Asthma Australia Submission to the Australian Capital Territory Treasury

Pre-Budget Submission 2022–23

May 2022

ABOUT ASTHMA AUSTRALIA

Asthma Australia is a for-purpose, consumer organisation which has been improving the lives of people with asthma since 1962.

Asthma is an inflammatory condition of the airways, which restricts airflow and can be fatal. There is no cure, but most people with asthma can experience good control of their condition.

Asthma affects 1 in 9 Australians, or 2.7 million people. It has various degrees of severity (mild to severe) and affects people of all ages, from childhood to adulthood. Asthma can appear at all ages and stages of life.

Asthma Australia's purpose is to help people breathe better so they can live freely. We deliver evidence-based prevention and health strategies to more than half a million people each year. To ensure people can access effective treatments and best practice healthcare for their asthma, we work directly with people with asthma, their family and friends, health professionals, researchers, schools and governments. This way, we can ensure people with asthma are supported with education and access to high-quality information and care where they live, work and play in all stages of life.

Executive summary

Our submission focuses on the following funding priority issues and sets out the following recommendations:

Funding priority 1: Funding for a national AirSmart public education campaign to reduce the health impacts of air pollution

> RECOMMENDATION: Asthma Australia recommends the ACT Government fund Asthma Australia $315,000 over two years to contribute to the ACT component of Asthma Australia's national AirSmart public education campaign to minimise the impacts of poor air quality

Funding priority 2: CALD Communities—ACT Refugee Community Connectors

> RECOMMENDATION: Asthma Australia recommends the ACT Government invest $152,856 to support a one-year ACT Refugee Community Connector pilot program focussing on asthma and respiratory care to assist the integration of refugees to local primary care services and reduce the burden on acute care services

Funding priority 3: Clean air for ACT residents

> RECOMMENDATION: Asthma Australia recommends the Australian Capital Territory Government invest in an education campaign to raise awareness around the dangers of wood heater smoke and the availability of the Wood Heater Replacement Scheme

> RECOMMENDATION: Asthma Australia recommends the Australian Capital Territory Government provide financial support to people of low socio-economic status with asthma towards the costs associated with purchasing and using air purifiers with a HEPA filter

> RECOMMENDATION: Asthma Australia recommends the Australian Capital Territory Government invest in a trial of low-cost air quality sensors

Introduction

Asthma Australia wants people to live in communities where we are supported to live healthy lives and can breathe clean air. Asthma Australia welcomes the opportunity to detail funding priorities for the 2022–23 Budget that will benefit the one in eight Territorians who have asthma. In addition to these individuals, asthma affects carers for people with asthma, the families, communities, schools and workplaces of people with asthma, our healthcare system and the broader economy. It is therefore vitally important that the 2022–23 Budget responds to the needs of people with asthma.

As a peak consumer health organisation representing people with a chronic health condition, Asthma Australia supports increased investment in preventive health and primary health care because this will help reduce the prevalence and impact of chronic disease, and in turn reduce the burden on the health system and broader community. To further reduce this burden and improve the lives of people living with asthma, we therefore: seek funding to implement a national AirSmart public education campaign, seek investment in a one-year ACT Refugee Community Connector pilot program focussing on asthma and respiratory care, and seek funding to improve air quality for ACT residents.

Asthma in the Australian Capital Territory

In the Australian Capital Territory (ACT), one in eight (12.1%) people have asthma, higher than the national average of one in nine people (11%).[1] The ACT also has the highest rate of allergic rhinitis in Australia with 29% of the population reporting symptoms of allergic rhinitis in 2017–18 compared to all other states and territories.[2] Importantly for Territorians, thunderstorm asthma events are not uncommon and affect people with asthma and people with allergic rhinitis. In 2021, there was one thunderstorm asthma event in the ACT. However, the ACT had the wettest November on record which coincided with 203 asthma presentations across all acute health services in November 2021, including Walk-in Clinics, up from 63 in October 2021. This large number of presentations could be a result of an increase in asthma symptoms due to the humidity, mould and other triggers caused by increased rainfall.

In respect to the Aboriginal and Torres Strait Islander populations in the ACT, asthma is one of the most common self-reported chronic health problems among Indigenous populations.[3] The *2021–24 ACT PHN Needs Assessment* notes that: '[t]he gaps between Indigenous and non-Indigenous populations in the ACT in terms of asthma, mental and behavioural conditions were most significant, with the rates of Indigenous populations being about twice as prevalent as those in non--Indigenous populations'.[4]

Approximately 400 people die each year in Australia due to asthma[5] and there were 410 deaths due to asthma in 2020.[6] In 2020, the ACT experienced 6 asthma-related deaths.[7]

Asthma is the 9th leading contributor to the overall burden of disease in Australia,[8] having risen from 10th place in 2003 to 9th place in 2018.[9] Asthma can both be caused and exacerbated by conditions related to the warming climate, which means asthma outcomes will worsen as climate change impacts increase. Asthma is the leading cause of burden of disease for people aged 5–14 years.[10] People with asthma experience poorer health outcomes and quality of life.[11] People with asthma may live for a long period of time with its associated disability, and experience reduced participation in paid employment, education, care responsibilities, sports and social events.

Asthma hospitalisations in Australia are high by international standards.[12] Hospitalisations due to asthma are costly: on average, each emergency department presentation for asthma costs $443, an uncomplicated hospital admission costs $2,591 (approximately 1.5 hospital days) and a complicated admission costs $5,393 (approximately three hospital days).[13] A 2015 report on the *Hidden Cost of Asthma* found that asthma cost the healthcare system $1.2 billion, there was a cost of $1.1 billion in lost productivity, and the burden of disease amounted to a cost of $24.7 billion.[14] In the ACT in the period 2019–20, asthma (along with COPD, congestive cardiac failure, diabetes complications and iron deficiency anaemia), was one of the most common conditions for chronic condition preventable hospitalisations.[15]

Asthma and the 2022–23 Budget

The 2022–23 Budget presents a unique opportunity for the ACT Government to invest in respiratory health, the importance of which has been highlighted during the COVID-19 pandemic and the smoke crisis associated with the 2019–20 summer bushfires. These events have been particularly difficult for people with asthma. Many people with asthma and their carers have turned to Asthma Australia for support during these difficult times.

We have experienced significant increases in media reach, helpline calls and website traffic from people with a range of concerns including minimising the impacts of bushfire smoke exposure, fears of increased susceptibility to COVID-19 and challenges accessing medical care during the pandemic. For example, during the 2019–20 summer bushfires there were 2,429 link clicks on and 152 shares of our bushfire content across all platforms, and in the ACT there was a 186% increase (2.9 times) in inbound calls to our 1800 ASTHMA service. Further, since the start of the COVID-19 pandemic, there has been a 261% increase in web traffic nationally, over 300,000 visits to our COVID-19 website resources and information and our COVID-19 content was seen over 850,000 times across social media platforms.

In this submission, we seek investment in AirSmart, a public education campaign that aims to provide the information, tools and strategies people need to minimise or avoid exposure to unhealthy air.

We also seek a commitment from the ACT Government to invest in a one-year ACT Refugee Community Connector pilot program focussing on asthma and respiratory care, the purpose of which is to assist the integration of refugees to local primary care services and reduce the burden on acute care services.

Finally, we recommend the ACT Government do more to work towards improving air quality for ACT residents through investing in an education campaign on wood heater smoke and the Wood Heater Replacement Scheme, providing financial support to people of low socio-economic status with asthma towards the costs associated with purchasing and using air purifiers, and investing in a trial of low-cost air quality sensors.

Funding priority 1: Funding for a national AirSmart public education campaign to reduce the health impacts of air pollution

The bushfires of 2019–20 were a turning point for air quality in Australia with 80% of the population exposed to the impacts of bushfire smoke,[16] often for prolonged periods. People with asthma are among those particularly vulnerable to unhealthy air. Asthma Australia's consumer research has shown the public health messaging disseminated during the 2019–20 bushfires did not appear to help people avoid the impacts of the bushfire smoke.[17]

Longer and more intense fires are an impact of climate change already being experienced in Australia, resulting in more people being exposed to smoke and for longer periods of time. Modelling research estimates smoke from the 2019–2020 bushfires caused 1,305 emergency department attendances for asthma, 2,027 hospital admissions for respiratory problems, and 1,124 hospital admissions for cardiovascular problems.[18] The same study estimated 417 excess deaths due to the smoke.

In the ACT, bushfire smoke exposure from the 2019–2020 bushfires resulted in 31 excess deaths, 82 hospitalisations for cardiovascular problems, 147 hospitalisations for respiratory problems, and 89 emergency department presentations for asthma.[19]

A survey of over 12,000 people by Asthma Australia over December 2019 and January 2020 revealed exposure to bushfire smoke resulted in financial strain, reduced social participation and poor mental health for many respondents, outcomes which were more pronounced among respondents with asthma. People with asthma were also more likely to report experiencing respiratory symptoms, needing to seek medical assistance and being sick for longer than a week.

Exposure to prolonged periods of smoke exacted a significant toll on study participants from the ACT**.** People with asthma in the ACT reported requiring health service use such as visiting their GP, Emergency Department presentation or hospitalisation. Actions taken by ACT participants with asthma to relieve symptoms included increased reliever inhaler use (84.4%) and increased dose/frequency for existing preventers (45.3%).

People with asthma in the ACT were also significantly more impacted by bushfire smoke physically, financially and socially, compared to people without asthma. Overall, people with asthma in the ACT appeared to be more affected than people with asthma in other jurisdictions in most categories of impact on quality of life: 38.2% of people were sick for more than one week, 33.4% of people experienced financial stress, and 37.9% of people were absent from school or work.

To minimise the health impacts of exposure to unhealthy air, people need real time, local air quality information and guidance on the appropriate strategies to take at different air quality levels. Targeted information is also needed for people who are particularly vulnerable to poor air quality, including people with respiratory conditions, cardiovascular disease and type 2 diabetes, pregnant people, infants, children and older people.[20]

PROPOSAL: The ACT Government provide funding of $315,000 over two years to contribute to the ACT component of Asthma Australia's national AirSmart public education campaign to minimise the impacts of poor air quality

Asthma Australia has taken the lead on developing a targeted education campaign called 'AirSmart' to improve access to air quality tools for people who are particularly vulnerable to poor air quality. AirSmart is a national environmental health literacy campaign supported by innovative consumer technology to fundamentally change the Australian community's knowledge, attitudes, and behaviour relating to air quality.

AirSmart fills the need for a more effective and nationally consistent framework to increase community resilience to immediate and cumulative exposure to bushfire smoke following the 2019–2020 bushfires. AirSmart will directly support the community to prepare for and adapt to the impacts of climate change, including more extreme heatwaves, bushfires, droughts, and storms.

AirSmart aims to do for exposure to unhealthy air what SunSmart has done for exposure to ultraviolet (UV) radiation: SunSmart has successfully educated Australians around the dangers of UV and provided strategies to enjoy the outdoors safely. The AirSmart concept originated with the Public Health Association of Australia (PHAA), and PHAA strongly supports Asthma Australia progressing its implementation.

AirSmart will deliver an air quality public health campaign and an AirSmart app:

- **The public health campaign** will raise ACT community awareness about poor air quality, and how to interpret health advice so it can effectively protect itself from exposure and health impacts. This evidence-based educational initiative is an Australian-first. It will use traditional and social media channels to reach the full community, though priority will be given to educating especially vulnerable cohorts about poor air quality. To maximise ACT seasonal outcomes, the campaign will also educate about air quality impacts from wood heater usage.
- **The AirSmart app** is a consumer tool for local real-time air quality information and related health advice. Asthma Australia has used human-centred design principles to design the AirSmart app. The AirSmart app will provide consumers with localised 'real-time' air quality and pollen data, and strategies to avoid or minimise poor air quality exposure. The app also provides personalised notifications and health advice at specific air quality levels to arm consumers with specific daily advice about the most effective protection.

Note: The assets for AirSmart have been developed using an intensive consumer research approach and guided by environmental health experts. The assets include a 15 and 30 second television commercial, a radio commercial, other social and digital assets, a microsite, billboards, as well as the AirSmart app. These assets are available for viewing upon request.

Asthma Australia is now seeking funding from the ACT Government, and governments across all jurisdictions, to enable us to rollout AirSmart nationally.

> **RECOMMENDATION: Asthma Australia recommends the ACT Government fund Asthma Australia $315,000 over two years to contribute to the ACT component of Asthma Australia's national AirSmart public education campaign to minimise the impacts of poor air quality**

Table 1: Total AirSmart costing

Item	2022–23	2023–24
Media placement	$5,000,000	$5,000,000
App development and maintenance	$50,000	$30,000
Evaluation and consumer research	$30,000	$30,000
Project management costs	$50,000	$50,000
TOTAL	**$5,130,000**	**$5,110,000**

Table 2: Request for funding from ACT Government: AirSmart costings in the ACT

Item	2022–23	2023–24
Media placement	$150,000	$150,000
App development and maintenance	$3,000	$2,000
Evaluation and consumer research	$2,000	$2,000
Project management costs	$3,000	$3,000
TOTAL	**$158,000**	**$157,000**

Funding priority 2: CALD Communities—ACT Refugee Community Connectors

Respondents to the Capital Health Network's Needs Assessment Survey found that asthma education is a service gap in the ACT.[21] In respect of culturally and linguistically diverse (CALD) communities, literature shows that poor health outcomes in these communities are often related to issues such as different cultural beliefs about health, not being accepted into society, language skills and feelings of discrimination.[22]

The existence of this service gap is consistent with anecdotal reports in the Adelaide PHN-funded Adelaide Integrated Respiratory Response (AIRR) program, which led Asthma Australia to collaborate with CAaSSA (Community Access and Services South Australia). In the resulting project which took place in the 2020–21 financial year, Asthma Australia responded to this service gap by codesigning with community a comprehensive, integrated, community-led program to deliver culturally sensitive asthma basics and health literacy to two CALD community groups.

This program was a partnership with bicultural workers, who together with an Asthma Educator redesigned existing Asthma Australia visual training aids and introduced additional materials into the workshops. A Cultural Communication Specialist guided discussions and development to create content which was more meaningful and accessible to the CALD participants. This included translated information, tools and brochures, as well as training for the bicultural workers in the content that would be delivered during the workshops.

The program achieved 100% attendance and participants expressed feelings of empowerment regarding self-management of their asthma. Participation in the program also led to tangible improvements for participants. For example, an elderly Vietnamese woman who had asthma her whole life decided to see a respiratory and lung specialist for the first time; and an Arabic speaking father learnt how to observe whether his son was suffering an asthma episode, resulting in him immediately taking his son to the GP.

Through this project, Asthma Australia found that healthcare professionals undertaking cultural capability training, providing a welcoming and respectful workplace and providing access to Interpreter Services are fundamental steps towards addressing the existing gap in health outcomes for people from CALD communities. Asthma Australia subsequently shared these findings with a forum of South Australian healthcare professionals, in order to highlight the impact of cultural bias on the health of people from CALD communities.

PROPOSAL: The ACT Government invest in a one-year pilot of $152,856 to address refugee transition to primary care, through an integrated model of community connectors

Asthma Australia if seeking funding to replicate in the ACT the success of the work undertaken with CALD communities in South Australia. We will build upon our existing relationship with Companion House (ACT Refugee Medical Service) to deliver this pilot program. The ACT Refugee Community Connector program will adapt the AIRR model to suit the needs of local refugee groups, identified by Companion House, to help develop a culturally appropriate model for transition of care for people from refugee communities to community primary health services.

Through Asthma Australia's previous collaboration with Companion House, we have identified that there is a need to support communities who have a limited understanding of asthma and how the local health system works and address uncontrolled asthma (often in children) and COPD. Rather than self-managing their asthma or COPD, or visiting a different GP to deal with symptoms when Companion House services are unavailable, this group often seek emergency care when they unable to access medical services through Companion House. Our work in SA, outlined above, has also identified CALD communities are at risk of developing chronic disease based on their health literacy and the challenges of navigating and interacting with the health system in Australia.

This pilot program will work intensively with up to two GP practices and up to four pharmacies in the northern Canberra area, to be identified by Companion House. Asthma Australia will work with two appropriately trained bicultural workers from Companion House, who have established relationships with the refugee community taking part in this project, as well as and local health care professionals. Following training in asthma basics, these Refugee Community Connectors will then work several hours a week with consumers who have asthma and their current health care professionals to support transition to local, non-refugee specific primary care services.

Two separate planning workshops (using co-design principles) will be held with the chosen refugee community and health care professionals to inform the patient training workshops content and adaptations to current health care professional training. In keeping with the AIRR program concept, staff from all sites and all codesign participants involved in the ACT Refugee Community Connector program will be required to undergo cultural capability training.

It is anticipated that, during this pilot program and based on our consultations with the community, slight changes to the pilot may be made to best suit the community, which will lead to an adaptation of the allocation of the proposed funding. For instance, the community may prefer face-to-face asthma support sessions with a bicultural worker translating, rather than phone sessions.

It is proposed that the ACT Refugee Community Connector pilot program would be evaluated after a year to assess for quality improvements and sustainability. This will inform the adaptation of this pilot for future refugee cohorts who arrive in the ACT and could be adapted to address other chronic conditions.

> **RECOMMENDATION: Asthma Australia recommends the ACT Government invest $152,856 to support a one-year ACT Refugee Community Connector pilot program focussing on asthma and respiratory care to assist the integration of refugees to local primary care services and reduce the burden on acute care services**

Table 3: ACT Refugee Community Connector program costing

Item	Cost
Project Officer @ 0.3 FTE	$29,640
Bicultural Workers x 2 @ 20 hrs/week (incl additional interpreting /translating hours)	$42,798
Management of above 2 positions @ 2 hrs/week/48 weeks	$12,480
Cultural Capability Training for 24 people	$4,800
Co-design cost incl. facilitator, vouchers, interpretation	$9,176
Co-design cost health care professionals x 2	$6,000
Consumer Resources—development, printing, interpretation	$9,500
Community promotion—meeting expenses	$2,000
Asthma Australia services—Education and Promotion	$4,950
Health Professional Resources including translation	$24,512
Evaluation—Asthma Australia internal expertise	$7,000
TOTAL	**$152, 856**

Funding priority 3: Clean air for ACT residents

PROPOSAL: The ACT Government implement a marketing campaign to increase uptake of rebates under the Wood Heater Replacement Scheme.

Asthma Australia commends the ACT Government for introducing a Wood Heater Replacement Scheme in 2004 in response to air pollution caused by wood heater use. Wood smoke contributes more particulate matter pollution than any other source in the ACT.[23] Fine particulate matter, known as $PM_{2.5}$, is the most concerning pollutant for health because the particles can penetrate deep into the lungs and directly pass into the bloodstream.[24] Evidence shows there is no safe level of exposure to $PM_{2.5}$, meaning adverse health impacts can occur even at low levels of pollution, well below air pollution standards.[25]

Asthma Australia conducted a nationally representative survey of 25,000 people in November 2020 to understand the health impacts of woodfire heaters, and beliefs about woodfire heater use and potential regulatory responses. The results demonstrate the majority of the general population support phasing out wood heaters through measures such as subsidies or rebate schemes, with even higher support among people with asthma.[26] More than three-quarters of the general population believe wood heaters should not be allowed in urban or built-up areas.

While heating a home is vital in the ACT during the colder months, it should not expose entire neighbourhoods to toxic air pollution. Wood heater replacement schemes are therefore an essential policy measure to incentivise households to transition to efficient, reverse cycle air conditioning.

The ACT Government's Bushfire Smoke and Air Quality Strategy 2021–2025 recognises the need to strengthen measures to address wood heater smoke in the ACT. Reportedly, there has been low uptake of the Wood Heater Replacement Scheme, with around 25 wood heaters removed annually in the five years leading up to 2021, and a total of 1,228 rebates provided since the Scheme's inception in 2004.[27] In comparison, the Launceston wood heater buyback program reportedly[28] resulted in the removal of 2,000 wood heaters over just 3 years.

Asthma Australia therefore recommends the ACT Government invest in an education campaign to raise awareness around the dangers of wood heater smoke and the availability of the Wood Heater Replacement Scheme. The campaign should be linked to ambitious targets for the number of rebates accessed to remove wood heaters.

> **RECOMMENDATION: Asthma Australia recommends the Australian Capital Territory Government invest in an education campaign to raise awareness around the dangers of wood heater smoke and the availability of the Wood Heater Replacement Scheme**

PROPOSAL: The ACT Government invest in targeted financial support towards the cost of purchasing and running air purifiers

Air quality in the ACT has been shown to be adversely affected by woodfire heaters, hazard reduction burns and bushfires. For example, in 2017:

> *… air quality readings above the national standards occurred due to smoke, predominantly due to woodfire heaters. Twelve of the thirteen exceedances for PM2.5 were related to woodfire smoke. The other instance was attributed to a hazard reduction burn. There was also one breach of the PM10 standard which was attributed to hazard reduction burns.*[29]

Although the ACT Government has introduced a Wood Heater Replacement Program and has moved to gas-free new developments, we note that there is insufficient take-up of the Wood Heater Replacement Program, and consider that the Program alone isn't enough to reduce the immediate effects of poor air quality in the ACT—it will take time to transition away from woodfire heaters and for the benefits of the program to be felt. We therefore believe that the ACT Government should also assist people of low socio-economic status who have asthma with access to air purifiers.

Air purifiers with HEPA filters can be highly effective in minimising exposure to bushfire smoke when used as recommended by the manufacturer in a well-sealed room.[30] Air conditioning can also be necessary during air pollution events that occur in hot weather which require vulnerable people to shelter inside for hours or days at a time. However, it is expensive to purchase and run air purifiers and air conditioners. Some members of the community require financial assistance to implement these measures and ensure their homes are safe during air pollution events.

The ACT Government should establish a scheme to assist people of low socio-economic status with asthma with the costs of purchasing and running air purifiers.

> **RECOMMENDATION: Asthma Australia recommends the Australian Capital Territory Government provide financial support to people of low socio-economic status with asthma towards the costs associated with purchasing and using air purifiers with a HEPA filter**

PROPOSAL: The ACT Government implement a trial of low-cost air quality sensors as part of the implementation of the ACT Government's Bushfire Smoke and Air Quality Strategy 2021-2025

Asthma Australia welcomes the recognition in the ACT Government's Bushfire Smoke and Air Quality Strategy 2021–2025 to expand air quality monitoring. Local air quality information is essential for people to be able to understand when wood heater emissions reach harmful levels in their neighbourhood. However, because air pollution from wood heaters is highly localised to streets or neighbourhoods, the true extent of wood heater pollution is unlikely to be detected by the three air quality monitoring stations in the ACT.[31]

The Bushfire Smoke and Air Quality Strategy 2021–2025 commits to enhancing air quality monitoring and forecasting. As wood heater smoke is the leading source of particulate matter pollution in the ACT, Asthma Australia recommends the ACT Government invest in a trial of low-cost air quality sensors with a focus on regions known to have problematic levels of wood heater smoke such as Tuggeranong.

> **RECOMMENDATION: Asthma Australia recommends the Australian Capital Territory Government invest in a trial of low-cost air quality sensors**

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