



# Asthma Australia Submission to the Tasmanian Government Department of Health

## Exposure Draft—Our Healthcare Future: Advancing Tasmanian’s Health

July 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.



## Introduction

Asthma Australia welcomes the opportunity to comment on the Exposure Draft, Our Healthcare Future: Advancing Tasmanian’s Health (Exposure Draft), part of the Stage Two reforms to the Tasmanian healthcare system. Our comments in this submission build upon our earlier response to the Our Healthcare Future Immediate Actions and Consultation Paper, which marked the commencement of the stage two reforms.

In our earlier submission, we noted Asthma Australia’s support for the goal of embedding prevention in the healthcare system, and recognised the work the Tasmanian Government has already done to achieve this end. We noted that focusing on preventive health is an important response to Australia’s increasing healthcare needs and is a critical element of addressing the health disparities faced by disadvantaged and vulnerable population groups.

Asthma Australia welcomes the vision articulated in the Exposure Draft, for a world class, innovative and integrated health system for all Tasmanians. We also welcome the principles set out in the Exposure Draft. We agree with the strategic ambitions in the Exposure Draft and especially welcome the focus on reducing chronic conditions through strengthening preventive health approaches, the emphasis on co-design, and the acknowledgement of the additional challenges in ongoing health and wellbeing faced by Aboriginal Tasmanians.

Overall, we again recommended that the Tasmanian Government support initiatives that leverage existing community connections, collectives, resources and expertise in delivering co-designed health management to support services in the community.

### Asthma in Tasmania

Asthma is a chronic respiratory condition affecting 66,000 Tasmanians, or more than one in eight people, the second highest prevalence of any state or territory in Australia.<sup>1</sup> Across local government areas in Tasmania, the Brighton municipality has the highest rates of asthma, and the Launceston municipality has the highest total number of people with asthma.<sup>2</sup>

Asthma places a significant burden on Tasmanian hospitals. In 2016–17, 1,451 Tasmanians presented to emergency departments for asthma.<sup>3</sup> In this same period, asthma was responsible for 196 hospitalisations per 100,000 people in Tasmania.<sup>4</sup>

In the period in 2020–21, there were 692 potentially preventable hospitalisations for asthma in Tasmania.<sup>5</sup>

The Epidemiology Unit in the Tasmanian Department of Health provided Asthma Australia with the following data on the prevalence of asthma in Tasmania from 2015 to 2019:

- Hospitalisations in public hospitals in Tasmania doubled from 586 in 2015 to 1,149 in 2018, and then fell marginally to 1,083 in 2019<sup>6</sup>
- Hospitalisations were spread evenly between the Royal Hobart Hospital and the Launceston General Hospital with 1,878 and 1,875 hospitalisations respectively.<sup>7</sup> This was followed by the North West Regional Hospital (435) and the Mersey Community Hospital (209). Some other public hospitals and medical centres also had asthma hospitalisations (103)



- In 2019, readmission rates to the same hospital within one year following treatment were highest in the North West Regional Hospital at 23.5%, followed by the Royal Hobart Hospital at 20.6%<sup>8</sup>
- Launceston also had the highest number of preventable hospitalisations in this period<sup>9</sup>

Asthma caused 11 deaths in Tasmania in 2020.<sup>10</sup>

## Challenges and Drivers

This section of the Exposure Draft identifies some important challenges to and drivers of the provision of healthcare services in Tasmania, and identifies significant population characteristics for Tasmanians, one of which is chronic conditions.

In our earlier submission, Asthma Australia encouraged the Tasmanian Government to consider national approaches to chronic conditions as part of the Our Healthcare Future process, namely through consideration of the 2017 *National Strategic Framework for Chronic Conditions* and, more specifically, the *National Asthma Strategy 2018*.

We consider there is greater scope for the Exposure Draft to align with the 2017 *National Strategic Framework for Chronic Conditions* and, more specifically, the *National Asthma Strategy 2018*.

In the intervening period since our last submission and the release of the Exposure Draft, the Australian Government has also released other significant strategies and plans that we recommend the Tasmanian Government consider as part of the Our Healthcare Future process. These are:

- the *National Preventive Health Strategy 2021–2030*, which outlines the overarching, long-term approach to prevention in Australia over the next 10 years; and
- *Future focused primary health care: Australia’s Primary Health Care 10 Year Plan 2022–2032*, the Australian Government’s plan to strengthen primary health care and agenda for primary health care reform.

We recommend the Tasmanian Government look to these documents in finalising the Exposure Draft.

**RECOMMENDATION: Asthma Australia recommends the Tasmanian Government align its healthcare plans and policies with relevant national healthcare plans and policies, including:**

- the 2017 *National Strategic Framework for Chronic Conditions*
- the *National Asthma Strategy 2018*
- *National Preventive Health Strategy 2021–2030*; and
- the *Future focused primary health care: Australia’s Primary Health Care 10 Year Plan 2022–2032*



## Hospital utilisation

Asthma is a complex condition, and our collective efforts to improve the lives of people with asthma and reduce the prevalence of asthma need to be invested across a range of different strategies and approaches.

Asthma is a disease that can be managed effectively both in our primary care system and in the broader community. As outlined above, majority of asthma hospitalisations and deaths are avoidable. The Tasmanian Government can take measures to reduce the high number of hospitalisations and deaths, and in doing so reduce the burden of this chronic condition on the healthcare system.

In the hospital setting, it is critical that patients are given the information and support they need to manage their asthma according to best practice once they return home, so that they can stay well and out of hospital in the future. New case care and discharge protocols that include referral to Asthma Australia could be one of the vital elements in effective support for people with asthma who have been hospitalised.

**RECOMMENDATION: Asthma Australia recommends the development of an optimised and evidence-based asthma patient discharge model that improves asthma outcomes through a holistic approach to patient care**

## Climate change

We note with concern that climate change is increasing the severity and frequency of bushfires, thunderstorms and floods. These climate-driven events cause air pollution that is harmful to people with asthma as well as the broader community.

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.<sup>11</sup> The same study estimated 417 excess deaths due to the smoke.

It is foreseeable that climate-related events will continue to increase the asthma burden, drive up hospital admissions and cause asthma-related deaths.

The Exposure Draft should identify air pollution as a climate change related challenge facing Tasmanians.

**RECOMMENDATION: Asthma Australia recommends the Exposure Draft include air pollution in the discussion of the health impacts associated with climate change**

## Vision and Supporting Principles

Asthma Australia supports the vision and principles in the Exposure Draft.

We note that particular actions with respect to asthma, included as recommendations in our previous submission, are relevant to achieving these principles.



### Consumer centred

As a consumer representative organisation, Asthma Australia welcomes the consumer centred supporting principle, that ‘the health system will engage and partner with consumers in decisions regarding their healthcare and demonstrate respect for consumers’ preferences, needs, and values to ensure services are safe and culturally appropriate’.

We consider that consumer action and empowerment extends to enhancing health literacy, empowering consumers to self-manage their condition and supporting consumers to play an active role in shaping healthcare systems and services.

**RECOMMENDATION: Asthma Australia recommends the Tasmanian Government fund initiatives that draw upon existing community connections, collectives, resources and expertise in designing and delivering health management and support services in place in the community**

### Collaborative

We encourage the Tasmanian Government to develop collaborative projects with professional health industry associations and relevant organisations, such as Asthma Australia, to deliver consumer engagement training to healthcare providers.

The Tasmanian Government could also draw upon Asthma Australia’s existing training for health professionals, which includes person-centred care, notably the module ‘Partnering with your patients’, *ThinkGP Asthma Education – Asthma Australia: Practical Solutions for challenges in primary care*.<sup>12</sup>

**RECOMMENDATION: Asthma Australia recommends the Tasmanian Government:**

- **form education partnerships with health sector representatives and facilitate training programs led by health consumer experts on consumer engagement principles; and**
- **draw on existing training programs**

### Innovative

As recommended above, it is important that the Tasmanian Government look to national approaches to healthcare reform. For example, with respect to innovation in the asthma context, the *National Asthma Strategy 2018* states that:

*Innovation in digital health technology and more integrated health care systems are likely to transform asthma care and ease pressure on the healthcare system by reducing routine GP appointments and enabling people to manage their own condition.*<sup>13</sup>

Asthma Australia supports this statement.

**RECOMMENDATION: Asthma Australia recommends that health consumers and health professionals be involved in designing innovative, patient-centred technology solutions to health management**



## Integrated

As noted above, Asthma Australia encourages the Tasmanian Government to consider national approaches to chronic conditions through consideration of the 2017 *National Strategic Framework for Chronic Conditions* and the *National Asthma Strategy 2018*.

With respect to integrated care in the asthma context, the *National Asthma Strategy 2018* notes:

*The Strategy sets out the strategic directions and offers guidance on key actions that may be taken to support an integrated national response to asthma diagnosis and management. It is expected that jurisdictional and regional health policies to address asthma will evidence links between local policy, priorities and outcomes and the national Strategy.<sup>14</sup>*

Asthma Australia supports an integrated, national response to asthma diagnosis and management.

**RECOMMENDATION: Asthma Australia recommends the Tasmanian Government develop chronic condition and asthma specific health policies in line with the 2017 *National Strategic Framework for Chronic Conditions* and the *National Asthma Strategy 2018***

## Equitable

Asthma Australia supports health reforms to address inequitable differences in asthma outcomes. We support systemic and targeted action to promote equity and support population groups that are disproportionately affected by asthma.

Areas of weakness in health practice exist in Australia, such as the health status and life expectancy of Australia’s Aboriginal and Torres Strait Islander peoples (which are much lower than the general population), and the inequitable distribution of health outcomes and risk factors across socio-economic groups.<sup>15</sup>

A discussion of health inequity must therefore include consideration of the prevalence of asthma amongst Aboriginal and Torres Strait Islander people, because asthma disproportionately affects Aboriginal and Torres Strait Islander people. In 2012–13, 18% of Aboriginal and Torres Strait Islander Australians had asthma (an estimated 112,000 people), with a higher rate among females (20%) than males (15%). The prevalence of asthma was almost twice as high among Indigenous Australians compared with non-Indigenous Australians (a rate ratio of 1.9) after adjusting for difference in age structure.<sup>16</sup>

It is important that Aboriginal and Torres Strait Islander peoples are recognised as a priority population due to their overrepresentation in asthma data. In identifying priority areas for health reform, the Tasmanian Government must address specific health issues relating to this cohort.

**RECOMMENDATION: Asthma Australia recommends that Aboriginal and Torres Strait Islander peoples be recognised as a priority population due to their overrepresentation in asthma data. The Tasmanian Government should respond to the specific needs of this population in any actions undertaken in priority areas for health reform**



## Evidence-based

Asthma Australia also recommends that the Tasmanian Government target investments towards evidence-based preventive health interventions, including measures to increase diffusion of best practice and bridge the gap between research-based knowledge and practice. These should address ‘upstream’ factors, especially in priority populations, to create environments for sustainable change into the future.

**RECOMMENDATION: Asthma Australia recommends the Tasmanian Government develop an asthma plan for Tasmania which targets investments towards evidence-based preventive health initiatives, particularly for priority populations**

**RECOMMENDATION: Asthma Australia recommends the Tasmanian Government consider a broader perspective to inform more effective policies and practices, which draws upon published evidence, data and insights to inform a more nuanced, person-centred approach to healthcare.**

## Strategic Ambitions

Asthma Australia supports the strategic ambitions set out in the Exposure Draft. The ambitions relating to strengthening prevention and partnering with consumers and clients are particularly important for people with asthma and their carers.

### Strengthening prevention

Asthma Australia’s work in Tasmania is vital to delivering preventive health strategies, the aim of which is to improve the quality of life of people living with asthma and reduce the burden of disease. This will in turn reduce the demands on the health system.

Many preventive health interventions are cost-effective, allowing Australians to live longer with better-quality lives and reducing the need to treat expensive diseases. For example, evidence shows that for every dollar invested in selected public health interventions in high income countries, there was a \$14 return on that investment.

#### *Preventive health measures for Tasmanians with asthma*

On 1 July 2020, a renewed three-year funding agreement between Asthma Australia and the Tasmanian Government commenced for Asthma Australia to provide information and support services. The purpose of the funding is for Asthma Australia to assist Tasmanians to better manage asthma through providing information, support and resources to health professionals, people with asthma, family, carers and supporters of people with asthma.

Asthma Australia’s presence in Tasmania allows us to deliver evidence-based preventive health strategies that improve the quality of life for Tasmanians with asthma. Early and adequate management of asthma can help to avoid asthma exacerbations and over-reliance on the healthcare system.

The consumer outcomes prioritised in Asthma Australia’s funding agreement with the Department of Health are that Tasmanians with asthma across all age groups and diverse backgrounds will have:



- well managed asthma and live healthily with reduced asthma exacerbation risk and plans for managing exacerbation
- equal access to evidence-based, research-informed and up-to-date information about their condition
- information for carers, families and colleagues, health care workers, community members to be confident, competent and able to act if necessary, to support people with asthma.
- access to reliable and consistent information about air quality; and
- access to evidence based best practice asthma management and resources.

At the two-thirds mark in our current funding agreement (2020–2023), we have:

- evolved the activities of the agreement into new strategically-aligned projects
- mapped the state's asthma profile and support systems available
- forged new and extensive linkages with stakeholders across the health and community sectors to expand the number of people who understand their potential to support people with asthma
- generated important high-level insights into consumer experiences of asthma
- driven and sustained higher levels of engagement with Asthma Australia by people with asthma, their carers and health professionals in Tasmania; and
- worked in partnership with key stakeholders to deliver community-level projects in priority communities.

We note that with higher rate of asthma in Tasmania (compared with the national average), there is a particular need in this state for increased and sustained investment in programs directed at supporting Tasmanians with asthma.

With increased and sustained funding, Asthma Australia can continue to deliver consumer education, training and support to improve health literacy, health knowledge and self-management skills that are necessary to achieve the goal of enabling consumers to make the best decisions about their health.

**RECOMMENDATION: Asthma Australia recommends increased and ongoing funding for Asthma Australia’s programs and activities that support self-management and deliver preventive health strategies**

### **Partnering with consumers and clients**

Asthma Australia welcomes this strategic ambition, including the commitment that:

*The Government will work in close partnership with the consumer engagement sector in Tasmania to provide a central place for the consumer voice in the planning, design, delivery, measurement, and evaluation of healthcare in Tasmania.*

We note the action that the Tasmanian Government will take to establish a Consumer Reference Group, ‘with membership comprising the full breadth of consumer engagement organisations in Tasmania’.





**Asthma Australia Submission to the Tasmanian Government Department of Health  
Exposure Draft—Our Healthcare Future: Advancing Tasmanian’s Health**

Given asthma's high prevalence in Tasmania, compared with other states and other chronic conditions, we nominate Asthma Australia as one of the stakeholders on this Consumer Reference Group.

We have a unique insight into the consumer experience of asthma and the consumer’s interaction with the healthcare system. We also have expertise, community presence, and relationships with other government health agencies, local government, industry stakeholders, community service organisations, and non-government agencies federally and in other jurisdictions. These factors make us an ideal stakeholder for the Consumer Reference Group.

**RECOMMENDATION: Asthma Australia recommends that we are selected as a member of the Consumer Reference Group**



## References

- <sup>1</sup> Australian Bureau of Statistics (ABS) 2018. *National Health Survey: First Results 2017-18*. ABS Cat no. 4364.0.55.001. Canberra: ABS. Accessed online: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012017-1=8?OpenDocument> (accessed 9 December 2020).
- <sup>2</sup> Public Health Information Development Unit (PHIDU) 2020. *Social Health Atlas of Australia*. Adelaide: PHIDU. Accessed online: <http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-primary-health-networks> (accessed 9 December 2020).
- <sup>3</sup> Australian Institute of Health and Welfare (AIHW) 2017. *Emergency department care 2016–17: Australian hospital statistics*. Canberra: AIHW. Accessed online: <https://www.aihw.gov.au/reports/hospitals/ahs-2016-17-emergency-department-care/data> (accessed 9 December 2020).
- <sup>4</sup> PHIDU 2019. *Asthma Atlas of Australia*. Adelaide: PHIDU. Accessed online: [http://www.atlasesaustralia.com.au/asthma\\_aust/atlas.html](http://www.atlasesaustralia.com.au/asthma_aust/atlas.html) (accessed 8 April 2022).
- <sup>5</sup> PHIDU 2019. *Asthma Atlas of Australia*. Adelaide: PHIDU. Accessed online: [http://www.atlasesaustralia.com.au/asthma\\_aust/atlas.html](http://www.atlasesaustralia.com.au/asthma_aust/atlas.html) (accessed 8 April 2022).
- <sup>6</sup> Epidemiology Unit, Department of Health, Tasmania (unpublished data).
- <sup>7</sup> Epidemiology Unit, Department of Health, Tasmania (unpublished data).
- <sup>8</sup> Epidemiology Unit, Department of Health, Tasmania (unpublished data).
- <sup>9</sup> Epidemiology Unit, Department of Health, Tasmania (unpublished data).
- <sup>10</sup> ABS 2021. *Causes of Death, Australia*. Canberra: ABS. Accessed online: <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020> (accessed 24 June 2022).
- <sup>11</sup> Arriagada N., Palmer A., Bowman D., Morgan G., Jalaludin B., and Johnston F., ‘Unprecedented smoke-related health burden associated with the 2019-2020 bushfires in eastern Australia’ (*Medical Journal of Australia*) 12 March 2020.
- <sup>12</sup> Asthma Australia. *Health Professionals Training*. Available online: <https://asthma.org.au/health-professionals/learn/> (accessed 23 December 2020).
- <sup>13</sup> Health Consumers Queensland 2017. *Consumer and Community Engagement Framework for Health Organisations and Consumers*. Available online: <http://www.hcq.org.au/wp-content/uploads/2017/03/HCC-CCE-Framework-2017.pdf> (accessed 14 December 2020).
- <sup>14</sup> Commonwealth of Australia 2017. *National Asthma Strategy 2018*, p. 20.
- <sup>15</sup> Australian National Preventive Health Agency (ANPHA). *State of Preventive Health 2013*. Report to the Australian Government Minister for Health. Canberra: ANPHA.
- <sup>16</sup> ABS 2013. *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012–13*. ABS cat. no. 4727.0.55.001. Canberra: ABS.

