



MAKING LUNG HEALTH A PRIORITY

B R E A T H E
the lung association

2019/2020 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 fall of 2020. 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 lowered rates of 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 that carries graphic warnings and plain and standardized packaging came into effect in November 2019; 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. The COVID-19 pandemic has introduced yet another challenge to respiratory health. We have a long way to go yet, but our strong track record, support of our committed volunteers, donors and staff, along with 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

120 YEARS OF CHALLENGES, OPPORTUNITIES AND HELPING CANADA BREATHE



Andrea Power, MPA, PMP
Chairperson, National Board of Directors



Terry Dean
President and CEO

As we enter our next decade, it has become more evident than ever that the Canadian Lung Association (CLA) is critically needed in Canada. Lung health has been our sole area of focus for 120 years and as we tackle some problems, new challenges to lung health come to light.

Canadians have placed their trust, time and donations in us for more than a century and we do not take the responsibility that comes with that trust lightly. This is why we continue to work to improve who we are, what we offer patients, caregivers, partners, volunteers and researchers and how we help.

Our responsibilities are many. Our challenges are innumerable. However, our determination and experience will continue to guide us towards a Canada that's easier to breathe in for all. CLA is starting an exciting new journey, in which we prioritize our need to educate and advocate. In 2019 we introduced a new strategic plan, with which we will lead the organization into the next decade. Our key areas of focus are national public affairs, communications and research. These areas are crucial in creating a Canada that values the importance of lung health for all.

Canadians rely on us to provide them with the most accurate and up-to-date information to help them improve their lives with lung disease or help them prevent lung disease. It's a daunting task, but CLA is ready and poised to be the resource that people need us to be. Going forward, we will affirm our position as the go-to source of information on all things lung-related. CLA pledges to improve our educational resources to ensure we are adequately serving our stakeholders. And we will continue to engage patients and caregivers in our decision-making processes to ensure our deliverables meet the needs of those whom CLA serves.

CLA is also the voice of many. We are the voice of people who have been impacted by smoking in their family. We are the voice of those who look for accessible medication to live their best life. We are the voice of children who are gambling their health with vaping. It is our privilege to continue to advocate for healthier policies to change the course. CLA will continue the fight on your behalf. We will not rest until Canada is a home to policies and laws that put lung health first.

Lastly, we are committed to continue to fund life-saving research to make sure we retain the best researchers whose work will ensure new treatments and cures continue to be introduced into our lives. CLA is thankful to have funded 31 projects last year, amounting to more than \$1.3 million. Each dollar brings us one step closer to better treatments, quality of life or a cure.

We are here for you and will continue to be the support you need. CLA was established in 1900 to fight a respiratory pandemic, known as tuberculosis. Now, we face a new challenge: COVID-19. It's a difficult and scary time for many, but rest assured we are working diligently to ensure you feel safe and informed. We will continue to work with like-minded organizations, researchers and government in a collective effort to safely guide us all toward better lung health for all Canadians.

While many aspects continue to change and evolve in today's dramatic landscape, there is one thing that remains unchanged. This is our unwavering commitment to you – our generous supporters. Thank you.

A handwritten signature in black ink that reads "A. Power." The signature is fluid and cursive, with a large loop at the beginning.A handwritten signature in black ink, consisting of a stylized, abstract shape that resembles a large letter 'L' or a leaf.

WHY WE MATTER

TOBACCO

Tobacco use is the #1 preventable cause of disease and death, killing an estimated 45,000 Canadians each year. Despite years of public education, smoke-free legislation, tax increases, advertising and sales restrictions and more, nearly five million Canadians (16 per cent) currently smoke¹. 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.

The Canadian Lung Association is also calling for the implementation of an annual cost recovery fee on the tobacco industry to provide a full reimbursement of the \$66 million annual cost of the tobacco control strategy².

VAPING

Youth vaping has reached epidemic proportions in Canada with 400,000 youth in grades 6 to 12 and 275,000 young adults (20-24 years of age) reporting vaping in the last 30 days. This disturbing trend represents a 75 per cent increase since 2016/2017³.

ACCESS TO MEDICATION

Canadians with chronic diseases are burdened with the high costs of medications needed to manage their illnesses. In order to help Canadians with chronic and rare diseases manage their diseases, care, medication and resources must be affordable and accessible regardless of geographical location and financial means of the patient.

COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)

COPD is the #1 avoidable cause of hospitalization in Canada. Chronic obstructive pulmonary disease (COPD) is the third 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. In Canada, two million people are living with COPD; however this number is expected to be widely underestimated⁴.

¹ The 2019 Tobacco Endgame Report – Tobacco Endgame Cabinet. Available at: www.lung.ca/tobaccoendgame.

² The 2019 Tobacco Endgame Report – Tobacco Endgame Cabinet. Available at: www.lung.ca/tobaccoendgame.

³ Health Canada. Summary of results for the Canadian Student Tobacco, Alcohol and Drugs Survey 2018-19. Available at: www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2018-2019-summary.html.

⁴ Health Canada: Asthma and Chronic Obstructive Pulmonary Disease (COPD) in Canada, 2018: Report from the Canadian Chronic Disease Surveillance System. Available at: www.canada.ca/en/public-health/services/publications/diseases-conditions/asthma-chronic-obstructive-pulmonary-disease-canada-2018.html.

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 cancers⁵. It was estimated that in 2019, 29,300 Canadians would develop lung cancer and 21,000 would die from it⁶. 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 makes breathing difficult.

About 2.6 million Canadians live with asthma⁷. 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.

SLEEP APNEA

Statistics show that an estimated 6.4 per cent of Canadians have been diagnosed with sleep apnea⁸.

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 of heart attacks and strokes, high blood pressure, depression and memory loss.

AIR QUALITY

Air quality can be an underrated factor of disease.

Yet, according to the World Health Organization, an estimated 7 million people die each year as a result of air pollution. Of these deaths, 89 per cent are respiratory health related⁹. In Canada, 14,600 premature deaths can be linked to poor air quality annually. The health effects of air pollution range in severity from irritated airways and dizziness, exacerbation of asthma to causing lung cancer or COPD. Policies that improve air quality through reduced emissions and investment in greener technologies can reduce the impact on lung health¹⁰.

⁵ [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%20Statistics-2018-EN.pdf?la=en) Accessed 22.7.2019-2018-EN.pdf?la=en.

⁶ Health Canada. What is Lung Cancer? Available at: www.canada.ca/en/public-health/services/chronic-diseases/cancer/lung-cancer.html.

⁷ Statistics Canada. Asthma, by Age Group. Available at: www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009608.

⁸ Statistics Canada, Fact Sheet: Sleep Apnea in Canada 2016 and 2017, October 2018.

⁹ World Health Organization. Air Pollution. Available at: www.who.int/health-topics/air-pollution#tab=tab_1.

¹⁰ Health Canada. Health Effects of Air Pollution: Available at: www.canada.ca/en/health-canada/services/air-quality/health-effects-indoor-air-pollution.html.

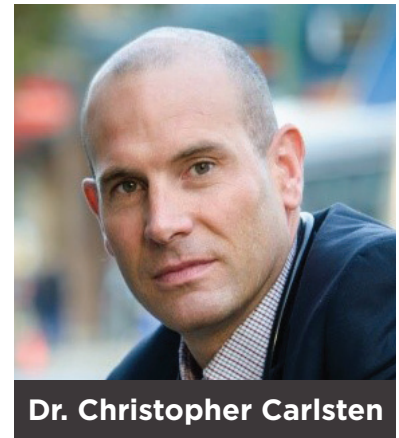
RESEARCH: FUNDING LIFE

BREATHING AS ONE AWARDS

Breathing As One—Boehringer Ingelheim COPD Catalyst Grant

For the 2019 cycle, Breathing As One awarded its fourth annual grants of this kind. For the second consecutive year, an increase in the number of awards to be granted 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/or 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. Pat Camp** from the University of British Columbia for the project, “COPD Alert! Telehealth System” **GRANT: \$30,000**
- **Dr. Roger Goldstein** from the West Park Healthcare Centre for the project, “Rapid Access Rehabilitation (RAR) Post Hospitalization for Acute Exacerbations of Chronic Obstructive Pulmonary Disease – a feasibility study” **GRANT: \$30,000**
- **Dr. Christopher Carlsten** from the University of British Columbia for the project, “Effect of Diesel Exhaust Exposure on the Lung Microbiome in COPD” **GRANT: \$30,000**

Breathing As One – The Canadian Institutes of Health Research-Institute of Cardiovascular and Respiratory Health/AstraZeneca Canada/Canadian Lung Association Emerging Clinician Scientist Award

During the Canadian Respiratory Conference 2019, a new award was announced. The Canadian Institutes of Health Research-Institute of Cardiovascular and Respiratory Health/AstraZeneca Canada/Canadian Lung Association Emerging Clinician Scientist Award is an establishment grant program for clinician scientists. The total amount available for this competition is \$400,000, which enabled us to fund up to 2 awards. This partnership is an important initiative that will contribute to provide funding to our young clinician scientists in devoting time to research in respiratory medicine in Canada.

Breathing As One Inspiration Poster Award



Breathing As One hosted its annual poster competition in spring 2019. We presented the third Breathing As One Inspiration Poster Award during the Canadian Respiratory Conference in Ottawa, following evaluation from a panel comprising a journalism, research and patient experts.

This year's winner was Zachary Kok for their study "Integrated Care for Advanced Respiratory Disorders (ICARE) – A novel palliative rehabilitation program for advanced lung failure".



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 workshops that complement trainees' academic learnings. The annual training workshops provide the trainees with an opportunity to improve their curriculum vitae building and interview skills, learn about various career options and ways to advance their careers, as well as understand the role that their research can play in policy development and advocacy. The trainees reported they especially appreciate having the opportunity to network with their peers, mentors, and presenters.

Preceding the 2019 Canadian Respiratory Conference, the Canadian Lung Association and Canadian Institutes of Health Research-Institute of Circulatory and Respiratory Health in partnership with the Canadian Respiratory Research Network and Canadian Thoracic Society co-hosted the 5th 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 BUILDING:
 - Panelists Presentations: **“You’re a Trainee or Young Investigator – How Do You Boost Your CV for Industry/Government/Academia?”**
 - Moderated Panel Discussion: **“Career Building in Industry/Government/Academia”**
 - Presentation and Group Exercise: **“The Informational Interview”**
 - Presentation: **“How do you stand out in an academic or non-academic job interview? Do’s and Don’ts before, during, and after the interview”**
 - Exercise: **Job Interview**
- POLICY DEVELOPMENT:
 - Presentation: **“How Ottawa Works”**
 - Presentation: **“Research Advocacy for Trainees: Encounters of the Political Kind”**
 - Moderated Panel Discussion: **“Inside the Policy Black Box: From Those Who Lived to Tell the Tale”**

RESEARCH SUMMARY

The Canadian Lung Association has collectively funded a total of more than \$1.3 million in research across Canada in 2019-20 for one- and two-year projects (2018-2019; 2018-2020; 2019-2020). The summary below shows the area of focus, number of projects funded within each area of focus and the amount awarded.

Topic	# of projects	Total funding
Acute Lung Injury/ARDS	1	\$50,000.00
Asthma	3	\$190,000.00
COPD	9	\$390,000.00
Cystic Fibrosis	2	\$75,000.00
Early Detection/Diagnosis	1	\$25,000.00
Infectious Diseases	1	\$50,000.00
Interstitial Lung Disease	4	\$170,000.00
Lung Cancer	2	\$100,000.00
Mechanical Ventilation/Biomechanics	1	\$10,000.00
Neonatal Lung Disease	1	\$42,000.00
Sleep Disordered Breathing	3	\$124,890.50
Tuberculosis	2	\$100,000.00
Other	1	\$19,542.00
Total	31	\$1,346,432.50

PROFILE OF A RESEARCHER: JAVAD ALIZADEH

FROM THE LAB:

How the Canadian Lung Association Helped Me Become the Researcher and Scientist I Strive to Be



Growing up in a farming family in a small village in Northeast Iran taught me from an early age the value of hard work, problem solving from a big-picture perspective, to take initiative and leaving things better than how I found them. Developing new lung cancer therapies is my version of saving the world. Though there have been frustrations and disappointments along the way, I know the countless hours spent in the lab are making a net positive change in this world. I know my successes on this journey have been in large part earned by my diligence and my mentors' support – in particular my primary advisor Dr. Saeid Ghavami who has always supported me unconditionally. I also thank my co-supervisors Dr. Adrian West and Dr. Thomas Klonisch, and also my Research Committee members and career development mentors, Drs. Andrew Halayko and Spencer Gibson. I also know I've been immensely lucky to have the support of The Canadian Lung Association (CLA).

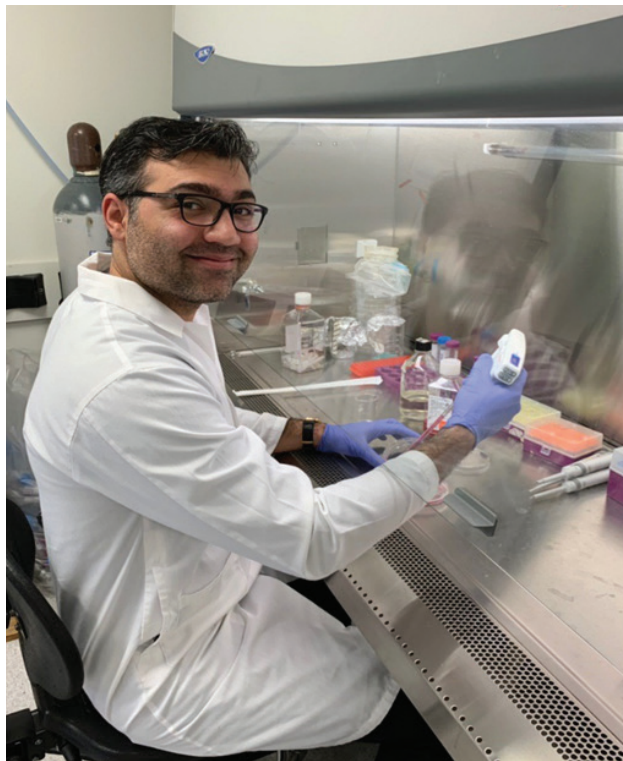
I have been lucky to be a recipient of the prestigious CLA Studentship Award. I was also able to participate in networks and workshops that complemented my academic learning and helped me navigate through career development. I wholeheartedly believe that these have played a huge role in my success during my PhD studies thus far. Being awarded the CLA studentship has been life changing. I was very concerned about how I would finance my university education and living expenses in a foreign country, but the CLA studentship has lifted that weight off my shoulders.

I remember I was coming back from our farm back to the city where my family lives. I connected to the internet and saw an email from the CLA. I was nervous to open the attached letter, but I had to. As soon as I saw the words "I'm pleased to..." I knew it was good news. I had been awarded the CLA studentship. With my mind at ease I flew to what would become my new home in Winnipeg. The CLA studentship has provided me with the ease of mind to focus on my doctorate studies. It has helped me to make the most out of the available resources and tools at my school and enabled me to focus on my research and academics.

Emboldened by my support from the CLA, I was able to improve various aspects of my training. Thus, I aimed for bigger goals and I decided to prepare myself for the prestigious and highly competitive Vanier Canadian Graduate Scholarship (CGS). I was successful and awarded the 2019-2020 CIHR-Vanier CGS (Canadian Institutes of Health Research) and I owe a great part of this success to the unwavering support from CLA. I know it is now my responsibility to uphold a standard of work not only as a CLA researcher, but also as a Vanier scholar.

“Developing new lung cancer therapies is my version of saving the world.”

Moving forward, I'm determined to continue my endeavours to advance Canada's position in lung biology research. I thank CLA and its entire fabulous staff again for the continuous support in advancing my academic and scientific career and for believing in me and my research.



All these blessings, together with the knowledge that the initial CLA financial support came from the public's donations, ignited my passion even more to strive for excellence in my academics and research training so that I could hopefully one day pay back to Canadians. I truly believe the best way for me to do so is to fulfill the CLA mission; “to promote lung health and prevent and manage lung disease in Canadians” through my research.

ADVOCACY: SHIFTING THE WAY WE MOVE OUR PRIORITIES FORWARD

Our priority for this fiscal year was to find even more ways to help protect the lung health of Canadians. We knew that it was necessary to raise the profile of the organization and our key advocacy needs through direct outreach to government officials and key decision makers.

GOVERNMENT OUTREACH



One of our goals this fiscal year and going forward is to increase our engagement with the government, raise our profile and ensure we continue to be among the key decision makers as new policies become introduced or improved upon. We developed a comprehensive government relations action plan and corresponding advocacy plans for each priority area (vaping, tobacco, air pollution and access to medications).

Early outreach began during the 2019 Federal Election where we engaged directly with party leaders to hear their responses to our advocacy positions. Additional information on these election priorities were posted to a newly created website, www.electtobreathe.ca. (see *Communications and Marketing* section for further details).

Once the new minority Liberal Government was formed, we sent congratulatory letters to the Prime Minister's Office and all 36 Cabinet Ministers. We also sent welcome letters to the leaders of all Opposition parties. We issued official responses to the Throne Speech, Federal Budget, and Minister Mandate Letters.

Throughout the year, we ensured that we met with key MPs with a noted interest or background in health and worked to establish a rapport and a relationship with them and their staff. In total, we held 15 meetings with MPs to introduce the Lung Association and discuss our advocacy priorities, with a focus on action on vaping. We also provided the MPs with a snapshot document that provided highlights of our key advocacy priorities.

MOVING THE DIAL ON PRIORITY AREAS

Vaping

Achieving critical regulatory changes on vaping to protect young people was a chief priority this fiscal year. We worked with the Canadian Thoracic Society to produce a joint statement on vaping. This vaping position clearly articulates the evidence and provides personal and policy recommendations on ensuring that Canadians' lung health remains top of mind amidst the vaping epidemic.

Our decision to prioritize vaping was further strengthened by a prolific number of hospitalizations and deaths reported in late summer/ early fall 2019 due to vaping.

We saw a rise in E-cigarette or Vaping Product Use-Associated Lung Injury (EVALI), including an outbreak in the US and Canada resulting in significant acute and long-term damage and even death amongst those using vaping products, primarily young people. At the same time Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) data was released, which highlighted that we have a youth epidemic with more than 400,000 grade 7-12 students using vaping products in the last 30 days.

We worked with Health Canada to push for stricter regulations to protect young people. This fiscal year we consulted on and advocated for regulatory changes, which resulted in:

- Finalized regulatory changes to mandatory health warnings
- A comprehensive ban on promotion and marketing to young people, which reached Part 1 of the Gazette

Through meetings with Health Canada and MP meetings, we continue to advocate for stronger measures including primarily:

- A comprehensive ban on flavours
- Reduced maximum nicotine levels

Tobacco

Tobacco remains the number one cause of preventable disease and death. This year marked the implementation date of Plain and Standardized Packaging requirements in Canada, which is a milestone in the Canadian Tobacco Strategy.

We continue to advocate to MPs and in collaboration with members of the Canadian Coalition Against Tobacco (CCAT) for new and bold measures in line with the Tobacco Endgame Strategy; a collaborative strategy that looks to achieve less than 5% smoking rates by 2035. Primarily we have pushed for consideration of a cost recovery fee, which would force the industry to pay for the costs of tobacco control measures in this country.

In collaboration with other health partners we provided consultation on Nunavut's Tobacco Control Strategy. We also sent Provincial Letters regarding tobacco settlements for the tobacco industry court cases.

Access to Medications

We want to ensure that all Canadians can afford and have access to critical medications when they need them. In partnership with the Health Charities Coalition of Canada (HCCC) we have worked to inform Canada's direction in this area including providing consultation on changes to the Patented Medicine Peer Review Board (PMPRB). As a group we co-wrote a letter to the Minister of Health asking that changes to the PMPRB be delayed to allow adequate time and consultation with stakeholders, which was successfully achieved.

Air Quality and the Environment

Research continues to demonstrate the harmful impact on lung health from poor air quality. In partnership with the Canadian Association of Physicians for the Environment (CAPE), we promoted coalition developed policy recommendations to prevent further impacts from climate change. Similarly we signed a letter endorsing an ask for a Federal Asbestos Strategy.

RESPONDING TO COVID-19

In March, our advocacy activities were halted by the COVID-19 outbreak and the pandemic that continues to ensue. The initial outbreak paused all advocacy activities as we adapted and responded to the needs of our patient communities. As it became clear that COVID-19 would change the path of interacting with the government for the foreseeable future, we quickly shifted gears and developed a new advocacy plan; one that included COVID-19. We saw this as both an opportunity to begin relationship building with MPs to support their work and community level needs, but also to advocate for the unique needs to charities who are adversely impacted by COVID-19. Immediately we drafted a letter to send to the Prime Minister's Office and other key decision makers to offer our support.

Our advocacy plans for next fiscal include an outreach to all 338 MPs with support for COVID-19 information as well as continued work with HCCC to advocate for financial support for charities. At the end of March, we also held a free webinar for our patients and caregivers to give them access to Canada's leading health experts and provide them with an opportunity to ask them questions about COVID-19 and their health.

COMMUNICATIONS AND MARKETING: BEING THE VOICE OF THE BREATHLESS

Our communications and marketing activities strongly centred around our responsibility for our patients, caregivers and those in danger of causing harm to their lungs. We recognize that our key role is to provide support, education and voice to all Canadians.

PATIENT ENGAGEMENT

In the spring and summer of 2019, we launched a comprehensive survey that sought to engage patients and caregivers and understand the gaps and opportunities for our growth as a patient-first organization.

There were a number of components of the survey, including an online survey, online focus groups as well as one-on-one phone interviews.

The final report from the survey helped to inform our organizational patient engagement strategy, which was introduced in January 2020.

Overall, it has become clear from all resources used in the development of this strategy that we need to make a concerted effort to **humanize lung disease** in all of the work we do. This includes change in language, the types of health information as well as the support we coordinate or lead. Furthermore, on-going **engagement of patients/caregivers** is key.

We have identified three key areas in which we can grow and improve: health information, support and advocacy.

Health Information

Majority of the patients/caregivers questioned identified our role as providers of reliable health information as key. We will strive to continue to develop resources that not only reflect the latest guidelines and information from the Canadian Thoracic Society, but will also speak in the language and format that patients/caregivers prefer. This means that we will engage patients in the planning as well as review process of new health information resources.

Support

Providing health information and support go hand in hand. We will ensure that patients and caregivers have direct access to resources, information and support programs available to them. This will include highlighting our existing resources to ensure they are more readily available and visible.

Advocacy

Many patients and caregivers whom we questioned expressed interest in engaging with the Canadian Lung Association in a number of different areas. To simplify the process, we have launched a web form that allows all patients and caregivers to express their area of interest in engagement. As we continue to press forward in our advocacy activities, we will strive to post our successes and activity on social media and online.



In September 2019, we launched an election microsite in time for the federal election. Our site, www.electtobreathe.ca, allowed us to share our positions on four key areas in which we would like to see change from the elected leadership. These areas are:

- Vaping
- Tobacco
- Access to Medication
- Air Quality

The microsite offers not only the highlights of our key asks under the specified areas, but also ways in which Canadians can show their support for lung health and vocalize their support of our advocacy asks to their representatives.

DIGITAL CAMPAIGN: FLAVOURED VAPES HOOK KIDS



Vaping anchored much of our activity during the last fiscal year. While there are a number of asks for improvement to vaping regulations, one of the key ones remains the control of flavours. There are more than 7,000 flavours of e-juice available online and in stores. Many vaping devices mask their inherent harm to lung health with fruit- and candy-flavoured e-juice cartridges. Young people are drawn to flavours more than any other group. In fact, more than 83 per cent of young e-cigarette users (15-19 years of age) report using fruit and candy/dessert flavoured vapes.

This is of concern to us because of the known and unknown short- and long-term health effects, addiction to nicotine and re-popularization of smoking-like behaviour among a demographic that has largely been tobacco-free.

We decided to partner with Publicis PR and with Heart & Stroke to launch a bold digital campaign that likens the kid-friendly flavours in vaping products to those in ice cream.

In the main [video](#), an actor offers free ice cream to passerby children and their parents in flavours similar to those found in vaping products. Following the transaction, the actor/ice cream truck salesman tells the parents the ice cream includes nicotine. The parents' shock and outrage capture real emotions; however, they were made aware after the fact that the ice cream was indeed nicotine-free and were informed about the purpose of the video.



The campaign was split into two phases:

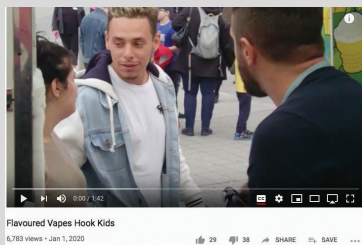
PHASE 1 JANUARY-FEBRUARY: The concept is tied to health information resources specific to vaping and vaping and youth, with #GetTheScoop. This includes a tagline that invites parents, teachers and guardians to visit lung.ca/vaping. CLA leads the management, sharing and media during this phase, with Heart & Stroke (H&S) support in sharing, retweeting etc.

PHASE 2 MARCH-APRIL: The concept is tied to advocacy specific to vaping and vaping and youth. This includes a tagline that invites Canadians to visit H&S's digital advocacy tool. H&S leads the management, sharing and media during this phase, with CLA support. The tagline #StopYouthVaping anchors this phase of the campaign.

Note: Due to the media success as outlined below, Canadian Cancer Society has requested that they be a part of the second phase of the video/campaign.

MEASURING SUCCESS

YouTube:



There were two versions of the video – 0:30 sec and 0:90 sec. Both have been published on CLA's main YouTube channel and promoted organically.

Total views of the two videos:

- 0:90 seconds: 8,655 views; 205 comments
- 0:30 seconds: 2,224 views; 60 comments

Media:

CLA reached out to selected reporters and publications. This effort was anchored by North PR (Publicis media relations firm) outreach. CLA was the lead source for all media requests. Our coverage included specialty media, general media as well as marketing publications.

SPONSORS & SUPPORT

NATIONAL CORPORATE SPONSOR

- AstraZeneca Canada
- Trudell Medical International

BREATHING AS ONE NATIONAL CORPORATE SUPPORTERS

- 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:

- Action on Smoking and Health (ASH)
- Alpha-1 Canada
- Asthma Canada
- Canadian Association of Physicians for the Environment
- Canadian Cancer Society
- Canadian Council for Action on Tobacco
- Canadian Institutes of Health Research – Institute of Circulatory and Respiratory Health
- Canadian Medical Association
- David Suzuki Foundation
- Global Lung Cancer Coalition
- Health Canada
- Health Charities Coalition of Canada
- HealthPartners
- Heart & Stroke
- Physicians for a Smoke Free Canada
- Pulmonary Hypertension Association of Canada
- Quality End-of-Life Care Coalition of Canada
- Take Action on Radon

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

FINANCIAL STATEMENTS

For the year ended March 31, 2020

Statement of Operations				2020	2019
	General Fund	Research Fund	Breathing As One Campaign	Total	Total
Revenue					
Provincial assessments	\$ 760,836	\$ 482,040	\$ —	\$ 1,242,876	\$ 1,285,734
Program and project contracts	(10,750)	—	—	(10,750)	51,987
Sponsorship	7,739	25,000	28,168	60,907	134,353
Donations, bequests & memorials	136,277	72	—	136,349	182,559
Endorsements	20,000	—	—	20,000	20,000
Campaign donations	—	—	86,945	86,945	80,011
Interest and investment income	28,684	25,694	1,446	55,824	35,315
	<u>942,786</u>	<u>532,806</u>	<u>116,559</u>	<u>1,592,151</u>	<u>1,789,959</u>
Expenses (Schedules)					
Admin allocation	(53,440)	53,440	—	—	—
Advertising and promotion	4,449	—	—	4,449	22,062
Consultants	97,904	29,084	28,168	155,156	37,256
Meetings and travel	35,635	18,487	—	54,122	62,644
Other operating expenses	107,829	13,104	1,240	122,173	158,493
Office rentals and leases	61,623	—	—	61,623	55,266
Professional fees	100,792	—	—	100,792	99,200
Research grants and awards	—	131,670	59,960	191,630	299,412
Salary	459,054	67,512	—	526,566	592,266
	<u>813,846</u>	<u>313,297</u>	<u>89,368</u>	<u>1,216,511</u>	<u>1,326,599</u>
Excess (deficiency) of revenue over expenses before unrealized items	128,940	219,509	27,191	375,640	463,360
Unrealized gain (loss) on investments	(22,410)	(30,947)	—	(53,357)	42,313
Excess (deficiency) of revenue over expenses for the year	<u>\$ 106,530</u>	<u>\$ 188,562</u>	<u>\$ 27,191</u>	<u>\$ 322,283</u>	<u>\$ 505,673</u>

2019/2020 BOARD OF DIRECTORS



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*Please note the photo does not include all board members.

