care on Patient and System Outcomes"  
**\$19,919**



- **Dr. Laurent Brochard** from the Keenan Research Centre – St. Michael's Hospital for the project, "High Flow Nasal Cannula Versus Noninvasive Ventilation in Exacerbations of Chronic Obstructive Pulmonary Disease (Hifold)"  
**\$20,000**



- **Dr. Robert Wu** from University Health Network for the project, "Identification of Patients Admitted with COPD Exacerbations and Stratification of Those at High Risk of Readmission Using Natural Language Processing and Machine Learning"  
**\$20,000**

### Breathing As One Inspiration Poster Award

Breathing As One hosted its second annual poster competition in spring 2018. We presented the second Breathing As One Inspiration Poster Award during the Canadian Respiratory Conference in Vancouver, following an evaluation from a panel comprising a journalism, research and patient experts.



This year's winner was **Denise Wooding** (University of British Columbia) for her study "Co-Exposure to Diesel Exhaust and Allergen Impairs Lung Function and Induces Local and Systemic Inflammation"

## RESEARCH SUMMARY

The Canadian Lung Association has collectively funded a total of nearly \$2.2 million in research across Canada in 2018-19 for one- and two-year projects (2018; 2018-19; 2018-20). The summary below shows the area of focus, number of projects funded within each area of focus and the amount received.

Topic	# of projects	Total funding
Acute Lung Injury/ARDS	1	\$50,000.00
Air Quality	1	\$12,500.00
Asthma	10	\$361,000.00
COPD	16	\$435,006.00
Cystic Fibrosis	5	\$225,000.00
Immunology	1	\$12,500.00
Infectious Diseases	2	\$54,867.00
Interstitial Lung Disease	2	\$66,000.00
Lung Cancer	2	\$92,000.00
Lung Transplant	5	\$111,200.00
Pneumonia	3	\$82,050.00
Pulmonary Fibrosis	2	\$62,500.00
Pulmonary Hypertension	1	\$50,000.00
Sleep Disordered Breathing	7	\$261,984.00
Tobacco	1	\$12,500.00
Toxicity	1	\$50,000.00
Tuberculosis	4	\$162,500.00
Other	2	\$69,872.50
<b>Total</b>	<b>66</b>	<b>\$2,171,479.50</b>





## RENASCENT: HELPING OUR RESEARCHERS GROW

The Canadian Lung Association remains committed to fostering young talent. Canada is home to many of the world's leading researchers. In order to maintain this enviable position, we host Respiratory National Scientist Core Education Training (RENASCENT) workshops that complement trainees' academic learnings. The annual training workshops provide the trainees with an opportunity to improve their communications and knowledge translation skills, learn about ways that increase their chances of publication and understand the role that their research can play in advocacy.

Preceding Canadian Respiratory Conference 2018, the Canadian Lung Association and Canadian Institutes of Health Research-Institute of Circulatory and Respiratory Health in partnership with Canadian Respiratory Research Network and Canadian Thoracic Society, co-hosted the 4th annual RENASCENT workshops. These successful workshops were well attended by trainees from across the country, representing a number of research areas.

The workshops addressed the following topics:

- Career Development: Critical Mentorship Needs
- Peer Review
- Public Speaking

## ADVOCACY: HELPING CANADA BREATHE BETTER

The Canadian Lung Association continues to be a leader in protecting Canadians' breathing. The Association is active in a number of advocacy areas on a federal level. Primarily, the Canadian Lung Association is working towards establishing its advocacy priorities in time for the 2019 federal election in the areas of tobacco control, air pollution, access to medication and vaping and youth.

### TOBACCO CONTROL

#### Plain and Standardized Tobacco Packaging

The Canadian Lung Association has been actively advocating on behalf of Canadians to bring plain and standardized tobacco packaging to Canada. The concept would eliminate all marketing features, including shape, size and colour, and ensure that all tobacco products have consistent, bland colouring and packaging. The regulations, finalized in May 2019, are strongest in the world, placing Canada once again as a global leader in tobacco control and cessation.

#### Tobacco Endgame

The Canadian Lung Association continues to be a leader in Tobacco Endgame; the goal of getting smoking rates to less than 5% by 2035. We continue to call on the government to take decisive policy action to achieve the Endgame goal. The Canadian Lung Association and its partners in the Tobacco Endgame Cabinet created a comprehensive report that explores the various tobacco control policy measures province by province. As the report revealed, the current measures are not enough. There needs to be an improvement on their strength, the expediency with which they are employed and overall commitment of provincial and federal governments. The report was released on May 31, 2019 in recognition of World No Tobacco Day: [www.lung.ca/endgame](http://www.lung.ca/endgame).

### VAPING AND YOUTH

With the increase in popularity of vaping products in 2018, we saw an alarming increase in vaping rates among youth. The Canadian Lung Association is a strong advocate for Canadian youth and their lung health. We advocate for the following measures:

- Elimination of flavour variety- flavoured e-cigarettes are associated with youth vaping rates
- Full ban of advertising and promotion of vaping products
- Curtailing retail store availability to adult-only specialty vape stores
- Minimum provincial age of 21 for both e-cigarettes and tobacco
- More educational resources to be made available for schools, parents and youth

In addition, we developed a number of specific recommendations published in the 2019 Tobacco Endgame Report that could help eliminate vaping behaviour among youth. Going into the next fiscal year, we are committed to developing educational and informational resources to ensure that the lungs of Canadian youth remain unharmed.

## ACCESS TO MEDICATION

The Canadian Lung Association has an on-going commitment to ensuring that all Canadians have access to medication and care. We ensured that the voices of Canadians with lung disease were heard during the discussions that would eventually result in the Implementation of National Pharmacare Report, released by the advisory council. Drug costs are increasing in Canada and Canadians with lung disease are struggling to pay for life-saving drugs. We believe that all people living in Canada should have equitable and timely access to necessary prescription medications based on the best possible health outcomes rather than the ability to pay. The Canadian Lung Association will continue to work hard to ensure Canadians can afford their medication and have access to new medication that could help them breathe easier.

## COMMUNICATIONS: SHARING KNOWLEDGE WITH CANADA

### LUNG MONTH: WHY DOES RESEARCH MATTER?

The Canadian Lung Association took a different approach to Lung Month in 2018. While 2017 placed focus on research, researchers and patients, this year we chose to engage new and existing donors in a new, creative way.

During November 2018, we held a national contest, #BeABreath, which invited Canadians to donate as little as \$5 for a chance to win one of five prizes. We wanted to focus on the positives of healthy breathing. This includes ability to relax, travel and experience breathtaking moments.

#### #BeABreath: The contest



In line with our redefined personality attributes established in 2016, we aimed to be inspirational and bold in our celebration of Lung Month 2018. The contest title, Be A Breath, is a call to action to participate. It's a call to action to represent one of the 22,000 breaths we take each day.

Our objectives were to encourage more engagement from a younger demographic of potential donors and supporters, gamify the donation experience and gain learning for future possibilities in digital fundraising.

Between November 5-30, all Canadians that donated through [lung.ca/be-a-breath](http://lung.ca/be-a-breath) a minimum of \$5 were entered to win one of five prizes. The contest was also open to Canadians who chose not to donate and mail in a registration form in order to meet legal criteria for the contest.





Winners Paul and Lyndal Meyette enjoying their stay at Fairmont Jasper.

There were a total of five prizes available:

**Prize 1:**

There were three (3) \$100 e-gift certificates to be redeemed through [lifeexperiences.ca](http://lifeexperiences.ca). The total value of all three prizes was \$300.

**Prize 2:**

The prize was a trip valued at \$1,000. It included a two-night (2) stay for two (2) persons at one of several Fairmont properties, to be selected by the winning Participant (“Winner”). This prize was donated by Fairmont properties’ representative firm.

**Prize 3 (“Grand Prize”):**

The Grand Prize was a \$4,000 gift card to Flight Centre.

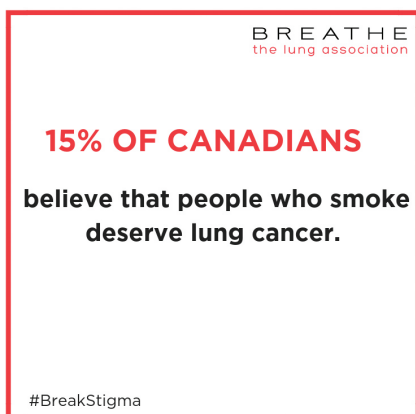
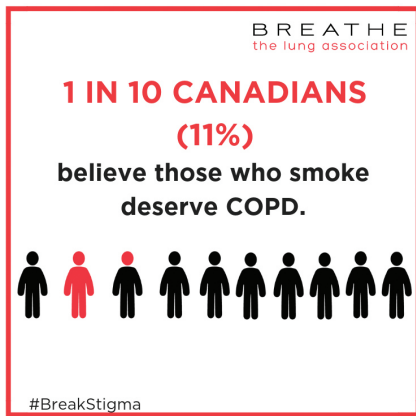
The strategy

The contest and accompanying fundraising element were housed on a microsite on [lung.ca](http://lung.ca). This allowed us to measure the success and engagement of the campaign, while encouraging the contest participants to explore the main site content. In addition, the contest was heavily promoted on national social media channels, as well as select provincial communication channels.

## Outcome

The campaign was successful in attracting donors as well as increasing audiences and engagement on our social media platforms.

Overall, this contest introduced our organization to new audiences, while encouraging positive conversations and engagement.



## PATIENT ENGAGEMENT

### Breaking Stigma: Why do Canadians with Lung Disease Matter?

Undeniably, stigma of any kind can be debilitating. And stigma surrounding lung disease is no different. We knew from anecdotal evidence and third-party research that certain misconceptions, stemming often from misinformation, have labeled many people with lung disease as “makers of their own fate.” This means that many associate the general term of “lung disease” with smoking. As such, there is a conscious or subconscious feeling that those who have lung disease have likely smoked and as such deserve their disease. This presented us with a challenge and an opportunity to correct the incorrect information. Where smoking is concerned, we needed to communicate two distinct messages. Firstly, not all lung diseases are the result of smoking. Secondly, even those who have developed a lung disease as a result of smoking should not be judged, shamed or ostracised. Smoking is more than a vice or a bad habit. It is an addiction that is difficult to break.

In order to spread awareness about lung disease and stigma among Canadians, we chose a two-pronged approach.

#### Step 1: National Survey

Our first step was developing a survey in collaboration with Leger Marketing. A total of 1,500 Canadians with various connections to lung disease completed this survey during August 2018. Some respondents had a history of lung disease, some had a connection to someone who has lung disease and some had no connection. The survey asked Canadians to identify themselves as either someone with a lung disease, a caregiver for someone with stated disease or someone who doesn't have a lung disease.

The responses then branched into corresponding questions. Of the 1,500, 183 reported having asthma, 56 COPD and 23 lung cancer. The questions delved into various topics surrounding specific diseases as well as topics related to lung diseases in general.

The results were compelling. Overall, we were able to re-affirm that lung disease has an image problem and is in need of a rebrand. The following are some key highlights of the report:

- Nearly 1 in 3 (29%) Canadians say they feel uncomfortable when they see someone with an oxygen tank.
- 35% of respondents said they feel it is wrong when they see someone without a visible disability parking in an accessible parking spot with the correct pass. Yet, many Canadians with chronic lung diseases have mobility issues accompanying their disease and require an accessible parking pass.
- 68% believe those who smoke and develop COPD deserve the same sympathy as those who never smoked and developed the disease.
- More than 1 in 7 (15%) believe that self-inflicted diseases deserve less funding. This was especially true among ages 18-44.
- Nearly 1 in 10 (8%) of people with lung disease have reported they've experienced stigmatization.
- More than 1 in 15 (7%) believe that all lung diseases are self-inflicted. In fact, lung diseases can affect anyone. Some have genetic predisposition, while, in other cases it is behavioural or environmental factors that cause a lung disease.

In addition to the adverse effect on mental and social well-being and health, stigma has also shown itself to be a key factor in health outcomes, related specifically to the disease. In fact, nearly half (45%) of respondents with lung cancer have reported delaying going to the doctor because of shame and self-blame. This can result in the cancer being diagnosed at a later stage, thus affecting available treatment options.

While the data was startling, we needed to complement percentages and opinions with the stories and faces of real people.

## Step 2: The Faces Behind the Disease

We invited five Canadians from across the country to share their stories. These people were of different ages, ethnicities and came from different provinces. What they had in common was that they each had a lung disease and have experienced stigma. Within this group of Canadians, we had representation of COPD, asthma and pulmonary fibrosis, including two who had experienced lung transplants.

We developed a series of videos, as well as social media content to communicate their stories. After all, the judgment that one may admit to in an anonymous online survey can be very different from the opinion or attitude one can express once there is a real person behind the statistic.

Who are the faces behind lung disease?





**Lung disease can affect people at any age. It doesn't pick a favourite group.**  
**Elizabeth Doherty**, NB  
 Music lover who has asthma and COPD



**Some people are born with lung disease. It's not always self-inflicted.**  
**Nicole Nelson**, SK Dog lover who has pulmonary fibrosis



**A lot of people assume that if you have a lung disease or any kind of breathing problems you've done something...where you kind of deserve it.**  
**Kyle Clarke**, ON Hockey player who has asthma



**We have to look at lung disease as any other kind of disease – as something we need to fix.**  
**Peter Clarke**, NS  
 Avid reader who has COPD



**There is some assumption out there that you can avoid lung disease if you avoid the right allergens or if you don't smoke... I think it's too complex to try to lay blame in any one place.**  
**Karen Limbert-Rempel**, MB Musician who has asthma



## PATIENT PROFILE: WHY DO PEOPLE MATTER?

Tobacco is the leading cause of disease and death. Currently, an estimated 16 per cent of Canadians still smoke. But the reality is that smoking is more than a “habit.” It is an addiction that is difficult to quit. In fact, according to Statistics Canada, the powerful addictiveness of nicotine is to blame for many failed attempts at cessation. More than 12 per cent attempted to quit more than four times in the year leading up to the Statistics Canada survey.

This addiction can sadly result in a number of respiratory diseases. And while these diseases come with their own burdens, the public perception of these adds undue harm. In fact, as our stigma report, released in October 2018, had shown us, one-third of Canadians with COPD report feeling guilt, shame and judgment.

And these are just some of the emotions that can be experienced by someone with lung disease – whether or not it was caused by tobacco. During our October campaign, Break Stigma, we wanted to profile Canadians with lung disease in hopes of breaking the stigma surrounding it. After all, would 11 per cent of Canadians still wish COPD onto those who smoke if they met them?

Peter Clarke of Nova Scotia is one of these Canadians. He admitted to smoking and as a result, he was diagnosed with COPD. But Peter is more than someone with COPD and he is more than someone with a cigarette. He is an avid reader who enjoys spending time at his cottage and travelling.

However, he is not immune to the perceptions that plague his disease.



“I am the smoker that got lung disease and that’s the stigma that’s attached to lung disease.”

This golf-playing newly minted grandfather had quit twenty years prior to his lung failure, yet the addiction caught up. As a result, he had to undergo a double lung transplant. And as he says, he is thankful for the second chance at life that this has given him.

Still, lung transplant is a treatment, not a cure. And by his own admission, it comes with medications that have a host of side effects.

“There are days when you don’t feel well. The drug regimen is ...everything you can possibly imagine that you see on the drug commercials... you go through. There’s all kinds of physical things that go on but you have to motor through because you actually got a second chance.”

And as he concedes, there are many lung diseases that are caused by other factors, such as the environment, genetics or others. But there is one thing many lung diseases have in common. It is not the cause of them, but the stigma that surrounds to them.

But whether the lung disease has been caused by tobacco or any other cause, it shouldn’t result in shame, guilt and judgment. Disease is something that deserves treatment not judgment.

“We have to look at lung disease like any other disease – as something that we’re looking to repair or cure.”

# SPONSORS & SUPPORT

## NATIONAL CORPORATE SPONSOR

- Trudell Medical International

## BREATHING AS ONE NATIONAL CORPORATE SUPPORTERS

- AstraZeneca Canada
- Boehringer Ingelheim

## PREFERRED PARTNER

- Canadian Thoracic Society

## FRIENDS AND SPONSORS

- Canadian Institutes of Health Research – Institute of Circulatory and Respiratory Health

## ALLIANCES

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

- Alpha-1 Canada
- Asthma Canada
- Canadian Cancer Society
- Canadian Council for Action on Tobacco
- Canadian Institutes of Health Research – Institute of Circulatory and Respiratory Health
- Global Lung Cancer Coalition
- Health Canada
- Health Charities Coalition of Canada
- HealthPartners
- Heart and Stroke
- Pulmonary Hypertension Association of Canada
- Quality End-of-Life Care Coalition of Canada
- David Suzuki Foundation
- Take Action on Radon

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



# FINANCIAL STATEMENTS

For the year ended March 31, 2019

## Statement of Operations

				2019	2018
	General Fund	Research Fund	Breathing As One Campaign	Total	Total
<b>Revenue</b>					
Provincial assessments	\$ 785,734	\$ 500,000	\$ —	\$ 1,285,734	\$ 1,285,734
Program and project contracts	—	51,987	—	51,987	79,636
Sponsorship	3,791	110,000	20,562	134,353	102,735
Donations, bequests & memorials	182,559	—	—	182,559	146,423
Endorsements	20,000	—	—	20,000	20,000
Campaign donations	—	—	80,011	80,011	114,980
Interest and investment income	18,307	15,849	1,159	35,315	56,392
	<u>1,010,391</u>	<u>677,836</u>	<u>101,732</u>	<u>1,789,959</u>	<u>1,805,900</u>
<b>Expenses (Schedules)</b>					
Admin allocation	(51,169)	51,169	—	—	—
Advertising and promotion	22,062	—	—	22,062	34,623
Consultants	25,002	8,319	3,935	37,256	55,796
Meetings and travel	22,247	40,379	18	62,644	160,710
Other operating expenses	124,106	10,617	24,220	158,493	161,340
Office rentals and leases	55,266	—	—	55,266	59,458
Professional fees	99,200	—	—	99,200	242,314
Research grants and awards	—	265,302	34,110	299,412	496,905
Salary	505,839	86,427	—	592,266	716,691
	<u>802,553</u>	<u>461,763</u>	<u>62,283</u>	<u>1,326,599</u>	<u>1,927,837</u>
Excess (deficiency) of revenue over expenses before unrealized items	207,838	216,073	39,449	463,360	(121,937)
Unrealized gain (loss) on investments	17,771	24,542	—	42,313	(27,845)
Excess (deficiency) of revenue over expenses for the year	<u>\$ 225,609</u>	<u>\$ 204,615</u>	<u>\$ 39,449</u>	<u>\$ 505,673</u>	<u>\$ (149,782)</u>

The accompanying summary of significant accounting policies, notes and schedules are an integral part of these financial statements.

## 2018/2019 BOARD OF DIRECTORS



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