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Taranaki Asthma Society held an adventure camp for children with asthma in late January. The ten children who participated were aged 7 to 13, and had all been hospitalised with asthma during the past year. They white water rafted, did a high ropes course and had fun on a flying fox. Pictured from left: Olivia Jenkins, 11, Madison Parker, 8, Somin Park, 10, instructor Alan Sarten, 11-year-old Darcy Stanton and paediatrician Dirken Krahn. Photo courtesy Taranaki Daily News.

## Influenza vaccinations

The Asthma Foundation recommends that you get vaccinated against influenza as soon as you can, before the start of the peak influenza season (usually May to September).

Most medical centres will now have supplies of vaccine. Talk with your GP or practice nurse to ensure that you have your vaccine at the best time for you.

The vaccine is free until 31 July this year to everyone with a long-term respiratory condition. This includes people with asthma who use a preventer regularly.

Although this year's vaccination will cover the same influenza strains as last year's (including swine flu), it's recommended that people get themselves vaccinated again because the vaccinations weaken over

time and a second one will help ensure better protection for the 2011 season.

People over 65 are eligible for free vaccinations and, for the first time, pregnant women. Children can be vaccinated from six months old.

If you have a long-term respiratory condition we also recommend that you talk with your medical centre about whether a pneumonia vaccination would benefit you. This vaccine isn't free but provides protection for about five years. It is not recommended for children under 9 this year.



# Respiratory News

03/11



**the asthma foundation**  
Better respiratory health for New Zealanders

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## Learning to read – harder for children with asthma

- The Asthma Foundation funds ground breaking research

The Asthma Foundation is on a mission to bring about change following the publication of a New Zealand study demonstrating the educational disadvantages faced by new entrant school children with asthma.

An article about the Children's Learning Study, which was carried out at the University of Canterbury from 2005 to 2008, featured in the December edition of CHEST (a prestigious North American respiratory journal). The issue was also covered in the Christchurch newspaper, the Press, in December.

Of the 298 five-year-olds at eight Christchurch schools, the children with asthma were far more likely to have fallen behind in their reading ability by the end of their first school year than those without asthma. Their lower achievement was independent of socioeconomic status, ethnicity,

ability level, absence, asthma severity and behaviour problems.

The study was substantially funded by the Asthma Foundation.

"We now have evidence that poorly-controlled asthma adversely affects children's learning and we must act," says our new Chief Executive, Angela Francis (see story below).

"If asthma societies, health professionals and government agencies work together, we can tackle this very serious issue.

"Families with children with asthma have the absolute right to the best care and treatment for their children so that they aren't left behind educationally. We must ensure that this right is given life, and words are turned into actions," Angela says.

An interview with the Children's Learning Study principal investigator, Professor Kathleen Liberty, is on page 3.

## New Chief Executive on board

Angela Francis has started as our new Chief Executive, replacing Jane Patterson.



Angela Francis

Angela's previous roles include deputy chief executive officer for the former Eastern Bay of Plenty PHO and, prior to that, planning manager at the Bay of Plenty DHB, and later portfolio manager.

Angela has worked in health her whole professional life and has experience across the public, private and not-for-profit sectors. She has an international Master's degree in education (public health focus), a national post-graduate qualification in health management, and project management qualifications.

"I want to continue the best practice that exists, and will be seeking opportunities to grow and guide us through our next stage of development."

Although she's spent the past 10 years in the Bay of Plenty, Angela grew up in Auckland. Enjoying, as she does, jazz music, New Zealand art and film festival movies, Angela's thrilled about the cultural and intellectual richness that Wellington offers.



The Asthma Foundation is committed to making a difference for Māori with respiratory conditions

# Respiratory News

## The Asthma Foundation in the news

### Children in the swim of things

#### Asthma Foundation gives grants

by Megan Gnad

Jessika, Noah, and Abigail Jenkinson's swimming skills are progressing in leaps and bounds these holidays thanks to a grant from the Asthma Foundation of New Zealand.

The Kakanui children are making the most of the free lessons at the Waitaki Aquatic Centre where they are receiving one term of tuition.

The North Otago Asthma Society applied for the grants and was thrilled to receive funding for 16 local children with the condition.

Father Karl Jenkinson said without the assistance they would not have been able to afford lessons for all three children.

"They all have asthma and swimming gives them a cardiovascular workout without the strain," he said.

"Since the lesson they have all improved."

North Otago Asthma Society field worker Debbie Huls said swimming was valuable for the health of people with the condition.

"It's a great form of exercise for children who suffer from asthma, not just for general fitness, but to learn good breathing control," she said.



**WATER BABIES:** North Otago Asthma Society field worker Debbie Huls was delighted to receive enough funding for local children with asthma to take swimming lessons at the Waitaki Aquatic Centre. Lucky recipients having fun yesterday were Kakanui man Karl Jenkinson with children Jessika, 5, Noah, 6, and Abigail 8.

Image and text courtesy the Oamaru Mail.

## New entrant school children, learning and asthma: special interview

See page 2: "Learning to read – harder for children with asthma"

An interview with Children's Learning Study principal investigator, Professor Kathleen Liberty.



Kathleen Liberty from the University of Canterbury.

Professor Liberty was asked and answered these questions via email.

**The Asthma and Respiratory News: What is new or unique about this study?**

Kathleen Liberty: There are three features that I believe are unique to our study.

It is a prospective cohort study, so we were able to follow children before they were identified as low achievers – this is important, because this meant that we were reasonably certain that all of our children had very similar learning experience with the first year of New Zealand's national curriculum (having a national curriculum is another factor that helped us have good experimental control). This is good because we believe that it would be impossible to accurately understand asthma's impact on children's learning if all children with learning problems were excluded. Thus, because of our recruitment strategy, we were able to avoid these problems.

We were able to control for both age and length of time in school because of New Zealand's unique use

continued on page 10



Asthma Rotorua has a new asthma educator, Amanda Hirst. She is pictured with her children.

From left: Bailey, 13, Amanda, Sarah-Louise, 14, and Aimee Rose, 7.

## Balloon Day preparation in full swing



Travis Paterson from Matata School in the eastern Bay of Plenty, who really got into Balloon Day last year.



Matata Public School students got creative last year for Balloon Day.

The Asthma Foundation's busy getting things in place for Asthma Awareness Week and Balloon Day 2011.

"We're very excited about our new Balloon Day sponsor, HRV. Together with Mitre 10, with support from Pink®Batts®, they will help us realise our goal of getting as much buy-in as possible this year from key supporters", says our new Chief Executive, Angela Francis (see article page 2).

Like last year, Mitre 10 and Mitre 10 MEGA stores will have our collection boxes at their checkouts during Asthma Awareness Week. Shoppers will be able to make a donation and take away one of our red lollipops. The shops will display our posters and balloons. HRV have a television commercial planned that will complement the Asthma Foundation's advertising and will provide a number of staff as volunteers.

### Activities in the community

In addition to our multimedia advertising campaign – which will include television and radio – carrying the "1 in 4 kids struggles to blow up a balloon, asthma won't let them" message, we anticipate that activities at schools, pharmacies, libraries and medical centres around Aotearoa will again be a driving force in the campaign.

The school holidays are different this year because of the Rugby World Cup and schools are being encouraged to do their bit either before or after the school break, between 8 April and 6 May. If this is not suitable for a school, we are happy to work another date out with them.

We'll be calling the public to action to text PUFF to 4560 to donate \$3 or make an automatic \$20 donation on 0900 4 ASTHMA (0900 4 278 462). Social media such as Twitter and Facebook are great for creating interest in a topic, particularly among Generation Y-ers, and we'll use these to our advantage too.

**Asthma Awareness Week 2011**  
Wednesday 27 April until Tuesday 3 May.  
**Balloon Day 2011**  
Friday 29 April.

**MITRE 10**

**MITRE 10  
MEGA**

**pink®batts®**  
MORE THAN COMFORT

# Balloon Day preparation

## Best Dressed Window Competition

The Pharmacy Guild of New Zealand is supporting Asthma Awareness Week and Balloon Day 2011 and the Asthma Foundation is running a Best Dressed Window Competition for pharmacies.

The idea is that pharmacies tap into their creative abilities to bolster asthma awareness.

The Asthma Foundation will supply Balloon Day posters and balloons and the prize is a basket of morning tea goodies provided by Café L'affaire, Wellington.

Pharmacies can enter online at  
[www.asthmafoundation.org.nz](http://www.asthmafoundation.org.nz)



Balloon Day supports many of our activities directly or indirectly. This photo was taken at an Asthma Fundamentals training session in February. Lynette Pearce (left), a practice nurse from Lister Court General Practice in Blenheim, and Avon Ward, a diabetes nurse educator from a local Māori health provider, work together on identifying asthma triggers.

Our Fundraising Manager, Julie McMeeken, has collated two brilliant booklets for schools, and businesses and individuals, packed full of suggested fundraising activities.

We'll convey the 1 in 4 message to the media in new ways this year. We'll also encourage New Zealanders to help us keep kids out of hospital with asthma by telling the story of what being hospitalised with asthma is like for children.

Our Asthma Societies will organise a number of activities around the country, which we will report back on in the June A and R News.

Look out for our 2011 colouring competition too.



Want to help us with Balloon Day and  
Asthma Awareness Week?  
Email: [julie@asthmafoundation.org.nz](mailto:julie@asthmafoundation.org.nz).



Madison Parker, 8, (foreground) and her fellow campers get ready to raft. They were on the adventure camp featured on the front page.



the asthma foundation  
**Balloon Day**

# Healthier cleaning and breathing easier



Cleaning your home with potentially harmful chemicals is unnecessary. The Green Works® range of 99 percent natural cleaning products is effective and safe.

Few of us enjoy cleaning. There are so many other things we'd rather be doing. Keeping your home clean is important though – especially with children or pets around.

However, we've come to associate "clean" with the smell of harsh chemicals, thinly disguised by synthetic fragrances. But chemicals aren't ideal for the surfaces we eat from and touch every day, and trigger allergies, asthma and dermatitis in some people. Natural alternatives are better.

That's where Green Works® excels. Its range of natural cleaning products – dishwashing liquid, multipurpose, bathroom, glass and surface cleaners – are highly effective, leave no chemicals or residues, and are affordable. No wonder Green Works® is such a popular household choice.

Green Works® recently teamed up with the parenting website, Kidspot ([www.kidspot.co.nz](http://www.kidspot.co.nz)), to let 30 parents trial their products. Each parent received a kitchen cleaning pack containing Green Works® Zesty Lime Natural Dishwashing Liquid, Water Lily Natural Dishwashing Liquid, Natural Multipurpose Cleaner and Natural Floor Cleaner. The parents tested the products and posted their honest impressions on the Kidspot website.

The results were overwhelmingly positive. Some users posted pages of comments about how effective, gentle, safe, and great smelling the products were.

One parent was Jobrush\*\*, who admitted that she liked living in a clean environment a lot more than she liked cleaning.

"If I'm given a choice to do cleaning and something else, something else will win every time."

When it came to claims of environmentally friendly products, Jobrush took most with a grain of salt.

"If they don't work I'm not going to use them over my everyday, not-so-environmentally friendly cleaners. I've used 'green' dishwashing products before but felt like you had to use so much, it negated the

environmental benefit. Green Works® isn't like that. The suds last the wash, the fragrances are pleasant, not overpowering, and there's no evidence of residue on the clean dishes."

Hope\*\*, another parent, experiences severe eczema on her hands and arms with chemical-based cleaners. Green Works® Natural Dishwashing Liquid gave her no such reaction.

"I can now clean without wearing gloves, a face mask and barrier cream," she says. "Green Works® products do the job and are gentle on my skin, eyes and lungs. There are no nasties lurking on surfaces to irritate me or build up in my son's system. **Green Works® products are awesome. I'm sold!**"

Green Works® products are made from renewable, coconut-based cleaning agents, natural-based ethanol, and essential lemon oil. These plant and mineral-based ingredients are biodegradable, safe for septic and grey-water systems, and tackle challenging cleaning jobs as effectively, or better than, other brands.

Green Works® natural cleaners are dermatologist-tested and phthalate-free. Many of the parents were happy to use Green Works® on their babies' high chairs and toys.

Green Works® products are approved by The Asthma Foundation's Sensitive Choice programme.

The Green Works® range is available in supermarkets nationwide.

For more: [www.greenworks.co.nz](http://www.greenworks.co.nz)

\*\* Kidspot screen name



# The fight for a smoke-free New Zealand continues

A Parliamentary bill that would ban retail tobacco displays passed its first reading in December. The Select Committee hearings on the bill have now closed, and the Health Select Committee is due to report back in April.

Under the Smoke-free Environments (controls and enforcement) Amendment Bill, championed by associate Health Minister Tariana Turia, retailers would have to remove tobacco displays within two years of the bill coming into force.

The provisions in the draft legislation reflect the findings of the Māori Affairs Select Committee investigation into the tobacco industry in New Zealand and the consequences of tobacco use for Māori, which in November proposed major new restrictions on the promotion of tobacco in New Zealand.

The amendment bill also allows for on-the-spot fines for selling cigarettes to people under 18, capped at \$400 – 20 percent of the \$2000 maximum penalty for the offence. Prosecution through the courts would be possible for more serious or repeat offences. Tobacco control activists have long advocated tougher laws and more resources to tackle retailers who sell cigarettes to young people.

If enacted in its current form, the bill also would ban the display of trading names including words or phrases that effectively advertise tobacco products. An example would be “John’s Discount Cigarettes”.



Asthma Hawke's Bay respiratory nurse educator, Julie Shaw, at a recent sports event, the Iron Māori.

This is a summary of the Asthma Foundation's written submission to the Health Select Committee.

## The Asthma Foundation supports:

- the removal of retail tobacco displays
- the tightening of tobacco controls
- the enforcement of existing controls.

A significant proportion of the people the Asthma Foundation represents have suffered significant bad health through smoking. We are concerned that future generations shouldn't be affected like this.

We share the Smokefree Coalition's vision for a tobacco-free New Zealand by 2020, with future generations free from exposure to tobacco products and enjoying smoke-free lives. This vision relies on government playing its role.

Tobacco is the single most important cause of premature and preventable deaths in New Zealand. Almost all smokers start before the age of 18 and a growing majority of smokers regret starting and want to quit.

Tobacco products are not normal consumer products and should not be treated as such. They are highly addictive and cause illness and the premature deaths of thousands of people each year in Aotearoa. Tobacco displays are highly effective marketing/advertising tools, which undermine government investment in tobacco control.

A complete retail display ban will simplify retailer compliance with legislation, making enforcement easier. Removing tobacco products from sight in retail outlets will help de-normalise tobacco consumption among children, a measure that has majority support from the New Zealand public (61 percent).

We support the Māori Affairs Select Committee's recent inquiry into the tobacco industry in New Zealand and the consequences of tobacco use for Māori, including recommendations that Government set a date for New Zealand's freedom from tobacco. (Note: The Government recently committed to a Smokefree New Zealand by 2025).

We support the additional clauses in the bill that enforce prohibitions on distribution of supply of tobacco products free of charge.

We support the additional amendments in the bill that establish that any breach of the proposed amendments pertaining to sales to people younger than 18 is an offence liable to either fines or infringement notices.

We appeal to the Health Select Committee to recommend that the Government introduce a tobacco retailer register, requiring all those selling tobacco and other smoking products to sign up to it to help crack down on illicit tobacco sales.

We urge the Health Select Committee to support the Māori Affairs Select Committee's recommendations for amendments to the Smoke-free Environments Bill.

# The fight for a smoke-free New Zealand continues

In conclusion, we congratulated the Government for showing strong leadership on tobacco control and intervention, and urged the Select Committee to continue this by recommending to Government to regulate strongly against tobacco's marketing and promotion in all its forms, and impose significant penalties on people that continue to sell tobacco to our children.

## Muddying the waters

From the Association of Community Retailers' written submission on the bill.

Spokesman Richard Green said: "We have a fundamental problem with the banning of the tobacco displays, which is mainly a retailer issue, because of the initial costs.

"There's no evidence that we've been supplied, and I don't think you've been supplied any new evidence, that states that banning tobacco displays in New Zealand will have an effect on the cessation of smoking."

Green, who owns two discount tobacco stores, said retailers would be hit hard in the pocket by the cost of replacing display units to meet the new legislative requirements.

He said the cost was likely to be up to \$2000 for each unit to be replaced.

## Smokefree Coalition calls for retail register

The SFC's director, Dr Prudence Stone, has also called for a register of tobacco retailers.

"A register of tobacco retailers would help the Ministry of Health monitor compliance with new laws surrounding displays, but it would also be a great way to forge better relationships with retailers and improve communication lines," Prudence said.

"Currently, tobacco retailers have a better relationship with the tobacco industry, and the regular reps – who always tell them that retail display bans are bad news – than they do with the Ministry."



## How hard to comply? One public health perspective

From the New Zealand Herald of 9 February, 2011.

Hutt Valley Regional Public Health adviser Lucy Butler told Parliament's health committee today shop retailers should hide displays within nine months, not two years, and specialist tobacco retailers within a year.

She said a survey of 48 tobacco retailers in the Hutt Valley showed stores already had the means to cover the displays with grey roller doors.

"It was indicated to us when we conducted the survey that these tobacco displays are actually closed and locked at the end of each day to mitigate theft," Ms Butler said.

# Herbal remedies complementary, not an alternative

**People with asthma who use herbal remedies are less likely to use their prescribed medications and consequently have worse asthma control, according to a recent US study.**

The study, published by the American College of Allergy, Asthma and Immunology (ACAAI) in its scientific journal, tracked 326 people with asthma over nearly three years. About 25 percent of participants reported herbal remedy use and lower adherence to use of inhaled corticosteroids – commonly used as a preventer for asthma.

Dr Leonard Bielory from the ACAAI said: "patients interested in herbal remedies need to use them to complement treatment and not as an alternative, or they will not maximise their health and may actually hinder it, as this study shows."

Our Education Services Manager, Robyn Ingleton adds:

"People think that herbal remedies are natural so therefore cannot be harmful. They can still be harmful. If you are taking herbal remedies make sure to keep taking your asthma preventer medication. And remember bee pollen and echinacea can worsen asthma symptoms."

## Buyer beware

Dr Bob Hancox, Medical Director, the Asthma Foundation

Over the summer, several people have asked me for my opinion on the Silberhorn PuffPluss Respiratory Formula. It seems that this formula has been advertised on television to help people with breathing difficulties and that people have been contacting their nearest Asthma Society for advice.



I haven't seen these adverts myself so I looked at the Silberhorn website instead. It states that the PuffPluss formula will "support respiratory health" and, with the reduction or elimination of dairy products, "aid in elimination of mucus". The formula contains a mixture of herbs which, it is claimed, have a range of remarkable properties, including removing mucus from the lungs and sinuses, removing mucus and toxins from the bowels, supporting the immune system, soothing membranes, balancing blood sugar and healthy cholesterol, and supporting blood circulation. The website doesn't say how this formula was developed or tested, although, according to another website which sells naturopathic remedies online, it was formulated under a naturopath's guidance using herbs that have been used to "support respiratory wellness for centuries". Apparently the manufacturers are "confident that PuffPluss will support a healthy respiratory tract and normal breathing". At \$29 for 60 capsules (10 to 20 days supply) it isn't cheap, but some people might decide that it is worth the money if it really is as good as it claims.

A search of the scientific medical literature revealed no convincing evidence that any of these herbs improve respiratory health. Most of the herbs do not appear to have been studied at all. More importantly, I couldn't find any evidence that the PuffPluss formula has been tested for any health condition. Not all evidence will make it to the scientific literature, so several weeks ago I wrote to Silberhorn to ask what evidence they had. So far, they have not sent me any evidence at all. When I rang their office, they said that they had received "thousands" of testimonials, but they were unable to point to any other evidence. I am now waiting for a call from one of their senior managers.

In short, I have been unable to find any evidence that the PuffPluss formula is effective. Just as importantly, I have not found any evidence that it is safe either. This formula is claimed to have a remarkable range of effects. Anything that really had all of these effects on health would be bound to have side effects too. There are plenty of conventional medicines that are based on herbal products and all of them have side effects. When I asked about safety, I was advised that people with serious heart or lung conditions should discuss it with their doctor first. This raises the question of how a doctor would know whether the formula is safe if there is no information in the medical literature.

I suspect that many doctors will probably say that it is okay because they will realise that it is just as unlikely to be harmful as it is unlikely to be effective.

The question remains as to when the Asthma Foundation should support unconventional treatments. For me the answer is simple. If a treatment is recommended by reputable national or international guidelines, it has probably been properly tested. Treatments that are backed by independent scientific evidence are also worth considering. Anything less than this will not be supported. People are free to make their own decisions, and choose to believe the adverts, but as the saying goes: "if it sounds too good to be true, it probably isn't".

Of course I cannot prove that PuffPluss does not work, but the burden of proof surely rests with the company selling the product.

I'm still waiting to see whether Silberhorn can supply any real evidence for PuffPluss – if I get some, I will let you know.

## Jane Patterson's final column

continued from page 12

The fact remains, however, that asthma continues to be potentially lethal. We also have considerable local research evidence to show that effective self management (or in the case of a new entrant, parental management) significantly reduces asthma morbidity. The problem seems to be, at least in part, a lack of effective asthma education for parents and children. Asthma education is absolutely core business for our affiliated Asthma Societies, but given the prevalence of asthma they can't do it on their own. We continue to believe that more nurse-led asthma clinics would provide an effective vehicle for improving the level of asthma education available to patients and their families. We backed the development of GASP as a tool that could support nurses in this role.

The research findings of Kathleen Liberty, et al, are an important wake up call for all of us involved in working with people with asthma and we must do better.

Jane Patterson  
Chief Executive  
The Asthma Foundation

# New entrant children, learning and asthma: special interview (cont'd)

continued from page 3

of the age 5 birthday as a primary school start date. This is important because many other studies of children with asthma have often (a) compared achievement across a mixed age range, so that children's age and length of time in school were not separately considered, and both age and length of time in school can impact on achievement and/or (b) excluded children who were identified as low achievers in the sample recruitment.

We were thus able to control for factors identified in educational and psychological research as significant contributors to low achievement and, because we had such good experimental control, we were able to show that entering school with current asthma was a significant factor even taking into consideration all of the factors known to affect achievement.

## A and R News: Why was their asthma a hindrance to their reading?

KL: We do not know. Our best guess is that it is something associated with asthma – but again not all children with asthma were low achieving. Therefore it is most likely to be some condition that is associated only with some children with asthma. We give a few ideas toward the end of our paper:

- the presence of co-morbid health problems such as sleep deprivation, rhinitis, and higher Body Mass Index figures
- asthma control
- medication effects
- psycho-social factors.

## A and R News: Why was it that the reading words and text achievements were affected for the asthma children's cohort, but not maths? Do we have any idea about the "anatomy" of this, if you like?

KL: We should preface our response by saying that our findings don't confirm that asthma is a direct cause of lower achievement in reading. However, given our analyses controlled for a number of potentially confounding influences, such as socioeconomic status and ethnicity, we think our findings suggest that asthma and early reading achievement are linked in some way, which is as yet not explained.

In response to your question, let me say that the children with asthma on average had lower math scores at the end of the first year of school, but the difference did not reach a level of statistical significance needed. I, personally, believe this might be due to the methodology. If the difference we found continued through the second year of school, it is likely that the effects for math might also show the children with asthma were struggling.

Therefore, I, personally, do not make too much of the difference between math and reading.

That said, we (the authors) have discussed potential reasons for the difference between reading and math.



Canterbury nurse educator, Moira Green, with school children.

These ideas are very speculative and beyond any data that we have and include:

- The measures of achievement we used for letter and word reading and for story reading require the children to say letters/words aloud, and to read from a story book aloud — and these are similar to the ways in which beginning reading is taught. It appears possible that children with asthma may have difficulties controlling their breathing, or learning to control their breathing while reading aloud – which is a part of the reading process that apparently has had little research. When you think about it, reading one word aloud does not require as much breath control as reading aloud the sentences in a story. The fact that a greater number of children with asthma had difficulty reading the sentences in stories may be seen as support for this idea. On the other hand, the measures we used of math involved pointing and/or saying a number aloud.
- The reason why learning to read would be significantly affected by breathing problems, and not math, is that beginning reading in New Zealand classrooms involves multiple opportunities to read aloud every day. Children do very little "silent" reading in their first year of school. Therefore, children with asthma may have had persistent problems with breathing and reading aloud over time, which were reflected in their end of the year test scores. However, math instruction commonly involves learning to write numbers, and to match numbers to pictures of objects, using pointing or a pencil. Thus, children with asthma would not necessarily be struggling to control their breath while doing math, because they would have no or little association of doing math aloud. Further, the breathing difficulties may be associated with anxiety or other emotional behaviours, and these may become associated with the reading process during the first year of school (for some children with asthma).

## Thanks for the support

- Another possible hypothesis. Reading and math involve different neurological/cognitive processes. If low achievement in reading by children with asthma is associated with neurological or cognitive processes (which we did not study), it may be that neurological or cognitive processes are differentially affected by asthma, asthma co-morbidity conditions, asthma medication, or other factors we have not yet studied.

**A and R News: You would like to see more research in this area... and looking at what exactly?**

KL:

- What about asthma is associated with low achievement?
- Does this low achievement continue into subsequent years?
- If yes, can low achievement be prevented with early intervention?

**A and R News: The severity of the asthma concerned does not seem to be a factor in reading achievements. But the worse a child's asthma is, surely, the more barriers they would face to any sort of learning? What do you think?**

KL: There are many different measures of asthma severity, and we may not have used the measure that would help us understand the relationship between severity and achievement. For example, the children, at age 5, were deemed too young to provide a valid and reliable measure of lung function, and many severity scales do incorporate such measures. A second reason is that the variable or factor may be related to a co-morbid condition, such as anxiety, which is not included in many measures of asthma severity.

**A and R News: Did the fact that the extent of the learning underachievement did not seem to be a function of the severity of the asthma surprise you? Whether your answer is no or yes, would you please elaborate on your answer.**

KL: I would say I was far more surprised that it was independent of poverty, ethnicity, gender and school absence, because these are the factors most commonly associated with low achievement. However to get back to your question of severity, all of the senior investigators had many reservations about the available measures of asthma severity, so I am not confident at all that this issue has been sufficiently addressed. Different measures of severity might have shown a different outcome.

**The Asthma Foundation's very grateful to everyone who voted for us on the Sovereign Sunshine website during January ([www.sovereignsunshine.co.nz](http://www.sovereignsunshine.co.nz)).**

Sovereign Sunshine is a community programme which puts up six new charities on its website each month, for which members of the public can vote. The proportion of the overall vote that each charity receives determines how much of the \$10 000 put up by Sovereign Sunshine that they are allocated.

We received 18 percent of the vote, which we are delighted with. This gives us a wonderful \$1800 to support us in our work. We are also very grateful to Sovereign Sunshine.



## Touch, pause and engage!

The New Zealand Respiratory Conference (formerly known as the Respiratory Educators Conference) is to be held at Wellington's Michael Fowler Centre on 1 and 2 September – not long before the Rugby World Cup.

Our 2011 theme is **Touch – Pause – Engage!**

**Touch** base with new research and innovation

**Pause** for a moment to see if you can improve what you're doing currently

**Engage** in evidence-based practice.

Nurses, doctors and allied health professionals – all recognised experts in their field, will talk about respiratory and research trends. Kathleen Liberty, the principal investigator for the Children's Learning Study (see pages 2 and 3) will present. A workshop will be held on how to interpret research, apply the findings to your practice and how to carry out your own research.

The conference is open to health professionals with an interest in working with people with respiratory conditions.

For more information, email: [conference@asthmafoundation.org.nz](mailto:conference@asthmafoundation.org.nz)

# A good legacy, but I'm not satisfied

This is my final column in the A and R News. By the time you read this, I will have finished at the Asthma Foundation after nearly ten years in the job. I felt it was time for me to have a change and that it was also probably time for fresh ideas and a fresh perspective for the organisation. It has been a great experience working for the Asthma Foundation and I am proud of the things we have initiated over the last decade. The staff at the Foundation are truly excellent and I know that the organisation will continue to grow and prosper.

At such a time you tend to think back on what has been achieved and what hasn't. There are a lot of good things. We have access to a better range of medicines for asthma and COPD. There has been considerable legislative progress to reduce the impact of tobacco. The signs are good that we are about to see some more significant measures enacted to reduce the power of the tobacco industry to ensnare our children with their addictive and lethal products. Our Asthma Societies continue to excel in assisting their clients to live lives as unaffected by their illness as possible.

They are also extending their range of services and some are now engaged in providing pulmonary rehabilitation. COPD support groups are flourishing – a legacy, in part, of a time when smoking was the norm – and they provide a valuable social connection and an exercise programme to promote wellness. Our Respiratory Educators Conference (since renamed the New Zealand Respiratory Conference) is attracting increased numbers of nurses and physiotherapists with its excellent speakers and workshops and Balloon Day continues to build awareness of respiratory illness and asthma in particular. We continue to fund research projects that are likely to have a practical element to them or are a pilot project prior to a larger study. We have engaged

more effectively in our work to reduce the impact of respiratory illness on Māori.

This is a good legacy, but why am I not satisfied? Probably the answer is summed up in its most extreme form by the fact that we keep seeing media reports of deaths of young people from asthma.

Given that we have a proven programme of self management available and given that we have good medicines, why is this still happening? Further evidence of a less dramatic but very important kind was published recently in CHEST. Local researcher, Dr Kathleen Liberty from Canterbury University, looked at the impact of asthma on learning in new entrant children. The results were very concerning.

“Entering school with asthma was a significant predictor of low achievement in reading at 12-month follow-up, independent of asthma severity, high absenteeism, or other covariates of low achievement.”

In other words, children with asthma are disadvantaged at school in terms of learning outcomes. We are very proud to have made a substantial funding commitment to this research but we are very concerned about the results. We will be interested to see their further analysis on the reasons for this. But the question remains: “what do we need to do to give these children a better start”?

I wonder if we feel that with our good and effective drugs for asthma that the problem now hardly exists and we have ceased to pay sufficient attention to asthma.



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